

A Handbook for Physicians and Medical Examiners

MEDICAL CERTIFICATION OF DEATH AND STILLBIRTH




NOVA SCOTIA

Service Nova Scotia
and Municipal Relations
Registry and Information Management Services
Vital Statistics

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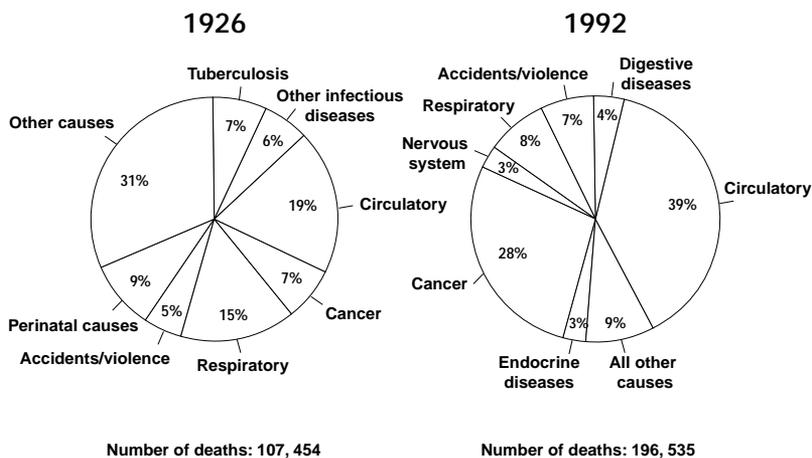
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“It may truthfully be said that virtually every large-scale problem in preventive medicine has been brought to light—in part at least—by statistics of death, and further that the adequacy of remedial or curative action is, in the last analysis, reflected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

— United Nations Handbook
of Vital Statistics Methods, 1955

Major Causes of Death
Canada, 1926 and 1992



Excludes Newfoundland and the Yukon and Northwest Territories in 1926
Chart 92 C02

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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*.

PREFACE

This handbook was prepared to guide physicians and medical examiners in completing the Medical Certificate, which is part of the Registration of Death and Registration of Stillbirth forms. It explains the principles and concepts involved in medical certification and the nature and uses of the information.

The Medical Certificate is an important legal document detailing the fact and circumstance of death or stillbirth. It is the source of information used in Canada, and most other countries, for the preparation of statistics on causes of death and stillbirth. These statistics are indispensable, locally and nationally, in public health surveillance, health education and promotion, medical research, and health planning.

Physicians or medical examiners, with their responsibility for completing the Medical Certificate of Cause of Death, play a key role in the Canadian death registration system. In order that the cause of death data be as useful as possible for purposes of epidemiological and health research, program planning and evaluation, and other administrative and legal purposes, the certification of medical causes of death should be as accurate as possible. The quality and value of the statistical data derived from death registration forms has been for many decades, and continues to be, dependant on the certifier's care and judgment in providing complete and accurate information on the Medical Certificate of Cause of Death.

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Purpose of Handbook

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 Cause of Death, with particular emphasis on the medical details of cause and circumstance of death. Intended as a reference for physicians, medical examiners, and medical students, the handbook gives an overview of the uses and value of the information on medical certificates of death and provides guidelines for completing the certificates.

This handbook has been adapted for use in Nova Scotia to meet the particular needs of this jurisdiction.

Importance of Death Registration

Death registration serves two purposes. First of all, the completed death registration form is a permanent legal record of the fact of death of an individual. To this end, it records the personal information about the decedent and details of the circumstances of death that are legally required to issue a burial permit and to settle the estate, insurance, and pensions. Secondly, death registration forms, specifically the Medical Certificate of Cause of Death, are the source of mortality statistics that form the basis of the oldest and most extensive public health surveillance systems. They provide information on the characteristics of people who die and the vitally important information on the cause of death. These statistical data are used by federal, provincial, and local governments, researchers and clinicians, educational institutions, and many others for many purposes. These include:

- to assess the health status of the population and determine changes in status over time

- to identify regional differences in death rates and investigate reasons for these differences
- to monitor trends in public health issues such as infant and maternal mortality, infectious diseases, and accidents and suicides
- to identify health risks associated with environmental and occupational factors and lifestyle
- to determine health research and health care priorities and allocate resources
- to plan health facilities, services and human resources
- to plan prevention and screening programs and assess the results of these programs
- to develop health promotion programs and evaluate their results.

The forms for the registration of births, marriages, stillbirths, and deaths in use in Canada's provinces and territories vary somewhat to meet particular needs. However, each jurisdiction closely follows the mutually agreed-upon "Model Registration Forms" or "Model Data Sets" in support of a uniform national vital registration and statistics system that allows for comparison of national and provincial data. Under the auspices of the Vital Statistics Council for Canada, the data collected are revised periodically in extensive consultation with providers and users of vital statistics to ensure that they meet current and future needs. In the revision process, each item on the standard registration forms is evaluated thoroughly for its legal, statistical, medical, and research value.

This handbook refers to the Medical Certificate on the latest version of the Registration of Death form (8-2300-31.1: 1999-11-23, Appendix I) and the Registration of Stillbirth form (8-2300-55.1: 1999-05-14, Appendix II) in use in Nova Scotia. These conform to the Canadian model data set for death and stillbirth registrations agreed upon at the 1989 meeting of the Vital Statistics Council for Canada.

Confidentiality of Vital Records

The personal information on vital records is protected against unwarranted or indiscriminate disclosure under provincial and territorial laws and administrative safeguards and at Statistics Canada under the Statistics Act.

II. PRINCIPLES OF MEDICAL CERTIFICATION OF DEATH

The Physician's or Medical Examiner's Responsibility in Death Registration

In accordance with the provisions of the Vital Statistics legislation of Nova Scotia, it is the legal responsibility of the physician who attended the deceased during her/his last illness, or the medical examiner¹ to complete and sign the Medical Certificate of Death, which forms part of the complete Registration of Death form. The physician or medical examiner must:

- be familiar with Nova Scotia's legislation for certifying deaths and reporting accidental or unattended deaths requiring notification of a medical examiner
- be familiar with the correct method to complete the Medical Certificate of Death, according to the instructions in this handbook
- ensure that the completed and signed death forms are available to the funeral director promptly
- submit a supplemental report to the Nova Scotia Vital Statistics office in cases where autopsy findings or further investigation reveal the cause of death to be different from the one originally reported.

An excerpt from the Vital Statistics Act of Nova Scotia is found in Appendix III.

¹ Note: A medical examiner is a medical practitioner who has been appointed by the Crown and the Chief Medical Examiner with the consequent authority to investigate nonnatural deaths and sign death certificates. Physicians not so designated may not complete the death certificate in nonnatural deaths nor tick off the box designating Medical Examiner.

The Value of Complete and Detailed Information on Causes of Death

The medical certificate of cause of death section of the Medical Certificate of Death, in use in Canada's provinces and territories, is standardized in accordance with World Health Organization guidelines. From this, the physician's and medical examiner's statements of cause of death are classified, according to the World Health Organization's International Classification of Diseases, Injuries and Causes of Death (ICD).

An important concept in classifying causes of death is the *underlying cause of death*. The underlying cause is defined as "(a) the disease or injury which initiated the train of morbid events leading directly to death, or (b) the circumstances of the accident or violence which produced the fatal injury."

However, information on the other diseases or conditions that led to death and the other significant conditions that contributed to death are also important. The medical certificate of cause of death section is thus designed to record information on all significant diseases or conditions of the deceased, whether or not they are the underlying cause. The analysis of all conditions on the medical certificate is especially important in studying diseases or conditions that are rarely the underlying causes of death, but often contribute to death, such as pneumonia or diabetes.

Also important is the degree of detail recorded on the medical certificate of cause of death section. Research based on mortality statistics is much more meaningful if all details in the deceased person's medical records regarding the precise diagnoses are incorporated in the Medical Certificate. The ICD makes it possible to identify very precisely many varieties or sites of diseases and injuries and causal organisms. Although routinely published mortality

statistics often list only broad classes of diseases, the statistical databases contain detailed information about the disease or injury. These detailed data are valuable for research into particular conditions and for special analytical studies.

The certifying physician or medical examiner is the best person to decide which of several conditions was the immediate cause of death and what antecedent conditions, if any, gave rise to the immediate cause. The certifier thus has both the responsibility and the opportunity, by using care and attention in the completion of the certificate, to make mortality statistics reflect the best medical opinion concerning both the underlying cause of death and multiple causes of death.

III. CERTIFICATION OF CAUSE OF DEATH OR STILLBIRTH

General Instructions

The Medical Certificate of Cause of Death or Stillbirth forms part of the Registration of Death or the Registration of Stillbirth form and is a permanent legal record from which official certificates are produced. The current Registration of Death (Appendix I) or Registration of Stillbirth (Appendix II) must be used. If in doubt, call the Nova Scotia Vital Statistics office. It is essential that:

- the Medical Certificate of Cause of Death or Stillbirth portion of the Registration of Death or Registration of Stillbirth form be prepared accurately and be legible
- the original Registration of Death or Registration of Stillbirth form, not a reproduction, be provided to the funeral director
- all entries on the Registration of Death or Registration of Stillbirth form be typed whenever possible, or printed clearly using permanent black ink
- any alterations be initialed
- abbreviations be avoided
- if an amendment or a supplement to the Medical Certificate of Cause of Death or Stillbirth is submitted, it be marked clearly as such
- problems not covered in this handbook be referred to the Nova Scotia Vital Statistics office.

Completing the Medical Certificate of Cause of Death or Stillbirth

The Medical Certificate of Cause of Death or Stillbirth on the Nova Scotia Registration of Death or Registration of Stillbirth forms is based on recommendations of the World Health Organization.

Note: Sections of the form shown in the following examples are not exact reproductions of the actual forms. They are intended for illustrative purposes only.

Medical Certificate of Cause of Death

<p style="text-align: center;">Part I</p> <p>Immediate cause of death</p> <p>(a) <i>due to, or as a consequence of</i></p> <p>Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the <i>underlying cause last</i></p> <p>(b) <i>due to, or as a consequence of</i></p> <p>(c) <i>due to, or as a consequence of</i></p> <p>(d)</p>	<p>Approx. interval between onset & death</p>
<p style="text-align: center;">Part II</p> <p>Other significant conditions contributing to death but not causally related to the immediate cause (a) above</p> <p>.....</p> <p>.....</p>	

Medical Certificate of Cause of Stillbirth

Part I		Check whether	
		Foetal (F)	Maternal (M)
I			
Immediate cause – Foetal disease or condition directly leading to stillbirth	(a) <i>due to, or as a consequence of</i>		
Antecedent causes – Foetal and/or maternal conditions, if any, giving rise to the immediate cause	(b) <i>due to, or as a consequence of</i>	<input type="checkbox"/>	<input type="checkbox"/>
(a) above, stating the <i>underlying cause last</i>	(c) <i>due to, or as a consequence of</i>	<input type="checkbox"/>	<input type="checkbox"/>
	(d)	<input type="checkbox"/>	<input type="checkbox"/>
Part II			
II			
Other significant conditions of foetus or mother which may have contributed to the stillbirth but were not related to the immediate cause (a) above	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

The Medical Certificate of Cause of Death or Stillbirth section consists of two parts. Part I is designed to facilitate reporting, in ascending causal order of sequence, of the train of morbid events leading directly to death, or the circumstances of the accident, poisoning, or violence that produced the fatal injury. The underlying cause of death or stillbirth is reported alone on the lowest used line of Part I. The conditions, if any, that arose as a consequence of this underlying cause will be entered above it, one condition to each line, in ascending order of causal sequence. (See examples pages 14–24).

Part II is for reporting other significant conditions that contributed directly to the death or stillbirth and are not part of the sequence reported in Part I.

In certifying the causes of death or stillbirth, any disease, abnormality, injury, or poisoning, believed to have adversely affected the decedent should be reported, including:

- use of alcohol and/or other substance
- smoking history
- environmental factors, such as exposure to toxic fumes, history of working in the mining industry, etc.
- recent pregnancy if believed to have contributed to the death
- any iatrogenic underlying cause
- cancer or other known conditions that may not necessarily have contributed to the death (if applicable and known, specify the primary site).

Completing Part I

Enter in Part I details of the sequence of events leading to death or stillbirth.

Part I, line (a): Immediate cause

Enter on line (a) the *immediate cause of death or stillbirth*, that is, the disease, injury or complication that led directly to death or stillbirth. **There must always be an entry on line (a).**

Do not enter the mode of dying. Modes of dying, such as heart failure, asthenia, cardiac or respiratory arrest that attest to the fact of death should not be entered as the *immediate cause of death or stillbirth*. If the *immediate cause of death or stillbirth* entered on line (a) was not due to, or did not arise as a consequence of an antecedent disease or injury, do not enter any other causes of death or stillbirth in Part I.

Part I, lines (b), (c) and (d): Antecedent causes

If the *immediate cause of death or stillbirth* entered on line (a) was due to, or arose as a consequence of an antecedent disease or injury, enter this condition on line (b).

If the *antecedent cause of death or stillbirth* entered on line (b) was due to, or arose as a consequence of an antecedent disease or injury, enter this condition on line (c).

If the *antecedent cause of death or stillbirth* entered on line (c) was due to, or arose as a consequence of an antecedent disease or injury, enter this condition on line (d). Add in Part I, as many additional lines as are needed to enter the complete sequence of events leading to death. Do not enter in Part II a condition that belongs in the sequence of events leading to death or stillbirth because of a lack of space in Part I. **The condition or circumstance entered on the lowest line of Part I will be used as the basis for “underlying cause” statistics.**

Note: Only one condition should be entered on each line.

The words “due to, or as a consequence of,” printed between the lines of Part I, apply not only to sequences with an etiological or pathological basis but, also to sequences where an antecedent condition is believed to have prepared the way for the more direct cause by damage to tissues or impairment of function, even after a long interval.

If the *immediate cause of death or stillbirth* entered on line (a) was due to an accident, poisoning, or violence, enter a brief description of the external cause as an *antecedent cause of death or stillbirth*.

Note: This may be completed by a medical examiner only.

If the *immediate cause of death or stillbirth* entered on line (a) arose as a complication of, or was due to an error or accident in medical care, enter this medical care on line (b) and enter the condition necessitating the medical care on line (c). Line (d) is used if an additional line is

needed to enter the complete sequence of events leading to death or stillbirth.

Completing Part II: Other significant conditions

Enter in Part II, in order of significance, all other diseases or conditions which unfavourably influenced the course of the morbid process, and thus contributed to the fatal outcome, but were not part of the sequence of events leading to the death or stillbirth.

Approximate interval between onset and death (Death Registration form only)

Enter, in the column provided, the interval between the presumed onset of each cause of death and the time and date of death. The duration of each cause of death should be specified as to the unit of time: years, months, days, hours, even minutes or seconds. It is preferable to approximate the duration or to enter “unknown” than to leave this column blank. The duration for the *immediate cause of death* entered on line (a) will not exceed that for the *antecedent causes of death* on lines (b), (c), or (d); nor will the duration of the *antecedent cause of death* entered on line (b) or (c) exceed that for the *underlying cause of death* on line (c) or (d) as these conditions are entered in ascending order of causal sequence.

Foetal or maternal diseases or conditions (Stillbirth Registration form only)

Conditions that may be reported as Antecedent Cause(s) (Part I) or contributory cause(s) may, of course, relate to either the foetus or the mother. It is therefore important to indicate whether the reported condition was, in fact, a “foetal” (F) or “maternal” (M) condition by checking off (or marking an “X”) in the appropriate box.

Medical detail required

For statistical and research purposes, it is important that the causes of death or stillbirth, particularly the *underlying cause of death or stillbirth*, be reported as specifically and precisely as possible.

Causes of death or stillbirth are classified using the ICD. The best way to appreciate the degree of detail that can be stored for statistical analysis is to examine the way conditions are classified in the ICD. Appendix IV outlines the pertinent details to be specified for the major causes of death, in the sequence of chapters in the ICD. Record diagnoses as precisely as the information permits, incorporating relevant details from histological or autopsy reports. Where an important detail is unknown, the fact should be stated, since many statistical offices make a practice of questioning apparently incomplete or vague diagnoses in case the detail required might be available.

Examples of Medical Certification of Cause of Death

EXAMPLE 1

On 10 January a diagnosis of measles (rubeola) was made in a child aged 4 years. On 17 January bronchopneumonia (staphylococcal) developed and the child died 3 days later.

Part I		Approx. interval between onset & death
Immediate cause of death	(a) <u>Bronchopneumonia (staphylococcal)</u> <i>due to, or as a consequence of</i>	3 days
	(b) <u>Measles</u> <i>due to, or as a consequence of</i>	10 days
	(c)	
	(d)	
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the <i>underlying cause last</i>		
.....		
.....		
.....		
Part II		
Other significant conditions contributing to death but not causally related to the immediate cause (a) above	
	

The underlying cause of death is measles.

EXAMPLE 2

A male aged 60 years who had a history of hypertension for 20 years and symptoms of ischaemic heart disease for 5 years, dropped dead at home. Cause of death was diagnosed as coronary occlusion, which was confirmed at autopsy.

Part I		Approx. interval between onset & death
Immediate cause of death	(a) <u>Coronary occlusion</u> <i>due to, or as a consequence of</i>	Immediate
	(b) <u>Coronary arteriosclerosis</u> <i>due to, or as a consequence of</i>	5 years
	(c) <u>Hypertension (benign)</u> <i>due to, or as a consequence of</i>	20 years
	(d)	
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the <i>underlying cause last</i>		
.....		
.....		
.....		
Part II		
Other significant conditions contributing to death but not causally related to the immediate cause (a) above	
	

The underlying cause of death is hypertension.

EXAMPLE 3

A female aged 59 years with a history of hypertension for 10 years was admitted to hospital for investigation following complaint of persistent headache for some weeks. Exploratory craniotomy on 24 March revealed she was suffering from an inoperable tumor of the left temporal lobe. Biopsy showed the tumour to be an astrocytoma. The patient died 18 May.

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

The underlying cause of death is astrocytoma of the left temporal lobe.

Hypertension was thought to have influenced the course of the illness unfavourably but was in no way related to the astrocytoma and, therefore, is reported in Part II.

EXAMPLE 4

A female aged 80 years tripped over a rug in her home and fell and sustained a fracture of the neck of the left femur. She had an operation for insertion of a Smith-Peterson pin the following day. Four weeks later her condition deteriorated, and she developed hypostatic pneumonia and died 2 days later.

Part I		Approx. interval between onset & death
Immediate cause of death	(a) Terminal hypostatic pneumonia <i>due to, or as a consequence of</i>	2 days
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the <i>underlying cause last</i>	(b) Fracture neck of femur (pinned) <i>due to, or as a consequence of</i>	4 weeks
	(c) Tripped over rug at home <i>due to, or as a consequence of</i>	4 weeks
	(d)	
Part II		
Other significant conditions contributing to death but not causally related to the immediate cause (a) above	
	

The underlying cause of death is fall, on same level, from slipping, tripping or stumbling.

Where the underlying cause of death is due to external causes, a concise statement of the circumstances is required. Details of where (e.g. “at home,” “at work,” etc.) and how the injury was received should be given, if known.

EXAMPLE 5

A man aged 45 died of mitral incompetence, which originated in an attack of rheumatic fever 20 years earlier.

Part I		Approx. interval between onset & death
Immediate cause of death	(a) <u>Mitral incompetence</u> <i>due to, or as a consequence of</i>	3 months
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the <i>underlying cause last</i>	(b) <u>Mitral endocarditis</u> <i>due to, or as a consequence of</i>	20 years
	(c) <u>Rheumatic fever at age of 25</u> <u>(no sign of recent activity)</u> <i>due to, or as a consequence of</i>	20 years
	(d)	
Part II		
Other significant conditions contributing to death but not causally related to the immediate cause (a) above	

The underlying cause is rheumatic fever; the ICD allows classification to chronic rheumatic mitral insufficiency.

EXAMPLE 6

A woman of 59 died of asphyxia following inhalation of vomitus some hours after suffering a cerebellar haemorrhage. Three years previously she had been diagnosed as having adrenal adenoma with aldosteronism, which manifested itself as hypertension. Congestive heart failure was also present.

Part I		Approx. interval between onset & death
Immediate cause of death	(a) Asphyxia by vomitus <i>due to, or as a consequence of</i>	minutes
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the <i>underlying cause last</i>	(b) Cerebellar haemorrhage <i>due to, or as a consequence of</i>	hours
	(c) Hypertension <i>due to, or as a consequence of</i>	about 3 years
	(d) Aldosteronism	3 years plus
	(e) Adrenal adenoma	3 years plus
Part II		
Other significant conditions contributing to death but not causally related to the immediate cause (a) above	Congestive heart failure	3 years plus

The underlying cause of death is adrenal adenoma.

An extra line has been added in **Part I** to complete the sequence.

EXAMPLE 7

A 34-year-old male was admitted to the hospital with severe shortness of breath. He had a history of unintentional weight loss, night sweats, and diarrhea. An Elisa test and confirmatory Western Blot test for human immunodeficiency virus (HIV) were positive. T-lymphocyte tests indicated a low T helper-suppressor ratio. The patient had no history of medical condition that would cause immunodeficiency. A transbronchial lung biopsy performed by bronchoscopy was positive for *Pneumocystis carinii* pneumonia (PCP), indicating a diagnosis of acquired immunodeficiency syndrome (AIDS).

The patient's pneumonia responded to Pentamidine therapy, and the patient was discharged. The patient had two additional admissions for PCP. On the last admission the patient did not respond to therapy and died 2 weeks later.

Part I		Approx. interval between onset & death
Immediate cause of death	(a) <u>Pneumocystis carinii pneumonia</u> <i>due to, or as a consequence of</i>	2 weeks
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the <i>underlying cause last</i>	(b) <u>Acquired immunodeficiency anemia</u> <i>due to, or as a consequence of</i>	17 months
	(c) <u>HIV infection</u> <i>due to, or as a consequence of</i>	17 + months
	(d)	
Part II		
Other significant conditions contributing to death but not causally related to the immediate cause (a) above	
	

The underlying cause of death is HIV infection.

EXAMPLE 8

A 30-year-old, gravida-six, para-five woman at 36 weeks' gestation with prepregnancy hypertension reported to the emergency room of a rural hospital after experiencing 12 hours of abdominal cramping and vaginal bleeding with the passage of large clots. A presumptive diagnosis of abruption placenta was made, and she was sent to a tertiary care centre 100 km away by ambulance. Upon arrival, the woman was in profound shock and bleeding from her vagina and from puncture sites due to attempts to draw blood and to start intravenous fluids at the other hospital. No foetal heart sounds were audible. Despite administration of blood and clotting factors, intravascular pressure could not be maintained. Mother and foetus both died.

Maternal Death Certificate

Part I		Approx. interval between onset & death
Immediate cause of death	(a) Disseminated intravascular coagulopathy <i>due to, or as a consequence of</i>	hour
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the <i>underlying cause last</i>	(b) Abruption placenta <i>due to, or as a consequence of</i>	13 hours
	(c) <i>due to, or as a consequence of</i>	
	(d)	
	
Part II		
Other significant conditions contributing to death but not causally related to the immediate cause (a) above	Prepregnancy hypertension	

The maternal cause of death is abruption placenta.

Foetal Death Report from Registration of Stillbirth

Part I		Check whether	
		Foetal (F)	Maternal (M)
I			
Immediate cause – Foetal disease or condition directly leading to stillbirth Antecedent causes – Foetal and/or maternal conditions, if any, giving rise to the immediate cause (a) above, stating the <i>underlying cause last</i>	(a) <u>Intrauterine anoxia</u>		
	<i>due to, or as a consequence of</i>		
	(b) <u>Abruptio placenta</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<i>due to, or as a consequence of</i>		
(c)	<input type="checkbox"/>	<input type="checkbox"/>	
<i>due to, or as a consequence of</i>			
(d)	<input type="checkbox"/>	<input type="checkbox"/>	
<i>due to, or as a consequence of</i>			
Part II		II	
Other significant conditions of foetus or mother which may have contributed to the stillbirth but were not related to the immediate cause (a) above	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

The foetal cause of death is abruptio placenta.

EXAMPLE 9

A man of 49 died of fracture of the vault of the skull shortly after being involved in a collision between the car he was driving and a heavy truck on a narrow road.

Part I		Approx. interval between onset & death
Immediate cause of death Antecedent causes , if any, giving rise to the immediate cause (a) above, stating the <i>underlying cause last</i>	(a) <u>Fracture of vault of skull</u>	15 minutes
	<i>due to, or as a consequence of</i>	
	(b) <u>Collision between car he was driving and heavy truck on road</u>	
	<i>due to, or as a consequence of</i>	
(c)		
<i>due to, or as a consequence of</i>		
(d)		
<i>due to, or as a consequence of</i>		
Part II		
Other significant conditions contributing to death but not causally related to the immediate cause (a) above	
	

Specify how and where a transport accident occurred. The underlying cause of death is the collision between a motor vehicle and another motor vehicle on the road. The deceased person is specified as the driver.

EXAMPLE 10

The following illustrates the importance of accurately stating the sequence of morbid conditions in order to allow selection of the cause considered “underlying” by the attending physician.

A diabetic man who had been under insulin control for many years developed ischaemic heart disease and died suddenly from a myocardial infarction. Most people consider there to be a relationship between diabetes and ischaemic heart disease but its nature is not yet fully understood. Depending on the role the physician considers to have been played in the fatal outcome by one or the other conditions, the following certifications are possible:

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

Part I		Approx. interval between onset & death
Immediate cause of death	(a) Myocardial infarction <i>due to, or as a consequence of</i>	1 hour
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the <i>underlying cause last</i>	(b) Chronic ischaemic heart disease <i>due to, or as a consequence of</i>	5 years
	(c) Diabetes mellitus <i>due to, or as a consequence of</i>	12 years
	(d)	
Part II		
Other significant conditions contributing to death but not causally related to the immediate cause (a) above	
	

The underlying cause of death is diabetes.

2. If the physician considered that the heart condition developed independently of the diabetes, the certification would be:

Part I		Approx. interval between onset & death
Immediate cause of death	(a) Myocardial infarction <i>due to, or as a consequence of</i>	1 hour
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the <i>underlying cause last</i>	(b) Chronic ischaemic heart disease <i>due to, or as a consequence of</i>	5 years
	(c)	
	(d) <i>due to, or as a consequence of</i>	
Part II		
Other significant conditions contributing to death but not causally related to the immediate cause (a) above	Diabetes mellitus	12 years
	

The underlying cause of death is the heart condition.

3. If the man had instead died from some other complication of the diabetes, such as nephropathy, the heart condition playing only a subsidiary part in the death and the physician being uncertain that it arose from the diabetes at all, the certificate should be in the form:

Part I		Approx. interval between onset & death
Immediate cause of death	(a) Acute renal failure <i>due to, or as a consequence of</i>	1 week
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the <i>underlying cause last</i>	(b) Nephropathy <i>due to, or as a consequence of</i>	4 years
	(c) Diabetes mellitus <i>due to, or as a consequence of</i>	12 years
	(d)	
Part II		
Other significant conditions contributing to death but not causally related to the immediate cause (a) above	Chronic ischaemic heart disease	5 years
	

The underlying cause is diabetes mellitus.

Each of the preceding certifications would be accepted by the statistical office as it stands. Sometimes, however, certificates are received in this form:

Part I	Approx. interval between onset & death
Immediate cause of death (a) <u>Diabetes mellitus</u> <i>due to, or as a consequence of</i>	
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the <i>underlying cause last</i> (b) <u>Myocardial infarction</u> <i>due to, or as a consequence of</i>	
(c)	
(d) <i>due to, or as a consequence of</i>	
Part II	
Other significant conditions contributing to death but not causally related to the immediate cause (a) above	

This is an impossible sequence since I (a) could not be “due to” I (b); it indicates that the certifier did not understand the way the certificate is intended to be used. In such a case the safest course is for the statistical office to inquire from the certifier what he or she really meant to say. This is not always feasible, and in such a case the appropriate coding rule dealing with “**highly improbable**” sequences has to be applied, which may not always give the answer intended by the certifier.

Completing Selected Items Other Than Cause of Death

Name of deceased

Enter the decedent’s full legal name in the appropriate section. If the individual’s name is not known, indicate “UNKNOWN” in the space allocated for the surname². This may be amended in the future if the individual is identified.

² If individual is not yet identified, the Medical Certificate of Cause of Death can only be completed by the medical examiner.

Other identifying information needed includes health card number, sex, and the social insurance number (if applicable).

Place of death

If the place of death does not have an address, then the exact location should be described (and the postal code included whenever possible). In addition, identify the nature of the place, e.g., hospital, nursing home, industrial site, farm, residence, jail, highway, etc.

Date of death (month, day, year)

Enter the exact month, day, and year that death occurred. For the month, enter the full or abbreviated name, e.g., “January” or “Jan.”

Pay particular attention to the entry of month, day, or year when the death occurs around midnight or December 31. Consider a death at midnight to have occurred at the end of one day rather than the beginning of the next. For instance, the date for a death that occurs at midnight on December 31 should be recorded as December 31.

If the exact date of death is unknown, which may be the case in some investigations by the medical examiner, the date will be determined as a result of the investigation. (*Note: Do not speculate on dates*). If in the future the correct date is found to be different than that recorded, an amendment to the record may be made.

Autopsy? (Yes or No)

Enter “Yes” if a partial or complete autopsy was performed. Otherwise enter “No.”

Does the cause of death stated above take account of autopsy findings? (Yes or No)

Enter “Yes” if the autopsy findings were available and used to determine the cause of death. Otherwise enter “No.” If no autopsy was performed, leave this item blank. *This is vital information and will require follow-up if improperly or inconsistently completed.*

May further information relating to the cause of death be available later? (Yes or No)

If an autopsy or legal investigation is being held and further information relating to the cause or manner of death is expected to become available, enter “Yes.” Otherwise enter “No.”

Once further information becomes available, it **must** be submitted to the Nova Scotia Vital Statistics office.

Manner of death

Complete this item for all deaths. The item chosen must reflect the underlying cause of death. Check in appropriate box if the death was *natural*, an *accident*, *suicide*, *homicide* or *undetermined*.

Deaths not due to external causes should be identified as “Natural.” Usually, these are the only types of deaths a physician will certify. **If the manner of death checked is anything other than natural, the Medical Certificate of Cause of Death will be completed under the jurisdiction of the medical examiner.**

Place of injury (e.g., at home, farm, highway, etc.)

Enter the general category of the place where the injury occurred. Do not enter firm or organization names, just the general category for the place of injury, such as place of work.

Date of injury (month, day, year)

Enter the exact month, day, and year on which the injury occurred. **The date of injury may not necessarily be the same as the date of death.**

How did injury occur?

Briefly and clearly describe how the injury occurred, explaining the circumstances or cause of the accident or injury, such as “fell off ladder while painting house,” “ran off roadway,” or “car-truck collision.” For motor vehicle accidents, indicate whether the decedent was a driver, passenger, or pedestrian.

A deceased woman?

If deceased is a woman, complete this section if the death occurred:

- during pregnancy;*
- within 42 days thereafter;*
- between 43 days and a year thereafter.*

Certification by Physician or Medical Examiner

All parts of this section should be completed.

Signature of certifier

The physician or medical examiner who completed the Medical Certificate of Death signs, in black ink, as the certifier.

License/registration number

The physician or medical examiner must enter her/his Provincial Medical Board registration number.

Designation of certifier

It should be indicated whether the certifier was the attending physician or medical examiner. If “other” applies, the designation should be specified.

Date certified (month, day, year)

The exact month, day, and year on which the death was certified should be entered.

Name of last attending physician or medical examiner

This information must be **printed** clearly in the space provided.

Completing Selected Items Other Than Cause of Stillbirth

Definition of stillbirth

“Stillbirth” means the complete expulsion or extraction from its mother after at least 20 weeks pregnancy, or after attaining a weight of 500 grams or more, of a foetus in which, after such expulsion or extraction, there is no breathing, beating of the heart, pulsation of the umbilical cord, or unmistakable movement of voluntary muscle.

Child’s name

Enter the child’s full name (surname and all given names). If the child has not been named, indicate “unknown” in the space allocated for given names. If the parents later decide to give a name to the child, an amendment may be made on the Registration of Stillbirth form.

Kind of birth

Indicate if the stillbirth was a single or multiple birth.

Place of birth

Enter the name of the hospital and the city, town, village, or other place and the name of the county. If the birth took place other than in a hospital or other establishment, enter the complete address, including the postal code.

Other stillbirth particulars excluding Medical Certificate

This includes parents’ particulars and certification of parent or informant — usually completed and signed by the mother, father, or informant prior to the mother being discharged and prior to forwarding the form to the funeral director.

Date of stillbirth (month, day, year)

Enter the exact month, day, and year that stillbirth occurred. For the month, enter the full or abbreviated name, e.g., “January” or “Jan.”

Pay particular attention to the entry of year, month, or day when the stillbirth occurs around midnight on December 31. Consider a stillbirth at midnight to have occurred at the end of one day rather than the beginning of the next. For instance, the date for a stillbirth that occurs at midnight on December 31 should be recorded as December 31.

Autopsy? (Yes or No)

Check the “Yes” box if a partial or complete autopsy was performed. Otherwise, check the “No” box.

Does the cause of stillbirth take account of autopsy findings?

(Yes or No)

Check the “Yes” box if autopsy findings were available and used to determine the cause of stillbirth. Otherwise, mark the “No” box. If no autopsy was performed, leave this item blank.

May further information relating to the cause of stillbirth be available later? (Yes or No)

If an autopsy or legal investigation is being held and further information relating to the cause of stillbirth is expected to become available, enter “Yes.” Otherwise, enter “No.”

Please forward additional findings to the Nova Scotia Vital Statistics office when they become available.

Certification by Physician or Medical Examiner

All parts of this section should be completed.

Signature of certifier

The physician who completed the cause of stillbirth section signs as the certifier.

Designation of certifier

Check appropriate box.

Date of signature (month, day, year)

Enter the exact month, day and year on which the stillbirth was certified. Enter the full or abbreviated name of the month.

Name and address of physician or medical examiner

Print clearly.

DEATH REGISTRATION FORM FOR NOVA SCOTIA



PROVINCE OF
NOVA SCOTIA
(Canada)

Registration of Death

Office of the Registrar General

1. Surname of deceased (print or type) _____
 Health Card Number of deceased (see notes for details) _____
 At given name (in order from top) _____

2. SEX _____

3. Name of hospital or institution (otherwise give exact location where death occurred) City, town, village _____
 Home Other _____
 Hospital Other Health-Care Facility _____

4. Complete address. If not give exact location (for Post Office or Rural Route address) City, town, village _____ County _____ Province (or country) _____ Postal code _____

5. Single, married, widowed, or divorced _____

6. If married, widowed, or divorced, give full name of husband or full maiden name of wife _____

7. Kind of work done during most of working life _____

8. Kind of business or industry in which worked _____

9. Month (by name), day, year of birth _____

10. Age (years) _____
 If under 1 year _____
 If under 1 month _____
 If under 1 day _____
 If under 1 hour _____
 If under 1 minute _____
 If under 1 second _____

11. City or place _____ Province (or country) of birth _____

12. Surname and given names of father (print or type) _____ Province (or country) _____

13. BIRTHPLACE - City or place _____ Province (or country) _____

14. Maiden surname and given names of mother (print or type) _____ Province (or country) _____

15. BIRTHPLACE - City or place _____ Province (or country) _____

16. Signature of informant _____

17. Postal address of informant _____

18. Relationship to deceased _____ Date signed: (month, day, year) _____

19. Date signed: (month, day, year) _____

20. Burial, cremation or other disposition (specify) _____

21. Date of burial or disposition (specify) _____
 Month (by name), day, year _____

22. Name and address of cemetery, crematorium or place of disposition _____

23. Name and address of funeral home (if person in charge of remains) _____

For Office Use Only

Registration No. - (Office Use Only)

Small business number (if available) _____
 County _____
 Postal code _____

24. DATE OF DEATH Month (by name), day, year _____

25. CAUSE OF DEATH

Part I

Immediate cause of death _____
 (a) _____ due to, or as a consequence of _____
 Antecedent causes, if any, giving rise to the immediate cause, including the underlying cause first _____
 (b) _____ due to, or as a consequence of _____
 (c) _____ due to, or as a consequence of _____
 (d) _____

Part II

Other applicable conditions contributing to cause, but not immediate cause (if above) _____

26. Autopsy? Yes No 27. Does the cause of death _____ Yes No
 (specify place of autopsy) _____

28. May further information _____ Yes No
 be available? _____

29. State if death was: _____
 natural homicide undetermined
 accident suicide

30. State place of injury (e.g. _____
 home, farm, highway, etc.) _____

31. Date of injury _____
 Month (by name) _____ Day _____ Year _____

32. How did injury occur? (describe circumstances) _____

33. If deceased a woman, did the death occur: _____
 during pregnancy _____
 or _____
 within 42 days thereafter _____
 or _____
 between 43 days and a year thereafter _____

34. I certify that the above _____
 named person died on _____
 at _____
 causes stated herein _____

35. Designation: _____
 Signature (Last, attending physician or medical examiner) _____
 License/Registration Number: _____
 Last attending physician _____
 Medical examiner _____
 Date certified: Month (by name), day, year _____

36. PRINT name of last attending physician or medical examiner (as per #34) _____
 Address: _____

37. PRINT name of last attending physician or medical examiner (as per #34) _____
 Address: _____

38. PRINT name of last attending physician or medical examiner (as per #34) _____
 Address: _____

24. DATE OF DEATH Month (by name), day, year _____

25. CAUSE OF DEATH

26. Autopsy? Yes No

27. Does the cause of death _____ Yes No

28. May further information _____ Yes No

29. State if death was: _____

30. State place of injury (e.g. _____

31. Date of injury _____

32. How did injury occur? (describe circumstances) _____

33. If deceased a woman, did the death occur: _____

34. I certify that the above _____

35. Designation: _____

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208. PRINT name of last attending

APPENDIX II

STILLBIRTH REGISTRATION FORM FOR NOVA SCOTIA

REGISTRATION OF STILLBIRTH

PROVINCE OF NOVA SCOTIA (Canada)
Office of the Registrar General

NOVA SCOTIA

FORM 4

Registration No. (Department use only)

CHILD NAME OF CHILD	Given names (if any)	2. SEX	3. Month, day, year of birth	4. KIND OF BIRTH - single, twin, etc.	5. If twin or triplet was still born, list all other stillborn
PLACE OF BIRTH	6. Surname of child in mother tongue (if different than above)	All given names in order (first, second, third, etc.) in mother tongue (if different than above)			
MOTHER'S RESIDENCE	7. Name of hospital (if not in hospital give exact location where both occurred)		City, town, village		Postal code
OTHER BIRTH RECORDS	8. Complete address (not Post Office or Rural Route address)				
CULARS	9. Duration of pregnancy (if completed weeks)	10. Number of children born to this mother (including this birth)	11. Weight of child at birth (state Yes or No)	12. Give the parents named (state Yes or No)	13. If no parents are not named to each other state whether mother is single, married, widowed or divorced

FATHER	MOTHER	MEDICAL CERTIFICATE
14. Surname of child's father (given or type)	14. Maiden surname of child's mother (given or type)	31. Date of stillbirth month (by name), day, year
15. City or other place	15. City or other place	32. CAUSE OF STILLBIRTH - Part I
16. Month (by name), day, year of birth	17. Age (at time of this birth)	(a) due to, or as a consequence of
18. Complete mailing address	18. Complete mailing address	(b) due to, or as a consequence of
19. City or other place	19. City or other place	(c) due to, or as a consequence of
20. Month (by name), day, year of birth	21. Age (at time of this birth)	(d) due to, or as a consequence of
22. Complete mailing address	22. Complete mailing address	(e) due to, or as a consequence of
23. Relationship to child	23. Relationship to child	(f) due to, or as a consequence of
24. Complete mailing address of informant	24. Complete mailing address of informant	(g) due to, or as a consequence of
25. Relationship to child	25. Relationship to child	(h) due to, or as a consequence of
26. Date signed (month, day, year)	26. Date signed (month, day, year)	(i) due to, or as a consequence of
27. Build, complexion or other disposition (specify)	27. Build, complexion or other disposition (specify)	(j) due to, or as a consequence of
28. Name and address of cemetery, columbarium or place of disposition	28. Name and address of cemetery, columbarium or place of disposition	(k) due to, or as a consequence of
29. Name and address of funeral home (or person in charge of remains)	29. Name and address of funeral home (or person in charge of remains)	(l) due to, or as a consequence of
30. Name and address of funeral home (or person in charge of remains)	30. Name and address of funeral home (or person in charge of remains)	(m) due to, or as a consequence of
31. Name and address of funeral home (or person in charge of remains)	31. Name and address of funeral home (or person in charge of remains)	(n) due to, or as a consequence of
32. Name and address of funeral home (or person in charge of remains)	32. Name and address of funeral home (or person in charge of remains)	(o) due to, or as a consequence of
33. Name and address of funeral home (or person in charge of remains)	33. Name and address of funeral home (or person in charge of remains)	(p) due to, or as a consequence of
34. Name and address of funeral home (or person in charge of remains)	34. Name and address of funeral home (or person in charge of remains)	(q) due to, or as a consequence of
35. Name and address of funeral home (or person in charge of remains)	35. Name and address of funeral home (or person in charge of remains)	(r) due to, or as a consequence of
36. Name and address of funeral home (or person in charge of remains)	36. Name and address of funeral home (or person in charge of remains)	(s) due to, or as a consequence of
37. Name and address of funeral home (or person in charge of remains)	37. Name and address of funeral home (or person in charge of remains)	(t) due to, or as a consequence of
38. Name and address of funeral home (or person in charge of remains)	38. Name and address of funeral home (or person in charge of remains)	(u) due to, or as a consequence of
39. Name and address of funeral home (or person in charge of remains)	39. Name and address of funeral home (or person in charge of remains)	(v) due to, or as a consequence of
40. Name and address of funeral home (or person in charge of remains)	40. Name and address of funeral home (or person in charge of remains)	(w) due to, or as a consequence of
41. Designation	41. Designation	(x) due to, or as a consequence of
42. Signature of parent (or other informant)	42. Signature of parent (or other informant)	(y) due to, or as a consequence of
43. Signature of informant	43. Signature of informant	(z) due to, or as a consequence of
44. Signature of informant	44. Signature of informant	(aa) due to, or as a consequence of
45. Signature of informant	45. Signature of informant	(ab) due to, or as a consequence of
46. Signature of informant	46. Signature of informant	(ac) due to, or as a consequence of
47. Signature of informant	47. Signature of informant	(ad) due to, or as a consequence of
48. Signature of informant	48. Signature of informant	(ae) due to, or as a consequence of
49. Signature of informant	49. Signature of informant	(af) due to, or as a consequence of
50. Signature of informant	50. Signature of informant	(ag) due to, or as a consequence of
51. Signature of informant	51. Signature of informant	(ah) due to, or as a consequence of
52. Signature of informant	52. Signature of informant	(ai) due to, or as a consequence of
53. Signature of informant	53. Signature of informant	(aj) due to, or as a consequence of
54. Signature of informant	54. Signature of informant	(ak) due to, or as a consequence of
55. Signature of informant	55. Signature of informant	(al) due to, or as a consequence of
56. Signature of informant	56. Signature of informant	(am) due to, or as a consequence of
57. Signature of informant	57. Signature of informant	(an) due to, or as a consequence of
58. Signature of informant	58. Signature of informant	(ao) due to, or as a consequence of
59. Signature of informant	59. Signature of informant	(ap) due to, or as a consequence of
60. Signature of informant	60. Signature of informant	(aq) due to, or as a consequence of
61. Signature of informant	61. Signature of informant	(ar) due to, or as a consequence of
62. Signature of informant	62. Signature of informant	(as) due to, or as a consequence of
63. Signature of informant	63. Signature of informant	(at) due to, or as a consequence of
64. Signature of informant	64. Signature of informant	(au) due to, or as a consequence of
65. Signature of informant	65. Signature of informant	(av) due to, or as a consequence of
66. Signature of informant	66. Signature of informant	(aw) due to, or as a consequence of
67. Signature of informant	67. Signature of informant	(ax) due to, or as a consequence of
68. Signature of informant	68. Signature of informant	(ay) due to, or as a consequence of
69. Signature of informant	69. Signature of informant	(az) due to, or as a consequence of
70. Signature of informant	70. Signature of informant	(ba) due to, or as a consequence of
71. Signature of informant	71. Signature of informant	(bb) due to, or as a consequence of
72. Signature of informant	72. Signature of informant	(bc) due to, or as a consequence of
73. Signature of informant	73. Signature of informant	(bd) due to, or as a consequence of
74. Signature of informant	74. Signature of informant	(be) due to, or as a consequence of
75. Signature of informant	75. Signature of informant	(bf) due to, or as a consequence of
76. Signature of informant	76. Signature of informant	(bg) due to, or as a consequence of
77. Signature of informant	77. Signature of informant	(bh) due to, or as a consequence of
78. Signature of informant	78. Signature of informant	(bi) due to, or as a consequence of
79. Signature of informant	79. Signature of informant	(bj) due to, or as a consequence of
80. Signature of informant	80. Signature of informant	(bk) due to, or as a consequence of
81. Signature of informant	81. Signature of informant	(bl) due to, or as a consequence of
82. Signature of informant	82. Signature of informant	(bm) due to, or as a consequence of
83. Signature of informant	83. Signature of informant	(bn) due to, or as a consequence of
84. Signature of informant	84. Signature of informant	(bo) due to, or as a consequence of
85. Signature of informant	85. Signature of informant	(bp) due to, or as a consequence of
86. Signature of informant	86. Signature of informant	(bq) due to, or as a consequence of
87. Signature of informant	87. Signature of informant	(br) due to, or as a consequence of
88. Signature of informant	88. Signature of informant	(bs) due to, or as a consequence of
89. Signature of informant	89. Signature of informant	(bt) due to, or as a consequence of
90. Signature of informant	90. Signature of informant	(bu) due to, or as a consequence of
91. Signature of informant	91. Signature of informant	(bv) due to, or as a consequence of
92. Signature of informant	92. Signature of informant	(bw) due to, or as a consequence of
93. Signature of informant	93. Signature of informant	(bx) due to, or as a consequence of
94. Signature of informant	94. Signature of informant	(by) due to, or as a consequence of
95. Signature of informant	95. Signature of informant	(bz) due to, or as a consequence of
96. Signature of informant	96. Signature of informant	(ca) due to, or as a consequence of
97. Signature of informant	97. Signature of informant	(cb) due to, or as a consequence of
98. Signature of informant	98. Signature of informant	(cc) due to, or as a consequence of
99. Signature of informant	99. Signature of informant	(cd) due to, or as a consequence of
100. Signature of informant	100. Signature of informant	(ce) due to, or as a consequence of

THIS IS A PERMANENT LEGAL RECORD
TYPE OR PRINT PLAINLY AND COMPLETE ALL ITEMS

This record must be completed and filed with the Division Registrar and burial permit obtained before burial or other disposal takes place.

Before completing medical certificate see instructions on reverse

I certify this return was accepted by me on this date:

at day of N.S., AD year

Signature of Division Registrar

APPENDIX III

Excerpts from Nova Scotia's Vital Statistics Act

Chapter 494 of the Revised Statutes, 1989

INTERPRETATION

Interpretation

2 In this Act,

- (b) “burial permit” means a permit to bury, cremate, remove or otherwise dispose of a dead body;
- (f) “coroner” includes a chief medical examiner and a medical examiner appointed under the Fatality Inquiries Act and a judge of the provincial court who conducts an inquest under that Act;
- (g) “cremation” means disposal of a dead body by incineration in a crematorium;
- (h) “division registrar” means a division registrar appointed under this Act;
- (j) “funeral director” means any person who takes charge of a dead body for the purpose of burial, cremation, removal or other disposition;
- (n) “medical practitioner” means a medical practitioner registered under the Medical Act;
- (p) “occupier” means the person occupying any dwelling, and includes the person having the management or charge of any public or private institution where persons are cared for or confined, and the proprietor, manager, keeper or other person in charge of an hotel, inn, apartment, lodging-house or other dwelling or accommodation;
- (q) “prescribed” means prescribed by this Act or the regulations
- (r) “registered” means registered by the Registrar;
- (s) “Registrar” means the Registrar General and includes the Deputy Registrar General and any person appointed to perform the functions of the Deputy Registrar General during his absence or incapacity;

- (u) “stillbirth” means the complete expulsion or extraction from its mother after at least twenty weeks pregnancy, or after attaining a weight of five hundred grams or more, of a fetus in which, after such expulsion or extraction, there is no breathing, beating of the heart, pulsation of the umbilical cord or unmistakable movement of voluntary muscle.

STILLBIRTHS

Registration of stillbirth required

- 12.(1) Every stillbirth in the Province shall be registered as provided herein.
- (2) Where a stillbirth occurs, the person who would have been responsible for the registration thereof under Section 4, if it had been a birth, shall complete and deliver to the funeral director a statement in the prescribed form respecting the stillbirth.
- (3) The medical practitioner in attendance at a stillbirth, or, where there is no medical practitioner in attendance, a medical practitioner or a coroner [*medical examiner*] shall complete the medical certificate included in the prescribed form showing the cause of the stillbirth and shall deliver it to the funeral director.
- (4) Upon receipt of the statement, the funeral director shall complete the statement setting forth the proposed date and place of burial, cremation or other disposition of the body and shall deliver the statement to the division registrar of the registration division in which the stillbirth occurred.
- (5) Upon receipt of the statement the division registrar, if he is satisfied of the truth and sufficiency thereof, shall sign the statement and transmit it to the Registrar for registration.
- (6) When he signs the statement, the division registrar shall prepare a burial permit and deliver it to the person requiring it.
- (7) Upon receipt within one year from the day of a stillbirth of a statement in the prescribed form respecting the stillbirth the Registrar, if he is satisfied of the truth and sufficiency thereof, shall register the stillbirth.

DEATHS

Registration of death required

17 (1) The death of every person who dies in the Province shall be registered as provided herein.

Statement of personal particulars of deceased

- (2) The funeral director shall forthwith after the death of any person obtain the personal particulars of that person from
- (a) the nearest relative of the deceased person present at the death or in attendance at the last illness of the deceased;
 - (b) if no such relative is available any relative of the deceased residing or being within the registration division;
 - (c) if no relative is available any adult person present at the death;
 - (d) any other adult person having knowledge of the facts;
 - (e) the occupier of the house in which the death occurred; or
 - (f) the coroner [*medical examiner*] who has been notified of the death and has made an inquiry or held an inquest regarding the death,

and the funeral director shall, from the particulars so obtained, complete a statement in the prescribed form of the personal particulars of the deceased person.

Medical certificate

- (3) The funeral director shall forthwith after the death obtain from the medical practitioner who was last in attendance during the last illness of the deceased or the coroner [*medical examiner*] who conducts ... an inquiry into the circumstances of the death a medical certificate in the prescribed form stating therein the cause of death according to the International List of Causes of Death, as last revised by the International Commission assembled for that purpose.

Duty of medical practitioner

- (4) The medical practitioner who was last in attendance during the last illness of the deceased or the coroner [*medical examiner*] who conducts ... an inquiry into the

circumstances of the death shall, upon the request of the funeral director, complete a medical certificate in the prescribed form and cause it to be delivered to the funeral director.

Death without medical attendance

- (5) Where a death occurs without medical attendance, or where the medical practitioner mentioned in subsection (4) is not available to complete the medical certificate, and where there is no reason to believe that the death was the result of any of the circumstances set forth in subsection (6), the funeral director shall forthwith notify a coroner [*medical examiner*] having jurisdiction, or the local medical health officer or a medical practitioner designated by the coroner or by a medical health officer, who shall thereupon inquire into the facts and shall complete the medical certificate in accordance with subsection (4).

Burial permit where unnatural death

- (6) Subject to subsection (7), where there is reason to believe that a person has died,
- (a) as a result of violence or misadventure;
 - (b) by unlawful means;
 - (c) as a result of negligence or misconduct on the part of others;
or
 - (d) under circumstances that require investigation, no burial permit shall be issued by the division registrar unless
 - (e) the body has been examined by the coroner [*medical examiner*] and inquiry is being made by the coroner [*medical examiner*] into the circumstances of the death;
 - (f) the coroner [*medical examiner*] has signed the medical certificate of the cause of death in accordance with subsection (4); and
 - (g) the other provisions of this Act respecting the registration of the death have been complied with.

Burial permit before completion of inquest

- (7) When a person dies under any of the circumstances referred to in subsection (6), if it is impossible for the coroner [*medical examiner*] to complete a medical certificate, the division registrar, upon the coroner [*medical examiner*] releasing the body for burial, shall issue a burial permit and the coroner [*medical examiner*] shall, within two days of his determining the cause of death, or of the completion of his investigation, deliver or mail to the division registrar a medical certificate.

Duty of funeral director

- (8) Upon obtaining the personal particulars respecting the deceased and the medical certificate, the funeral director shall complete the statement in the prescribed form, and shall forthwith deliver the completed statement to the division registrar for the area in which the death occurred, or if the place of death is not known, to the division registrar for the area in which the body was found. R.S., c.494, s.17. 1998 c.8, s.64

APPENDIX IV

Medical Detail on Cause of Death Required According to the International Classification of Diseases

Infections

Acute, subacute, or chronic; name of the disease and/or infecting organism, where known; the site, if localized; mode of transmission, where relevant; for syphilis, whether primary or secondary, congenital or acquired, early or late, clinical form. For example:

- tuberculous meningitis
- staphylococcal enterocolitis
- bacillary dysentery due to *Shigella boydii*
- mosquito-borne haemorrhagic fever
- congenital syphilitic encephalitis
- acute amoebic dysentery
- for Human Immunodeficiency Virus (HIV) disease specify complication(s) and the presence of acute syndrome

Neoplasms

The morphological type, if known; malignant, benign, etc., if not specific to the morphology; site of origin of primary growths, stated as precisely as possible, and sites of secondary growths, clearly distinguished as such; if primary growth unknown or exact site within an organ not known, state accordingly; acute, subacute, or chronic for leukaemias.

For example:

- astrocytoma, temporal lobe, brain
- carcinoma, isthmus uteri
- carcinoma, endocervical canal
- malignant papilloma, bladder trigone
- Hodgkin's paraganuloma
- chronic myeloid leukaemia

Blood disorders

Nature of disease process; type and nature of any deficiency for anaemias; whether hereditary, where relevant; nature of haemoglobinopathy; factor involved for coagulation defects. For example:

- pernicious anaemia
- scorbutic anaemia
- thalassaemia
- hereditary spherocytosis
- congenital Factor IX deficiency

Endocrine, nutritional and metabolic disorders

Nature of disease process or disturbance of function; for thyroid disorders, whether toxic; for diabetes, nature of complication or manifestation in a particular site. For example:

- panhypopituitarism
- corticoadrenal insufficiency
- diabetic nephropathy

Nutritional disorders

Type of deficiency, etc.; severity, where appropriate. For example:

- phenylketonuria
- pure hyperglyceridaemia

Nervous system disorders

Nature of disease process; infecting organism, where relevant; whether hereditary, where relevant. For example:

- Haemophilus influenzae meningoencephalitis
- encephalitis due to mumps
- postvaccinal encephalomyelitis
- idiopathic Parkinson's disease
- hereditary peripheral neuropathy

Circulatory diseases

Nature of disease process; site, if localized; acute or chronic, where relevant; for rheumatic fever, whether active; specify rheumatic or other etiology for valvular heart conditions; any complications.

For example:

- acute rheumatic pericarditis
- rheumatic mitral regurgitation
- hypertensive heart and renal disease
- acute myocardial infarction
- Coxsackie endocarditis
- thrombosis of basilar artery
- generalized atherosclerosis
- ruptured abdominal aortic aneurysm
- cerebral haemorrhage
- thromboangiitis obliterans

Respiratory diseases

Nature of disease process; acute or chronic; infecting organism; any external cause. For example:

- acute bronchitis
- chronic obstructive bronchitis
- Pseudomonas pneumonia
- aspergillosis
- intrinsic asthma
- coalworkers' pneumoconiosis
- acute pulmonary oedema due to cadmium fumes
- pneumococcal serofibrinous pleurisy
- idiopathic fibrosing alveolitis

Digestive diseases

Nature of disease process; site of ulcers, hernias, diverticula, etc.; acute or chronic, where relevant; nature of any complication for ulcers, appendicitis, hernias. For example:

- chronic duodenal ulcer with haemorrhage and perforation
- acute appendicitis with generalized peritonitis
- gangrenous femoral hernia
- Crohn's disease of colon
- diverticulosis of jejunum

- biliary peritonitis
- alcoholic cirrhosis of liver
- calculus of gallbladder with chronic cholecystitis
- acute pancreatitis

Musculoskeletal disorders

Nature of disease process; name of infecting organism; underlying systemic disease, where relevant; site; complication; for deformities, whether congenital or acquired. For example:

- systemic sclerosis
- generalized osteoarthritis
- tuberculous spondylitis
- chronic osteomyelitis
- acquired kyphoscoliosis

Genitourinary disorders

Acute or chronic; clinical syndrome and pathological lesion for glomerulonephritis, etc.; site of calculi; infecting organism and site of infections; nature of complications. For example:

- nephrotic syndrome with lesion of membranoproliferative glomerulonephritis
- chronic glomerulonephritis with lesion of systemic lupus erythematosus
- chronic pyelonephritis
- acute renal failure with lesion of renal medullary necrosis
- hyperplasia of prostate
- gonococcal endometritis

Deaths associated with pregnancy, childbirth, and the puerperium

Nature of complication; whether obstruction occurred during labour; timing of death in relation to delivery; for abortions, whether spontaneous or induced; nature of complication; legal or illegal, if induced. For example:

- ruptured tubal pregnancy
- pelvic sepsis following illegally induced abortion

- amniotic fluid embolism following legally induced abortion
- severe pre-eclampsia; delivered by caesarean section
- obstructed labour due to transverse lie; delivery by breech extraction
- rupture of uterus during labour; delivery by forceps
- chronic osteomyelitis
- acquired kyphoscoliosis

Perinatal deaths

Conditions in foetus or infant; conditions in mother or of placenta, cord or membranes, if believed to have affected the foetus or infant; for deaths from hypoxia, state time of death in relation to onset of labour and to delivery; for deaths from birth asphyxia, state severity (or 1-minute Apgar score); for deaths associated with immaturity, state length of gestation and/or birthweight; whether light or heavy-for-dates; type of birth trauma; infecting organism; whether transitory or permanent for endocrine or metabolic disturbances; cause of jaundice; type of blood grouping involved in isoimmunization (Rh, ABO, etc.); any complications. For example:

- maternal tuberculosis
- incompetent cervix
- placenta praevia
- light-for-dates with signs of fetal malnutrition
- tentorial tear
- foetal death from anoxia before onset of labour
- severe birth asphyxia (1-minute Apgar score 2)
- meconium pneumonitis
- congenital toxoplasmosis
- intrauterine *Escherichia coli* infection
- kernicterus due to Rh isoimmunization
- jaundice due to congenital obstruction of bile duct
- neonatal thyrotoxicosis
- idiopathic hydrops fetalis
- extreme immaturity, birthweight 750g

Congenital anomalies

Site and type of anomaly; specify congenital if not obvious; complications. For example:

- spina bifida with hydrocephalus
- persistent ostium secundum
- congenital mitral stenosis
- congenital bronchiectasis
- atresia of colon

Injuries

Type of injury; site, stated as precisely as possible; complications.

For example:

- fracture of vault of skull
- fracture of cervical vertebra with spinal cord lesion
- fracture of ileum
- open transcervical fracture of femur
- traumatic middle meningeal haemorrhage
- penetrating wound of chest wall with haemorrhage
- rupture of kidney
- traumatic rupture of abdominal aorta

Poisoning

Substance involved; whether accidental, suicidal, or homicidal.

Adverse effects of drugs in therapeutic use

State this fact; name of drug; nature of adverse effect; any complications; condition being treated. For example:

- aplastic anaemia due to therapeutic dosage of chloramphenicol for urinary infection
- Cushing's syndrome due to treatment with ACTH for severe rheumatoid arthritis
- acute renal failure with renal papillary necrosis due to aspirin treatment for arthritis

External cause of accidents

For transport accidents, state vehicle involved; whether deceased was driver, passenger, etc.; description of accident; place of occurrence; for other accidents, specify circumstances and place of occurrence. For example:

- driver of train in collision with fallen tree on railway
- passenger in motor vehicle in collision with motorcycle on highway
- accidental poisoning from carbon monoxide from car with engine running in private garage
- water skier struck by propeller of boat
- pilot of commercial aircraft that exploded on landing
- fall from playground equipment on school premises
- explosion due to fire in factory
- burnt by flames from overturned stove in private house
- dog bite on farm
- accidental drowning while playing in water
- suffocated by falling earth
- struck by ball during game
- pinned under overturned farm tractor in field
- electrocuted by faulty electrical equipment in factory
- suicide by drowning
- killed in fist fight
- aircraft shot down in war operations

