

REPORT OF DEATH

Note to the Reporting Entity: Please fill in gray fields only, and pay attention to reverse side.

Authority Code	Number of record in Registry of Death
Registry Neustift in Stubaital	10/2003
Surname (underline), first name; if applicable, academic degree	
MACPHERSON Duncan Alvin	
Shared last name	
-x-	
Gender	
male -x-	
Last Address of Residence	
██████████ Saskatoon, Canada	
Religion	
-x-	
Day and Place of Birth	
February 03, 1966, Saskatoon, Canada -x-	
Registration of Birth (Agency and Number)	
Saskatoon ██████████	
Day, month, year, hour and minute, as well as place 1) of death	
Retrieval on July 18, 2003, 15:15 pm, Stubaiier Glacier – Ski Slope Schaufelschuß 6167 Neustift in Stubaital	
Marital status at time of death	
single -x-	
Surname (underline), first names, if applicable, academic degree and birth date of spouse	
-x-	
Shared surname of spouse	
-x-	
Day and Registry of Marriage Ceremony (Agency and Number)	
-x-	
Citizenship of Deceased	
Canadian -x-	
Proof and Evidence of Community	
Passport from ██████████	

Surname, first name and address of residence, proof of identification of reporting entity (name and address of hospital)

Proof of Data
July 30, 1003
Signature of Registrar

Josef Heidegger, 6152 Trins 71, Funeral Director, registr.

Registered on
July 30, 2003
Signature of Registrar

July 30, 1003 (Date and Signature)

1) Address of the hospital or the residence, in with death had occurred; otherwise most detailed description of death site.

Notices to the Reporting Entity

Death must be reported on the following workday to the Department of Vital Statistics relevant to the place of death (§ 27 PStG).

The reporting, in this order, is the responsibility of

1. the administrator of the hospital or clinic, where the person has died;
2. the spouse or other relative;
3. the last lodging quarters;
4. the coroner or physician, who inspected the body;
5. the authority or federal police department, which conducts the investigation of death;
6. other persons, who have knowledge of the death as a result of their own perceptions.

The reporting must include all the specifications, which are necessary for all records in the department of Vital Statistics – as far as the reporting entity is in the position of being able to do so.

For Certification of death the following items are necessary:

1. Birth certificate;
2. Marriage license of last marriage;
3. Proof of Citizenship;
4. Proof of last main residence;
5. Death certificate, if reporting was not performed by hospital administrator.

The Registrar can request further certificates and documents if the ordinary certificates and documents prove to be insufficient.

	Cause of Death 1)		
1. Cause of Death	in German or Latin	scientific terminology	Time between begin of illness and death
a) Medical condition, which caused death or caused resulting sickness which lead to death:	Multiple trauma after fall into a crevasse		
b) Possible resulting sickness/es, which effectuated immediate death (do not register manner of death, like cardiac arrest, circulatory failure, respiratory paralysis, etc.)			
c) Other fundamental medical conditions, which existed at time of death:			
2. Death by force (suicide, homicide, manslaughter, killed in accident) exact details about manner and way as well as cause of death by force:	(i.e. suicide through gas poisoning, run over by car, etc.) Fall into a crevasse		
3. Was an autopsy performed? (mark with cross, where applicable)	yes X 1 no <input type="checkbox"/> 2		1
	Signature and stamp of hospital administrator or coroner		

1) The cause of death is to be announced to the department of Vital Statistics by the administrator of the hospital, in which death occurred; otherwise by the coroner/physician who inspected the body, exclusively for conveyance to the Austrian Central Bureau of Statistics (§ 27 ¶ 4 PStG).

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Confirmation of Death 1)

The death of the deceased, which is described more detailed on the front page of this death report, is hereby confirmed.

Note: Dr. Somavilla has not signed the confirmation, although his stamp is affixed.

(Stamp and Signature of Physician)

NOT TO BE COMPLETED BY REPORTING ENTITY!

Comments of Transaction

- † Registration in Name Index (P 5.2 and 5.3 DA)
- † Notification of Birth Index (§ 17 Abs. 3 Z 1 PStV)
- † Notification of Marriage Index (§ 17 Abs. 3 Z 2 PStV)
- † Notification of Proof of Citizenship Authority (§ 17 Abs. 3 Z 3 PStV)
- † Notification of Registry Office (§ 17 Abs. 3 Z 4 PStV)
- † Notification of Proof of Electoral Authority (§ 17 Abs. 3 Z 5 PStV)
- † Notification of District Court (§ 17 Abs. 3 Z 6 PStV)
- † Notification of Youth Welfare Agency (§ 17 Abs. 3 Z 7 PStV)
- † Notification of Military Command (§ 17 Abs. 3 Z 8 PStV)
- † Notification of Central Authority of Statistics (§ 17 Abs. 3 Z 9 PStV)
- † Exchange of Personal Documents with Canada
- † Registration in weekly directory (§ 37 Abs. 4 PStV and § 16 PStV)
- † To the Collection File (P 3.1 DA)

(Date) August 4, 2003

Signature of (Registrar)

1) The physician who inspected the body is obligated to issue the confirmation of death. The confirmation is not necessary, if death was reported by administrator of hospital (§ 9 Abs. 4 PStG)