



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS



1663I461829

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]

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.
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)

PARTICULARS OF THE DECEASED

Instructions: 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.
The Informant must verify, and where necessary, complete in full the personal particulars and other information of the deceased below.

Was this a death or a stillbirth? 1.1 Death 1.2 Stillbirth

Identification of the deceased (tick one box):

- 2.1 The deceased was identified with an ID document / passport (if foreigner) produced by the family
- 2.2 Stillborn child
- 2.3 The features of the deceased do not seem to match the features on the ID document or passport of deceased
- 2.4 ID document or passport of the deceased was not presented. The deceased was identified through word of mouth
- 2.5 The deceased was already buried prior to the completion of this form



Left thumbprint of deceased

2.6 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



Right thumbprint of deceased

Date of Death / stillbirth: 20251107
 Place of Death/stillbirth (City/Town/Village): TOPLINE
 Province of Death/stillbirth: NC
 Place of Registration of Death / stillbirth: UPINGTON

7. Home telephone no. _____

Identity No. (Passport No. if foreigner): 7406285192086 9. Age at last birthday if DOB is unknown: _____

Date of Birth if there is no ID number: _____ 11. Gender: 11.1 Male 11.2 Female 11.3 Indeterminable

Surname: TATA

Previous / Maiden Surname: _____

Forenames: KOOS

Usual Residential Address: Street: P245

Town: TOPLINE

Province: NC Postal code: 8850

Citizenship: RSA

1 Place of Birth (City / Town / Village): OLIEFANTSHOEK

Country of Birth, if abroad: NC

2 Province of Birth: NC

Marital Status of the deceased: 17.1 Single 17.2 Married 17.3 Widowed 17.4 Divorced

| 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 |
|------|------|------|------|------|------|------|------|------|-------------|-------------|--------------------|--------------------|--------------------|-----------|-------------------------------------|
| | | | | | | | | | | | | | | | <input checked="" type="checkbox"/> |

Usual occupation of deceased (type of work done during most of working life): GENERAL WORKER

Type of business / industry: (mark with a)

| 1. Agriculture, hunting, 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, extraterritorial organisations, representatives of foreign governments & other activities not adequately defined |
|---|-------------------------|------------------|--------------------------------------|-----------------|--|---|---|--|--|
| <input checked="" type="checkbox"/> | | | | | | | | | |

Was the deceased a regular** smoker five years ago? (mark with a) 21.1 Yes 21.2 No 21.3 Do not know 21.4 Not applicable (minor)

**Smoking tobacco on most days.

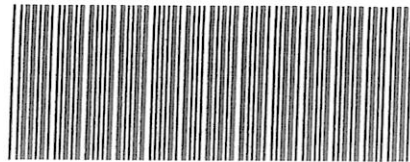


REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



1663I461829

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.
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)

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**

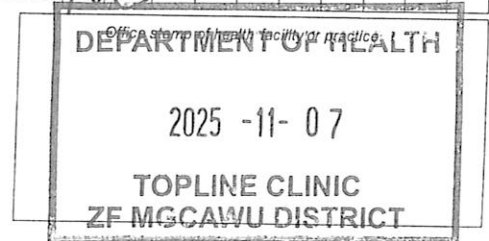
Particulars of the Medical Practitioner / Professional Nurse who filled out the form:

23. HPCSA Registration No. 15391337

Surname: ESAU
 Forenames: PAULUS
 Name of Health Facility / Practice: TOP LINE
 Business Address: Street 212 MADELIEFIE STR
 Town: TOP LINE
 Telephone No. (Office): 054 861 0046
 Postal Code: 8850
 27. Facility / Practice No. _____
 Province: NC

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: Topline
 Date signed: 20251107
 Signature:



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.

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. 58 of 1959) and the cause of death is:

- 30.1 Natural
- 30.2 Unnatural
- 30.3 Under investigation

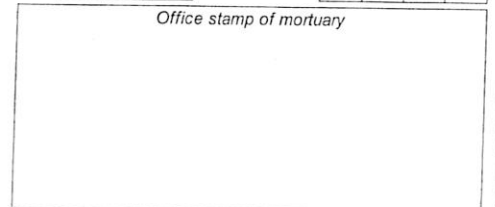
Date of Post-mortem: _____
 Name of Medico-legal Mortuary: _____
 Mortuary Reference Number of Deceased: _____
 SAPS Case No.: _____
 33. Mortuary No.: _____
 36. Name of Police Station: _____
 36.1 HPCSA Registration No.: _____

Particulars of the Medical Practitioner / Forensic Pathologist who filled out the form:

Surname: _____
 Forenames: _____
 Business Address: Street _____
 Town: _____
 Telephone No. (Office): _____
 Province: _____
 Postal Code: _____

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: _____

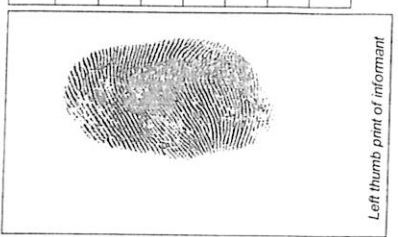


PARTICULARS OF INFORMANT

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

Identity No. (Passport No. if foreigner) 9705230281086 41. Date of Birth: _____

Citizenship: RSA
 Surname: MEYERS
 Forenames: YOLANDI JUNICE
 Residential Address: Street P245
 Town: TOP LINE
 Province: NC
 Postal Code: 8850
 Telephone No. (Home): _____
 Cellphone No.: _____



The Deceased is my: 46.1 Parent 46.2 Spouse 46.3 Child 46.4 Other, Specify Father

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: Y. Meyers
 Date signed: 20251107

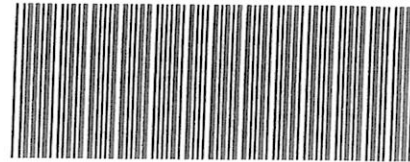


REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



1663I461829

to be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker.
This 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)

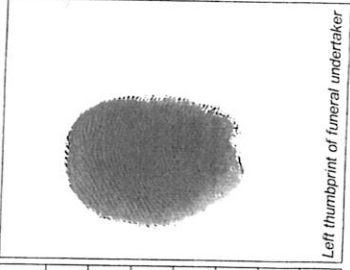
PARTICULARS OF FUNERAL UNDERTAKER

Instructions: Section E to be completed by Funeral Undertaker. The undertaker must take his or her finger print, the finger print of the deceased and the informant. Authorised Funeral undertaker or Informant may submit the completed form to the nearest Home Affairs office.

Name of Funeral Parlour: **REKATHUSA FUNERAL PARLOUR**
DHA Designation No.: **KYIOS** 49. Company Reg. No.: **1997/03392/23**
SARS Reg. No. (Income tax reference no.): **4670203381**

Particulars of Funeral Undertaker or Authorised Representative

Identity No. (Passport No. if foreigner): **6810040047082**
Surname: **MECUR**
Forenames: **AMANDA JOYCE**
Business Address: Street **5 LOUW STREET**, Town **UPINGTON**, Province **NC**, Postal Code **8801**
Telephone No. (Office): **0543321008** Cellphone No. _____



Date of collection of corpse: **20251107** 56. Date of Cremation (if applicable) _____
Place of Burial (City / Town / Village): **KAROS** Province _____
Date of Burial: **20251115** 59. Grave No. (if available) _____

Place signed: **UPINGTON**
Date signed: **20251110** Signature: *Ben*

Name of person who collected the deceased:
Identity No. (Passport No. if foreigner): **6810040047082**
Surname: **MECUR**
Forenames: **AMANDA JOYCE**
Place signed: **UPINGTON**
Date signed: **20251110** Signature: *Ben*

Office stamp of funeral undertaker
Rekathusa Funeral Parlour
5 Louw Street
Upington 8801
Tel/Fax: 054 332 1008
078 441 4483 24hr

FOR OFFICIAL USE ONLY

Registration of death approved, DHA-1663 received by (particulars of DHA official):
Surname: _____
Forenames: _____
Personal No.: _____

- Documents included with this notice:
- Copy of the deceased's ID
 - Copy of ID document of the informant
 - DHA - 6 (if applicable)
 - DHA - 1680 (if applicable)
 - Informant
 - Funeral Undertaker

Office stamp of DHA

A-1663 was submitted by:

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 [X] 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)



1663I461829

TO POINT

FOLD TO THIS POINT

This page must be sealed after completion to ensure confidentiality

ID No. (Passport No. if foreigner) 7406285192086 File no 20/05 Date 7/11/25 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) 7406285192086
68. Gender [X] 68.1 Male [] 68.2 Female [] 68.3 Indeterminable
69. Surname TATA
70. Forenames KOOS
71. Population Group [] 71.1 African [] 71.2 White [] 71.3 Indian/Asian [] [X] 71.4 Coloured [] 71.5 Other (specify)
72. Place of Death [] 72.1 Hospital/Inpatient [] 72.2 ER/Outpatient [] 72.3 DOA [] [] 72.4 Nursing Home [X] 72.5 At home [] 72.6 Other (specify)
73. Name of Health Facility/Practice TOPLINE
74. Facility Contact Telephone No. incl. Area Code 0548610046
75. Patient File No. 20/05
76. Contact Person at Facility: Surname BSAU, Forenames PAULUS, Role/Rank PROB NURSE

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) NATURAL CAUSE
Sequentially list conditions, if any, leading to immediate cause. b)
Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death) c)
Part 2 Other significant conditions contributing to death but not resulting in underlying cause given in Part 1 d)

Approximate interval between onset and death (Days / Months / Years)

Table for office use only with ICD-10 columns

78. If a female, was she pregnant at the time of death or up to 42 days prior to death? [] 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 [] 79.4 Opinion of attending medical practitioner on duty
[X] 79.5 Opinion of registered professional nurse [] 79.6 Interview of family member [] 79.7 Other (specify)

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, 86. 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

96. Autopsy information (X)
[] 96.1 Certified causes of death has been confirmed by autopsy [] 96.2 Autopsy information may be available later [] 96.3 Autopsy not performed

CLAUSTRINE



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

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



AA4711706

[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 11 10
Serial number of DHA-1663 [] [] [] [] [] [] [] [] [] []
Bar-code number of DHA-1663 16631461829

A. PARTICULARS OF DECEASED

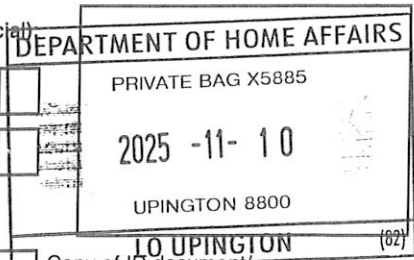
Identity number 740628 5192 086 Date of birth 1974 06 28
Passport number [] [] [] [] [] [] [] [] [] [] Date of death 2025 11 07
Citizenship SAC Sex MALE
Surname TATA
Previous or Maiden surname [] [] [] [] [] [] [] [] [] []
Forenames KOOS
Place of death: City/Town TUPLING Province NC
Place of burial: City/Town KAROS 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 BOGATSY
Forenames AMANDA
Persal No. 22569979
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 970523 0281 086
If Funeral Undertaker: Designation number [] [] [] [] [] [] [] [] [] []
Signature of recipient J. Meyers Date received 2025 11 10





REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
TATA
Names:
KOOS
Sex:
M
Nationality:
RSA
Identity Number:
7406285192086
Date of Birth:
28 JUN 1974
Country of Birth:
RSA
Status:
CITIZEN

DECEASED



Signature:

UNABLE TO SIGN



I CERTIFY THAT THIS IS A TRUE REPRODUCTION
(COPY) OF THE ORIGINAL DOCUMENT WHICH WAS
HANDLED TO ME FOR AUTHENTICATION. I FURTHER
CERTIFY THAT, FROM MY OBSERVATION, AN AMENDMENT
OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

SIGNATURE: _____

REF NO: 9 1 8 2 GORDONIA

NAME IN PRINT: K I DE JAGER



2025 -11- 10

MARTIN'S FUNERALS
53 SCOTT STR, UPINGTON
UPT2005/10
054 331 3603

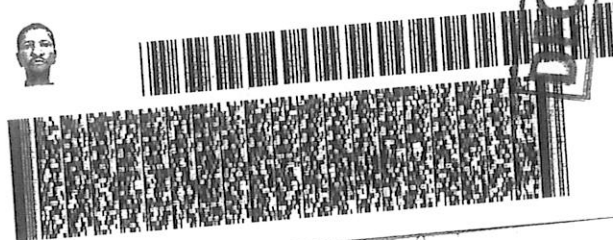
Conditions:

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 0800 60 11 80

Date of Issue:
13 AUG 2023

123003122



DECEASED



home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

I 9596753

83/DHA - 5

PARTICULARS FROM THE POPULATION REGISTER I.R.O.:

ABRIDGED DEATH CERTIFICATE

IDENTITY NUMBER: 740628 5192 08 6
SURNAME: TATA

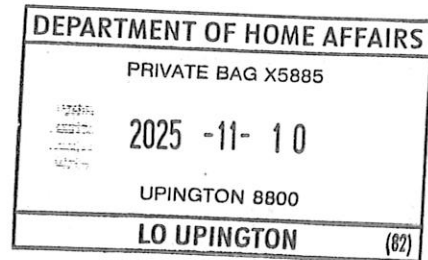
FIRST NAMES: KOOS

DATE OF BIRTH: 1974-06-28
GENDER: MALE
MARITAL STATUS: NEVER MARRIED
DATE OF DEATH: 2025-11-07
PLACE OF DEATH: TOPLINE
CAUSE OF DEATH: NATURAL CAUSES

DATE OF ISSUE: 2025-11-10

ISSUED BY: YDC533

P. J. B. LO UPINGTON
DIRECTOR-GENERAL: HOME AFFAIRS



I CERTIFY THAT THIS IS A TRUE REPRODUCTION
(COPY) OF THE ORIGINAL DOCUMENT WHICH WAS
HANDLED TO ME FOR AUTHENTICATION / FURTHER
CERTIFY THAT, FROM MY OBSERVATION, AN AMENDMENT
OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

SIGNATURE: _____

REF NO: 9182 GORDONIA

NAME IN PRINT: K I DE JAGER



2025 -11- 10

MARTIN'S FUNERALS
53 SCOTT STR, UPINGTON
UPT2005/10
054 331 3603



2025 -11- 10

MARTIN'S FUNERALS
53 SCOTT STR, UPINGTON
UPT2005/10
054 331 3603

I CERTIFY THAT THIS IS A TRUE REPRODUCTION
(COPY) OF THE ORIGINAL DOCUMENT WHICH WAS
HANDLED TO ME FOR AUTHENTICATION. I FURTHER
CERTIFY THAT, FROM MY OBSERVATION, AN AMENDMENT
OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

SIGNATURE: *K I De Jager*

REF NO: 9182 GORDONIA

NAME IN PRINT: K I DE JAGER

