# Death Certification / Cremation 4: *PART A – ANSWERS*

- Below are *some* of the possible answers

## 1. Shirley White

| Cause of Death | *Approximate interval between onset and death* |
|---|---|
| I (a) Metastatic (to abdominal lymph nodes) carcinoma of pancreas | 5 months |
| (b) | |
| (c) | |
| II | |

**Coroner informed?** *Tick box* NO ☑ YES ☐ *If YES, give reason:*

## 2. John Green

| Cause of Death | *Approximate interval between onset and death* |
|---|---|
| I (a) Metastatic (to hilar lymph nodes) squamous cell carcinoma of left upper lung | 18 months |
| (b) | |
| (c) | |
| II | |

**Coroner informed?** *Tick box* NO ☑ YES ☐ *If YES, give reason:*

**Comments:** whilst the exact cause of death is not known without post-mortem (PM), it is likely to relate to the underlying cancer, (*possibly a large, intra-pulmonary bleed from the tumour eroding a vessel*) his death was eventually expected with current deterioration and PM would have been inappropriate

## 3. Stephen Brown

| Cause of Death | *Approximate interval between onset and death* |
|---|---|
| I (a) Escherichia coli septicaemia | 6 days |
| (b) Urinary tract infection | 9 days |
| (c) Long term indwelling urinary catheter | 6 weeks |
| II Paraplegia from a thoracic vertebral fracture, sustained in a road traffic accident and requiring long term, urinary catheterisation | 10 years |

**Coroner informed?** *Tick box* NO ☑ YES ☐ *If YES, give reason:*

## 4. Margaret Pinkus

| Cause of Death | *Approximate interval between onset and death* |
|---|---|
| I (a) Septicaemia from infected gangrene of the right foot | 20 hours |
| (b) Ischaemic right foot | 1 month |
| (c) Peripheral vascular disease and Type 2 Diabetes mellitus | 5years & 25years |
| II Ischaemic heart disease with cardiac failure | 13 years |

**Coroner informed?** *Tick box* NO ☐ YES ☑ *If YES, give reason:* Death within 24 hours of admission & blood Cultures taken, results not yet back

**Comments:** see below

## Death Certification / Cremation 4: *PART A – ANSWERS continued*

### 4. Margaret Pinkus *continued…*

**Comments:** it could be argued that there is not enough space to put in all the information needed to give an accurate time line of events. This can be written in a number of ways including:

i) I (a) Septicaemia (b) infected gangrene of ischaemic right foot (c) peripheral vascular disease. II Type 2 Diabetes mellitus, ischaemic heart disease with cardiac failure – *problem with this is whilst you know when the foot ischaemia started, you do not know when the infected gangrene started (but you can say she had infection from admission and was subsequently septicaemia)*

ii) I (a) Septicaemia (b) infected gangrene of right foot (c) ischaemic right foot from peripheral vascular disease II Type 2 Diabetes mellitus, ischaemic heart disease with cardiac failure – *problem with this is writing the ischaemia and peripheral vascular disease like this prevents you from separating out the timing of the onset of the former from the onset. You would have to write ischaemia and peripheral vascular disease as joint causes of death to do this*

If you mention the blood culture, the coroner's clerk will probably ask you to initial Part B on the back of the MCCD stating further information may be available in future – and you will be sent another form to complete any additional information later on

### 5. Jeanette Gold

| | Cause of Death | *Approximate interval between onset and death* |
|---|---|---|
| I (a) | | |
| (b) | | |
| (c) | | |
| II | | |
| | | |

**Coroner informed?** *Tick box* NO ☐ YES ☑ *If YES, give reason:* Refer to coroner for post mortem, not happy to Complete MCCD PLUS death within 24 hours of admission

**Comments:** Whilst some would argue that a cardiac arrest from a proven myocardial infarction (MI) could be put down as I (a) & (b) respectively and ischaemic heart disease is the likely cause, with no previous history in an apparently healthy person (*unless you get more history from GP*) you could argue that the cause of the MI is unknown (*and you cannot even rule out 'foul play'*). So I think it reasonable for an FY1 to feel uncomfortable in completing the MCCD. This should be discussed with the consultant who was there and takes ultimate responsibility. If the consultant is happy with and expects the MCCD to be completed by the FY1, I would suggest a discussion with the coroner anyway – who needs informing due to death within 24 hours of admission.

### 6. Jack Silver

| | Cause of Death | *Approximate interval between onset and death* |
|---|---|---|
| I (a) | Bilateral bronchopneumonia | 13 days |
| (b) | Irreversible brain damage with a deep comatose state | 15 days |
| (c) | Prolonged cardiac arrest and ischaemic heart disease | 15days & 6years |
| II | | |
| | | |

**Coroner informed?** *Tick box* NO ☐ YES ☑ *If YES, give reason:* Operation within 12 months of death

**Comments:** Whilst some may put ischaemic heart disease in II, it did not just contribute it caused the death so is justified to be in I. Some may put atrial fibrillation (AF) in II, but you cannot definitely say it contributed. Some may put the pacemaker in II, but whilst the pacemaker may have malfunctioned and contributed to the cardiac arrest, this cannot be said for sure.

## Death Certification / Cremation 4: *PART A – ANSWERS continued*

### 7. Paul Grey

| Cause of Death | *Approximate interval between onset and death* |
|---|---|
| I (a) Hepatic failure | 5 days |
| (b) Cirrhosis of the liver | 10 years |
| (c) Alcohol misuse and Hepatitis C (joint cause of death) | 28years & 15years |
| II Self neglect | 28 years |
| | |

**Coroner informed?** *Tick box* NO ☐ YES ☑ *If YES, give reason:* Self neglect and binge drinking just before Death suggests self inflicted.

**Comments:** Cases of neglect and possible self-inflicted causes of death should be discussed with the coroner. People living rough/homeless may have other unrecognised contributory causes of death (*including'foul play'*) even though it may seem obvious what has happened medically (*especially the case where there are unexplained bruises etc*). Coroner may wish to do post-mortem before MCCD issued.

### 8. Edith Black

| Cause of Death | *Approximate interval between onset and death* |
|---|---|
| I (a) Bilateral bronchopneumonia | 3 days |
| (b) | |
| (c) | |
| II Right sided cerebrovascular accident, multiple grade 4 pressure sores, neglect | 29 days |
| | |

**Coroner informed?** *Tick box* NO ☐ YES ☑ *If YES, give reason:* History of possible neglect from nursing home

**Comments:** Whilst you may be happy to write the MCCD, since the possibility of nursing home neglect exists, it has to go on the MCCD and the coroner has to be informed. The daughter is clearly unhappy and may take matters further. The coroner may automatically request a post-mortem and issue the MCCD

### 9. Carl Redditch

| Cause of Death | *Approximate interval between onset and death* |
|---|---|
| I (a) Cardio-pulmonary failure | At death |
| (b) Right lobar pneumonia and myocardial infarction (joint causes of death) | 4 days & 5.5hours |
| (c) | |
| II Poor mobility following left total hip replacement | 46 days |
| Ischaemic heart disease | 15 years |

**Coroner informed?** *Tick box* NO ☐ YES ☑ *If YES, give reason:* Operation within 12 months of death and Operation contributed towards death

**Comments:** Even though there was no negligence, this man did not recover from his operation which lead in part to his death.

# Death Certification / Cremation 4: *PART B – ANSWERS*

MED A 27 610500

**COUNTERFOIL**

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

Name of deceased: Shirley White

Date of death: 24.06.2015

Age: 72yrs

Place of death: Lucy House Hospice

Last seen alive by me: 24.06.2015

Post-mortem/* Coroner: 1 2 **(3)** 4

Whether seen after death*: **(a)** b c

Cause of death:-

I (a) Metastatic (abdo lymph nodes) Ca

(b) pancreas

(c)

II

Employment? ☐ *Please tick where applicable.*

B. Further information offered?

No

Signature: ANother

Date: 24.06.2014

**Ring appropriate digit(s) and letter.*

MED A 27 610500

**BIRTHS AND DEATHS REGISTRATION ACT 1953**
(Form prescribed by the Registration of Births and Deaths Regulations 1987)

# 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.

Registrar to enter No. of Death Entry

Name of deceased: Shirley White

Date of death as stated to me: 24th day of June 2015 Age as stated to me: 72 years

Place of death: Lucy House Hospice, 1 River Am Road, Borchester, Borsetshire, BO2 3G

Last seen alive by me: 24th day of June 2015

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. *(see overleaf)*

*Please ring appropriate digit(s) and letter*

a. **(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*

| | | *These particulars not to be entered in death register* — Approximate interval between onset and death |
|---|---|---|
| I | **(a)** Disease or condition directly leading to death† | Metastatic (to abdominal lymph nodes) carcinoma of pancreas — 5 months |
| | **(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 | |

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: ANother Qualification as registered by General Medical Council: MbChB

Andrew Nother ◀ PLEASE PRINT YOUR FULL NAME HERE

Residence: c/o Lucy House Hospice, Borcester Date: 24.06.2015

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

MED A 27 610500

(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

Shirley White

Signature: ANother

Date: 24.06.2015

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**

## PERSONS QUALIFIED AND LIABLE TO ACT A 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, superintendant, 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 corner 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 CATEGAORIES OF DEATH WHICH MAY BE OF INDUSTRIAL ORIGIN

| MALIGNANT DISEASES | Causes include |
|---|---|
| (a) Skin | – radiation and sunlight<br>– pitch or tar<br>– mineral oils |
| (b) Nasal | – wood or leather work<br>– nickel |
| (c) Lung | – asbestos<br>– chromates<br>– nickel<br>– radiation |
| (d) Pleura and peritoneum | – asbestos |
| (e) Urinary tract | – benzidine<br>– dyestuff manufacture<br>– rubber manufacture |
| (f) Liver | – PVC manufacture |
| (g) Bone | – radiation |
| (h) Lymphatics and haematopoietic | – radiation<br>– benzene |
| **POISONING** | |
| (a) Metals | eg. arsenic, cadmium, lead |
| (b) Chemicals | eg. chlorine, benzene |
| (c) Solvents | eg. trichloroethylene |

| INFECTIOUS DISEASES | Causes include |
|---|---|
| (a) Anthrax | – 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<br>– potteries<br>– 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 occuured, 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.

MED A 27 610500

## COUNTERFOIL

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

Name of deceased: Margaret Pinkus

Date of death: 03.03.2015

Age: 80yrs

Place of death: Borchester Royal Infirmary, Acute Medical Unit

Last seen alive by me: 02.03.2015

Post-mortem/* Coroner: 1 2 3 (4)

Whether seen after death*: (a) b c

Cause of death:-
I (a) Septicaemia from infected right foot
(b) Ischaemic right foot
(c) Peripheral vascular disease & Type 2 Diabetes mellitus
II Ischaemic heart disease & cardiac failure

Employment? ☐ *Please tick where applicable.*

B. Further information offered?
YES AWAITING BLOOD CULTURES

Signature: ANother

Date: 04.03.2014

**Ring appropriate digit(s) and letter.*

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MED A 27 610500

**BIRTHS AND DEATHS REGISTRATION ACT 1953**
(Form prescribed by the Registration of Births and Deaths Regulations 1987)

# 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 Birsths and Deaths.

Registrar to enter No. of Death Entry: .....

Name of deceased: Margaret Pinkus

Date of death as stated to me: 3rd day of March 2015 Age as stated to me: 80 years

Place of death: Borchester Royal Infirmary, Main Road, Borchester, Borsetshire, BO1 1AA

Last seen alive by me: 2nd day of March 2015

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. have reported this death to the Coroner for further action. *(see overleaf)*

*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*

| | | *These particulars not to be entered in death register* — Approximate interval between onset and death |
|---|---|---|
| I (a) | Disease or condition directly leading to death†: Septicaemia from infected gangrene of the right foot | 20 hours |
| (b) | Other disease or condition, if any, leading to I(a): Ischaemic right foot | 1 month |
| (c) | Other disease or condition, if any, leading to I(b): Peripheral vascular disease and Type 2 diabetes mellitus | 5 years & 25 years |
| II | Other disease or conditions CONTRIBUTING TO THE DEATH but not related to the disease or condition causing it: Ischaemic heart disease with cardiac failure | 13 years |

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: ANother
Andrew Nother
◀ PLEASE PRINT YOUR FULL NAME HERE

Qualification as registered by General Medical Council: MbChB

Residence: c/o Borchester Royal Infirmary, Borcester Date: 04.03.2015

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

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MED A 27 610500

(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

Margaret Pinkus

Signature: ANother

Date: 04.03.2015

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**

## PERSONS QUALIFIED AND LIABLE TO ACT A INFORMANTS

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**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, superintendant, 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 corner 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 CATEGAORIES OF DEATH WHICH MAY BE OF INDUSTRIAL ORIGIN

| MALIGNANT DISEASES | Causes include |
|---|---|
| (a) Skin | – radiation and sunlight<br>– pitch or tar<br>– mineral oils |
| (b) Nasal | – wood or leather work<br>– nickel |
| (c) Lung | – asbestos<br>– chromates<br>– nickel<br>– radiation |
| (d) Pleura and peritoneum | – asbestos |
| (e) Urinary tract | – benzidine<br>– dyestuff manufacture<br>– rubber manufacture |
| (f) Liver | – PVC manufacture |
| (g) Bone | – radiation |
| (h) Lymphatics and haematopoietic | – radiation<br>– benzene |
| **POISONING** | |
| (a) Metals | eg. arsenic, cadmium, lead |
| (b) Chemicals | eg. chlorine, benzene |
| (c) Solvents | eg. trichloroethylene |

| INFECTIOUS DISEASES | Causes include |
|---|---|
| (a) Anthrax | – 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<br>– potteries<br>– 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 occuured, 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.

MED A 27 610500

## COUNTERFOIL

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

Name of deceased: Carl Redditch

Date of death: 18.12.2015

Age: 70yrs

Place of death: The General Hosp

Felpersham, Ward 15

Last seen alive by me: 18.12.2015

Post-mortem/* Coroner: 1 2 **(3)** 4

Whether seen after death*: **(a)** b c

Cause of death:-

I (a) Cardio-pulmonary failure

(b) ~~RL Lobar pneumonia~~ & myocard. Infarction (joint cause)

(c)

II Poor mobility after Lt total hip replacement. Ischaemic hrt dis

Employment? ☐ *Please tick where applicable.*

B. Further information offered?

No

Signature: ANother

Date: 19.12.2014

**Ring appropriate digit(s) and letter.*

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**BIRTHS AND DEATHS REGISTRATION ACT 1953**
(Form prescribed by the Registration of Births and Deaths Regulations 1987)

MED A 27 610500

# 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 Birsths and Deaths.

Registrar to enter No. of Death Entry

Name of deceased: Carl Redditch

Date of death as stated to me: 18th day of December 2015 Age as stated to me: 70 years

Place of death: The General Hospital, Walter Gabriel Way, Felpersham, Borsetshire, FX3 4GG

Last seen alive by me: 18th day of December 2015

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. *(see overleaf)*

*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*

| | | *These particulars not to be entered in death register* — Approximate interval between onset and death |
|---|---|---|
| I **(a)** | Disease or condition directly leading to death†: Cardio-pulmonary failure | At death |
| **(b)** | Other disease or condition, if any, leading to **I(a)**: Right lobar pneumonia and myocardial infarction (joint causes of death) | 4 days & 5.5 hours |
| **(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: Poor mobility following left total hip replacement | 46 days<br>15 years |

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: ANother

Andrew Nother

◀ PLEASE PRINT YOUR FULL NAME HERE

Qualification as registered by General Medical Council: MbChB

Residence: c/o The General Hospital, Felpersham, Borcester

Date: 19.12.2015

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

---

MED A 27 610500

(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

Carl Redditch

Signature: ANother

Date: 19.12.2015

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**

## PERSONS QUALIFIED AND LIABLE TO ACT A 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, superintendant, 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 corner 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 CATEGAORIES OF DEATH WHICH MAY BE OF INDUSTRIAL ORIGIN

| MALIGNANT DISEASES | Causes include |
|---|---|
| (a) Skin | – radiation and sunlight<br>– pitch or tar<br>– mineral oils |
| (b) Nasal | – wood or leather work<br>– nickel |
| (c) Lung | – asbestos<br>– chromates<br>– nickel<br>– radiation |
| (d) Pleura and peritoneum | – asbestos |
| (e) Urinary tract | – benzidine<br>– dyestuff manufacture<br>– rubber manufacture |
| (f) Liver | – PVC manufacture |
| (g) Bone | – radiation |
| (h) Lymphatics and haematopoietic | – radiation<br>– benzene |
| **POISONING** | |
| (a) Metals | eg. arsenic, cadmium, lead |
| (b) Chemicals | eg. chlorine, benzene |
| (c) Solvents | eg. trichloroethylene |

| INFECTIOUS DISEASES | Causes include |
|---|---|
| (a) Anthrax | – 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<br>– potteries<br>– 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 occuured, 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.

# Medical certificate

**Cremation 4**
replacing Form B

01.09

This form can only be completed by a registered medical practitioner.
Please complete this form in full, if a part does not apply enter 'N/A'

## Part 1 Details of the deceased

Full name

Shirley White

Address

23 Herald Court
Penny Hassett
Borcetshire

AM6 7PJ

Occupation or last occupation if retired or not in work at the date of death

Retired cook

Where a past occupation of the deceased person may suggest that the death was due to industrial disease, you should consider whether to refer the death to a coroner.

## Part 2 The report on the deceased

**1.** What was the date and time of death of the deceased?

Date: 24/06/2015

Time: 18:00HRS

**2.** Please give the address where the deceased died.

Address

Lucy House Hospice
1 River Am Road
Borchester
Borsetshire

B02 3GF

Please state whether it was the residence of the deceased or a hotel, hospital, or nursing home etc.

~~Their home~~ ~~Hospital~~

N/A

~~Hotel~~ ~~Nursing home~~

X Other (please specify)

HOSPICE

## Part 2 continued

**3.** Are you a relative of the deceased? ☐ Yes ☒ No

If Yes, please give the nature of your relationship

N/A

**4.** Have you, so far as you are aware, any pecuniary interest in the death of the deceased? ☐ Yes ☒ No

If Yes, please give details

N/A

**5.** Were you the deceased's usual medical practitioner? ☐ Yes ☒ No

If Yes, please state for how long? N/A

If No, please give details of your medical role in relation to the deceased.

Hospice doctor

**6.** Please state for how long you attended the deceased during their last illness? 21 to 24.06.2015

**7.** Please state the number of days and hours before the deceased's death that you last saw them alive?

Days: N/A

Hours: 2

**8.** Please state the date and time that you saw the body of the deceased and the examination that you made of the body.

Date: 25/06/2015

Time: 10:00HRS

Examination

External examination

## Part 2 continued

**9.** From your medical notes, and the observations of yourself and others immediately before and at the time of the deceased's death, please describe the symptoms and other conditions which led to your conclusions about the cause of death.

12.01.2015 Shirley was diagnosed with inoperable pancreatic cancer, metastatic to abdominal lymph nodes.

Palliative chemotherapy was stopped after 2 cycles because of side effects.

21.06.2015, after a period of progressive deterioration at home, I admitted her to Lucy House Hospice for end of life care.
We managed to get her symptoms controlled and she died peacefully with her son, John, present.

**10.** If the deceased died in a hospital at which they were an in-patient, has a hospital post-mortem examination been made or supervised by a registered medical practitioner of at least five years' standing who is neither a relative of the deceased nor a relative of yours or a partner or colleague in the same practice or clinical team as you?

☐ Yes ☐ No

N/A

If Yes, are the results of that examination known to you?

☐ Yes ☐ No

**Note:** 'Five years' standing' means a medical practitioner who has been a fully registered person within the meaning of the Medical Act 1983 for at least five years and, if paragraph 10 of Schedule 1 to the Medical Act 1983 (Amendment) Order 2002 (S.I. 2002/ 1 5) has come into force, has held a licence to practice for at least five years or since the coming into force of that paragraph.

## Part 2 continued

**11.** Please give the cause of death

1. (a) Disease or condition directly leading to death (this does not mean the mode of dying, such as heart failure, asphyxia, asthenia, etc: it means the disease, injury, or complication which caused death)

Metastatic (to abdominal lymph nodes) carcinoma of pancreas

. (b) Other disease or condition, if any, leading to (a)

N/A

. (c) Other disease or condition, if any, leading to (b)

N/A

2. Other significant conditions contributing to the death but not related to the disease or condition causing it.

N/A

**12.** Did the deceased undergo any operation in the year before their death? ☐ Yes ☒ No

If Yes, what was the date and nature of the operation and who performed it.

Date of operation ☐☐/☐☐/☐☐☐☐

Who performed it N/A

N/A

**13.** Do you have any reason to believe that the operation(s) shortened the life of the deceased? ~~☐ Yes ☐ No~~ N/A

If Yes, please give details

N/A

## Part 2 continued

**14.** Please give the full name and address details of any person who nursed the deceased during their last illness (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.)

Sister Copp and staff, Lucy House Hospice (see part 3)
tel: 01240 567234

**15.** Were there any persons present at the moment of death? ☒ Yes ☐ No

If Yes, please give the full name and address details of those persons and whether you have spoken to them about the death.

John White (son), 34, Tudor Way, Felpersham, FX2 1RZ
Mob: 08975123556 – I have spoken to him

**16.** If there were persons present at the moment of death, did those persons have any concerns regarding the cause of death? ☐ Yes ☒ No

If Yes, please give details

N/A

**17.** In view of your knowledge of the deceased's habits and constitution do you have any doubts whatever about the character of the disease or condition which led to the death? ☐ Yes ☒ No

**18.** Have you any reason to suspect that the death of the deceased was

Violent ☐ Yes ☒ No

Unnatural ☐ Yes ☒ No

**19.** Have you any reason at all to suppose a further examination of the body is desirable? ☐ Yes ☒ No

If you have answered Yes to questions **17**, **18** or **19** please give details below:

N/A

## Part 2 continued

**20.** Has a coroner been informed about the death? ☐ Yes ☒ No

If Yes, please state outcome

N/A

**21.** Has there been any discussion with a coroner's office about the death of the deceased? ☐ Yes ☒ No

If Yes, please state the coroner's office that was contacted and the outcome of the discussions.

N/A

**22.** Have you given the certificate required for registration of death? ☒ Yes ☐ No

If No, please give the full name and contact details of the medical practitioner who has

Full name

N/A

Address

N/A

Telephone number

N/A

**23.** Was any hazardous implant placed in the body (e.g. a pacemaker, radioactive device or 'Fixion' intramedullary nailing system)? ☐ Yes ☒ No

Implants may damage cremation equipment if not removed from the body of the deceased before cremation and some radioactive treatments may endanger the health of crematorium staff.

If Yes, has it been removed ~~☐ Yes ☐ No~~

N/A

## Part 3 Statement of truth

I certify that I am a registered medical practitioner.

I certify that the information I have given above is 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 either a violent or unnatural death or a sudden death of which the cause is unknown or in a place or circumstance which requires an inquest in pursuance of any Act.

I am aware that it is an offence to wilfully make a false statement with a view to procuring the cremation of any human remains.

Your full name

Andrew Nother

Address

c/o Lucy House Hospice
1 River Am Road
Borchester
Borcester

B02 3GF

Telephone number

01240 567234

Registered qualifications

MBChB

GMC Reference number

12345678

Signed

*ANother*

Date

25/06/2015

Once completed, this certificate must be handed or sent in a closed envelope by, or on behalf of, the medical practitioner who signs it to the medical practitioner who is to give the confirmatory medical certificate except in a case where question 10 is answered in the affirmative, in which case the certificate must be so handed or sent to the medical referee at the cremation authority at which the cremation is to take place.

# Medical certificate

**Cremation 4**
replacing Form B

01.09

This form can only be completed by a registered medical practitioner.
Please complete this form in full, if a part does not apply enter 'N/A'

## Part 1 Details of the deceased

Full name

Margaret Pinkus

Address

4 The Green
Ambridge
Borsetshire

AM1 7FT

Occupation or last occupation if retired or not in work at the date of death

Retired shopkeeper

Where a past occupation of the deceased person may suggest that the death was due to industrial disease, you should consider whether to refer the death to a coroner.

## Part 2 The report on the deceased

**1.** What was the date and time of death of the deceased?

Date: 03/03/2015

Time: 17:00HRS

**2.** Please give the address where the deceased died.

Address

Borchester Royal Infirmary
Main Road
Borchester
Borsetshire

BO1 1AA

Please state whether it was the residence of the deceased or a hotel, hospital, or nursing home etc.

~~Their home~~ ☐ ~~Hotel~~ ☐ Hospital ☒ ~~Nursing home~~ ☐ ~~Other (please specify)~~ ☐

N/A

N/A

## Part 2 continued

**3.** Are you a relative of the deceased? ☐ Yes ☒ No

If Yes, please give the nature of your relationship

N/A

**4.** Have you, so far as you are aware, any pecuniary interest in the death of the deceased? ☐ Yes ☒ No

If Yes, please give details

N/A

**5.** Were you the deceased's usual medical practitioner? ☐ Yes ☒ No

If Yes, please state for how long? N/A

If No, please give details of your medical role in relation to the deceased.

Hospital Foundation Year 1 doctor

**6.** Please state for how long you attended the deceased during their last illness? 02.03.2015

**7.** Please state the number of days and hours before the deceased's death that you last saw them alive?

Days: N/A

Hours: 2

**8.** Please state the date and time that you saw the body of the deceased and the examination that you made of the body.

Date: 0 3 / 0 3 / 2 0 1 4

Time: 13:00HRS

Examination

External examination

## Part 2 continued

**9.** From your medical notes, and the observations of yourself and others immediately before and at the time of the deceased's death, please describe the symptoms and other conditions which led to your conclusions about the cause of death.

Margaret had a 25 year past history of tablet controlled Type 2 diabetes mellitus, she has a myocardial infarction aged 67years (leaving her with persisting mild heart failure) and she developed intermittent claudication aged 75years.

04.02.2015 she developed an ischaemic right foot but delayed seeking help until her GP was called by her daughter, Gillian, on 02.03.2014. Margaret was very unwell with fever and lethargy and her GP admitted her urgently to Borchester Royal Infirmary in the evening.

I admitted her and found her to have infected gangrene of her right foot. She was feverish and hypotensive and required fluids. I took blood cultures, commenced intravenous antibiotics and saw her before going off shift at 11pm that night.

In spite of treatment she died 20 hours after admission.

We are awaiting the results of blood cultures and may be able to provide the coroner with more information later.

Margaret died with staff nurse Watson present, her daughter Gillian having just gone home.

**10.** If the deceased died in a hospital at which they were an in-patient, has a hospital post-mortem examination been made or supervised by a registered medical practitioner of at least five years' standing who is neither a relative of the deceased nor a relative of yours or a partner or colleague in the same practice or clinical team as you?

☐ Yes ☐ No

N/A

If Yes, are the results of that examination known to you?

☐ Yes ☐ No

**Note:** 'Five years' standing' means a medical practitioner who has been a fully registered person within the meaning of the Medical Act 1983 for at least five years and, if paragraph 10 of Schedule 1 to the Medical Act 1983 (Amendment) Order 2002 (S.I. 2002/ 1 5) has come into force, has held a licence to practice for at least five years or since the coming into force of that paragraph.

## Part 2 continued

**11.** Please give the cause of death

1. (a) Disease or condition directly leading to death (this does not mean the mode of dying, such as heart failure, asphyxia, asthenia, etc: it means the disease, injury, or complication which caused death)

Septicaemia from infected gangrene of her right foot

. (b) Other disease or condition, if any, leading to (a)

Ischaemic right foot

. (c) Other disease or condition, if any, leading to (b)

Peripheral vascular disease and Type 2 diabetes mellitus

2. Other significant conditions contributing to the death but not related to the disease or condition causing it.

Ischaemic heart disease with cardiac failure

**12.** Did the deceased undergo any operation in the year before their death? ☐ Yes ☒ No

If Yes, what was the date and nature of the operation and who performed it.

Date of operation ☐☐/☐☐/☐☐☐☐

Who performed it: N/A

N/A

**13.** Do you have any reason to believe that the operation(s) shortened the life of the deceased? ☐ Yes ☐ No N/A

If Yes, please give details

N/A

## Part 2 continued

**14.** Please give the full name and address details of any person who nursed the deceased during their last illness (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.)

Staff nurse Kathy Watson and staff, Acute medical unit, Borchester Royal Infirmary (see part 3) tel: 01240 567987

**15.** Were there any persons present at the moment of death? ☒ Yes ☐ No

If Yes, please give the full name and address details of those persons and whether you have spoken to them about the death.

Staff nurse Watson (see qu.14) – I have spoken to her

**16.** If there were persons present at the moment of death, did those persons have any concerns regarding the cause of death? ☐ Yes ☒ No

If Yes, please give details

N/A

**17.** In view of your knowledge of the deceased's habits and constitution do you have any doubts whatever about the character of the disease or condition which led to the death? ☐ Yes ☒ No

**18.** Have you any reason to suspect that the death of the deceased was

Violent ☐ Yes ☒ No

Unnatural ☐ Yes ☒ No

**19.** Have you any reason at all to suppose a further examination of the body is desirable? ☐ Yes ☒ No

If you have answered Yes to questions **17**, **18** or **19** please give details below:

N/A

## Part 2 continued

**20.** Has a coroner been informed about the death? ☐ Yes ☒ No

If Yes, please state outcome

N/A

**21.** Has there been any discussion with a coroner's office about the death of the deceased? ☒ Yes ☐ No

If Yes, please state the coroner's office that was contacted and the outcome of the discussions.

Margaret died within 24 hours of admission and we are awaiting blood culture results. The coroner's clerk was happy with the cause of death, told me to initial section B on the back of the cause of death certificate and proceed normally.

**22.** Have you given the certificate required for registration of death? ☒ Yes ☐ No

If No, please give the full name and contact details of the medical practitioner who has

Full name

N/A

Address

N/A

Telephone number

N/A

**23.** Was any hazardous implant placed in the body (e.g. a pacemaker, radioactive device or 'Fixion' intramedullary nailing system)? ☐ Yes ☒ No

Implants may damage cremation equipment if not removed from the body of the deceased before cremation and some radioactive treatments may endanger the health of crematorium staff.

If Yes, has it been removed ~~☐ Yes ☐ No~~

N/A

## Part 3 Statement of truth

I certify that I am a registered medical practitioner.

I certify that the information I have given above is 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 either a violent or unnatural death or a sudden death of which the cause is unknown or in a place or circumstance which requires an inquest in pursuance of any Act.

I am aware that it is an offence to wilfully make a false statement with a view to procuring the cremation of any human remains.

Your full name

Andrew Nother

Address

c/o Borchester Royal Infirmary
Main Road
Borchester
Borcester

B O 1 | 1 A A

Telephone number

01240 567987

Registered qualifications

MBChB

GMC Reference number

12345678

Signed

*ANother*

Date

0 4 / 0 3 / 2 0 1 5

Once completed, this certificate must be handed or sent in a closed envelope by, or on behalf of, the medical practitioner who signs it to the medical practitioner who is to give the confirmatory medical certificate except in a case where question 10 is answered in the affirmative, in which case the certificate must be so handed or sent to the medical referee at the cremation authority at which the cremation is to take place.