



BIRTHS AND DEATHS REGISTRATION ACT 1953
(Form prescribed by the 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..... John Smith

Date of death as stated to me..... 12/4/16 day of..... Age as stated to me..... 63 62

Place of death..... UHCW

Last seen alive by me..... UHCW 12/4/16 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(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.

Was referred to Coroner

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..... Multi-organ failure

(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..... IHD, COPD, PVD

These particulars not to be entered in death register

Approximate interval between onset and death

No abbreviations.

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, asthenia, 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..... [Signature]

Qualifications as registered by General Medical Council } PRINT FULL NAME: [Redacted] GMC No: [Redacted]

Residence..... UHCW Date..... 22/4/16

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

Complete where applicable

A

I have reported this death to the Coroner for further action.

Initials of certifying medical practitioner. _____

B

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.

Initials of certifying medical practitioner. _____

The death should be referred to the coroner if:

- 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
- the death may be due to an industrial disease or related to the deceased's employment
- the death may be due to an abortion
- the death occurred during an operation or before recovery from the effects of an anaesthetic
- the death may be a suicide
- the death occurred during or shortly after detention in police or prison custody

LIST OF SOME OF THE CATEGORIES OF DEATH WHICH MAY BE OF INDUSTRIAL ORIGIN

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

NOTE:—The Practitioner, on signing the certificate, should complete, sign and date the Notice to the Informant, which should be detached and handed to the informant. Where the informant intends giving information for the registration outside of the area where the death occurred, the notice may be handed to the informant's agent. The Practitioner should then, without delay, deliver the certificate itself to the Registrar of Births and Deaths for the sub-district in which the death occurred. Envelopes for enclosing the certificates are supplied by the Registrar.

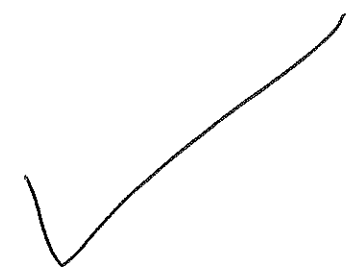
BIRTHS AND DEATHS REGISTRATION ACT 1953

(Form prescribed by the 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..... John Smith

Date of death as stated to me..... 12th day of April 2016 Age as stated to me..... 62

Place of death..... University Hospital, Coventry & Warwickshire

Last seen alive by me..... 12th day of April 2016

- | | | |
|---|--|--|
| <p>1 The certified cause of death takes account of information obtained from post-mortem.</p> <p>2 Information from post-mortem may be available later.</p> <p>3 Post-mortem not being held.</p> <p>4 I have reported this death to the Coroner for further action.</p> | <p>Please ring appropriate digit(s) and letter</p> | <p>a Seen after death by me.</p> <p>b Seen after death by another medical practitioner but not by me.</p> <p>c Not seen after death by a medical practitioner.</p> |
|---|--|--|

[See overleaf]

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†..... Multi-organ failure
- (b) Other disease or condition, if any, leading to I(a)..... Sepsis
- (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..... Ischaemic Heart Disease, Chronic Obstructive Pulmonary Disease, Peripheral Vascular Disease

These particulars not to be entered in death register

Approximate interval between onset and death

1 Day

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, asthenia, 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

PRINT David Jones

FULL NAME.....

GMC No: 7231987

Residence.....

(Surgery or hospital)

Date.....

22/4/16

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