

**MEDICAL CERTIFICATE OF CAUSE OF DEATH**

For use only by a Medical Practitioner **WHO HAS BEEN IN ATTENDANCE** during the deceased's last illness

|              |
|--------------|
| NO. of Entry |
| .....        |

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

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

Place of Death .....

Last seen alive by me on ..... day of .....

(a) The certified cause of death takes account of post-mortem information.

(b) Post-mortem information may be available later

(c) Post-mortem not being held.

(see note 3)

Seen \_\_\_\_\_ after death by me (see note 1)  
Not seen

CAUSE OF DEATH

For Statistical purposes only

| I  | I  | I  |
|--|--|--|
| Disease or condition directly leading to death<br>(see note 2)   | (a) .....<br>due to (or as a consequence of) | Approximate interval between onset and death |
| Antecedent causes<br>Morbid conditions, if any, giving rise to the<br>above cause stating the underlying condition<br>last | (b) .....<br>due to (or as a consequence of) | (a) .....                                    |
| (c) .....  | (b) .....                                    | (b) .....                                    |
| (c) .....  | (c) .....                                    | (c) .....                                    |
| II   | II   | II   |
| Other significant conditions contributing to the<br>death, but not related to the disease or condi-<br>tion causing it.    | .....<br>.....                               | .....<br>.....                               |

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 .....

Date .....

- Notes 1. Delete whichever does not apply. If the medical practitioner in attendance during the deceased's last illness has not seen the body of the deceased, the certificate set out below must be completed by another registered medical practitioner authorised to practise in Guernsey.
2. This does not mean the mode of dying, such as e.g. heart failure, asthenia, etc.; it means disease, injury or complication which caused death.
3. Delete whichever does not apply.

CERTIFICATE (see Note 1 above)

I hereby certify that I saw the body of the above named deceased on the ..... day of .....

Signature ..... Qualifications .....

Date .....