

MED A 27 610500

COUNTERFOIL

For use of Medical Practitioner who should complete in all cases.

Name of deceased

Date of death

Age

Place of death

Last seen alive by me

Post-mortem/Coroner

Whether seen after death

Cause of death

I (a) (b) (c)

II

Employment? Please tick where applicable.

B. Further information offered?

Signature

Date

*Ring appropriate digit(s) and letter.

BIRTHS AND DEATHS REGISTRATION ACT 1953

MEDICAL CERTIFICATE OF CAUSE OF DEATH

For use only by a Registered Medical Practitioner WHO HAS BEEN IN ATTENDANCE during the deceased's last illness, and to be delivered by him forthwith to the Registrar of Births and Deaths.

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Registrar to enter No. of Death Entry

Name of deceased

Date of death as stated to me...day of...Age as stated to me

Place of death

Last seen alive by me...day of

- 1. The certified cause of death takes account of information obtained from post mortem.
2. Information from post mortem may be available later.
3. Post mortem not being held.
4. I have reported this death to the Coroner for further action.
Please ring appropriate digit(s) and letter
a. Seen after death by me.
b. Seen after death by another medical practitioner but not by me.
c. Not seen after death by a medical practitioner.

CAUSE OF DEATH

The condition thought to be the 'Underlying Cause of Death' should appear in the lowest completed line of Part I

- I (a) Disease or condition directly leading to death
(b) Other disease or condition, if any, leading to I(a)
(c) Other disease or condition, if any, leading to I(b)
II Other disease or conditions CONTRIBUTING TO THE DEATH but not related to the disease or condition causing it

These particulars not to be entered in death register
Approximate interval between onset and death

The death might have been due to or contributed to by the employment followed at some time by the deceased. Please tick where applicable.

† This does not mean the mode of dying, such as heart failure, asphyxia, aesthenia, etc: it means the disease, injury, or complication which caused death.

I hereby certify that I was in medical attendance during the above named deceased's last illness, and that the particulars and cause of death above written are true to the best of my knowledge and belief.

Signature

Qualification as registered by General Medical Council

PLEASE PRINT YOUR FULL NAME HERE

Residence Date

For deaths in hospital: Please give the name of the consultant responsible for the above-named as a patient

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(Form prescribed by the Registration of Births and Deaths Regulations 1987)

NOTICE TO INFORMANT

I hereby give notice that I have this day signed a medical certificate of cause of death of

Signature

Date

This notice is to be delivered by the informant to the registrar of births and deaths for the sub-district in which the death occurred.

The certifying medical practitioner must give this notice to the person who is qualified and liable to act as informant for the registration of death (see list overleaf). Where the informant intends giving information for the registration outside of the area where the death occurred, this notice may be handed to the informant's agent.

DUTIES OF INFORMANT

Failure to deliver this notice to the registrar renders the informant liable to prosecution. The death cannot be registered until the medical certificate has reached the registrar.

When the death is registered the informant must be prepared to give to the registrar the following particulars relating to the deceased:

- 1. The date and place of death.
2. The full name and surname (and the maiden surname if the deceased was a woman who had married).
3. The date and place of birth.
4. The occupation (and if the deceased was a married woman or a widow the name and occupation of her husband).
5. The usual address.
6. Whether the deceased was in receipt of a pension or allowance and public funds.
7. If the deceased was married, the date of birth of the surviving widow or widower.

THE DECEASED'S MEDICAL CARD SHOULD BE DELIVERED TO THE REGISTRAR

Medical Certificate for Cause of Death (MCCD) front

PERSONS QUALIFIED AND LIABLE TO ACT AS INFORMANTS

The following persons are designated by the Births and Deaths Registration Act 1953 as qualified to give information concerning a death. In order of preference they are:

DEATHS IN HOUSES AND PUBLIC INSTITUTIONS

1. A relative of the deceased person present at the death
2. A relative of the deceased person in attendance during the last illness.
3. A relative of the deceased residing or being in the sub-district where the death occurred.
4. A person present at the death.
5. The occupier* if he knew of the happening of the death.
6. Any inmate if he knew of the happening of the death.
7. The person causing the disposal of the body.

DEATHS NOT IN HOUSES OR DEAD BODIES FOUND

1. Any relative of the deceased having knowledge of any of the particulars required to be registered.
2. Any person present at the death.
3. Any person who found the body.
4. Any person in charge of the body.
5. The person causing the disposal of the body.

Occupier in relation to a public institution includes the governor, keeper, master, matron, superintendent, or other chief resident officer.

Complete where applicable

A

I have reported this death to the Coroner for further action.

Initials of certifying medical practitioner.....

B

I may be in a position later to give, on application by the Registrar General, additional information as to the cause of death for the purpose of more precise statistical classification.

Initials of certifying medical practitioner.....

The death should be referred to the coroner if:

- the cause of death is unknown
- the deceased was not seen by the certifying doctor *either* after death *or* within the 14 days before death
- the death was violent or unnatural or was suspicious
- the death may be due to an accident (whenever it occurred)
- the death may be due to self-neglect or neglect by others
- the death may be due to an industrial disease or related to the deceased's employment
- the death may be due to an abortion
- the death occurred during an operation or before recovery from the effects of an anaesthetic
- the death may be a suicide
- the death occurred during or shortly after detention in police or prison custody

LIST OF SOME OF THE CATEGORIES OF DEATH WHICH MAY BE OF INDUSTRIAL ORIGIN

MALIGNANT DISEASES

- | | |
|-----------------------------------|--|
| (a) Skin | Causes include
– radiation and sunlight
– pitch or tar
– mineral oils |
| (b) Nasal | – wood or leather work
– nickel |
| (c) Lung | – asbestos
– chromates
– nickel
– radiation |
| (d) Pleura and peritoneum | – asbestos |
| (e) Urinary tract | – benzidine
– dyestuff manufacture
– rubber manufacture |
| (f) Liver | – PVC manufacture |
| (g) Bone | – radiation |
| (h) Lymphatics and haematopoietic | – radiation
– benzene |

POISONING

- | | |
|---------------|----------------------------|
| (a) Metals | eg. arsenic, cadmium, lead |
| (b) Chemicals | eg. chlorine, benzene |
| (c) Solvents | eg. trichloroethylene |

INFECTIOUS DISEASES

- | | |
|---------------------|--|
| (a) Anthrax | Causes include
– imported bone, bonemeal
hide or fur |
| (b) Brucellosis | – farming or veterinary |
| (c) Tuberculosis | – contact at work |
| (d) Leptospirosis | – farming, sewer or
under-ground workers |
| (e) Tetanus | – farming or gardening |
| (f) Rabies | – animal handling |
| (g) Viral hepatitis | – contact at work |

CHRONIC LUNG DISEASES

- | | |
|--------------------------------------|---|
| (a) Occupational asthma | – sensitising agent at work |
| (b) Allergic alveolitis | – farming |
| (c) Pneumoconiosis | – mining and quarrying
– potteries
– asbestos |
| (d) Chronic bronchitis and emphysema | – underground coal mining |

NOTE: - The Practitioner, on signing the certificate, should complete, sign and date the Notice to the Informant, which should be detached and handed to the informant. Where the informant intends giving the information for the registration outside of the area where the death occurred, the notice may be handed to the informant's agent. The Practitioner should then, without delay, deliver the certificate itself to the Registrar of Births and Deaths for the sub-district in which the death occurred. Envelopes for enclosing the certificates are supplied by the Registrar.