

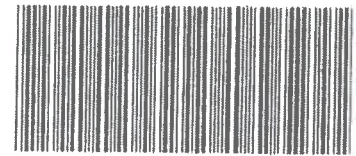


REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILL BIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulators 11 and 14]



1663A836071

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)

3. 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. MP0330205

4. Surname: BLOOMFIELD
5. Forenames: JOHN
6. Name of Health Facility / Practice: UNITAS HOSPITAL
27. Facility / Practice No. 00239008
8. Business Address: Street _____
Town _____
Province _____
9. Telephone No. (Office) _____
Postal Code _____

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 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.)

Name signed: [Signature]
Date signed: 20 09 2015

Signature

Office stamp of health facility or practice
NETCARE UNITAS HOSPITAL
P.O. BOX 15123
LYTTELTON
0140
(012) 677 8000

4. 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. 58 of 1959) and the cause of death is:

30.1 Natural 30.2 Unnatural 30.3 Under investigation

1. Date of Post-mortem: Y Y Y Y M M D D

2. Name of Medico-legal Mortuary / Mortuary

33. Mortuary No.

4. Mortuary Reference Number of Deceased

5. SAPS Case No.

36. Name of Police Station

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

HPCSA Registration No.

7. Surname _____
8. Forenames _____
9. Business Address: Street _____

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.)

Name signed _____
Date signed: Y Y Y Y M M D D

Signature

Office stamp of mortuary

5. PARTICULARS OF INFORMANT

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

0. Identity No. (Passport No. if foreigner) 8206195023084

41. Date of Birth: 1 9 8 2 0 6 1 0 9

2. Citizenship: RSA
3. Surname: [Signature]
4. Forenames: WILLIAM
5. Residential Address: Street 65 Myrtle Road
Town Centurion
Province Free State
Postal Code 0157

Telephone No. (Home) 0126602023

Cellphone No. 0823004292

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

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: [Signature]
Date signed: 20 09 2015

Place signed: [Signature]



Left thumb print of informant

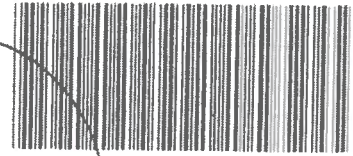


REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILL BIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



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Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker.

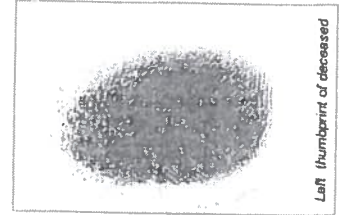
PARTICULARS OF THE DECEASED

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.

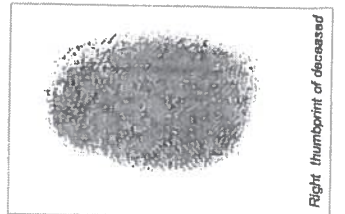
Was this a death or a still birth? 1.1 Death 1.2 Still birth

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 Still born 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
- 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



Left thumbprint of deceased



Right thumbprint of deceased

1. Date of Death / still birth: **20190423**

2. Place of Death/still birth (City/Town/Village): **CENTURION**

3. Province of Death/still birth: **GAUTENG.**

4. Place of Registration of Death / still birth: **Centurion**

5. If death occurred within 24 hours after birth, number of hours alive: 6. Home telephone no.:

7. Identity No. (Passport No. if foreigner): **5701205001082** 8. Age at last birthday if DOB is unknown: **062**

9. Date of Birth if there is no ID number: Y Y Y Y M M D D

10. Surname: **WHITEHEAD** 11. Gender: 11.1 Male 11.2 Female 11.3 Indeterminable

12. Previous / Maiden Surname: **N/A.**

13. Forenames: **STEPHAN Peter**

14. Usual Residential Address: Street: **144 GERHARD STR.**

Town: **CENTURION**

Province: **GAUTENG** Postal code:

15. Citizenship: **PSA**

16. 1 Place of Birth (City/Town/Village) or Country of Birth, if abroad:

16. 2 Province of Birth:

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

18. Education level of deceased. Specify only the highest class completed)

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	Unknown

19. Usual occupational of deceased (type of work done during most of working life): **self emp.**

20. 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

21. 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)

Where the deceased lived on most days. **Smoking tobacco on most days.

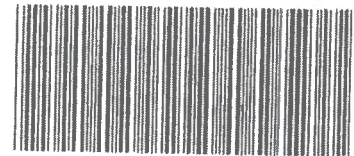


REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILL BIRTH

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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.
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Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker)

2. 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.

17 Name of Funeral Parlour 1792111

18 DHA Designation No. P189 49. Company Reg. No. 20024038078/3

19 SARS Reg. No. (Income tax reference no.) 4950276665

Particulars of Funeral Undertaker or Authorised Representative

1 Identity No. (Passport No. if foreigner) 8206195033084

2 Surname 101

3 Forenames 101

4 Business Address
Street 65 Lyttelton RD
Town CENTURION
Province Cape Postal Code 0157

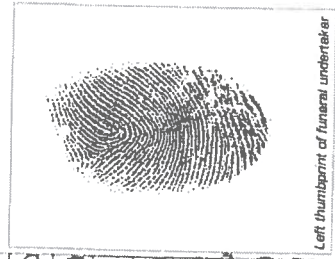
Telephone No. (Office) 0126602025 Cellphone No. 0823002298

5 Date of collection of corpse 20190428 56. Date of Cremation (if applicable) Y Y Y Y M M D D

7 Place of Burial (City / Town / Village) CENTURION Province

8 Date of Burial Y Y Y Y M M D D

59. Grave No. (if available)



Left thumbprint of funeral undertaker

Name of person who collected the deceased:

1 Identity No. (Passport No. if foreigner) 8206195033084

2 Surname 101

3 Forenames 101

Place signed CENTURION

Date signed 20190428 Signature [Signature]

Office stamp of funeral undertaker
Martin's Funerals
65 Lyttelton RD
Clubview
Centurion
TEL (012) 660 -

3. FOR OFFICIAL USE ONLY

Registration of death approved, DHA-1663 received by (particulars of DHA official):

3 Identity No.

4 Surname Goldman

5 Forenames 101

6 Personal No. 22077936

Office stamp of DHA

Documents included with this notice:

Copy of the deceased's ID Copy of ID document of the informant

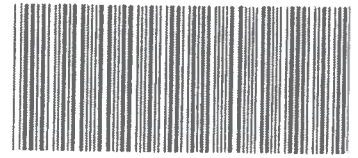
DHA - 6 (if applicable) DHA - 1680 (if applicable)

DHA-1663 was submitted by: Informant Funeral Undertaker

NOTICE OF DEATH / STILL BIRTH

Confirmation for Medical and Health use Only
(After completion seal to ensure confidentiality)

To be completed in full and submitted at the Department of Home Affairs' office by the informant or authorised party.
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.



1663A836071

File no _____ Date _____

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) 5701205001002
68. Gender [X] 68.1 Male [] 68.2 Female [] 68.3 Indeterminable
69. Surname WHITEHEAD
70. Forenames STEPHAN
71. Population Group [] 71.1 African [X] 71.2 White [] 71.3 Indian/Asian [] 71.4 Coloured [] 71.5 Other (specify)
72. Place of Death [] 72.1 Hospital/Inpatient [X] 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 WINTERS HOSPITAL
74. Facility Contact Telephone No. incl. Area Code
75. Patient File No.
76. Contact Person at Facility: Surname, Forenames, Role/Rank

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) GASTRIC CANCER
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)
78. If a female, was she pregnant at the time of death or up to 42 days prior to death? () 82.1 Yes (X) 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
[] 79.5 Opinion of registered professional nurse [] 79.6 Interview of family member [] 79.7 Other (specify)

For office use only
ICD-10

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

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

Mother
80. Identity Number
81. Date Of Birth Y Y Y Y M M D D
82. Age of last birthday/ DoB unknown
83. Number of previous pregnancies resulting in: [] 83.1 Live births [] 83.2 Still births [] 83.3 Abortions
84. Outcome of last previous pregnancy (tick one): [] 84.1 Live birth [] 84.2 Still birth [] 84.3 Abortion
85. Date of last previous delivery Y Y Y Y M M D D
86. First day of last menstrual period Y Y Y Y M M D D
Or, if unknown, estimated duration of pregnancy (In completed weeks)
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
89. Type of death: [] 89.1 Still birth [] 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



**REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD**

Surname:
WHITEHEAD

Names:
STEPHAN PETER

Sex:

M

Nationality:
RSA

Identity Number:
5701205001082

Date of Birth:

20 JAN 1957

Country of Birth:

RSA

Status:
CITIZEN

**OORLEDE
DECEASED**



Signature:

Stephan Whitehead

ID



Centurion
65 Lyttelton weg
Clubview
Centurion
0157

Moreleta Park
912 Rubenstein Weg
Moreleta Park
Pretoria Oos
0044

Tel: 012 660 2028
E-Mail: martinscebturion@gmail.com

Tel: 012 998 5221
E-Mail: maritnsptaos@gmail.com

REG: 2004/038075/23
VAT: 4950216665

Toestemmingsbrief vir die kennisgewing van sterfte.

Ek..... C. Whitehead , ID. 5902190127086
die ondergetekende, gee hiermee toestemming aan MARTIN'S BEGRAFNIS DIENSTE,
CENTURION om wyle S.P. Whitehead ID. 5701205001082 .
se dood by die Departement van Binnelandse Sake te registreer soos geproklameer in die
Staatskoerant van 26 Februarie 2014(37373)

**Ek ondergetekende gee hiermee toestemming aan
DBS en Martin's Funerals Centurion om bogenoemde te registreer
Genoem oorlede doodsertifikaat "soos dit is" op die
DBS-stelsel of die huwelikstatus korrek is of volgens die DBS-stelsel.**

Status: Enkel: Getroud Weduwee/Wewenaar: Geskei:

Hiermee verklaar ek K. Minnaar namens
MARTIN'S BEGRAFNIS DIENSTE, CENTURION, die volgende rede waarom die dood nie
binne 72 uur geregistreer kan word nie .

Het vir die dek gemaak

Die Uwe,

**Martin's Funerals
65 Lyttelton RD
Clubview
Centurion
TEL (012) 660 -
24/04/2019**

C Whitehead

Handtekening

Datum

Tel No:

South African Department of Home Affairs HANIS Online Verification



No Photo
Available



Verified

VERIFIED

ID Number	8206195033084
Workstation:	AA2699
Site ID:	CENTURION
Date/Time:	02/04/2019 16:00:11
Username:	All users
Transaction No:	1904023965983
Reason:	Death Registration

GEREGISTREERDE WOON- EN POSADRES

Bewaar die bewys van u GEREGISTREERDE WOON EN POSADRES in hierdie sakke

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, by al naamaam en/of nommer, ens. verander het, moet die vorm **KENNISGEWING VAN ADRESVERANDERING**, wat in die sakke agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek- distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc. have been changed, the **NOTICE OF CHANGE OF ADDRESS** form in the pocket at the back of the identity document must be used to report the change and it must be handed in or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

I.D.No. 590219 0127 08 6



S. A. BURGER/S. A. CITIZEN

VAN/SURNAME
WHITEHEAD

VOORNAME/FORENAME'S
CLAUDENE

GEBOORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH

1959-02-19



DATUM UITGEREIK/
DATE ISSUED

2007-04-12

MINISTERIEK OF HUISAG- WAAK- EN
DIRIGENTUR-GENERAAL
BOWELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL
HOME AFFAIRS

GEWELSTREKDE WOON- EN POSTADRES

1. Gebruik die Doms van u GEWELSTREKDE WOON- EN POSTADRES in beide sake.

2. Indien u van adres verander het of indien besprekings van u huidige adres, byvoorbeeld enor -nommer, ens, verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sake agter die oorspronklike is, gebruik word om die verandering aan te meld. Etropel of ingedien word by of geos word aan die naske streeks -distrikantoor van die DEPARTMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the form in your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in the pocket.

2. If you have changed your address, or if particulars of your present address, e.g. phone or street number, ens, have been changed, the NOTICE OF CHANGE OF ADDRESS form must be used. It must be handed in at or posted to the appropriate office of the DEPARTMENT OF HOME AFFAIRS.

I.D. No. 820619 5033 08 .4



S. A. BURGER/S. A. CITIZEN

VOORNAAM/FORENAME
TROMP

GEBOORTENAAM/FORENAMES
FLORIS GERT

WILLEM

GEBOORTESTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH

1982-06-19

DATUM UITGEDEK/
DATE ISSUED

2008-01-21

UITGEDEK DEUR DIE
DIREKTOR-GENERAAL
BINNELANDSE SAKE



UITGEDEK DEUR DIE
DIREKTOR-GENERAAL
BINNELANDSE SAKE