FORM 6
HLTH. 406

PROVINCE OF
BRITISH COLUMBIA (Canada)
DEPARTMENT OF HEALTH
Division of Vital Statistics

REGISTRATION OF
DEATH

Registration No. (Department use only)
002189

(5)

NAME OF DECEASED
1. Surname of deceased (print or type): EASTON
All given names in full (print or type): William George
2. SEX: Male

PLACE OF DEATH
3. Name of hospital or institution (otherwise give exact location where death occurred): Royal Inland Hospital, 311 Columbia Street 1-401
City, town or other place (by name): Kamloops 33042
Postal Code: V2C 2T1
Inside municipal limits? (State Yes or No): Yes

USUAL RESIDENCE
4. Complete street address: If rural give exact location (not Post Office or Rural Route address): 149 Bestwick Drive
City, town or other place (by name): Kamloops 33042
Postal Code: V2C 1M6
Inside municipal limits? (State Yes or No): Yes
Province (or country): B. C.

MARITAL STATUS
5. Single, married, widowed, or divorced (Specify): Married 2
6. If married, widowed, or divorced, give full name of husband or full maiden name of wife: ALLEN, Marlene

OCCUPATION
7. Kind of work done during most of working life: Supervisor
8. Kind of business or industry in which worked: B. C. Telephone Company

BIRTHDATE
9. Month (by name), day, year of birth: December 21, 1933
10. AGE (years): 52 (Months) If under 1 year: (Days): If under 1 day: (Hours): (Minutes):

BIRTHPLACE
11. City or place: NELSON, B. C. Province (or country) of birth: 009
12. Native Indian? Yes ☐ No ☒ If "yes" state name of band:

FATHER
13. Surname and given names of father (print or type): EASTON, William
14. BIRTHPLACE – City or place, Province (or country): SCOTLAND 132

MOTHER
15. Maiden surname and given names of mother (print or type): N/K N/K
16. BIRTHPLACE – City or place, Province (or country): N/K 999

INFORMANT
17. Signature of informant: X [signature]
18. Relationship to deceased: Son
19. Address of informant: 8419 89 Ave Fort St. John V1J 4V9
20. Date signed – Month, day, year: February 6, 1986

DISPOSITION
21. Burial, cremation or other disposition (specify): Burial
22. Date of burial or disposition (month, day, year): February 10, 1986
23. Name and address of cemetery, crematorium or place of disposition: Hillside Cemetery, Kamloops, B. C.

FUNERAL DIRECTOR
24. Name and address of funeral director (or person in charge of remains) (print or type): Schoening Funeral Service, 513 Seymour Street, Kamloops, B. C.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
25. Month (by name), day, year of death: February 5, 1986
Approx. interval between onset & death:

CAUSE OF DEATH
7999
26. Part I
Immediate cause of death (a): I
due to, or as a consequence of
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last (b): Coroner inquiry pending
due to, or as a consequence of
(c): .....
Part II
Other significant conditions contributing to the death but not causally related to the immediate cause (a) above: II

AUTOPSY PARTICULARS
27. Autopsy being held? Yes ☒ No ☐
28. Does the cause of death stated above take account of autopsy findings? Yes ☐ No ☒
29. May further information relating to the cause of death be available later? Yes ☒ No ☐

ACCIDENT OR VIOLENCE (If applicable)
30. If accident, suicide, homicide or undetermined (specify):
31. Place of injury (e.g. home, farm, highway, etc.):
32. Date of injury (Month (by name), day, year):
33. How did injury occur? (describe circumstances):

SURGICAL OPERATION
34. If there was a recent surgical operation give date of operation:
35. State operative findings:

CERTIFICATION (attending physician, coroner, etc.)
36. I certify that to the best of my knowledge and belief the above-named person died on the date and from the causes stated herein:
Signature (attending physician, coroner, etc.): X [signature] D. J. KIDD
Attending physician ☐ Physician examining body after death ☐ Coroner ☒
37. Name of physician or coroner (print or type): for Ian McRichar
Address: D. J. KIDD, 217-455 Columbia St., Kamloops, B.C. V2C 6K4
Date: Month, day, year: Feb 7, 1986

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DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Notations:

CERTIFICATION OF DISTRICT REGISTRAR
I certify this return was accepted by me on this date at – KAMLOOPS B.C.
District Registration No.: 63
FEBRUARY 7, 1986.
Date: Month (by name), day, year
[signature] DEPT Signature of District Registrar

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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.

8–2300–39.1: 6-5-85