Province of British Columbia

Ministry of Health
DIVISION OF VITAL STATISTICS

REGISTRATION No. (Department Use Only)
003273

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): DAWES
ALL GIVEN NAMES: ROSS JOHN
2 SEX: ☑ M ☐ F ☐ U K
M.S.P. NUMBER: 9015674379

ACTUAL DATE OF DEATH
3 MONTH (by name), DAY, YEAR OF DEATH: FEB. 14, 1993
4 AGE (YEARS): 78
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): BURNABY ~~GEN~~ HOSPITAL
OFFICE USE ONLY
CITY, TOWN OR OTHER PLACE (by name): BURNABY, B.C.
POSTAL CODE: V5 G 2X6

MEDICAL CERTIFICATE OF DEATH

6

						APPROXIMATE INTERVAL BETWEEN ONSET & DEATH	OFFICE USE ONLY
I	(a) Ventricular Fibrillation due to, or as a consequence of					5 Min.	
I	(b) ~~End Stage~~ Congestive Heart Failure due to, or as a consequence of					7 years	
I	(c) Ischemic Cardiomyopathy					30 yrs	
I	Mild Renal Failure					2 years	
I							
II*	586	5968					

7 AUTOPSY BEING HELD? ☐ YES ☑ NO
8 DOES CAUSE OF DEATH STATED ABOVE TAKE ACCOUNT OF AUTOPSY FINDINGS? N/A ☐ YES ☐ NO
9 MAY FURTHER INFORMATION RELATING CAUSE OF DEATH BE AVAILABLE LATER? ☐ YES ☑ NO

MANNER OF DEATH
10 STATE IF DEATH WAS: ☑ NATURAL ☐ ACCIDENT ☐ HOMICIDE ☐ SUICIDE ☐ COULD NOT BE DETERMINED ☐ 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.): NOT APPLICABLE
13 DATE OF INJURY (MONTH (by name), DAY, YEAR): — N/A —
14 HOW DID INJURY OCCUR? (describe circumstances): — N/A —

OTHER MEDICAL PARTICULARS
15 WAS THERE RECENT SURGERY? ☑ YES ☐ NO
16 IF YES GIVE DATE OF SURGERY: NOV. 26/92
GIVE TYPE OF SURGERY PERFORMED AND STATE FINDINGS: Outpatient Cytoscopy: Grade II Trabeculation of Bladder

CERTIFICATION OF ATTEND'NG PHYSICIAN
I VIEWED THE BODY AFTER DEATH ☐ YES ☑ NO
I ATTENDED THE DECEASED FOR THE FINAL ILLNESS ON: MONTH FEB. DAY 03 YEAR 1993
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 NOT~~ DID REQUIRE (strike out as applicable) NOTIFICATION TO A CORONER
(Notified by Burnaby Gen Hosp. Emerg. Physician) -Dr. Chuck STANDISH
SIGNATURE OF ATTENDING PHYSICIAN: X Dr. Burak MD
DATE SIGNED: MONTH Feb. DAY 15, YEAR 1993
NAME OF ATTENDING PHYSICIAN (Print or Type): Dr. A. JOHN BURAK
PHONE No.: 879-3900
ADDRESS: #105 - 555 WEST 12TH AVE, VANCOUVER
POSTAL CODE: V5Z 3X7

NOTATIONS

CERTIFICATION OF DISTRICT REGISTRAR
I CERTIFY THAT THIS WAS ACCEPTED BY ME ON THIS DATE AT ____ B.C.
DATE: MONTH (by name) ____ DAY ____ YEAR ____
SIGNATURE OF DISTRICT REGISTRAR
DISTRICT REGISTRATION No.

HLTH 406A REV 87 12 IBF 76768

THIS IS A PERMANENT LEGAL RECORD — USE BLU... See R...
IMPORTANT: Any change or c... must be initialled by the ...
...ECT:
...ACE OF ...CIDENT:
...n of this form ...ormation.
– COMPLETE ALL ITEMS