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Registration Number:
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Numéro du certificat :

P1215595

Mar 31 2010

Date issued:
Date de délivrance :

File number:
Numéro de dossier :

01020094-01-4

Office of the Registrar General
Bureau du registraire général

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Ministry of Government and Consumer Services
Office of the Registrar General



Medical Certificate of Death - Form 16

Hospital code number

You must use the Stillbirth Registration Form 8 when registering stillbirths. This form must be completed by the attending physician, coroner, or designated person before a burial permit can be issued. Please PRINT clearly in blue or black ink as it is a permanent legal record.

INFORMATION ABOUT THE DECEASED

1. Name of deceased (last, first, middle) **GOESSERINGER, WALTRAUT Trudi** 2. Date of death [month - by name, day, year (in full)] **March 11, 2009**

3. Sex (M or F) **F** 4. Age **75** 5. If under 1yr. Months Days 6. If under 1 day Hours Minutes 7. Gestation age 8. Birth weight

9. Place of death (name of facility or location) **Royal Victoria Hospital** hospital nursing home residence other (specify)

10. City, town, village or township **Bonne** Regional municipality, county or district **Simcoe**

CAUSE OF DEATH

11. Part I

Immediate cause of death (a) **Myocardial Infarction** (b) **Arteriosclerotic Heart Disease**

Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last (c) (d)

Part II
Other significant conditions contributing to the death but not causally related to the immediate cause (a) above **multiple strokes**

Approximate interval between onset & death **under 1hr**

12. If deceased was a female, did the death occur: during pregnancy (including abortion and ectopic pregnancy) within 42 days thereafter between 43 days and 1 year thereafter

13. Was the deceased dead on arrival at the hospital? Yes No 14. Was there a surgical procedure within 28 days of death? Yes No 15. Date of surgery (m/d/y)

16. Reason for surgery and operative findings

Autopsy particulars 17. Autopsy being held? Yes No 18. Does the cause of death stated above take account of autopsy findings? Yes No 19. May further information relating to the cause of death be available later? Yes No

Accidental or violent death (if applicable) 20. If accident, suicide, homicide or undetermined (specify) 21. Place of injury (e.g. home, farm, highway, etc.) 22. Date of injury (m/d/y)

23. How did injury occur? (describe circumstances)

CERTIFICATION

By signing below, you certify that the information on this form is correct to the best of your knowledge.

24. Your signature (physician, coroner, RN(EC), other) **X [Signature]** 25. Date (m/d/y) **Mar 11, 2009**

26. Your name (last, first, middle) **KARASMANIS, George** 27. Your title. Physician Coroner RN(EC) other (specify)

28. Your address (street number and name, city, province, postal code) **201 Georgian Dr. Bonne Ont (box) L4M 6M2**

TO BE COMPLETED BY THE DIVISION REGISTRAR

By signing below, I am satisfied that the information in this Medical certificate of death and the Statement of death is correct and sufficient and I agree to register the death.

Signature **X [Signature]** Date (m/d/y) **03/26/2009** Registration number **200** Div. reg. code no. **4303**

For the use of the Office of the Registrar General only

Personal information contained in this form is collected under the authority of the Vital Statistics Act, R.S.O. 1990, c.v.4 and will be used to register and record the births, still-births, deaths, marriages, additions or change of name, corrections or amendments, provide certified copies, extracts, certificates, search notices, photocopies and for statistical, research, medical, law enforcement, adoption and adoption disclosure purposes. Questions about this collection should be directed to the Deputy Registrar General at P.O. Box 4800, Thunder Bay ON P7B 6L8. Telephone 1 800 461-2156 or 416 325-9305.

Judith M Hartman

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NOT VALID WITHOUT ALL PAGES



Judith M Hartman