

Certificate of medical practitioner

Medical practitioner

I am informed that the application is about to be made for the cremation of the body of:

Surname of deceased _____

Other names _____

Last permanent address _____

Occupation _____

Deceased

Having attended the deceased before death, and seen and identified the body after death, I give the following answers to the questions set out below:

1. On what date and at what hour did he (or she) die?

Date of death ____ / ____ / ____

Hour of death _____ am/pm

2. Where did the deceased die? (Give address and say whether own residence, lodgings, hotel, hospital, nursing home, etc.)

3. Are you a relative of the deceased? yes no

If yes, state the relationship _____

4. Have you, so far as you are aware, any pecuniary interest in the death of the deceased? yes no

Give details _____

5. Were you the ordinary medical attendant of the deceased? If so, for how long? _____ yrs _____ mths _____ wks

6. Did you attend the deceased during his/her last illness?

If so, for how long? _____ mths _____ wks _____ days _____ hrs

7. When did you last see the deceased alive? (Say how many hours or days before death) _____

8. a) How soon after death did you see the body? _____

b) What steps did you take to satisfy yourself as to the fact of death? _____

c) How did you establish the identity of the deceased person? _____

9. What were the causes of death? _____

Period elapsing between onset of each condition and death _____ yrs _____ mths _____ days

a) Immediate cause – the disease, injury or complication which caused death?

b) Morbid conditions (if any) giving rise to the immediate cause. (Place the conditions in chronological order, beginning with the most recent).

c) Other conditions (if any) contributing to death – pregnancy, parturition, over exertion, dangerous occupation?

State how far your answers as to the cause of death, and the duration of such causes, are founded on your own observations or on the statements made by others. If on the statements made by others, give their names and their relationship to the deceased.

Decreased continued...

10. What was the mode of death? (State whether syncope, coma, exhaustion, convulsions, etc).

What was its duration? (State number of days, hours or minutes and state how far your answer as to the mode of death is founded on your own observations or on the statements made by others. If on statements made by others, give their names and their relationship to the deceased).

11. Did the deceased undergo any operation during the final illness or within one year before death?

Nature of operation _____ By whom performed _____

12. By whom was the deceased nursed during his (or her) last illness? (If the death occurred in a hospital, this question may be answered by referring generally to the nursing staff in a specified ward, but otherwise give names and say whether professional nurse, relative etc. If the illness was a long one, this question should be answered with reference to the period of four weeks before death).

13. Was the deceased attended during his (or her) last illness by any medical attendant besides yourself?

14. In view of the knowledge of the deceased's habits and constitution do you feel any doubts whatsoever as to the character of the disease or cause of death?

15. Do you know, or have you any reason to suspect that the death of the deceased was due, directly or indirectly, to:

Violence Poison Privation or Neglect Illegal Operation

16. Have you any reason whatsoever to suppose a further examination of the body to be desirable?

17. Have you given the certificate required for the registration of death?

Certificate in relation to Pacemakers and other Biomechanical Aids

I hereby certify that I have examined the body of:

Full name _____

Address _____ Occupation _____

I am satisfied that the body does not contain a cardiac pacemaker or any other biomechanical aid **or**

I have removed from the body a cardiac pacemaker or other biomechanical aid, namely

Sign

I hereby certify that the answers given above are true and accurate to the best of my knowledge and belief, and that there is no circumstance known to me which can give rise to any suspicion that the death was due wholly or in part to any other cause than disease (or accident) or which makes it desirable that the body should not be cremated.

Signature _____ date _____ / _____ / _____

Surname (block letters) _____

Registered qualifications _____

Address _____ telephone _____

Note: this certificate must be handed or sent in a closed envelope by the medical practitioner who signs it to a medical referee.