

BIRTHS AND DEATHS REGISTRATION ACT 1953
(Form prescribed by the Registration of Births and Deaths Regulations 1967)

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

DON'T FORGET YOU MUST ALSO COMPLETE THE COUNTERFOIL OF THE MCCD

Name of deceased **NAME OF DECEASED MUST BE SHOWN**
Date of death as stated to me **DATE OF DEATH MUST BE SHOWN** YEAR AGE as stated to me **AGE**
Place of death **PLACE OF DEATH MUST BE SHOWN**
Last seen alive by me **DATE LAST SEEN ALIVE MUST BE COMPLETED**

ONE OF THESE MUST BE RINGED



- 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.
- 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.

ONE OF THESE MUST BE RINGED

The Registrar is unable to accept any certificate that is not fully completed.

This causes major distress and delays for families.

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 **1(a) THIS MUST NOT BE A MODE OF DYING**
(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.

DO NOT USE ABBREVIATIONS OR MEDICAL SYMBOLS IN CAUSE OF DEATH

These particulars not to be entered in death register

Approximate interval between onset and death

ENTER DURATION if known

The death might have been due to or contributed to by the employment followed at some time by the deceased. SPEARING BOX PLEASE TICK ONLY IF DEATH IS OR MAY BE EMPLOYMENT RELATED

This does not mean the mode of dying, such as heart failure, asphyxia, ashenia, 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 **MUST BE SIGNED LEGIBLY PRINT BELOW IN BLOCK CAPITALS** Qualifications as registered by General Medical Council

Residence **COMPLETE RESIDENCE** Date **MUST BE DATED**

MUST SHOW CONSULTANTS NAME

MUST SHOW QUALIFICATIONS & GMC NUMBER

Complete where applicable

<p>You must initial Box A if you have reported this death to the Coroner</p>	<p style="text-align: center;">A</p> <p>I have reported this death to the Coroner for further action.</p> <p>Initials of certifying medical practitioner: _____</p>	<p style="text-align: center;">B</p> <p>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.</p> <p>Initials of certifying medical practitioner: _____</p>
<p>You must initial Box B if you may be in a position to provide further information on the cause of death</p>	<p>The death should be referred to the coroner if:</p> <ul style="list-style-type: none"> • 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 	
<p>LIST OF SOME OF THE CATEGORIES OF DEATH WHICH MAY BE OF INDUSTRIAL ORIGIN</p>		

<u>MALIGNANT DISEASES</u>	<u>Causes include</u>	<u>INFECTIOUS DISEASES</u>	<u>Causes include</u>
(a) Skin	- radiation and sunlight - pitch or tar - mineral oils	(a) Anthrax	- imported bone, bonemeal hide or fur
(b) Nasal	- wood or leather work - nickel	(b) Brucellosis	- farming or veterinary
(c) Lung	- asbestos - chromates - nickel - radiation	(c) Tuberculosis	- contact at work
(d) Pleura and peritoneum	- asbestos	(d) Leptospirosis	- farming, sewer or under-ground workers
(e) Urinary tract	- benzidine - dyestuff manufacture - rubber manufacture	(e) Tetanus	- farming or gardening
(f) Liver	- PVC manufacture	(f) Rabies	- animal handling
(g) Bone	- radiation	(g) Viral hepatitis	- contact at work
(h) Lymphatics and haematopoietic	- radiation - benzene		
<u>POISONING</u>		<u>CHRONIC LUNG DISEASES</u>	
(a) Metals	e.g. arsenic, cadmium, lead	(a) Occupational asthma	- sensitising agent at work
(b) Chemicals	e.g. chlorine, benzene	(b) Allergic alveolitis	- farming
(c) Solvents	e.g. trichlorethylene	(c) Pneumoconiosis	- mining and quarrying - potteries - asbestos
		(d) Chronic bronchitis and emphysema	- underground coal mining