

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF DEATH

(To be accomplished in quadruplicate using black ink)

Province **LEYTE**
City/Municipality **ORMOC CITY**
Registry No. **2024-1434**

1. NAME (First, Middle, Last) **WILMA DIAZ RESTOR**
2. SEX (Male/Female) **FEMALE**

3. DATE OF DEATH (Day, Month, Year) **3 SEPTEMBER 2024**
4. DATE OF BIRTH (Day, Month, Year) **29 FEBRUARY 1960**
5. AGE AT THE TIME OF DEATH (Fill-in below accord. to age category)
a. IF YEAR OR ABOVE (1) Completed years **64**
b. IF UNDER 1 YEAR (2) Months (3) Days (4) Hours (5) Minutes

6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province) **ORMOC DOCTORS HOSPITAL, C. AVILES COR. SAN PABLO ST., ORMOC CITY, LEYTE**
7. CIVIL STATUS (Single/Married/Widow/Widower/Annulled/Divorced) **WIDOW**

8. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**
9. CITIZENSHIP **FILIPINO**
10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) **VSU BRGY. PANGASUGAN, BAYBAY CITY, LEYTE**

11. OCCUPATION **NONE**
12. NAME OF FATHER (First, Middle, Last) **QUIRINO SILOA DIAZ**
13. MAIDEN NAME OF MOTHER (First, Middle, Last) **VICTORIA VERDIJO**

MEDICAL CERTIFICATE
(For ages 0 to 7 days, accomplish items 14-19a at the back)

19b. CAUSES OF DEATH (If the deceased is aged 8 days and over)
I. Immediate cause : a. **COMMUNITY ACQUIRED PNEUMONIA - HIGH RISK** Interval Between Onset and Death **DAYS**
Antecedent cause : b. **ACUTE DECOMPENSATED FAILURE** **MONTHS**
Underlying cause : c. **NEPHROTIC SYNDROME** **MONTHS**
II. Other significant conditions contributing to death: **CORONARY ARTERY DISEASE; HYPERTENSIVE CARDIOVASCULAR DISEASE**

19c. MATERNAL CONDITION (If the deceased is female aged 15-49 years old)
a. pregnant, not in labour b. pregnant, in labour c. less than 42 days after delivery d. 42 days to 1 year after delivery e. None of the choices
20. AUTOPSY (Yes / No) **NO**

19d. DEATH BY EXTERNAL CAUSES
a. Manner of death (Homicide, Suicide, Accident, Legal intervention, etc.) **NOT APPLICABLE**
b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.) **NOT APPLICABLE**

21a. ATTENDANT
 1 Private Physician 2 Public Health Officer 3 Hospital Authority 4 None 5 Others (Specify) _____
21b. If attended, state duration (mm/dd/yy)
From **09/02/2024** To **09/03/2024**

22. CERTIFICATION OF DEATH
I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I have attended/
 I have not attended the deceased and that death occurred at **10:15 PM** am/pm on the **09/04/2024** day of **SEPTEMBER** at **ORMOC CITY, LEYTE**
Signature **MERCEDITA V. PIAMONTE, M.D.** / *[Signature]*
Name in Print **ATTENDING PHYSICIAN**
Title or Position **ORMOC DOCTORS HOSPITAL, C. AVILES COR.**
Address **SAN PABLO ST., ORMOC CITY, LEYTE** Date **SEPTEMBER 4, 2024**
Signature Over **CECILIO JOSEPH DEJANO, MD**
Title or Position **REVIEWER/ Government Assistant Department Head I**
License No. **0144648**
Signature *[Signature]*
Date **09/11/24**

23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) **BURIAL**
24a. BURIAL/CREMATION PERMIT
Number _____ Date Issued **SEP 11 2024**

25. NAME AND ADDRESS OF CEMETERY OR CREMATORY
BAYBAY CATHOLIC CEMETERY, 30 DE DICIEMBRE STREET, BAYBAY CITY, LEYTE

26. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature *[Signature]*
Name in Print **CHRISTAN GABRIEL D. RESTOR**
Relationship to the Deceased **SON**
Address **VSU, VISCA, BAYBAY CITY, LEYTE**
Date **SEPTEMBER 4, 2024**

27. PREPARED BY
Signature *[Signature]*
Name in Print **JANELLE LAUREL PARRILLA**
Title or Position **MEDICAL RECORDS STAFF**
Date **SEPTEMBER 4, 2024**

28. RECEIVED BY
Signature *[Signature]*
Name in Print **CINA A. SUSON**
Title or Position **Admin Aide (J.O.)**
Date **SEP 11 2024**

29. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature *[Signature]*
Name in Print **MAKABAYAN R. FIEL**
Title or Position **Registration Officer I**
Date **SEP 11 2024**

REMARKS/ANNOTATIONS (For LCRO/OCRO Use Only) **ORMOC CITY CERTIFIED TRUE COPY**

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR
5 8 9 10 19a(a)/19b 19a(c)
10 SEP 2024