



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.

NAME OF DECEASED	1. SURNAME (Print or Type) GEIER		ALL GIVEN NAMES CECIL RAYMOND		2. SEX ☒ M ☐ F ☐ U/K
					MSP NUMBER
ACTUAL DATE OF DEATH	3. MONTH (by name) DAY, YEAR OF DEATH DECEMBER 28, 1990		4. AGE (YEARS) 74	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) Edith Cavell Hospital				OFFICE USE ONLY
	CITY, TOWN OR OTHER PLACE (by name) VANCOUVER BC				POSTAL CODE

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6. PART I		CHRONIC OBSTRUCTIVE LUNG DISEASE & CARDIAC & RESPIRATORY FAILURE		APPROXIMATE INTERVAL BETWEEN ONSET & DEATH Years	OFFICE USE ONLY
I	496	7991	(a) due to, or as a consequence of		
/			(b) due to, or as a consequence of		
/			(c)		
/					
/					
II*					
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.) N/A		13. DATE OF INJURY (MONTH (by name) DAY, YEAR) N/A		
	14. HOW DID INJURY OCCUR? (describe circumstances)				
OTHER MEDICAL PARTICULARS	15. WAS THERE RECENT SURGERY? ☐ YES ☒ NO		16. IF YES GIVE DATE OF SURGERY N/A		
	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 DAY YEAR 12 - 12 - 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		DATE SIGNED 12.28.90		
	NAME OF ATTENDING PHYSICIAN (Print or Type) DR HOE GUAN LEE		PHONE No 324-5611		
	ADDRESS 5108 VICTORIA DR. VANCOUVER BC		POSTAL CODE V5P 3V2		

NOTATIONS

CERTIFICATION OF DISTRICT REGISTRAR	I CERTIFY THAT THIS WAS ACCEPTED BY ME ON THIS DATE AT: VANCOUVER BC DEC 31 1990			B.C.
	DATE MONTH (by name), DAY, YEAR	SIGNATURE OF DISTRICT REGISTRAR R. Lorde		DISTRICT REGISTRATION No. 32328