Province of
British Columbia
Ministry of Health and
Ministry Responsible for Seniors
DIVISION OF VITAL STATISTICS

REGISTRATION OF DEATH

DOCUMENT CONTROL NUMBER *(Department Use Only)*
199906793

REGISTRATION No. *(Department Use Only)*
93-007239

SHADED AREAS — FOR OFFICE USE ONLY

NAME OF DECEASED
1. SURNAME *(Print or Type)*: LEVINGS
ALL GIVEN NAMES *(Print or Type)*: STEPHEN HERBERT ODELL
2. SEX: ☒ M ☐ F
DATE OF DEATH (By Name): MAY 15 1993

PLACE OF DEATH
3. NAME OF HOSPITAL OR INSTITUTION *(Otherwise give exact location where death occurred, eg. home, farm, highway etc.)*: GORGE ROAD HOSPITAL
CITY, TOWN OR OTHER PLACE *(by name)*: VICTORIA, B.C.

RESIDENCY INFORMATION AND USUAL ADDRESS
B.C. RESIDENT ☒ NON-RESIDENT ☐
IF B.C. RESIDENT, PERSONAL HEALTH NUMBER:
12. ABORIGINAL STATUS? YES ☐ NO ☐ REGISTRATION # _____
4. COMPLETE STREET ADDRESS *If rural give exact location (Not Post Office or Rural Route address)*: 63 GORGE ROAD
YEARS PRESENT IN COMMUNITY:
CITY, TOWN OR OTHER PLACE *(by name)*: VICTORIA
PROVINCE *(or country)*: B.C.
POSTAL CODE: V9A 1L2

MARITAL STATUS
5. STATE: ☐ NEVER MARRIED ☒ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED
6. IF MARRIED, WIDOWED, SEPARATED OR DIVORCED GIVE FULL NAME OF HUSBAND OR FULL MAIDEN NAME: LEECH: MURIEL IRENE

OCCUPATION
7. KIND OF WORK: RETIRED
YEARS:
8. KIND OF BUSINESS OR INDUSTRY IN WHICH WORKED: MECHANICAL ENGINEER

BIRTHDATE
9. MONTH *(by name)* DAY YEAR: OCT 31 1900
10. AGE (YEARS): 92
IF UNDER 1 YEAR MONTHS DAYS:
IF UNDER 1 DAY HOURS MINUTES:

BIRTHPLACE
11. CITY, TOWN OR OTHER PLACE: GRAVESEND, KENT, ENGLAND
PROVINCE *(or country)* OF BIRTH:

FATHER
13. SURNAME AND GIVEN NAMES OF FATHER *(Print or Type)*: LEVINGS: STEPHEN HERBERT
14. BIRTHPLACE – CITY OR PLACE, PROVINCE OR COUNTRY: KENT, ENGLAND

MOTHER
15. MAIDEN SURNAME AND GIVEN NAMES OF MOTHER *(Print or Type)*: COUCHMAN: ADA MARY
16. BIRTHPLACE – CITY OR PLACE, PROVINCE OR COUNTRY: KENT, ENGLAND

INFORMANT
SIGNATURE: X Morgan E Bark
DATE SIGNED (By Name): MAY 16 1993
RELATIONSHIP TO DECEASED: DAUGHTER
ADDRESS OF INFORMANT: 1023 DUNSMUIR AVE. VICTORIA, B.C.
POSTAL CODE: V9A 5C6

TO BE COMPLETED BY FUNERAL DIRECTOR ONLY

DISPOSITION
17. TYPE OF DISPOSITION: ☐ BURIAL ☒ CREMATION ☐ OTHER *(SPECIFY)*:
18. BURIAL PERMIT No.: 40004527 4
19. DATE OF BURIAL / DISPOSITION (By Name): MAY 19 1993
NAME AND ADDRESS OF CEMETERY, CREMATORIUM OR PLACE OF DISPOSITION: ROYAL OAK CREMATORIUM, VICTORIA, B.C.

FUNERAL DIRECTOR
NAME OF FUNERAL DIRECTOR OR PERSON IN CHARGE OF REMAINS *(Print or Type)*: FIRST MEMORIAL FUNERAL SERVICES
CLIENT NO.: 807
ADDRESS: 1155 FORT ST., VICTORIA, B.C.
POSTAL CODE: V8V 3K9

DO NOT WRITE BELOW THIS LINE – DEPARTMENT USE ONLY

NOTATIONS

CERTIFICATION OF DISTRICT REGISTRAR
I CERTIFY THAT THIS RETURN WAS ACCEPTED BY ME ON THIS DATE AT: Victoria BRITISH COLUMBIA
Month Day Year (By Name): MAY 18 1993
SIGNATURE OF DISTRICT REGISTRAR: J Battyfield
REGISTRATION DISTRICT No.: 046

HLTH 406 REV 92/05

THIS IS A PERMANENT LEGAL RECORD - TYPE OR PRINT PLAINLY - COMPLETE ALL ITEMS
DO NOT USE RED OR GREEN INK
(See reverse for legal requirements under the Vital Statistics Act)
IMPORTANT: Any change or correction made in the completion of this form must be initialled by the person certifying the original information