

# Notes on how to fill in the medical certificate of cause of death

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## 1. Introduction

This pad contains:

- information about filling in the medical certificate of cause of death;
- a summary of that information; and
- 20 serially numbered certificates.

When completing certificates **please print or write clearly.**

The certificate provides legal evidence that the person has died, and states the cause of death. This means that the death can be formally registered and this needs to be done promptly. The person's family will wish to make funeral arrangements. It is essential that the information on the certificate is accurate. It is used to compile statistics about death. These are needed for monitoring public health, planning in the National Health Service and research, and so for improving the health of the population. Information from the certificate will be included in a register of deaths open to public scrutiny.

## 2. Your duties as a medical practitioner

- 2.1 Under the Registration of Births, Deaths and Marriages (Scotland) Act 1965, if you are a registered medical practitioner and attended during the last illness of the deceased, you have to fill in the medical certificate of cause of death. On the certificate, you must certify the cause or causes of death **to the best of your knowledge and belief**. On occasion you may need to include sensitive information.
- 2.2 If no registered medical practitioner attended during the deceased's last illness, or if a registered medical practitioner attended the deceased's last illness but is unable to provide a certificate, any registered medical practitioner may fill in the form.
- 2.3 It is best if a consultant, general practitioner or other experienced clinician certifies the death. For a death in hospital, a doctor with provisional or limited registration should certify the death only if he or she is closely supervised and the experienced clinician is content that the causes of death are accurately recorded. It is important that the certificate should be completed by the doctor most fully informed about the last illness of the deceased so that he or she can fill in the certificate as fully and accurately as possible. You will wish to ensure that under the terms of the legislation governing medical registration, and if appropriate according to the terms of your employment, you are qualified to complete the certificate.

- 2.4 Use the certificates in this book for all deaths. Use a certificate of stillbirth (Form 6) for a child that was born after the 24th week of pregnancy and did not breathe or show any other signs of life at any time after being completely expelled from the mother.
- 2.5 You, as the doctor who completed the certificate, are legally responsible for giving it to any person who is qualified to tell the local registrar of births, deaths and marriages about the death, or to the local registrar. The people who are qualified to tell the local registrar about the death are listed on the back of the certificate. Tell the qualified person to take the certificate to:
- the local registrar of the district in which the person died; or
  - the local registrar of the district in which the deceased usually lived (if the district is in Scotland).

In the special circumstance where a body has been found, and the place of death is not known, the local registrar will advise the qualified person on where to register the death.

- 2.6 Always fill in the counterfoil for your records.

### 3. Time and place of death

- 3.1 **Time of death** - you should record the time of death as accurately as possible. This can be needed for legal reasons. Please do not use instead the time when life was pronounced extinct. If a nurse or relative was present when the person died, you may record reliable information they give you about the time of death. Otherwise, give your best estimate based on all the information available to you.
- 3.2 **Place of death** - you should record, to the best of your knowledge, exactly where the person died (for example, the name of the hospital or the address of a private house). If the person did not die in a place that can be identified by an address give the location (for example, a particular stretch of motorway or a specific area of countryside). This may not be the same as the place where you are filling in the certificate.

### 4. The cause of death statement

This section of the certificate is divided into two parts. In part I you should first state the immediate cause of death. You should then work back logically to the disease or condition that started the process. **The last statement that you write in part I should be the main disease that led to death.** This is also known as the underlying cause of death and it is important information for epidemiological purposes. **In part II you should state any significant condition or disease or accident that contributed to the death but which was not part of the sequence leading directly to death.**

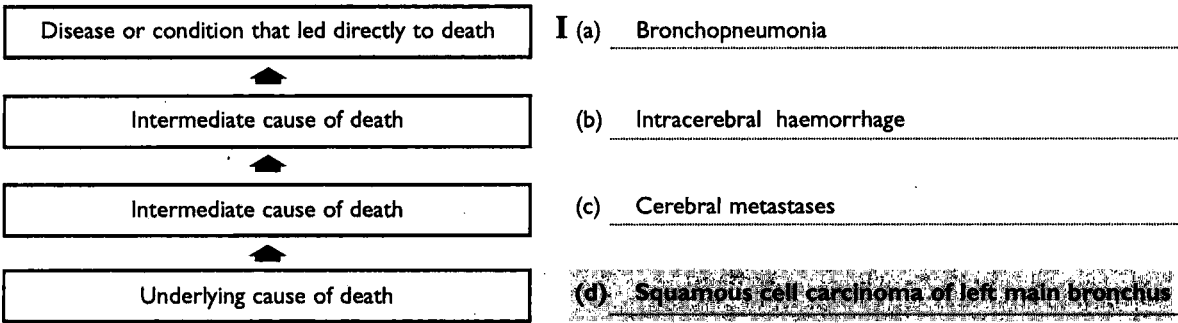
#### Part I

- 4.1 **Underlying cause of death** - you need to consider the main sequence of conditions leading to the death. You should state the disease or condition that led directly to death on line I(a), and work your way back in time through what led to this condition (the antecedents) until you reach the underlying cause of death. It is the underlying cause of death which started the chain of events leading to death. **The lowest completed line in part I should contain the underlying cause of death.**

**Example 1 - a sequence of conditions leading to death**

A patient died from bronchopneumonia following an intracerebral haemorrhage caused by cerebral metastases from a primary malignant neoplasm of the left main bronchus.

You should fill in part I of the certificate as follows:



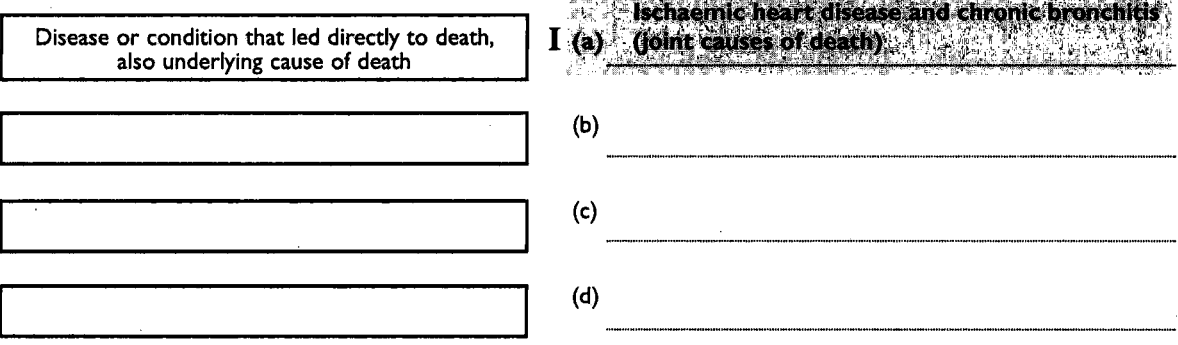
4.2 Your statement of the cause of death should be as specific as your information allows. For example, if you are recording a neoplasm you should state the following:

- the histopathological variety of the neoplasm;
- where the neoplasm was;
- if it was secondary, where the primary neoplasm was (even though it may have been removed).

In Example 1, instead of stating lung cancer as the underlying cause of death, the information is more specific (cerebral metastases resulting from squamous cell carcinoma of the left main bronchus).

4.3 **Joint causes of death** - sometimes there are apparently two separate conditions leading to death. If there is no way of choosing between them, you should put them on the same line and explain that they were jointly responsible for death, using the words “combined effects of” or “(joint causes of death)”. In these cases, for statistics, the first condition will be taken as the underlying cause of death.

**Example 2 - joint causes of death**



4.4 For some deaths there may be only one condition which led directly to death and no antecedents, for example diabetic ketoacidosis. If this is the case, you need to fill in only line I(a).

- 4.5 If the person died because of injuries from some external cause, please give the external cause (such as a fall or a road traffic collision) as the underlying cause of death.

**Example 3 - external cause of death**

Disease or condition that led directly to death	I	(a) Ruptured Liver
▲		
Underlying cause of death		(b) Pedestrian knocked over by car
		(c)
		(d)

- 4.6 You should not use words which imply an intention or a circumstance like “suicide”, “murder” or “accident”. It is the responsibility of the legal authorities to give such information to the Registrar General in due course. However, you should include the external cause of death.

**Example 4 - suicide, murder or accident**

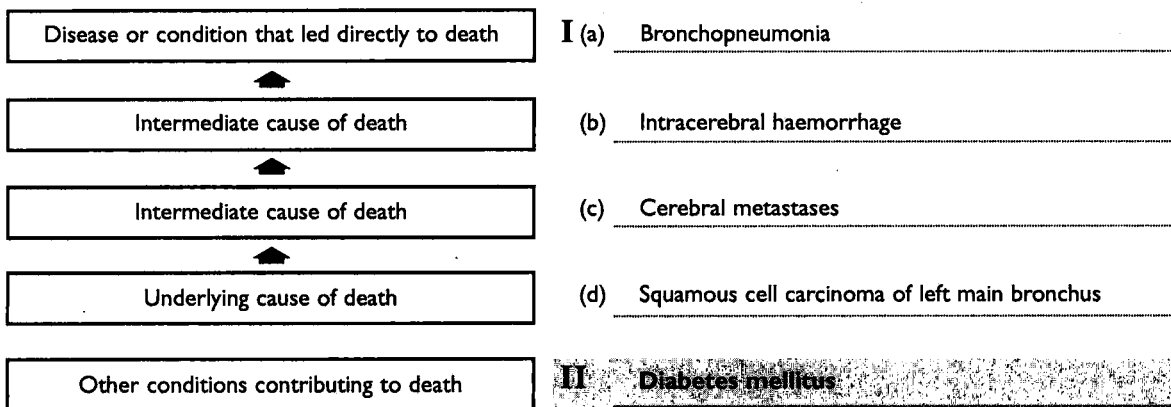
Disease or condition that led directly to death	I	(a) Compound fracture of skull
▲		
Underlying cause of death		(b) Gun shot wound
		(c)
		(d)

- 4.7 A statement describing any modes of dying, such as “cardiac failure” or “respiratory failure” which are non specific terms, should not be used. More specific terms relating to major organ failures, such as “congestive cardiac failure” or “arteriosclerotic renal failure”, are acceptable as an immediate cause of death in line I(a), provided that adequate explanation is given of the pathological reason as the underlying cause of death on the last completed line in part I. Other general terms such as “asthenia” or “cachexia” should not be used at all on the death certificate.
- 4.8 **Old age, senility** - do not use “old age” or “senility” as the only cause of death in part I unless the deceased was 80 or over **and** you cannot give a more specific cause of death. You should however seek to avoid such ill defined terms.

**Part II**

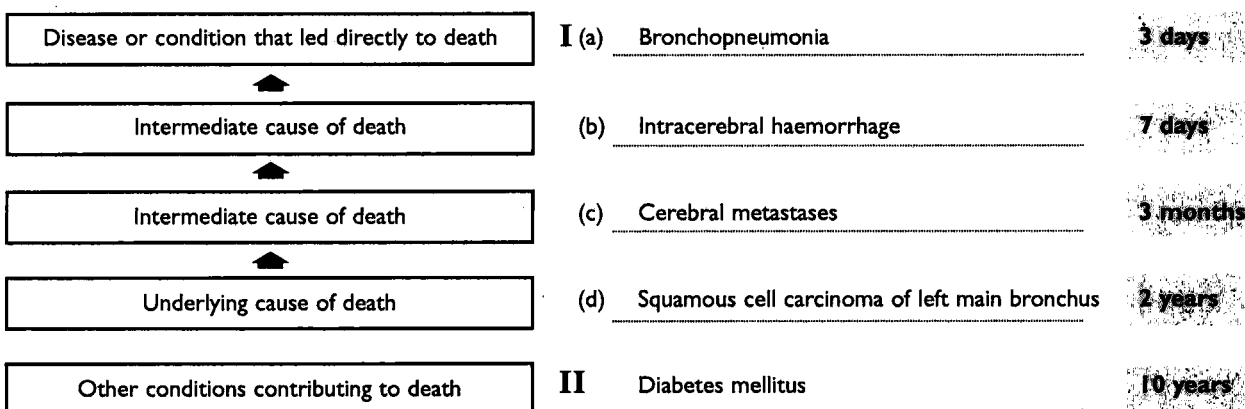
- 4.9 You should fill in part II when one or more conditions have contributed to death but are not part of the main sequence leading to death. You should not list all the conditions present at death in part II. For example, the person in example 5 may have died sooner because they also had diabetes mellitus. However, if they had osteoarthritis it is unlikely to have contributed to the death. You should fill in the certificate as follows.

### Example 5 - other conditions contributing to death



4.10 **The time between each condition starting and the person dying** - if possible, for parts I and II, you should state the approximate time between each condition starting and the person dying. This is particularly useful for accurate compilation of statistics and you should make every effort to complete this section of the death certificate.

### Example 6 - time between each condition starting and the person dying



### General Points

- 4.11 Where appropriate, in parts I and II, you should give information about clinical interventions, procedures or drugs that may have led to adverse effects.
- 4.12 Do not use abbreviations such as "CVA", "MI" or "PE" or medical symbols such as "#" for fracture on the certificate. If you use these ambiguous terms it may delay the death being registered.
- 4.13 Do not use the words "natural causes" on the death certificate; this merely implies that the death was not the result of an external cause.
- 4.14 Do not use terms such as "cerebrovascular accident". Relatives may think they imply violence. In this example "cerebrovascular event" or "leftsided stroke" are in any case preferable terms.
- 4.15 Bronchopneumonia is a common terminal event leading directly to death when people with a major chronic illness die. However, you should not only write bronchopneumonia as the sole cause of death if there is another condition which you can also state as the underlying cause of death.

- 4.16 You can include the term “smoking” as long as you also give a medical cause of death.
- 4.17 When causes of death such as self neglect or self injury are due to psychiatric illness, psychiatric illness should be mentioned as a contributory factor or underlying cause of death, as appropriate.
- 4.18 If a certificate is issued prior to completion of histological or toxicological tests, the words “unascertained pending test results” may be used in line I(a). You will be asked to provide more detail later.

## **5. Other information required on certificate**

### **5.1 Information from a post mortem examination - tick the relevant box:**

- if a post mortem has been done, tick box PM1;
- if information from a post mortem may be available later, tick box PM2. Do not delay issuing your certificate. The General Register Office will send you a form. Fill it in giving the results of the post mortem and send it back;
- if a post mortem is not being held, tick box PM3.

### **5.2 When to report a death to the procurator fiscal - the procurator fiscal has a duty to investigate certain deaths. The categories of deaths concerned may change from time to time and you are advised to refer to the booklet “Death and the Procurator Fiscal” and any supplementary guidance issued for fuller details and advice. Generally the procurator fiscal will enquire into any sudden, suspicious, accidental, unexpected and unexplained death. However the procurator fiscal may enquire into any death brought to his or her notice if he or she thinks it necessary to do so. In particular, the procurator fiscal will want to know from you of any death where the circumstances or evidence suggest that the death may fall into one or more of the following categories:**

- |   |   |
|---|---|
| • any death due to violent, suspicious or unexplained cause;  | • any death related to occupation, for example industrial disease or poisoning;   |
| • any death involving fault or neglect on the part of another;  | • any death as a result of abortion or attempted abortion;  |
| • possible or suspected suicide;  | • any death as a result of medical mishap, and any death where a complaint is received which suggests that medical treatment or the absence of treatment may have contributed to the death; |
| • any death resulting from an accident;   | • any death due to poisoning or suspected poisoning, including by prescription or non-prescription drugs, other substances, gas or solvent fumes;   |
| • any death arising out of the use of a vehicle including an aircraft, ship or train;   | • any death due to a notifiable infectious disease, or food poisoning;  |
| • any death by drowning;  | • any death in legal custody;   |
| • any death by burning or scalding, or as a result of a fire or explosion;  | • any death of a person of residence unknown, who died other than in a house;   |
| • certain deaths of children - any death of a newborn child whose body is found, any sudden death in infancy, any death due to suffocation including overlaying, any death of a foster child; | • any death where a doctor has been unable to certify a cause.  |
| • any death at work, whether or not as a result of an accident;   |   |

If you do not know whether to report a death, please ask the local procurator fiscal for advice.

Tick box PF if you or a colleague have reported the death to the procurator fiscal. Do not tick the box if you have consulted the procurator fiscal for advice and the procurator fiscal has told you not to report the death.

- 5.3 **Attendance during last illness of the deceased** - you should tick box A1, A2 or A3. Pathologists completing the certificate should tick box A2 or A3 as appropriate.
- 5.4 **Extra information** - tick box X if there is any other information which might become available later (for example histology or toxicology reports) and which might help to make the cause of death clearer. The General Register Office will contact you to obtain this information for statistical purposes only.
- 5.5 **Maternal death** - you should consider if the deceased could have been pregnant within the year before she died. Tick box M1 or M2 where appropriate.

## **6. Signature of doctor and consultant's name**

Please sign the certificate and add your medical qualifications and the date. You should also **print your name clearly in BLOCK CAPITAL LETTERS**. You may use a stamp with your name and address, if one is available. You should not use your domestic address but the address of the hospital or surgery. If the person died in hospital, you should also give the name of the consultant who was responsible for looking after the patient.

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The registrar of births, deaths and marriages may ask you to clarify the information you have provided. Please be as helpful as you can.

Books of medical certificate of cause of death forms (Form 11) may be obtained from the registrar of births, deaths and marriages of the registration district in which you practise (see "Registration of Births, Deaths and Marriages" in the telephone book).

General Register Office for Scotland  
New Register House  
Edinburgh  
EH1 3YT

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## Summary guidance notes

Below is a summary of the guidance given in the previous pages and the relevant paragraph numbers are shown in brackets.

If you attended the deceased's last illness you have to fill in a medical certificate of cause of death. It is best if a consultant, general practitioner or other experienced clinician certifies the death. In hospital, a doctor with provisional or limited registration should certify the death only if he or she is closely supervised (see paragraph 2).

### PLEASE PRINT CLEARLY AND COPY THE RELEVANT INFORMATION TO THE COUNTERFOIL

#### Time and place of death (see paragraph 3)

- You may know the time of death, or you can base your estimate on reliable information from nursing staff or relatives. Otherwise use your best estimate. Please do not use the time when life was pronounced extinct.
- Give the address of the place where the person died. If the death occurred outside give the location.

#### The cause of death statement (see paragraph 4)

##### Part I

- Write the disease or condition that led directly to death on line I(a).
- Write any intermediate causes of death next.
- Write the underlying cause of death on the last completed line of part I.
- The disease or condition that led directly to death and the underlying cause of death may be the same. If this is the case, fill in only line I(a).
- If death is due to an external cause such as a fall, give details of the external cause as the underlying cause of death.

##### Part II

- If there is some other condition or disease that contributed to the death, but which is not part of the sequence which led to death, write it in part II, for example diabetes mellitus that is difficult to control in a patient with a widely disseminated malignancy. Do not use part II to list all the conditions present at death, but which did not contribute to death.

##### Intervals

- Give the time between each condition starting and the person dying.

##### Do not use the following

- Modes of dying such as "cardiac failure" (a non specific term).
- Major organ failures such as "congestive cardiac failure" as underlying causes of death.
- Terms such as "asthenia" or "cachexia".
- "Old age" or "senility" unless the deceased was aged 80 or over and you cannot give a more specific cause of death.
- Abbreviations or medical symbols, such as "#" for fracture.
- The term "natural causes".
- Terms that may be misinterpreted, for example "cerebrovascular accident".

#### Reporting to the procurator fiscal (see paragraph 5.2)

- Report to the procurator fiscal a death falling into any of the categories listed in paragraph 5.2.
- Tick box PF if this has been done.
- Do not tick box PF if the procurator fiscal has been consulted and does not wish the death reported.

#### Extra information (see paragraph 5.4)

- Tick box X if you think you may be able to supply more information later (for example, from histology or toxicology).

#### Maternal death (see paragraph 5.5)

- If the deceased had been pregnant within the year before she died, tick box M1 or M2.

#### Signature and other information (see paragraph 6)

- Please print your name in **BLOCK CAPITALS** below your signature, and add your medical qualifications. Use your hospital or surgery address.
- If the person died in hospital, please give the name of the consultant responsible for the care of the patient.



# Medical certificate of cause of death

(Section 24(1) of the Registration of Births, Deaths, and Marriages (Scotland) Act 1965)

The completed certificate is to be taken to the Registrar of Births, Deaths and Marriages

**Form 11**  
**F(11)**

For registration office use	
Year:	_____
RD number:	_____
Entry number:	_____

**Name of deceased**

Date of death: 

Day	Month	Year

 Time of death: 

Hour	Minute

 Fill in an approximate time if you do not know the exact time (Please use the 24-hour clock)

Place of death: \_\_\_\_\_

**Cause of death**

I hereby certify that to the best of my knowledge and belief, the cause of death was as stated below:

	Cause of death	Approximate interval between onset and death		
		Years	Months	Days
I	Disease or condition directly leading to death* (a) _____ due to (or as a consequence of)			
	<b>Antecedent causes</b> (b) _____ Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last			
	(c) _____ due to (or as a consequence of)			
	(d) _____ due to (or as a consequence of)			
II	Other significant conditions contributing to the death, but not related to the disease or condition causing it _____			
	_____			

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

**Please tick the relevant box**

**Post mortem**  
**PM1**  Post mortem has been done and information is included above  
**PM2**  Post mortem information may be available later or  
**PM3**  No post mortem is being done

**Attendance on deceased**  
**A1**  I was in attendance upon the deceased during last illness  
**A2**  I was not in attendance upon the deceased during last illness; the doctor who was is unable to provide the certificate  
**A3**  No doctor was in attendance on the deceased

**Procurator fiscal**  
**PF**  This death has been reported to the procurator fiscal

**Maternal deaths**  
**M1**  Death during pregnancy or within 42 days of the pregnancy ending  
**M2**  Death between 43 days and 12 months after the end of pregnancy

**Extra information for statistical purposes**  
**X**  I may later be able to supply the Registrar General with additional information

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name in BLOCK CAPITALS: \_\_\_\_\_

Official address: \_\_\_\_\_

Registered medical qualifications

**For a death in hospital**  
Name of the consultant responsible for deceased as a patient: \_\_\_\_\_

## Counterfoil - Medical certificate of cause of death

Name of deceased: \_\_\_\_\_

Date of death: \_\_\_\_\_

Place of death: \_\_\_\_\_

**Please circle the appropriate letters and figures using the information above**

Post mortem	PM1	or	PM2	or	PM3
Procurator fiscal	PF				
Extra information	X				
Attendance on deceased	A1		A2		A3
Maternal deaths	M1		M2		

**Form 11**  
**F(11)**

**Cause of death**

I (a) \_\_\_\_\_  
 (b) \_\_\_\_\_  
 (c) \_\_\_\_\_  
 (d) \_\_\_\_\_

II \_\_\_\_\_

Date of certificate: \_\_\_\_\_

The doctor has given you this form so that you can arrange for the death to be registered. Once the death is registered, the local registrar will keep this form, but can advise you what other documents you may need and can issue extracts of the entry in the register of deaths.

### **Who should tell the local registrar about the death**

One of the following people must go to the registration office and tell the local registrar about the death.

- Any relative of the deceased, or
- any person present when the person died, or
- the deceased's executor or other legal representative, or
- the occupier of the property where the person died,  
or if there is no such person,
- anyone else who knows the information to be registered.

### **Where to take the form**

In Scotland, a death may be registered

- either in the registration district where the person died
- or in the registration district where the deceased lived (the district of "usual residence") if that was in Scotland.

Usual residence means the deceased's permanent home, not at an address such as a holiday address where he or she may have been staying at the time of death.

If you need advice about what to do with the form, please telephone any local registrar in Scotland (see 'Registration of Births, Deaths and Marriages' in the telephone book).