10-041

Form 6

33

6 D.C.

PROVINCE OF BRITISH COLUMBIA
DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE
DIVISION OF VITAL STATISTICS

REGISTRATION OF DEATH

Reg. No. (Office use only)

72-09-009568

1. PLACE OF DEATH

Name of city, village, town, district municipality or place: Chilliwack, B.C. (If outside city or municipal limits add "Rural")

Street or road: D.O.A. Chilliwack General Hospital House No. (If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)	In Municipality where death occurred	In Province	In Canada (if immigrant)
	Minimutes	20 years	

3. PRINT FULL NAME OF DECEASED SHIREY (Surname) John Robert (All given or Christian names in full)

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4. PERMANENT RESIDENCE OF DECEASED:

Name of city, village, town, district municipality or place: Boston Bar, B.C. (If outside city or municipal limits add "Rural") 10 - X

Street or road .... House No. ....

5. SEX	6. CITIZENSHIP (See marginal note)	7. RACIAL ORIGIN (See marginal note)	8. Single, Married, Widowed or Divorced (Write the word)	9. BIRTHPLACE (City or Place and Province or Country)
Male	Canadian	White	Married	Mountain Park, Alberta

10. Date of Birth			11. AGE (Last Birthday)	if under 1 year	if under 1 month	if under 24 hours	if under 1 hour
June (Month by name)	27 (Date)	1939 (Year)	32 YEARS	MONTHS	DAYS	HOURS	MIN.

OCCUPATION

12. (a) Trade, profession or kind of work as logger, fisherman, office clerk, etc.: Track Patrolman

(b) Kind of industry or business, as logging, fishing, bank, etc.: Canadian National Railway

(If labourer specify kind of work above) (If Housewife in own home answer "At Home")

405
506

13. Date deceased last worked at this occupation: November 2, 1971 — 14. Total years spent in this occupation: 15 years

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased: Leota Theresa Marie Arcand

16. Name of father: Shirey (Surname) William Frank (All given or Christian names)

17. Maiden name of mother: Weisel (Surname) Florence Elizabeth (All given or Christian names)

18. Birthplace Father: Mulhall, Oklahoma, USA (City or Place and Province or Country) Mother: Westlock, Alberta (City or Place and Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.

Given under my hand at Chilliwack, B.C., this 23rd day of April 1972

Signature of informant: Leota Shirey (Married woman not to use Husband's initials or given names) Relationship to deceased: wife

Address of informant: P.O. Box 172, Boston Bar, B.C. (House No.) (Name of Street) (Name of City, Municipality or Place) (Province)

20. Burial, Cremation or Removal: Burial (State which) Date: April (Month by name) 25 (Date) 1972 (Year)

Place of Burial or Cremation: Hope, B.C. (Municipality, etc., where Cemetery located) Name of Cemetery: Moutain View Cemetery

21. Undertaker: Name: Henderson's Funeral Home Address: Chilliwack, B.C. (Name of City, Municipality or Place) (Province)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH April (Month by name) 23 (Date) 1972 (Year)

23. I HEREBY CERTIFY that I attended deceased from .... 19 ...... to .... 19 ......, and last saw h ...... alive on .... 19 ......

E8150-5

CAUSE OF DEATH

I

Disease or condition directly leading to death (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.)

(a) Extensive fat embolism of brain
due to (or as a consequence of)

Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.

(b) and lungs as a consequence of
due to (or as a consequence of)
(c) fracture in car accident - 19-4-72

Approximate interval between onset and death

N8210

II

Other significant conditions contributing to the death, but not related to the disease or condition causing it.

Lower nephron nephrosis. Acute pulmonary congestion

24. If a woman, did the death occur either during pregnancy or within 90 days following pregnancy? .... Yes or No

25. (a) Was there a recent surgical operation? .... (b) Date of operation .... 19 ......

(c) State findings of operation .... (d) Was there an autopsy? ....

26. If a violent death, fill in also: (a) Accident ☑; Suicide ☐; Homicide ☐ (b) Date of injury Apr 23 1972

(c) How did injury occur? Automobile accident. Car hit bridge. R Shirey was driver of the car

(d) Injuries sustained? Fracture of right femur resulting in fat embolism (e.g. fracture of skull, left leg, etc., dislocation of -, burn to -, etc.)

(e) Where did injury occur? (home, farm, industrial place, highway, etc.) Highway #1.

Driver

27. Signed by Chas E Barry Designation DEPUTY-CORONER M.D. or Coroner.

Address YALE BC Date June 27 1972

DO NOT WRITE BELOW THIS LINE → OFFICE USE ONLY

28. Print name of Doctor or Coroner, whose signature appears above: DEPUTY-CORONER Coroner C.E. Barry

29. Notations

30. I hereby certify that the above return was made to me at Chilliwack, B.C.

Dated June 30th 1972

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District Registration No. 136/72 E B Hornby (Signature of District Registrar)

(SEE REVERSE SIDE FOR INSTRUCTIONS)

IMPORTANT: Any change or correction made in the completion of this form must be initialed by the person certifying the information.
CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.
RACIAL ORIGIN — State the racial origin, traced through the father, in terms of the people or race to which the person belongs such as: English, Scottish, German, etc. or in terms of one of the following racial groups: — White, native Indian, Negro, Chinese, Japanese or other.

9004-3.14: 11-12-68