

# Death Certification

## Certifying Death

All criteria below must be met and documented:

- Pupils fixed and dilated
- No ventilation observed/ breath sounds on auscultation (3 minutes)
- No central pulse palpable (1 minute)
- No heart sounds on auscultation (1 minute)

## When You Can Fill Out the Certificate

- You must have seen the patient in the last 14 days before death and after death
- You must have provided care in the last illness before death
- You must be registered medical practitioner
- You must have “knowledge and belief” of the cause of death

### Cases to refer to the coroner

- In hospital <24 hours
- Unknown cause
- In custody
- Any suspicious circumstances
- Any drugs involved
- Acute alcohol
- Industrial deaths
- Any blame
- Following accident
- After operation

## Filling Out a Cause of Death

- Parts:
  - **Ia:** the immediate cause of death
  - **Ib:** condition leading to Ia
  - **Ic:** condition leading to Ib
  - **II:** other condition contributing to death (but unrelated to condition in part I)
- Example:
  - Ia: Cardiac Arrest
  - Ib: Pulmonary Thromboembolism
  - Ic: Deep Vein Thrombosis
- Tips
  - Give as much information as possible (but you don't need to fill out all sections)
  - Avoid the terms:
    - Any organ “failure”
    - Old age
    - Natural causes

BIRTHS AND DEATHS REGISTRATION ACT 1953  
(Form prescribed by 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 .....

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. (See overleaf)

Not seen after death by a medical practitioner.

**CAUSE OF DEATH**  
*The condition thought to be the 'Ultimate Cause of Death' should appear on the line indicated by the arrow.*

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 significant 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, asthma, 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 .....

Residence .....

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

Date .....

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