

# STATEMENT OF DEATH

(For use of Registrar-General only)

**1. PLACE OF DEATH:**  
 City, Town or Village of Hamilton Street Address Hamilton General Hospital  
(If death took place in a hospital or other institution, state the name thereof)  
 Township of \_\_\_\_\_ County or Territorial District of Wentworth

**2. DATE OF DEATH:** July 8th 1960  
(Month by name) (Day) (Year)

**3. LENGTH DECEASED RESIDED** (a) in municipality or place where death occurred 1 yr. (b) in Ontario \_\_\_\_\_ (c) in Canada, if immigrant 44 yrs  
(In years, months and days)

**4. PRINT NAME OF DECEASED IN FULL**  
KRAKAUSKAS (Surname)  
Joseph Victor (Given names)

**5. PERMANENT RESIDENCE OF DECEASED:**  
 City, Town or Village of Hamilton Street Address 467 John St. North  
 Township of \_\_\_\_\_ County or Territorial District of Wentworth  
 Province or State Ontario Country Canada

**6. SEX** male **7. CITIZENSHIP** Canadian **8. RACIAL ORIGIN** Lithuanian **9. PROVINCE, STATE OR COUNTRY OF BIRTH** Montreal, Quebec.  
(Write male or female) (See note 1) (See note 2)

**10. DATE OF BIRTH** March 28th 1916 **11. AGE** 44 3 10  
(Month by name) (Day) (Year) (Years) (Months) (Days) If deceased died when less than one day old \_\_\_\_\_ hours or \_\_\_\_\_ minutes

**OCCUPATION**  
**12. (1) TRADE, PROFESSION OR KIND OF WORK** car salesman  
(See note 3)  
**(2) TYPE OF INDUSTRY OR BUSINESS** Queenston Motors Limited  
(See note 4)

**13. (1) DATE DECEASED LAST WORKED AT THIS OCCUPATION** July 1st 1960 **(2) TOTAL NUMBER OF YEARS DECEASED WAS ENGAGED IN THIS OCCUPATION** 8 mths  
(Month by name) (Day) (Year)

**14. (1) STATE WHETHER DECEASED WAS SINGLE, MARRIED, WIDOWED OR DIVORCED** married  
**(2) IF DECEASED WAS MARRIED, WIDOWED OR DIVORCED STATE NAME OF HUSBAND OR MAIDEN NAME OF WIFE** MC GOWAN (Surname)  
Margaret Joseph (Given names)

**15. PRINT NAME OF FATHER** KRAKAUSKAS (Surname) John (Given names)  
**16. PRINT MAIDEN NAME OF MOTHER** GUZAS (Maiden surname) Gertrude (Given names)

**17. BIRTHPLACE OF FATHER** Lithuania **18. BIRTHPLACE OF MOTHER** not known  
(Province, State or Country) (Province, State or Country)

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ITEMS 1 TO 18, BOTH INCLUSIVE, ARE TRUE AND CORRECT.

July 8th 1960  
(Month by name) (Day) (Year)  
Mrs. Margaret Joseph  
(Signature of informant)  
467 John St. N. wife Relationship to deceased  
(Post-office address)

(Item 19 is to be completed only by the funeral director)

**19. (1) The proposed date of burial, cremation or other disposition or removal of the body is** July 11th 1960  
(Month by name) (Day) (Year)  
**(2) The proposed place of** burial is Burlington  
(burial, cremation, or other disposition or removal of the body) (Municipality or other place)  
Holy Sepulchre Cemetery  
(Name of cemetery or crematorium)  
July 8th 1960  
(Month by name) (Day) (Year)

W.P. Kennedy 7 East Ave. South, Hamilton, Ontario 190  
(Post-office address and signature of funeral director) (Code No. of business)

(This space for use of division registrar only)

REGISTRATION NUMBER 1468 DATE BURIAL PERMIT ISSUED JUL 11 1960  
(Month by name) (Day) (Year)  
 BURIAL PERMIT ISSUED BY S. Mallik ADDRESS OF ISSUER City Hall, Hamilton

I am satisfied as to the correctness and sufficiency of this statement and the medical certificate of death, and I register the death by signing the statement and certificate this JUL 11 1960  
(Month by name) (Day) (Year)  
F. S. Baumer  
(Signature of division registrar)  
670012  
(Code number)

9004-3.7: 20-11-56

**Form 16** **PROVINCE OF ONTARIO**  
**THE VITAL STATISTICS ACT**  
**MEDICAL CERTIFICATE OF DEATH**

(For use of Registrar-General only)

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 City, Town or Village of Hamilton Street Address Hamilton General Hospital  
(If death took place in a hospital or other institution, state the name thereof)  
 Township of \_\_\_\_\_ County or Territorial District of Wentworth

**2. PRINT FULL NAME OF DECEASED**  
K R A K A U S K A S (Surname)  
J O S E P H V I C T O R (Given names)

**3. DATE OF DEATH** July 8th 1960 **4. SEX OF DECEASED** male **5. AGE** 44 yrs  
(Month by name) (Day) (Year) (male or female) (Years)

**6. CAUSE OF DEATH** (Read carefully the instructions on the reverse side)

<p><u>343x</u></p> <p>IMMEDIATE CAUSE—State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asphyxia, as-thenia, et cetera.</p> <p>(a) <u>Bronchopneumonia</u> due to</p> <p>MORBID CONDITIONS, if any, giving rise to immediate cause (state in order backwards from immediate cause).</p> <p>(b) <u>Encephalomyelitis</u> due to</p> <p>(c) _____</p> <p>OTHER MORBID CONDITIONS (if important) contributing to death but not causally related to immediate cause.</p>	<p>Approximate interval between onset and death</p> <p><u>8-12 hrs</u></p> <p><u>7 days</u></p> <p>FURTHER INFORMATION NOT AVAILABLE <u>29-8-60</u></p>
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**7. (1) IF DECEASED WAS A FEMALE, WAS THE DEATH ASSOCIATED WITH PREGNANCY?** No **(2) DURATION OF PREGNANCY** \_\_\_\_\_ WEEKS **(3) WAS THERE A DELIVERY?** \_\_\_\_\_  
(Yes or No) (Yes or No)

**8. (1) WAS THERE A SURGICAL OPERATION?** No **(2) DATE OF OPERATION** \_\_\_\_\_  
(Yes or No) (Month by name) (Day) (Year)  
**(3) STATE FINDINGS** \_\_\_\_\_

**9. (1) WAS THERE AN AUTOPSY?** No **(2) STATE FINDINGS** Complete studies not available yet. Gross diagnosis: Encephalomyelitis

**10. IF DEATH WAS DUE TO VIOLENCE STATE WHETHER IT WAS AN ACCIDENT, SUICIDE OR HOMICIDE** \_\_\_\_\_ **DATE OF INJURY** \_\_\_\_\_  
(Month by name) (Day) (Year)  
 STATE HOW THE INJURY WAS SUSTAINED \_\_\_\_\_  
 STATE NATURE OF INJURY \_\_\_\_\_  
 STATE WHETHER INJURY TOOK PLACE AT HOME, IN INDUSTRY, OR IN A PUBLIC PLACE \_\_\_\_\_

I certify that,—  
 (a) I attended the deceased from the 30th day of June, 1960 to the 8th day of July, 1960, both inclusive, and  
 (b) I last saw the deceased alive on the 7th day of July, 1960

July 10 1960  
(Month by name) (Day) (Year)  
N.A. Rizzo M.D.  
(Signature)  
236 MacNab St. N. Hamilton, Ont. medical practitioner  
(Post-office address) (Designation as medical practitioner, coroner, or medical officer of health)

(This space for use of division registrar only)

REGISTRATION NUMBER 1468

I am satisfied as to the correctness and sufficiency of this medical certificate and the statement of death, and I register the death by signing the certificate and statement this JUL 11 1960  
(Month by name) (Day) (Year)  
F. S. Baumer  
(Signature of division registrar)  
670012  
(Code number)

9004-3.8  
 16-12-55