



PROVINCE OF
BRITISH COLUMBIA (Canada)
DEPARTMENT OF HEALTH
Division of Vital Statistics

REGISTRATION OF
DEATH

Registration No.
(Department: use only)
015493

NAME OF DECEASED	1. Surname of deceased (print or type) EMOND		2. SEX female
	All given names in full (print or type) YVONNE LUCILLE		
PLACE OF DEATH	3. Name of hospital or institution (otherwise give exact location where death occurred) Kelowna General Hospital		
	City, town or other place (by name) Kelowna, B.C.	Postal Code V1Y 1T2	Inside municipal limits? (State Yes or No) yes
USUAL RESIDENCE	4. Complete street address: If rural give exact location (not Post Office or Rural Route address) 742 Morrison Ave.		
	City, town or other place (by name) Kelowna, B.C.	Postal Code V1Y 5E5	Inside municipal limits? (State Yes or No) yes Province (or country) B.C.
MARITAL STATUS	5. Single, married, widowed, or divorced (Specify) married	6. If married, widowed, or divorced, give full name of husband or full maiden name of wife EMOND: Lawrence Joseph	
OCCUPATION	7. Kind of work done during most of working life at home	8. Kind of business or industry in which worked housewife	
BIRTHDATE	9. Month (by name), day, year of birth March 2nd, 1921	10. AGE (years) (Months) (Days) (Hours) (Minutes) 5 65	If under 1 year
BIRTHPLACE	11. City or place Province (or country) of birth Edmonton, Alberta	12. Native Indian? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If "yes" state name of band	
FATHER	13. Surname and given names of father (print or type) MOUNTIER: Bert	14. BIRTHPLACE - City or place, Province (or country) England	
MOTHER	15. Maiden surname and given names of mother (print or type) WHITEHOUSE: Hannah	16. BIRTHPLACE - City or place, Province (or country) England	
INFORMANT	17. Signature of informant X [Signature]		18. Relationship to deceased Husband
	19. Address of informant 742 Morrison Ave. Kelowna, B.C. V1Y 5E5		20. Date signed - Month, day, year Sept 17th, 1986
DISPOSITION	21. Burial, cremation or other disposition (specify) Cremation		22. Date of burial or disposition (month, day, year) Sept 19th, 1986
	23. Name and address of cemetery, crematorium or place of disposition Lakeview Crematorium		
FUNERAL DIRECTOR	24. Name and address of funeral director (or person in charge of remains) (print or type) THE GARDEN CHAPEL FUNERAL DIRECTORS, 1134 Bernard Avenue, Kelowna, B.C.		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH	25. Month (by name), day, year of death SEPTEMBER 16th, 1986		Approx. interval between onset & death
CAUSE OF DEATH	26. Part I Immediate cause of death (a) Respiratory Arrest due to, or as a consequence of		16 months
	(b) Cu Lung due to, or as a consequence of		
	(c) Ischemic Heart Disease		
AUTOPSY PARTICULARS	27. Autopsy being held? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	28. Does the cause of death stated above take account of autopsy findings? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	29. May further information relating to the cause of death be available later? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	30. If accident, suicide, homicide or undetermined (specify)	31. Place of injury (e.g. home, farm, highway, etc.)	32. Date of injury (Month (by name), day, year)
ACCIDENT OR VIOLENCE (If applicable)	33. How did injury occur? (describe circumstances)		
SURGICAL OPERATION	34. If there was a recent surgical operation give date of operation	35. State operative findings	
CERTIFICATION (attending physician, coroner, etc.)	36. I certify that to the best of my knowledge and belief the above-named person died on the date and from the causes stated herein: Signature (attending physician, coroner, etc.) X [Signature]		Physician examining body after death <input checked="" type="checkbox"/> <input type="checkbox"/> Coroner <input type="checkbox"/>
	37. Name of physician or coroner (print or type) Dr. Stevenson		Address 1635 Abbott St, Kelowna, B.C. Date: Month, day, year Sept 19 1986

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

Notations:

CERTIFICATION OF DISTRICT REGISTRAR	I certify this return was accepted by me on this date at - KELOWNA, B. C.		B. C.
	District Registration No. 491	Date: Month (by name), day, year SEP 19 1986	Signature of District Registrar

THIS IS A PERMANENT LEGAL RECORD - TYPE OR WRITE PLAINLY - COMPLETE ALL ITEMS
USE BLUE OR BLACK INK ONLY
See Reverse for Instructions
IMPORTANT: Any change or correction made in the completion of this form must be initialed by the person certifying the original information.