

Ministry of Public and Business Service  
Delivery and Procurement  
Office of the Registrar General

# Handbook on Medical Certification of Death

Prepared for:  
Registered Nurses  
(General Class)



Ontario



“It may truthfully be said that virtually every large-scale problem in preventive medicine has been brought to light – in part at least – by statistics of death, and further that the adequacy of remedial or curative action is, in the last analysis, reflected in these same statistics.”

**United Nations Handbook of Vital Statistics Methods, 1955**

# Preface

This handbook is prepared by ServiceOntario's Office of the Registrar General, as a guide for **registered nurses** for completing and submitting a "Medical Certificate of Death" - Form 16 (Appendix I).

It explains the principles and concepts involved in medical certification, the nature, and uses of the information, and provides instruction on the accurate completion of the medical certificate of death form. It is expected that this handbook will be studied by RNs before completing and signing a medical certificate of death.

This handbook was developed under the auspices of the Vital Statistics Council for Canada to promote the reporting of reliable information on the medical certificate of death.

By authorizing RNs to cause the completion of and certify medical certificates of death in certain circumstances, it is expected that they will be able to ease the burden on families where a person dies at home, in a long-term care facility or in other circumstances where the deceased's physician or RN(EC) is not available.

For the purposes of this handbook, a registered nurse (RN) holds a general certificate of registration under the Nursing Act, 1991. To access an electronic copy of this handbook, please visit: [www.publications.serviceontario.ca](http://www.publications.serviceontario.ca)

This guide does not apply to registered nurses who hold an extended certificate of registration (RN(EC)). For physicians, coroners, coroner investigators, and RN(EC)s, please refer to the Handbook on Medical Certification of Death and Stillbirth: [www.publications.serviceontario.ca](http://www.publications.serviceontario.ca)

## **To obtain the Medical Certificate of Death - Form 16 (for the purpose of certifying a death)**

- Access and download the form online here:
- Medical Certificate of Death - Form 16 - Forms - Central Forms Repository (CFR) ; or
- Send an email to request forms be mailed (state the form name, amount to be mailed, name, full address and daytime phone number) to:  
[TBPVSB.Stockroom@ontario.ca](mailto:TBPVSB.Stockroom@ontario.ca); or
- If you are not able to obtain the form through the link or by email, call the Medical Coding Unit at (807) 933-4994

Questions about completing this form that are not covered in this handbook should be referred to the Office of the Registrar General, P.O. Box 4600, 189 Red River Road, Thunder Bay, ON P7B 6L8 or by telephone at 1-807-933-4994. Questions about a nurses' scope of practice should be referred to the College of Nurses of Ontario.

Thank you for your contribution to the ongoing task of recording and analyzing the vital events of Ontarians.

**If you have any comments or questions regarding the content, format or distribution of this handbook or require this handbook in another format, you may contact:**

ServiceOntario  
Ministry of Public and Business Service  
Delivery and Procurement  
Office of the Registrar General  
Medical Coding Unit  
P.O. Box 4600  
189 Red River Road, Thunder Bay, ON P7B 6L8  
(807) 933-4994

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Canadian Medical Association  
Office of the Chief Coroner for Ontario  
The College of Nurses of Ontario

## **Sources**

This handbook is modeled on a number of other handbooks, including the 1947 Edition of the Dominion Bureau of Statistics' Vital Statistics Handbook, the U.S. Department of Health and Human Services' 1987 Physicians' Handbook on Medical Certification of Death, the Australian Bureau of Statistics booklet Cause of Death Certification, the World Health Organization's 1979 handbook Medical Certification of Death, and the British Columbia Ministry of Health and Ministry Responsible for Seniors' Physicians' and Coroners' Handbook on Medical Certification of Death.



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# I. Introduction

This handbook is a guide for registered nurses (RN). Registered nurses with extended certificates (RN(EC)) should refer to the Handbook on Medical Certification of Death and Stillbirth.

It is important that RNs who are tasked with certifying deaths be properly oriented to the principles of medical certification; the way the statements are to be entered; and the importance of completeness, accuracy and specificity in listing causes of death.

RNs are not authorized to certify the medical certificate of stillbirth (Form 8).

## RNs Responsibilities in Death Registration

RNs are authorized to complete and certify/sign a medical certificate of death, in the form approved by the Registrar General and stating the cause of death, **only where all the following circumstances are met:**

- a) the nurse had an established nurse-patient relationship with the deceased during the last illness of the deceased;
- b) the death was expected during the last illness of the deceased;
- c) there was a documented medical diagnosis of a terminal disease for the deceased made by a legally qualified medical practitioner or RN(EC) during the last illness of the deceased;

- d) there was a predictable pattern of decline for the deceased during the last illness of the deceased;
- e) there were no unexpected events or unexpected complications during the last illness of the deceased; and
- f) the death did not result from medical assistance in dying within the meaning of section 241.1 of the Criminal Code (Canada).

If any one of the above circumstances was not met, then a physician, RN(EC), coroner, or coroner investigator must certify the medical certificate of death. The Coroners Act requires that deaths due to causes other than natural disease must be reported to a coroner for investigation.

It is the legal responsibility of a prescribed individual (that is, an individual specified by Regulation 1094: General made under the VSA) to cause the completion of and certify the medical certificate of death (Appendix I), which forms part of the death registration. The act of signing off on the content contained in a medical certificate of death constitutes "certifying" the death, and the person signing is the "certifier".

Uniform principles must be applied in reporting cause(s) of death, which then must be recorded on the form required by the Office of the Registrar General. The use of this form places the responsibility for indicating the correct sequence of events on the certifier. The quality of the mortality data base depends on accuracy, legibility and completeness when completing this document.

Prior to completing the medical certificate of death, an RN must:

- be familiar with the correct method to complete the medical certificate of death according to the instructions in this handbook; and
- ensure the conditions set out in subsection 35(3) of Regulation 1094: General made under the VSA are met;
- ensure the medical certificate of death is an original, current version of the form supplied by the Office of the Registrar General;
- be familiar with and fully understand sections 21, 22 and 26 of the VSA;
- ensure that the completed and signed medical certificate of death is available to the funeral director promptly.

For reference, please find a link to the [Ontario's Vital Statistics Act](#) (VSA) and its Regulation [1094](#): General

If an RN is uncertain about how to correctly complete the medical certificate of death, please refer it to a physician or RN(EC).

# Importance of Death Registration

## Death registration serves two purposes.

Death registration is a permanent legal record of the death of an individual. The death registration records the personal information about the deceased and details of the circumstances of death that are, in most jurisdictions, legally required to issue a burial permit. Death certificates and certified copies of death registrations are produced from this legal record and are commonly required to settle an estate and for insurance and pension purposes.

Information from the death registration (specifically, the medical certificate of death) is the source of mortality statistics that are used by federal, provincial, and local governments, researchers and clinicians, educational institutions and others. Among other purposes, the statistics may be used to:

- form the basis of the oldest and most extensive public health surveillance system;
- assess health status of the population and determine changes in status over time;
- identify regional differences in death rates and investigate reasons for these differences;
- monitor trends in public health issues such as infant and maternal mortality, infectious diseases, accidents, and suicides;
- identify risks associated with environmental and occupational factors and lifestyle;
- determine health research and health care priorities and allocate resources;

- plan health facilities, services, and staffing;
- plan prevention and screening programs and assess the results of these programs; and
- develop health promotion programs and evaluate their results.

Across Canada, death registration forms closely follow agreed-upon standards, with some variation to meet particular needs. This approach allows for cross-jurisdictional comparison of data.

All vital statistics information contained on death registrations, including cause of death data, is sent to Statistics Canada for National publication.

## Registering a Death in Ontario

To register a death in Ontario, both a medical certificate of death and statement of death must be completed, signed and submitted to the Office of the Registrar General:

- An RN in prescribed circumstances is responsible for completing and certifying the medical certificate of death immediately after the death, and ensuring it is made available to the funeral director. This step may also be completed by a physician, coroner, coroner investigator, or RN(EC). The act of signing a medical certificate of death constitutes “certifying” the death, and the person signing is the “certifier”.

- The funeral director and/or a family member completes the statement of death with information about the deceased. The funeral home is responsible for forwarding both the statement of death and medical certificate of death to the Division Registrar of the municipality where the death occurred to obtain a burial permit.
- The Division Registrar registers the event, issues the burial permit, and forwards the documents to the Office of the Registrar General for registration in the province of Ontario.
- The Office of the Registrar General finalizes the death registration.

Once the death is registered with ServiceOntario's Office of the Registrar General, a person may apply to the same office for a death certificate, a certified copy of the death registration or a certified copy of the death registration with cause of death information and pay the required fee.

## **Applying for a death certificate after the death is registered.**

### **Two types of death certificates are available:**

#### **File size death certificate**

There are no restrictions on who can apply to obtain a file size death certificate. This certificate includes the deceased's name, age, marital status, date of death, place of death, sex, date of registration, and registration number.



## Certified copy of a death registration

The deceased's next of kin or their authorized representative can apply for a certified copy of a death registration. Authorized representatives may include an estate administrator, executor or administrator or a person with legal guardianship acting on behalf of the deceased, or an entitled individual. A certified copy will have a raised seal, the signature of the Deputy Registrar General, and will be printed on special paper with security features.

Upon request, the certified copy of a death registration may be issued with cause of death information. If the cause of death information is requested by the applicant, a copy of the medical certificate of death will form part of a package of documents.

More information about applying for a death certificate or certified copy of a death registration is available online at [ServiceOntario/Death Certificate](#)

## Confidentiality of Vital Event Records

The personal information on vital event records is protected against unwarranted or indiscriminate disclosure under the VSA, the Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.F.31 and under the Statistics Act, R.S.C., 1985, c. S-19.

# Reporting Deaths to the Coroner

## Coroner's Investigation

Per Section 10 of the Coroners Act, all health care professionals have a legal and professional responsibility to notify the coroner of cases that may require investigation.

Do not complete the medical certificate of death when any of the following circumstances apply. Contact the coroner.

### **Section 10(1) Every person who has a reason to believe that a deceased person died**

- a) as a result of,
  - i. violence,
  - ii. misadventure,
  - iii. negligence,
  - iv. misconduct, or
  - v. malpractice;
- b) by unfair means;
- c) during pregnancy or following pregnancy in circumstances that might reasonably be attributable thereto;
- d) suddenly and unexpectedly;
- e) from disease or sickness for which they were not treated by a legally qualified medical practitioner;
- f) from any cause other than disease; or
- g) under such circumstances as may require investigation,

**Note:** There may be additional requirements to report to a coroner when a death occurs in specific practice settings, for example:

- long-term care homes
- psychiatric facilities
- secure treatment programs
- correctional facilities
- workplace accidents.

Refer to employer policies for more information.

**Do not complete the medical certificate of death** if any of the following circumstances exist. Contact the coroner.

Common circumstances nurses may encounter:

- **Family members express concerns about treatment decisions.** A coroner might be the appropriate independent third party to assist in diffusing contentious issues and volatile situations after the death.
- The **death was due to non-natural causes** such as accident, homicide, or suicide. For example, an injury (e.g., hip fracture) that precedes a terminal medical event (e.g., pneumonia) may be considered to be non-natural, and therefore a coroner must be notified to determine if the death may be attributable to the initial injury.
- There was a **traumatic injury** involved in the death (e.g. a fall, fracture, overdose, poisoning, or intoxication).

Where a death has been reported to the coroner and has been accepted for investigation, the coroner or coroner investigator has the legal obligation to complete the medical certificate of death form. Where the form has already been completed by another certifier, the coroner or coroner investigator will replace it with a revised form.

For reference, please find a link to Ontario's [Coroners Act](#).

# II. Principles of Medical Certification

## International Classification of Disease

Causes of death are classified using the International Statistical Classification of Diseases and Related Health Problems (ICD). The ICD is developed and annually updated by the World Health Organization (WHO) and is the global health information standard for mortality and morbidity statistics and is used in more than 100 countries around the world. Canada is currently using the 10<sup>th</sup> revision of the ICD. The 11th revision of the ICD will replace the ICD-10 as the global standard for recording health information and causes of death.

## Mortality Classification

Mortality classification is the process of transforming descriptions of medical diagnoses, surgical/medical procedures, signs, symptoms, abnormal findings, complaints, social circumstances, injuries, and external causes, etc. from death registrations into standardized codes using the rules and conventions inherent to the ICD.

Mortality Classification Specialists in Ontario are trained and certified by Statistics Canada to analyze any clinical statements of death and assign standardized codes using the ICD. This classification system provides thousands of codes to classify most diseases, external causes and injuries or poisonings, and provides instructions for the assignment and selection of the underlying cause of death (starting point).

The certifier records all relevant information pertaining to the deceased on the medical certificate of death. Mortality Classification Specialists use this information to assign comprehensive cause of death codes using the ICD which facilitate the selection of an underlying cause of death for Ontario vital statistics. The underlying cause of death is the condition selected for such single-cause tabulation.

### Example: Multiple Cause Coding

During the selection process, codes J44.9 and J18.9 combine and become code J440. Using the ICD, an underlying cause J440 is selected for Ontario's mortality statistics.

| Cause of Death |  | Approximate interval between onset and death    |       |
|----------------|--|---|-------|
| Cause of Death | 11. Part I   |   |       |
|                | Immediate cause of death (a)   | Respiratory failure                             | J96.9 |
|                | Antecedent causes, if any, (b)   | Pleural effusion                                | J90   |
|                | Underlying cause of death (Stated last) (c)  | Pneumonia                                       | J18.9 |
|                | (d)  | Chronic pulmonary obstructive disease           | J44.9 |
|                | Part II  |   |       |
|                | Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I | Smoking (>50 yrs), Hypertension (25 yrs)        | I10   |
|                |  | Coronary artery disease (15 yrs), Obesity (yrs) |       |
|                |  |   |       |
|                |  |   |       |

# III. Medical Certificate of Death

## A. General Instructions

The medical certificate of death is a permanent legal document and record detailing the fact and circumstance of death and from which official copies are produced. Only physicians, coroners, coroner investigators, RN(EC)s and, in prescribed circumstances, RNs are permitted to certify deaths in Ontario.

The act of signing a medical certificate of death constitutes “certifying” the death, and the person signing is the “certifier”. Per the VSA, the form required by the Office of the Registrar General is the current medical certificate of death, form 16. A supply of this form can be obtained by contacting the Office of the Registrar General. Instructions on completing the Medical Certificate of Death, Form 16 are printed on the reverse of the form.

### **To obtain the current Medical Certificate of Death (Form 16):**

- Online, via Central Forms Repository:  
[\*\*Medical Certificate of Death - Form 16\*\*](#); or
- Via mail, by sending an email to request for mailed forms (state the form name, amount to be mailed, name, full address and daytime phone number) to:  
[\*\*TBPVSB.Stockroom@ontario.ca\*\*](mailto:TBPVSB.Stockroom@ontario.ca); or

If you are not able to obtain the form through the link or by email, call the Medical Coding Unit at (807) 933-4994.

The medical certificate of death is divided into three (3) main sections for the certifier to complete:

- 1. Information about the Deceased
- 2. Cause of Death
- 3. Certification

|   |        |  |  |   |  |   |                 |  |  |
|---|--------|--|--|---|--|---|-----------------|--|--|
| <b>Information About the Deceased</b>   |        |  |  |   |  |   |                 |  |  |
| 1. Last name or single name   |        |  |  | First and middle names  |  |   |                 | 2. Date of death (yyyy/mm/dd)  |  |
| 3. Sex  | 4. Age | 5. If under 1 year<br>Months      Days   |  | 6. If under 1 day<br>Hours      Minutes   |  | 7. Gestation age  | 8. Birth weight |  |  |
| 9. Place of death (name of facility or location)  |        |  |  |   |  |   |                 |  |  |
| <input type="checkbox"/> Hospital <input type="checkbox"/> Long term care <input type="checkbox"/> Private Residence <input type="checkbox"/> Other (specify)   |        |  |  |   |  |   |                 |  |  |
| 10. City, town, village or township   |        |  |  |   |  | Regional municipality, county or district   |                 |  |  |
| <b>Cause of Death</b>   |        |  |  |   |  |   |                 |  |  |
| 11. Part I  |        |  |  |   |  |   |                 | I  |  |
| Immediate cause of death (a)  |        |  |  |   |  |   |                 | Approximate interval between onset and death   |  |
| Antecedent causes, if any, (b)  |        |  |  |   |  |   |                 |  |  |
| due to, or as a consequence of  |        |  |  |   |  |   |                 |  |  |
| (c)   |        |  |  |   |  |   |                 |  |  |
| due to, or as a consequence of  |        |  |  |   |  |   |                 |  |  |
| Underlying cause of death (d)   |        |  |  |   |  |   |                 |  |  |
| (Stated last)   |        |  |  |   |  |   |                 |  |  |
| Part II   |        |  |  |   |  |   |                 | II   |  |
| Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I  |        |  |  |   |  |   |                 |  |  |
| 12. If deceased was a female, did the death occur:  |        |  |  |   |  |   |                 |  |  |
| <input type="checkbox"/> during pregnancy <input type="checkbox"/> within 42 days following the end of pregnancy * <input type="checkbox"/> between 43 days and 365 days following the end of pregnancy* <input type="checkbox"/> not pregnant within the past year <input type="checkbox"/> unknown if pregnant within the past year |        |  |  |   |  |   |                 |  |  |
| 13. Was the deceased dead on arrival at the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No  |        |  |  |   |  |   |                 | 14. Was there a surgical procedure within 28 days of death? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 15. Date of surgery (yyyy/mm/dd)  |        |  |  |   |  |   |                 |  |  |
| 16. Condition necessitating surgery   |        |  |  |   |  |   |                 |  |  |
| <b>Autopsy Particulars</b>  |        | 17. Autopsy being held? <input type="checkbox"/> Yes <input type="checkbox"/> No |  | 18. Does the cause of death stated above take account of autopsy findings? <input type="checkbox"/> Yes <input type="checkbox"/> No |  | 19. May further information relating to the cause of death be available later? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                 |  |  |
| <b>Traumatic or Violent Death (if applicable)</b>   |        | 20. If accident, suicide, homicide or undetermined (specify)                     |  |   |  | 21. Place of injury (e.g. home, farm, highway, etc.)  |                 | 22. Date of injury (yyyy/mm/dd)  |  |
|   |        | 23. How did injury occur? (describe circumstances)                               |  |   |  |   |                 |  |  |
| <b>Certification</b>  |        |  |  |   |  |   |                 |  |  |
| By signing below, you certify that the information provided is correct to the best of your knowledge, according to instructions and requirements.   |        |  |  |   |  |   |                 |  |  |
| 24. Your signature (physician, coroner investigator, RN(EC), RN)  |        |  |  |   |  |   |                 | 25. Date (yyyy/mm/dd)  |  |
| 26. Your name (last, first and middle names or single name)   |        |  |  |   |  | 27. Your title: <input type="checkbox"/> Physician <input type="checkbox"/> RN(EC) <input type="checkbox"/> RN <input type="checkbox"/> Coroner <input type="checkbox"/> Coroner Investigator |                 | If RN(EC)/RN, Registration number  |  |
| 28. Your address (street number and name, city, province, postal code)  |        |  |  |   |  |   |                 |  |  |

\*In addition, there are two (2) sections designed to capture information regarding Autopsy and Traumatic deaths



**It is essential that:**

- the medical certificate of death be prepared accurately and be legible;
- the original medical certificate of death be provided to the funeral service provider or person taking responsibility for the remains;
- all entries on the medical certificate of death be typed or printed clearly using blue or black ink and that any alterations are initialed.

Once the medical certificate of death has been completed and signed by the RN, the form must be made available for transferring the remains for burial, cremation, or other disposition.

Generally, the VSA prohibits a person from making, obtaining, or attempting to obtain copies or duplicates of a medical certificate of death which has been signed. However, Regulation 1094: General made under the VSA provides that a person is exempt from those prohibitions if they are required to copy or duplicate the medical certificate of death while the person is acting in the course of their employment or professional duties.

## B. Completing the Cause of Death Section

Uniform principles must be applied in the reporting of causes of death and the use of this standard form places the responsibility for indicating the correct sequence of events on the certifier. The "Cause of Death" section provides spaces for the certifier to record pertinent information concerning the diseases and morbid conditions which either resulted in or contributed to death and includes sections 11-16. The certifier is responsible for indicating the correct sequence of events.

The "Cause of Death" section is designed for the certifier to report **multiple** causes of death to facilitate the selection of the **underlying** or originating cause (i.e., the starting point) for vital statistics.

When only **one** cause is reported, this cause is selected as the underlying cause of death for vital statistics. When **multiple** causes are recorded, the certifier is expected to specify the originating or underlying cause of death.

The "Cause of Death" section of the medical certificate of death is based on recommendation of the WHO.

| Cause of Death   |  |  |  |
|--|--|--|--|
| 11. Part I   |  |  | Approximate interval between onset and death |
| Immediate cause of death (a)   |  |  |  |
| due to, or as a consequence of   |  |  |  |
| Antecedent causes, if any, (b)   |  |  |  |
| due to, or as a consequence of   |  |  |  |
| (c)  |  |  |  |
| due to, or as a consequence of   |  |  |  |
| Underlying cause of death (d) (Stated last)  |  |  |  |
| Part II  |  |  |  |
| Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I   |  |  |  |
| 12. If deceased was a female, did the death occur: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> during pregnancy </div> <div> <input type="checkbox"/> within 42 days following the end of pregnancy * </div> <div> <input type="checkbox"/> between 43 days and 365 days following the end of pregnancy* </div> <div> <input type="checkbox"/> not pregnant within the past year </div> <div> <input type="checkbox"/> unknown if pregnant within the past year </div> </div> <p><small>*(induced abortion, miscarriage, ectopic pregnancy, stillbirth, or live birth)</small></p> |  |  |  |
| 13. Was the deceased dead on arrival at the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | 14. Was there a surgical procedure within 28 days of death? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Date of surgery (yyyy/mm/dd)             |
| 16. Condition necessitating surgery  |  |  |  |

## The “Cause of Death” section consists of two (2) main parts:

- Part I - record a sequence of events leading directly or indirectly to death
- Part II - record other significant conditions that contributed to death

## In addition, there are questions designed to capture information to:

- record pregnancy status in the case of a maternal death;
- record whether the deceased was dead upon arrival at the hospital;
- record recent surgical and medical procedures.

# Definitions

- i. A **cause of death** is the morbid condition or disease process, abnormality, injury, or poisoning leading directly or indirectly to death. It consists of a diagnostic entity, which is a single term or a composite term that is used to describe a disease, nature of injury, or other morbid condition.

**Note:** “Natural Causes” is not a cause of death; it is a manner (classification) of death and should not be reported in Part I or Part II.

**Note:** “Old Age” should not be recorded as a cause of death. The certifier should make efforts to determine, if possible, through a review of medical records, a clear and distinct etiological basis for cause of death for the elderly decedent. The age of the decedent is already captured on the medical certificate of death for statistical databases.

- ii. The **immediate cause of death** is the terminal condition leading directly to death and is reported on the first line (line (a)) in Part I.

**Note:** Do not report a mechanism or mode of death such as cardiac arrest, respiratory arrest or failure, hypoxia, asphyxia shock, etc. A mode of dying is a statement not specifically related to the disease process; it merely attests to the fact of death and provides no additional information on the cause of death.

- iii. An **antecedent cause of death** is any intervening cause of death occurring between the immediate and the underlying cause (starting point).
- iv. The **underlying or primary cause** (starting point) is the disease or event which initiated the train or sequence of morbid events leading directly or indirectly to death.
- v. A reported **sequence** is two or more conditions entered on successive lines in Part I, each condition being an acceptable cause of the one on the line above it.
- vi. The words **“due to, or as a consequence of”** printed between the lines of Part I apply to sequences with an etiological or pathological basis and also to sequences where an antecedent condition is believed to have prepared the way for the more direct cause.

## Completing Part I

Part I is designed for the certifier to report the sequence of conditions which led to death in ascending causal order, with the most recent or immediate cause on line (a), followed by antecedent causes (if any) on lines (b) and (c) and finally, the underlying cause on line (d). The certifier is requested to arrange the causes of death on the form in this order to facilitate the selection of the underlying (originating) cause when two or more causes are reported for Ontario vital statistics.

Only **one** cause is to be entered on each line.

| Cause of Death                          |  |
|---|--|
| 11. Part I                              | I  |
| Immediate cause of death (a)            | Approximate interval between onset and death |
| Antecedent causes, if any, (b)          |  |
| due to, or as a consequence of          |  |
| (c)                                     |  |
| due to, or as a consequence of          |  |
| (d)                                     |  |
| Underlying cause of death (Stated last) |  |

**Bone  
metastases**

**Breast  
cancer**

**Pathological  
fracture**

**Pulmonary  
embolism**

**Shortness  
of breath**

**Lung  
metastases**

**Mastectomy**

**Immobility**

**Pain**

**Chemotherapy**

**First, the certifier must decide which of multiple conditions to report; second, which cause is an immediate, antecedent, and underlying cause; and third, arrange the conditions in sequential order**

In Part I, the certifier may report a single cause of death or multiple causes of death. Usually, a death results from the combined effect of two or more conditions (i.e., one cause may lead to another, etc.).

If **no clear immediate cause** can be identified (e.g., where the death is expected but not witnessed by anyone) enter the medical diagnosis of a terminal illness on line (a). The mode of dying should **not** be recorded.

|  |   |
|--|---|
| Part I                                     |   |
| Immediate cause of death (a)               | Primary breast carcinoma<br><small>due to, or as a consequence of</small> |
| Antecedent causes, if any, (b)             | <br><small>due to, or as a consequence of</small>                         |
| (c)  | <br><small>due to, or as a consequence of</small>                         |
| Underlying cause of death<br>(Stated last) | (d)   |

If there are **multiple causes** of death to report, an entry on multiple lines is required, in sequence, recording the immediate cause first and the underlying cause last. The mode of dying should **not** be recorded.

|  |   |
|--|---|
| 11. Part I                                 |   |
| Immediate cause of death (a)               | Pulmonary embolism<br><small>due to, or as a consequence of</small> |
| Antecedent causes, if any, (b)             | Immobility<br><small>due to, or as a consequence of</small>         |
| (c)  | Lung metastases<br><small>due to, or as a consequence of</small>    |
| Underlying cause of death<br>(Stated last) | Primary Breast Carcinoma<br>(d)                                     |

## Underlying Cause

The underlying cause (**starting point**) is an extremely important concept in medical certification. It is defined by the WHO as “the disease or injury that initiated the train of events leading directly to death or the circumstances of the accident or violence which produced the fatal injury”.

When two or more causes are reported, the order in which the certifier is requested to arrange them on the certificate facilitates the selection of the underlying cause (**starting point**) for Ontario vital statistics.

Most, but not all, mortality statistics show a single cause of death for each individual, regardless of how many conditions are reported on the certificate. The underlying cause of death is the condition selected for such single-cause tabulation.

The underlying cause (**starting point**) should be a **terminal illness that was previously diagnosed and documented by a physician or RN(EC)**. If there is more than one terminal illness documented, it is up to the certifier to select and record in Part I the illness which had the greatest impact resulting in death.



**If Part I has been completed properly, the certifier will:**

- ☒ Record the immediate cause (terminal event) on line (a)
- ☒ Record antecedent causes (if any) on lines (b) and (c) and;
- ☒ Record the underlying cause **(starting point) alone** on the lowest line **(e.g., a terminal illness previously diagnosed and documented by a physician or RN(EC))**.

**Example:** Atherosclerosis gave rise to ischemic heart disease and congestive heart failure which in turn led to a MI.

| Part I                                      |  | Approximate interval between onset and death |
|---|--|--|
| Immediate cause of death (a)                | <b>Myocardial infarction</b><br><i>due to, or as a consequence of</i>    | <b>1 hour</b>                                |
| Antecedent causes, if any, (b)              | <b>Congestive heart failure</b><br><i>due to, or as a consequence of</i> | <b>10 years</b>                              |
| (c)   | <b>Ischemic heart disease</b><br><i>due to, or as a consequence of</i>   | <b>15 years</b>                              |
| Underlying cause of death (Stated last) (d) | <b>Atherosclerosis</b>   | <b>20 years</b>                              |

**Note:** A common error or oversight frequently made by a certifier is recording the underlying cause in Part II, and sometimes not at all. Certifiers should strive to record the terminal illness previously diagnosed and documented by a physician or RN(EC) on the lowest line on each medical certificate of death.

# Reporting a Sequence

When more than one cause of death is needed in Part I, the certifier is requested to report a “sequence.” The term “sequence” refers to two (or more) conditions entered on successive lines, each condition being an acceptable cause of the one entered on the line above it.

The words “**due to, or as a consequence of**” printed between lines, apply to the condition on the lower line; i.e. a condition is considered to be “due to” any entries entered below it.

|  |  |
|--|--|
| Immediate cause of death                   | (a) <b>Renal failure</b><br><i>due to, or as a consequence of</i>          |
| Antecedent causes, if any,                 | (b) <b>Chronic kidney disease</b><br><i>due to, or as a consequence of</i> |
|  | (c) .....<br><i>due to, or as a consequence of</i>                         |
| Underlying cause of death<br>(Stated last) | (d) .....  |

A death often results from the combined or cumulative effect of two (2) or more conditions; that is, one cause may lead to another which in turn leads to a third cause, etc. It is up to the certifier to decide the number of conditions to report in a sequence.

- Part I has four lines (a), (b), (c), (d). All lines need not be used.
- The certifier is not limited to four lines. **If additional lines are necessary** to enter the complete sequence of events, the certifier may add lines (e.g., (e) and (f)) so all conditions related to the death are entered in Part I with only one condition to a line and with the terminal disease on the lowest line.

**Example:** If no clear immediate cause can be identified (e.g., where the death is expected but not witnessed by anyone) enter the medical diagnosis of a terminal illness on line (a). It is up to the certifier to decide the number of conditions to report in a sequence.

|  |   |  |
|--|---|--|
| Part I   | I   | Approximate interval between onset and death |
| Immediate cause of death (a)                   | <b>End stage Alzheimer's Dementia</b><br>due to, or as a consequence of | <b>10 years</b>                              |
| Antecedent causes, if any, (b)                 | due to, or as a consequence of  |  |
| (c)  | due to, or as a consequence of  |  |
| Underlying cause of death (d)<br>(Stated last) |   |  |

**Example:** If there is more than one step to report, an entry on multiple lines is required, in sequential order, stating the underlying cause (e.g., starting point) last.

|  |   |  |
|--|---|--|
| Part I   | I   | Approximate interval between onset and death |
| Immediate cause of death (a)                   | <b>Hypernatremia</b><br>due to, or as a consequence of          | <b>days</b>                                  |
| Antecedent causes, if any, (b)                 | <b>Dehydration</b><br>due to, or as a consequence of            | <b>5 days</b>                                |
| (c)  | <b>Not eating or drinking</b><br>due to, or as a consequence of | <b>1 week</b>                                |
| Underlying cause of death (d)<br>(Stated last) | <b>End stage Alzheimer's Dementia</b>                           | <b>10 years</b>                              |

At times there may appear to be **two or more possible sequences resulting in death** (e.g., multiple complex medical conditions in an elderly patient). The certifier must choose and report in Part I the sequence which had the greatest impact resulting in the death, and report conditions from the other sequence(s) in Part II.

# Completing Part II

Record in Part II any other significant condition which unfavorably influenced the course of the morbid process and thus contributed to the fatal outcome but was not related to the immediate cause of death. These conditions are not part of the sequence reported in Part I and would be conditions that pre-existed or co-existed prior to death. In this section, more than one condition can be reported per line.

| Cause of Death  |   |  |
|---|---|--|
| 11. Part I  |   | Approximate interval between onset and death |
| I   |   |  |
| Immediate cause of death (a)  | <b>Upper gastrointestinal hemorrhage</b><br><small>due to, or as a consequence of</small> | <b>3 days</b>                                |
| Antecedent causes, if any, (b)  | <b>Esophageal varices</b><br><small>due to, or as a consequence of</small>                | <b>2 months</b>                              |
|   | (c) <b>Liver cirrhosis</b><br><small>due to, or as a consequence of</small>               | <b>10 years</b>                              |
| Underlying cause of death (Stated last) (d)   | <b>Alcoholism</b>   | <b>30 years</b>                              |
| II  |   |  |
| Part II<br>Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I |   |  |
| <b>Portal hypertension, Ascites</b>   |   | <b>5 years</b>                               |
| <b>Hypercholesterolemia</b>   |   | <b>20 years</b>                              |

- Do not enter a condition in Part II that belongs in Part I because of lack of space in Part I. The certifier should add lines (e), (f), etc. to Part I to show the entire sequence.
- When there are **two or more possible sequences** resulting in death (e.g., multiple conditions among older people), the certifier must choose and report in Part I the sequence which had the greatest impact. Conditions from the other sequence(s) should be reported in Part II.

- It is of no benefit to enter in Part II multiple medical conditions that have no direct relationship to the death, have not contributed to the death, or were not significant. Limit your entries to those only of **appropriate significance** which contributed to the death.
- In Part II, where more than one condition may be reported per line, duration is required for each condition (e.g., using brackets or not).

Any disease, abnormality, injury, or late effects of poisoning, believed to have adversely affected the decedent should be reported in Part II, including:

- use of alcohol and/or other substances;
- smoking history;
- environmental factors, such as exposure to toxic fumes, etc.;
- previous surgical information, if applicable.

# Interval between Onset and Death

On the right side of Part I and Part II, there is an area for the certifier to record the duration of each reported cause e.g., the interval between the onset of a disease or injury and death.

| Cause of Death  |  |   |
|---|--|---|
| <div> <div>11. Part I</div> <div> <div>Immediate cause of death (a)</div> <div>Upper gastrointestinal hemorrhage</div> </div> </div>                        |  | <div>Approximate interval between onset and death</div> <div>3 days</div> |
| <div> <div>Antecedent causes, if any, (b)</div> <div>Esophageal varices</div> </div>  |  |   |
| <div> <div>(c)</div> <div>Liver cirrhosis</div> </div>  |  |   |
| <div> <div>Underlying cause of death (Stated last) (d)</div> <div>Alcoholism</div> </div>   |  |   |
| <div> <div>Part II</div> <div>Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I</div> </div> |  |   |
| <div> <div>Portal hypertension, Ascites</div> </div>  |  | 5 years   |
| <div> <div>Hypercholesterolemia</div> </div>  |  | 20 years  |

- The duration of each cause of death should be specified as to the unit of time: years, months, days, and hours, even minutes or seconds.
- The form requests the “approximate interval” between onset and death. It is important to approximate the duration or to enter “unknown” rather than leave it blank or use vague terms such as previous or prior.
- The durations should **increase progressively** through lines (a) through (d). The cause reported on line (a) should have the shortest duration and the underlying cause of death reported alone on the lowest line should have the longest duration.
- In Part II, where more than one condition may be reported per line, duration is required for **each** condition.

# Organ Failure

Failure of most organs (e.g., renal failure, hepatic failure, cardiac failure) must be due to an **underlying disease or condition**. If an organ or system failure is listed as a cause of death always report its etiology on the line(s) beneath.

| Cause of Death                              |   |   |
|---|---|---|
| 11. Part I                                  |   | I   |
| Immediate cause of death (a)                | <b>Renal failure</b><br><i>due to, or as a consequence of</i> | Approximate interval between onset and death<br><b>6 months</b> |
| Antecedent causes, if any, (b)              | <b>Hypertension</b><br><i>due to, or as a consequence of</i>  | <b>30 years</b>   |
| (c)   | <i>due to, or as a consequence of</i>                         |   |
| Underlying cause of death (Stated last) (d) |   |   |

# Etiology

Provide additional information about the **underlying etiology** when processes such as the following are reported: abscess, anoxia/hypoxia, anoxic encephalopathy, ascites, aspiration, brain damage, carcinomatosis, dehydration, embolism, hemorrhage, hypotension, infarction, malnutrition, metastases, pleural effusions, seizures, sepsis, shock, etc.

If the etiology of a process is unknown, undetermined, or unspecified, the certifier is requested to record this, so the sequence appears complete (e.g., sepsis, source unclear; cerebral anoxia, cause unknown).

| Cause of Death                              |   |   |
|---|---|---|
| 11. Part I                                  |   | I   |
| Immediate cause of death (a)                | <b>Multiorgan failure</b><br><i>due to, or as a consequence of</i>      | Approximate interval between onset and death<br><b>2 days</b> |
| Antecedent causes, if any, (b)              | <b>Sepsis</b><br><i>due to, or as a consequence of</i>                  | <b>2 weeks</b>  |
| (c)   | <b>Urinary Tract infection</b><br><i>due to, or as a consequence of</i> | <b>3 weeks</b>  |
| Underlying cause of death (Stated last) (d) |   |   |

# Neoplasms

A neoplasm can be malignant (primary or secondary), in situ, benign, or of uncertain or unknown behaviour. Therefore, it is important to include morphology, behavior, and site when a neoplasm is recorded as a cause of death.

## Malignant Neoplasm

When reporting a malignant neoplasm, it is very important to specify **the organ or anatomic location first affected**, referred to as the “**primary**”. The “**primary**” is the cause selected for vital statistics and is important for research.

Use the term “primary” to specify the organ or anatomic location or part FIRST affected. This avoids confusion when reporting multiple sites. When the certifier is ambiguous in reporting the primary site, every effort is made to obtain clarification from the certifier.

| Cause of Death                              |                     |  |
|---|---------------------|--|
| 11. Part I                                  |                     | Approximate interval between onset and death |
| Immediate cause of death (a)                | Multiple metastases | 6 months                                     |
| Antecedent causes, if any, (b)              |                     | 5 years                                      |
| Underlying cause of death (Stated last) (d) |                     |  |

Use the term “**primary unknown**” or some other similar expression where there was no clear indication of the organ or anatomic part FIRST affected.



| Cause of Death                                 |   |   |
|--|---|---|
| 11. Part I                                     |   |   |
| Immediate cause of death (a)                   | <b>Metastatic liver cancer</b><br><small>due to, or as a consequence of</small> | Approximate interval between onset and death<br><b>6 months</b> |
| Antecedent causes, if any, (b)                 | <b>Primary unknown</b><br><small>due to, or as a consequence of</small>         | <b>1 year</b>   |
| (c)  | <small>due to, or as a consequence of</small>                                   |   |
| Underlying cause of death<br>(Stated last) (d) |   |   |

Since the term “**metastatic**” can be interpreted in two ways: i) meaning a secondary neoplasm from a primary elsewhere, and ii) denoting a primary that has given rise to metastases, use the term “**primary**” to specify the organ or anatomic part FIRST affected to avoid confusion when multiple sites are reported.

Show the presence of **more than one primary** neoplasm by recording the primary cancer responsible for the death in Part I and reporting any other primary cancers in Part II. Use the term “primary” with each entry to avoid confusion or ambiguity.

## Leukemia and Lymphoma

Record malignant neoplasms of lymphoid, hematopoietic, and related tissue **by morphological type** such as B cell lymphoma, plasma cell leukemia, chronic lymphocytic leukemia.

## Benign Neoplasm

Benign tumors (e.g., lipoma, chondroma, adenomas, teratoma, etc.) usually lack the ability to invade neighbouring tissue or metastasize and therefore are usually non-cancerous. It is important to specify morphology and site (e.g., lipoma of face). However, many types have the potential to become cancerous (e.g., malignant) and the certifier should specify the organ or anatomic part FIRST affected in these cases (e.g., malignant prostate adenoma).

## Uncertain or Unknown behaviour (tumor)

The term tumor is commonly used as a synonym for a neoplasm; however, a tumor is not considered synonymous with cancer.

As tumors may be cancerous (malignant) or noncancerous (benign, unknown) it is important to **specify the morphological nature** of the tumor. If the nature is unknown or has not yet been identified report "not yet determined", "not investigated" or some other similar expression. If a tumor is malignant, clearly indicate this as well as stating whether it was the primary site or not (e.g., brain tumor, probably malignant and primary).

## Medical Assistance in Dying

A RN shall **not** complete and certify a medical certificate of death when the death resulted from medical assistance in dying within the meaning of section 241.1 of the Criminal Code (Canada).

# COVID(-19 ) (Infection, SARS-Cov-2)

It is important to **report deaths from COVID-19 in a uniform way** to ensure quality cause of death information and to distinguish if COVID-19 was the primary cause or a contributing condition. Report COVID-19 independently of preexisting conditions.

**Example: Report COVID-19 in Part I** when it is determined to be the underlying cause of the death (starting point). Report COVID-19 with conditions to which it gave rise (e.g., pneumonia, respiratory failure, ARDS, etc.). Record other significant preexisting conditions which contributed to the death in Part II

| Cause of Death  |   |
|---|---|
| 11. Part I  | I   |
| Immediate cause of death (a) <b>Respiratory failure</b><br><small>due to, or as a consequence of</small>                    | Approximate interval between onset and death<br><b>2 days</b> |
| Antecedent causes, if any, (b) <b>Pneumonia</b><br><small>due to, or as a consequence of</small>                            | <b>1 week</b>   |
| (c) <b>COPD</b><br><small>due to, or as a consequence of</small>  | <b>20 years</b>   |
| Underlying cause of death (Stated last) (d)   |   |
| Part II<br>Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I | II<br><b>COVID-19 6 weeks, Dementia, ASHD</b><br><b>years</b> |

**Example: Report COVID-19 in Part II** when the death is attributed to a preexisting condition **report COVID-19 in Part II** as a significant condition which contributed to the death but was not the underlying cause (starting point) given in Part I.

| Cause of Death   |   |  |
|--|---|--|
| 11. Part I   |   | Approximate interval between onset and death |
| Immediate cause of death (a)   | <b>Respiratory failure</b><br><small>due to, or as a consequence of</small> | <b>2 days</b>                                |
| Antecedent causes, if any, (b)   | <b>Pneumonia</b><br><small>due to, or as a consequence of</small>           | <b>1 week</b>                                |
| (c)  | <b>COPD</b><br><small>due to, or as a consequence of</small>                | <b>20 years</b>                              |
| Underlying cause of death (Stated last) (d)  |   |  |
| Part II  | COVID-19 6 weeks, Dementia, ASHD  | years  |
| Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I |   |  |

## Maternal Death

All maternal deaths, regardless of cause or whether directly related to the pregnancy or not must be reported to a coroner for investigation. The Office of the Chief Coroner for Ontario has established a policy to investigate and review all maternal deaths that occur after twenty (20) weeks gestation, during delivery, or immediately following delivery, and up to forty-two (42) days postpartum.

The coroner or coroner investigator is responsible for completing this section. Any person who is not a coroner or coroner investigator **shall not** complete this section but refer the case to a coroner for investigation.

## Dead on Arrival at the Hospital

Determine if the deceased was dead on arrival at the hospital and check off the appropriate box.

13. Was the deceased dead on arrival at the hospital? ☐ Yes ☐ No

**Note:** If the deceased was dead on arrival at the hospital, ensure the hospital is reported as the place of death.

# Surgical and Medical Procedures

If the deceased had undergone surgery (or a medical procedure) within twenty-eight (28) days of death or if one of the causes of death was a complication of surgery (regardless of date of surgery) the certifier is required to complete Sections 14, 15, and 16.

- Record in Part I any postoperative complications (described as postoperative)
- Box 14 - check off Yes or No
- Box 15 - record the date of surgery
- Box 16 - record the procedure (medical or surgical) by name, the reason for surgery and operative findings.

**Example:** The deceased suffered a hemorrhage (postoperative complication) 48 hours after undergoing a coronary artery bypass graft (surgery) for occluded arteries (condition necessitating surgery).

| Cause of Death  |   | Approximate interval between onset and death  |
|---|---|---|
| Cause of Death  | 11. Part I<br>Immediate cause of death (a) <b>Postoperative hemorrhage</b><br><small>due to, or as a consequence of</small> | <b>48 hours</b>   |
|   | Antecedent causes, if any, (b)<br><small>due to, or as a consequence of</small>   |   |
|   | Underlying cause of death (Stated last) (c)<br><small>due to, or as a consequence of</small>                                |   |
|   | (d)<br><b>II</b>  |   |
|   | Part II<br>Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I | <b>Coronary heart disease (25yrs), Angina (5yrs)</b>  |
|   | <b>Smoking (50yrs), Hypertension (40yrs)</b>  |   |
| 12. If deceased was a female, did the death occur: <input type="checkbox"/> during pregnancy (including abortion and ectopic pregnancy) <input type="checkbox"/> within 42 days thereafter <input type="checkbox"/> between 43 days and 1 year thereafter |   |   |
| 13. Was the deceased dead on arrival at the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   | 14. Was there a surgical procedure within 28 days of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Date of surgery (yyyy/mm/dd)  |   | <b>May 3, 2019</b>  |
| 16. Condition necessitating surgery:<br><b>Coronary artery bypass graft (CABG) – occluded arteries</b>  |   |   |

# Reporting Dos and Don'ts

## Dos

- ☑ Use only medical certificate of death forms supplied by the Office of the Registrar General. Do not photocopy or create your own form.
- ☑ Record all information in a neat and legible manner.
- ☑ Record a comprehensive sequence of events (summary) in Part I.
- ☑ Record one condition per line in Part I.
- ☑ Record (approximate) duration for each condition reported in Part I and in Part II.
- ☑ Record the documented medical diagnosis of a terminal disease made by a physician or RN(EC) for the underlying cause on the lowest line in Part I.
- ☑ Record the primary site of a neoplasm (e.g., the organ or anatomic part first affected).
- ☑ Correct minor errors by striking through the error and initialing.
- ☑ Correct major errors or multiple errors by starting over and completing a new medical certificate of death form.

## Don'ts

- ❑ Don't record a diagnostic LIST of conditions in Part I (record a sequence).
- ❑ Don't record conditions in a disorganized order in Part I (record a sequence).
- ❑ Don't record multiple sequences in Part I (record one comprehensive sequence).
- ❑ Don't record the terminal disease in Part II.
- ❑ Don't record all possible diagnoses in Part II; record only significant conditions which contributed to the death.
- ❑ Don't record superfluous information (e.g., oxygen-dependent, discontinuation of care, DNR).
- ❑ Don't use medical abbreviations. Some abbreviations can have multiple meanings and may be misinterpreted (e.g., "ARF" could denote "acute respiratory failure" or "acute renal failure").
- ❑ Don't use terms such as death, decomposition, critical illness, multiple comorbidities, multiple medical problems, noncompliance, sudden death, etc. These terms are not considered disease conditions and are not assigned cause of death codes for statistics.
- ❑ Don't record "N/A" or slashes in sections that are non-applicable to your case. Record information, an X in a box or leave blank.

# Examples of Certification

In all the following examples, the RN must have had an established nurse-patient relationship with the deceased during the deceased's last illness; death was expected; there was a documented medical diagnosis of a terminal illness; a predictable pattern of decline and there were no unexpected events or complications. All the criteria must be met for the RN to complete the medical certificate of death. If any one criterion does not exist, a physician or RN(EC) must complete the medical certificate of death.

**Example 1** - A 68-year-old female was diagnosed 6 months ago with carcinoma of the lung. She is cared for by a team of nurses and they do not expect her to make it through the weekend. She has a 45-year history of smoking two packs per day, a five-year history of chronic obstructive pulmonary disease with frequent bouts of pneumonia and bronchitis. She stops breathing and dies with an RN at her bedside.

| Part I   |     | I   | Approximate interval between onset & death |
|--|-----|---|--|
| Immediate cause of death   | (a) | Pneumonia<br><small>due to, or as a consequence of</small>                        | 4 days                                     |
|  | (b) | Metastases to abdomen and pleura<br><small>due to, or as a consequence of</small> | 2 months                                   |
|  | (c) | Bone metastases<br><small>due to, or as a consequence of</small>                  | 2 months                                   |
|  | (d) | Primary carcinoma of lung   | 6 years                                    |
| Part II  |     | II  |  |
| Other significant conditions contributing to the death but not causally related to the immediate cause (a) above |     | Smoking (45 years), COPD (20 years)   |  |

**Note:** Smoking is reported in Part II as a contributing factor and lung cancer is specified as primary (e.g., the organ or part FIRST affected).



**Example 2** - A 79-year-old female has suffered a hip fracture four months previous. Since the fracture, her health declined to the point that it rendered her bedridden and immobile. She has a long history of osteoporosis.

| Part I  | I   | Approximate interval between onset & death |
|---|---|--|
| Immediate cause of death  | (a) <b>Pneumonia</b><br><i>due to, or as a consequence of</i>                 | <b>6 days</b>                              |
|   | (b) <b>Immobility</b><br><i>due to, or as a consequence of</i>                | <b>4 months</b>                            |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last                  | (c) <b>Pathological hip fracture</b><br><i>due to, or as a consequence of</i> | <b>4 months</b>                            |
|   | (d) <b>Osteoporosis</b>   | <b>30 years</b>                            |
| Part II<br>Other significant conditions contributing to the death but not causally related to the immediate cause (a) above | II  |  |

**Note:** Pathological fractures are not considered to have occurred by an external cause therefore the coroner does not need to be notified.

**Example 3** - A 59-year-old female with a history of hypertension for 10 years was admitted to hospital for investigation following complaint of persistent headache for weeks. Exploratory craniotomy and biopsy revealed she was suffering from an inoperable astrocytoma of left temporal lobe. Patient wished to die at home. Palliative care was instituted through discussion with family, RN, and primary care provider.

| Part I  | I  | Approximate interval between onset & death |
|---|--|--|
| Immediate cause of death  | (a) <b>Left temporal lobe Astrocytoma</b><br><i>due to, or as a consequence of</i> | <b>6 months</b>                            |
|   | (b)<br><i>due to, or as a consequence of</i>                                       |  |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last                  | (c)<br><i>due to, or as a consequence of</i>                                       |  |
|   | (d)<br><i>due to, or as a consequence of</i>                                       |  |
| Part II<br>Other significant conditions contributing to the death but not causally related to the immediate cause (a) above | II<br><b>Hypertension (10 years)</b>   |  |

In some cases, a single disease or cause of death which describes completely the sequence of events or may be wholly responsible for the death, may be reported alone in Part I. The death may have been expected and occurred at home but not witnessed by anyone. In such cases, line (a) can serve as both the underlying and immediate cause of death. Hypertension was thought to have influenced the course of the illness unfavorably but was in no way related to the astrocytoma and, therefore, is reported in Part II.

**Example 4** - A 33-year-old male was diagnosed HIV positive 15 years ago. He was transferred to a hospice for palliative care after he developed AIDS and diagnosed with Pneumocystis Carinii Pneumonia.

| Part I  | I  | Approximate interval between onset & death |
|---|--|--|
| Immediate cause of death  | (a) <b>Weight loss</b><br><i>due to, or as a consequence of</i>                    | 1 week                                     |
|   | (b) <b>Pneumocystis Carinii pneumonia</b><br><i>due to, or as a consequence of</i> | 3 week                                     |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last                  | (c) <b>AIDS</b><br><i>due to, or as a consequence of</i>                           | 2 years                                    |
|   | (d) <b>HIV</b><br><i>due to, or as a consequence of</i>                            | 5 years                                    |
| Part II<br>Other significant conditions contributing to the death but not causally related to the immediate cause (a) above | <b>Kaposi's sarcoma</b><br>II  | 4 months                                   |

**Example 5** - A 52-year-old male, suffering from end-stage liver failure, dies while living in a group home. He has a well-known history of alcoholism and substance abuse and was diagnosed with cirrhosis two years ago. He was also diagnosed with chronic Hepatitis B ten years ago.

| Part I  | I   | Approximate interval between onset & death |
|---|---|--|
| Immediate cause of death  | (a) <b>End stage liver failure</b><br><i>due to, or as a consequence of</i> | 2 weeks                                    |
|   | (b) <b>Cirrhosis of liver</b><br><i>due to, or as a consequence of</i>      | 2 years                                    |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last                  | (c) <b>Hepatitis B</b><br><i>due to, or as a consequence of</i>             | 10 years                                   |
| Part II<br>Other significant conditions contributing to the death but not causally related to the immediate cause (a) above | <b>Alcoholism (30yrs), Substance abuse (10yrs)</b><br>II                    |  |

**Example 6** - An 80-year-old female who was diagnosed with Alzheimer's disease seven years ago is undergoing palliative care in a long-term care facility. One of the hallmarks of her senile dementia is her refusal to eat, which is especially pronounced in the last month. All attempts to feed her have failed and she dies of cardiac arrest.

| Part I  | I  | Approximate interval between onset & death |
|---|--|--|
| Immediate cause of death  | (a) <u>Malnutrition</u><br><i>due to, or as a consequence of</i>                     | 2 weeks                                    |
|   | (b) <u>Refused to eat and drink</u><br><i>due to, or as a consequence of</i>         | 1 month                                    |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last                  | (c) <u>Senile Dementia Alzheimer's type</u><br><i>due to, or as a consequence of</i> | 7 years                                    |
|   | (d) _____  |  |
| Part II<br>Other significant conditions contributing to the death but not causally related to the immediate cause (a) above | II<br><u>Hypertension (45yrs), Congestive heart failure (10yrs)</u>                  |  |

**Note:** The terms “palliative” and “palliative care” are not a disease condition or cause of death and should not be reported; cardiac arrest is a mode of death and should not be reported.

**Example 7** - A diabetic man, who had been under insulin control for many years, developed ischemic heart disease and died from a myocardial infarction. The following illustrates the importance of accurately stating the sequence of morbid conditions in order to allow selection of the “underlying” cause of death. Depending on the documented medical diagnosis, the following certifications are possible and would be acceptable:

- i. If the certifier considered that the heart condition resulted from the long-standing diabetes, the sequence would be:

| Part I  | I   | Approximate interval between onset & death |
|---|---|--|
| Immediate cause of death  | (a) <b>Myocardial infarction</b><br><i>due to, or as a consequence of</i>                       | 1 hour                                     |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last                  | (b) <b>Chronic ischemic heart disease</b><br><i>due to, or as a consequence of</i>              | 5 years                                    |
|   | (c) <b>Type II insulin dependent diabetes mellitus</b><br><i>due to, or as a consequence of</i> | 25 years                                   |
|   | (d) _____   |  |
| Part II<br>Other significant conditions contributing to the death but not causally related to the immediate cause (a) above | II<br>_____   |  |

- ii. If the certifier considered that the heart condition developed independently of the diabetes, the certification would be:

| Part I  | I  | Approximate interval between onset & death |
|---|--|--|
| Immediate cause of death  | (a) <b>Myocardial infarction</b><br><i>due to, or as a consequence of</i>          | 1 hour                                     |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last                  | (b) <b>Chronic ischemic heart disease</b><br><i>due to, or as a consequence of</i> | 5 years                                    |
|   | (c) _____<br><i>due to, or as a consequence of</i>                                 |  |
|   | (d) _____  |  |
| Part II<br>Other significant conditions contributing to the death but not causally related to the immediate cause (a) above | II<br><b>Type II insulin dependent diabetes mellitus</b>                           | 25 years                                   |

- iii. If the man had instead died from some other expected complication of the diabetes, such as nephropathy, the heart condition playing only a subsidiary part in the death, the physician being uncertain that it arose from the diabetes at all, the sequence would be:

| Part I  | I   | Approximate interval between onset & death |
|---|---|--|
| Immediate cause of death  | (a) <b>Acute renal failure</b><br><i>due to, or as a consequence of</i>                         | 1 week                                     |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last                  | (b) <b>Nephropathy</b><br><i>due to, or as a consequence of</i>                                 | 4 years                                    |
|   | (c) <b>Type II insulin dependent diabetes mellitus</b><br><i>due to, or as a consequence of</i> | 25 years                                   |
|   | (d) _____   |  |
| Part II<br>Other significant conditions contributing to the death but not causally related to the immediate cause (a) above | II<br><b>Chronic ischemic heart disease</b>   | 5 years                                    |

**Example 8** - The RN is visiting a 70-year-old patient with end stage Multiple Sclerosis. The RN is aware that the client is palliative and has a documented medical diagnosis and has been visiting frequently. The patient wishes to receive care at home. She becomes progressively short of breath, has difficulty swallowing and develops pneumonia. She is found one morning without vital signs.

| Part I  | I   | Approximate interval between onset & death |
|---|---|--|
| Immediate cause of death  | (a) <b>Respiratory failure</b><br><i>due to, or as a consequence of</i> | 2 hours                                    |
|   | (b) <b>Pneumonia</b><br><i>due to, or as a consequence of</i>           | 2 weeks                                    |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last                  | (c) <b>Dysphagia</b><br><i>due to, or as a consequence of</i>           | 3 weeks                                    |
|   | (d) <b>Multiple Sclerosis</b>   | 45 years                                   |
| Part II<br>Other significant conditions contributing to the death but not causally related to the immediate cause (a) above | II<br><b>Chronic pain (yrs), Depression (yrs)</b>                       |  |

**Example 9** - The medical certificate below has NOT been completed according to the instructions in this Handbook.

| Part I  | I   | Approximate interval between onset & death |
|---|---|--|
| Immediate cause of death  | (a) <b>Prostate cancer</b><br><i>due to, or as a consequence of</i>   | years                                      |
|   | (b) <b>Dementia</b><br><i>due to, or as a consequence of</i>  | years                                      |
| Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last                  | (c) <b>Diabetes</b><br><i>due to, or as a consequence of</i>  | years                                      |
|   | (d) <b>Renal failure</b>  | years                                      |
| Part II<br>Other significant conditions contributing to the death but not causally related to the immediate cause (a) above | <b>HTN, AF, CHF, Smoker,<sup>II</sup> COPD, Emphysema, Breast cancer, pneumonia, osteoarthritis, PVD, hypothyroidism, CVA, GI hem, Obesity, Mitral and aortic insufficiency</b> |  |

- A common error or oversight frequently made by a certifier is recording an extensive "LIST" of diseases or conditions in Part I. The causes reported in Part I should form a comprehensive sequence which is pathologically and etiologically correct.

- A common error is reporting all medical diagnoses the certifier may be aware of in Part II. This is incorrect. The causes reported in Part II should only be those conditions that are believed to have been **contributory** to the underlying cause listed in Part I and a duration (approximate) is required for **each** condition recorded.

## C. Autopsy Particulars

It should be noted that this is a three-part question. The second and third parts depend on the answer to the first part. Information from this section is collected for statistical purposes.

☒ **No**      No further entries are required for this section.

|                        |   |  |  |
|------------------------|---|--|--|
| Autopsy<br>particulars | 17. Autopsy being held?   | 18. Does the cause of death stated above take account of autopsy findings? | 19. May further information relating to the cause of death be available later? |
|                        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                       |

☒ **Yes**      Complete the entire section.

|                        |   |  |  |
|------------------------|---|--|--|
| Autopsy<br>particulars | 17. Autopsy being held?   | 18. Does the cause of death stated above take account of autopsy findings? | 19. May further information relating to the cause of death be available later? |
|                        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            |

**Note:** If an autopsy is requested, the RN should ensure that all the prescribed circumstances have been met. If any one of the prescribed circumstances has not been met, then the RN must contact a physician or a coroner to complete the medical certificate.

**Note:** It is the certifier's responsibility to submit a supplemental medical certificate in cases where autopsy findings reveal the cause of death to be different from the one originally reported.



# Further Information

The certifier who completed the medical certificate of death may be contacted by the Office of the Registrar General for clarification or further information regarding the cause(s) of death reported. This is one of the most important ways to improve the quality of cause-of-death data.

## The purpose of an inquiry is two-fold:

- 1) to obtain information needed to properly code and classify the underlying cause of death; and
- 2) to provide guidance to the certifier on the proper method of completing a medical certificate of death form. If the cause of death is substantially changed as a result of an inquiry, the certifier is required to complete a revised form.

# D. Traumatic or Violent Death Section

The Traumatic or Violent Death section is exclusively for deaths that appear to be **non-natural** and from an external cause. Any person who is not a coroner or coroner investigator **shall not** complete this section but refer the case to a coroner for investigation. The coroner will decide whether an investigation is required.

|  |  |  |                                 |
|--|--|--|---------------------------------|
| Traumatic or Violent Death (if applicable) | 20. If accident, suicide, homicide or undetermined (specify) | 21. Place of injury (e.g. home, farm, highway, etc.) | 22. Date of injury (yyyy/mm/dd) |
|  | 23. How did injury occur? (describe circumstances)           |  |                                 |

If the coroner accepts the case, the coroner or coroner investigator will be the person responsible for completing and signing the medical certificate of death.

If, after consultation, the coroner does not accept the case and has determined the injury or poisoning sustained was not causally related to the death, the RN will be the person responsible for completing and signing the medical certificate of death.

**Note:** The injury or poisoning should not be recorded, and this section should not be completed.

For further explanation on the requirements for reporting deaths to a coroner as mandated by Section 10 of the Coroners Act, refer to **Reporting Deaths to the Coroner**. If uncertain, discuss the case with a physician or coroner before proceeding.

**Note:** Certifiers should **only** complete sections with pertinent information. It is unnecessary for a certifier to record "N/A" or insert slashes through sections that are not applicable.



# E. Completing Information about the Deceased

| Information About the Deceased   |                     |                                     |  |  |  |   |                 |  |  |
|--|---------------------|-------------------------------------|--|--|--|---|-----------------|--|--|
| 1. Last name or single name<br><b>Brown</b>                                      |                     |                                     |  | First and middle names<br><b>Jane Anne</b>   |  |   |                 | 2. Date of death (yyyy/mm/dd)<br><b>2025/01/16</b> |  |
| 3. Sex<br><b>F</b>   | 4. Age<br><b>83</b> | 5. If under 1 year<br>Months   Days |  | 6. If under 1 day<br>Hours   Minutes   |  | 7. Gestation age  | 8. Birth weight |  |  |
| 9. Place of death (name of facility or location)<br><b>100-1234 Smith Street</b> |                     |                                     |  | <input type="checkbox"/> Hospital <input type="checkbox"/> Long term care <input checked="" type="checkbox"/> Private Residence <input type="checkbox"/> Other (specify) |  |   |                 |  |  |
| 10. City, town, village or township<br><b>Pembroke</b>                           |                     |                                     |  |  |  | Regional municipality, county or district<br><b>Renfrew</b> |                 |  |  |

## Name of Deceased

Enter the deceased's full legal name including last name and all given names, or single name, if only one name. Do not report alias, abbreviations or “also known as.”

Accuracy of the legal name may be very important for estate, insurance, and pension purposes. Accurate sources of a person's legal name can be their birth certificate in conjunction with other forms of identification, citizenship card, health card or passport.

## Date of Death (yyyy/mm/dd)

Enter the exact day, month, and year that death occurred. Pay particular attention to the entry of day, month, or year when the death occurs around midnight or December 31. Consider a death at midnight to have occurred at the end of one day rather than the beginning of the next. For instance, the date for a death that occurs at midnight on December 31 should be recorded as December 31. Do not record time of death.

## Sex

Provide **F** for female and **M** for male clearly and legibly.

## Age

Calculate an accurate age at time of death from date of birth. For perinatal deaths (< than twenty-eight (28) days of age), provide gestation age and birth weight in either pounds or kilograms.

## Place of Death

Enter the name of the long-term care facility, hospital, nursing home or other location where the deceased died. If the deceased died in a private residence, provide a street address or, in a rural area without a street address, the lot and concession.

**It is not necessary to record a postal code or "Ontario".**

Check off the appropriate corresponding box. Enter the name of the city, town, village, or township and the regional municipality, county, or district.

**Note:** Where municipal restructuring has occurred, use the current municipal name. If unsure of the current municipal name, contact your local municipal office or access the

**[Municipal Restructuring Table](#)**

# F. Completing Certification

All parts of this section (items 24 to 28) must be completed by the RN who, in prescribed circumstances, certified the death. By signing you certify the information on this form is correct to the best of your knowledge.

|   |  |  |
|---|--|--|
| <b>Certification</b>  |  |  |
| By signing below, you certify that the information provided is correct to the best of your knowledge, according to instructions and requirements. |  |  |
| 24. Your signature (physician, coroner investigator, RN(EC), RN)<br><i>Judy D. Nurse</i>  |  | 25. Date (yyyy/mm/dd)<br><b>2025/06/21</b>         |
| 26. Your name (last, first and middle names or single name)<br><b>Nurse, Judy Diane</b>   | 27. Your title: <input type="checkbox"/> Physician <input type="checkbox"/> RN(EC) <input checked="" type="checkbox"/> RN <input type="checkbox"/> Coroner <input type="checkbox"/> Coroner Investigator | If RN(EC)/RN, Registration number<br><b>123456</b> |
| 28. Your address (street number and name, city, province, postal code)<br><b>189 Red River Road, Thunder Bay, ON P7K 1L8</b>                      |  |  |

## Signature

Sign clearly in ink.

## Date (yyyy/mm/dd)

Enter the exact month, day, and year on which the death was certified.

## Name

Print your name clearly; last name first, followed by given name(s), or single name if only one name.

## Title

As a registered nurse check off the “RN” box. If using a form with an “other” box, check off “other” and specify the title RN and include your Registration Number.

## Address

Record your complete mailing address (work), including facility name, street number and name, city, province, and postal code. An address stamp may be used. This information will facilitate correspondence between the certifier and the Office of the Registrar General, if required.

# Appendix I - Medical Certificate of Death



Ministry of Public and Business Service  
Delivery and Procurement  
Office of the Registrar General

## Medical Certificate of Death - Form 16

Note: Form 8 must be completed for stillbirths. This Form 16 must be completed by the attending physician, coroner, coroner investigator, RN(EC) or RN before a burial permit can be issued. Please print clearly in blue or black ink as this is a permanent legal record.

Office Use Only

### Information About the Deceased

|  |                     |  |   |  |                 |
|--|---------------------|--|---|--|-----------------|
| 1. Last name or single name<br><b>Brown</b>                                      |                     | First and middle names<br><b>Jane Mary</b>                           |   | 2. Date of death (yyyy/mm/dd)<br><b>2025/06/21</b>   |                 |
| 3. Sex<br><b>F</b>   | 4. Age<br><b>83</b> | 5. If under 1 year<br>Months<br><b>Months</b><br>Days<br><b>Days</b> | 6. If under 1 day<br>Hours<br><b>Hours</b><br>Minutes<br><b>Minutes</b> | 7. Gestation age   | 8. Birth weight |
| 9. Place of death (name of facility or location)<br><b>101-202 Number Street</b> |                     |  |   | <input type="checkbox"/> Hospital <input type="checkbox"/> Long term care <input checked="" type="checkbox"/> Private Residence <input type="checkbox"/> Other (specify) |                 |
| 10. City, town, village or township<br><b>Pembroke</b>                           |                     |  |   | Regional municipality, county or district<br><b>Renfrew</b>  |                 |

### Cause of Death

|  |   |  |
|--|---|--|
| 11. Part I   |   | Approximate interval between onset and death |
| Immediate cause of death (a)   | <b>Hyperkalemia</b><br><small>due to, or as a consequence of</small>          | <b>3 days</b>                                |
| Antecedent causes, if any, (b)   | <b>Acute renal failure</b><br><small>due to, or as a consequence of</small>   | <b>2 weeks</b>                               |
| (c)  | <b>Chronic renal disease</b><br><small>due to, or as a consequence of</small> | <b>10 years</b>                              |
| Underlying cause of death (d)<br>(Stated last)   | <b>Diabetes</b>   | <b>25 years</b>                              |
| Part II<br>Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I<br><b>History of CVA, hemiplegia</b><br><b>HTN 40 yrs, Dementia 5 yrs, Obesity yrs</b>   |   | <b>10 years</b>                              |
| 12. If deceased was a female, did the death occur:<br><input type="checkbox"/> during pregnancy <input type="checkbox"/> within 42 days following the end of pregnancy * <input type="checkbox"/> between 43 days and 365 days following the end of pregnancy * <input type="checkbox"/> not pregnant within the past year <input type="checkbox"/> unknown if pregnant within the past year<br><small>* (induced abortion, miscarriage, ectopic pregnancy, stillbirth, or live birth)</small> |   |  |
| 13. Was the deceased dead on arrival at the hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |  |
| 14. Was there a surgical procedure within 28 days of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |  |
| 15. Date of surgery (yyyy/mm/dd)   |   |  |
| 16. Condition necessitating surgery  |   |  |

|  |  |   |   |
|--|--|---|---|
| Autopsy Particulars<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 17. Autopsy being held?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 18. Does the cause of death stated above take account of autopsy findings? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. May further information relating to the cause of death be available later? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Traumatic or Violent Death<br>(if applicable)  | 20. If accident, suicide, homicide or undetermined (specify)                                   |   | 21. Place of injury (e.g. home, farm, highway, etc.)  |
| 22. Date of injury (yyyy/mm/dd)  |  |   |   |
| 23. How did injury occur? (describe circumstances)   |  |   |   |

### Certification

By signing below, you certify that the information provided is correct to the best of your knowledge, according to instructions and requirements.

|  |  |
|--|--|
| 24. Your signature (physician, coroner investigator, RN(EC), RN)<br><i>Judy D. Nurse</i>                                     | 25. Date (yyyy/mm/dd)<br><b>2025/06/21</b>   |
| 26. Your name (last, first and middle names or single name)<br><b>Nurse, Judy Diane</b>                                      | 27. Your title: <input type="checkbox"/> Physician <input type="checkbox"/> RN(EC) <input checked="" type="checkbox"/> RN <input type="checkbox"/> Coroner <input type="checkbox"/> Coroner Investigator |
| 28. Your address (street number and name, city, province, postal code)<br><b>189 Red River Road, Thunder Bay, ON P7K 1L8</b> |  |

### To be Completed by the Division Registrar

By signing below, I am satisfied that the information in this Medical Certificate of Death and in the corresponding Statement of Death is correct and sufficient and I agree to register the death.

|           |                   |                     |                    |
|-----------|-------------------|---------------------|--------------------|
| Signature | Date (yyyy/mm/dd) | Registration number | Div. reg. code no. |
|-----------|-------------------|---------------------|--------------------|

For the use of the Office of the Registrar General only

