

Annex A Medical Certificate of Cause of Death

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..... day of
 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)
- Please ring appropriate digit and enter*
- 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.

<p align="center">CAUSE OF DEATH</p> <p align="center"><i>The condition the (right to) the Underlying Cause of Death should arise from, as far as the completed time of Part I.</i></p> <p>I (a) Disease or condition directly leading to deathf.....</p> <p>(b) Other disease or condition, if any, leading to: I(a)</p> <p>(c) Other disease or condition, if any, leading to: I(b)</p> <p>II Other significant conditions CONTRIBUTING TO THE DEATH but not related to the disease or condition causing it.....</p>	<p><i>These particulars not to be entered in death register</i></p> <p>Approximate interval between onset and death</p> <p>.....</p> <p>.....</p> <p>.....</p>
---	--

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, 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..... Qualifications as registered by General Medical Council.....
 Residence..... Date.....

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