



FORM 16

Registration of Births, Deaths and Marriages Regulations

### Notice of Signing Medical Certificate Concerning Death

This notice must be given by the certifying Medical Practitioner to the person who will act as informant for the purpose of the registration of the death. That is, a person present at the death or a person with knowledge of the facts.

I, T. P. LENCNEY a Medical Practitioner of 15 Scott St Wollstonegham give notice that I have this day signed a medical certificate concerning the death of Ronald Herbert Edwards who died at Wollstonegham and District Hospital on the 10th day of June 1993.

Signed T. P. Lencney Date 7-6-93

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FORM 15

Registration of Births, Deaths and Marriages Regulations

### MEDICAL CERTIFICATE CONCERNING DEATH OF A PERSON AGED 28 DAYS OR OVER

For use only by a legally qualified medical practitioner who has been in attendance during the deceased's last illness, and to be delivered or forwarded by him to the Registry of Births, Deaths and Marriages within 48 hours after the death of the deceased.

Name of Deceased EDWARDS RONALD HERBERT Age as stated to me 77 years (Surname - BLOCK type) (Names)

ABORIGINALITY This information is for statistical purposes only and will not be included on any official registration documents. WAS THE DECEASED OF ABORIGINAL OR TORRES STRAIT ISLANDER NO ORIGIN? NO

Date of death as stated to me 10th day of June 1993 Place of death Wollstonegham & District Hospital Last seen alive by me Therese } Seen 1993 Not seen after death by me Post-mortem held not held

\* Strike out whichever is inapplicable

| CAUSE OF DEATH (BLOCK LETTERS)<br>(To be stated in all cases not reported to the Coroner)                           |                               | Approximate interval between onset and death |
|---|-------------------------------|--|
| PART I  |                               |  |
| (a) Disease or condition directly leading to death †  | <u>HYPOCEREBRAL INFARCT</u>   | <u>5 days</u>                                |
| (b) Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.               | <u>ISCHEMIC HEART DISEASE</u> |  |
| (c) Other significant conditions contributing to the death, but not related to the disease or condition causing it. |                               |  |
| PART II   |                               |  |
| Other significant conditions contributing to the death, but not related to the disease or condition causing it.     |                               |  |

† This means the disease, injury, or complication which caused death—NOT the mode of dying as, e.g., heart failure, asphyxia, asthma, etc.  
‡ I have reported this case to the coroner.  
‡ Strike out if inapplicable.  
I hereby certify that I was in medical attendance during the above-named deceased's last illness, and that the particulars and cause of death above written are true to the best of my knowledge and belief.

Name and Signature T. P. Lencney Residence 15 Scott St Wollstonegham Date 7-6-93 (Block type) SEE BACK