FORM 6

15-040

Registration No. (Department use only)
83-09-001496

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

REGISTRATION OF
DEATH

NAME OF DECEASED
1. Surname of deceased *(print or type)*: DANIEL
All given names in full *(print or type)*: ARTHUR
2. SEX: MALE

PLACE OF DEATH
3. Name of hospital or institution *(otherwise give exact location where death occurred)*: BURNABY GENERAL HOSPITAL
City, town or other place *(by name)*: BURNABY
Postal Code: V5G 2X6
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)*: 3259 EAST 46th AVENUE
City, town or other place *(by name)*: VANCOUVER
Postal Code: V5S 1V2
Inside municipal limits? *(State Yes or No)*: YES
Province *(or country)*: B.C.

MARITAL STATUS
5. Single, married, widowed, or divorced *(Specify)*: MARRIED
6. If married, widowed, or divorced, give full name of husband or full **maiden** name of wife: MITCHELL AGNES ELIZABETH

OCCUPATION
7. Kind of work done during most of working life: SALESMAN (RETIRED)
8. Kind of business or industry in which worked: HARDWARE

BIRTHDATE
9. Month *(by name)*, day, year of birth: NOVEMBER 28 1915
10. AGE *(years)*: 67
(Months) If under 1 year:
(Days):
(Hours) If under 1 day:
(Minutes):

BIRTHPLACE
11. City or place / Province *(or country)* of birth: HARDISTY ALBERTA
12. Native Indian? Yes ☐ No ☒ X
If "yes" state name of band:

FATHER
13. Surname and given names of father *(print or type)*: DANIEL ARTHUR
14. BIRTHPLACE – City or place, Province *(or country)*: ENGLAND

MOTHER
15. **Maiden** surname and given names of mother *(print or type)*: NOT KNOWN ETHEL
16. BIRTHPLACE – City or place, Province *(or country)*: ENGLAND

INFORMANT
17. **Signature** of informant: X Agnes Elizabeth Daniel
18. Relationship to deceased: WIFE
19. Address of informant: 3259 EAST 46th AVENUE VANCOUVER B.C. V5S1V2
20. Date signed – Month, day, year: JANUARY 12 1983

DISPOSITION
21. Burial, cremation or other disposition *(specify)*: CREMATION
22. Date of burial or disposition *(month, day, year)*: JANUARY 14 1983
23. Name and address of cemetery, crematorium or place of disposition: GARDEN CHAPEL CREMATORY, BURNABY, B.C.

FUNERAL DIRECTOR
24. Name and address of funeral director *(or person in charge of remains)* *(print or type)*: MOUNT PLEASANT CHAPEL 306 EAST 11th VANCOUVER, B.C.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
25. Month *(by name)*, day, year of death: January 12, 1983
Approx. interval between onset & death:

CAUSE OF DEATH
26.
Part I
Immediate cause of death (a): Cardiac Arrest — Terminal
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): acute massive myocardial infarction — 8 days
due to, or as a consequence of
(c): arteriosclerotic heart disease — several years
Part II
Other significant conditions contributing to the death but not causally related to the immediate cause (a) above:

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]
Attending physician ☒ Physician examining body after death ☐ Coroner ☐
37. Name of physician or coroner *(print or type)*: DR. N. THIESSEN
Address: 3379 Kingsway, VAN.
Date: Month, day, year: Jan 13, 1983

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

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

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 – New Westminster B.C.
District Registration No.: 228
Date: Month *(by name)*, day, year: Jan 13/83
Signature of District Registrar: Deputy

8–2300–39: 15-9-81