

Quick Reference Guide for Registered Nurses Completing the Medical Certificate of Death, Form 16

On July 1, 2025, Registered nurses (RNs) who hold a general certificate of registration under the Nursing Act, 1991, may complete and certify the Medical Certificate of Death, Form 16, as prescribed under the updated Vital Statistics Act, R.S.O. 1990, c.V.4 (VSA).

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

RNs are authorized to complete and certify/sign a medical certificate, in the form approved by the Registrar General and stating the cause of death, only where **all** the following circumstances are met. If any one of the circumstances was not met, then a physician, RN(EC), coroner, or coroner investigator must complete the medical certificate of death.

- a) the nurse had an established nurse-patient relationship with the deceased during the last illness of the deceased.
- b) the death was expected during the last illness of the deceased.
- c) there was a documented medical diagnosis of a terminal disease for the deceased made by a legally qualified medical practitioner or nurse practitioner during the last illness of the deceased.
- d) there was a predictable pattern of decline for the deceased during the last illness of the deceased.
- e) there were no unexpected events or unexpected complications during the last illness of the deceased.
- f) the death did not result from medical assistance in dying within the meaning of section 241.1 of the *Criminal Code* (Canada).

Handbooks with more information about certifying deaths and obtaining the medical certificate of death form:

Please ensure you are familiar with the **Handbook on Medical Certification of Death for Registered Nurses** and have it available to you when completing the medical certificate of death form. The Handbook can be found here: www.publications.serviceontario.ca

For Medical Practitioners, Coroners, Coroner Investigators (an RN or RN(EC) appointed under section 16.1 of the Coroners Act), and RN(EC)s, the **Handbook on Medical Certificate of Death and Stillbirth** can be found here: www.publications.serviceontario.ca

If you have questions about completing the form and are not able to find the information in the Handbook, please contact the Office of the Registrar General either by mail at P.O. Box 4600, 189 Red River Road, Thunder Bay, ON P7B 6L8 or by telephone at 1-807-933-4994. Questions about a nurses' scope of practice should be referred to the College of Nurses of Ontario.

Importance of Death Registration and the Medical Certificate of Death

A **death registration** is a permanent legal record of the death of an individual, and is composed of:

- The **medical certificate of death** (Form 16), completed by a prescribed person, and
- The statement of death form, usually completed by the funeral home.

These forms record personal information about the deceased and the circumstances of death that are, in most jurisdictions, required to issue a burial permit, settle estates, insurance, and pension. Once the forms are completed, the funeral home brings them to the Division Registrar, usually at a municipal office where the death occurred and is provided with a burial permit. The Division Registrar registers the death and sends the forms to the Office of the Registrar General for the province of Ontario.

The Importance of Cause of Death Information

Cause of death information is used by federal, provincial, and local government, clinicians, education institutions, etc., and is valuable for research into particular conditions, analytical studies, identifying and monitoring health risks, health status, planning, development, prevention, screening, etc.

The RNs Responsibility

In accordance with the Vital Statistics Act (VSA), it is the legal responsibility of a prescribed individual to complete and sign the medical certificate of death. The act of completing a medical certificate of death constitutes “certifying” the death, and the person signing is the “certifier”.

Uniform principles must be applied in reporting cause(s) of death. It is important that RNs certifying deaths understand 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.

Before completing the medical certificate of death, an RN must:

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

According to the VSA, a RN shall not make, obtain, or attempt to obtain a copy or duplicate of a medical certificate of death which has been completed and signed, except as provided in the VSA's regulations or as provided under any other Act.

Reporting Deaths to the Coroner

Per Section 10 of the Coroners Act, under certain circumstances, RNs have a legal and professional responsibility to notify the coroner of cases that may require investigation and should not complete the medical certificate of death. Refer to the Handbook for a comprehensive list of circumstances.

Medical Certificate of Death – Completing the Cause of Death Section

The cause of death section on the medical certificate is consistent worldwide and facilitates the identification of an **underlying** cause for Ontario vital statistics. This section provides space for the certifier to record pertinent information concerning the diseases and morbid conditions which either resulted in or contributed to death in a standard format.

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

Part I is designed for the certifier to report the **sequence** of events which led to death. It is recommended only **one** condition be recorded per line.

- **Sequence** – A **sequence** is two or more conditions entered on successive lines, each condition being an acceptable cause of the one on the line above it. Start on line (a) with the immediate cause, then go back in time until you get to the condition that started the sequence. The words **“due to, or as a consequence of”** are printed between **each** line to assist. All four lines (a) – (d) need not be used.
- **Underlying Cause** - The **underlying or primary cause** (starting point) is the disease or event which initiated the train or sequence of morbid events leading directly or indirectly to death. The underlying cause should be a terminal illness that was previously diagnosed and documented by a physician or RN(EC) and should be reported on the lowest line of the sequence. If there is more than one terminal illness documented, it is up to the certifier to select and record in Part I the illness which had the greatest impact resulting in death. When there are multiple conditions (especially among older people) the certifier must choose and report in Part I the primary cause which had the greatest impact.
- **Duration** is the time interval between the onset of a condition and the date of death. Duration should be recorded for **each** reported cause and should increase progressively through lines (a) through (d). It is important to approximate duration or to enter “unknown” rather than leave it blank.


Part I	
Immediate cause of death	(a) Immediate cause of death due to, or as a consequence of
Antecedent causes, if any,	(b) Antecedent cause of death due to, or as a consequence of
Underlying cause of death (Stated last)	(c) Antecedent cause of death due to, or as a consequence of
	(d) Underlying cause of death

Part II is for the certifier to record **other significant conditions which contributed to the death**. These conditions **pre-existed or co-existed** prior to death. In this section, more than one condition can be reported per line and duration is still required for each condition.

It is essential that RNs prepare the medical certificate of death accurately and legibly. It is recommended that you correct minor errors by striking through the error, bracketing the incorrect information, and initialing, and when multiple or major errors are identified, complete a new form. If you are uncertain about how to correctly complete the medical certificate, refer the death to a physician or RN(EC).

Refer to the handbook for comprehensive instructions and examples reporting organ failure, etiology, neoplasms, cancer, COVID, surgery etc., and for the accurate completion of the rest of the form. Instructions on completing the medical certificate are printed on the reverse of the form.

Example - Medical Certificate of Death

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 1 Days 15	6. If under 1 day Hours 1 Minutes 30	7. Gestation age	8. Birth weight
9. Place of death (name of facility or location) 101-202 Number 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		
Cause of Death					
11. Part I				Approximate interval between onset and death	
Immediate cause of death (a) Hyperkalemia				3 days	
Antecedent causes, if any, (b) Acute renal failure				2 weeks	
(c) Chronic renal disease				10 years	
Underlying cause of death (d) Diabetes				25 years	
Part II					
Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I History of CVA, hemiplegia				10 years	
HTN 40 yrs, Dementia 5 yrs, Obesity yrs					
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 * <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 checked="" type="checkbox"/> No					
14. Was there a surgical procedure within 28 days of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
15. Date of surgery (yyyy/mm/dd)					
16. Condition necessitating surgery					
Autopsy Particulars		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	
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) Judy D. Nurse				25. Date (yyyy/mm/dd) 2025/06/21	
26. Your name (last, first and middle names or single name) Nurse, Judy Diane				27. Your title: <input type="checkbox"/> Physician <input type="checkbox"/> RN(EC) <input checked="" type="checkbox"/> RN <input type="checkbox"/> Coroner <input type="checkbox"/> Coroner Investigator	
28. Your address (street number and name, city, province, postal code) 189 Red River Road, Thunder Bay, ON P7K 1L8				If RN(EC)/RN, Registration number 123456	
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					