

## MEDICAL CERTIFICATE OF CAUSE OF DEATH AFTER POST MORTEM EXAMINATION

Name of deceased ..... Age as stated to me ..... yrs.

Deceased identified to me by .....

Date and time of death as stated to me .....day of .....20.... at .....a.m. / p.m.

Place of Death .....

CAUSE OF DEATH		For Statistical purposes only
<p style="text-align: center;"><b>I</b></p> <p>Disease or condition directly leading to death (see note)</p> <p>Antecedent causes</p> <p>Morbid conditions, if any, giving rise to the above cause stating the underlying condition last</p>	<p style="text-align: center;"><b>I</b></p> <p>(a) ..... due to ( or as a consequence of)</p> <p>(b) ..... due to ( or as a consequence of)</p> <p>(c) .....</p>	<p style="text-align: center;">Approximate interval between onset and death</p> <p style="text-align: center;"><b>I</b></p> <p>(a) .....</p> <p>(b) .....</p> <p>(c) .....</p>
<p style="text-align: center;"><b>II</b></p> <p>Other significant conditions contributing to the death, but not related to the disease or condtion causing it.</p>	<p style="text-align: center;"><b>II</b></p> <p>.....</p> <p>.....</p>	<p style="text-align: center;"><b>II</b></p> <p>.....</p> <p>.....</p>

I hereby certify that I have performed a post mortem examination of the body of the above named deceased person and that the particulars and cause of death above witten are true to the best of my knowledge and belief. I further certify that the said cause or causes of death were natural.

Signature .....

Qualifications .....

Date .....

**NOTE:** This does not mean the mode of dying, such as e.g. heart failure, asthenia, etc.; it means disease or complications which caused death.

**THIS SECTION FOR USE BY TH LAW OFFICERS OF THE CROWN ONLY:**

I am satisfied as to he cause of death above certified and that there is no need for an inquest into the circumstances of this death.

Dated this .....day of ..... 20....

.....  
H.M. Procureur/Comptroller.