

From: "Krest-Anne Cortes D." <krestanne.cortes@ug.uchile.cl>

Date: 2020-07-07 11:52

Subject: Justificación falta trabajo Desigualdades y Estratificación

Estimados,

Espero que se encuentren bien, soy Krest-Anne Cortes y les escribo este correo debido a que durante la fecha 13 de Junio unos días antes del receso universitario, he pasado por un problema familiar (fallecimiento de mi abuela), he mandado los respectivos correos al profesor Darío como al profesor de mi asignatura Desigualdades y Estratificación (Omar Aguilar) y nuestra ayudanta Valentina Andrade por lo que no pude mandarle el trabajo del ramo acordado. Creí haberles mandado correo pero no era así, me disculpo ya que ha pasado mucho tiempo desde entonces, sinceramente no he estado en condiciones optimas ultimamente. Reitero las disculpas por las molestias generados.

Adjunto el certificado de defunción de mi abuela, muchas gracias por su comprensión.

Saludos cordiales,

Krest-Anne Cortes

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF DEATH

Province **METRO MANILA**
City/Municipality **PASIG CITY**

Registry No.
2020 2484

1. NAME (First) (Middle) (Last) PRISCILA REPULIDO CORTES	2. SEX (Male/Female) FEMALE	
3. DATE OF DEATH (Day, Month, Year) 13 JUNE 2020	4. DATE OF BIRTH (Day) (Month) (Year) 06 MARCH 1939	5. AGE AT THE TIME OF DEATH (Fill in below accord. to age category) a. IF 1 YEAR OR ABOVE [2] Completed years 81 b. IF UNDER 1 YEAR [1] Months [2] Days [3] Hours [4] Min/Sec
6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province) #2436 CAMATCHILI ST. KALAWAAN PASIG CITY, METRO MANILA		7. CIVIL STATUS (Single/Married/Widow/Annulled/Divorced) WIDOW
8. RELIGION/RELIGIOUS SECT INC	9. CITIZENSHIP FILIPINO	10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) #2436 CAMATCHILI ST. KALAWAAN PASIG CITY, METRO MANILA PHILIPPINES
11. OCCUPATION NONE	12. NAME OF FATHER (First, Middle, Last) CLAUDIO REPULIDO	13. MAIDEN NAME OF MOTHER (First, Middle, Last) INOCENCIA TAYUBONG

MEDICAL CERTIFICATE

(For ages 0 to 7 days, accomplish items 14-19a at the back)

19b. CAUSES OF DEATH (If the deceased is aged 8 days and over)
I. Immediate cause : a. **undetermined cause of death; non-covid19** Interval Between Onset and Death
Antecedent cause : b. _____
Underlying cause : c. _____
II. Other significant conditions contributing to death: _____

19c. MATERNAL CONDITION (If the deceased is female aged 15-49 years old)
_____ a. pregnant, not in labour _____ b. pregnant, in labour _____ c. less than 42 days after delivery _____ d. 42 days to 1 year after delivery _____ e. None of the choices

19d. 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.) **INDIVIDUAL HOME**

20. AUTOPSY (Yes / No) _____

21a. ATTENDANT
1 Private Physician _____ 2 Public Health Officer _____ 3 Hospital Authority _____ 4 None _____ 5 Others (Specify) _____
21b. If attended, state duration (mn/dd/yy) From _____ To _____

22. CERTIFICATION OF DEATH
☒ I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I ☐ have attended/
☐ have not attended the deceased and that death occurred at _____ am/pm on the date of death specified above.

Signature _____
Name in Print _____
Title or Position _____
Address _____
Date **6/15/20**

REVIEWED BY **JOSEPH PANALIGAN, M.D. MHA**
ASSISTANT CITY HEALTH OFFICER FOR OPERATIONS
Signature _____
Name in Print _____
Title or Position _____
Date **JUN 15 2020**

23. CORPSE DISPOSAL (Burial, Cremation, if others, specify)
BURIAL

24a. BURIAL/CREMATION PERMIT
Number _____
Date Issued _____

24b. TRANSFER PERMIT
Number **6772572**
Date Issued **6-15-2020**

25. NAME AND ADDRESS OF CEMETERY OR CREMATORY
INC CEMENTERY TAGUIG CITY
MARIANO LIGID TIRAS TAGUIG CITY

26. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature **Liza**
Name in Print **LIZA CORTES BELLEN**
Relationship to the Deceased **DAUGHTER**
Address **BRGY. KALAWAAN PASIG CITY**
Date **15 JUNE 2020**

27. PREPARED BY
Signature _____
Name in Print **PETER P. PERDIGON**
Title or Position **FUNERAL STAFF**
Date **15 JUNE 2020**

28. RECEIVED BY
Signature _____
Name in Print **MARIA OLIVA TRINIDAD**
Title or Position **OIC-DEATH SECTION**
Date **JUN 16 2020**

29. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print **CERIZA R. REVILLA**
Title or Position **CITY CIVIL REGISTRAR**
Date **JUN 16 2020**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

MARIA OLIVA TRINIDAD
OIC-DEATH SECTION

FOR CHILDREN AGED 0 TO 7 DAYS

14. AGE OF MOTHER _____	15. METHOD OF DELIVERY (Normal spontaneous vertex, if others, specify) _____	16. LENGTH OF PREGNANCY: (in completed weeks) _____
17. TYPE OF BIRTH (Single, Twin, Triplet, etc) _____		18. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc) _____

MEDICAL CERTIFICATE

19a. CAUSES OF DEATH

- a. Main disease/condition of infant _____
- b. Other diseases/conditions of infant _____
- c. Main maternal disease/condition affecting infant _____
- d. Other maternal disease/condition affecting infant _____
- e. Other relevant circumstances _____

CONTINUE TO FILL UP ITEM 20

POSTMORTEM CERTIFICATE OF DEATH

I HEREBY CERTIFY that I have performed an autopsy upon the body of the deceased and that the cause of death was _____

Signature _____ Title/Designation _____

Name in Print _____ Address _____

Date _____

CERTIFICATION OF EMBALMER

I HEREBY CERTIFY that I have embalmed PRISCILA R. CORTES following all the regulations prescribed by the Department of Health.

Signature *[Signature]* Title/Designation LICENSED EMBALMER

Name in Print DEBBIE M. IGNACIO License No. 09-12-4323

Address PASIG CITY Issued on 09/20-2012 BOHANGA

Expiry Date SEPT. 2021

AFFIDAVIT FOR DELAYED REGISTRATION OF DEATH

I, _____, of legal age, single/married/divorced/widow/widower, with residence and postal address _____

after being duly sworn in accordance with law, do hereby depose and say:

1. That _____ died on _____ in _____ and was buried/cremated in _____ on _____

2. That the deceased at the time of his/her death:

- ☐ was attended by _____
- ☐ was not attended.

3. That the cause of death of the deceased was _____

4. That the reason for the delay in registering this death was due to _____

5. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this _____ day of _____ at _____, Philippines.

(Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____, Philippines, affiant who exhibited to me his/her CTC/valid ID _____ issued on _____ at _____