



Office of the Registrar General
Province of Nova Scotia
Canada

PENDING REGISTRATION NUMBER DIVISION REGISTRAR USE ONLY

REGISTRATION NUMBER DEPARTMENT USE ONLY

Medical Certificate of Death

This is a Permanent Legal Record. **Please print. Complete all items.**
Personal information contained on this form is collected under the authority of the *Vital Statistics Act*. This record must be completed and filed with the Division Registrar.

FOR OFFICE USE ONLY

DECEASED	1 NOVA SCOTIA HEALTH CARD NUMBER OF DECEASED	2 SEX <input type="checkbox"/> M <input type="checkbox"/> F	3 DATE OF BIRTH	
	4 SURNAME	5 FIRST NAME		
	6 SECOND NAME	7 ALL OTHER GIVEN NAMES IN ORDER		
	8 OCCUPATION	9 FAMILY PHYSICIAN		
	10 PLACE OF DEATH: <input type="checkbox"/> HOSPITAL <input type="checkbox"/> HOME <input type="checkbox"/> OTHER HEALTHCARE FACILITY <input type="checkbox"/> OTHER:			
	11 NAME AND ADDRESS OF HOSPITAL OR INSTITUTION: CITY, TOWN, VILLAGE · COUNTY. OTHERWISE GIVE EXACT LOCATION WHERE DEATH OCCURRED			POSTAL CODE

DATE AND CAUSE OF DEATH	Part I	
	SECTIONS 12 TO 31 TO BE COMPLETED BY ATTENDANT	
	12 DATE OF DEATH	APPROX. INTERVAL BETWEEN ONSET AND DEATH
	13 IMMEDIATE CAUSE OF DEATH ANTECEDENT CAUSES, IF ANY, GIVING RISE TO THE IMMEDIATE CAUSE (A) ABOVE STATING THE UNDERLYING CAUSE LAST (A) DUE TO, OR AS A CONSEQUENCE OF (B) DUE TO, OR AS A CONSEQUENCE OF (C) DUE TO, OR AS A CONSEQUENCE OF (D)	
Part II		
14 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CAUSALLY RELATED TO THE IMMEDIATE CAUSE (A) ABOVE	APPROX. INTERVAL BETWEEN ONSET AND DEATH	

ADDITIONAL INFORMATION	15 AUTOPSY <input type="checkbox"/> YES <input type="checkbox"/> NO	16 DOES THE CAUSE OF DEATH STATED ABOVE TAKE ACCOUNT OF AUTOPSY FINDINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO	17 MAY FURTHER INFORMATION RELATING TO THE CAUSE OF DEATH BE AVAILABLE LATER? <input type="checkbox"/> YES <input type="checkbox"/> NO
	18 STATE IF DEATH WAS: <input type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED		19 DATE OF INJURY
	20 STATE PLACE OF INJURY <input type="checkbox"/> HOME <input type="checkbox"/> FARM <input type="checkbox"/> HIGHWAY <input type="checkbox"/> OTHER:		
	21 HOW DID INJURY OCCUR? (DESCRIBE CIRCUMSTANCES)		
22 IF DECEASED A WOMAN. DID THE DEATH OCCUR: <input type="checkbox"/> DURING PREGNANCY OR <input type="checkbox"/> WITHIN 42 DAYS THEREAFTER OR <input type="checkbox"/> BETWEEN 43 DAYS AND A YEAR THEREAFTER			

ATTENDANT	23 I CERTIFY THAT THE ABOVE NAMED PERSON DIED ON THE DATE AND FROM THE CAUSES STATED HEREIN.		24 DATE SIGNED
	SIGNATURE OF ATTENDANT		
	25 SURNAME	26 FIRST NAME	
	27 DESIGNATION <input type="checkbox"/> LAST ATTENDING PHYSICIAN <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> NURSE PRACTITIONER <input type="checkbox"/> OTHER:		28 LICENSE / REGISTRATION NUMBER
	29 MAILING ADDRESS: PO BOX · CITY, TOWN, VILLAGE · PROVINCE · POSTAL CODE		
30 EMAIL ADDRESS		31 DAYTIME PHONE NUMBER	



General information

- A Medical Certificate of Death must be completed for each death in the Province of Nova Scotia.
- Personal information contained on this form is collected under the authority of the Vital Statistics Act, and will be used to register the death, update or amend other vital event records, provide extracts or search notices for administrative, statistical, research, medical and law enforcement purposes.
- This document is a permanent legal record. The information as it appears on this form will be used to register the death.

Deceased

- A Health Card Number is a unique number assigned to a resident of the Province of Nova Scotia for administration of insured health services. Every insured resident has a Health Card Number, and this number should be recorded in the space provided on the form.

Attendant

- The Vital Statistics Act and associated regulations offer a detailed description of who has the authority to sign the Medical Certificate of Death under various conditions. For the purposes of this form, the person who signs the form is the attendant and may be one of the following:
 - a) the medical practitioner who was last in attendance during the last illness of the deceased;
 - b) a nurse practitioner in the circumstances defined by regulation;
 - c) a qualified person authorized by regulation and in the circumstances defined by regulation;
 - d) the Chief Medical Examiner.

Funeral Director

- Section 2(j) of the Vital Statistics Act defines "funeral director" as, "any person who takes charge of a dead body for the purpose of burial, cremation, removal or other disposition."
- Section 17 of the Vital Statistics Act places full responsibility on the funeral director for completion of the registration of death form, including the Medical Certificate of Death signed by the attendant.

Medical Certificate of Death

- No certificate, certified copy or photographic print may be issued from a registration of death except as provided in Section 37, Sub sections (7) (8) & (9) of the Vital Statistics Act.
- The morbid conditions relating to death on the Medical Certificate of Death are divided into two groups.
- In Group I are the "Immediate cause" and the "Antecedent causes", and in Group II, "Other significant conditions" contributing to the death but not causally related to the "Immediate cause".
- In most cases a statement of cause under Group I will suffice.
- The entry of a single cause is preferable where this adequately describes the case (see Example 1).
- Where the attendant finds it necessary to record more than one cause it is important that these be stated in the position provided on the form which is indicative of their mutual relationship.
- Information is sought in this organized fashion so that the selection of the cause for tabulation may be made in the light of the certifier's viewpoint:
 - a) Purpose of Medical Certification of Death. – The principal purposes are to establish the fact of death, and to provide an on-going mortality data resource for measuring health problems, guiding health programmes, and evaluating health promotion and disease-control activities.
 - b) Cause-of-death assignment – For statistical purposes the cause selected for coding and tabulation of the official cause-of-death statistics is the "underlying cause" of death, i.e. "the disease or injury which initiated the train of events leading to death". This cause ordinarily will be the last condition which is mentioned in Part I of the Cause of Death section of the form.
 - c) Approximate interval between onset and death – This is often of great value in selecting the underlying cause for statistical purposes (as described above). Where these intervals are not known or are uncertain, an estimate should be recorded.
 - d) Maternal Deaths. – Qualify all diseases resulting from pregnancy, abortion, miscarriage, or childbirth, e.g., "puerperal septicaemia", "eclampsia, arising during pregnancy". Distinguish between septicaemia associated with abortion and that associated with childbirth.
 - e) Cancer – In all cases the organ or part FIRST affected i.e. the primary site of the neoplasm, should be specified.
 - f) Items 11, 12, Autopsy and autopsy findings – An indication of whether or not an autopsy is being held and whether the cause of death stated takes account of autopsy findings is valuable in assessing the reliability of cause-of-death statistics. Where an autopsy is being held and the recorded statement of cause of death does not take account of autopsy findings, a supplementary enquiry of the certifying attendant may be initiated by the Registrar General.
 - g) Item 13, Further information – If there is an indication that "further information relating to the cause of death may be available later" – from autopsy or other findings – the Registrar General will initiate a supplementary enquiry of the certifying attendant.

Cause of Death

The following examples illustrate the essential principles in completing the Medical Certificate of Death.

	EXAMPLE 1	EXAMPLE 2	EXAMPLE 3	EXAMPLE 4	EXAMPLE 5
PART I Immediate cause of death Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last	a) Lobar pneumonia due to, or as a consequence of	Acute peritonitis	Cancer of lung (metastatic)	Coronary thrombosis	Uraemia
	b) due to, or as a consequence of	Acute appendicitis	Cancer of breast		Chronic nephritis
PART II Other significant conditions contributing to death but not causally related to the immediate cause (a) above		Diabetes		Cancer of breast	Chronic bronchitis