



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



1663196372

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)

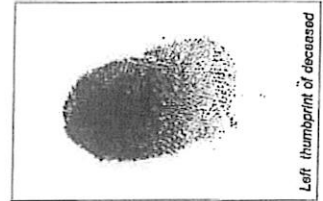
A. PARTICULARS OF THE DECEASED

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.

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

2. 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
- 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

3. Date of Death / stillbirth

20251108

4.1 Place of Death/Stillbirth (City/Town/Village)

POSTMASBURG HOSP

4.2 Province of Death/Stillbirth

NORTHERN CAPE

5. Place of Registration of Death / stillbirth

POSTMASBURG

6. If death occurred within 24 hours after birth, number of hours alive

7. Home telephone no.

8. Identity No. (Passport No. if foreigner)

440405292083

9. Age at last birthday if DOB is unknown

10. Date of Birth if there is no ID number

11. Gender

11.1 Male

11.2 Female

11.3 Indeterminable

12. Surname

MOABI

13. Previous / Maiden Surname

KLAAAS

14. Forenames

KLAAAS

15. Usual Residential Address:

Street SLOVO STR 2950

Town DANIELSKUIL

Province NORTHERN CAPE

Postal code 8420

16. Citizenship

SOUTH AFRICAN

16.1 Place of Birth (City / Town / Village)

DANIELSKUIL

or Country of Birth, if abroad

16.2 Province of Birth

NORTHERN CAPE

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	Un-Known
------	------	------	------	------	------	------	------	------	-------------	-------------	--------------------	--------------------	--------------------	-----------	----------

(mark with a)

19. Usual occupation of deceased (type of work done during most of working life)

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 / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]
[Regulations 11 and 14]



1663196372

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)

B. 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. 15042245

24. Surname MABOEA

25. Forenames JOHANNA TSHWENGANE

26. Name of Health Facility / Practice POSTMASBURG HOSP 27. Facility / Practice No. 600002

28. Business Address: Street END STR 1

Town POSTMASBURG Province NORTHERN CAPE

Telephone No. (Office) 0533130664 Postal Code 8420

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 POSTMASBURG HOSP

Date signed 20251110

Signature Maboea

NORTHERN CAPE DEPARTMENT OF HEALTH
Office stamp of health facility or practice
2025-11-10
POSTMASBURG HOSPITAL
8480

C. 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

31. Date of Post-mortem

32. Name of Medico-legal Mortuary

33. Mortuary No.

34. Mortuary Reference Number of Deceased

35. SAPS Case No.

36. Name of Police Station

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

36.1 HPCSA Registration No.

37. Surname

38. Forenames

39. Business Address: Street

Town

Province

Postal Code

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).

Place signed

Date signed

Signature

Office stamp of mortuary

D. PARTICULARS OF INFORMANT

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

40. Identity No. (Passport No. if foreigner) 7704030234082 41. Date of Birth

42. Citizenship SOUTH AFRICAN

43. Surname MOABI

44. Forenames ROSN

45. Residential Address: Street SLONO STR 2950

Town DANIELSKUIL

Province NORTHERN CAPE Postal Code 8425

Telephone No. (Home) Cellphone No. 0844741261

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

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 Rmoabi

Date signed 20251110



Left thumb print of informant



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



16631196372

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)

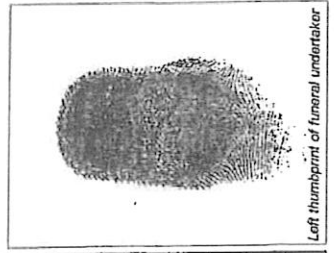
E. PARTICULARS OF FUNERAL UNDERTAKER

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.

47. Name of Funeral Parlour REKATHUSA FUNERAL PARLOUR
48. DHA Designation No. RY105 49. Company Reg. No. 1997/053392/23
50. SARS Reg. No. (Income tax reference no.) 4670203387

Details of Funeral Undertaker or Authorised Representative

51. Identity No. (Passport No. if foreigner) 9711205708087
52. Surname MORAUSE
53. Forenames ISHEPISO
54. Business Address Street 16 RANDVIE STR
Town POSTMANSBURG Province N.C Postal Code 8420
Telephone No. (Office) 0533133972 Cellphone No. _____
55. Date of collection of corpse 20251109 56. Date of Cremation (if applicable) _____
57. Place of Burial (City / Town / Village) DANIELSKUIL Province _____
58. Date of Burial 20251116 59. Grave No. (if available) _____



Place signed POSTMANSBURG
Date signed 20251110 Signature *[Signature]*

Name of person who collected the deceased:

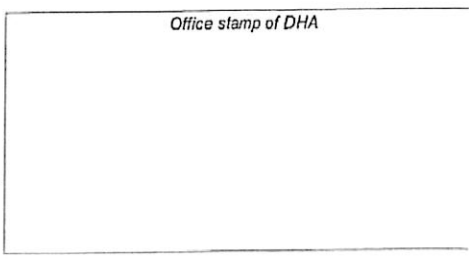
60. Identity No. (Passport No. if foreigner) 9711205708087
61. Surname MORAUSE
62. Forenames ISHEPISO
Place signed POSTMANSBURG
63. Date signed 20251110 Signature *[Signature]*



F. FOR OFFICIAL USE ONLY

Registration of death approved, DHA-1663 received by (particulars of DHA official):
64. Surname _____
65. Forenames _____
66. Persal 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)
DHA-1663 was submitted by: Informant Funeral Undertaker





home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

4013540

83/DHA - 5



PARTICULARS FROM THE POPULATION REGISTER (P.R.O.):

ABRIDGED DEATH CERTIFICATE

IDENTITY NUMBER: 440404 5292 08 3
 SURNAME: MOABI
 FIRST NAMES: KLAAS
 DATE OF BIRTH: 1944-04-04
 GENDER: MALE
 MARITAL STATUS: WIDOWER
 DATE OF DEATH: 2025-11-08
 PLACE OF DEATH: POSTMASBURG
 CAUSE OF DEATH: NATURAL CAUSES

DATE OF ISSUE: 2025-11-10

ISSUED BY: YKF225

[Signature]
D. P. ...

DIRECTOR-GENERAL: HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS
 10-12 RANDJIE STREET
 2025 -11- 10
 POSTMASBURG 6420
 POSTMASBURG (06)




[Signature]
 PERSONNER
 ICE NUMBER: 22550000
 IN DRINKS .IF
 PRINT: KP Shuro
 DATE: 2025/11/10

SOUTH AFRICAN POLICE SERVICE
 ESKOM
 POSTMASBURG
 2025 -11- 10
 POSTMASBURG
 SOUTH AFRICAN POLICE SERVICE

DECEASED

**REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD**

Surname: **MOABI**
 Names: **KLEAS**
 Sex: **M**
 Nationality: **RSA**
 Identity Number: **4404045292083**
 Date of Birth: **04 APR 1944**
 Country of Birth: **RSA**
 Status: **CITIZEN**





Signature: **UNABLE TO SIGN**

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 020 6911 60

Date of Issue: **18 JAN 2023**

RSA

120685039





SOUTH AFRICAN POLICE SERVICE


POST

2023-11-10


FACE NUMBER **7253906** **RANG** **080**
DATE **2023/11/10**

 **REPUBLIC OF SOUTH AFRICA**
NATIONAL IDENTITY CARD

Surname
KOOPMAN
 Names
SANNAH
 Sex
F
 Nationality
RSA
 Identity Number
6905030858082
 Date of Birth
03 MAY 1989
 Country of Birth
RSA
 Status
CITIZEN

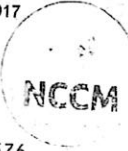


Signature
S. Koopman





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 020 60 11 80

Date of Issue:
09 SEP 2017



105075576





Ek sertifiseer dat hierdie dokument 'n ware afdruk (afskrif) is van die
 oorspronklike dokument wat aan my verstaanbaar voorgelê is. Ek
 sertifiseer verder dat hierdie dokument nie 'n wysiging of
 verandering in die inhoud daarvan ingesluit of aanbring nie.
 I certify that this document is a true and correct copy of the original
 document which was presented to me for certification. I further certify
 that from my own knowledge no change was made to
 the original document.

Handtekening/Signature *[Signature]*
 Magsnommer/Force number **1925801** Rang/Rank **W/O**
 Naam in Post/Name in Post **Tom Keet**

SOUTH AFRICAN POLICE SERVICE
SCM
DOUGLAS
2025 -11- 11
DOUGLAS
SCM
SUID-AFRIKAANSE POLISIEDIENS