

THIS CERTIFICATE MUST BE DELIVERED WITH THE DECEASED'S MEDICAL CARD WITHIN FIVE DAYS TO THE REGISTRAR FOR THE DISTRICT IN WHICH THE PERSON (a) DIED OR (b) WAS ORDINARILY RESIDENT (WITHIN NORTHERN IRELAND) IMMEDIATELY BEFORE DEATH FOR INSTRUCTIONS TO INFORMANTS SEE OVERLEAF

### MEDICAL CERTIFICATE OF CAUSE OF DEATH

Births and Deaths Registration (Northern Ireland) Order 1976, Article 25(3)

To be signed by a Registered Medical Practitioner WHO HAS BEEN IN ATTENDANCE during the last illness of the deceased person and given to some person required by Statute to give information of the death to the Registrar. (SEE OVERLEAF)

FOR USE OF REGISTRAR

Entry No .....  
District .....

Name of Deceased .....  
Usual Residence .....  
Place of Death .....  
Date of Death ..... day of ..... 20 .....  
Date on which last seen alive and treated by me for the undermentioned condition ..... day of ..... 20 .....  
Whether seen after death by me .....

Whether seen after death by another medical practitioner .....

CAUSE OF DEATH		These particulars not to be entered in Death Register
I Disease or condition directly leading to death*	(a) <u>Cerebral oedema</u> due to (or as a consequence of) .....	Approximate interval between onset and death (years, months, weeks, days, hours)
Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.	(b) <u>Meningoencephalitis status</u> due to (or as a consequence of) <u>epilepticus excessive</u> (c) <u>anti-diuretic hormone secretion with associated hyponatraemia</u>	
II Other significant conditions contributing to the death, but not related to the disease or condition causing it.	II .....	

\*This does not mean the mode of dying eg heart failure, aneurism, etc. It means the disease, injury or complication which caused death.

I hereby certify that the above-named person has died as a result of the natural illness or disease for which he has been treated by me within twenty-eight days prior to the date of death, and that the particulars and cause of death above written are true to the best of my knowledge and belief.

Signature .....  
Residence .....

Qualifications as  
registered by General  
Medical Council .....

Date ..... 20 .....

The Health Service Number of the deceased should be entered here by the certifying doctor.

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