

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

Handbook on Medical Certification of Death

Prepared for:
Physicians, Coroners, Coroner
Investigators, and Registered Nurses
who hold an extended certificate of
Registration (RN(EC))



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 physicians, coroners, coroner investigators and registered nurses who hold an extended certificate of registration (RN(EC))¹ who share the responsibility for completing and certifying medical certificates of death and stillbirth². This handbook was prepared specifically to guide this user group in completing the Medical Certificate of Death, Form 16 and Medical Certificate of Stillbirth, Form 8³ as prescribed under the Vital Statistics Act, R.S.O. 1990, c.V.4 (VSA).

The medical certificates of death and stillbirth form part of the death and stillbirth registrations and are important legal documents detailing the fact and circumstance of a death or a stillbirth. This handbook explains the principles and concepts involved in medical certification and the nature and uses of the information.

1 Also referred to as a Nurse Practitioner and holds an extended certificate of registration under the Nursing Act, 1991.

2 Currently only a medical practitioner or coroner are permitted to certify a stillbirth under the authority of the VSA.

3 Forms required by the Office of the Registrar General under the authority of the VSA are the Medical Certificate of Death, Form 16 and the Medical Certificate of Stillbirth, Form 8.

The quality and value of the statistical data derived from death and stillbirth registration forms is dependent on the certifier's care and judgment in providing complete and accurate information on the forms and is the source of information used in Canada, and most other countries, for the preparation of statistics on causes of death and stillbirth⁴. These statistics are indispensable, locally, and nationally, in public health surveillance, health education and promotion, in medical research, and health planning.

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. This handbook has been adapted for use in Ontario to meet the particular needs of this province, international standards, principles, and concepts put forward by the World Health Organization (WHO).

4 Causes of death required by the Office of the Registrar General are from the International Statistical Classification of Diseases and Related Health Problems published by the World Health Organization, adopted by reference in section 70 of VSA Regulation 1094.

Access an electronic copy of this Handbook on Medical Certification of Death and Stillbirth prepared for physicians, coroners, coroner investigators (appointed under section 16.1 of the Coroner's Act), and Registered Nurses (who hold an extended certificate of registration) here:

www.publications.serviceontario.ca

For Registered Nurses (General Class), please refer to the Handbook on Medical Certification of Death found here:

www.publications.serviceontario.ca

Questions about completing the medical certificate of death or medical certificate of stillbirth 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.

**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; 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

**To obtain the Medical Certificate of Stillbirth – Form 8
(for the purpose of certifying a stillbirth):**

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

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
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Canadian Medical Association

Office of the Chief Coroner 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

Registered Nurses, General Class

An instructional handbook has also been prepared to guide registered nurses who hold a general certificate of registration (RN) under the Nursing Act, 1991 to complete and 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 care of 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 predictable a pattern of decline for the deceased during the last illness of the deceased; and
- e) there were no unexpected events or unexpected complications during the last illness of the deceased.
- f) the death did not result from medical assistance in dying within the meaning of section 241.1 of the Criminal Code (Canada)

Importance of Death and Stillbirth Registration

Death and Stillbirth Registrations serve two purposes.

First, the completed death and stillbirth registration forms are a permanent legal record of the fact of death or stillbirth of an individual. They record the personal information about the deceased and details of the circumstances of death and stillbirth that are, in most jurisdictions, legally required to issue a burial permit. Death certificates and certified copies of death registrations are commonly required to settle an estate and for insurance and pension purposes.

Second, death and stillbirth registration forms, specifically the medical certificate of death, are the source of mortality statistics which form the basis of the oldest and most extensive public health surveillance system. They provide information on characteristics of the deceased and the vitally important information on the cause of death.

This statistical data is used by federal, provincial, and local governments, researchers and clinicians, educational institutions and many others for many purposes to:

- assess the 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 in order to 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 evaluating their results.

It is important that physicians, RN(EC)s, coroners, and coroners' investigators who are tasked with certifying deaths be property 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.

Registering a Death in Ontario

The forms for registering a death⁵ in Canada's provinces and territories vary somewhat to meet particular needs. However, each jurisdiction closely follows the mutually agreed upon "Model Registration Forms" in support of a uniform national vital registration and statistics system. This system allows for comparison of national and provincial/territorial data.

In Ontario the following documents are required to be completed, signed, and submitted to the Office of the Registrar General to register a death:

5 Refer to Section IV for documents required to register a stillbirth.

Statement of Death

It is the responsibility of a physician, coroner, coroner investigator, or RN(EC) to complete and certify the medical certificate of death immediately after the death and ensure it is made available to the funeral director. This form is provided by the Office of the Registrar General.

Medical Certificate of Death

The funeral director and/or a family member will complete the statement of death form with information about the deceased. The Office of the Registrar General provides this form to funeral homes, and it forms part of the death registration.

Note: If the coroner cannot provide the cause of death, the coroner (or in some cases a coroner's investigator) may complete and issue a Warrant to Bury the Body of a Deceased Person in place of a medical certificate of death, for the death to be registered and a burial permit to be issued. The coroner supplies this form which forms part of the death registration. The coroner is responsible for submitting a medical certificate of death as soon as the medical cause of death is known.

Where do these forms go?

- The funeral home forwards the statement of death and the medical certificate of death (and/or coroner's warrant) to the Division Registrar (municipal clerk's office) of the municipality where the death occurred to obtain a burial permit.
- The Division Registrar registers the event, issues a burial permit to the funeral home, and forwards the documents to the Office of the Registrar General.

- The Office of the Registrar General finalizes the death registration which becomes a permanent, legal record of the death of an individual.
- The Office of the Registrar General creates, and compiles cause of death data.
- The Office of the Registrar General forwards all cause of death data and other vital statistics data contained on death registrations to Statistics Canada for national publication.

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:

1. 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.

2. 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. The certified copy of a death registration with cause of death information may be issued upon request.

There are some organizations that may require a certified copy of a death registration with cause of death information to settle an estate, access insurance benefits, or access or cancel government services. If the cause of death information is requested by the applicant, a copy of the medical certificate will form part of a package of documents.

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

Confidentiality of Vital 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 the Statistics Act, R.S.C., 1985, c. S-19

Copying the Medical Certificate of Death

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.

Reporting a Death or Stillbirth to the Coroner

Deaths Except by Disease

If there is reason to believe that a person has died as a result of any cause other than disease, or has died as a result of negligence, malpractice, or misconduct on the part of others or under such circumstances as require investigation, do not complete the medical certificate of death; the death or the stillbirth must be referred to a coroner.

Coroner's Investigation

Coroners in Ontario investigate certain deaths and stillbirths in order to determine the facts surrounding the death or stillbirth, to advance public safety and to make recommendations to prevent future deaths in similar circumstances. All health care professionals have a legal and professional responsibility to notify the coroner of cases that may require investigation. This responsibility to report is not restricted to physicians and RN(EC).

When any of the following circumstances apply, do not complete the medical certificate of death. Contact the coroner.

Section 10(1) of the Coroners Act

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,

If the answer to any of the following questions is **“Yes”**, the death (or stillbirth) should be reported to the coroner. The Coroners Act allows the coroner some discretion in certain circumstances as to whether to investigate. In other cases, an investigation and possibly an inquest may be mandatory.

Ask yourself the following:

- ⑦ Is the **death due to a non-natural cause** such as an accident, homicide, or suicide? For example, an injury (e.g., hip fracture) that precedes a terminal medical event (e.g., pneumonia) may be non-natural, and therefore a coroner must be notified to determine if the death may be attributable to the initial injury. It may be helpful to consider why the person was **initially** admitted to hospital, rather than the immediate terminal event. If an accidental injury precipitated admission, then the coroner must be notified.
- ⑦ Was the **death sudden and unexpected** (e.g., not reasonably foreseeable)? The sudden death of a terminally ill patient, a palliative patient, a “do not resuscitate” (DNR) patient, or a person with multiple/complex medical diseases would generally not fit this category. The threshold for calling the coroner, however, should be relatively low. The coroner may determine that an investigation is not required, but this should be the coroner’s decision, not the decision of the health care facility staff person. If in doubt, discuss with the coroner.
- ⑦ Are the events leading to the **death the subject of investigation** by police, the hospital, Children’s Aid Society, Ministry of Labour, or any other investigative agency?
- ⑦ Is **trauma**, including a fall in hospital, fracture, etc., **overdose, poisoning, or intoxication** involved in the death?

- ⑦ Have there been any **allegations of malpractice, negligence, foul play, or any treatment/medication errors**? This may include concerns voiced by other health care professionals, family members of the patient, or an attorney appointed under a Power of Attorney for Personal Care.
- ⑦ Is the deceased a **prisoner in custody** from a jail or under police guard? Custody deaths will require a coroner's investigation and may involve a mandatory inquest.
- ⑦ Is this a **pregnancy-related maternal death**? This may include a death following an abortion, therapeutic or otherwise, or may include deaths in the post-partum period or even death of a pregnant woman from causes unrelated to her pregnancy.
- ⑦ Is this a **neonatal death or stillbirth** where there are issues regarding care or injury? Neonatal deaths should generally be reported to the coroner. Stillbirths require reporting only where birth occurred outside the hospital or where concerns have been raised about antenatal care or management of labour and delivery.
- ⑦ Have **family members expressed concerns or have there been controversies about treatment decisions**? Where family dynamics have created difficulties or concerns for hospital/health care facility staff, a coroner might be the appropriate independent "third party" to assist in diffusing contentious issues and volatile situations after the death.

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.

As a general rule for physicians and RN(EC)s, where the death is likely not due to natural causes or where an injury (fracture) or poisoning, even if remote, may be a contributing factor, a medical certificate of death should not be completed, and the death should be reported to a coroner.

Where a death has been reported to the coroner and has been accepted for investigation, the coroner or coroner investigator will have the legal obligation to complete and sign the medical certificate of death, and where the form has already been completed by a physician or RN(EC), the coroner or coroner investigator will replace it with a revised medical certificate of death.

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

II. Principles of Medical Certification

Certifier's Responsibility

In accordance with the VSA it is the legal responsibility of a legally qualified medical practitioner, or RN(EC) to complete and sign the medical certificate of death, which forms part of the registration. The act of signing off on the content contained in a medical certificate of death constitutes "certifying" and the person signing is the "certifier".

The certifier needs to be someone who had been in attendance during the last illness of a deceased person, or who has sufficient knowledge of the last illness.

The certifier must:

- ① complete and sign a current version of the medical certificate of death required by the Office of the Registrar General.
- ① be familiar with and fully understand section 21 of the VSA and sections 20, 35, 36 and 38 of its Regulation 1094, and section 10 of the Coroners Act.
- ① ensure the medical certificate of death is prepared legibly, accurately and in its entirety according to the instructions in this handbook.
- ① ensure no unwarranted or indiscriminate disclosure of information under the VSA.
- ① ensure that the completed and signed medical certificate of death or warrant to bury is provided to the funeral service provider or person taking responsibility for the remains.

- ☑ submit to the Office of the Registrar General a medical certificate of death as soon as the medical cause of death is known where a warrant to bury was initially submitted; and
- ☑ submit to the Office of the Registrar General a supplemental medical certificate of death in cases where autopsy findings or further investigation reveals the cause to be different from the one originally reported.

Uniform principles must be applied in the reporting of causes of death and stillbirth and the use of this standard form places the responsibility on the certifier⁶.

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

6 Instructions on completing the Medical Certificate of Death and Medical Certificate of Stillbirth are printed on the reverse of the form. Questions about completing the 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.

International Classification of Diseases (ICD)

Causes of death and stillbirth 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). The ICD 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 10th 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. For a closer look at this classification system please visit [World Health Organization](https://www.who.int/classifications/icd).

Mortality Classification

Mortality classification is the process of transforming descriptions of medical diagnoses, surgical/medical procedures, a wide variety of 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 International Classification of Diseases (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).

Using the ICD, all causes of death and medical information from the certificate are assigned cause of death codes which facilitate the selection of an underlying cause of death 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.

Example: Multiple Cause Coding

During the selection process, codes J44.9 and J18.9 combine and become code J44.9. Using the ICD, an underlying cause J44.9 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 <i>due to, or as a consequence of</i>	J96.9
	Antecedent causes, if any, (b) Pleural effusion <i>due to, or as a consequence of</i>	J90
	Underlying cause of death (c) Pneumonia <i>due to, or as a consequence of</i>	J18.9
	(Stated last) (d) Chronic pulmonary obstructive disease	J44.9
	Part II	
	(F17.9) Smoking (>50 yrs), Hypertension (25 yrs)	I10
	(125.1) Coronary artery disease (15 yrs), Obesity (yrs)	E66.9

III. Medical Certificate of Death

A. General

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.

Currently only physicians, coroners, coroner investigators, RN(EC)s and, in prescribed circumstances, RNs are permitted to certify deaths in Ontario.

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 medical certificates of death can be obtained by contacting the Office of the Registrar General.

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. Instructions on completing the medical certificate of death, form 16 are printed on the reverse of the form.

It is essential that:

- the medical certificate of death be prepared accurately and legibly;
- 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 bracketed and initialed.

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

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

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

Information About the Deceased									
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 Months Days		6. If under 1 day 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			
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:									
<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									
* (induced abortion, miscarriage, ectopic pregnancy, stillbirth, or live birth)									
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									
Autopsy									
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									
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)									
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)								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)									

B. Completing the Cause of Death Section

The Cause of Death section on Ontario's medical certificate of death is based on the recommendation of the WHO and is identical worldwide on death certificates. The "Cause of Death" section provides space for the certifier to record pertinent information pertaining to diseases, morbid conditions, injuries, or poisoning which either resulted in or contributed to death and the circumstances of the accident or violence which produced any such injuries.

It is important to understand that causes of the death recorded are not required to be a fact, proven beyond a reasonable doubt, but are merely **the best opinion of the certifier**. It is a conclusion based on the certifier's knowledge of the patient, discussion with other professionals involved in the care, and/or a review of documentation such as the medical record and represents what is believed to be the most likely cause. The certifier should ensure all relevant information is recorded without including symptoms and modes of dying.

The cause of death section consists of **two (2) main parts: Part I and Part II**

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

- Pregnancy status in the case of a maternal death;
- Dead on Arrival and;
- Surgical Procedure (3 parts).

Cause of Death	
11. Part I	I
Immediate cause of death (a)	Approximate interval between onset and death
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	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 <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	

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 or used as the underlying cause of death.

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. The age of the deceased person is already captured on the medical certificate of death for statistical databases.

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

Note: Do not report a **mechanism or mode of death** such as cardiac arrest, respiratory arrest, respiratory 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 of death.
- iv. The **underlying cause of death** (*the starting point*) is the disease or condition that began the sequence of events leading to death.
- v. A **sequence** is two or more conditions entered on successive lines in Part I, each condition being an acceptable cause of the condition 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 to sequences where an antecedent condition is believed to have prepared the way for the more direct cause.

Example: Formatting of the immediate, antecedent, and underlying causes of death:

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

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 cause of death (the starting point) for vital statistics.

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 there is a **single cause** of death to report, a comprehensive entry on line (a) which describes completely the sequence of events is sufficient. The mode of dying should not be recorded.

11. Part I	
Immediate cause of death (a)	Benign Prostatic Hypertrophy <i>due to, or as a consequence of</i>
Antecedent causes, if any, (b)	 <i>due to, or as a consequence of</i>
	(c) <i>due to, or as a consequence of</i>
Underlying cause of death (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)	Uremia <i>due to, or as a consequence of</i>
Antecedent causes, if any, (b)	Hydronephrosis <i>due to, or as a consequence of</i>
	(c) Urinary retention <i>due to, or as a consequence of</i>
Underlying cause of death (Stated last)	(d) Benign Prostatic Hypertrophy

Underlying Cause

Regardless of how many conditions are reported on the medical certificate of death, the single cause for primary tabulation is the **underlying cause**. The **underlying cause** is an extremely important concept in medical certification and is defined by the WHO as **the disease or injury which initiated the train of morbid 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 the causes facilitates the identification/selection of the underlying cause. 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.

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.

Example: Congenital heart disease gave rise to atrial fibrillation which in turn led to congestive heart failure and a myocardial infarction. Congenital heart disease was the starting point.

11. Part I

Immediate cause of death (a) **Myocardial infarction**
due to, or as a consequence of

Antecedent causes, if any, (b) **Congestive heart failure**
due to, or as a consequence of

(c) **Atrial fibrillation**
due to, or as a consequence of

Underlying cause of death (Stated last) (d) **Congenital heart disease**

Note: Do not enter more than one condition (i.e., cause of death) on the lowest used line of Part I, or a condition that could **not** have caused all the conditions entered above it. Clarification will be sought from the certifier on his/her opinion about the conditions leading to death and their interrelationships.

Note: A common error or oversight frequently made by a certifier is recording the underlying cause of death in Part II or not at all. The certifier should strive to record the underlying cause of the death in Part I on the lowest line on **each** medical certificate of death.

Reporting a Sequence

Part I is designed for the certifier to record the **chronological chain of** events leading to death.

When more than one cause of death is needed in Part I the certifier is requested to report a 'sequence'. A death often results from the combined effect of two or more conditions; that is, one cause may lead to another which in turn leads to a third cause, etc.

11. Part I

Immediate cause of death (a) **Renal failure**
due to, or as a consequence of

Antecedent causes, if any, (b) **Chronic kidney disease**
due to, or as a consequence of

(c)
due to, or as a consequence of

Underlying cause of death (Stated last) (d)
due to, or as a consequence of

The words **“due to, or as a consequence of”** printed between lines, apply to the condition on the lower line. This condition is **“due to”** any condition entered above it.

Ask yourself the following: which out of multiple conditions should be included in the chronological chain; which conditions should be recorded as the **immediate** cause and the **antecedent** cause of death; and lastly, and most importantly, which condition should be recorded as the starting point or **underlying cause**. The certifier, through a review of the medical records, should determine and record a clear and distinct etiological sequence for the deceased.

How Many Conditions to Report in a Sequence

It is up to the certifier to decide **how many conditions to report** of the train of events leading to death. Sometimes certifiers have a difficult time distinguishing between those conditions that should be included in the causal chain and those not in the chain but medically important and relevant. The certifier must strive to achieve a reasonable balance/ compromise between providing minimal and providing too much information that adds little value to an understanding of the terminal sequence of events.

- Part I has four lines (a), (b), (c), and (d); however, all lines need not be used.

11. Part I

Immediate cause of death

(a)

Dementia

due to, or as a consequence of

Antecedent causes, if any,

(b)

Alzheimer's Disease

due to, or as a consequence of

(c)

due to, or as a consequence of

Underlying cause of death
(Stated last)

(d)

- The certifier is also not limited to four lines. Additional lines may be necessary to enter the complete sequence of events and the certifier may add lines (e) and even (f) etc. so all conditions related to the death are entered in Part I, one condition to a line.

11. Part I	
Immediate cause of death	(a) Hypernatremia <i>due to, or as a consequence of</i>
Antecedent causes, if any,	(b) Dehydration <i>due to, or as a consequence of</i>
	(c) Not eating or drinking <i>due to, or as a consequence of</i>
Underlying cause of death (Stated last)	(d) Dementia
	(e) Alzheimer's Disease II

Note: A common error or oversight frequently made by a certifier is recording a “list” of diseases or conditions in Part I. The certifier should strive to record a comprehensive sequence of events in Part I on each medical certificate of death.

Two or More Competing Sequences

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 they think had the greatest impact resulting in the death, and report conditions from the other sequence(s) in Part II.

I	
11. Part I	
Immediate cause of death (a)	Pneumonia <i>due to, or as a consequence of</i>
Antecedent causes, if any, (b)	Lung metastases <i>due to, or as a consequence of</i>
	(c) Primary breast carcinoma <i>due to, or as a consequence of</i>
Underlying cause of death (Stated last)	(d) _____
II	
Part II Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I	Heart failure from ASHD

Remember that the certifier is providing their best opinion only. Where there are a number of related conditions, the one that is clearly more severe and demanding of resources than the others should be recorded as the “main condition” in Part I and “other significant conditions” should be recorded in Part II.

Completing Part II

Record in Part II other significant conditions which unfavorably influenced the course of the morbid process and contributed to the fatal outcome. These conditions were 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	
I	
11. Part I	Approximate interval between onset and death
Immediate cause of death (a) Upper gastrointestinal hemorrhage <small>due to, or as a consequence of</small>	3 days
Antecedent causes, if any, (b) Esophageal varices <small>due to, or as a consequence of</small>	2 months
(c) Liver cirrhosis <small>due to, or as a consequence of</small>	10 years
Underlying cause of death (Stated last) (d) Alcoholism	30 years
II	
Part II Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I	
Portal hypertension, Ascites	5 years
Hypercholesterolemia	20 years

- 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.

- Record only those conditions that you believe were contributory to death 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.

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; especially if ingestion, intoxication, toxicity, etc., contributed to death.
- history of drug abuse, alcohol abuse, addiction, etc.
- smoking history; especially for ischemic heart disease, cancers, etc.
- environmental factors, such as exposure to toxic fumes, asbestos, etc.
- recent pregnancy, if believed to have contributed to the death.
- effects of remote injury or poisoning.
- history of surgical and medical procedures.

Interval Between Onset and Death (Duration)

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		
11. Part I		Approximate interval between onset and death
Immediate cause of death (a)	Hyperkalemia <small>due to, or as a consequence of</small>	
Antecedent causes, if any, (b)	Acute renal failure <small>due to, or as a consequence of</small>	
(c)	Chronic renal disease <small>due to, or as a consequence of</small>	
Underlying cause of death (Stated last) (d)	Diabetes	
Part II		
Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I	History of CVA with hemiplegia	10 years
	HTN Smoking, Obesity	years

- 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.
 - **Approximate intervals** could be recorded (e.g., years, months, days, hours or minutes)
 - **Specific intervals** could be recorded (e.g., 30 minutes, 4 days, 6 weeks, 27 years, since birth, congenital, acute, or chronic, etc.).
- **In Part I** 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 interval between onset & death.
- **In Part II**, where more than one condition may be reported per line, duration is required for **each** condition.

Why are Intervals important?

- Cause of death codes for many conditions are **dependent upon duration** (e.g., the code for an MI which occurred within 4 weeks of death is I21.9; whereas the code for an MI which occurred 1 month or more before death is I25.8).
- Certain **conditions originating in the perinatal period** are assigned special codes even though death or morbidity may occur later (e.g., fetus or newborn affected by maternal factors, complications of pregnancy, infections specific to the perinatal period, etc.).
- **Congenital conditions** can be identified and coded accordingly if the age and duration are the same.
- The interval between onset & death may also indicate that a death resulted from **the residual effects rather than the active phase of a disease, injury, or poisoning**.

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) Renal failure <small>due to, or as a consequence of</small>	Approximate interval between onset and death 6 months
Antecedent causes, if any, (b) Hypertension <small>due to, or as a consequence of</small>	30 years
(c) <small>due to, or as a consequence of</small>	
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 injury, carcinomatosis, dehydration, developmental delay, embolism, hemorrhage, hypotension, infarction, malnutrition, metastases, pleural effusions, seizures, sepsis, shock, wounds, etc. If the etiology of a process is unknown, state this.

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

Reporting Neoplasms

It is important to include **morphology, behavior, and site** when a neoplasm is reported on the medical certificate of death. A neoplasm can be malignant (primary or secondary), in situ, benign, or of uncertain or unknown behaviour (tumors).

Malignant Neoplasms

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, anatomic location, or part FIRST affected. This avoids confusion when reporting multiple sites. When the certifier is vague in reporting the “primary site” every effort is made to obtain the primary site.

Cause of Death		
11. Part I		
Immediate cause of death (a)	Multiple metastases <small>due to, or as a consequence of</small>	Approximate interval between onset and death 6 months
Antecedent causes, if any, (b)	Primary Non small cell lung carcinoma <small>due to, or as a consequence of</small>	5 years
(c)	<small>due to, or as a consequence of</small>	
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)	Metastatic liver cancer <small>due to, or as a consequence of</small>	Approximate interval between onset and death 6 months
Antecedent causes, if any, (b)	Primary unknown <small>due to, or as a consequence of</small>	1 year
(c)	<small>due to, or as a consequence of</small>	
Underlying cause of death (Stated last) (d)		

Use the term **metastases, spread, carcinomatosis**, etc. to indicate a secondary neoplasm; **indicate the primary site as well.**

Cause of Death		
11. Part I		
Immediate cause of death (a)	Urinary incontinence <small>due to, or as a consequence of</small>	Approximate interval between onset and death months
Antecedent causes, if any, (b)	Bladder and brain metastases <small>due to, or as a consequence of</small>	1 years
(c)	Primary adenocarcinoma prostate <small>due to, or as a consequence of</small>	5 years
Underlying cause of death (Stated last) (d)		

The term **metastatic** can be used in two ways: i) meaning a secondary neoplasm from a primary elsewhere, and ii) denoting a primary that has given rise to metastases. To avoid confusion, use the term primary to specify the organ or anatomic part FIRST affected as well.

11. Part I		I	Approximate interval between onset and death
Immediate cause of death	(a)	Metastatic liver cancer <small>due to, or as a consequence of</small>	9 months
Antecedent causes, if any,	(b)	Metastatic breast cancer (primary) <small>due to, or as a consequence of</small>	4 years
	(c)	<small>due to, or as a consequence of</small>	
Underlying cause of death (Stated last)	(d)		

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 which may have contributed to the death in Part II. Use the term "primary" with each entry to avoid confusion or ambiguity.

11. Part I		I	Approximate interval between onset and death
Immediate cause of death	(a)	Primary metastatic urothelial bladder carcinoma <small>due to, or as a consequence of</small>	8 years
Antecedent causes, if any,	(b)	<small>due to, or as a consequence of</small>	
	(c)	<small>due to, or as a consequence of</small>	
Underlying cause of death (Stated last)	(d)		
Part II		II	
Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I		Primary renal cell carcinoma	15 years

Leukemia and Lymphoma

Report malignant neoplasms of lymphoid, hematopoietic, and related tissue by **morphological type** as they are not categorized by site (*e.g., B cell lymphoma, plasma cell leukemia, chronic lymphocytic leukemia, etc.*).

Benign Neoplasms

Report benign tumors such as a lipoma, chondroma, adenoma, teratoma, etc. Benign tumors usually lack the ability to invade neighboring tissue or metastasize and therefore are categorized 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) it is important to **specify the morphological nature** of the tumor or to report “not yet determined”, “not investigated”, or some other similar expression if its nature is unknown or has not yet been identified (e.g., brain tumor NYD). Clearly indicate if a tumor is malignant as well as reporting if it is the primary site or a secondary site (e.g., metastatic neuroendocrine tumor of pancreas; malignant brain tumor, probably secondary).

11. Part I		Approximate interval between onset and death
Immediate cause of death (a)	Delirium <small>due to, or as a consequence of</small>	48 hours
Antecedent causes, if any, (b)	Acute kidney injury <small>due to, or as a consequence of</small>	6 weeks
(c)	Bilateral hydronephrosis <small>due to, or as a consequence of</small>	6 weeks
Underlying cause of death (Stated last) (d)	Bladder tumor (most likely <u>malignant</u>)	4 years

Mass and Lesions

The definition of a mass and/or lesion is very broad, and the varieties are virtually endless. These terms are therefore very nonspecific, and an attempt must be made to **specify the type and/or nature of the mass or lesion being reported**. If the exact etiology of a mass or lesion is unknown, state this (e.g., lung lesions, investigation declined). If the mass or lesion was (possibly) malignant specify this (e.g., brain lesions, probably malignant).

11. Part I		I	Approximate interval between onset and death
Immediate cause of death	(a)	sepsis <small>due to, or as a consequence of</small>	2 days
Antecedent causes, if any,	(b)	Pneumonia <small>due to, or as a consequence of</small>	1 week
	(c)	Lung mass NYD <small>due to, or as a consequence of</small>	unknown
Underlying cause of death (Stated last)	(d)		

Medical Assistance in Dying

Medical Assistance in Dying (MAID) is defined in federal legislation as:

- a. the administering by a medical practitioner (i.e., a physician or nurse practitioner of a substance to a person, at their request, that causes their death; or
- b. the prescribing or providing by a medical practitioner or nurse practitioner of a substance to a person, at their request, so that they may self-administer the substance and in doing so cause their own death.

Physicians and nurse practitioners (i.e., RN(EC)s) who provide MAID will notify the coroner of the death and provide the coroner with any information about the facts and circumstances relating to the death as required. If the coroner is of the opinion that the death is to be investigated, the coroner is required to complete and sign the medical certificate of death. If the coroner is of the opinion that the death does not require an investigation, the physician or Nurse Practitioner will complete and sign the medical certificate of death.

For deaths involving MAID, **the illness, disease, or disability leading to the request for assistance is to be recorded as the underlying cause of death.** This condition will be selected as the cause of death for vital statistics. There should be no mention of the injection or ingestion of drugs.

11. Part I		I	Approximate interval between onset and death
Immediate cause of death	(a) Amyotrophic lateral sclerosis (ALS)		5 years
	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 (Stated last)	(d)		

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: When COVID-19 is determined to be the underlying/primary cause of a death report it in Part I with conditions it caused (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		
Immediate cause of death (a)	Respiratory failure <small>due to, or as a consequence of</small>	Approximate interval between onset and death 2 days
Antecedent causes, if any, (b)	Pneumonia <small>due to, or as a consequence of</small>	1 week
(c)	COVID-19 <small>due to, or as a consequence of</small>	6 weeks
Underlying cause of death (Stated last) (d)		
Part II		
Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I	Dementia, COPD, ASHD	all years

Example: When a 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 related to the underlying/primary cause given in Part I.

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

Alcohol Related Diseases

Clearly indicate the use of alcohol and specify the effects on the body or prolonged or excessive drinking (can include such as cardiomyopathy, delirium, dementia, cirrhosis, hepatitis, liver failure or damage, Laennec's or Korsakoff's syndrome, seizures, etc.).

11. Part I		Approximate interval between onset and death
Immediate cause of death (a)	Hepatic encephalopathy <small>due to, or as a consequence of</small>	6 months
Antecedent causes, if any, (b)	End stage liver failure <small>due to, or as a consequence of</small>	2 years
	Cirrhosis of liver <small>due to, or as a consequence of</small>	15 years
Underlying cause of death (Stated last) (d)	Alcohol abuse	40 years

HIV, AIDS

Specify when HIV has progressed to AIDS. Report infectious or inflammatory conditions caused by AIDS. Because of improved treatment, survival after a diagnosis of HIV has become longer, allowing a greater proportion of deaths to result from other causes. The actual cause of death for persons with AIDS may be from causes unrelated to AIDS (i.e., cancer or motor vehicle accident). For these cases, report AIDS, HIV, or HIV positive in Part II as a significant condition which contributed to the death. Note that HIV positive is not synonymous with HIV or AIDS

11. Part I		Approximate interval between onset and death
Immediate cause of death (a)	Pneumocystis carinii pneumonia <small>due to, or as a consequence of</small>	3 weeks
Antecedent causes, if any, (b)	AIDS <small>due to, or as a consequence of</small>	4 years
	HIV <small>due to, or as a consequence of</small>	17 years
Underlying cause of death (Stated last) (d)		

Newborn or Neonatal Deaths

Newborn categories are provided for infant deaths (less than 28 days of age at time of death). In Part I, record a comprehensive sequence of events in ascending causal order. Provide durations for each condition to indicate which conditions may have their origin in the perinatal period even though death or morbidity occurred later. Provide gestation and birth weight, as this may prove useful. Indicate if conditions were congenital or acquired.

11. Part I		I	Approximate interval between onset and death
Immediate cause of death	(a)	Pulmonary hypoplasia	3 weeks
		<small>due to, or as a consequence of</small>	
Antecedent causes, if any,	(b)	Diaphragmatic hernia	congenital
		<small>due to, or as a consequence of</small>	
		(c)	
		<small>due to, or as a consequence of</small>	
Underlying cause of death	(d)		
(Stated last)			

Infant and Childhood Deaths

Categories are provided in the ICD for **childhood deaths** (less than 18 years of age at the time of death), **infant deaths** (less than one (1) year of age at the time of death), perinatal deaths (less than 28 days old) and deaths from **congenital anomalies**. Record a clear sequence of events leading to death and include durations to indicate conditions which may have their origin in infancy or childhood even though death occurred later. Indicate if a condition is congenital in nature or acquired and include maternal conditions which may have initiated or affect the sequence that resulted in infant death.

11. Part I		I	Approximate interval between onset and death
Immediate cause of death	(a)	Respiratory failure	hours
		<small>due to, or as a consequence of</small>	
Antecedent causes, if any,	(b)	Pneumonia	3 days
		<small>due to, or as a consequence of</small>	
		(c)	Spinal muscular atrophy (type II)
		<small>due to, or as a consequence of</small>	childhood
Underlying cause of death	(d)		
(Stated last)			

Late Effects (Sequela)

Certain conditions (e.g., tuberculosis, polio, cerebrovascular disease, rheumatic diseases, infectious conditions, etc.) should be fully identified and its origin stated. Specify if death resulted from the **residual effects** of the disease rather than the **active phase** (e.g., **active** rheumatic heart disease or inactive rheumatic heart disease). Use terms such as healed, history of, old, remote, inactive, arrested, etc. to described conditions (e.g., old polio, healed MI, remote CVA, etc.). Do not use duration to signify sequela.

11. Part I		I
Immediate cause of death (a)	Respiratory failure <small>due to, or as a consequence of</small>	Approximate interval between onset and death hours
Antecedent causes, if any, (b)	Pulmonary fibrosis <small>due to, or as a consequence of</small>	5 years
	(c) History of pulmonary tuberculosis <small>due to, or as a consequence of</small>	40 years
Underlying cause of death (Stated last) (d)		
Part II		II
Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I	Hepatitis B	10 years
	Alcohol and substance abuse	20 years

Pregnancy Related Maternal Death

Maternal death is defined by the WHO as “the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental causes”.

Notifying the Coroner

A pregnancy-related maternal death, regardless of cause or whether directly related to the pregnancy, should be reported to the coroner. This includes a death following an abortion, therapeutic or otherwise, a death in the post-partum period and includes the death of a person who is pregnant from causes unrelated to the pregnancy.

Where a maternal death has been reported to the coroner and has been accepted for investigation, the coroner will complete and sign the medical certificate of death and where a medical certificate of death has already been completed by another certifier, the coroner will replace it with a revised form. If, after consultation, the coroner **does not** accept the case, the physician or RN(EC) will be responsible for completing and signing the medical certificate of death.

The certifier is responsible for completing **section 12** for a pregnancy related maternal death.

Dead on Arrival at the Hospital

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

13. Was the deceased dead on arrival at the hospital?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Note: if the deceased was dead on arrival at the **hospital**, ensure the **hospital** is reported as the place of death.

Surgery and Medical Care

i. Surgical, Medical Procedures

If the deceased had undergone a surgical 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.

Complications may either be general in nature or specific to the type of surgery performed including abnormal reactions, misadventures and adverse effects that occur as a result of or during the surgical or medical procedure. It is important to record **the underlying medical condition that necessitated the surgical or medical procedure.**

- Record any complications and describe them as "postoperative".
- Record the surgical or medical procedure.
- Record the condition necessitating the surgery or medical procedure.
- Box 14 - check ☒ Yes, a surgical procedure occurred within 28 days of death.
- Box 15 - record the date of surgery (e.g., 2019/01/15).
- Box 16 - record the medical or surgical procedure by name, the reason for surgery and
- operative findings.

Cause of Death		Approximate interval between onset and death
Cause of Death	11. Part I Immediate cause of death (a) Postoperative hemorrhage <i>due to, or as a consequence of</i>	48 hours
	Antecedent causes, if any, (b) _____ <i>due to, or as a consequence of</i>	
	Underlying cause of death (c) _____ (Stated last) <i>due to, or as a consequence of</i>	
	(d) _____	
	Part II Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I	
	Coronary heart disease (25yrs), Angina (5yrs) Smoking (50yrs), Hypertension (40yrs)	
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) May 3, 2019
16. Condition necessitating surgery. Coronary artery bypass graft (CABG) – occluded arteries		

Note: Complications of surgery may be current or late effects. It is important that the condition which necessitated a surgical or medical procedure is reported.

Note: If a surgical procedure was performed due to an injury or fracture (e.g., ORIF femur fracture) the mechanism of the fracture should be reported (e.g., fall, MVA, etc.) and the case would be reported to a coroner.

If the circumstances surrounding a death suggest that an error or accident in medical care may be responsible or a contributing factor, refer the case to a coroner and the coroner will decide whether an investigation is required.

If, after consultation, the coroner does not accept the case, the physician or RN(EC) will be responsible for completing and signing the medical certificate of death. Where a death has been reported to the coroner and has been accepted for investigation, the coroner will have the legal obligation to complete and sign the medical certificate of death. Where a medical certificate of death has already been completed by another certifier, the coroner will replace it with a revised form.

Note: Commonly recognized complications of medical or surgical procedures may not require a coroner's investigation and would be categorized as natural causes.

ii. Adverse Effects of Drug Therapy

Record a serious adverse reaction to a drug, medicine, or biological substance that occurred in therapeutic use and results in **death**. When an adverse effect of drug therapy is reported it is important to record **the underlying medical condition which necessitated the drug therapy**.

Example: The sequence of events should include the complication, the drug administered and the condition for which the drug was administered.

Record the complication(s) or adverse effect which occurred as a result of drug therapy (e.g., reaction, respiratory arrest, pulmonary embolism; hemorrhage, cerebral anoxia, gastric ulceration, acute renal failure, etc.).

Record the drug given (specify the name or type of drug). Record the underlying medical condition for which the drug was administered.

Provide approximate interval between the onset & death for each condition reported.

11. Part I		Approximate interval between onset and death
Immediate cause of death (a) <small>due to, or as a consequence of</small>	Intracerebral hemorrhage	hours
Antecedent causes, if any, (b) <small>due to, or as a consequence of</small>	Anticoagulation	10 years
(c) <small>due to, or as a consequence of</small>	Atrial fibrillation	15 years
Underlying cause of death (Stated last) (d)		

Note: There is no need to record drug therapy (e.g., anticoagulation, chemotherapy, etc.) on the medical certificate of death when there are no complications of the drug therapy to report.

Reporting Do's and Don'ts

Do's

- ✓ Use **only** medical certificate of death forms supplied by the Office of the Registrar General. Do not photocopy or create your own medical certificate of death form.
- ✓ Record all information in a neat and **legible** manner.
- ✓ Record a comprehensive sequence of events in Part I.
- ✓ Record only **one** condition per line in Part I.
- ✓ Record **duration** for each condition reported in Part I and in Part II.
- ✓ Record the **underlying cause** (starting point) 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, bracketing the incorrect information, and initialing.
- ✓ Correct major errors or multiple errors by completing a new medical certificate of death.

Don'ts

- ☐ Don't record more than one condition per line.
- ☐ Don't record a diagnostic list of conditions in Part I (record a sequence).
- ☐ Don't record conditions out of sequential order in Part I (record a sequence).
- ☐ Don't record multiple sequences in Part I (record one comprehensive sequence).
- ☐ Don't record the underlying cause (starting point) 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., discontinuation of care, critical illness, multiple comorbidities, multiple medical problems, non compliance, oxygen-dependent, DNR). These terms are not assigned cause of death codes for statistics.
- ☐ 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, multiple medical problems, palliative care, noncompliance, sudden death, etc. These terms are not considered disease conditions and are not assigned cause of death codes for vital statistics.
- ☐ Don't record "N/A" or slashes in sections that are not applicable to your case. Record relevant information, check a box, or leave blank.

Examples of Certification (Natural)

Remember to write legibly.

It is essential that the entries on the medical certificate of death can be clearly read.

Example 1: A 68-year-old patient was diagnosed with non small cell lung carcinoma which has spread to her bones, abdomen, and pleura. She has a 45-year history of smoking two packs per day, a 5-year history of COPD with frequent bouts of pneumonia and bronchitis.

11. Part I		Approximate interval between onset and death
Immediate cause of death (a)	Pneumonia <small>due to, or as a consequence of</small>	1 week
Antecedent causes, if any, (b)	Bone, brain and pleura metastases <small>due to, or as a consequence of</small>	4 months
(c)	Primary non small cell lung carcinoma <small>due to, or as a consequence of</small>	2 years
Underlying cause of death (Stated last)	(d)	
Part II		
Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I	Smoking 45 years, COPD 25 years	

Example 2: A 79-year-old patient has suffered a pathological 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.

11. Part I		Approximate interval between onset and death
Immediate cause of death (a)	Pneumonia <small>due to, or as a consequence of</small>	8 days
Antecedent causes, if any, (b)	Immobility <small>due to, or as a consequence of</small>	4 months
(c)	Pathological hip fracture <small>due to, or as a consequence of</small>	4 months
Underlying cause of death (Stated last)	(d) Osteoporosis	20 years
Part II		
Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I	Non healing sacral ulcers	months

Example 3: A 52-year-old patient suffering from end-stage liver failure dies. He has a well-known history of alcoholism and substance abuse, was diagnosed with cirrhosis two years ago and Hepatitis B ten years ago.

11. Part I		Approximate interval between onset and death
Immediate cause of death (a)	Hepatic encephalopathy <small>due to, or as a consequence of</small>	6 months
Antecedent causes, if any, (b)	End stage liver failure <small>due to, or as a consequence of</small>	2 years
	(c) Cirrhosis of liver <small>due to, or as a consequence of</small>	15 years
Underlying cause of death (Stated last) (d)	Alcohol abuse	40 years

Example 4: An 80-year-old patient 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 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.

11. Part I		Approximate interval between onset and death
Immediate cause of death (a)	Malnutrition <small>due to, or as a consequence of</small>	2 weeks
Antecedent causes, if any, (b)	Refused food and fluids <small>due to, or as a consequence of</small>	weeks
	(c) Alzheimer’s type dementia <small>due to, or as a consequence of</small>	7 years
Underlying cause of death (Stated last) (d)		
Part II		
Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I		
Depression 5 years, pressure sore 6 months		
Dysphagia months		

Example 5: This example shows an accurate and complete cause-of-death statement which provides comprehensive information and is of great potential use for research, statistics, public health decision-making and policy setting.

11. Part I		Approximate interval between onset and death
Immediate cause of death (a)	Gram negative pseudomonas sepsis <small>due to, or as a consequence of</small>	5 days
Antecedent causes, if any, (b)	Bladder infection <small>due to, or as a consequence of</small>	2 weeks
(c)	Indwelling catheter for neurogenic bladder <small>due to, or as a consequence of</small>	2 years
Underlying cause of death (Stated last) (d)	Multiple Sclerosis	35 years
II		
Part II Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I	Depression 5 years, pressure sore 6 months	
	Dysphagia months	

Example 6: Part II may be used to report “Other significant conditions” that co-existed or pre-existed and contributed to death. Careful thought should be given to listing in order of significance as this may influence the interpretation of cause of death in Part I.

11. Part I		Approximate interval between onset and death
Immediate cause of death (a)	Left lower leg gangrene <small>due to, or as a consequence of</small>	6 weeks
Antecedent causes, if any, (b)	Peripheral vascular disease <small>due to, or as a consequence of</small>	10 years
(c)	Type II Diabetes <small>due to, or as a consequence of</small>	25 years
Underlying cause of death (Stated last) (d)		
II		
Part II Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I	History of smoking 50 years CAD (old MI)	20 years
	CKD, Hypertension, Dementia	years

Example 7: A diabetic patient, who had been under insulin control for many years, develops ischemic heart disease and dies 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 for vital statistics. Each of the following certifications is possible and would be acceptable:

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

<div>Part I</div> <div> <div>Immediate cause of death (a) Myocardial infarction</div> <div>due to, or as a consequence of</div> <div>Antecedent causes, if any, (b) Chronic Ischemic Heart Disease</div> <div>due to, or as a consequence of</div> <div>(c) Type II Diabetes Mellitus</div> <div>due to, or as a consequence of</div> <div>Underlying cause of death (Stated last) (d) _____</div> </div>		<div>Approximate interval between onset and death</div> <div>1 hour</div> <div>5 years</div> <div>25 years</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>		

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

<div>Part I</div> <div> <div>Immediate cause of death (a) Myocardial infarction</div> <div>due to, or as a consequence of</div> <div>Antecedent causes, if any, (b) Chronic Ischemic Heart Disease</div> <div>due to, or as a consequence of</div> <div>(c) _____</div> <div>due to, or as a consequence of</div> <div>Underlying cause of death (Stated last) (d) _____</div> </div>		<div>Approximate interval between onset and death</div> <div>1 hour</div> <div>5 years</div>
<div>Part II</div> <div> <div>Type II Diabetes Mellitus</div> <div>Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I</div> </div>		<div>25 years</div>

iii. If the patient 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, and the physician or RN(EC) being uncertain that it arose from the diabetes, the sequence would be:

Part I		Approximate interval between onset and death
Immediate cause of death (a)	Acute renal failure <small>due to, or as a consequence of</small>	1 week
Antecedent causes, if any, (b)	Nephropathy <small>due to, or as a consequence of</small>	4 years
(c)	Type II Diabetes Mellitus <small>due to, or as a consequence of</small>	25 years
Underlying cause of death (Stated last)	(d)	
Part II		
Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I	Chronic Ischemic Heart Disease	5 years

Example 8: The medical certificate of death below has NOT been completed according to the instructions in this Handbook.

☐ A common error or oversight frequently made by a certifier is recording a “list” of diseases or conditions in Part I and Part II. This is incorrect.

Part I		Approximate interval between onset and death
Immediate cause of death (a)	Prostate cancer <small>due to, or as a consequence of</small>	Years
Antecedent causes, if any, (b)	Dementia <small>due to, or as a consequence of</small>	Years
(c)	Diabetes <small>due to, or as a consequence of</small>	Years
Underlying cause of death (Stated last)	(d) Renal failure	Years
Part II		
Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I	HTN, AF, CHF, Smoker, COPD, Emphysema, Breast Cancer PVD, OA, Hypothyroid, Obesity, Mitral & Aortic Insufficiency	

Note:

- The causes reported in Part I should form a comprehensive sequence of conditions which is pathologically and etiologically correct.
- The causes reported in Part II should be conditions which unfavorably influenced the course of the morbid process and thus contributed to the fatal outcome.
- Duration (approximate) is required for each condition reported in Part I and in Part II.

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 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 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: It is the certifying **physician, coroner, coroner investigator, or RN(EC)'s responsibility** to submit a supplemental medical certificate of death in cases where autopsy findings reveal the cause of death to be different from the one originally reported or if a change to manner of death has been determined.

Further Information or Cause of Death Clarification

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 (starting point) 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

General

The “**cause of death**” will be either attributed to:

- ☒ an **internal cause** (natural disease process)
- ☒ an **external cause** (non-natural force or agent)

If a death appears to be the result of an **external cause**, **refer the case to a coroner** and the coroner will decide whether an investigation is required.

- ☒ If, after consultation, the coroner **does not accept** the case, the physician or RN(EC) will be the person responsible for completing and signing the medical certificate of death.
- ☒ If the coroner **accepts** the case, the coroner will be the person responsible for completing and signing the medical certificate of death.

****Any person who is not a coroner shall consult with a coroner before completing this section****

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)		

The Traumatic or Violent Death section is to be **completed exclusively for deaths that are a result of an external cause. When an injury or poisoning has been determined** to be the primary cause of the death and is recorded in Part I, the Traumatic or Violent Death section provides a specific space for recording pertinent information concerning the external cause of the injury or poisoning. The certifier is required to complete the entire section. This information is used to assign comprehensive cause of death codes and this data is collected for statistical purposes.

Note: If the **coroner** has determined that an injury or poisoning was not causally related or contributory to the death, the **certifier** should leave it off the medical certificate of death.

- For example, a person who sustained a fractured hip in 2010, had a near-full recovery with good function but still required a mobility aid and then died of coronary artery disease in 2012. The fractured hip should not be included on the medical certificate of death because it had no direct contribution to the underlying cause of death. Refer to Section 10 of the *Coroners Act* for further explanation on the requirements for reporting a death to a coroner.

Note: It is important to note that when an injury or poisoning has been recorded in Part I and the Traumatic or Violent Death section has **not** been completed, the manner of death will be classified **accidental** (*rather than undetermined, suicide or homicide*) until further information is supplied.

Deaths Involving More Than One External Cause

When more than one external cause has occurred, report on the medical certificate of death each cause and the order in which they occurred. If known, indicate that one of the external causes led to the condition that terminated in death. It is important that certifiers carefully consider the order of the recorded external causes as this will affect how the medical coder interprets and assigns the most specific external cause code. A clear and careful delineation of events leading to death ensures that the intent of the certifier is understood (e.g., drowning from hypothermia from fall out of canoe).

Deaths Involving Competing Manners (Natural & Non-Natural)

For deaths where the certifier cannot decide between a natural sequence and an external cause, the terms “unknown”, “or” or some similar expression could be used (e.g., subdural hematoma (cause unknown) or subdural hematoma “due to” anticoagulation or fall). Serious consideration should be given to choosing the most likely cause and if the certifier is not certain, the Traumatic or Violent Death section should be left blank.

No Definitive Anatomic or Toxicological Cause Identified

In some circumstances the autopsy findings and/or toxicology results are negative or unclear and a full investigation still does not allow a definitive conclusion for cause of death. In these cases, the cause should be stated in Part I on line (a) as **“No definitive anatomic or toxicological cause identified”** or some similar term. You are not required to report further conditions in Part II or complete the Traumatic or Violent Death section.

Note: The Traumatic or Violent Death section is to be used **exclusively** for deaths that are **completely non-natural**. It should be noted that in this section “undetermined” is not synonymous with “unknown” (per WHO definition).

Note: In a traumatic or violent death the injury or poisoning is reported in Part I and the external cause of the injury or poisoning is reported in the Traumatic or Violent Death section.

Definitions of Manner of Death (per ICD-10 Volume 1 Tabular List)

The certifier provides manner of death to **clarify the circumstances** of a death and how an injury or poisoning was sustained. It is also used to classify the death for statistical purposes. Since external causes are grouped by **intent** in the ICD, the manner of death specified by the certifier is applied to select the cause of death codes

It is very important to understand that when a certifier does not specify a manner of death for an external cause, most deaths will be classified as accident or per the classification in the ICD-10. For example, if **hanging** is reported, and the manner of death is not specified, the ICD supports an **accidental** manner of death. If, on the other hand, a **fight** is reported, and the manner of death is not specified, the ICD supports assault (homicide) as the manner of death.

The external cause of an injury or poisoning may be classified as one of the following **Manners of Death**:

Accident: Injury or poisoning due to an occurrence, incident or event happening in an unexpected or unintentional manner without foresight.

Homicide: Injury or poisoning inflicted by another person with intent to injure or kill, by any means.

Suicide: Purposely self-inflicted injury or poisoning.

Undetermined*: When an investigation has not determined whether an injury or poisoning sustained was by accident, purposely self-inflicted or homicidal.

Note: The manner of death should be record as undetermined if unable to determine whether accidental or intentional; whether accidentally or purposely inflicted; and whether or not with intent to injure or kill.

Box 20. Accident, suicide, homicide or undetermined (specify)

The manner of death should specify intent for deaths where an external cause has been certified. Select the manner of death which best describes the external cause of the injury or poisoning reported in Part I. When the manner of death cannot be determined as accident, suicide, or homicide the certifier should indicate “undetermined” as this can be changed later when/if determined. Please note that “natural” is not a manner of death to be included in this section.

Box 21. Place of Injury

Record the appropriate designation or category of the place where the injury or poisoning occurred. The place of injury or poisoning designation recorded should clarify where the incident occurred, and the certifier should be specific. Due to potential privacy issues, do not enter the name of a company, firm, or organization (e.g., use the word “hotel” instead of the hotel name). Avoid vague references such as urban outdoors, public place, etc.

Box 22. Date of Injury

Record the exact month, day, and year that the injury or poisoning occurred (e.g., 2019/01/27). The date of injury or poisoning may not necessarily be the same as the date of death if there was a survival interval and may include past and/or present events. Efforts should be made to estimate a date if remote in time instead of leaving the space blank.

Box 23. How did the Injury Occur?

Record a detailed description of the external cause of the injury or poisoning reported in Part I. A brief description of the external cause may have been reported in Part I, however as space is limited, it may be more effective to describe the circumstances in a succinct manner using this larger section. Use precise statements to describe concisely the circumstances of death using enough detail for clarity. If "MVC" is reported in Part I with the injury then specify here "Driver of car, lost control and struck a tree" to enhance statistical information.

Detail Required for Descriptions of External Cause

The ICD External Causes of Injury Index provides a double axis of indexing which includes a description of the circumstances **and** the agent involved (e.g., **fall** involving a **bed**, **MVA** involving a **car**, **overdose** involving **cocaine**, etc.). The following are examples of the amount of detail required for a comprehensive statement:

Description	Agent Involved
Asphyxia Suffocation Choking	Specify threats to breathing as choking on vomit, food, foreign body etc.; asphyxia or suffocation by plastic bag, bed, blankets, overlay, smothering, positional, sexual, etc.
Bitten	Specify the animal, mammal, insect (e.g., snakes, lizard, spider, scorpion, hornet, wasp, bees, etc..) and if non-venomous or venomous, specify if bite by a person.

Description	Agent Involved
Burn	Specify from fire (see fire, flames, and smoke) or hot substance such as drinks, food, fats and cooking oils, steam, vapors, hot household appliances, radiators, pipes, etc.
Drowning	Specify drowning in bathtub, pool, lake, river, or stream; specify whether deceased fell or jumped into water; specify if from a MV, boat, plane, etc.
Electrocution	Specify by transmission or power lines, domestic wiring, welding, etc.
Explosion	Specify from boiler, aerosol, air tank, tire, pipe, hose, gas, propane, fireworks, etc., specify if subsequent fire.
Exposure	Specify from cold weather or heat, etc.
Fall	Specify falls as slip, trip, or stumble; on ice or snow; from wheelchair, bed, chair, or other furniture; from a building, ladder, scaffolding, balcony, bridge, or tree; on, up or down stairs; from skiing, skateboarding, skating, etc.
Firearm	Specify type as rifle, shotgun, handgun, pellet, BB, air gun, etc.
Fire Flames	Specify fire in home, other building or outside; from stove, brush fire, flammable material, etc.
Machinery	Specify types of machinery as household, recreational, agricultural, industrial, powered, or non-powered.

Description	Agent Involved
Poisoning Toxicity Overdose	Specify the drug, alcohol, solvent, gas, vapor, pesticide, chemical, noxious substance, etc. Poisoning includes toxicity, intoxication, ingestion, and overdose.
Stabbing Cutting Laceration	Specify by glass, knife, dagger, hand tools, lawnmower, etc.
Starvation	Specify lack of food, water, deprivation, self-imposed (neglect) or voluntary; if from a medical condition, disease, neoplasm, neglect, or abandonment.
Transport Accident	<ul style="list-style-type: none"> • Air - Specify type of aircraft and describe the circumstances. • Land - Specify the type of land transport, designation (e.g., driver, passenger, pedestrian, etc.) and describe the circumstances. • Water - Specify type of water transport and describe the circumstance.

Examples of Certification (Non Natural)

The Traumatic or Violent Death section **must** be completed by the investigating coroner if an injury or poisoning is reported in the cause of death section. Under current WHO coding rules, deaths due to an external cause that are unspecified as to whether accident, suicide, homicide or of undetermined intent (e.g., the section was not completed) are classified as accident until further information is provided.

Transport Accidents (land, water, and air)

A transport accident is any accident involving a device designed primarily for, or being used at the time primarily for, conveying persons or goods from one place to another on land, on water or in the air (includes any object being towed at the time). Under current WHO coding rules and guidelines, the vehicle of which the injured person is an occupant is seen as the most important factor to identify for prevention purposes.

Land Transport Accidents

1. Specify type of vehicle(s) involved:

- **car** (jeep, minivan, SUV, etc.)
- **pick-up truck or van**
- **heavy transport vehicle** (dump, fire or tow truck, semi, tractor trailer, etc.)
- **bus** (occupant, boarding/alighting)
- **animal-drawn MV or animal rider**
- **railway train**
- **streetcar**
- **industrial, agriculture or construction vehicle**
- **all-terrain vehicle** (ATV, dirt bike, snowmobile, golf cart, etc.)
- **pedestrian**
- **bicycle** (struck by (specify vehicle))

2. Specify designation as driver, passenger, or pedestrian.

3. Specify circumstance as ran off road, collision with a vehicle (specify vehicle), struck an object such as tree, guardrail, pole, bridge, etc., overturning, ran off road, lost control, etc.

4. Specify place of injury as **highway** (street/road), residence, parking lot, etc.

11. Part I		I	Approximate interval between onset and death
Immediate cause of death (a)	Massive brain injury <small>due to, or as a consequence of</small>		5 days
Antecedent causes, if any, (b)	Basal skull fracture <small>due to, or as a consequence of</small>		5 days
	(c) Blunt force craniocerebral trauma <small>due to, or as a consequence of</small>		5 days
Underlying cause of death (Stated last) (d)			
Part II		II	
Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I			

Traumatic or Violent Death (if applicable)	20. If accident, suicide, homicide or undetermined (specify) Accident	21. Place of injury (e.g. home, farm, highway, etc.) Highway	22. Date of injury (yyyy/mm/dd) Jan 5, 2019
	23. How did injury occur? (describe circumstances) Passenger in car struck a transport truck		

Water Transport Accidents

- Specify type of watercraft involved** as powered or non-powered, ship, ferry, sailboat, canoe, kayak, raft, fishing boat, inflatable raft, water-skis, surf board, windsurfer, etc.
- Specify circumstances** as thrown from, fall or jump overboard; watercraft which overturned, capsized, sinking, crashing; fall on board, struck by object, fire, etc.
- Specify body of water** as pool in residence, river, lake, sea, stream, reservoir, pond, etc.

11. Part I		I	Approximate interval between onset and death
Immediate cause of death (a)	Drowning <small>due to, or as a consequence of</small>		minutes
Antecedent causes, if any, (b)	<small>due to, or as a consequence of</small>		
	(c) <small>due to, or as a consequence of</small>		
Underlying cause of death (Stated last) (d)			
Part II		II	
Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I			

Traumatic or Violent Death (if applicable)	20. If accident, suicide, homicide or undetermined (specify) Accident	21. Place of injury (e.g. home, farm, highway, etc.) Lake	22. Date of injury (yyyy/mm/dd) Jan 5, 2019
	23. How did injury occur? (describe circumstances) Fishing from a canoe and fell overboard		

Air Transport Accidents

- 1. **Specify type of aircraft involved** as powered or non-powered, private, or commercial, airplane, helicopter, (hang) glider, balloon, kite, parachute, etc.
- 2. **Specify circumstance** as crash, explosion, collision, a fall in, on or from the aircraft, while boarding or alighting, injury to a person on the ground hit, etc.

11. Part I		I	Approximate interval between onset and death
Immediate cause of death (a) <i>Multiple trauma and burns</i>		due to, or as a consequence of	<i>minutes</i>
Antecedent causes, if any, (b)		due to, or as a consequence of	
(c)		due to, or as a consequence of	
Underlying cause of death (Stated last) (d)			
Part II		II	
Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I			

Traumatic or Violent Death (if applicable)	20. If accident, suicide, homicide or undetermined (specify) <i>Accident</i>	21. Place of injury (e.g. home, farm, highway, etc.) <i>Airport</i>	22. Date of injury (yyyy/mm/dd) <i>Jan 5, 2019</i>
23. How did injury occur? (describe circumstances) <i>Private plane crashed in field shortly after takeoff</i>			

Accidental Falls

Record a brief description of the circumstances of the Fall.

- from a building, ladder, scaffolding, balcony, bridge, tree, cliff, etc.
- slip, trip or stumbling
- from a vehicle, boat, bike, train, or animal
- into water (e.g., bathtub, pool, lake, etc.)
- into pit, quarry, shaft, well, etc.
- involving a bed, chair, or other furniture
- involving a wheelchair
- on ice or snow
- on stairs
- on skis, skates, sled, etc.
- same level (from standing, while walking, or being transferred)

11. Part I Immediate cause of death (a) <u>Subdural hematoma</u> <small>due to, or as a consequence of</small>		Approximate interval between onset and death 3 days
Antecedent causes, if any, (b) <u>Blunt force head trauma</u> <small>due to, or as a consequence of</small>		3 days
Underlying cause of death (Stated last) (c) _____ <small>due to, or as a consequence of</small>		
(d) _____ Part II Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I <u>Alzheimers Dementia</u>		10 years

Traumatic or Violent Death (if applicable)	20. If accident, suicide, homicide or undetermined (specify) Accident	21. Place of injury (e.g. home, farm, highway, etc.) Nursing home	22. Date of injury (yyyy/mm/dd) Jan 5, 2019
	23. How did injury occur? (describe circumstances) Fall from bed		

Poisoning

Identify the drug or type of drug, combination of drugs, alcohol, solvent, gas, liquid, solid, vapor, pesticide, chemical or caustic substance ingested.

11. Part I Immediate cause of death (a) <u>Fentanyl and cocaine toxicity</u> <small>due to, or as a consequence of</small>		Approximate interval between onset and death minutes
Antecedent causes, if any, (b) _____ <small>due to, or as a consequence of</small>		
Underlying cause of death (Stated last) (c) _____ <small>due to, or as a consequence of</small>		
(d) _____ Part II Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I <u>Alcohol and drug abuse</u>		years

Traumatic or Violent Death (if applicable)	20. If accident, suicide, homicide or undetermined (specify) Accident	21. Place of injury (e.g. home, farm, highway, etc.) Motel	22. Date of injury (yyyy/mm/dd) Jan 5, 2019
	23. How did injury occur? (describe circumstances) Recreational drug use		

Note: Information reported in Part I must contain statements such as toxicity, poisoning or overdose of a drug or an injury or fracture) and support the manner of death

Suicide

Record the injury or poisoning in Part I and provide a comprehensive statement of intentional self-harm in the Traumatic or Violent Death section.

11. Part I		I	Approximate interval between onset and death
Immediate cause of death (a)	Carbon monoxide poisoning <small>due to, or as a consequence of</small>		minutes
Antecedent causes, if any, (b)	Inhalation of car exhaust fumes <small>due to, or as a consequence of</small>		minutes
Underlying cause of death (Stated last) (c)			
Underlying cause of death (Stated last) (d)			
Part II		II	
Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I		Depression	Years

Traumatic or Violent Death (if applicable)	20. If accident, suicide, homicide or undetermined (specify) Suicide	21. Place of injury (e.g. home, farm, highway, etc.) Home	22. Date of injury (yyyy/mm/dd) Jan 5, 2019
	23. How did injury occur? (describe circumstances) Ran car in garage		

Homicide

Record the injury or poisoning in Part I and provide a comprehensive statement of the assault in the Traumatic or Violent Death section.

11. Part I		I	Approximate interval between onset and death
Immediate cause of death (a)	Gunshot wound chest <small>due to, or as a consequence of</small>		minutes
Antecedent causes, if any, (b)			
Underlying cause of death (Stated last) (c)			
Underlying cause of death (Stated last) (d)			
Part II		II	
Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I			

Traumatic or Violent Death (if applicable)	20. If accident, suicide, homicide or undetermined (specify) Homicide	21. Place of injury (e.g. home, farm, highway, etc.) Nightclub	22. Date of injury (yyyy/mm/dd) Jan 5, 2019
	23. How did injury occur? (describe circumstances) Shot with handgun		

Note: When "homicide" is reported as the manner of death, the certifier should include a statement which clearly establishes an intentional act of homicide occurred (e.g., pushed, struck, crash of MV, poisoning by someone, etc.).

Late Effects

The ICD provides classification for the late effect or sequela of an injury or poisoning sustained by accident, suicide, homicide, or by any event of undetermined intent which eventually causes the death and from surgical or medical procedures and more.

Record the injury or poisoning sustained in Part I, described as history of, old, remote, etc. and/or provide an approximate duration and complete the Traumatic or Violent Death section with a brief description of the circumstances.

11. Part I		Approximate interval between onset and death	
Immediate cause of death (a)	Pulmonary embolism <small>due to, or as a consequence of</small>	1 week	
Antecedent causes, if any, (b)	Remote spinal cord injury from MVA <small>due to, or as a consequence of</small>	9 years	
(c) <small>due to, or as a consequence of</small>			
Underlying cause of death (Stated last) (d)			
Traumatic or Violent Death (if applicable)	20. If accident, suicide, homicide or undetermined (specify) Accident	21. Place of injury (e.g. home, farm, highway, etc.) Road	22. Date of injury (yyyy/mm/dd) 2008
	23. How did injury occur? (describe circumstances) His car and struck a tree		

Undetermined

Under WHO classification guidelines, “undetermined” as a manner of death is used to identify deaths where the injury, pathology and circumstances are known but **the intent cannot be determined** as to **whether accident, suicide, or homicide** after a full investigation.

When “undetermined” is reported as the manner of death **the certifier should include a statement** which clearly establishes an investigation has not determined

whether it was an accident, homicide, or suicide. Deaths for which no cause has been determined after autopsy should be reported in Part I as **“No Definitive Anatomic or Toxicological Cause of Death”**.

11. Part I		Approximate interval between onset and death	
Immediate cause of death (a)	Cerebral hemorrhage <small>due to, or as a consequence of</small>	1 hour	
Antecedent causes, if any, (b)	Blunt force trauma to head <small>due to, or as a consequence of</small>	1 day	
(c)	<small>due to, or as a consequence of</small>		
Underlying cause of death (Stated last) (d)			

Traumatic or Violent Death (if applicable)	20. If accident, suicide, homicide or undetermined (specify) Undermined	21. Place of injury (e.g. home, farm, highway, etc.) Shelter	22. Date of injury (yyyy/mm/dd) Jan 5, 2019
	23. How did injury occur? (describe circumstances) Could not determine if injury sustained by accident (fall) or from an assault		

Unknown

Deaths where it cannot be determined between a natural sequence and an external cause are classified as “Unknown” (e.g., natural versus non-natural).

Since the Traumatic or Violent Death section is to be used exclusively for **“non-natural”** deaths the certifier should not complete the Traumatic or Violent Death section

11. Part I		Approximate interval between onset and death	
Immediate cause of death (a)	Subdural hematoma <small>due to, or as a consequence of</small>	1 day	
Antecedent causes, if any, (b)	Unascertained, possible stroke or fall <small>due to, or as a consequence of</small>		
(c)	<small>due to, or as a consequence of</small>		
Underlying cause of death (Stated last) (d)			

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)		

Part II		III	
Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I	Dementia (yrs)	Osteoporosis (yrs)	
	Previous Stroke (5 yrs)		

11. Part I		Approximate interval between onset and death	
Immediate cause of death (a)	<u>Hypertensive heart disease or cocaine toxicity</u> <small>due to, or as a consequence of</small>		
Antecedent causes, if any, (b)	<small>due to, or as a consequence of</small>		
	(c) <small>due to, or as a consequence of</small>		
Underlying cause of death (Stated last)	(d)		
Part II Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I		<p align="center">II</p> <p>Use the term "or" for deaths where you cannot decide between a <u>natural cause (disease)</u> and a non natural cause (<u>external</u>). The <u>Traumatic or violent death</u> section should not be completed.</p>	

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)		

Note: It is suggested that the certifier review the case carefully to determine whether the natural or non-natural cause listed was **more likely** to have caused the death. Serious consideration should be given to choosing the most likely cause. **No Definitive Anatomic or Toxicological Cause** should be reported for which no cause has been determined after autopsy.

Note: The starting point is the condition or event that started the sequence of acceptable causal relationships ending with the terminal event.

E. Completing Information About the Deceased

Information About the Deceased							
1. Last name or single name Brown			First and middle names Jane Anne			2. Date of death (yyyy/mm/dd) 2025/01/16	
3. Sex F	4. Age 83	5. If under 1 year Months 83	Days 	6. If under 1 day Hours 	Minutes 	7. Gestation age 	8. Birth weight
9. Place of death (name of facility or location) 100-1234 Smith Street				<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 Pembroke					Regional municipality, county or district Renfrew		

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 month, day, and year the death occurred. Pay attention to the entry when the death occurs around midnight or December 31. Consider a death at midnight to have occurred at the end of one day (e.g., the date for a death that occurs at midnight on December 31 should be recorded as December 31). Do not record time of death.

For unwitnessed deaths and coroner cases, in accordance with policies of the Office of the Chief Coroner, record the date of death on which the death was pronounced. If further investigation or new information reliably shows the date of death to be different than that originally recorded, an amendment to the record may be made or a revised medical certificate of death issued.

Sex

Enter **F** for female, **M** for male, or **U** for unknown if sex is not apparent or undetermined.

Age

Calculate an accurate age at time of death from date of birth. If under one (1) year it is necessary to provide age in months and days; if under one (1) day it is necessary to provide age in hours and minutes; and for perinatal deaths (< than twenty-eight (28) days), provide gestation age and birth weight in either pounds or kilograms.

Place of Death

Enter the name of the hospital, long-term care facility, nursing home, hospice, 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 number.

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 must be completed and signed at the time the death is certified. Do not pre-sign this legal document in advance with the expectation that another individual will fill in the date after death has been pronounced. By signing, you certify the information on this form is correct to the best of your knowledge.

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) <i>Aidan Cameron Certifier</i>	25. Date (yyyy/mm/dd) 2025/06/21	
26. Your name (last, first and middle names or single name) Certifier, Aidan Cameron	27. Your title: <input checked="" 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) 189 Red River Road, Thunder Bay, ON P7K 1L8		

Signature

The legally qualified medical practitioner (physician, coroner, coroner investigator, or RN(EC)) will complete and sign the medical certificate of death after the death, investigation, or inquest. Do not use a signature stamp as an alternative to your signature.

Date (yyyy/mm/dd)

Record the date on which you complete and sign the medical certificate of death.

Name

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

Title (Designation)

Indicate if you, as the certifier, were the physician, coroner, or RN(EC). Coroners are reminded to check “physician” for patients who they were attending whose deaths were not coroner cases.

Address

Record your complete mailing address including facility name, street number and name, city, province, and postal code. **An address stamp may be used.** If required, information contained in this section will facilitate correspondence with the certifier by the Office of the Registrar General.

IV. Medical Certificate of Stillbirth

Definition

A Stillbirth is defined under the *Vital Statistics Act* as **“the complete expulsion or extraction from a person of a product of conception either after the twentieth week of pregnancy or after the product of conception has attained the weight of 500 grams or more, and where after such expulsion or extraction there is no breathing, beating of the heart, pulsation of the umbilical cord or movement of voluntary muscle”.**

Under the definition, twenty full weeks of gestation must have been completed from last menstrual period, or a weight of 500 grams or more achieved to be classified as a stillbirth in Ontario. If neither of these criterion is met, a medical certificate of stillbirth is not required. Therapeutic abortions that meet criteria are classified as a stillbirth in Ontario.

Registering a Stillbirth in Ontario

The forms for registering a stillbirth in Canada's provinces and territories vary somewhat to meet particular needs. However, each jurisdiction closely follows the mutually agreed upon “Model Registration Forms” in support of a uniform national vital registration and statistics system.

In Ontario the following documents are required to be completed, signed, and submitted to the Office of the Registrar General to register a stillbirth:

Statement of Stillbirth

The funeral director and/or a family member will complete the statement of stillbirth form with information about the stillborn child. The Office of the Registrar General provides this form to funeral homes, and it forms part of the stillbirth registration.

Medical Certificate of Stillbirth

It is the responsibility of a physician, coroner or coroner investigator to complete and certify the medical certificate of stillbirth, record the cause of the stillbirth, and ensure it is made available to the funeral director. The Office of the Registrar General provides this form, and it forms part of the stillbirth registration.

Notice of Live Birth of Stillbirth

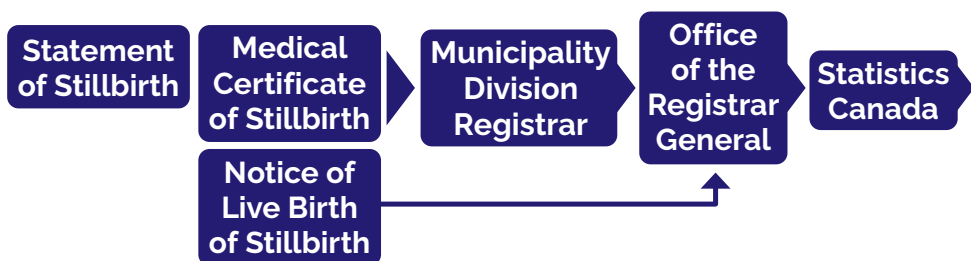
The hospital or facility where the stillbirth occurred will complete and mail the notice of live birth or stillbirth form to the division registrar of the registration division where the death occurred (municipal office) within two business days after the stillbirth occurred. The Office of the Registrar General provides this form to hospitals, and it forms part of the stillbirth registration.

Note: If the coroner cannot provide the cause of stillbirth, they may complete and issue a **Warrant to Bury the Body of a Deceased Person** in place of a medical certificate of stillbirth for the stillbirth to be registered and a burial permit to be issued. The Office of the Chief Coroner provides this form, and it forms part of the stillbirth registration.

The coroner or coroner investigator is responsible for submitting a medical certificate of stillbirth as soon as the medical cause of the stillbirth is known.

Where do these forms go?

- ☑ The funeral home forwards the statement of stillbirth and the medical certificate of stillbirth to the Division Registrar (municipal clerk's office) of the municipality where the stillbirth occurred to obtain a burial permit.
- ☑ The Division Registrar registers the event, issues a burial permit to the funeral home, and forwards the documents to the Office of the Registrar General.
- ☑ The hospital or facility completes and mails the notice of live birth or stillbirth form to the division registrar of the registration division/municipality where the stillbirth occurred within two business days after the stillbirth occurs.
- ☑ The Office of the Registrar General finalizes the stillbirth registration which becomes a permanent, legal record of the stillbirth.
- ☑ The Office of the Registrar General creates, and compiles cause of stillbirth data.
- ☑ The Office of the Registrar General forwards all cause of stillbirth data and other vital statistics data contained on stillbirth registrations to Statistics Canada for national publication.



Once the stillbirth is registered with ServiceOntario's Office of the Registrar General, a person may apply to the same office for a commemorative document of stillbirth or a certified copy of stillbirth registration.

Two (2) types of certificates are available.

1. Commemorative Document of Stillbirth

A commemorative document that contains limited registered information such as child's name, parent(s) name(s), date, and place of stillbirth. This document is used for commemorative purposes only and is not a legal document.

2. Certified Copy of Stillbirth Registration

A certified copy of the detailed registration filed after stillbirth, also known as the Statement of Stillbirth. It contains limited registered information about a stillbirth including signatures. If the cause of stillbirth information is requested by the applicant, a copy of the medical certificate of stillbirth will form part of a certified copy of a stillbirth registration.

Copying the medical certificate of stillbirth

Generally, the VSA prohibits a person from making, obtaining, or attempting to obtain copies or duplicates of a medical certificate of stillbirth 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 stillbirth while the person is acting in the course of their employment or professional duties.

General

The medical certificate of stillbirth is divided into five (5) sections for the certifier to complete:

Section A	Information of Stillborn
Section B	Other Particulars
Section C	Cause of Stillbirth
Section D	Other Information
Section E	Certification to be Completed by Physician or Coroner

It is essential that:

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

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

Note: A **coroner** must be notified when a stillbirth appears to be **non-natural** (e.g., injury to foetus, maternal injury, or poisoning, etc.). The coroner will decide whether an investigation is required. Most stillbirths are due to natural causes.

Section A – Information of Stillborn

Section A – Information of Stillborn		
Last Name or Single Name Smith		Sex of Stillborn F
First Name Jane	Middle Name(s) Anne	
Date of Stillbirth (yyyy/mm/dd) 2025/04/27	Name of Hospital (if not hospital, give exact location where stillbirth occurred) Thunder Bay Regional Health Sciences Centre	
Place of Stillbirth (city, town, reserve) Thunder Bay	Regional Municipality, County, or District Thunder Bay	

Last Name or Single Name

Enter the legal surname or single name if only one name. It is acceptable for the surname to be different from the mother's (e.g., other parent's surname if different).

First Name and Middle Name(s)

Enter the first and middle name (if given). A given name may be determined later, reporting “baby girl” or “baby boy” is acceptable.

Sex of Stillborn

Enter **F** for female, **M** for male, or **U** for unknown if sex is not apparent or undetermined.

Date of Stillbirth (yyyy/mm/dd)

Enter the exact year, month, and day that stillbirth occurred (e.g., 2016/12/15). Pay attention to the entry of year, month, or day when the stillbirth occurs at midnight or on December 31. For example, a stillbirth that occurs at midnight on December 31 should be recorded as Dec 31st not January 1st. For unwitnessed stillbirths the date of stillbirth is the date on which the stillbirth is pronounced.

Name of Hospital or Exact Location where Stillbirth Occurred

Enter the name of the hospital where the stillbirth occurred. If the stillbirth occurred at home or another location, provide a complete street address including street number and name or, in a rural area without a street address, include the lot and concession.

Place of Stillbirth

Enter the name of the city, town, village or township and the regional municipality, county, or district.

Regional Municipality, County, or District

Enter the regional municipality, county, or district of the place of stillbirth. Where municipal restructuring has occurred use the current municipal name and if in doubt contact your local municipal office or access the [Municipal Restructuring Table](#)

Section B – Other Particulars

Section B – Other Particulars				
Last Name or Single Name of Parent Who Gave Birth Smith	Gestation Period (weeks) 36	Weight of Stillborn Grams or 5 lb. 8 oz.	Kind of Stillbirth <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> Other	If a multiple, state if this stillborn was born 1st, 2nd, 3rd, etc.
First and Middle Names of Parent Who Gave Birth Jennifer Anne				

- ☒ Record the Last Name or Single Name of the **Parent Who Gave Birth**
- ☒ Record First and Middle Names of **Parent Who Gave Birth**
- ☒ Record the **Gestation** Period in weeks
- ☒ Record the **Weight** of the Stillborn in Grams or pounds and ounces
- ☒ Record the **kind** of Stillbirth e.g., if a single, twin, triplet, etc. birth
- ☒ If it was a **multiple birth**, state if this stillborn was born 1st, 2nd, 3rd, etc.

Section C - Cause of Stillbirth

The “Cause of Stillbirth” section on the medical certificate of stillbirth is based on recommendations of the WHO. It provides spaces for the certifier to record pertinent information pertaining to the cause of fetal death (e.g., the disease, injury, or complications which either resulted in or contributed to death of the foetus or the circumstances of the accident or violence which produced any such injuries). The **underlying cause** of fetal death is the disease, injury, or complication which **initiated** the chain of morbid events leading directly to the death of the fetus.

The Cause of Stillbirth section consists of two (2) main parts: Part I and Part II

- Record in Part I **immediate cause** (a disease or condition directly leading to stillbirth), **antecedent cause** (morbid conditions, if any, giving rise to the immediate cause) stating the **underlying cause** last;
- **Record in Part II** significant condition(s) which contributed to the stillbirth but not related to the disease or condition causing it.

Completing Part I

The decision-making process and principals applied are identical to those used for completing the medical certificate of death. It is designed to obtain the opinion of the certifier as to the initiating cause and underlying cause of the death of the fetus and prompts the certifier to report specific conditions.

A fetal death may result from the combined effect of two or more conditions. These conditions may be completely unrelated, arising independently of each other, or they may be causally related to each other; that is, one cause may lead to another which in turn, leads to a third cause, etc. In some cases, it is not possible to tell why the fetus died. In most cases a statement of cause in Part I will suffice.

Please note:

- in Part I only record one condition per line
- use accepted terms for morbid conditions; never record mere symptoms
- record a sequence of events if possible
- record complications of placenta, cord or membranes, fetal anomaly, fetal infection, fetal growth restriction and any other fetal conditions and disorders
- record maternal conditions and diseases affecting the fetus, any obstetrical or pregnancy complications
- record “cause unknown” when it is not possible to tell why the fetus dies
- time durations (interval between onset and death) are unnecessary

Section C – Cause of Stillbirth	
<div>I</div> I Immediate cause (disease or condition directly leading to stillbirth)	<div>I</div> (a) Extreme prematurity due to, or as a consequence of
Antecedent causes (morbid conditions, if any, giving rise to the immediate cause, stating the underlying cause last)	(b) Cord compression due to, or as a consequence of
	(c) Oligohydramnios
<div>II</div> II Other significant conditions (contributing to stillbirth but not related to the disease or condition causing it)	<div>II</div> Twin to Twin transfusion, PROM @ 19 weeks

Completing Part II

Report other significant conditions contributing to the stillbirth in Part II. Include maternal conditions that may be unrelated to present pregnancy such as hypertensive disorders, renal and urinary tract disease, infections, circulatory and respiratory disease, nutritional disorders, maternal injury, surgery, or other medical procedures. Include maternal complications of pregnancy such as gestational diabetes, maternal drug or alcohol abuse, hypertension, etc.

Maternal Factors & Complications of Pregnancy

Specify maternal factors and complications of pregnancy affecting the fetus which may be related or unrelated to the present pregnancy (e.g., maternal conditions, pre-existing conditions or diseases, maternal injury, surgery or medical procedure, maternal use of medication, tobacco, alcohol, or drugs of addiction). For conditions such as infectious and parasitic diseases, specify if the infection was acquired in utero, during birth or if it was a maternal infectious or parasitic disease as the cause of the stillbirth.

Termination of Pregnancy

Per the VSA a **medical certificate of stillbirth** must be completed by the attending physician if a termination of pregnancy procedure resulted in the complete expulsion or extraction from a person a product of conception either after 20 weeks of pregnancy or after the product of conception has attained the weight of 500 grams or more. When completing the medical certificate of stillbirth, it is important to include the termination procedure.

Section C – Cause of Stillbirth	
I Immediate cause (disease or condition directly leading to stillbirth)	(a) Extreme prematurity due to, or as a consequence of
Antecedent causes (morbid conditions, if any, giving rise to the immediate cause, stating the underlying cause last)	(b) Termination of pregnancy due to, or as a consequence of
	(c) Trisomy 21
II Other significant conditions (contributing to stillbirth but not related to the disease or condition causing it)	II

Section D - Other Information

There are **multiple** sections to complete. This information will be used to facilitate the selection of comprehensive stillbirth codes for vital statistics.

Section D – Other Information		
a) Was there manipulative, instrumental or other operative procedure for delivery? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	b) If so, was fetus dead before the procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No	c) State nature of procedure (such as forceps: version and extraction, Caesarian section, termination of pregnancy)
Did stillbirth occur: Before labour? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No During labour? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was labour induced? <input type="checkbox"/> Yes <input type="checkbox"/> No Was labour induced to terminate pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No
a) Was there an autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does the cause of stillbirth (stated above) reflect autopsy findings? <input type="checkbox"/> Yes <input type="checkbox"/> No May further information be available later? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section E - Certification

Section E – Certification to be Completed by Physician or Coroner		
I certify that I <input checked="" type="checkbox"/> was / <input type="checkbox"/> was not in attendance at this stillbirth and that the statements herein are true and correct to the best of my knowledge and belief.		
Signature <i>D.R. Baby</i>		
Name of Physician or Coroner (print or type) Dennis Robert Baby	Designation <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Coroner	Date Signed (yyyy/mm/dd) 2025/04/27
Address (unit number, street number, street name, city/town/reserve, postal code, province/country) 189 Red River Road, Thunder Bay, ON P7K 1L8		

Note: The certifier is required to complete the entire section.

Signature

Specify if you **were** or **were not** in attendance at the time of stillbirth and affix your signature. An original signature is required by a physician or coroner.

Do not use a signature stamp.

Name

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

A name stamp is acceptable.

Designation

Check the appropriate box for attending physician or coroner. For attending physicians who are also coroners, determine the correct designation for each case.

Date Signed (yyyy/mm/dd)

Record the date the medical certificate of stillbirth was completed and signed.


Address

Record your complete mailing address including facility name, street number and name, city, province, and postal code. An address stamp may be used. If required, information contained in this section will facilitate correspondence with the certifier by the Office of the Registrar General.

Medical Certificate of Stillbirth Form is Completed

Appendix

I. Medical Certificate of Death (Example)

Ontario 		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 Brown		First and middle names Jane Mary		2. Date of death (yyyy/mm/dd) 2025/06/21	
3. Sex F	4. Age 83	5. If under 1 year Months Days 	6. If under 1 day Hours Minutes 	7. Gestation age	8. Birth weight
9. Place of death (name of facility or location) 101-202 Street Avenue <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 Pembroke			Regional municipality, county or district Renfrew		
Cause of Death					
11. Part I				Approximate interval between onset and death	
Immediate cause of death (a) Hyperkalemia <small>due to, or as a consequence of</small>				3 days	
Antecedent causes, if any, (b) Acute renal failure <small>due to, or as a consequence of</small>				2 weeks	
(c) Chronic renal disease <small>due to, or as a consequence of</small>				10 years	
Underlying cause of death (d) (Stated last) Type 2 Diabetes Mellitus				25 years	
Part II					
Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I CVA 10 years, Hemiplegia 10 years					
HTN, Dementia, PVD, Obesity				all years	
12. If deceased was <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 * <small>*(induced abortion, miscarriage, ectopic pregnancy, stillbirth, or live birth)</small>				<input type="checkbox"/> not pregnant <input type="checkbox"/> unknown if pregnant within the past year <input type="checkbox"/> pregnant within the past year	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
15. Date of surgery (yyyy/mm/dd) 2025/06/06					
16. Condition necessitating surgery Right great toe amputation for Gangrene					
Autopsy Particulars <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		17. Autopsy being held? <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 checked="" type="checkbox"/> No	
19. May further information relating to the cause of death be available later? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
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)					
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) <i>Aidan Cameron</i>				25. Date (yyyy/mm/dd) 2025/06/21	
26. Your name (last, first and middle names or single name) Certifier, Aidan Cameron				27. Your title: <input checked="" type="checkbox"/> Physician <input type="checkbox"/> RN(EC) <input type="checkbox"/> RN <input type="checkbox"/> Coroner <input type="checkbox"/> Coroner Investigator	
28. Your address (street number and name, city, province, postal code) 189 Red River Road, Thunder Bay, ON P7K 1L8					
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					
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Page 1 of 2					

II. Medical Certificate of Stillbirth (Example)



Ministry of Public and
Business Service Delivery

Office of the Registrar General
189 Red River Rd, PO Box 4600
Thunder Bay ON P7B 6L8

Medical Certificate of Stillbirth Form 8 Vital Statistics Act

This is a permanent legal record. Please read all instructions before completing this form.
Type or print clearly in blue or black ink and complete all sections.

Office Use Only

Section A – Information of Stillborn

Last Name or Single Name Smith		Sex of Stillborn F
First Name Jane	Middle Name(s) Anne	
Date of Stillbirth (yyyy/mm/dd) 2025/04/27	Name of Hospital (if not hospital, give exact location where stillbirth occurred) Thunder Bay Regional Health Sciences Centre	
Place of Stillbirth (city, town, reserve) Thunder Bay	Regional Municipality, County, or District Thunder Bay	

Section B – Other Particulars

Last Name or Single Name of Parent Who Gave Birth Smith	Gestation Period (weeks) 36	Weight of Stillborn Grams _____ or 5 lb. 8 oz.	Kind of Stillbirth <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> Other	If a multiple, state if this stillborn was born 1st, 2nd, 3rd, etc.
First and Middle Names of Parent Who Gave Birth Jennifer Anne				

Section C – Cause of Stillbirth

I Immediate cause (disease or condition directly leading to stillbirth)	(a) Hypoxic ischemic encephalopathy due to, or as a consequence of
Antecedent causes (morbid conditions, if any, giving rise to the immediate cause, stating the underlying cause last)	(b) Cord prolapse due to, or as a consequence of
	(c)
II Other significant conditions (contributing to stillbirth but not related to the disease or condition causing it)	Maternal obesity and smoking

Section D – Other Information

a) Was there manipulative, instrumental or other operative procedure for delivery? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	b) If so, was fetus dead before the procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No	c) State nature of procedure (such as forceps: version and extraction, Caesarian section, termination of pregnancy)
Did stillbirth occur: Before labour? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No During labour? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was labour induced? <input type="checkbox"/> Yes <input type="checkbox"/> No Was labour induced to terminate pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
a) Was there an autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does the cause of stillbirth (stated above) reflect autopsy findings? May further information be available later? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section E – Certification to be Completed by Physician or Coroner

I certify that I <input checked="" type="checkbox"/> was / <input type="checkbox"/> was not in attendance at this stillbirth and that the statements herein are true and correct to the best of my knowledge and belief.		
Signature Name of Physician or Coroner (print or type) Debbie Rose Baby		Designation <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Coroner
Address (unit number, street number, street name, city/town/reserve, postal code, province/country) 189 Red River Road, Thunder Bay, ON P7K 1L8		Date Signed (yyyy/mm/dd) 2025/04/27

Section F – To be Completed by the Division Registrar

By signing below, I agree that I am satisfied that the information on this Medical Certificate of Stillbirth and on the corresponding Statement of Stillbirth is correct and I agree to register the stillbirth.			
Signature	Date (yyyy/mm/dd)	Registration Number	Div. Reg. Code Number
For Use of the Office of the Registrar General Only			

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