



Ontario

Office of the Registrar General  
Bureau du registraire général

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Registration Number:  
Numéro d'enregistrement :

Certificate number:  
Numéro du certificat :

Date issued:  
Date de délivrance :

File number:  
Numéro de dossier :

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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 1 yr. 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 Barrie Regional municipality, county or district Simcoe

#### CAUSE OF DEATH

11. Part I

Immediate cause of death (a) Myocardial Infarction Approximate interval between onset & death under 1hr

(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

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 GK 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. Barrie and (605) 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 Crystal Denker/Deputy 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, stillbirths, 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 4600, Thunder Bay ON P7B 6L8. Telephone 1 800 461-2156 or 416 325-8305.

Judith M Hartman

Judith M. Hartman  
Deputy Registrar General  
Registraire générale adjointe  
de l'état civil

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