



REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

**NOTICE OF DEATH / STILLBIRTH**

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



1663J214268

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)

**1. 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.

Was this a death or a stillbirth? ☒ 1.1 Death ☐ 1.2 Stillbirth

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

Date of Death / stillbirth

20260614

1 Place of Death/stillbirth (City/Town/Village)

Mossesburg

2 Province of Death/stillbirth

WESTERN CAPE

Place of Registration of Death / stillbirth

Mossesburg

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

7. Home telephone no.

Identity No. (Passport No. if foreigner)

5701315118081

9. Age at last birthday if DOB is unknown

1. Date of Birth if there is no ID number

19570131

11. Gender

☐ 11.1 Male

☒ 11.2 Female

☐ 11.3 Indeterminable

2. Surname

DYSEL

3. Previous / Maiden Surname

4. Forenames

JOHN

5. Usual\* Residential Address: Street

48 ADONIA STREET

Town

DYSEL DORP OUDSHOORN

Province

WESTERN CAPE

Postal code 6628

3. Citizenship

RSA

3.1 Place of Birth (City / Town / Village)

Country of Birth, if abroad

3.2 Province of Birth

4. Marital Status of the deceased

☐ 17.1 Single

☒ 17.2 Married

☐ 17.3 Widowed

☐ 17.4 Divorced

3. 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
															<input checked="" type="checkbox"/>

(mark with a ☒)

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

1. Type of business / industry: (mark with a ☒)

1. Agriculture, mining, 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

1. 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.

*Strydom*  
DE GRAFISIOENSTE  
DEPARTMENT OF HOME AFFAIRS

GEREGISTREERDE WARE AFSAK VAN DIE DOORSPRONKE DOCUMENT

CERTIFIED A TRUE COPY OF THE ORIGINAL DOCUMENT

*[Signature]*  
17/06/26

17/06/26



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DEPARTMENT OF HOME AFFAIRS

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**3. 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. **M P 0 7 8 4 9 3 1**

4. Surname **VAN DE MERWE**  
5. Forenames **ETIENNE**  
6. Name of Health Facility / Practice **BAYVIEW HOSPITAL** 27. Facility / Practice No. **1 2 4 9 7 0 3**  
8. Business Address: Street **D A N O V A** Town **D A N O V A** Province **W E S T E R N C A P E**  
Telephone No. (Office) **0 7 6 6 3 3 5 2 6 0** Postal Code **6 0 0 1**

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 **Mossel Bay**  
Date signed **2 0 2 6 0 6 1 4**

Signature *[Signature]*

Office stamp of health facility or practice  
**Life Bay View Private Hospital**  
P.O. Box 287, Mossel Bay 6500  
Tel: 044 691 3718  
Fax: 044 691 1183

**2. 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

9. 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

1. Date of Post-mortem **2 0 2 6 0 6 1 4**  
2. Name of Medico-legal Mortuary **Life Bayview Private Hospital**  
4. Mortuary Reference Number of Deceased **1 7 6 6 1 6**  
5. SAPS Case No. **0 7 6 6 3 3 5 2 6 0** 36. Name of Police Station **W C**

33. Mortuary No. **1 7 6 6 1 6**

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

36.1 HPCSA Registration No. **M P 0 7 8 4 9 3 1**

7. Surname **VAN DE MERWE**  
8. Forenames **ETIENNE**  
9. Business Address: Street **L I F E B A Y V I E W** Town **D A N O V A** Province **W C** Postal Code **6 0 0 1**  
Telephone No. (Office) **0 7 6 6 3 3 5 2 6 0**

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 **Mossel Bay**  
Date signed **2 0 2 6 0 6 1 4**

Signature *[Signature]*

Office stamp of mortuary

**1. PARTICULARS OF INFORMANT**

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

0. Identity No. (Passport No. if foreigner) **1 7 6 6 1 6** 41. Date of Birth **1 7 6 6 1 6**  
2. Citizenship **South African**  
3. Surname **VAN DE MERWE**  
4. Forenames **ETIENNE**  
5. Residential Address: Street **L I F E B A Y V I E W** Town **D A N O V A** Province **W C** Postal Code **6 0 0 1**  
Telephone No. (Home) **0 7 6 6 3 3 5 2 6 0** Cellphone No. **0 7 6 6 3 3 5 2 6 0**  
6. The Deceased is my: ☐ 46.1 Parent ☐ 46.2 Spouse ☐ 46.3 Child ☐ 46.4 Other, Specify **Mossel Bay**

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.)

Left thumb print of informant

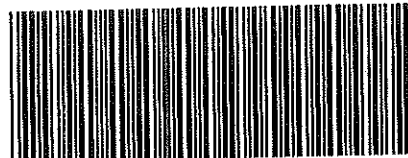


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**1. PARTICULARS OF FUNERAL UNDERTAKER**

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.

7. Name of Funeral Parlour																					
8. DHA Designation No.											49. Company Reg. No.										
0. SARS Reg. No. (Income tax reference no.)																					

**Details of Funeral Undertaker or Authorised Representative**

1. Identity No. (Passport No. if foreigner)																					
2. Surname																					
3. Forenames																					
4. Business Address																					
Street											Postal Code										
Town																					
Province																					
Telephone No. (Office)											Cellphone No.										
5. Date of collection of corpse											56. Date of Cremation (if applicable)	Y Y Y Y M M D D									
7. Place of Burial (City / Town / Village)											Province										
8. Date of Burial	Y Y Y Y M M D D										59. Grave No. (if available)										

Left thumbprint of funeral undertaker

Place signed \_\_\_\_\_  
Date signed Y Y Y Y M M D D Signature \_\_\_\_\_

**Name of person who collected the deceased:**

1. Identity No. (Passport No. if foreigner)																					
1. Surname																					
2. Forenames																					
Place signed _____																					
3. Date signed	Y Y Y Y M M D D										Signature										

Office stamp of funeral undertaker

**2. FOR OFFICIAL USE ONLY**

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

4. Surname																				
5. Forenames																				
6. Personal No.																				

Documents included with this notice:

<input type="checkbox"/> Copy of the deceased's ID	<input type="checkbox"/> Copy of ID document of the informant
<input type="checkbox"/> DHA - 6 (if applicable)	<input type="checkbox"/> DHA - 1680 (if applicable)
<input type="checkbox"/> Informant	<input type="checkbox"/> Funeral Undertaker

HA-1663 was submitted by:

Office stamp of DHA

*Strydom*  
DEGRAFIENSDIENSTE  
2014/06/26

GESERTIFISEERDE AFKRIEF VAN DIE OORSPRONKELIKE DOKUMENT  
CERTIFIED TRUE COPY OF THE ORIGINAL DOCUMENT

*[Signature]* 07/06/2014  
07/06/2014



home affairs

Department:  
Home Affairs

REPUBLIC OF SOUTH AFRICA

8786894

83/DHA - 5

ABRIDGED

DEATH CERTIFICATE

IDENTITY NUMBER: 570131 5118 08 1

SURNAME: DYSEL

FIRST NAMES: JOHN THOMAS

DATE OF BIRTH: 1957-01-31

GENDER: MALE

MARITAL STATUS: MARRIED

DATE OF DEATH: 2026-06-14

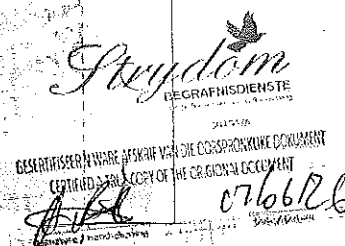
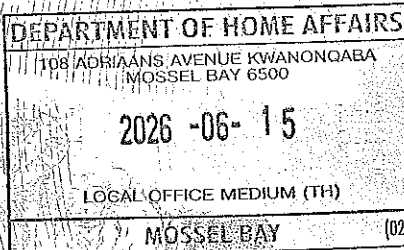
PLACE OF DEATH: MOSSEL BAY

CAUSE OF DEATH: NATURAL

DATE OF ISSUE: 2026-06-15

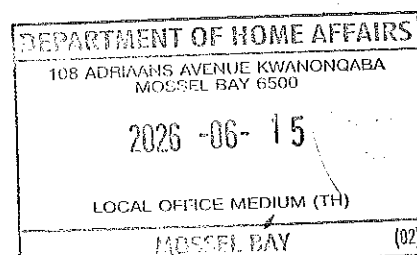
ISSUED BY: YOS204


DIRECTOR GENERAL: HOME AFFAIRS




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 of a change was not made to the original document.

Signature: *[Signature]*  
Persal Number: 1011950 Rank: AC  
Name in Print: H. M. M. M. M.



 **REPUBLIC OF SOUTH AFRICA**  
**NATIONAL IDENTITY CARD**

Surname:  
**DYSSEL**  
Names:  
**JOHN THOMAS**  
Sex:  
**M**  
Nationality:  
**RSA**  
Identity Number:  
**5701315118001**  
Date of Birth:  
**31 JAN 1957**  
Country of Birth:  
**RSA**  
Status:  
**CITIZEN**



Signature:  
*John Thomas Dysssel*

*Freedom*  
BEGRAFENISDIENSTE  
2017/21/06

GESERTIFISEERDE WAARE AFSKRIF VAN DIE OORSPRONKELIKE DOCUMENT  
CERTIFIED TRUE COPY OF THE ORIGINAL DOCUMENT

Signature: *[Signature]*  
Date: 15/06/26

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 0800 60 11 00

Date of Issue: **01 MAR 2022**



**118458655**




REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

Annexure 16  
**BURIAL ORDER**

[Births and Deaths Registration Act 51 of 1992]

[Regulation 16]



AA4742414

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

2026 06 15

Serial number of  
DHA-1663

Bar-code number of DHA-1663

1663214268

**A. PARTICULARS OF DECEASED**

Identity number

570131 5118 081

Date of birth

1957 01 31

Passport number  
(if foreigner)

Date of death

2026 06 14

Citizenship

Sex

MALE

Surname

DYSSGI

Previous or Maiden  
surname

Forenames

JOHN

Place of death:  
City/Town

MOSSGIBA

Province

WC

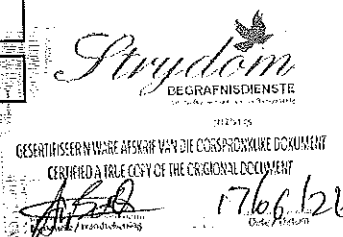
Place of burial:  
City/Town

Province

WC

Cause of death

Natural ☒ Unnatural ☐ Under investigation ☐



**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

MPUMELA

Forenames

HAZEL

Persal No.

18755950

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

610124 0187 088

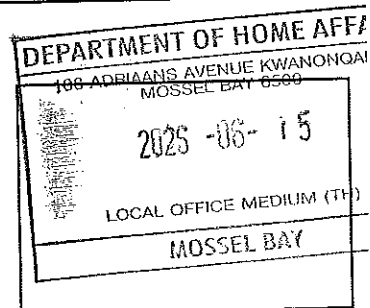
If Funeral Undertaker:

Designation number

GG04107

Date received

2026 06 15



# TAX INVOICE

4615

22/06/2026

## STRYDOM FUNERALS

OUDTSHOORN HEAD OFFICE  
PLUME STREET 02  
OUDTSHOORN

Company Reg. : 2015/186495/07  
VAT Reg. :

6625

Tel no : 0442791009

Contact person :

Cell no :

### Transaction Type Funeral

Customer name JOHN DYSEL  
Reference TOP-UP  
DYSELSDORP  
Tel no : Email :

Date	Product Description	Qty	Unit Price	Total	Discount	Vat	Incl. Price
22/06/2026	VOORDELE	1	-5,000.00	-5,000.00	0.00	0.00	-5,000.00
22/06/2026	Grave Fee Indigent (Oudtshoorn) Grave Fee Indigent (Oudtshoo	1	0.00	0.00	0.00	0.00	0.00
22/06/2026	EKSTRA DIEPTE	1	480.00	480.00	0.00	0.00	480.00
22/06/2026	VERVOER	1	1,700.00	1,700.00	0.00	0.00	1,700.00
22/06/2026	Huissetup, tente en stoele by woning Huissetup, tente en sto	1	1,500.00	1,500.00	0.00	0.00	1,500.00
22/06/2026	Lamineering (per program) Lamineering (per program)	2	5.00	10.00	0.00	0.00	10.00
22/06/2026	Coffin G Line Dome (Redwood) Coffin G Line Dome (Redwood)	1	6,800.00	6,800.00	0.00	0.00	6,800.00
22/06/2026	Kiskrans (Gewoon)	1	0.00	0.00	0.00	0.00	0.00
22/06/2026	Cross with nameplate	1	0.00	0.00	0.00	0.00	0.00
22/06/2026	Gravemats, tents and chairs	1	0.00	0.00	0.00	0.00	0.00
22/06/2026	Mortuary fees	1	0.00	0.00	0.00	0.00	0.00
22/06/2026	Professional Service	1	0.00	0.00	0.00	0.00	0.00
22/06/2026	Programs (80)	1	0.00	0.00	0.00	0.00	0.00
22/06/2026	Registration of Death	1	0.00	0.00	0.00	0.00	0.00
22/06/2026	Removal of deceased in office hours	1	0.00	0.00	0.00	0.00	0.00
22/06/2026	Use of hearse	1	0.00	0.00	0.00	0.00	0.00
22/06/2026	Water at graveside(24)	1	0.00	0.00	0.00	0.00	0.00
22/06/2026	Foto Raam(A4)	1	0.00	0.00	0.00	0.00	0.00

LA27162

<b>Total</b>	<b>5,490.00</b>
<b>Total VAT</b>	<b>0.00</b>
<b>Payments Received</b>	<b>0.00</b>
<b>Discount</b>	<b>0.00</b>
<b>Additional Discount</b>	<b>0.00</b>
<b>Total Owing</b>	<b>5,490.00</b>

Customer Signature \_\_\_\_\_  
Initial & Surname \_\_\_\_\_  
ID No. \_\_\_\_\_

Service Provider \_\_\_\_\_  
Initial & Surname \_\_\_\_\_  
ID No. \_\_\_\_\_

**Bank Details**

**STRYDOM FUNERAL HOME**  
**STANDARD BANK**  
**REK NO: 330071173**  
**TAK:050514**