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

DOCUMENT CONTROL NUMBER (Office Use Only)
200515005

REGISTRATION NUMBER (Office Use Only)
94-021332

PHYSICIAN'S

MEDICAL CERTIFICATION OF DEATH

This is a permanent legal record – Type or print plainly – Complete all items – Use blue or black ink only

See Revers for instructions

Important Notice to Doctors

Issue the Medical Certification of Death promptly to avoid delaying funeral arrangements. If the medical practitioner 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): KASK
All given names: MARIAN ELIZABETH
2. Sex: ☐ M ☑ F ☐ U/K
Personal Health Number: 9103 811 091 159 6

Actual Date of Death

3. Month (By Name) Day Year: NOV 16 1994
Approximate Time of Death (24 hour clock): 0945 hrs
Date of Birth: 4. Month (By Name) Day Year: SEP 21 1918
If under 1 day: Hours ____ Minutes ____

Place of Death

5. Name of Hospital or Institution (Otherwise give exact location where death occurred, eg address): ROYAL JUBILEE HOSPITAL
City, town or other place (by name): VICTORIA, BC
Postal code: V8R 1J8
Type of place (e.g Hospital, Nursing home, Home, Street, Workplace etc.): 7

MEDICAL CAUSE OF DEATH

SHADED AREA - OFFICE USE ONLY

	Approximate Interval Between → Onset/Death					
PART I Immediate cause of death (a) SEPTICEMIA – CARDIAC ARREST	48 hrs	I	1389	427		
due to, or as a consequence of (b) WOUND INFECTION	48 hrs	I	1985	4878	5	
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying causes last. due to, or as a consequence of (c) PERIPHERAL VASCULAR DISEASE POST AMPUTATION	3 mo	I	1944	39		
		I				
		I				
PART II Other significant conditions contributing to the death. TYPE I DIABETES ISCHEMIC HEART, BLAT AMPUTATION	25 yrs	II*	2500	449	7369	585
CHRONIC RENAL FAILURE	3 YRS	Place of accident or violence:			Reject:	

Other Medical Particulars

6. Recent surgery (28 days or less prior to death) ☐ Yes ☑ No
If Yes, date ____
Surgery & Findings ____

7 Coronary bypass ☐ Yes ☐ No
Heart valve replaced ☐ Yes ☐ No
Organ transplant recipient ☐ Yes (specify) ____ ☐ No

8 Was deceased pregnant at time of death? ☐ Yes ☐ No
OR
Did death occur within 90 days postpartum? ☐ Yes ☐ No

9. Environmental/occupational/lifestyle (e.g pesticides, asbestos, abuse of tobacco, alcohol etc.) ☐ Yes (Specify below) ____ ☐ No ☐ Unknown

Autopsy Particulars

10. Autopsy being held? ☐ Yes ☑ No

11. Does cause of death stated above take account of autopsy findings? ☐ Yes ☐ No

12 May further information relating to cause of death be available later? ☐ Yes ☐ No

Manner of Death

13 State if death was ☑ Natural ☐ Suicide ☐ Homicide ☐ Accident ☐ Could not be determined ☐ Pending investigation

If death was NOT from natural causes was the Coroner notified? ☐ Yes ☐ No

Accident or Violence *(if applicable)*

14 Place of injury *(exact location and type of place)*

15. Date of injury Month (By Name) Day Year

16 How did injury occur? *(describe circumstances)*

I viewed the body after death ☑ Yes ☐ No

I attended the deceased for the final illness on. Month (By Name) Day Year: NOV 16 1994

I certify to the best of my knowledge and belief this person died on the date and from the cause(s) stated herein.

Certification by Physician

Signature of medical practitioner X: A A Siddiqui

Date signed: Month (By Name) Day Year

Name of medical practitioner (print or type): DR ABDULLAH A. SIDDIQUI.

MSC Personal No.: 0 7 0 6 4 5 9 5 – 1 2 5 1 1

Phone No

Address: 208 – 1964 FORT ST VICTORIA, BC

Postal code: V8R 1B3

Notations *(Office use only)*

Certification of District Registrar

I certify that this was accepted by me on this date at VICTORIA, B.C.

Month (By Name) Day Year: NOV 18 1994

Signature of District Registrar: A M. McKay

Registration District Number: 346

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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