Province	IFUGA(0				Registr	,	115
City/Municipality	LAMUT	•				-	2023-1	115
. NAME	(First)		(Middle)	(Las	t)		2. SEX (Male/F	Female)
BUTCH			GAMBOL	MARTINE	ΞZ		MALE	
B. DATE OF DEATH	(Day. Month, \	Year) 4. DA	ATE OF BIRTH (Day) (Mont	th) (Year)	5. AGE AT	THE TIME OF	DEATH (Fill-in below	w accdg, to age cat
20 AUGU			15 JULY 1973		[2] Comp	eted years 50	[1] Months [0] Da	ays Hours Mir
5. PLACE OF DEATH PANOPDOPAN			nic/Institution/House No., St., E TAL LAMUT		ty/Municipalit	y. Province)	7. CIVIL STATUS Widower/Annulls MARRIED	(Single/Married/Wi ed/Divorced)
3. RELIGION/RELIGIO BAPTIST	OUS SECT		TIZENSHIP ILIPINO	10. RES	IDENCE (House No., St.,	Barangay, City/Munici KIANGAN, IFUG	pality, Province, Co BAO, PHILIPPII
DAID (DESIGNATION			ME OF FATHER (First, Middle, Last) UNCISCO OSORIO MARTINEZ			13. MAIDENNAME OF MOTHER (First, Middle, Last) VIRGINIA GAMBOL		
		(For	MEDICAL ages 0 to 7 days, accor	CERTIFIC mplish iter	CATE ns 14-19a	at the back)	
	EATH (If the	e deceased	is aged 8 days and over)	,			terval Between On	set and Death
I. Immediate cau			HEMIC HEART DISEA	SE				
Antecedent ca		ACI	JTE MYOCARDIAL INF		N			
Underlying car	use : ant condition	c. ACC	ting to death: CHF - H	YPERTE	NSION, L	IVER ENLA	RGEMENT	
			ased is female aged 15-49 ye					
a. pregnar			nant, in c. less th		s after	d. 42 day	s to 1 year after	e. None of
not in la	abour	labo	ur delive	ery		deliver	У	choices 20. AUTOP
9d. DEATH BY EXT	ERNAL CAU	JSES						(Yes / N
a Manner of do	ath (Homici	ide Suicid	 Accident Legal interven 	ntion, etc.)				
	eath (Homici	ide, Suicid	e, Accident, Legal interven					
b. Place of Occ	eath (Homici	ide, Suicid	e, Accident, Legal interven ause (e.g. home, farm, facto					e duration (mm/d
b. Place of Occ 21a.ATTENDANT	eath (Homici urrence of E 2 Publ	ide, Suicid External Ca	ause (e.g. home, farm, facto	ory, street,	sea, etc.)		b. If attended, state	e duration (mm/d
b. Place of Occ 21a. ATTENDANT 1 Private	eath (Homici urrence of E 2 Publ Heal	ide, Suicid External Ca lic lith	ause (e.g. home, farm, facto 3 Hospital	ory, street,		21		e duration (mm/d
b. Place of Occ 21a. ATTENDANT 1 Private Physician	eath (Homici urrence of E 2 Publ Heal Offic	External Ca	Hospital Authority — 4 Non-	ory, street,	Sea, etc.)	21 F	b. If attended, state	To
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	FOR CHILDREN AG	ED 0 TO 7 D	AYS				
14. AGE OF MOTHER	15. METHOD OF DELIVERYNorm vertex, if others, specify)	al spontaneous	16. LENGTH OF PREGNANCY:				
	ronax, ir ouriers, specify)		(in completed weeks)				
17. TYPE OF BIRTH (Single, Twin, Triplet, etc)	1	8. IF MULTIF	PLE BIRTH, CHILD WAS				
(oingle, rwin, rriplet, etc)		(First, Second, Third, etc)					
	MEDICAL CER	RTIFICATE					
19a. CAUSES OF DEATH			-				
a. Main disease/condition	of infant						
b. Other diseases/condition	ons of infant		31				
c. Main maternal disease	e/condition affecting infant						
d. Other maternal disease.	condition affecting infant						
e. Other relevant circumsta	ances						
	CONTINUE TO F	ILL UP ITEM 2	20				
I HEREBY CERTIF	POSTMORTEM CERTEY that I have performed an autopsy of	TIFICATE OF upon the body	DEATH of the deceased and that the cause of death was				
Signature		T					
Name in Print			ation				
Data							
		-					
Signature Name in Print NULLE Address	A. ARUELLANA NG. NUEVANITCAZA	Title/Designa License No Issued on Expiry Date	3-98-2656 5-0-98 CHD-CVII 8/2/2025				
	AFFIDAVIT FOR DELAYED						
with residence and postal	addross	, of I	egal age, single/married/divorced/widow/widower,				
		accordance y	with law, do hereby depose and say:				
4 77 .			man, do nereby depose and say.				
1. That	,	died d					
			and was buried/cremated in on				
	sed at the time of his/her death: was attended by was not attended.		•				
3. That the caus	e of death of the deceased was						
	for the delay in registering this death w						
5. That I am execu	uting this affidavit to attest to the truthful	lness of the for	regoing statements for all legal intents and purposes.				
	have affixed my signature below this, Philipp		day of,				
			Signature Over Printed Name of Affiant)				
		, Philippine	es, affiant who exhibited to me his/her CTC/valid ID				
issu	ed on	at	·				
Signature	of the Administering Officer		Position / Title / Designation				

Address

Name in Print