

Medical Certificate of Death - Form 16

Hospital code number _____

You must use the Stillbirth Registration Form 8 when registering stillbirths. This form must be completed by the attending physician, coroner, or designated person before a burial permit can be issued. Please PRINT clearly in blue or black ink as it is a permanent legal record.

INFORMATION ABOUT THE DECEASED

1. Name of deceased (last, first, middle) _____ 2. Date of death [month - by name, day, year (in full)] _____

3. Sex (M or F) _____ 4. Age _____ 5. If under 1yr. Months _____ Days _____ 6. If under 1 day Hours _____ Minutes _____ 7. Gestation age _____ 8. Birth weight _____

9. Place of death (name of facility or location) _____
 hospital nursing home residence other (specify) _____

10. City, town, village or township _____ Regional municipality, county or district _____

CAUSE OF DEATH

CAUSE OF DEATH	11. Part I	I	Approximate interval between onset & death
	Immediate cause of death (a) _____ <i>due to, or as a consequence of</i>		
	Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last (b) _____ <i>due to, or as a consequence of</i>		
	(c) _____ <i>due to, or as a consequence of</i>		
	Part II Other significant conditions contributing to the death but not causally related to the immediate cause (a) above	II	

12. If deceased was a female, did the death occur: during pregnancy (including abortion and ectopic pregnancy) within 42 days thereafter between 43 days and 1 year thereafter

13. Was the deceased dead on arrival at the hospital? Yes No 14. Was there a surgical procedure within 28 days of death? Yes No 15. Date of surgery (m/d/y) _____

16. Reason for surgery and operative findings _____

17. Autopsy being held? Yes No 18. Does the cause of death stated above take account of autopsy findings? Yes No 19. May further information relating to the cause of death be available later? Yes No

20. If accident, suicide, homicide or undetermined (specify) _____ 21. Place of injury (e.g. home, farm, highway, etc.) _____ 22. Date of injury (m/d/y) _____

23. How did injury occur? (describe circumstances) _____
(if applicable)

CERTIFICATION

By signing below, you certify that the information on this form is correct to the best of your knowledge.

24. Your signature (physician, coroner, RN(EC), other) _____ 25. Date (m/d/y) _____

X

26. Your name (last, first, middle) _____ 27. Your title: _____
 Physician Coroner RN(EC) other (specify) _____

28. Your address (street number and name, city, province, postal code) _____

TO BE COMPLETED BY THE DIVISION REGISTRAR

By signing below, I am satisfied that the information in this Medical certificate of death and the Statement of death is correct and sufficient and I agree to register the death.

Signature _____ Date (m/d/y) _____ Registration number _____ Div. reg. code no _____

X

For the use of the Office of the Registrar General only

Personal information contained in this form is collected under the authority of the Vital Statistics Act, R.S.O. 1990, c.v.4 and will be used to register and record the births, stillbirths, deaths, marriages, additions or change of name, corrections or amendments, provide certified copies, extracts, certificates, search notices, photocopies and for statistical, research, medical, law enforcement, adoption and adoption disclosure purposes. Questions about this collection should be directed to the Deputy Registrar General at P.O. Box 4600, Thunder Bay, ON P7B 6L8. Telephone 1-800-461-2156 or 416-325-8305.

INSTRUCTIONS FOR THE CERTIFYING PHYSICIAN OR CORONER

The Vital Statistics Act, (Section 21, Sub-section 3) requires the legally qualified medical practitioner or coroner to complete and sign this form forthwith after the death, investigation or inquest, as the case may be, and deliver it to the funeral director in charge of the body, who, in turn, must remit it to the local division registrar before the death can be officially registered and a burial permit issued (Sect. 22).

Cause of Death - The morbid conditions relating to death on the Medical Certificate of Death are divided into two groups. Part I includes the "immediate cause" and the "antecedent causes" and Part II includes, other significant conditions contributing to the death but not causally related to the "immediate cause". In most cases a statement of cause under Part I will suffice. The entry of a single cause is preferable where this adequately describes the case (see Example 1). Where the physician finds it necessary to record more than one cause it is important that these be stated in the order provided on the form which is indicative of their mutual relationship. Information is sought in this organized fashion so that the selection of the cause for tabulation may be made in the light of the certifier's viewpoint.

- a) **Purpose of medical certification of death** - The principal purposes are to establish the fact of death, and to provide an on-going mortality data resource for measuring health problems, guiding health programmes, and evaluating health promotion and disease-control activities.
- b) **Cause-of-death assignment** - For statistical purposes the cause selected for coding and tabulation of the official cause-of-death statistics is the "underlying cause" of death, i.e. "the disease or injury which initiated the train of events leading to death". This cause ordinarily will be the last condition which is mentioned in Part I of the Cause of Death section of the form.
- c) **Approximate interval between onset and death** - This is often of great value in selecting the underlying cause for statistical purposes (as described above). Where these intervals are not known or are uncertain, an estimate should be recorded.
- d) **Maternal deaths** - Qualify all diseases resulting from pregnancy, abortion, miscarriage, or childbirth, e.g. "puerperal septicaemia", eclampsia, arising during pregnancy". Distinguish between septicaemia associated with abortion and that associated with childbirth.
- e) **Cancer** - In all cases the organ or part FIRST affected, i.e. the primary site of the neoplasm, should be specified.
- f) **Items 16, 17 Autopsy and autopsy findings** - An indication of whether or not an autopsy is being held and whether the cause of death stated takes into account autopsy findings is valuable in assessing the reliability of cause-of-death statistics. Where an autopsy is being held and the recorded cause of death does not take account of autopsy findings, a supplementary enquiry of the certifying physician may be initiated by the Registrar General.
- g) **Item 18, Further information** - If there is an indication that "further information relating to the cause of death may be available later" - from autopsy or other findings - the Registrar General will initiate a supplementary enquiry of the certifying physician or coroner.

The following examples illustrate the essential principles in completing the cause of death certificate -

CAUSE OF DEATH						
Part I Immediate cause of death:	Example 1 - (a)	Lobar pneumonia (due to, or as a consequence of)	Example 2 - Acute peritonitis	Example 3 - Cancer of lung (metastatic)	Example 4 - Coronary thrombosis	Example 5 - Uraemia
Antecedent causes, if any giving rise to the immediate cause (a) above, stating the underlying cause last:	Example 1 - (b)	(due to, or as a consequence of)	Example 2 - Acute appendicitis	Example 3 - Cancer of breast	Example 4 - Chronic nephritis	
Part II Other significant conditions contributing to death but not causally related to the immediate cause (a) above	Example 1 -	Diabetes	Example 2 - Cancer of the breast	Example 3 - Chronic bronchitis		

Confidentiality - The Vital Statistics Act specifically protects the confidentiality of the physician's medical certification as follows:
"Sec. 53(1) No division registrar, sub-registrar, funeral director or person employed in the service of Her Majesty shall communicate or allow to be communicated to any person not entitled thereto any information obtained under this Act, or allow any such person to inspect or have access to any records containing information under this Act."

Under the Office of the Registrar General entitlement policy next-of-kin may apply for a certified copy of this document.

NOTE: The special stillbirth registration forms (Forms 7 and 8) **must** be used when registering a stillbirth.

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Deputy Registrar General
P.O. Box 4600
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Thunder Bay, Ontario
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Telephone 1-800-461-2156