REPUBLIC OF THE PHILIPPINES
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF DEATH

Province: METRO MANILA
City/Municipality: TAGUIG CITY

1. Name: First	Middle	Last	2. Sex
LESTER	PACULAN	MONSOD	MALE

3. Date of Death	4. Date of Birth	5. Age at the time of death	6. Civil Status
16 JUNE 2021	26 JULY 1985	35	SINGLE

7. Place of Death: TAGUIG PATEROS DISTRICT HOSPITAL EAST SERVICE RD. WESTERN BICUTAN, TAGUIG CITY, METRO MANILA

8. Religion: ROMAN CATHOLIC

9. Citizenship: FILIPINO

10. Residence: 121 SANTAYAN ST., PALINGON TIPAS TAGUIG CITY METRO MANILA PHILIPPINES

11. Occupation: SYSTEM ADMIN

12. Name of Father: ROBERTO DIMAGUILA MONSOD

13. Maiden Name of Mother: ELEONORA PEREZ PACULAN

MEDICAL CERTIFICATE

(If an adult 0 to 7 days, accomplish Items 14-19a at the back)

		Interval Between Onset and Death
Immediate cause	Community Acquired Pneumonia - High Risk	7 Days
Antecedent cause	Anemia, Severe; Etiology to be Determined Approximately	1 Year
Underlying cause		

Other significant conditions contributing to death: Immuno Compromised State

14. MATERNAL CONDITION (If the deceased is female aged 10-49 years old)

a. pregnant at time of death | b. delivered in last 42 days | c. 42 days to 1 year after delivery | d. none of the above

15. DEATH BY EXTERNAL CAUSES

a. Manner of death (Homicide, Suicide, Accident, Legal intervention, etc.)

b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.)

16. ATTENDANT

1. Private Physician | 2. Rural Health Officer | 3. Hospital Authority | 4. None | 5. Others (Specify) | From 6/13/2021 to 6/16/2021

17. CERTIFICATION OF DEATH

I hereby certify that the foregoing particulars are correct as far as same can be ascertained and I further certify that I have not attended the deceased and that death occurred at 9:45 PM. X

Signature: [signature]
Name in Print: DIOMA PAUL FUYAT, MD
Title or Position: MEDICAL OFFICER
Address: TAGUIG PATEROS DISTRICT HOSPITAL, EAST SERVICE RD. WESTERN BICUTAN, TAGUIG CITY, METRO MANILA
Date: 16 JUNE 2021

REVIEWED BY:
Signature Over Printed Name of Health Officer
Date:

18. REMOVAL DISPOSAL
Place: Cemetery, If other, specify
19a. BURIAL/CREMATION PERMIT
Number:
Date Issued:
19b. TRANSFER PERMIT
Number:
Date Issued:

20. NAME AND ADDRESS OF CEMETERY OR CREMATORY

21. CERTIFICATION OF INFORMANT

I hereby certify that all information supplied are true and correct to the best knowledge and belief.

Signature: [signature]
Name in Print: KENNETH P. MONSOD
Relationship to the Deceased: BROTHER
Address: 121 SANTAYAN ST., PALINGON TIPAS TAGUIG CITY METRO MANILA PHILIPPINES
Date: 16 JUNE 2021

22. PREPARED BY

Signature: [signature]
Name in Print: ADONNA GRACE N. VASQUEZ, RN
Title or Position: STAFF NURSE
Date: 16 JUNE 2021

23. RECEIVED BY
Signature:
Name in Print:
Title or Position:
Date:

24. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature:
Name in Print:
Title or Position:
Date:

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR