

REGISTRATION OF DEATH

Registration number (Office use only)

Name of deceased	1. Surname of deceased <u>Smith</u>	First Name <u>Roberta</u>	Other Names (in order) <u>Gail</u>	Birth Name, if applicable
Place of death	3. Name of hospital or institution (otherwise exact location where death occurred) City, town or other place (by name) (not post office or rural route)			Postal Code <u>Y1A 5M3</u>
Usual residence	4. Complete address. If rural, give exact location (not post office or rural route)			2. Sex <u>F</u>
	City, town or other place (by name) <u>Whitehorse Yukon</u>			Social Insurance Number <u>642 872 709</u>
	Territory, province or country <u>Yukon</u>			
	Postal code <u>Y1A 5M3</u>			
MEDICAL CERTIFICATE OF DEATH See reverse side for instructions				
Mailing address		24 a. Date of death: month (by name), day, year <u>Aug 20, 2016</u>		24 b. Time of death <u>7pm</u>
Previous residence		25. Cause of death		Approximate interval between onset and death
Years		Part I: Immediate cause of death		
		a) <u>Cancer of lung (metastatic)</u> due to, or as a consequence of		
		b) <u>Cancer of the breast</u> due to, or as a consequence of		<u>2 yrs</u>
		c)		
		Part II: Other significant conditions contributing to death but not causally related to the immediate cause a)		
Marital Status	5. <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
If married, widowed, divorced, give full name of spouse (birth name of spouse if relevant)				
Occupation	6. Kind of work done during most of working life			
	Years <u>30</u>			
	7. Kind of business or industry in which the deceased worked			
Birthdate	8. Birth month (by name), day, year <u>Sept 7, 1956</u>			
Age	9. Age (years) <u>60</u> If under 1 year (months) (days) If under 1 day (hours) (minutes)			
Birthplace	10. City or place, territory, province (or country) of birth <u>Windsor, Ontario</u>			
Ethnic group	11. <input type="checkbox"/> First Nation (#) <input type="checkbox"/> Inuit (#) <input type="checkbox"/> Caucasian <input type="checkbox"/> Métis (#) <input checked="" type="checkbox"/> other (specify) <u>Jamaican</u>			
Parent	12. Surname of parent All given names (in full) <u>Brown, Francis Loyola</u>			
	13. Birthplace — City, town or place Territory, province (or country) <u>Kingsport, Jamaica</u>			
Parent	14. Surname of parent All given names (in full) <u>Brown, Linda Twaine</u>			
	15. Birthplace — City, town or place Territory, province (or country) <u>Kingsport, Jamaica</u>			
Parent	16. Surname of parent All given names (in full)			
	17. Birthplace — City, town or place Territory, province (or country)			
Parent	18. Surname of parent All given names (in full)			
	19. Birthplace — City, town or place Territory, province (or country)			
Person giving information	20. Signature <u>X Miss Potter</u>		21. Address <u>113A Platinum Road</u>	
	22. Relationship to deceased <u>Friend</u>		23. Date signed (month, day, year) <u>August 21, 2016</u>	
26. Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No 27. Does the cause of death stated above take account of autopsy findings? <input type="checkbox"/> Yes <input type="checkbox"/> No				
28. May further information relating to the cause of death be available later? <input type="checkbox"/> Yes <input type="checkbox"/> No				
29. <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined (specify) <u>MAID</u>				
30. Place of injury (e.g. home, farm, highway, etc.)				
31. Date of injury (month, day, year)				
32. How did injury occur? (Describe circumstances)				
33. I certify the above-named person died on the date and from the causes stated herein. Signature (attending physician, coroner, etc.) <u>Dr. Blanchard</u>				
34. Designation <input checked="" type="checkbox"/> Attending physician <input type="checkbox"/> Coroner <input type="checkbox"/> Other (specify) Date certified: month (by name), day, year <u>August 20, 2016</u>				
35. Name of physician or coroner (or other persons) Address <u>Beatrix Blanchard 123 2nd Ave, Whitehorse</u>				
ITEMS 36-39 TO BE COMPLETED BY THE FUNERAL DIRECTOR				
36. Burial, cremation or other disposition (specify)				
37. Date of burial or disposition: month (by name), day, year				
38. Name and address of cemetery, crematorium or place of disposition				
39. Name and address of funeral director (or person in charge of remains)				
I certify this return was accepted by me at Whitehorse on (month by name, day, year) Signature of Registrar <u>X</u>				
Notations				

This is a permanent legal record. Type or write plainly and complete all items. (See reverse for legal requirements under the Vital Statistics Act and instructions for completing the Medical Certificate of Death.)

Section 19 of the Yukon *Vital Statistics Act* requires:

- (1) that the funeral director (or person in charge of the remains of a dead person) complete the personal particulars relating to the deceased;
- (2) that the attending physician or the coroner (as the case may be) complete and sign the Medical Certificate of Death and remit it, forthwith after the death, to the funeral director, (or person in charge of remains) and
- (3) that the funeral director (or person in charge of remains), in turn, remit the completed form to the district registrar of the registration district in which the death occurred before the death can be officially registered and a burial permit issued.

Notes for the certifying physician or coroner

Physician's Statement of Cause of Death — The morbid conditions relating to death on the Medical Certificate of Death are divided into two parts. In Part I are the "Immediate cause" and the "Antecedent causes" and in Part II, "Other significant conditions" contributing to the death but not causally related to the "Immediate cause." In most cases a statement of cause under Part I will suffice. The entry of a single cause is preferable where this adequately described the case (see Example 1). Where the physician finds it necessary to record more than one cause it is important that these be stated in the position provided on the form which is indicative of their mutual relationship. Information is sought in this organized fashion so that the selection of the cause for tabulation may be made in the light of the certifier's viewpoint.

- a) **Purpose of medical certification of death** — The principal purposes are to establish the fact of death, and to provide an on-going mortality data resource for measuring health problems, guiding health programmes, and evaluating health promotion and disease-control activities.
- b) **Cause-of-death assignment** — For statistical purposes the cause selected for coding and tabulation of the official cause-of-death statistics is the "underlying cause" of death, i.e. "the disease or injury which initiated the train of events leading to death." This cause ordinarily will be the last condition which is mentioned in Part I of the Cause of Death section of the form.
- c) **Approximate interval between onset and death** — This is often of great value in selecting the underlying cause for statistical purposes (as described above). Where these intervals are not known or are uncertain, an estimate should be recorded.
- d) **Maternal deaths** — Qualify all diseases resulting from pregnancy, abortion, miscarriage, or childbirth, e.g. "puerperal septicaemia", "eclampsia, arising during pregnancy." Distinguish between septicaemia associated with abortion and that associated with childbirth.
- e) **Cancer** — In all cases the organ or part FIRST affected, i.e. the primary site of the neoplasm, should be specified.
- f) **Items 26, 27, Autopsy and autopsy findings** — An indication of whether or not an autopsy is being held and whether the cause of death stated takes account of autopsy findings is valuable in assessing the reliability of cause-of-death statistics. Where an autopsy is being held and the recorded statement of cause of death does not take account of autopsy findings, a supplementary enquiry of the certifying physician may be initiated by the Registrar of Vital Statistics.
- g) **Item 28, Further information** — If there is an indication that further information relating to the cause of death may be available later — from autopsy or other findings — the Registrar of Vital Statistics will initiate a supplementary enquiry of the certifying physician or coroner.

The following examples illustrate the essential principles in completing the cause of death certificate.

	Example 1	Example 2	Example 3	Example 4	Example 5
Cause of Death					
Part I: Immediate cause of death	a) <i>lobar pneumonia</i> due to, or as a consequence of	<i>acute peritonitis</i>	<i>cancer of the lung (metastatic)</i>	<i>coronary thrombosis</i>	<i>uraemia</i>
Antecedent causes, if any, giving rise to the immediate cause (a), stating the underlying cause last	b) <i>acute appendicitis</i> due to, or as a consequence of	<i>cancer of the breast</i>			<i>chronic nephritis</i>
	c)				
Part II: Other significant conditions contributing to death but not causally related to the immediate cause (a)		<i>diabetes</i>		<i>cancer of the breast</i>	<i>chronic bronchitis</i>

Note: The special stillbirth registration forms must be used when registering a stillbirth.