NOTES TO CERTIFIERS

General

1. Many important advances in medicine have been initiated as a result of studies based on data from medical certification of cause of death. As diagnostic methods become more precise and as methods of analysis become more efficient it is likely that such studies will become more valuable. The most important stage in these studies is the recording of the basic information and it is therefore important that medical certification of cause of death should be carried out with care and that the form of certification should be consistent and clear.

The International Certificate

2. The adoption in Scotland of the international form of medical certificate of cause of death was in response to representations made by the Scottish medical profession. This form is considered to have the advantages that it permits international comparability, that its sequence is a logical one for the certifying practitioner and that it permits a more informative analysis of the collected data deriving from such certificates.

3. The international form of medical certificate of cause of death is divided into two parts. The first (Part I) describes the sequence of morbid conditions directly leading to death; the second (Part II) describes other morbid conditions which may have contributed to the death, but which were not involved in the fatal sequence.

4. In using Part I to describe the fatal sequence, the condition directly leading to death is recorded first at 1(a). This condition may be a complication or consequence of pre-existing or underlying conditions or may itself represent the underlying cause of death. If the latter is the case then no more need be entered in Part I. But if the immediate condition causing death is a complication or consequence of an underlying condition, this underlying condition should be recorded next. If this in turn arose from a further underlying condition then this latter should in turn be recorded next so that the **underlying cause of death** or the condition initiating the fatal sequence is recorded **last.**

5. If other conditions contributed to the fatal outcome but were not directly involved in the fatal sequence, they should be recorded in Part II.

6. It is recognised that there are cases where it may be difficult to decide whether a condition present at death should be regarded as part of the fatal sequence leading to death or whether it should be regarded as a contributory condition appropriately assignable to Part II. It should be noted that the conditions entered in Part I should represent a distinct sequence so that each condition entered may be regarded as being a direct consequence of the condition entered below it. Where a condition present at death does not seem to fit into such a sequence it should be recorded in Part II. Examples are given overleaf which illustrate the principles involved.

Maternal conditions as causes of death in the newborn

7. In general, disease conditions recorded on a death certificate will be conditions from which the deceased suffered. However, in certifying the cause of death of a newborn infant the practitioner may wish to record underlying conditions in the mother of the deceased infant. This may be done, although it is expected that maternal conditions will usually be regarded as a cause of infant death only in the first 28 days of life. Where maternal conditions are recorded, they should be distinguished as "maternal", as in the example.

Terminology

8. The basic point is that the cause of death to be recorded on a medical certificate should reflect the considered opinion of the certifying practitioner.

9. The causes a practitioner gives will for tabulation purposes be assigned by the office of the Registrar General to the appropriate rubrics of the International Classification of Diseases, Injuries or Causes of Death. It is not desired, however, that practitioners should necessarily adopt the terms used in this classification. If the classification does not conveniently accommodate the diagnostic terms prevalent in contemporary medicine, it is the classification which requires revision, rather than the prevailing terminology. The classification is subject to decennial revision by the World Health Organisation and member nations are represented on the revision committees.

10. It is hoped that the quality of the information recorded will be as high as that considered appropriate in records kept in clinical practice. Certifying practitioners are asked therefore to be as specific as they are able; for example they should specify the primary site of tumour and they should distinguish where appropriate between acute and chronic or other varieties of a disease.

11. The causes recorded on medical certificates of cause of death are analysed and tabulated so as to permit the identification of areas of further enquiry likely to lead to advances in preventive or curative medicine. The usefulness of these analyses depends directly on the care with which causes are identified and recorded and in order to ensure that no cause is assigned to the classification inaccurately practitioners are asked **not to contract or symbolise** causes of death.

Further information on cause of death

12. The office of the Registrar General may communicate with the certifying practitioner either if further classification or amplification of the certified cause seems desirable or if the practitioner has indicated on the certificate that further information may be available later.

13. In a case where a practitioner has not ringed letter "B" or ticked the box to indicate that additional information may be available later, but for any reason subsequently decides that the certified cause requires to be amplified or amended, it would be appreciated if he intimated the fact to the Registrar General, Vital Statistics Branch, Ladywell House, Ladywell Road, Edinburgh EH12 7TF.

EXAMPLES OF THE USE OF THE INTERNATIONAL MEDICAL CERTIFICATE OF CAUSE OF DEATH

1. A patient with chronic peptic ulceration dies of peritonitis a few days after an operation for perforation of a duodenal ulcer.

I. (a) Peritonitis.
(b) Perforation of duodenal ulcer (operation).
(c) Peptic ulcer of the duodenum.
II. —

2. A patient with acute intestinal obstruction from a carcinoma of the rectum and severe chronic bronchitis with emphysema dies during an operation to relieve the intestinal obstruction.

I. (a) Intestinal obstruction—died during operation (anaesthetic-thiopentone halothane).
(b) Carcinoma of the rectum.
II. Chronic bronchitis and emphysema.

NOTE:—The sequence of events leading to death was initiated by the carcinoma of the rectum. Although it may be thought that the patient would have survived the operation had it not been for his bronchitis and emphysema, these conditions would not be regarded as part of the fatal sequence.

3. A patient suffering from a residual hemiparesis following a cerebral thrombosis several years ago falls at home and sustains a fracture of the neck of the femur. During immobilisation following this injury the patient develops hypostatic pneumonia from which he dies.

I. (a) Hypostatic pneumonia.
(b) Immobilisation.
(c) Fracture of the neck of the femur (accidental fall at home).
II. Hemiparesis—old cerebral thrombosis.

4. A patient with a long standing severe hypertension with compensated congestive cardiac failure and history of cardiac asthma dies following a short illness characterised by sudden onset of hemiplegia and loss of speech.

I. (a) Cerebral vascular accident.
(b) —
(c) —
II. Hypertension.
Hypertensive heart disease.

5. A patient is accidentally run over by a bus and sustains extensive abdominal injuries necessitating surgical correction involving hospitalisation on several occasions over a period of several months. During recovery from one such operation the patient dies suddenly of a pulmonary embolus.

I. (a) Pulmonary embolus following operation.
(b) Gross trauma, to abdominal organs (accident—run over by bus).
II —

6. An infant dies shortly after birth as a result of intra-natal anoxia due to maternal toxaemia of pregnancy. The infant was prematurely born.

I. (a) Intra-natal anoxia.
(b) Maternal toxaemia of pregnancy.
II. Prematurity.

Counterfoil

Name of Deceased

. . . . . .

. . . . . .

Date of Death

. . . . . .

. . . . . .

Place of Death

. . . . . .

. . . . . .

Cause of Death

I a . . . . . .

b . . . . . .

c . . . . . .

I . . . . . .

. . . . . .

	A	B	C
ost-mortem *ring letter)*			
een after death *ring figure)*	1	2	3
regnancy? *ring figure)*	1	2	

dditional information later? ☐ *tick*

F informed? ☐ *tick*

ate of certification

. . . . . .

evised April 1990)

MEDICAL CERTIFICATE OF CAUSE OF DEATH FORM 11

This certificate is intended for the use of the Registrar of Births, Deaths and Marriages, and all persons are warned against accepting or using this certificate for any other purpose. See back of this form for notes about registration of a death.

To the Registrar of Births, Deaths and Marriages

Name of deceased . . . . . .

	Day	Month	Year
Date of death			

Time of death . . . . . hours
(Enter approximate time if exact time not known)

Place of death . . . . . .

I hereby certify that to the best of my knowledge and belief, the cause of death and duration of disease were as stated below.

Registrar to enter

District no . . . . . .

Year . . . . . .

Entry no . . . . . .

Not to be entered in register

Approximate interval between onset and death

years	months	days

CAUSE OF DEATH *(PLEASE PRINT CLEARLY)*

I

Disease or condition directly leading to death*

a . . . . . .
due to (or as a consequence of)

Antecedent causes
Morbid conditions, if any, giving rise to the above cause, the **underlying** condition to be stated **last**

b . . . . . .
due to (or as a consequence of)

c . . . . . .

II

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

. . . . . .

* *This does not mean the mode of dying such as heart failure, asthenia, etc; it means the disease, injury or complication which caused death.*

Please ring the appropriate letter and appropriate figures:—

Certified cause takes account of post-mortem information . . . . . A
Information from post-mortem may be available later . . . . . B
Post-mortem not proposed C

Seen after death by me 1
Seen after death by another medical practitioner but not by me 2
Not seen after death by a medical practitioner 3

The deceased woman died during pregnancy or within six weeks thereafter 1
The deceased woman died between six weeks and twelve months after pregnancy 2

Please tick box if appropriate

I may be in a position later to give, if asked by the Registrar General, additional information as to the cause of this death for the purpose of more precise statistical classification ☐

Procurator Fiscal has been informed ☐

Signature . . . . . .

Date . . . . . 19 . . . . .

Name in BLOCK CAPITALS . . . . . .

Registered medical qualifications . . . . . .

Address . . . . . .

. . . . . .

For a death in hospital
Name of consultant responsible for deceased as a patient . . . . . .

NOTES ABOUT REGISTRATION OF A DEATH

A death may be registered either in the registration district where it takes place (the district of its occurrence) or in such other registration district in Scotland where the deceased person had his usual residence immediately before his death.

Usual residence for this purpose means the deceased person's permanent home and not an address (e.g. a holiday address) at which he may have been staying temporarily at the time of his death.

Persons required to give information for the registration of a death are:

a any relative of the deceased;

b any person present at the death;

c the deceased's executor or other legal representative;

d the occupier, at the time of death, of the premises where the death took place;

e if there is no such person as aforesaid, any other person having knowledge of the particulars to be registered.

N.B. The word "occupier" includes the governor, keeper, matron, superintendent or other person in charge of a prison, hospital or other institution, and, in relation to a house, includes any person residing therein.