Province of British Columbia

Ministry of Health
DIVISION OF VITAL STATISTICS

REGISTRATION OF DEATH

Registration No. (Department Use Only)
014550

SHADED AREAS — FOR OFFICE USE ONLY

NAME OF DECEASED
1. SURNAME (Print or Type): LERVIK
ALL GIVEN NAMES (Print or Type): FLORENCE MILDRED
2. SEX: M ☐ F ☒ U/K ☐
DATE OF DEATH: MM 07 DD 26 YY 92

PLACE OF DEATH
3. NAME OF HOSPITAL OR INSTITUTION (Otherwise give exact location where death occurred): ST. JOSEPH'S HOSPITAL
1-509
CITY, TOWN OR OTHER PLACE (by name): COMOX, B.C.
POSTAL CODE: V9N 4B1
INSIDE MUNICIPAL LIMITS? STATE: ☒ YES ☐ NO

RESIDENCY INFORMATION AND USUAL ADDRESS
B.C. RESIDENT ☒ NON-RESIDENT ☐
IF BRITISH COLUMBIA RESIDENT, B.C. CARE CARD NO.
4. COMPLETE STREET ADDRESS If rural give exact location (Not Post Office or Rural Route address): 628 BARRIER TOWN ROAD,
CITY, TOWN OR OTHER PLACE (by name): BARRIERE
POSTAL CODE: V0E 1E0
INSIDE MUNICIPAL LIMITS? STATE: ☒ YES ☐ NO
PROVINCE (or country): B. C.

MARITAL STATUS
5. STATE: ☐ SINGLE ☐ MARRIED ☒ WIDOWED ☐ DIVORCED
3
6. IF MARRIED, WIDOWED OR DIVORCED GIVE FULL NAME OF HUSBAND OR FULL MAIDEN NAME: IVOR LERVIK

OCCUPATION
7. KIND OF WORK DONE DURING MOST OF WORKING LIFE: HOMEMAKER
8. KIND OF BUSINESS OR INDUSTRY IN WHICH WORKED: AT HOME

BIRTHDATE
9. MONTH (by name), DAY, YEAR OF BIRTH: APRIL 21, 1914
10. AGE (YEARS): 78 5
IF UNDER 1 YEAR MONTHS / DAYS
IF UNDER 1 DAY HOURS / MINUTES

BIRTHPLACE
11. CITY, TOWN OR OTHER PLACE: KELOWNA, B.C.
PROVINCE (or country) OF BIRTH: 09
12. NATIVE INDIAN? STATE: ☐ YES ☒ NO

FATHER
13. SURNAME AND GIVEN NAMES OF FATHER (Print or Type): KEAN, NOT KNOWN
14. BIRTHPLACE – CITY OR PLACE, PROVINCE OR COUNTRY: NOT KNOWN
999

MOTHER
15. MAIDEN SURNAME AND GIVEN NAMES OF MOTHER (Print or Type): NOT KNOWN
16. BIRTHPLACE – CITY OR PLACE, PROVINCE OR COUNTRY: NOT KNOWN
999

INFORMANT
SIGNATURE: X
DATE SIGNED: JULY 27, 1992
RELATIONSHIP TO DECEASED: SON
ADDRESS OF INFORMANT: P. O. BOX 1169, BARRIERE, B.C.
POSTAL CODE: V0E 1E0

TO BE COMPLETED BY FUNERAL DIRECTOR ONLY

DISPOSITION
17. TYPE OF DISPOSITION: ☐ BURIAL ☒ CREMATION ☐ OTHER (SPECIFY):
18. BURIAL PERMIT No.: AI 1162
19. DATE OF BURIAL / DISPOSITION: MM 07 DD 20 YY 92
NAME AND ADDRESS OF CEMETERY, CREMATORIUM OR PLACE OF DISPOSITION: MISSION HILL CREMATORIUM LTD., COURTENAY, B.C. V9N 2N1

FUNERAL DIRECTOR
NAME OF FUNERAL DIRECTOR OR PERSON IN CHARGE OF REMAINS (Print or Type): PIERCY'S FUNERAL HOME LTD.
CLIENT NO.: *@$
ADDRESS: 440 ENGLAND AVE., COURTENAY, B.C. V9N 2N1

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

NOTATIONS

CERTIFICATION OF DISTRICT REGISTRAR
I CERTIFY THAT THIS RETURN WAS ACCEPTED BY ME ON THIS DATE AT: COURTENAY 050 BRITISH COLUMBIA
DATE Month 07 Day 29 Year 92
SIGNATURE OF DISTRICT REGISTRAR
REGISTRATION DISTRICT No. 148/92

HLTH 406 REV 90/02 84125

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

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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): LESVIK — ALL GIVEN NAMES: FLORENCE MILDRED

2 SEX: ☐ M ☒ F ☐ U/K

B.C. CARE CARD No:

ACTUAL DATE OF DEATH

3 MONTH (by name) DAY, YEAR OF DEATH: July 26/92

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): ST. JOSEPH'S Hosp, ~~Comox BC~~

CITY, TOWN OR OTHER PLACE (by name): Comox, BC.

POSTAL CODE: V9N 4B1

MEDICAL CAUSE OF DEATH

6

PART I

Immediate cause of death

(a) Irreversible Alzheimer's Dementia

due to, or as a consequence of antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying causes last

(b) Quadriplegia # Spine

PART II

Other significant conditions contributing to the death but not causally related to the immediate cause (a) above

(c)

	APPROXIMATE INTERVAL BETWEEN ONSET & DEATH	REJECT	PLACES
I (a)		3310	
I (b)		7331	
I (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 ☐ HOMICIDE ☐ COULD NOT BE DETERMINED ☐ ACCIDENT ☐ SUICIDE ☐ 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.)

13 DATE OF INJURY (MONTH (by name) DAY YEAR)

14 HOW DID INJURY OCCUR? (describe circumstances)

OTHER MEDICAL PARTICULARS

15 WAS THERE RECENT SURGERY? ☐ YES ☐ NO

16 IF YES GIVE DATE OF SURGERY

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: 7 DAY: 26 YEAR: 92

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

MONTH: 7 DAY: 29 YEAR: 92

SIGNATURE OF ATTENDING PHYSICIAN X for Dr. Tonkin

DATE SIGNED

NAME OF ATTENDING PHYSICIAN (Print or Type): J. Hilliard

PHONE No: 339224-2

ADDRESS: St. Joseph's Hosp Comox

POSTAL CODE:

DO NOT WRITE BELOW THIS LINE — OFFICE USE ONLY

NOTATIONS

S. YAWITZ M.D.

CERTIFICATION OF DISTRICT REGISTRAR

I CERTIFY THAT THIS WAS ACCEPTED BY ME ON THIS DATE AT Courtenay 050 BRITISH COLUMBIA

DATE MONTH (by name) DAY, YEAR: July 29/92

SIGNATURE OF DISTRICT REGISTRAR

REGISTRATION DISTRICT No: 148/92

HLTH 406A REV 90/01

IBF 64127 H

THIS IS A PERMANENT LEGAL RECORD -- TYPE OR PRINT PLAINLY -- COMPLETE ALL ITEMS
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See Reverse for Instructions

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