FORM 6
HLTH. 406

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

REGISTRATION OF
DEATH

Registration No. (Department use only)
008708

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): PECARIC,
All given names in full (print or type): MARY
2. SEX: FEMALE

PLACE OF DEATH
3. Name of hospital or institution (otherwise give exact location where death occurred): SHAUGNESSY HOSPITAL
Date of Death: June 1st, 1987.
City, town or other place (by name): VANCOUVER B.C.
Postal Code: V6H 3N1
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): 5890 JOYCE STREET
City, town or other place (by name): VANCOUVER
Postal Code: V5R 4J1
Inside municipal limits? (State Yes or No): YES
Province (or country): B.C.

MARITAL STATUS
5. Single, married, widowed, or divorced (Specify): WIDOWED
6. If married, widowed, or divorced, give full name of husband or full maiden name of wife: PECARIC, MIKOLA

OCCUPATION
7. Kind of work done during most of working life: JANITORESS
8. Kind of business or industry in which worked

BIRTHDATE
9. Month (by name), day, year of birth: MARCH 25, 1909
10. AGE (years): 78
(Months) If under 1 year:
(Days):
(Hours) If under 1 day:
(Minutes):

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

FATHER
13. Surname and given names of father (print or type): RACKI, JOSIP
14. BIRTHPLACE – City or place, Province (or country): YUGOSLAVIA

MOTHER
15. Maiden surname and given names of mother (print or type): BUJAN, ROMANA
16. BIRTHPLACE – City or place, Province (or country): YUGOSLAVIA

INFORMANT
17. Signature of informant: X Anthony Pecaric
Anthony Pecaric
Postal Code: V5C 3C4
18. Relationship to deceased: SON
19. Address of informant: 4221 PARKER STREET BURNABY B.C.
20. Date signed – Month, day, year: JUNE 2, 1987

DISPOSITION
21. Burial, cremation or other disposition (specify): BURIAL
22. Date of burial or disposition (month, day, year): JUNE 5, 1987
23. Name and address of cemetery, crematorium or place of disposition: FOREST LAWN MEMORIAL PARK 3789 ROYAL OAK AVENUE BURNABY B.C. V5G 3M1

FUNERAL DIRECTOR
24. Name and address of funeral director (or person in charge of remains) (print or type): FOREST LAWN MEMORIAL SERVICES 3789 ROYAL OAK AVENUE BURNABY B.C. V5G 3M1

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
25. Month (by name), day, year of death: JUNE 1st, 1987.

CAUSE OF DEATH
26. 4149
Part I
Immediate cause of death — (a) Anoxic encephalopathy — Approx. interval between onset & death: 9 days
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) Ventricular fib. Cardiac Arrest — 9 days
due to, or as a consequence of
(c) Coronary heart disease — years
Part II
Other significant conditions contributing to the death but not causally related to the immediate cause (a) above
Valvular heart disease — years
Hypertension — years

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: Resection of Hemorrhagic Cancer of Stomach 21/5/87.
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
Attending physician ☒ Physician examining body after death ☐ Coroner ☐
37. Name of physician or coroner (print or type): K. BORODIANO
Address: 943 W. Broadway, Vanc. V5Z 4E1
Date: Month, day, year: June 4th, 1987

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 – VANCOUVER, B.C. JUN – 4 1987 B.C.
District Registration No.: 3236
Date: Month (by name), day, year
Signature of District Registrar

8–2300–39.1: 6-5-85

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