Stillbirth and miscarriages

WHEN HALLO MEANS GOODBYE

LM BEGRAFNISSE FUNERALS

Liesl Myburgh

084 589 8967 (24/7)

Eienaar/Owner

liesl@lmfunerals.co.za

Ons maak 'n verskil / We make a difference

Stillbirth

26 weeks and beyond

Definition:
A baby born with no signs of life after 26 weeks of pregnancy.

Law:
Must be registered with the Dept of Home Affairs – Births and Deaths Registration Act

Options:
Parents have to choose between burial or cremation

Documents:
Notice of Stillbirth – BI 1663 – 4 pages
(From the doctor or midwife)
Burial Order – burial purposes
(From DHA – undertaker responsible)
Schedule B Cremation document – cremation purposes
(From doctor or midwife)

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Miscarriage

Before 26 weeks

Definition:
Pregnancy loss before 26 weeks of pregnancy.

Law:
Not required to register with Dept of Home Affairs

Parental rights:
Emphasis on parents must have a choice

Documents:
Notice of Stillbirth – BI 1663 – 4 pages
Sworn affidavit – if doctor is not willing to sign BI
(From the doctor or midwife)
Burial Order – burial purposes
(From DHA – undertaker responsible)
Cremation document – cremation purposes
(From doctor or midwife)

Options:
Parents may request a burial or cremation/allow hospital to manage remains

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G.P.-S. 03/09

REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

DHA-1663 A
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BARCODE

NOTICE OF DEATH / STILL BIRTH

[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)

Serial number

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 still birth? ☐ 1.1 Death ☐ 1.2 Still birth

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 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

3. Date of Death / still birth Y Y Y Y M M D D

4.1 Place of Death/still birth (City/Town/Village)

4.2 Province of Death/still birth

5. Place of Registration of Death / still birth

6. If death occurred within 24 hours after birth, number of hours alive ☐☐ 7. Home telephone no.

8. Identity No. (Passport No. if foreigner) 9. Age at last birthday if DOB is unknown ☐☐☐

10. Date of Birth if there is no ID number Y Y Y Y M M D D 11. Gender ☐ 11.1 Male ☐ 11.2 Female ☐ 11.3 Indeterminable

12. Surname

13. Previous / Maiden Surname

14. Forenames

15. Usual* Residential Address: Street

Town

Province Postal code

16. Citizenship

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	Unk now n
(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, exterritorial 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.

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Serial number

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.

24. Surname

25. Forenames

26. Name of Health Facility / Practice 27. Facility / Practice No.

28. Business Address: Street

Town Province

Telephone No. (Office) Postal Code

Office stamp of health facility or practice

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 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 Y Y Y Y M M D D 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 / 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: HPCSA Registration No.

37. Surname

38. Forenames

39. Business Address Street

Town Province Postal Code

Telephone No. (Office)

Office stamp of mortuary

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) 41. Date of Birth Y Y Y Y M M D D

42. Citizenship

43. Surname

44. Forenames

45. Residential Address: Street

Town

Province Postal Code

Left thumb print of informant

Telephone No. (Home) Cellphone No.

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 Date signed Y Y Y Y M M D D Place signed

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NOTICE OF DEATH / STILL BIRTH

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Serial number

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

48. DHA Designation No.

49. Company Reg. No.

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

Details of Funeral Undertaker or Authorised Representative

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

52. Surname

53. Forenames

54. Business Address Street

Town

Province

Postal Code

Left thumbprint of funeral undertaker

Telephone No. (Office)

Cellphone No.

55. Date of collection of corpse Y Y Y Y M M D D

56. Date of Cremation (if applicable) Y Y Y Y M M D D

57. Place of Burial (City / Town / Village)

Province

58. Date of Burial Y Y Y Y M M D D

59. Grave No. (if available)

Name of person who collected the deceased:

Office stamp of funeral undertaker

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

61. Surname

62. Forenames

Place signed

Date signed Y Y Y Y M M D D

Signature

F. FOR OFFICIAL USE ONLY

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

Office stamp of DHA

63. Identity No.

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

BI 1663 – page 1/1

NOTICE OF DEATH / STILLBIRTH

Confirmation for Medical and Health use Only

1663H510395

1 be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker.
he form to be completed in **BLACK INK** with **BLOCK LETTERS**. Please mark with ☑ the CORRECT box, where required.
ll 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)

This page must be sealed after completion to ensure confidentiality

FOLD TO THIS POINT

No. (Passport No. if foreigner) File no Date

DHA-1663 B
Page 1 of 1

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

Identity No. (Passport No. if foreigner)

Gender 68.1 Male 68.2 Female 68.3 Indeterminable

Surname

Forenames

Population Group 71.1 African 71.2 White 71.3 Indian/Asian 71.4 Coloured 71.5 Other (specify)

Place of Death 72.1 Hospital/Inpatient 72.2 ER/Outpatient 72.3 DOA 72.4 Nursing Home 72.5 At home 72.6 Other (specify)

Name of Health Facility/Practice

Facility Contact Telephone No. incl. Area Code

Patient File No.

Contact Person at Facility: Surname

Forenames

Role/Rank

I 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

CAUSES OF DEATH

For office use only

ICD-10

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**

Approximate interval between onset and death (Days / Months / Years)

IMMEDIATE CAUSE (final disease or condition resulting in death) a) Due to (or as a consequence of)

Sequentially list conditions, if any, leading to immediate cause. b) Due to (or as a consequence of)

Enter **UNDERLYING CAUSE** last (Disease or injury that initiated events resulting in death) c) Due to (or as a consequence of)

d)

Part 2 Other significant conditions contributing to death but not resulting in underlying cause given in **Part 1**

If a **female**, was she pregnant at the time of death or up to 42 days prior to death? (☑) 82.1 Yes 82.2 No

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 STILLBIRTHS AND DEATHS OCCURRING WITHIN ONE WEEK OF BIRTH (PERINATAL DEATHS)

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

Mother

Identity Number 9011150011084

Date of Birth 1990 12 18

Age of last birthday/ DOB unknown 03rd

Number of previous pregnancies resulting in:
1 83.1 Live births 00 83.2 Stillbirths 00 83.3 Abortions

Outcome of last previous pregnancy (tick one):
84.1 Live birth 84.2 Stillbirth 84.3 Abortion

Date of last previous delivery 2025 03 21

First day of last menstrual period Y Y Y Y M M D D

If unknown, estimated duration of pregnancy (in completed weeks)

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)

Antenatal care two or more visits: 88.1 Yes 88.2 No 88.3 Unknown

Child

89. Type of death: 89.1 Stillbirth 89.2 Live birth

90. Birth weight (in grams) ± 704

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 00

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

Main disease or conditions in foetus or infant Trisomy 13 (Patau Syndrome)

Other diseases or conditions in foetus or infant

Main maternal disease or condition affecting foetus or infant

Other maternal diseases or conditions affecting foetus or infant

Other relevant circumstances

Autopsy information (☑)

96.1 Certified causes of death has been confirmed by autopsy 96.2 Autopsy information may be available later 96.3 Autopsy not performed

GLUE LINE

GLUE LINE

Sworn affidavit

SWORN AFFIDAVIT

Date: _____

NAME: _____

ID NUMBER: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

STATES UNDER OATH:

I require the placenta and foetus of my stillborn child, born on _____(Date) at _____ (Hospital/Clinic) in _____ (City/Town) for burial/cremation for religious purposes as per the Human Tissue Act of South Africa, Act number 65 of 1983. The placenta and human tissue will be disposed of legally as per the relevant municipal and governmental laws and bylaws by a legal and lawful undertaker as appointed by myself. I undertake to ensure safe handling of this human tissue whilst it is in my care or appoint a lawful representative to legally do so on my behalf.

I know and understand the contents of this declaration. I have no obligation in taking the prescribed oath. I consider the prescribed oath to binding on my conscience.

_____

Signature

This is to certify that the deponent knows and understands the contents of this declaration. This statement was sworn to before me and the deponent signature was placed thereon in my presence.

_____

Commissioner of Oaths

BEGRAFNISSE FUNERALS

Liesl Myburgh
084 589 8967

Your memory is a treasure I hold in my heart.

LM BEGRAFNISSE FUNERALS

Ons maak 'n verskil / We make a difference

LIESL MYBURGH

699 Chamberlain Street, Deerness

Kantoor ure/Office hours: 8:30 - 15:30

084 589 8967 - (24/7)