

Medical certificate of cause of death

Name of deceased _____

Date of death

Day		Month		Year			

Time of death

Hour		Min	

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:

1. Disease or condition directly leading to death

Antecedent causes

Morbid conditions, if any, giving rise to above cause, stating the underlying condition last

a.) _____

b.) _____

c.) _____

d.) _____

Approximate interval between onset and death
Years Months Days

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

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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
- PM3 No post mortem is being done

Procurator fiscal/Coroner

- PF This death has been reported to the procurator fiscal/coroner

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

Signature _____

Name in _____

BLOCK CAPITALS _____

Official address _____

Date: _____

For a death in hospital

Name of the consultant responsible _____

Counterfoil – Medical certificate of cause of death

Name of deceased _____

Date of death _____

Place of death _____

Cause of death

I (a) _____

(b) _____

(c) _____

(d) _____

II _____

Date of certificate _____

Please circle as appropriate

Post mortem	PM1	PM2	PM3
Procurator fiscal/Coroner	PF		
Attendance on deceased	A1	A2	A3