Province of British Columbia

Ministry of Health
DIVISION OF VITAL STATISTICS

REGISTRATION No (Department Use Only)
013191

ATTENDING PHYSICIAN

MEDICAL CERTIFICATE OF DEATH

IMPORTANT NOTICE TO DOCTORS:

Issue the Medical Certificate of Death promptly to avoid delaying funeral arrangements. If the attending physician is for any reason unable to complete the Medical Certificate within 48 hours of death, the funeral director or the physician shall notify a coroner.

THIS IS A PERMANENT LEGAL RECORD — TYPE OR WRITE PLAINLY — COMPLETE ALL ITEMS
USE BLUE OR BLACK INK ONLY
See Reverse for Instructions

IMPORTANT: Any change or correction made in the completion of this form must be initialled by the person certifying the original information.

NAME OF DECEASED

1 SURNAME (Print or Type): MCGAVIN — ALL GIVEN NAMES: GARFIELD ALEXANDER

2 SEX: ☐ M ☐ F ☐ U/K

MSP NUMBER:

ACTUAL DATE OF DEATH

3 MONTH (by name) DAY, YEAR OF DEATH: Aug 03/1989

4 AGE (YEARS): 80

IF UNDER 1 YEAR — MONTHS: DAYS:

IF UNDER 1 DAY — HOURS: MINUTES:

PLACE OF DEATH

5 NAME OF HOSPITAL OR INSTITUTION (Otherwise give exact location where death occurred): Evergreen Hospital / Lions Gate Hospital

OFFICE USE ONLY:

CITY, TOWN OR OTHER PLACE (by name): North Vancouver

POSTAL CODE: V7L 2C7

MEDICAL CERTIFICATE OF DEATH

MEDICAL CAUSE OF DEATH

6

PART I

Immediate cause of death — (a) due to, or as a consequence of: Myocardial Infarct — APPROXIMATE INTERVAL BETWEEN ONSET & DEATH: 3 days — OFFICE USE ONLY: 4109

Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying causes last — (b) due to, or as a consequence of: Myocardial Infarct — 3 days — 3500

(c): ~~Diab~~ — –

PART II

Other significant conditions contributing to the death but not causally related to the immediate cause (a) above: Diabetes — 3-4 months — –

Recurrent Stroke — 3-4 years

AUTOPSY PARTICULARS

7 AUTOPSY BEING HELD? ☐ YES ☒ NO

8 DOES CAUSE OF DEATH STATED ABOVE TAKE ACCOUNT OF AUTOPSY FINDINGS? ☐ YES ☐ NO

9 MAY FURTHER INFORMATION RELATING TO CAUSE OF DEATH BE AVAILABLE LATER? ☐ YES ☐ NO

MANNER OF DEATH

10 STATE IF DEATH WAS
☒ NATURAL ☐ SUICIDE
☐ ACCIDENT ☐ COULD NOT BE DETERMINED
☐ HOMICIDE ☐ PENDING INVESTIGATION

11 WAS THIS DEATH DURING OR WITHIN 42 - 90 DAYS AFTER TERMINATION OF PREGNANCY? ☐ NO ☐ YES (SPECIFY BELOW)

ACCIDENT OR VIOLENCE (if applicable)

12 PLACE OF INJURY (e.g. home, farm, highway, etc.)

13 DATE OF INJURY [MONTH (by name) DAY, YEAR]

14 HOW DID INJURY OCCUR? (describe circumstances)

OTHER MEDICAL PARTICULARS

15 WAS THERE RECENT SURGERY? ☐ YES ☒ NO

16 IF YES GIVE DATE OF SURGERY

17 GIVE TYPE OF SURGERY PERFORMED AND STATE FINDINGS

CERTIFICATION OF ATTENDING PHYSICIAN

I VIEWED THE BODY AFTER DEATH ☐ YES ☒ NO

I ATTENDED THE DECEASED FOR THE FINAL ILLNESS ON — MONTH: Aug — DAY: 02 — YEAR: 89

I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS PERSON DIED ON THE DATE AND FROM THE CAUSE(S) STATED HEREIN AND THE DEATH ~~DID~~/DID NOT REQUIRE (strike out as applicable) NOTIFICATION TO A CORONER.

MONTH DAY YEAR

SIGNATURE OF ATTENDING PHYSICIAN: X [signature] — DATE SIGNED: Aug 03 1989

NAME OF ATTENDING PHYSICIAN (Print or Type): EDWARD S KROLL — PHONE No: 988-0727

ADDRESS: #306, 125 East 13th St, North Vancouver, B.C. — POSTAL CODE: V7L 2L3

NOTATIONS

CERTIFICATION OF DISTRICT REGISTRAR

I CERTIFY THAT THIS WAS ACCEPTED BY ME ON THIS DATE AT VANCOUVER, B.C AUG 8 1989 B.C

DATE MONTH (by name), DAY, YEAR

SIGNATURE OF DISTRICT REGISTRAR [signature]

DISTRICT REGISTRATION No

HLTH 406A REV 87/12 IBF 76768