



Department of
**Health, Social Services
and Public Safety**


www.dhsspsni.gov.uk

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydènter Heisin
an Fowk Siccar**



GUIDANCE ON DEATH, STILLBIRTH & CREMATION CERTIFICATION



*General Register Office
(Northern Ireland)*



These particulars not
to be entered in Death
Register

Approximate interval between
onset and death (years, months,
weeks, days, hours)

Qualifications as
registered by General
Medical Council

COUNTERFOIL

For use of Medical Attendance, who should complete it in all cases

Name of Deceased

Usual Residence

Place of Death

Date of Death 20

Last seen alive 20

Whether seen after death

CAUSE OF DEATH

I. (a)
due to
(b)
due to
(c)

II.

Initials

Date

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(2)

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 conditions day of 20

Whether seen after death by me

Whether seen after death by another medical practitioner

These particulars not to be entered in Death Register

Approximate interval between onset and death (years, months, weeks, days, hours)

| CAUSE OF DEATH | | |
|---|--|--|
| I | I | |
| Disease or condition directly leading to death* | (a) due to (or as a consequence of) | |
| Antecedent causes | | |
| Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last. | (b) due to (or as a consequence of) | |
| | (c) | |
| II | II | |
| Other significant conditions contributing to the death, but not related to the disease or condition causing it. | | |

*This does not mean the mode of dying eg heart failure, asthma, 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.

See also statistical boxes overleaf



Produced by:
Department of Health, Social Services
and Public Safety

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August 2008 Ref: 20/2008

PERSONS QUALIFIED AND LIABLE TO ACT AS INFORMANTS

1. Any relative* of the deceased who has knowledge of the particulars required to be registered concerning the death.

2. Person present at the death.

3. Executor or administrator of the deceased's estate.

4. †Occupier of the premises in which the death occurred.

5. Person finding the body.

6. Person taking charge of the body.

7. Person procuring the disposal of the body, ie, the person employing the undertaker.

* The term "Relative" includes a relative by marriage.

† The term "Occupier" in relation to a public building includes the governor, matron, superintendent or other chief officer, and, in relation to a house let in separate apartments or lodgings, includes any person residing in the house who is either the person under whom the lodgings or apartments are immediately held or his agent.

DUTIES OF INFORMANTS

The Informant must deliver this Certificate without delay to the Registrar and by personal attendance give the prescribed information concerning the deceased. Failure to comply with this requirement renders the informant liable to prosecution. The Registrar is an officer of the District Council and registration may be made either with the Registrar for the district in which the person died or with the Registrar for the district in which the person normally resided just before his death.

The informant must be prepared to state accurately to the Registrar the following particulars concerning the deceased:-

1. Full name and surname.

2. Date and place of death and the usual residence.

3. Marital status (single, married, widowed or divorced).

4. Date and place of birth.

5. Occupation. If deceased was a wife or widow the full names and the occupation of the husband or deceased husband will be required in addition; and if a child, those of the father or (in the case of an illegitimate child), of the mother.

6. Maiden surname, ie, if deceased was a woman who had married.

7. Whether deceased was in receipt of a naval or military pension, or other pension or allowance from the public funds excepting pensions or allowances payable under the National Insurance Scheme. (The pension or allowance order book or other pension etc document should be produced to the Registrar.)

NB - DECEASED'S MEDICAL CARD SHOULD BE DELIVERED TO THE REGISTRAR.

STATISTICAL INFORMATION FOR USE OF REGISTRAR GENERAL

A

Will you be in a position to give further information for a more precise statistical classification eg, as a result of a post-mortem or other reasons. Yes/No

B

Did the deceased woman die during pregnancy or within 42 days thereafter? Yes/No

Did the deceased woman die between 43 days and one year after pregnancy? Yes/No

Initials of
Certifying Medical Practitioner

A. Further information offered

.....
.....

B

B. Did the deceased woman die during pregnancy or within 42 days thereafter? Yes/No

Did the deceased woman die between 43 days and one year after pregnancy? Yes/No

Note - Please record details if you have completed Panel A or B.

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M.C.C.D.

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STILLBIRTH

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Why do we have certification relating to death?

For the Family

So that:

- a deceased's family will be able to register the death or stillbirth;
- the register can provide a permanent legal record of the fact of death or stillbirth;
- the registrar can provide a burial certificate to enable the family to arrange for burial;
- the registrar can provide copies of the entry in the register commonly known as the **death certificate**, which enables the family to settle the deceased's estate.

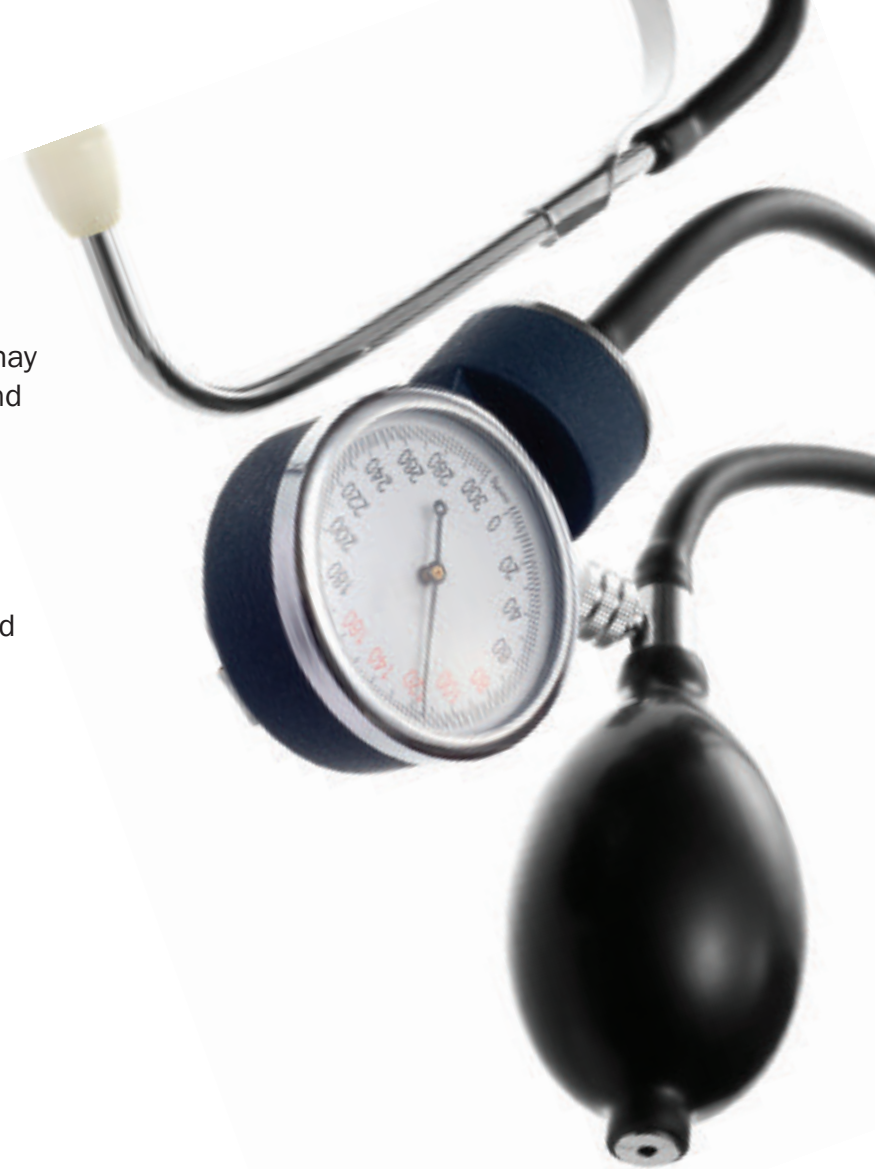
The death certificate includes an exact copy of the cause of death information from the Medical Certificate of Cause of Death (MCCD) or stillbirth certificate. This provides an explanation of how and why their relative died. It also gives them a permanent record of information about

their family medical history, which may be important for their own health and that of future generations.

For Society

Statistical information on deaths and stillbirths by underlying cause is important as it is used for:

- monitoring the health of the population;
- designing and evaluating public health interventions;
- recognising priorities for medical research and health services;
- planning health services; and
- assessing the effectiveness of services.





Who can complete the Medical Certificate of Cause of Death?

Registered Medical Practitioners have a legal duty to provide, without delay, a certificate of cause of death if, to the best of their knowledge, that person died of natural causes for which they had treated that person in the last 28 days.

This is a statutory legal duty on all doctors based on Births and Deaths Registration (Northern Ireland) Order 1976, independent of any employment contract.

In hospital, there may be several doctors in a team caring for the patient who will be able to certify the cause of death. It is ultimately the responsibility of the consultant in charge of the patient's care to ensure that the death is properly certified. Foundation level doctors should not complete medical certificates of cause of death unless they have received training. Discussion of a case with a

senior colleague may help clarify issues about completion of an MCCD or referral to a coroner.

In general practice, more than one GP may have been involved in the patient's care and so be able to certify the cause of death.

A doctor who had not been directly involved in the patient's care at any time during the illness from which they died cannot certify the cause of death, but he should provide the coroner with any information that may help to determine the cause of death.



Before you proceed with completing a Medical Certificate of Cause of Death ask yourself this question -

Does this Death have to be reported to the coroner?

Deaths and the coroner

Deaths that must be reported to the coroner

There is a general requirement under section 7 of the Coroners Act (Northern Ireland) 1959 that any death must be reported to the coroner if it resulted, directly or indirectly, from any cause other than natural illness or disease for which the deceased had been seen and treated within 28 days of death.

The duty to report arises if a medical practitioner has reason to believe that the deceased died directly or indirectly:

- as a result of violence, misadventure or by unfair means;
- as a result of negligence, misconduct or malpractice (e.g. deaths from the effects of hypothermia or where a medical mishap is alleged);
- from any cause other than natural illness or disease e.g.:

- homicidal deaths or deaths following assault;
- road traffic accidents or accidents at work;
- deaths associated with the misuse of drugs (whether accidental or deliberate);
- any apparently suicidal death;
- all deaths from industrial diseases e.g. asbestosis).
- from natural illness or disease where the deceased had not been seen and treated by a registered medical practitioner within 28 days of death;
- death as the result of the administration of an anaesthetic (there is no statutory requirement to report a death occurring within 24 hours of an operation – though it may be prudent to do);
- in any circumstances that require investigation;
- the death, although apparently natural, was unexpected;
- Sudden Unexpected Death in Infancy (SUDI).
- doctors should refer to the Registrar General's extra-statutory list of causes of death that are referable to the coroner (see pages 8 - 14).



Registrar's extra-statutory list of diagnoses which should be referred to the coroner

INDUSTRIAL DISEASES OR POISONING AND OTHER POISONINGS

A. Industrial Lung Diseases

Any lung disease qualified by an occupational term e.g. farmer's lung, grinder's phthisis, occupational asthma

| Diagnosis | Due to exposure to |
|----------------------------------|---|
| Anthracosis or Anthracosilicosis | Coal dust |
| Asbestosis | Asbestos |
| Bagassosis | Organic dusts (more often now called extrinsic allergic alveolitis) |
| Berylliosis | Beryllium |
| Diffuse pleural thickening | Asbestos |
| Dust reticulation | Any dust |
| Byssinosis | Cotton dust |
| Chemical pneumonitis | Irritant gas (Acute or chronic) |
| Extrinsic allergic alveolitis | Organic dusts |
| Pneumonconiosis | Any dust. Can be clarified e.g. coal pneumoconiosis |
| Siderosis | Iron |
| Silicosis | Silica, rock dusts |
| Stannosis | Tin |

Some other lung conditions are mostly due a natural disease process and an MCCD can be issued, but may have an occupational cause which would require referral to the coroner. If the registrar or family believes there could be an occupational link, they should clarify the issue with the doctor prior to registering the death.

| Diagnosis | Possible occupational link |
|--|--------------------------------|
| Asthma | Occupational cause noted |
| Chronic obstructive airways disease) | Occupational dust exposure |
| Chronic obstructive pulmonary disease) | |
| Pulmonary fibrosis | Occupational dust exposure |
| Tuberculosis | Medical or veterinary exposure |

B. Other Industrial Diseases

| Diagnosis | Due to |
|--------------------------|--|
| Ankylostomiasis | Hook worm infection |
| Angiosarcoma of liver | Vinyl chloride |
| Anthrax | Anthrax |
| Brucellosis | Animals or their products infected with brucella |
| Barotrauma | Air or water pressure |
| Caisson disease) | Breathing compressed air e.g. diving |
| Compressed air illness) | |
| Decompression sickness) | |
| Divers palsy) | |
| Dysbarism) | |
| Farcy | Skin infection from horses |
| Glanders | Respiratory infection from horses |
| Leptospirosis) | Bacteria in animal urine including rat urine in river water |
| Leptospiral jaundice) | |
| Leptospira hardjo) | |



B. Other Industrial Diseases (continued)

| Diagnosis | Due to |
|---|---|
| Malignant pustule | Anthrax |
| Mesothelioma | Asbestos |
| Non-cirrhotic portal fibrosis | Vinyl chloride |
| Ornithosis | Chlamydia psittaci from birds |
| Osteolysis of terminal phalanges of the fingers | Vinyl chloride |
| Osteonecrosis | Compressed air or injury |
| Psittacosis | Chlamydia psittaci from birds |
| Spirochaetal jaundice | Bacteria in animal urine (also called leptospirosis) |
| Streptococcus suis | Bacteria from pigs |
| Weil's disease | Bacteria in animal urine (also called leptospirosis) |

Some cancers are mostly due a natural disease process and an MCCD can be issued, but may have an occupational cause which would require referral to the coroner. If the registrar or family believes there could be an occupational link, they should clarify the issue with the doctor prior to registering the death.

| Diagnosis | Possible occupational link |
|--|--|
| Cancer of skin | Tar, oil, soot, arsenic |
| Cancer of nose, nasopharynx or sinuses | Nickel fumes used in making leather, fibre board, wool |
| Cancer of bladder, ureter or urethra | Industrial chemicals and dyes |

C. Industrial Poisoning

*If MCCD indicates toxic anaemia or jaundice is due to natural causes the case does not need referred to the coroner.

| Diagnosis | Due to |
|-------------------|----------------------|
| Toxic anaemia*) | Metals and chemicals |
| Toxic Jaundice*) | |
| Plumbism) | Lead |
| Saturnism) | |

D. Other Poisonings

*If MCCD indicates blood poisoning, septicaemia or hepatitis is due to natural causes the case does not need referred to the coroner.

| Diagnosis | Comments |
|------------------|--|
| Alcohol | Acute alcohol poisoning, or alcohol as a contributory factor |
| Blood poisoning* | If due to injury or following an operation (also called septicaemia) |
| Food poisoning | e.g. salmonella, botulism |
| Hepatitis* | If due to occupation or drug abuse (usually Hepatitis B) |
| Septicaemia* | If due to injury or following an operation (also called blood poisoning) |
| Tetanus | Usually related to an injury |



DEATH RESULTING FROM AN INJURY ETC

A. Injury

The term injury includes:

| Diagnosis | Comments |
|---|--|
| Asphyxia | <p>*Unless MCCD indicates underlying natural cause e.g. Cerebro-Vascular accident, stroke.</p> <p>*Neonatal Asphyxia or Birth Asphyxia are acceptable if MCCD indicates underlying natural cause</p> |
| Aspiration Pneumonia) Inhalation Pneumonia) Vomitus Pneumonia) | *Unless MCCD indicates underlying natural cause e.g. Cerebro-Vascular accident, stroke causing swallow problems |
| Burns | |
| Choking (or other effects of foreign bodies) | |
| Concussion | |
| Contusion | |
| Cut | |
| Drowning | |
| Electricity, Electric Shock | |
| Fracture | Except pathological fractures e.g. bone cancer, severe osteoporosis |
| Gunshot Wounds | |
| Hyperthermia | |
| Hypothermia | |
| Ill treatment | |

A. Injury (continued)

| Diagnosis | Comments |
|--|--|
| Lightning | |
| Malnutrition | Unless MCCD indicates underlying natural cause e.g. Anorexia Nervosa |
| Scalds | |
| Starvation | |
| Subdural Haemorrhage) Subdural Haematoma) | *Unless MCCD indicates underlying natural cause e.g. |
| Suffocation | |
| Sunstroke | |
| Trauma or Traumatic | |

* The coroners have requested that all cases of asphyxia, aspiration or subdural bleed should be referred to the coroner before completing an MCCD. If the coroner agrees the underlying cause was natural an MCCD can be completed indicating the underlying natural cause, and a note can be attached informing the registrar that the case has been discussed with the coroner.

B. INDIRECT INJURY

As well as obvious injury, registrars should also be watchful for deaths which have been caused indirectly as a result of an injury received which should be reported to the coroner, for example, where a medical certificate shows death due to:

- I (a) hypostatic pneumonia due to
- I (b) immobility due to
- I (c) fractured femur.

C. BIRTH INJURY

The death of any newborn child which is certified by a doctor as due to birth injury should be referred to the coroner.

There are natural causes of neonatal death including asphyxia (asphyxia neonatorum, asphyxia pallida, asphyxia livida) or bleeding (tentorial tear, intracranial haemorrhage).

Such cases should be referred to the coroner only if:-

- a. the coroner has requested that they should be;
- b. it is represented to the Registrar that death resulted from accident, violence or neglect; or
- c. there are suspicious circumstances.

D. OPERATION / ANAESTHETIC

Deaths occurring during an operation or before recovery from the effect of an anaesthetic should be reported to the coroner.

Deaths following an operation necessitated by injury should be reported to the coroner because the underlying cause of death was an injury.

Deaths which follow an operation necessitated by a natural illness need not be reported unless the cause of

death is attributable to an unrelated incident which arose during the operation or because of the administration of the anaesthetic.

Operations are often referred to by terms ending in -tomy (e.g. osteotomy, colonostomy, splenectomy)

Who reports a death to the coroner?

Whenever a patient dies a doctor who is familiar with their medical history and who is able to give an explanation of why death occurred should speak to family members. This will provide an opportunity for the family to express any concerns before a Medical Certificate of Cause of Death (MCCD) is completed. If the family is unhappy with the care and treatment the deceased received it is advisable to report the death to the coroner with particulars of the family's concerns. A written record of these concerns should always be made and retained with the medical records.

The family should be advised if the death is being referred to the coroner with an explanation why.

The doctor who assumes responsibility for dealing with the death should always view the body before reporting the death to the coroner.

The duty to report is imposed also on registrars of deaths, funeral undertakers and every occupier of a house or mobile dwelling and every person in charge of any institution or premises in which a deceased person was residing. This contrasts with the

position in England and Wales where only the Registrar of Deaths is under a statutory duty to report such deaths to the coroner.

A foundation level doctor should normally consult a more senior colleague before reporting a death to the coroner.



When to contact the coroner?

If a death which needs to be reported to the coroner occurs in the community, the coroner or the police should be contacted before the body is moved. The coroner will direct where the body is to be taken.

A death occurring in hospital during the night does not usually need to be immediately reported to the coroner. The body should be moved to the mortuary for overnight storage and the coroner's office contacted promptly the following morning.

However, if the death follows a criminal assault the death should be reported to the coroner as soon as possible.

In coroner's cases where the deceased or their family have agreed to donation of organs for transplantation there is a need to obtain the consent of the coroner before the removal of organs.

The office of the Coroners Service for Northern Ireland is at:

- May's Chambers, 73 May Street, Belfast BT1 3JL.
- Tel: 028 9044 6800;
Fax 028 9044 6801.
- Website: www.coronersni.gov.uk
- E-mail: coronersoffice@courtsni.gov.uk
- the office is staffed weekdays 9.00am – 5.00pm,
weekends and public holidays 9.30am – 12.30pm
(except Christmas Day when the office is closed)
- outside normal office hours a recorded message will provide contact details for the duty coroner or messages may be left on the telephone answering machine.

The Coroner's Decision

Following the report of a death the coroner may adopt one of three courses:

1. Direct that the doctor should issue a Medical Certificate of Cause of Death (MCCD).

After discussion the coroner and doctor may agree that the cause of death does not need investigated and the MCCD can be completed. You should record the discussion in the patient's notes.

2. Allow the death to be processed under the “pro-forma” system.

Coroner's Pro-forma

This is a special form for stating the cause of death and providing brief particulars of the background circumstances. Normally, the coroner will agree to use the “pro-forma” system where:

- it is a natural death and the only reason a death certificate cannot be issued is that the doctor has not seen and

treated the deceased for the condition from which they died within 28 days of death;

- the cause of death is not a natural one but there are no suspicious circumstances e.g. a simple fall by an elderly person resulting in a fractured neck of femur and leading to the onset of bronchopneumonia as the terminal event;
- the cause of death is not a natural one but a post-mortem examination is unnecessary as a definite diagnosis had already been made eg asbestosis in a shipyard worker.

A doctor should not proceed to use the “pro-forma” system for a death without having first agreed that course with the coroner.

The pro-forma should be sent immediately by fax and followed by hard copy to the Coroner’s Service. It should not be given to the family as they may confuse it with an MCCD and try to take it to the registrar.

If the special “pro-forma” form is not available the doctor should instead forward to the coroner’s office a completed but unsigned MCCD and an accompanying letter briefly setting out the background circumstances and explaining the cause of death given on the MCCD.

3. Direct a post-mortem examination.

Clinical Summary for a Coroner’s Post-Mortem Examination

If the coroner directs a post-mortem examination, the doctor who reported the death should prepare a clinical summary for the pathologist. This should accompany the body to the mortuary (Most coroner’s post-mortem examinations are carried out in the State Pathology Department on the Royal Hospital site in Belfast). The absence of a clinical summary may lead to a delay in the post-mortem examination being carried out. Where the deceased’s medical history is complex the consultant or GP who lead their care should assume personal responsibility for the content of the clinical summary.

Coroner’s Investigations

When a coroner directs a post-mortem examination a police officer will act on behalf of the coroner in making the necessary arrangements, and investigations. All medical staff should facilitate the police officer in these duties. GMC guidance *Good Medical Practice* paragraph 32 states “you must assist the coroner or procurator fiscal, by responding to inquiries, and by offering all relevant information to an inquest or inquiry into a patient’s death. Only where your evidence may lead to criminal proceedings being taken against you are you entitled to remain silent.”

In relation to hospital deaths, the police officer will require a member of staff to formally identify the body and to provide brief particulars of the background to the death.

This pro-forma is available for photocopying if required



To: H.M. Coroner for the
Coroner's District of

Doctor's Address:

Tel No

Fax No

Date

Dear Sir,

Name of Deceased

Date of Birth of Deceased / /

Address

Occupation

The above was a patient of mine for the past years, and had a medical history of:

I last saw him/her on at

when he/she was suffering from

He/She died on the at
in the following circumstances:

Death was confirmed by me/Dr. and I am satisfied that he/she died from:

I (a)

due to

(b)

due to

(c)

II

.....

Yours faithfully,

N.B. This form should not be used unless the coroner has confirmed that he does not require an autopsy. It need not be accompanied by an unsigned certificate, but should as far as possible contain the following information:

1. Name, D.O.B., address and occupation of deceased.
2. How long a patient and any relevant medical history.
3. When last seen and condition then.
4. Time, date, place and circumstances of death, giving any final symptoms.
5. Name of doctor who saw body and confirmed death.
6. The cause of death, specifying same as on a death certificate, and not including anything which did not contribute to the death.

Please ensure that this form is fully completed.

Ensuring Accurate Certification Relating to Death

Individuals

All doctors completing medical certificates of cause of death or cremation forms and doctors and midwives completing stillbirth forms should be aware of when and how to complete the forms and when deaths should be referred to the coroner. They should ensure they are competent by updating their knowledge and reflecting on their practice.

Organisations

Organisations should provide induction and update training on certification and coroners referrals for relevant staff. They should promote good practice by monitoring or regular audit of certification.

A step-by-step guide to completing a MCCD.

Before you start - Rules for Good Practice.

General

Doctors are expected to state the cause of death to the best of their knowledge and belief.

Any alterations to the MCCD must be initialled by the doctor.

Registrars sometimes need to contact the doctor to clarify issues before registering the death. Difficulty contacting the doctor can lead to delay in funeral arrangements and distress for families. Incorrectly completed forms can cause difficulties for the doctor, registrar and relatives.

It is good practice to either make a note of the details recorded on the MCCD or keep a copy of the MCCD in the patient's records.

Legibility and spelling

Ensure the form is readable. Consider writing in BLOCK CAPITALS.

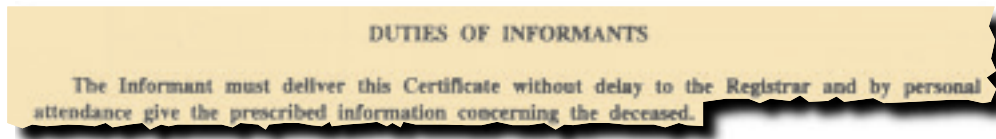
Abbreviations or symbols

Do not use abbreviations such as MI instead of myocardial infarction or (L) instead of left or medical symbols such as 1° instead of primary or # instead of fracture on death certificates.

The only abbreviations which the registrar can accept are HIV for Human Immunodeficiency Virus infection, AIDS for Acquired Immune Deficiency Syndrome and MRSA for Methicillin Resistant Staphylococcus Aureus.

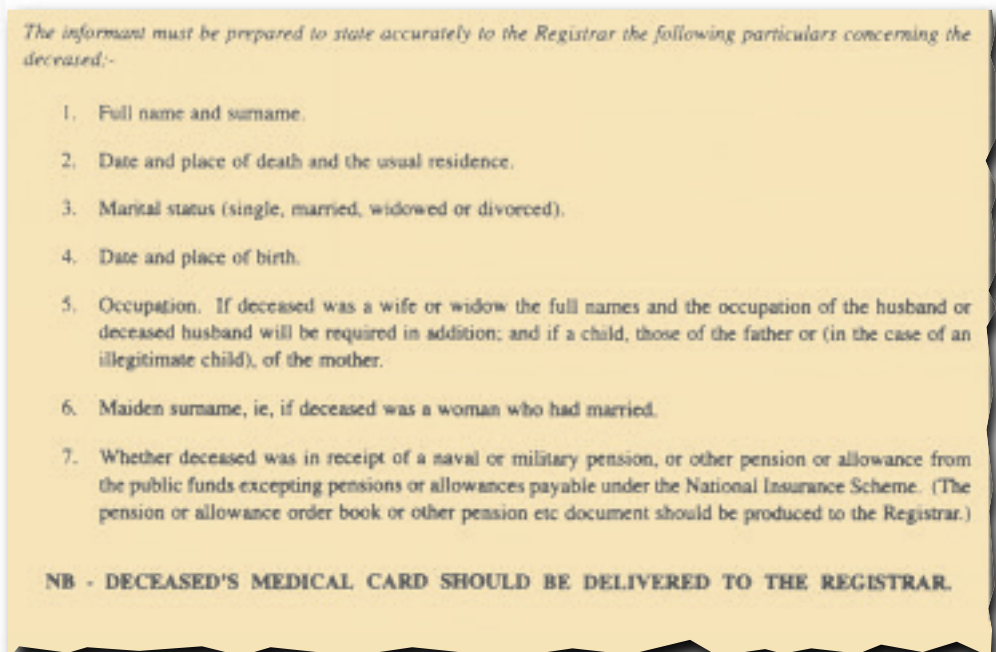


1 The Informant is usually a family member



2 The MCCD can only be completed by A DOCTOR who has seen and treated the patient for their cause of death within 28 DAYS before the death

3 The duties of this 'Person' (informant) are:



4 Name of Deceased

The NHS Number/ NI Health and Care Number (not the hospital number) should be given.

5 Usual Residence

Usual residence is the person's home address. This can be a residential or nursing home.

6 Place of Death

If they died in hospital, give ward as well as hospital as place of death.

7 Date of Death

Ensure the date of death is correct; this might not be the date of completion of the form. Care should be taken when certifying a death that occurred before midnight but the MCCD is being completed on the following day.

8 Date on which last seen alive and treated by me for the undermentioned conditions

If it is more than 28 days since you treated the person you cannot complete the MCCD. If no doctor treated them within 28 days the death must be referred to the coroner.

9 Whether seen after death by me

It is good practice for the doctor completing the MCCD to have seen the body. If you are not the doctor who verified life extinct a note should be made in this area of the person who did.

10 Whether seen after death by another medical practitioner

State the name of the doctor who examined the person after death.

THIS CERTIFICATE MUST BE DELIVERED WITH THE DECEASED'S MEDICAL CARD WITHIN FIVE DAYS TO THE REGISTRAR FOR ¹
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(2)

FOR USE OF REGISTRAR

Entry No.

District.

² 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) ³

⁴ Name of Deceased MR. JOHN SMITH

⁵ Usual Residence 10 GREEN ROAD, ANYTOWN

⁶ Place of Death WARD 3 ANYTOWN AREA HOSPITAL

⁷ Date of Death MONDAY 13th day of JUNE 20 08

⁸ Date on which last seen alive and treated by me for the undermentioned conditions day of 20

⁹ Whether seen after death by me YES or NO

¹⁰ Whether seen after death by another medical practitioner DR ANOTHER

These particulars not to be entered in Death Register

| CAUSE OF DEATH | | Approximate interval between onset and death (years, months, weeks, days, hours) |
|---|---|--|
| I | I | |
| Disease or condition directly leading to death* | (a) due to (or as a consequence of) | |
| Antecedent causes | (b) due to (or as a consequence of) | |
| Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last. | (c) | |
| II | II | |
| Other significant conditions contributing to the death, but not related to the disease or condition causing it. | | |

*This does not mean the mode of dying eg heart failure, asthma, 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 Qualifications as registered by General Medical Council

Residence Date 20

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

Date 20



11 Recording the Cause of Death

The Cause of Death section of the MCCD is set out in two parts, in accordance with World Health Organisation (WHO) recommendations in the International Statistical Classification of Diseases and Related Health Problems (ICD).

Part I - Sequence leading to death, underlying cause

You have to start with the immediate, direct cause of death on line I (a), then to go back through the sequence of events or conditions that led to death on subsequent lines, until you reach the one that initiated the fatal sequence. If the certificate has been completed properly, the condition on the lowest completed line of part I will have caused all of the conditions on the lines above it.

Part II - Contributory causes

You should enter any other diseases, injuries, conditions, or events that contributed to the death, but were not part of the direct sequence, in part II of the certificate.

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(2)

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 MR. JOHN SMITH

Usual Residence 10 GREEN ROAD, ANYTOWN

Place of Death WARD 3 ANYTOWN AREA HOSPITAL

Date of Death MONDAY 13th day of JUNE 20 08

Date on which last seen alive and treated by me for the undermentioned conditions day of 20

Whether seen after death by me YES or NO

Whether seen after death by another medical practitioner DR ANOTHER

11

| CAUSE OF DEATH | | These particulars not to be entered in Death Register |
|--|--|--|
| I | I | Approximate interval between onset and death (years, months, weeks, days, hours) |
| Disease or condition directly leading to death* | (a) <u>INTRA-PERITONEAL HAEMORRHAGE</u> due to (or as a consequence of) | |
| Antecedent causes | (b) <u>RUPTURED METASTATIC DEPOSIT IN LIVER</u> due to (or as a consequence of) | |
| Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last. | (c) <u>PRIMARY ADENOCARCINOMA OF ASCENDING COLON</u> | |
| II | II | |
| Other significant conditions contributing to the death, but not related to the disease or condition causing it. | <u>NON-INSULIN DEPENDANT DIABETES MELLITUS</u> | |

*This does not mean the mode of dying eg heart failure, asthma, 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 Qualifications as registered by General Medical Council

Residence Date 20

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

315-008-030

11 Single condition causing death

A single disease may be wholly responsible for the death. In this case, it should be entered on line (a) and the other lines left blank.

Example >

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(2)

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 MR. JOHN SMITH

Usual Residence 10 GREEN ROAD, ANYTOWN

Place of Death WARD 3 ANYTOWN AREA HOSPITAL

Date of Death MONDAY 13th day of JUNE 20 08

Date on which last seen alive and treated by me for the undermentioned conditions day of 20

Whether seen after death by me YES or NO

Whether seen after death by another medical practitioner DR ANOTHER

These particulars not to be entered in Death Register

| CAUSE OF DEATH | | Approximate interval between onset and death (years, months, weeks, days, hours) |
|---|---|--|
| I | I | |
| Disease or condition directly leading to death* | (a) <u>MENINGOCOCCAL SEPTICAEMIA</u> due to (or as a consequence of) | |
| Antecedent causes | (b) due to (or as a consequence of) | |
| Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last. | (c) | |
| II | II | |
| Other significant conditions contributing to the death, but not related to the disease or condition causing it. | | |

*This does not mean the mode of dying eg heart failure, asthma, 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 Qualifications as registered by General Medical Council

Residence Date 20

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

315-008-031

11 More than three conditions in the sequence

The MCCD has 3 lines in part I for the sequence leading directly to death. If you want to include more than 3 steps in the sequence, you can do so by writing more than one condition on a line, indicating clearly that one is due to the next.

Example >

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(2)

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 MR. JOHN SMITH

Usual Residence 10 GREEN ROAD, ANYTOWN

Place of Death WARD 3 ANYTOWN AREA HOSPITAL

Date of Death MONDAY 13th day of JUNE 20 08

Date on which last seen alive and treated by me for the undermentioned conditions day of 20

Whether seen after death by me YES or NO

Whether seen after death by another medical practitioner DR ANOTHER

These particulars not to be entered in Death Register

Approximate interval between onset and death (years, months, weeks, days, hours)

| CAUSE OF DEATH | | |
|---|--|--|
| I | I | |
| Disease or condition directly leading to death* | (a) <u>POST-TRANSPLANT LYMPHOMA</u> due to (or as a consequence of) | |
| Antecedent causes | (b) <u>IMMUNOSUPPRESSION FOLLOWING RENAL TRANSPLANT</u> due to (or as a consequence of) | |
| Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last. | (c) <u>GLOMERULONEPHROSIS DUE TO INSULIN DEPENDENT DIABETES MELLITUS</u> | |
| II | II | |
| Other significant conditions contributing to the death, but not related to the disease or condition causing it. | <u>RECURRENT URINARY TRACT INFECTIONS</u> | |

*This does not mean the mode of dying eg heart failure, asthma, 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 Qualifications as registered by General Medical Council

Residence Date 20

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

315-008-032

11 More than one disease led to death

If you know that your patient had more than one disease or condition that was compatible with the way in which he or she died, but you cannot say which the most likely cause of death was, you should include them all on the certificate. They should be written on the same line.

Example 1 >

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(2)

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 MR. JOHN SMITH

Usual Residence 10 GREEN ROAD, ANYTOWN

Place of Death WARD 3 ANYTOWN AREA HOSPITAL

Date of Death MONDAY 13th day of JUNE 20 08

Date on which last seen alive and treated by me for the undermentioned conditions day of 20

Whether seen after death by me YES or NO

Whether seen after death by another medical practitioner DR ANOTHER

These particulars not to be entered in Death Register

Approximate interval between onset and death (years, months, weeks, days, hours)

| CAUSE OF DEATH | | |
|---|---|--|
| I | I | |
| Disease or condition directly leading to death* | (a) <u>CARDIO-RESPIRATORY FAILURE</u> due to (or as a consequence of) | |
| Antecedent causes | (b) <u>ISCHAEMIC HEART DISEASE AND CHRONIC OBSTRUCTIVE AIRWAYS DISEASE (JOINT CAUSES OF DEATH)</u> due to (or as a consequence of) | |
| Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last. | (c) | |
| II | II | |
| Other significant conditions contributing to the death, but not related to the disease or condition causing it. | <u>OSTEOARTHRITIS</u> | |

*This does not mean the mode of dying eg heart failure, asthma, 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 Qualifications as registered by General Medical Council

Residence Date 20

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

315-008-033

11 More than one disease led to death (continued)

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(2)

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 MR. JOHN SMITH

Usual Residence 10 GREEN ROAD, ANYTOWN

Place of Death WARD 3 ANYTOWN AREA HOSPITAL

Date of Death MONDAY 13th day of JUNE 20 08

Date on which last seen alive and treated by me for the undermentioned conditions day of 20

Whether seen after death by me YES or NO

Whether seen after death by another medical practitioner DR ANOTHER

These particulars not to be entered in Death Register

Approximate interval between onset and death (years, months, weeks, days, hours)

| | |
|---|---|
| CAUSE OF DEATH | |
| I | I |
| Disease or condition directly leading to death* | (a) HEPATIC FAILURE due to (or as a consequence of) |
| Antecedent causes | (b) LIVER CIRRHOSIS due to (or as a consequence of) |
| Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last. | (c) CHRONIC HEPATITIS C INFECTION AND ALCOHOLISM |
| II | II |
| Other significant conditions contributing to the death, but not related to the disease or condition causing it. | |

*This does not mean the mode of dying eg heart failure, asthma, 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 Qualifications as registered by General Medical Council

Residence Date 20

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

315-008-034

Example 2 >

Results of investigations awaited

If in broad terms you know the disease that caused your patient's death, but you are waiting for the results of laboratory investigation for further detail, you need not delay completing the MCCD. For example, a death can be certified as bacterial meningitis once the diagnosis is established, even though the organism may not yet have been identified. Similarly, a death from cancer can be certified as such while still awaiting detailed histopathology. This allows the family to register the death and arrange the funeral. However, you should indicate clearly on the MCCD that information from investigations might be available later. You can do this by circling "Yes" under section A on the back of the MCCD. It is important for public health surveillance to have this information on a national basis; for example, to know how many meningitis and septicaemia deaths are due to meningococcal or to other bacterial infections.

RMANTS
required to be registered

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before his death.

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Insurance Scheme. (The
roduced to the Registrar.)

THE REGISTRAR.

STATISTICAL INFORMATION FOR USE
OF REGISTRAR GENERAL

A

Will you be in a position to give further information for a more precise statistical classification eg. as a result of a post-mortem or other reasons. Yes/No

B

Did the deceased woman die during pregnancy or within 42 days thereafter? Yes/No

Did the deceased woman die between 43 days and one year after pregnancy? Yes/No

Initials of
Certifying Medical Practitioner

A. Further information offered
.....
.....

B

B. Did the deceased woman die during pregnancy or within 42 days thereafter? Yes/No

Did the deceased woman die between 43 days and one year after pregnancy? Yes/No

.....

Note - Please record details if you have completed Panel A or B.

Deaths during pregnancy or within one year after pregnancy

Section B on the back of the MCCD form asks if the deceased woman died during or after pregnancy. This is statistical information for the Registrar General. The pregnancy did not have to result in a live birth. The death does not have to be related to the pregnancy.

RMANTS
required to be registered

ertaker.

matron, superintendent or
or lodgings. Includes any
dgings or apartments are

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ther or (in the case of an

nsion or allowance from
Insurance Scheme. (The
roduced to the Registrar.)

THE REGISTRAR.

STATISTICAL INFORMATION FOR USE
OF REGISTRAR GENERAL

A

Will you be in a position to give further information for a more precise statistical classification eg. as a result of a post-mortem or other reasons. Yes/No

B

Did the deceased woman die during pregnancy or within 42 days thereafter? Yes/No

Did the deceased woman die between 43 days and one year after pregnancy? Yes/No

Initials of
Certifying Medical Practitioner

A. Further information offered
.....
.....

B

B. Did the deceased woman die during pregnancy or within 42 days thereafter? Yes/No

Did the deceased woman die between 43 days and one year after pregnancy? Yes/No

.....

Note - Please record details if you have completed Panel A or B.

11 Recording Healthcare Associated Infections

The level of Healthcare Associated Infections remains a matter of concern to clinicians and the public.

The Health Service depends on accurate information gained from death certificates to record changes in mortality associated with infections. Trends which are identified can highlight new areas of concern, or monitor changes in deaths associated with certain infections.

Families may be surprised if an infection the patient was being treated for such as MRSA or clostridium difficile is not mentioned on a death certificate.

Example 1 >

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(2)

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 MR. JOHN SMITH

Usual Residence 10 GREEN ROAD, ANYTOWN

Place of Death WARD 3 ANYTOWN AREA HOSPITAL

Date of Death MONDAY 13th day of JUNE 20 08

Date on which last seen alive and treated by me for the undermentioned conditions day of 20

Whether seen after death by me YES or NO

Whether seen after death by another medical practitioner DR ANOTHER

These particulars not to be entered in Death Register

Approximate interval between onset and death (years, months, weeks, days, hours)

| CAUSE OF DEATH | | |
|---|--|--|
| I | I | |
| Disease or condition directly leading to death* | (a) <u>CLOSTRIDIUM DIFFICILE PSEUDO-MEMBRANOUS COLITIS</u> | |
| Antecedent causes | due to (or as a consequence of) | |
| Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last. | (b) <u>MULTIPLE ANTIBIOTIC THERAPY</u> | |
| | (c) <u>COMMUNITY ACQUIRED PNEUMONIA WITH SEVERE SEPSIS</u> | |
| II | II | |
| Other significant conditions contributing to the death, but not related to the disease or condition causing it. | <u>POLYMYALGIA RHEUMATICA</u> | |
| | <u>OSTEOPOROSIS</u> | |

*This does not mean the mode of dying eg heart failure, asthma, 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 Qualifications as registered by General Medical Council

Residence Date 20

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

315-008-037

11 Recording Healthcare Associated Infections (continued)

It is a matter of clinical judgement if a Healthcare Associated Infection was the disease directly leading to the death [record at part I (a), was an antecedent cause [record at part I (b) or I (c) or was a significant condition not directly related to the cause of death [record at part II].

Where infection does follow treatment, including surgery, radiotherapy, anti-neoplastic, immunosuppressive, and antibiotic or other drug treatment for another disease, remember to specify the treatment and the disease for which it was given.

Example 2 >

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(2)

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FOR USE OF REGISTRAR

Entry No

District

Name of Deceased MR. JOHN SMITH

Usual Residence 10 GREEN ROAD, ANYTOWN

Place of Death WARD 3 ANYTOWN AREA HOSPITAL

Date of Death MONDAY 13th day of JUNE 20 08

Date on which last seen alive and treated by me for the undermentioned conditions day of 20

Whether seen after death by me YES or NO

Whether seen after death by another medical practitioner DR ANOTHER

| CAUSE OF DEATH | | These particulars not to be entered in Death Register |
|---|--|---|
| I Disease or condition directly leading to death* Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last. | I (a) <u>BRONCHOPNEUMONIA (HOSPITAL ACQUIRED MRSA)</u> due to (or as a consequence of) (b) <u>MULTIPLE MYELOMA</u> due to (or as a consequence of) (c) | Approximate interval between onset and death (years, months, weeks, days, hours) |
| II Other significant conditions contributing to the death, but not related to the disease or condition causing it. | II <u>CHRONIC OBSTRUCTIVE AIRWAYS DISEASE</u> | |

*This does not mean the mode of dying eg heart failure, asthma, 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 Qualifications as registered by General Medical Council

Residence Date 20

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

315-008-038

11 Recording Healthcare Associated Infections (continued)

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(2)

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FOR USE OF REGISTRAR

Entry No

District

Name of Deceased MR. JOHN SMITH

Usual Residence 10 GREEN ROAD, ANYTOWN

Place of Death WARD 3 ANYTOWN AREA HOSPITAL

Date of Death MONDAY 13th day of JUNE 20 08

Date on which last seen alive and treated by me for the undermentioned conditions day of 20

Whether seen after death by me YES or NO

Whether seen after death by another medical practitioner DR ANOTHER

These particulars not to be entered in Death Register

Approximate interval between onset and death (years, months, weeks, days, hours)

| CAUSE OF DEATH | | |
|---|--|--|
| I | I | |
| Disease or condition directly leading to death* | (a) <u>CARCINOMATOSIS AND RENAL FAILURE</u> due to (or as a consequence of) | |
| Antecedent causes | (b) <u>ADENOCARCINOMA OF THE PROSTATE</u> due to (or as a consequence of) | |
| Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last. | (c) <u>CHRONIC OBSTRUCTIVE AIRWAYS DISEASE</u> | |
| II | II | |
| Other significant conditions contributing to the death, but not related to the disease or condition causing it. | <u>CATHETER ASSOCIATED ESCHERICHIA COLI URINARY TRACT INFECTION</u> | |

*This does not mean the mode of dying eg heart failure, asthma, 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 Qualifications as registered by General Medical Council

Residence Date 20

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

315-008-039

Example 3 >

11 Terms to avoid on MCCD

Coroner's cases

Any diagnosis which might indicate an industrial disease, trauma, unnatural death or where the wider circumstances may require investigation. The registrars have an extra-statutory list of diagnoses that must be referred to the coroner see pages 8 - 14). Doctors should be aware that any case where the cause of death is included in this list should be referred to the coroner.

Organ failure alone

Do not certify deaths as due to the failure of any organ, without specifying the disease or condition that led to the organ failure. Examples which need further information: Liver Failure, Renal Failure, Heart Failure.

Example >

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
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MEDICAL CERTIFICATE OF CAUSE OF DEATH

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FOR USE OF REGISTRAR

Entry No.

District.

Name of Deceased MR. JOHN SMITH

Usual Residence 10 GREEN ROAD, ANYTOWN

Place of Death WARD 3 ANYTOWN AREA HOSPITAL

Date of Death MONDAY 13th day of JUNE 20 08

Date on which last seen alive and treated by me for the undermentioned conditions day of 20

Whether seen after death by me YES or NO

Whether seen after death by another medical practitioner DR ANOTHER

| CAUSE OF DEATH | | These particulars not to be entered in Death Register |
|---|---|--|
| I | I | Approximate interval between onset and death (years, months, weeks, days, hours) |
| Disease or condition directly leading to death* | (a) <u>RENAL FAILURE</u> due to (or as a consequence of) | |
| Antecedent causes | (b) <u>NECROTISING PROLIFERATIVE NEPHROPATHY</u> due to (or as a consequence of) | |
| Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last. | (c) <u>SYSTEMIC LUPUS ERYTHEMATOSUS</u> | |
| II | II | |
| Other significant conditions contributing to the death, but not related to the disease or condition causing it. | | |

*This does not mean the mode of dying eg heart failure, asthma, 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 Qualifications as registered by General Medical Council

Residence Date 20

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

315-008-040

Cancer alone

The terms cancer, neoplasm or tumour should all have detail of the histological type, primary site and metastatic spread.

Pneumonia alone

Chest signs and symptoms are common terminal findings, not always due to significant infection contributing to the death. If pneumonia is a cause of death, try to give details about:

- type of pneumonia (lobar, bronchopneumonia);
- organism;
- whether hospital or community acquired;
- sequence of conditions leading to pneumonia, including use of ventilation.

Infections alone

Where possible give details about:

- site (meningitis, peritonitis, wound site etc);
- organism;
- antibiotic resistance;
- route of infection (needle sharing, food poisoning etc).

Terminal events, modes of dying, clinical signs and other vague terms

Terms that do not identify a disease or pathological process clearly are not acceptable as the cause of death.

Description of terminal events such as cardiac or respiratory arrest, syncope or shock describe modes of dying not causes of death. Signs such as oedema, ascites, haemoptysis, haematemesis and vague statements such as debility or frailty are equally unacceptable.

Natural causes

There is no ICD code equivalent to “natural causes”, and registrars will seek clarification from the doctor, or refer the case to the coroner. If you do not know what disease caused your patient's death, you should discuss the case with the coroner.

Old age or general debility of age

It is possible that families, registrars and cremation referees may request further explanation of your opinion that old age was the only cause of death.

It may be acceptable as the only cause of death in some cases of patients over 80 years of age. In these cases you need to be confident the death was expected following gradual decline in health due to natural causes, but not to any identifiable disease.

Cremation Forms



Reasons

Reasons for cremation certification

Once a body has been cremated there is no possibility of further examination if questions arise about the death. When a body is to be cremated there are a series of medical forms to be completed, by different, independent doctors, to provide reassurance that the death does not require further investigation. The law governing cremation in Northern Ireland is the Cremation (Belfast) Regulations (Northern Ireland) 1961. If the death has not been referred to the coroner, and a certificate of cause of death has been completed, the medical forms are:

| | |
|----------------------|----------------------------------|
| Form B | Certificate of Medical Attendant |
| Form C | Confirmatory Medical Certificate |
| Form F | Authority to Cremate |



Forms:



Who should complete cremation forms?

Form B

This should be completed by a registered medical practitioner who has attended the deceased during his last illness. It is often the same doctor who completed the MCCD.

Foundation level doctors should NOT complete cremation Form B unless they have been trained to do so.

Form C

The doctor completing cremation Form C should:

- be a registered medical practitioner of not less than 5 years standing (overseas doctors who has a primary medical qualification in an EEA member state for 5 years will be eligible to sign cremation Form C);
- be independent of the doctor who completed Form B. The legal requirement is that the doctor completing Form C should not be a relative, partner or assistant of the doctor who completed Form B. It would be good practice that the doctor completing Form C should not have been directly involved in the patient's care;
- not be related to the deceased.

Form F

This is completed by the Medical Referee for the Cremation Authority.



CITY OF BELFAST CREMATORIUM

Cremation No

Forms B C & F

This form is issued by the
city of Belfast
Crematorium,
Crossnacreevy.

REGULATIONS MADE BY THE MINISTRY OF HEALTH
AND LOCAL GOVERNMENT UNDER SECTION 7 OF THE
CREMATION ACT, 1902, AS APPLIED BY SECTION 26
OF THE BELFAST CORPORATION (GENERAL POWERS)
ACT (NORTHERN IRELAND, 1948)

Telephone No.
(028) 9044 8342

These forms are Statutory. All the questions must be answered to make the Certificates effective for the purpose of Cremation.

These medical certificates are regarded as strictly confidential. The right to inspect them is confined to any person appointed for that purpose by the Ministry of Health and Local Government, the ministry of Home Affairs, or the Chief Constable of the Police Service of Northern Ireland.

FORM B.

CERTIFICATE OF MEDICAL ATTENDANT

This form is not to be used
in the case of a Coroner's
Inquest.

I AM INFORMED that application is about to be made for the cremation of the remains of:

(Name of Deceased)

(Address)

(Occupation)

The answers to the
questions should be as
concise as possible.
Figures may be used
instead of words. All the
questions must be
answered.

HAVING ATTENDED the Deceased during his/her last illness and within 28 days before death, and having **SEEN AND IDENTIFIED THE BODY AFTER DEATH** I give the following answers to the questions set out below:

1. On what date, and at what hour, did he or she die? Date Hour

2. What was the place where the deceased died?
(Give address, and say whether own residence, lodging,
hotel, hospital, nursing home, etc.) }

3. Are you a relative of the deceased? If so, state the relationship. }

4. Have you, so far as you are aware, any pecuniary interest in
the death of the deceased? }

5. (a) Were you the ordinary medical attendant of the deceased? (a)
(b) If so, for how long? (b)

6. (a) Did you attend the deceased during his or her last illness? (a)
(b) If so, for how long? (b)

7. When did you last see the deceased alive?
(Say how many days or hours before death) }

8. (a) How soon after death did you see the body? (a)
(b) What examination of it did you make? (b)

9. What was the cause of death? }

Disease or condition directly leading to death. (a)
due to

I.
Antecedent causes Morbid conditions if any giving rise to the
above cause, stating the underlying condition last. (b)
due to

III.
other significant conditions contributing to death but not
related to the disease or condition causing it. (c)
.....

In all cases where the
deceased was not
attended by the doctor
within 28 days, the
Coroner's authority should
be obtained for the issue of
the Death Certificate. If the
death has been reported to
Coroner for any reason this
should be stated in answer
to Question 18.

This does not mean the
mode of dying, e.g., heart
failure, asthma, etc. It
means the disease, injury
or complication which
caused death.

How to complete cremation Form B side 1

1 Self-explanatory - See M CCD document if in doubt.

4

5 Were you the ordinary medical attendant of the deceased? If so, for how long?

The ordinary medical attendant should normally be taken to be the deceased's general practitioner. If the deceased has been an in-patient in hospital for a significant period of time (several months), the hospital doctor can be regarded as the ordinary medical attendant.

6 Did you attend the deceased during his or her last illness? If so, for how long?

The certifying medical attendant should have attended the deceased during their last illness. If the certifying doctor did not attend during the last 28 days, the case should be discussed with the coroner.

7 When did you last see the deceased alive?

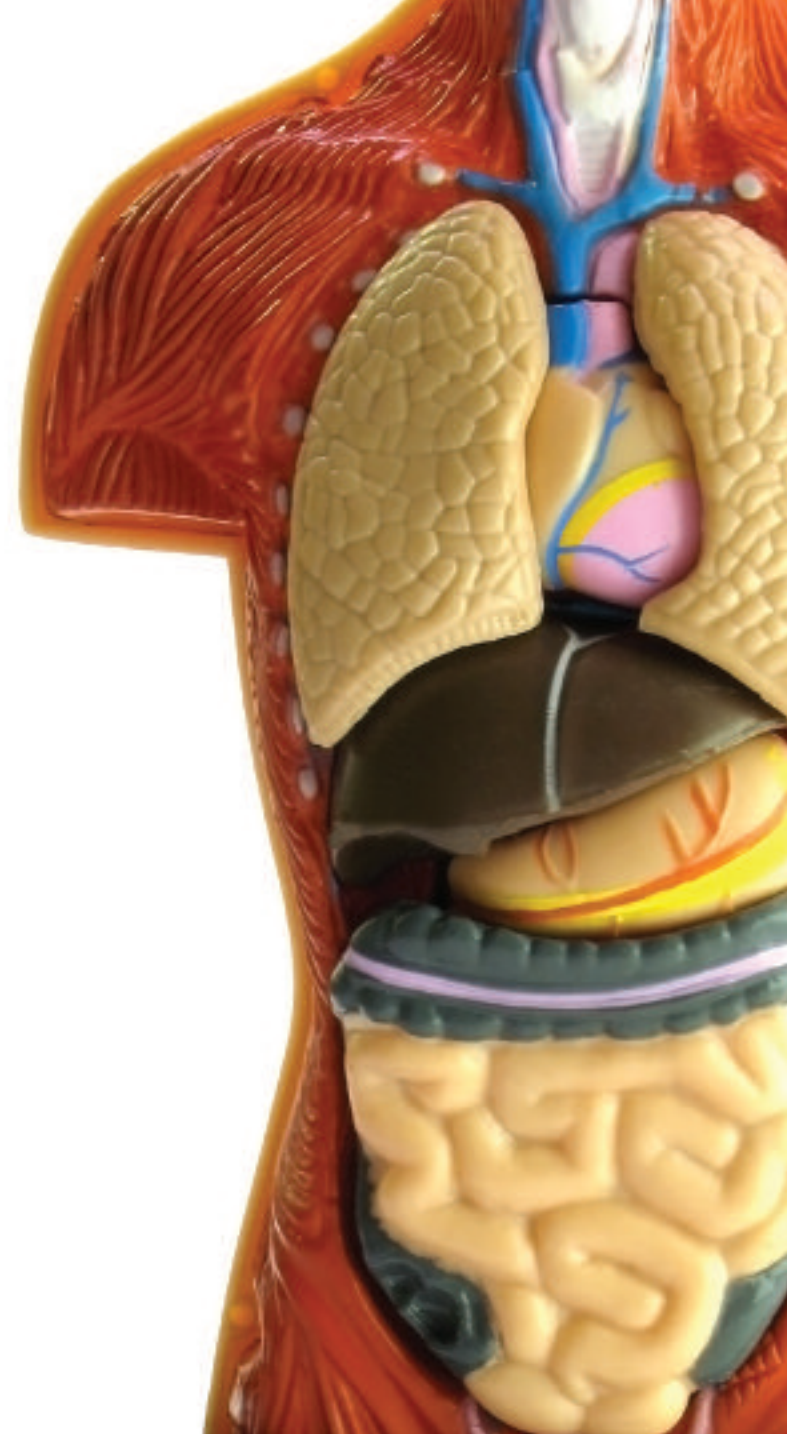
If the certifying doctor did not attend during the last 28 days, the case should be discussed with the coroner.

8 How soon after death did you see the body? What examination of it did you make?

You should record if whole body was exposed and examined. If a post-mortem examination has been conducted this should be indicated here.

9 What was the cause of death?

This question should be answered following the same guidance given for completion of cause of death on M CCD.



| | | |
|--|---|-----------|
| 10. (a) What was the mode of death? (Say whether syncope, coma, exhaustion, convulsions, etc). | } | (a) |
| (b) What was its duration in days, hours or minutes? | | (b) |
| 11. State how far the answers to the last two questions are the result of your own observations, or are based on statements made by others. If on statements made by others, say by whom. | } | |
| | | |
| 12. (a) Did the deceased undergo any operation during the final illness or within a year before death? | } | (a) |
| (b) If so, what was its nature and who performed it? | | (b) |
| 13. By whom was the deceased nursed during his or her last illness? (Give names, and say whether professional nurse, relative, etc. If the illness was a long one, this question should be answered with reference to the period of four weeks before the death). | } | |
| | | |
| 14. Who were the persons (if any) present at the moment of death? | } | |
| | | |
| 15. In view of the knowledge of the deceased's habits and constitution, do you feel any doubt what ever as to the character of the disease or the cause of death? | } | |
| | | |
| 16. Have you any reason to suspect that the death of the deceased was due, directly or indirectly, to (a) Violence or misadventure (b) Unfair means (c) Negligence or misconduct (d) Malpractice on the part of others (e) Any cause other than natural illness or disease for which he/she had been seen and treated by a registered medical practitioner within 28 days prior to death? | } | |
| | | |
| 17. Do you know, or have you any reason to suspect, that the death of the deceased occurred while he/she was under an anaesthetic? | } | |
| | | |
| 18. If the answer to question 16 or question 17 was 'yes' was the Coroner notified of the facts and circumstances relating to the death? | } | |
| | | |
| 19. Have you any reason whatever to suppose a further examination of the body to be desirable? | } | |
| | | |
| 20. Have you given the certificate required for registration of death? If not, <u>who has</u> ? | } | |
| | | |

When the certificate for registration has been given by authority of the Coroner, this fact should be stated.

21

I HEREBY CERTIFY that the answers given above are true and accurate to the best of my knowledge and belief, and that I know of no reasonable cause to suspect that the deceased died as the result of the administration of an anaesthetic or as a result of violence, misadventure, unfair means, negligence, misconduct, malpractice, or any other cause other than natural illness or disease for which he/she had been seen and treated by me within 28 days prior to death or in such circumstances as may require investigation by the Coroner.

Name (Block Letters)

Signature

Address

Telephone No.

Registered Qualifications

Date

NOTE:- This certificate must be handed or sent in a closed envelope by the medical practitioner who signs it to the medical practitioner who is to give the confirmatory certificate on Form C.

The bearer of this certificate can act as the agent of the medical attendant, and to him may be handed the closed envelope for delivery to the other medical practitioner.

How to complete cremation Form B side 2

10 What was the mode of death? What was its duration in days, hours or minutes?

Syncope implies a sudden death occurring in minutes, but not necessarily unexpectedly, with a history of ischaemic heart or cerebrovascular disease. Convulsions may indicate an unnatural death unless adequately explained by the cause of the death.

11 State how far the answers to the last two questions are the result of your own observations, or are based on statements made by others.

If your answers to Q 9 & 10 have been informed by other sources, state who.

12 Did the deceased undergo any operation during the final illness or within a year before death?

Any failure to include operative procedures which are of potential significance may call into question the reliability of the certificate.

13 By whom was the deceased nursed during his or her last illness?

14 Who were the persons (if any) present at the moment of death?

Specific names (and contact details) will assist both the doctor completing the confirmatory certificate and the medical referee.

15 In view of the knowledge of the deceased's habits and constitution, do you feel any doubt whatever as to the character of the disease or the cause of death?

16 Have you any reason to suspect that the death of the deceased was due, directly or indirectly

17 Do you know, or have you any reason to suspect, that the death of the deceased occurred while he/she was under an anaesthetic?

19 Have you any reason whatever to suppose a further examination of the body to be desirable?

These questions confirm that there were no circumstances surrounding the death which might require further investigation. Any "yes" answers should prompt referral to the coroner.

20 Have you given the certificate required for registration of death? If not, who has?

Give the name and contact details of the doctor who completed the MCCD, if it was a different doctor.

21 Identification of the doctor

Doctor should:

- print their name beside their signature;
- give their GMC number beside their qualifications;
- doctors should be contactable by the Medical Referee, who is required to satisfy themselves that Forms B and C have been completed satisfactorily. Medical Referees will usually complete their enquiries and forms on Saturdays and some Bank Holidays so that forms are usually processed within two calendar days, to allow for funeral arrangements to be finalised. Ideally doctors should give a daytime contact (e.g. bleep number, mobile phone number) for the two days after completing the forms.

The confirmatory medical certificate in Form C, if not given by the Medical Referee, acting under Regulation 12, must be given by a registered medical practitioner of not less than five years' be a relative of the deceased or a relative, partner or assistant of the doctor who has given the certificate in Form B.

Form C. Confirmatory Medical Certificate

I, being neither a relative of the deceased, nor a relative, partner or assistant of the medical practitioner who has given the foregoing medical certificate, have examined it and **have made personal inquiry** as stated in my answers to the questions below:-

Each question must be answered.

Questions 1,2 and 4 must be answered in the affirmative.

| | | |
|---|---|----------|
| 1. Have you seen the body of the deceased? | } | |
| 2. Have you carefully examined the body externally? | } | |
| 3. Have you made a post mortem examination? | } | |
| 4. Have you seen and questioned the medical practitioner who gave the certificate in Form B? | } | |
| 5. (a) Have you seen and questioned any other medical practitioner who attended the deceased? | } | (a)..... |
| (b) Give names and addresses of persons seen. | | (b)..... |
| (c) and say whether you saw them alone. | | (c)..... |
| 6. (a) Have you seen and questioned any person who nursed the deceased during his or her last illness, or who was present at the death? | } | (a)..... |
| (b) Give names and addresses of persons seen. | | (b)..... |
| (c) and say whether you saw them alone. | | (c)..... |
| 7. (a) Have you seen and questioned any of the relatives of the deceased? | } | (a)..... |
| (b) Give names and addresses of persons seen. | | (b)..... |
| (c) and say whether you saw them alone. | | (c)..... |
| 8. (a) Have you seen and questioned any other person? | } | (a)..... |
| (b) Give names and addresses of persons seen. | | (b)..... |
| (c) and say whether you saw them alone. | | (c)..... |

9

Here insert cause of death.

I AM SATISFIED that the cause of death was.....

10

and I certify that I know of no reasonable cause to suspect that the deceased died as the result of the administration of an anaesthetic or as a result of violence, misadventure, unfair means, negligence, misconduct, malpractice, or any cause other than natural illness or disease for which he/she had been seen and treated by a registered medical practitioner within 28 days prior to death or in such circumstances as may require investigation by the Coroner.

Name (Block Letters).....

Signature.....

Address.....

Telephone No.....

Date.....

See marginal note at top of this page.

Registered Qualifications.....

Date of Registration.....

NOTE:- THESE CERTIFICATES, AFTER BEING SIGNED BY THE APPROPRIATE MEDICAL PRACTITIONER, MUST BE FORWARDED IN A CLOSED ENVELOPE TO THE MEDICAL REFEREE, C/O CEMETERIES/ CREMATORIUM CENTRAL OFFICE, CITY HALL, BELFAST BT1 5GS

How to complete cremation Form C – confirmatory medical certificate

Form C should only be completed where one is required under the Cremation Regulations. Form C is not required where:

- a. A post-mortem examination has been carried out by a medical practitioner appointed by the Cremation Authority and who has issued a Form D;
- b. A post mortem examination has been carried out and the cause of death certified by the coroner (Form E).

1 Have you seen the body of the deceased?

2 Have you carefully examined the body externally?

3 Have you made a post mortem examination?

The doctor completing Form C is expected to have seen and examined the body.

4 Have you seen and questioned the medical practitioner who gave the certificate in Form B?

If the medical practitioners have not seen each other, Form C should be completed to show that the enquiries have been 'adequate', for example by telephone conversation.

5 Have you seen and questioned any other medical practitioner who attended the deceased?

6 Have you seen and questioned any person who nursed the deceased during his or her last illness, or who was present at the death?

7 Have you seen and questioned any of the relatives of the deceased?

You should have questioned a doctor other than the one who completed Form B, a nurse or a relative i.e. be able to answer "Yes" to at least one of questions 5, 6 or 7.

8 Have you seen and questioned any other person?

Form C doctors should speak to another doctor or nurse who attended the deceased, or a relative or other person (i.e. they should be able to answer "Yes" to one of questions 5-8 on Form C). This will support their statement that they know of no reasonable cause to refer the case for investigation by the coroner.

9

The cause of death

This does not need to be the same as the one given on the Form B, but any discrepancy should be explained. Medical referees will expect that the evidence offered on the certificates demonstrates sound clinical grounds for the cause of death given, and Forms B and C should be completed with this in mind.

Continue over page >

How to complete cremation Form C – confirmatory medical certificate (continued)

10 Identification of the doctor

Doctor should:

- print their name beside their signature;
- give their GMC number beside their qualifications;
- Doctors should be contactable by the Medical Referee, who is required to satisfy themselves that Forms B and C have been completed satisfactorily. Medical Referees will usually complete their enquiries and forms on Saturdays and some Bank Holidays so that forms are usually processed within two calendar days, to allow for funeral arrangements to be finalised. Ideally doctors should give a daytime contact (e.g. bleep number, mobile phone number) for the two days after completing the forms.



Form for Certificates of:

Stillbirth

COUNTERFOIL

For use of Medical Practitioner or Midwife, who should in all cases fill it up.

Name of Mother

Date of Still-birth

Place of Still-birth

Cause of the Still-birth

I (a)

(b)

(c)

II

Date of certification

Post-mortem* 1 2 3

Certificate issued to

(name)

of (address)

*Ring appropriate digit.

G.R.O. 33

CERTIFICATE OF STILL-BIRTH

Births and Deaths Registration (Northern Ireland) Order 1976, Article 15(3)

To be given only in respect of a child which has been completely expelled or extracted from its mother after the twenty-fourth week of pregnancy and which did not at any time after such expulsion or extraction breathe or show any other evidence of life.

FOR USE OF REGISTRAR

Entry No.

Registrar's

District

Insert a tick in appropriate box

☐ I was present at the still-birth of a child born

☐ I have examined the body of a child which I am informed and believe was born

at

on to

of

I hereby certify that

(i) the child was not born alive,

(ii) the sex was

(iii) to the best of my knowledge and belief the cause of the still-birth, the estimated duration of pregnancy of the mother and the weight of the foetus were as stated below:

②

| CAUSE OF THE STILL-BIRTH | | Estimated duration of pregnancy |
|---|--|---------------------------------|
| <p>I</p> <p>DIRECT CAUSE State foetal or maternal condition directly causing the still-birth.</p> <p>(a) <i>FETAL ANOXIA</i></p> | | weeks |
| <p>ANTECEDENT CAUSES State foetal and/or maternal conditions, if any, giving rise to the above cause, stating the underlying cause last.</p> <p>due to (b) <i>PROLONGED LABOUR</i></p> <p>due to (c) <i>BREECH PRESENTATION</i></p> | | Weight of foetus |
| <p>II</p> <p>OTHER SIGNIFICANT CONDITIONS of foetus or mother which may have contributed to but, in so far as is known, were not related to direct cause of the still-birth.</p> <p><i>HYPERTENSION (ARISING DURING PREGNANCY)</i></p> | | |

Insert a tick in the appropriate box

☐ 1. The certified cause of the still-birth has been confirmed by post-mortem.

☐ 2. Post-mortem information may be available later.

☐ 3. Post-mortem not being held.

Signature

Residence

Qualifications as registered by General Medical Council or Registered No. as Certified Midwife:

Date 315-008-055

G.R.O. 33

What is a stillbirth?

The stillbirth register is separate from the Register of Births and the Register of Deaths.

Northern Ireland (Births and Deaths Registration Order 1976 as amended by the Stillbirth Definition Northern Ireland Order 1992), requires that any 'child' expelled or issued forth from its mother after the 24th week of pregnancy that did not breathe or show any other signs of life be registered as a stillbirth.

Fetuses born dead before 24 weeks of pregnancy are not registered as stillbirths. No statutory forms need to be completed, and the family do not need to attend the registrar.

A fetus which is delivered after 24 weeks, but which was dead by the 24th week are not registered as stillbirths. Further guidance on these cases can be found on the websites of the Royal College of Obstetricians & Gynaecologists www.rcog.org.uk and the nursing & midwifery council www.nmc-uk.org.

A child who breathed or showed other signs of life is considered live-born for registration purposes, irrespective of the number of weeks duration of the pregnancy. In these cases either a doctor involved must complete an MCCD or the death must be referred to the coroner.

The coroner's role in stillbirths

The coroner does not investigate stillbirths, unless there is doubt about whether or not the child was stillborn.

1 Who should complete the stillbirth form

Stillbirth forms can be completed by a medical practitioner who was present at the birth, or who examined the body. Foundation level doctors should not complete stillbirth forms without discussion with a more senior colleague.

A registered midwife who was present at the birth or examined the body can also complete the stillbirth certificate.

2 How to complete the stillbirth form

Part I - Sequence leading to death, underlying cause

You have to start with the immediate, direct cause of stillbirth, then to go back through the sequence of events or conditions that led to death on subsequent lines, until you reach the one that initiated the fatal sequence. If the certificate has been completed properly, the condition on the lowest completed line of part I will have caused all of the conditions on the lines above it.

Avoid using general terms such as prematurity, anoxia, intra-uterine death or maternal haemorrhage without clarifying the cause of the condition. In maternal conditions e.g. hypertension, diabetes state if the condition existed before pregnancy or arose during pregnancy.

Part II - Contributory causes

You should enter any other diseases, injuries, conditions, or events that contributed to the stillbirth, but were not part of the direct sequence, in part II of the certificate.

3 Identification of the doctor or midwife

The doctor or midwife should:

- print their name beside their signature;
- give their GMC/NMC number beside their qualifications;
- ensure the residence given will allow the registrar to contact them if needed (e.g. in hospital should give ward or bleep number, in community give practice or mobile number).