Ontario **Ministry of Government Services** Office of the Registrar General

Medical Certificate of Death - Form 16

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.

Hospital code number

INFORMATION ABOUT THE DECEASED

1. Name of deceased (last, first, middle): Leaper Clare, R

2. Date of death [month - *by name*, day, year *(in full)*]: 2019/12/09

3. Sex (M or F): M

4. Age: 49

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): LHSC Victoria hospital, oncology ☑ hospital ☐ nursing home ☐ residence ☐ other (specify)

10. City, town, village or township: London

Regional municipality, county or district: Middlesex ~~ON, canada~~ N6A

CAUSE OF DEATH

CAUSE OF DEATH

11. **Part I**

		Approximate interval between onset & death
Immediate cause of death	(a) Metastatic neuroendocrine tumor, unknown primary *due to, or as a consequence of*	8 months
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last	(b) *due to, or as a consequence of*	
	(c) *due to, or as a consequence of*	
	(d)	
Part II **Other significant conditions** contributing to the death but not causally related to the immediate cause (a) above	II	

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

25. Date (m/d/y): 12/10/19

26. Your name (last, first, middle): COLOZZA, SARA, JOSEPHINE

27. Your title: ☑ Physician ☐ Coroner ☐ RN(EC) ☐ other (specify)

28. Your address (street number and name, city, province, postal code): 800 COMMISSIONERS RD E, LONDON, ONTARIO, N6A 5W9

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	Date (m/d/y)	Registration number	Div. reg. code no.
X			

For the use of the Office of the Registrar General only

11291E (2009/02)