

FORM -4

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(Hospital in-patients. Not to be used for still-births)

To be sent to Registrar along with Form No.2 (Death Report)

Name of the Hospital _____

I hereby certify that the person whose particulars are given below died in the Hospital in Ward

_____ on _____ at _____ A.M./P.M. _____

Name of the Deceased _____ for use of
Statistical
Office

	Age at Death			
Sex	If one year or more, age in years	If less than one year, age in Months	If less than one month, age in Days	If less than one day, age in Hours
1. Male				
2. Female				

CAUSE OF DEATH		Interval between onset & Death approx	
1. Immediate cause State the disease, Injury or complication, which caused death, not the mode of dying such as heart failure, asthenia, etc.	(a) due to (or as a consequence of)		
Antecedent cause Morbid conditions, if any giving rise to the above Cause, stating underlying conditions last.	(b) due to (or as a consequence of)		
	(c)		
II Other significant conditions contributing to the death but not related to the diseases or conditions causing it.			

Manner of Death :

1. Natural 2. Accident 3. Suicide 4. Homicide
5. Pending investigation

How did the injury occur

If deceased was a female, was pregnancy the death associated with 1. Yes 2. No.
If yes, was there a delivery ? 1. Yes 2. No.

Name and signature of the Medical Attendant certifying the cause of death

Date of Verification _____

(To be detached and handed over to the relative of the deceased)

Certified that Shri/Smt./Kum _____ S/W/D of Shri _____
R/o _____ was admitted to this Hospital on _____ and expired on

Doctor _____
(Medical Supdt.
Name of the Hospital _____

MEDICAL CERTIFICATE OF CAUSE OF DEATH
Directions for completing the Form

Name of the Deceased: To be given in full. Do not use initials. If deceased is an infant, not yet named at time of death, write: (S/o) of or Daughter of (D/o), followed by names of mother and father.

Age: If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below one day, in hours.

Cause of Death, This part of the form should always be completed by the attending physician personally

The Certificate of Cause of Death is divided into two parts, I and II. Part I is again divided into three parts, lines (a), (b), (c). If a single morbid condition completely explains the death, then this will be written on line (a) of Part I, and nothing more need be written in the rest of part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

i. Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First enter in Part I (a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Some times there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; only one cause can be tabulated, so the doctor must decide. If the other diseases are not a part of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

Onset: Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., 'from birth' 'several years'.

Accidental or Violent Deaths : Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury stating, the part of the body injured, and should give the external cause in full when this is shown. Example: (a) Hypostatic pneumonia; (b) Fracture of neck of femur. (c) Fall from ladder at home.

Maternal Death: Be sure to answer the questions on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

Old Age or Senility: Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example: (a) Chronic bronchitis. II Old No.

Completeness of information , A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

Example: Anaemia -- Give type of anaemia, if known, Neoplasms - indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible, Heart disease - describe the condition specifically. If congestive heart failure, chronic or pulmonale, etc., are mentioned give the antecedent conditions. Tetanus - Describe the antecedent injury, if known, Operation - state the condition for which the operation was performed. Dysentery Specify whether bacillary, amoebic, etc., if known. Complications of pregnancy or delivery - describe the complication specifically. Tuberculosis - Give organs affected. ,

Symptomatic statement : Convulsions, diarrhoea, fever, ascites, jaundice, debility etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

Manner of Death: Deaths not due to external cause should be identified as 'Natural'. If the cause of death is known, -but it is not known whether it was the result of an accident, Suicide, homicide and is subject to further investigations, the cause of death should invariably be filled in and the manner of death should be shown as 'Pending Investigation'.