

Daniel van Rooi 19



REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS



16631632895

NOTICE OF DEATH / STILLBIRTH

(Births and Deaths Registration Act 51 of 1992)

(Regulations 11 and 14)

Completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker. To be completed in BLACK INK with BLOCK LETTERS. Please mark with [X] the CORRECT box, where required. All particulars are COMPULSORY. Incomplete applications and applications that are not legible may be considered invalid. Fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker)

PARTICULARS OF THE DECEASED

Section A to be filled out by Authorised Medical Practitioner / Professional Nurse, who is responsible for examining the body to determine the cause of death. Informant must verify, and where necessary, complete in full the personal particulars and other information of the deceased below.

Was a death or a stillbirth? [X] 1.1 Death [] 1.2 Stillbirth

Method of identification of the deceased (tick one box):

The deceased was identified with an ID document / passport (if foreigner) produced by the family

Stillborn child

The features of the deceased do not seem to match the features on the ID document or passport of deceased

ID document or passport of the deceased was not presented. The deceased was identified through word of mouth

The deceased was already buried prior to the completion of this form

The deceased was unidentifiable: [] 2.6.1 Burnt [] 2.6.2 Decomposed [] 2.6.3 Other (specify) _____

[] 2.6.4 DNA samples retrieved for identification purposes [] 2.6.5 Dental records taken for identification purposes

Death / stillbirth

Place of Death/stillbirth (City/Town/Village)

Province of Death/stillbirth

Date of Registration of Death / stillbirth

Time of death occurred within 24 hours after birth, number of hours alive

7. Home telephone no.

No. (Passport No. if foreigner)

9. Age at last birthday if DOB is unknown

Birth if there is no ID number

11. Gender

11.1 Male

11.2 Female

11.3 Indeterminable

Family name

Given names

Residential Address: Street

Town

Province

Postal code

Country

Place of Birth (City / Town / Village)

Country of Birth, if abroad

Date of Birth

Marital status of the deceased

[] 17.1 Single

[] 17.2 Married

[] 17.3 Widowed

[] 17.4 Divorced

Education level of deceased, by the highest class

None	Gr R	Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Gr 6	Gr 7	Gr 8 Form 1	Gr 9 Form 2	Gr 10 Form 3 NTC 1	Gr 11 Form 4 NTC 2	Gr 12 Form 5 NTC 3	Univ Tech	Un-Known
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Occupation of deceased (type of work during most of working life)

Business / Industry: (mark with a [X])

1. Agriculture, forestry and fishing	2. Mining and quarrying	3. Manufacturing	4. Electricity, gas and water supply	5. Construction	6. Wholesale and retail trade; repair of motor vehicles, motor cycles and personal and household goods; hotels and restaurants	7. Transport, storage and communication	8. Financial intermediation, insurance, real estate and business services	9. Community, social and personal services	10. Private households, extensional organisations, representatives of foreign government & other activities not adequately defined
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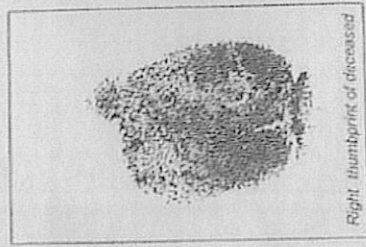
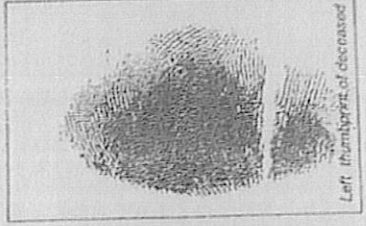
Was the deceased a regular** smoker five years ago? (mark with a [X])

[] 21.1 Yes

[] 21.2 No

[X] 21.3 Do not know

[] 21.4 Not applicable (minor)





REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]
[Regulations 11 and 14]



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To be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker.
The form to be completed in **BLACK INK** with **BLOCK LETTERS**. Please mark with the **CORRECT** box, where required.
All fields are **COMPULSORY**. Incomplete applications and applications that are not legible may be considered invalid.
(Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker)

B. CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE

Instructions: Section B to be filled out by the same Medical Practitioner / Professional Nurse who completed Section A.

- 22.1 I, the undersigned, hereby certify that the deceased named in Section A, to the best of my knowledge and belief, died solely and exclusively due to **Natural Causes**
- 22.2 I, the undersigned, am not in a position to certify that the deceased died exclusively due to **Natural Causes**

Particulars of the Medical Practitioner / Professional Nurse who filled out the form:

23. HPCSA Registration No. **JN 07 89501**

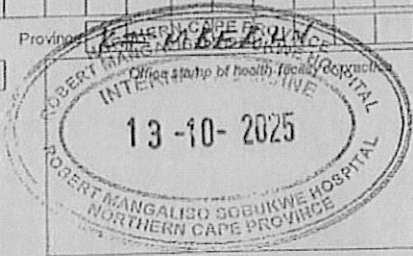
24. Surname **HENNINW**

25. Forenames **KUOOLF**

26. Name of Health Facility / Practice **ROBERT MANGALISO** 27. Facility / Practice No. _____

28. Business Address: Street _____ Town _____ Province _____

Telephone No. (Office) _____ Postal Code **8301**



I, the undersigned, hereby certify that I examined the body of the deceased named in section A and declare that the deceased, to the best of my knowledge and belief, died solely and exclusively due to natural or unnatural causes as indicated in paragraph 22 and in case this is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992).

Place signed **RMSH**
Date signed **20251010** Signature _____

C. CERTIFICATE BY MEDICAL PRACTITIONER/ FORENSIC PATHOLOGIST

Instructions: Section C to be filled out by Medical Practitioner or Forensic Pathologist, who is conducting medico-legal investigation of death.

29. I, the undersigned, hereby certify that a medico-legal investigation of death has been conducted on the body of the person whose particulars are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 56 of 1959) and the cause of death is:

- 30.1 Natural
- 30.2 Unnatural
- 30.3 Under investigation

31. Date of Post-mortem _____

32. Name of Medico-legal Mortuary _____ 33. Mortuary No. _____

34. Mortuary Reference Number of Deceased _____

35. SAPS Case No. _____ 36. Name of Police Station _____

Particulars of the Medical Practitioner / Forensic Pathologist who filled out the form: 36.1 HPCSA Registration No. _____

37. Surname _____

38. Forenames _____

39. Business Address: Street _____ Town _____ Province _____ Postal Code _____

Telephone No. (Office) _____

I, the undersigned, hereby certify that I examined the body of the deceased named in section A and the deceased, to the best of my knowledge and belief, died solely and exclusively due to natural or unnatural causes as indicated on paragraph 29 and in case this is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992.)

Place signed _____
Date signed _____ Signature _____

Office stamp of mortuary

D. PARTICULARS OF INFORMANT

Instructions: Section D to be completed by informant. Informant is responsible for certifying the identity of the deceased.

40. Identity No. (Passport No. if foreigner) **8212189144089** 41. Date of Birth **19801218**

42. Citizenship **RSA**

43. Surname **Goeman**

44. Forenames **Suliana**

45. Residential Address: Street **29 Alwyn Street** Town **Prieska** Province **Northern Cape** Postal Code _____

Telephone No. (Home) _____ Cellphone No. _____

46. The Deceased is my: 46.1 Parent 46.2 Spouse 46.3 Child 46.4 Other, Specify _____



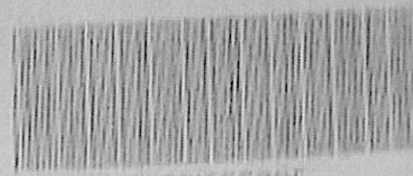
I, the undersigned, hereby certify that the identity of the deceased mentioned in section A is to the best of my knowledge and belief true and correct in case it is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992.)

Signature **Goeman** Date signed **20251010**

REDMIAS FAMILIA 10/16/2025 12:12



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
NOTICE OF DEATH / STILLBIRTH
(This form must be completed by the undertaker and submitted to the Registrar of Births and Deaths by the undertaker or a member of the funeral home.)



16631632895

Be completed in BLOCK AND FULL CAPITAL LETTERS. Please mark with the CORRECT sex, where required. This form is COMPULSORY. Incomplete applications and applications that are not legible may be considered invalid. The Registrar of Births and Deaths must be taken by the undertaker.

PARTICULARS OF FUNERAL UNDERTAKER

Section 5 - to be completed by Funeral Undertaker. The undertaker must file this form together with the death certificate and the relevant Authorised Funeral Certificate or Certificate of Burial to the Registrar of Births and Deaths.

Name of Funeral Undertaker: **WAKKIE FUNERAL SERVICES**

Company Reg. No.: **2025/279505/07**

Company Reg. No. (if different): **9912010197**

Company Reg. No. (if different): **76100550340219**

Business Name: **BOOYSEN**

Registration No.: **JODM JONATHAN**

Business Address: **07 LONGSTREET**

Town: **BRITSTOWN**

Province: **N/CAPE**

Postal Code: **8782**

Telephone No.: **0630293611**

Date of completion of form: **2025/10/13**

Date of Death (if applicable): **2025/10/25**

Place of Death (if applicable): **N/CAPE**

Signature: **KIMBERLEY** (Date: **2025/10/13**)

Signature: **W/BOOSEN**



Name of person who collected the deceased: **BOOYSEN**

Company Reg. No. (if applicable): **0811189368082**

Name: **EARLEO**

Address: **KIMBERLEY**

Province: **2025/10/13**

Signature: **EARLEO**

Office name of funeral undertaker

WAKKIE CONSTRUCTION (PTY) LTD
TR WAKKIE FUNERAL SERVICES
 REG: 2025/279505/07 TAX: 991201019
 7 LONGSTREET, BRITSTOWN 8782
 CELL: 081 929 9811 / 070 997 4581

OFFICIAL USE ONLY

Name of death registered, DHA-1083 received by (particulars of DHA official):

to be included with this notice:

- Copy of the deceased's ID
- Copy of ID statement of the informant
- DHA - 1083 (if applicable)
- DHA - 1083 (if applicable)
- Burial certificate
- Funeral Undertaker

was submitted by:

Office stamp of DHA

NOTICE OF DEATH / STILLBIRTH

Confirmation for Medical and Health use Only

To be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker. The form to be completed in BLACK INK with BLOCK LETTERS. Please mark with the CORRECT box, where required. All fields are COMPULSORY. Incomplete applications and applications that are not legible may be considered invalid. (Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker)



16631632895

FOLD TO THIS POINT

FOLD TO THIS POINT

This page must be sealed after completion to ensure confidentiality

ID No. (Passport No. if foreigner) 6809255148084 File no 51166467 Date 2025/10/13 DHA-1663 B Page 1 of 1

G. MEDICAL CERTIFICATE OF CAUSE OF DEATH

Instructions: Section G is to be filled out by Medical Practitioner (Professional Nurse / Forensic Pathologist, who has determined the cause of death

PARTICULARS OF DECEASED

67. Identity No. (Passport No. if foreigner) 6809255148084
68. Gender [X] 68.1 Male [] 68.2 Female [] 68.3 Indeterminable []
69. Surname VAN ROOY
70. Forenames DANIEL
71. Population Group [X] 71.1 African [] 71.2 White [] 71.3 Indian/Asian [] 71.4 Coloured [] 71.5 Other (specify) []
72. Place of Death [X] 72.1 Hospital/Inpatient [] 72.2 ER/Outpatient [] 72.3 DOA [] 72.4 Nursing Home [] 72.5 At home [] 72.6 Other (specify) []
73. Name of Health Facility/Practice KIMBERLY HOSPITAL
74. Facility Contact Telephone No. incl. Area Code []
75. Patient File No. 51166467
76. Contact Person at Facility: Surname HENNING, Forenames RUDOLF, Role/Rank MEDICAL INTERN

G.1 FOR DEATHS OCCURRING AFTER ONE WEEK OF BIRTH

Instructions: Section G.1 is to be completed for all deaths that occurred after one week of birth

77. CAUSES OF DEATH

Part 1 Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.
IMMEDIATE CAUSE (final disease or condition resulting in death) a) Cerebrovascular accident
Sequentially list conditions, if any, leading to immediate cause. b) Hypertension
Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death) c)
d)
Part 2 Other significant conditions contributing to death but not resulting in underlying cause given in Part 1 HIV
78. If a female, was she pregnant at the time of death or up to 42 days prior to death? (X) [] 82.1 Yes [] 82.2 No
79. Method used to ascertain the cause of death (tick all that apply)
[] 79.1 Autopsy [] 79.2 Post mortem examination [] 79.3 Opinion of attending medical practitioner [X] 79.4 Opinion of attending medical practitioner on duty
[] 79.5 Opinion of registered professional nurse [] 79.6 Interview of family member [] 79.7 Other (specify) []

Table for office use only with ICD-10 columns

G.2 FOR STILLBIRTHS AND DEATHS OCCURRING WITHIN ONE WEEK OF BIRTH (PERINATAL DEATHS)

Instructions: Section G.2 is to be completed for all stillbirths and deaths that occurred within one week of birth (perinatal deaths)

Mother section: 80. Identity Number, 81. Date of Birth, 82. Age of last birthday/ DOB unknown, 83. Number of previous pregnancies resulting in: 83.1 Live births, 83.2 Stillbirths, 83.3 Abortions, 84. Outcome of last previous pregnancy (tick one): 84.1 Live birth, 84.2 Stillbirth, 84.3 Abortion, 85. Date of last previous delivery, 85. First day of last menstrual period, 87. Method of delivery: 87.1 Spontaneous, 87.2 Forceps delivery, 87.3 Forceps and rotation, 87.4 Vacuum extractor, 87.5 Caesarean section, 87.6 Other (specify), 88. Antenatal care two or more visits: 88.1 Yes, 88.2 No, 88.3 Unknown
Child section: 89. Type of death: 89.1 Stillbirth, 89.2 Live birth, 90. Birth weight (in grams), 91. This birth was: 91.1 Single birth, 91.2 First twin, 91.3 Second twin, 91.4 Other multiple, 92. If still born, heartbeat ceased: 92.1 Before labour, 92.2 During labour but before delivery, 92.3 Before delivery but not known whether before or during labour, 93. If death occurred within 24 hours after birth, number of hours alive, 94. Attendant at birth: 94.1 Physician, 94.2 Trained midwife, 94.3 Other trained person (specify), 94.4 Other (specify)

95. CAUSES OF DEATH

- a. Main disease or conditions in foetus or infant
b. Other diseases or conditions in foetus or infant
c. Main maternal disease or condition affecting foetus or infant
d. Other maternal diseases or conditions affecting foetus or infant
e. Other relevant circumstances

95. Autopsy information (X) [] 95.1 Autopsy information is available [] 95.2 Autopsy information may be available later [] 95.3 Autopsy information not available



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS



AA2295007

Annexure 16
BURIAL ORDER
[Births and Deaths Registration Act 51 of 1992]

[Regulation 16]

The form to be completed in BLACK INK with BLOCK LETTERS. Please mark with the CORRECT box, where required by the HOME AFFAIRS OFFICIAL

Date of Issue 2025 10 13
Serial number of DHA-1663 Bar-code number of DHA-1663 16631632895

A. PARTICULARS OF DECEASED

Identity number 680928 5148 0841 Date of birth 1968 09 28
Passport number (if foreigner) Date of death 2025 10 10
Citizenship PBA Sex Male
Surname Van Rood
Previous or Maiden surname
Forenames Daniel
Place of death: City/Town Kimberley Province NC
Place of burial: City/Town Nosburg Province NC
Cause of death Natural Unnatural Under investigation

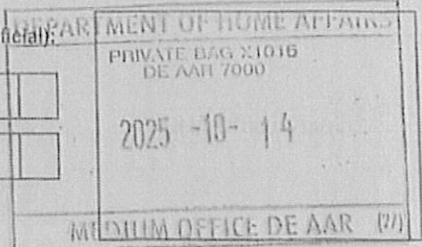
B. AUTHORITY FOR BURIAL OF CORPSE

This certificate grants the authority for the burial of the corpse from the magisterial district in which the death occurred or at the magisterial district where the burial will take place.

C. FOR OFFICIAL USE ONLY

Registration of death approved and burial order issued: DHA-1663 received by (particulars of DHA official):

Surname Thibane
Forenames NV
Persal No. 22870879



Documents included with this notice: Copy of the deceased's ID/passport Copy of ID document/passport of the informant
DHA-1663 was submitted by: Informant Funeral Undertaker

Identity Number of Recipient: Identity number 821218 0144 0840
If Funeral Undertaker: Designation number

Signature of recipient Broeiman Date received 2025 10 14

10/16/2025 12:13



REDMI A3 | TAMIA



home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

9164410
83/131A-5

ABRIDGED
PARTICULARS FROM THE POPULATION REGISTER I.R.O.:
DEATH CERTIFICATE

IDENTITY NUMBER: 680928 5148 08 4
SURNAME: VAN ROOI
FIRST NAMES: DANIEL
DATE OF BIRTH: 1968-09-28
GENDER: MALE
MARITAL STATUS: NEVER MARRIED
DATE OF DEATH: 2025-10-10
PLACE OF DEATH: KIMBERLEY
CAUSE OF DEATH: NATURAL CAUSES

DATE OF ISSUE: 2025-10-14

ISSUED BY: YEA221

[Signature]
DIRECTOR-GENERAL: HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS
PRIVATE BAG X1016
DE AAR 7000
2025 -10- 14
MEDICAL OFFICE DE AAR (27)




CLERK OF THE COURT
Privaatsak/Private Bag X1
2025 -10- 16
1 Steward Street, PRIESKA 8940
KLERK VAN DIE HOF

CERTIFIED A TRUE COPY OF THE
ORIGINAL DOCUMENT


[Signature]
DATE REGISTRAR


10/16/2025 12:11

REDMI A3 | TAMIA


REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
VAN ROOIJ
 Names:
DANIEL
 Sex:
M
 Nationality:
RSA
 Identity Number:
6809285148084
 Date of Birth:
28 SEP 1965
 Country of Birth:
RSA
 Status:
CITIZEN


 Signature
UNABLE TO SIGN



CLERK OF THE COURT
 Privaatsak/Private Bag X1

 2025 -10- 16
 1 Steward Street, PRIESKA 8940
KLERK VAN DIE HOF

CERTIFIED A TRUE COPY OF THE ORIGINAL DOCUMENT



ASSISTANT REGISTRAR

Conditions:
 This card has been Issued by the
 Department of Home Affairs in terms of the
 Identification Act, Act 68 of 1997
If found please return to the Department of Home Affairs
 For enquiry or verification purposes contact 0650 40 14 60

Date of Issue:
18 MAR 2024


123233344





REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname: **HORNING**
 Names: **EVA**
 Sex: **F**
 Nationality: **RSA**
 Identity Number: **7601020536080**
 Date of Birth: **02 JAN 1976**
 Country of Birth: **RSA**
 Status: **CITIZEN**



Signature: *E Horning*

HOF KLERK

2025 -10- 15

BRITSTOWN

COURT CLERK

Ek sertifiseer hiermee dat hierdie dokument 'n ware afbeelding is van die oorspronklike wat deur my persoonlik besigtig is en dat volgens my waarnemings die oorspronklike nie op enige wyse gewysig is nie.

I certify that this document is a true reproduction/copy of the original which was examined by me and that from my observations the original has not been altered in any manner.

Return/Date: _____ Mandatkering/Signature: *[Signature]* Rang/Rank: _____

Conditions: Date of Issue: **08 MAR 2018**
 This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997
 If found please return to the Department of Home Affairs
 For enquiry or verification purposes contact 0800 60 11 90

RSA

106133701

