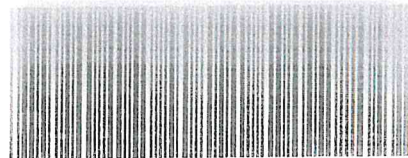




DEPARTMENT OF HOME AFFAIRS
NOTICE OF DEATH / STILLBIRTH
 (Births and Deaths Registration Act 51 of 1992)
 [Regulations 11 and 14]



1663I460932

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**

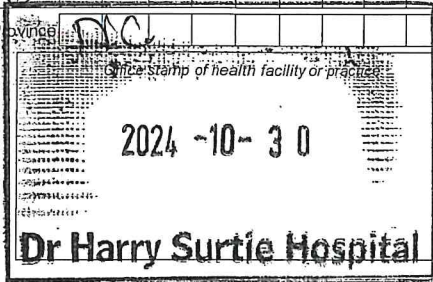
Particulars of the Medical Practitioner / Professional Nurse who filled out the form:

23. HPCSA Registration No. MPO901286

24. Surname HAYES
 25. Forenames LEINHARD
 26. Name of Health Facility / Practice DR HARRY SURTIE 27. Facility / Practice No. 5600278
 28. Business Address: Street CNA OF TURNER & WPT-26 DRIVE
 Town UPINGTON Province NC
 Telephone No. (Office) _____ Postal Code 8801

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 _____ Date signed 2024/10/30 Signature _____



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 Y Y Y Y M M D D
 32. Name of Medico-legal Mortuary _____ 33. Mortuary No. _____
 34. Mortuary Reference Number of Deceased _____
 35. SAPS Case No. _____ 36. Name of Police Station _____

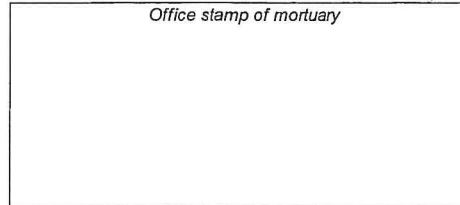
Particulars of the Medical Practitioner / Forensic Pathologist who filled out the form:

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 Y Y Y Y M M D D Signature _____



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) 5803090122088 41. Date of Birth Y 19580309
 42. Citizenship RSA
 43. Surname TUTUS
 44. Forenames ZONIA MURIE
 45. Residential Address: Street NR 1 AUGRABIES STR
 Town UPINGTON Province NC Postal Code 8801
 Telephone No. (Home) _____ Cellphone No. 0827205651
 46. The Deceased is my: 46.1 Parent 46.2 Spouse 46.3 Child 46.4 Other, Specify SISTER



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 2024/10/30 UPINGTON



1663I460932

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]

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 TJ FUNERALS

48. DHA Designation No. UP01/2012 49. Company Reg. No. 2009/129/009/2

50. SARS Reg. No. (Income tax reference no.) 0547088062

Details of Funeral Undertaker or Authorised Representative

51. Identity No. (Passport No. if foreigner) 8109020296084

52. Surname NAN ROOYEN

53. Forenames LIZZY

54. Business Address Street 35 HUFKIE STR.

Town UPINGTON

Province NC Postal Code 8801

Telephone No. (Office) _____ Cellphone No. 0720726871

55. Date of collection of corpse 2024/030 56. Date of Cremation (if applicable) Y Y Y Y M M D D

57. Place of Burial (City / Town / Village) UPINGTON Province NC

58. Date of Burial 2024/1/09 59. Grave No. (if available) _____



Place signed UPINGTON

Date signed 2024/1/030 Signature

Name of person who collected the deceased:

60. Identity No. (Passport No. if foreigner) 8109020296084

61. Surname NAN ROOYEN

62. Forenames LIZZY

Place signed UPINGTON

63. Date signed 2024/1/030 Signature

Office stamp of funeral undertaker

T&J BEGRAFNISONDERNEMERS

35 HUFKIE STR.

ROSDALE, UPINGTON

SEL: 072 951 1083

NO 1/2012

F. FOR OFFICIAL USE ONLY

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

64. Surname _____

65. Forenames _____

66. Peral 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

Office stamp of DHA



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

Annexure 16
BURIAL ORDER



AA4708760

[Births and Deaths Registration Act 51 of 1992]

STASIEBEVELVOERDER
UPINGTON
2024-10-30
UPINGTON
STATION COMMANDER
SOUTH AFRICAN POLICE SERVICE

The form to be completed in BLACK INK with BLOCK LETTERS. Please mark with the CORRECT box, where required by the HOME AFFAIRS OFFICIAL

Date of Issue: 2024/10/30
Serial number of DHA-1663: 2460932
Bar-code number of DHA-1663: 16632460932

A. PARTICULARS OF DECEASED

Identity number: 470713 0131 085
Date of birth: 1947 07 17
Passport number (if foreigner):
Date of death: 2024 10 30
Citizenship: S-A
Sex: FEMALE
Surname: LOUW
Previous or Maiden surname: PRETORIUS
Forenames: SARIE MARE
Place of death: City/Town: UPINGTON Province: NW
Place of burial: City/Town: UPINGTON Province: NW
Cause of death: Natural Unnatural Under investigation

EK SERTIFISEER DAT HIERDIE DOKUMENT 'N WARE AFKOP (AFSKRIF) IS VAN DIE OORSPRONKLIKE DOKUMENT WAT AANGEGELEEN IS. EK SERTIFISEER VERDER DAT, VOLGENS MY WAARNEMING, DAAR NIE 'N WYSSING OF VERANDERING OP DIE OORSPRONKLIKE DOKUMENT AANGEBRING IS NIE.

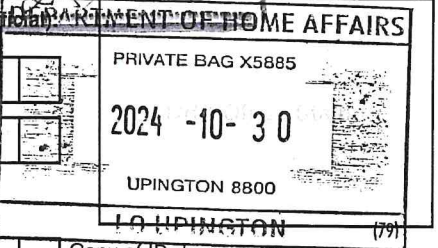
I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR AUTHENTICATION. I FURTHER CERTIFY THAT, FROM MY OBSERVATIONS, AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

B. AUTHORITY FOR BURIAL OF CORPSE

This certificate grants the authority for the burial of the corpse from the magisterial district in which the death occurred or at the magisterial district where the burial will take place.

C. FOR OFFICIAL USE ONLY

Registration of death approved and burial order issued: DHA-1663 received by (particulars of DHA official):
Surname: DA ALESSANDRO
Forenames: LUCIANO
Persal No.: 72750205
MAGISTRAT: [Signature]
RANG: [Signature]
NAAM IN DRUKSKRIF: [Signature]



Documents included with this notice: Copy of the deceased's ID/passport Copy of ID document/passport of the informant
DHA-1663 was submitted by: Informant Funeral Undertaker
Identity Number of Recipient: Identity number: 580309 0122 088
If Funeral Undertaker: Designation number:
Signature of recipient: [Signature]
Date received: 2024 10 30



PARTICULARS FROM THE POPULATION REGISTER I.R.O.:
**ABRIDGED
DEATH CERTIFICATE**

IDENTITY NUMBER: 470713 0131 08 5
SURNAME: LOUW
FIRST NAMES: SARIE IRENE
DATE OF BIRTH: 1947-07-13
GENDER: FEMALE
MARITAL STATUS: MARRIED
DATE OF DEATH: 2024-10-30
PLACE OF DEATH: UPINGTON
CAUSE OF DEATH: NATURAL CAUSES

DATE OF ISSUE: 2024-10-30

ISSUED BY: YDC252


[Signature]
DIRECTOR-GENERAL: HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS
PRIVATE BAG X5885
2024 -10- 30
UPINGTON 8800
10 UPINGTON (79)



Government Printing Works (012 334 4500)


EK SERTIFISEER DAT HIERDIE DOKUMENT 'N WARE AFDruk (AFSKRIF) IS VAN DIE OORSPRONKLIKE DOKUMENT WAT AAN MY VIR WA...
I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR...
HANDTEKENING/SIGNATURE
MAGSNOMMER / FORCE NUMBER
NAAM IN DRUKSKRIF / NAME IN PRINT

SUID-AFRIKAANSE POLISIEDIENS
STASIEBEVELVOERDER
UPINGTON
2024 -10- 30
UPINGTON
STATION COMMANDER
SOUTH AFRICAN POLICE SERVICE

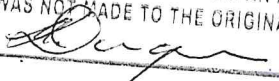
 **REPUBLIC OF SOUTH AFRICA**
NATIONAL IDENTITY CARD

Surname:
LOUW
Names:
FREDERICK
Sex:
M
Nationality:
RSA
Identity Number:
5011045150085
Date of Birth:
04 NOV 1950
Country of Birth:
RSA
Status:
CITIZEN


Signature: 



I CERTIFY THAT THIS IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR AUTHENTICATION. I FURTHER CERTIFY THAT, FROM MY OBSERVATION, AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

SIGNATURE:  30/10/2024

REF NO: 9182 GORDONIA

NAME IN PRINT: K I DE JAGER

Conditions:
This card has been issued by the
Department of Home Affairs in terms of the
Identification Act, Act 68 of 1997

Date of Issue:
28 DEC 2022

 **RSA**

117442896