Province of British Columbia

Ministry of Health
DIVISION OF VITAL STATISTICS

REGISTRATION No
(Department Use Only)
005543

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.

COMPLETE ALL ITEMS form

NAME OF DECEASED
1 SURNAME (Print or Type): ALLEN
ALL GIVEN NAMES: ERNEST ALBERT
2 SEX: ☑ M ☐ F ☐ U/K
M.S.P. NUMBER:

ACTUAL DATE OF DEATH
3 MONTH (by name) DAY, YEAR OF DEATH: MARCH 09 / 90
4 AGE (YEARS): 69
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):
OFFICE USE ONLY
CITY TOWN OR OTHER PLACE (by name): 818 40 St New WESTMINSTER BC
POSTAL CODE:

MEDICAL CERTIFICATE OF DEATH

REJECT: ____

PLACE OF ACCIDENT: ____

I	4413				
/					
/					
/					
/					
/					
II*					

(a) due to, or as a consequence of: RUPTURED ABDOMINAL ANEURYSM
(b) due to, or as a consequence of:
(c)

APPROXIMATE INTERVAL BETWEEN ONSET & DEATH: 3 HOURS
OFFICE USE ONLY

THIS IS A PERMANENT LEGAL RECORD - USE BLUE
See Re
IMPORTANT: Any change or cc must be initialled by the pe

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 03 DAY 9 YEAR 90
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
SIGNATURE OF ATTENDING PHYSICIAN: X F Kirkpatrick
DATE SIGNED: MONTH 03 DAY 12 YEAR 90
NAME OF ATTENDING PHYSICIAN (Print or Type): F. KIRKPATRICK
PHONE No: 522 3656
ADDRESS: 800 McBRIDE BLVD New WESTMINSTER BC
POSTAL CODE: V3L 2B8

CORONER NOTIFIED

NOTATIONS

CERTIFICATION OF DISTRICT REGISTRAR
I CERTIFY THAT THIS WAS ACCEPTED BY ME ON THIS DATE AT NEW WESTMINSTER #35 BC
DATE MONTH (by name) DAY YEAR: MAR 13 1990
SIGNATURE OF DISTRICT REGISTRAR:
DISTRICT REGISTRATION No.

78926

HLTH 406A REV 87/12