FORM 6

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

REGISTRATION OF
DEATH

Registration No. (Department use only)
83-09-005810

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 of deceased (print or type): GOSNELL
All given names in full (print or type): FREDRICK ALDEN
2. SEX: MALE

PLACE OF DEATH
3. Name of hospital or institution (otherwise give exact location where death occurred): LIONS GATE HOSPITAL
City, town or other place (by name): NORTH VANCOUVER, B.C.
Postal Code: V7L 2L7
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): 715 EAST 12TH ST.,
City, town or other place (by name): NORTH VANCOUVER
Postal Code: V7L 2K8
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: McCONNELL: GLADYS CAROLINE

OCCUPATION
7. Kind of work done during most of working life: PALM DAIRIES/SUPERVISOR
8. Kind of business or industry in which worked: RETIRED

BIRTHDATE
9. Month (by name), day, year of birth: JULY 17, 1914
10. AGE (years): 68 (Months) (Days) (Hours) (Minutes) — If under 1 year / If under 1 day

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

FATHER
13. Surname and given names of father (print or type): GOSNELL, WILLIAM FREDRICK
14. BIRTHPLACE – City or place, Province (or country): HIGHGATE, ONTARIO

MOTHER
15. Maiden surname and given names of mother (Print or type): SNYDER, VERA
16. BIRTHPLACE – City or place, Province (or country): UNKNOWN, ONTARIO

INFORMANT
17. Signature of informant: X Gladys Gosnell . Gladys Gosnell
18. Relationship to deceased: WIFE
19. Address of informant: 715 East 12th St., North Vancouver BC
20. Date signed – Month, day, year: April 5, 1983

DISPOSITION
21. Burial, cremation or other disposition (specify): CREMATION
22. Date of burial or disposition (month, day, year): APRIL 6 1983
23. Name and address of cemetery, crematorium or place of disposition: NORTH SHORE CREMATORIUM, NORTH VANCOUVER, B.C.

FUNERAL DIRECTOR
24. Name and address of funeral director (if person in charge of remains) (print or type): WESTMEMORIAL SERVICES LTD. 1505 LILLOOET ROAD NORTH VANCOUVER, B.C. V7L 2H1

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
25. Month (by name), day, year of death: MARCH 31, 1983
Approx. interval between onset & death:

CAUSE OF DEATH
26. Part I
Immediate cause of death (a) 410.9 Myocardial Infarction 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) 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

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 R Puddicombe — Attending physician ☒ — Physician examining body after death ☐ — Coroner ☐
37. Name of physician or coroner (print or type): R.E. PUDDICOMBE Address: 145 E. 3rd N.VAN. Date: Month, day, year: 4 6 83

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 – NORTH VANCOUVER, B.C. APR 6 1983 B.C.
District Registration No.: 261
Date: Month (by name), day, year
Signature of District Registrar

8-2300-39: 15-9-81