Cause of death certification flyer:
A tool for certifying physicians

Prompt and accurate certification of the cause of death is very important. It not only helps with legal and administrative tasks but also assists governments in keeping an eye on the health of their citizens. By having this information, governments can plan and evaluate public health programs more effectively. Moreover, this data plays a vital role in supporting research on diseases and their patterns.

✓ Uphold professional integrity and respect for the law.

✓ Display ethical behaviour and respect religious and cultural practices.

✓ Maintain confidentiality after death, follow proper procedures, and ensure proper authorization before sharing confidential information related to medical certification of cause of death.

Methods to confirm death include observing signs of death, verifying the absence of cardiac and respiratory activity, or checking for neurological activity; certifying physicians should be aware of local guidelines for confirming death.

Manner of death

- Distinction between natural and unnatural deaths is fundamental in medical certification of cause of death
- Natural death: result of evident disease process
- Unnatural death: result of external causes (e.g. accidents, violence), requires further review by legal authorities
- Certifying physicians should familiarize themselves with reportable cases in their country or jurisdiction
- Deaths with reasonable suspicion of unnatural cause should be investigated

Information gathering

- Gather information for medical certification of cause of death includes administrative data and medical history review
- Verify deceased's name, address, date of birth, and date of death
- Focus on medical history on pertinent aspects, such as past medical problems, surgeries, recent hospitalizations, medications, and medical allergies
- Consider notes on key points of deceased's medical history related to cause of death
- Access recent hospital notes and records for valuable insights in hospital deaths
- Consult potential sources of information, including discharge summaries, ambulance records, general practicioner (GP) records, pathology and imaging reports, and non-health sources like police reports
- Converse with household members, caregivers, or nursing home staff for additional information
- Investigate any contradictions between sources of information and refer to medicolegal authorities if necessary

Examination

- External examination of a deceased's body is crucial for determining cause and manner of death
- Health and safety of examining physician is a primary consideration
- Precautions should be taken to not destroy or contaminate evidence
- Examination should be performed respectfully and privately
- As a general rule, the body should be undressed for examination (in some regions, undressing may not be culturally acceptable)
- Adequate lighting is necessary for the physical examination
- Both front and back of the entire body should be examined
- A systematic approach and use of a checklist is recommended

Death certification checklist: a tool for certifying physicians

Information gathering	Yes	No
Identity of deceased confirmed (name, gender, date of birth, address)?		
Details of death confirmed – date, time, location of death (address), type of place (e.g. hospital, home etc.)?		
Next of kin/non-family contact identified (name, age, sex, relationship to deceased or role [e.g. care home manager], address)?		
Pre-mortem circumstances considered (carer, duration of illness, symptoms, allergies, medications, death expected/ unexpected)?		
Is the deceased pregnant or has recently given birth?		
Any **recent unusual circumstances** (travel, exposure to substances, behaviour change)?		
Any **witnesses** to death (and what they saw) identified?		
Any suggestion of **injuries or poisoning? Police** involved?		
Healthcare records available/examined (general practitioner (GP) notes, hospital notes, recent admission)?		
Any **recent surgery**, invasive investigations, changes to medications, other intervention?		
Any recent or prior **pathology reports** to confirm/support circumstances/diagnosis?		
Any **other records** available (e.g. ambulance service, social services, care home)?		
External circumstances and examination of the body	**Yes**	**No**
Environmental surroundings – any signs of alcohol, drugs, violence?		
Have you **undressed the body** (NOT in suspected homicide or suspicious death)?		
Clothing – correctly placed, fastened, wet, soiled or torn?		
Any tourniquets, medical devices or dressings, sign of **therapeutic** intervention?		
Does the body have an **unusual smell/odour**?		
Skin – any abnormal discolouration, jaundice, cyanosis?		
Scalp – fractures or injuries?		
Eyes – haemorrhages?		
Ears – haemorrhages, blood or cerebrospinal fluid in the canal?		
Mouth – lacerations, bruises, blood or foreign material, injuries to teeth/other structures?		
Neck – abrasions, bruises, ligature marks, furrows?		
Chest/abdomen – rib fractures, subcutaneous crepitus (pneumothorax), bite marks?		
Genitals – abrasions, lacerations, contusions?		
Arms – fractures (mobility), grip marks, injection marks, bondage marks, burns (especially finger-tips), broken nails, finger injuries?		
Legs – contusions (especially inner thighs), bondage marks, burns on soles of feet?		
Back – abrasions (especially over prominent bony structures), wounds?		
Anal region – abrasions, lacerations, contusions, bloody or tar-like stool?		
Completion of Medical Certificate of Cause of Death (MCCD)	**Yes**	**No**
Have you prepared a **draft** with time intervals? Does the causal sequence make sense?		
Are all demographic details complete?		
Have you completed **Frame A part 1** including time intervals with the correct causal sequence?		
Does Frame A Part 1 include a **valid underlying cause of death**?		
Is **Frame A part 2** complete including other significant conditions with time intervals (if available)?		
Have you completed **Frame B** and any other remaining sections?		
Submit MCCD to appropriate authorities within the required deadline.		

⚠ Think: should this case be referred to the police or medicolegal authorities? Is a post-mortem required?

Filling in the Medical Certificate of Cause of Death (MCCD)

The medical certificate of cause of death form should be completed following the recommendations described in the WHO International Classification of Diseases (ICD), irrespective of the ICD revision the country is currently using.

The 2016 WHO international Medical Certificate of Cause of Death (MCCD) is reproduced in full below and is the international standard upon which countries base their death certificates.

The medical certificate of cause of death frequently is part of a larger form that includes information for the civil registry and several other administrative needs.

The Dos and Don'ts of MCCD completion

The Dos

1. **Do verify the name of the deceased person** on the MCCD, and always ensure that you complete the form for the correct deceased person.

2. **Do prepare a draft of the sequence of events and conditions and time intervals** you plan to include in Frame A of the MCCD form, both in Part 1 (Causal sequence of events/conditions leading to death) and Part 2 (Contributory causes).

3. **Do include in your draft clarifying details**, as much as is available to you, for each medical condition and event you list. This allows for more diagnostic specificity and improves the quality of your information.
   For example:
   - if the death was due to cancer, make a note of the type of malignancy, the site;
   - if the death was the result of an infection, the causative organism;
   - if the deceased suffered heart failure, include the specific aetiology of the heart failure.

4. **Do formulate specific causes**, if you have used a non-specific process or mode of death, use your best clinical judgement and the information available to you to clarify the terminology and provide the most aetiologically specific underlying cause of death (UCOD).

5. **Do make sure that the causal sequence you have written makes sense.** A useful check is as follows:
   Read the Part 1 Cause of Death statement from the highest to the lowest line, inserting "due to" between the lines. Make sure it makes logical and chronological sense.
   Then check the time interval column and ensure that the time intervals increase or stay stable from top to bottom.
   For example:
   - (1a) Immediate cause (hours), due to (1b) Intermediate cause (days), due to (1c) Intermediate cause (days), due to (1d) Underlying cause (months).

6. **Do complete all parts** of the form, including the pertinent sections in Frame B.

7. If using a paper format, **do write legibly** and complete the form in pen using an acceptable colour (i.e. black).

8. **Do check for errors**, and ensure your name and title are correctly listed before signing in pen or electronically.

The Don'ts

- **Do not leave Part 1 blank.** In some cases, the findings of histopathological, toxicological or other studies may not be available when completing the MCCD, especially if the death occurred due to external causes or was sudden. Suppose a procedure or test does not confirm a diagnosis, but the clinical presentation provides sufficient confirmation. In that case, it is acceptable to report the medical condition as "probable" or "possible".

- **Do not make alterations or erasures or use correction fluid** on a paper MCCD form.

- **Do not use abbreviations.** Some mortality coding offices may accept certain common abbreviations such as HIV and AIDS, but others may not. Using abbreviations may result in incorrect interpretation of the information on an MCCD and should be avoided.

- **Do not report modes of death without an associated underlying cause of death.** Likewise, do not use aetiologically non-specific causes of death as an underlying cause of death unless no other additional information is available.

The WHO 2016 international Medical Certificate of Cause of Death form

Administrative Data (can be further specified by country)																		
Sex	☐ Female			☐ Male					☐ Unknown									
Date of birth	D	D	M	M	Y	Y	Y	Y	Date of death	D	D	M	M	Y	Y	Y	Y	

Frame A: Medical data: Part 1 and 2

| **1** Report disease or condition directly leading to death on line a

Report chain of events in due to order (if applicable)

State the underlying cause on the lowest used line			Cause of death	Time interval from onset to death
		a		
		b	Due to:	
		c	Due to:	
		d	Due to:	
2 Other significant conditions contributing to death (time intervals can be included in brackets after the condition)				

Frame B: Other medical data

Was **surgery** performed within the last 4 weeks?		☐ Yes	☐ No	☐ Unknown				
If yes please specify date of surgery		D	D	M	M	Y	Y	Y	Y
If yes please specify reason for surgery (disease or condition)								
Was an autopsy requested?		☐ Yes	☐ No	☐ Unknown				
If yes were the findings used in the certification?		☐ Yes	☐ No	☐ Unknown				

Manner of death:

☐ Disease	☐ Assault	☐ Could not be determined
☐ Accident	☐ Legal intervention	☐ Pending investigation
☐ Intentional self harm	☐ War	☐ Unknown

If external cause or poisoning:		Date of injury	D	D	M	M	Y	Y	Y	Y
Please describe how external cause occurred (If poisoning please specify poisoning agent)										

Place of occurrence of the external cause:

☐ At home	☐ Residential institution	☐ School, other institution, public administrative area	☐ Sports and athletics area
☐ Street and highway	☐ Trade and service area	☐ Industrial and construction area	☐ Farm
☐ Other place (please specify):			☐ Unknown

Fetal or infant Death

Multiple pregnancy	☐ Yes	☐ No	☐ Unknown
Stillborn?	☐ Yes	☐ No	☐ Unknown
If death within 24h specify number of hours survived		Birth weight (in grams)	
Number of completed weeks of pregnancy		Age of mother (years)	
If death was perinatal, please state conditions of mother that affected the fetus and newborn			

For women, was the deceased pregnant?	☐ Yes	☐ No	☐ Unknown
☐ At time of death		☐ Within 42 days before the death	
☐ Between 43 days up to 1 year before death		☐ Unknown	
Did the pregnancy contribute to the death?	☐ Yes	☐ No	☐ Unknown