

POETRY

Pronouncing death 1

Form

16

Medical Certificate of Death.

By signing below, you certify
that the information on this form is correct
to the best of your knowledge.

The principal purpose
is to establish the fact of death
in blue or black ink

Please PRINT clearly
as this is a permanent
legal record.

Name

Sex

Age

Birth weight

Was the deceased dead on arrival?

☒ Yes ☐ No

If accident, or undetermined
(specify)

Place of injury

(e.g. home, farm, highway, etc.)

Date of injury

(month by name, day, year)

How did injury occur?

(describe circumstances)

Approximate interval between onset & death

If under 1 year

Months days

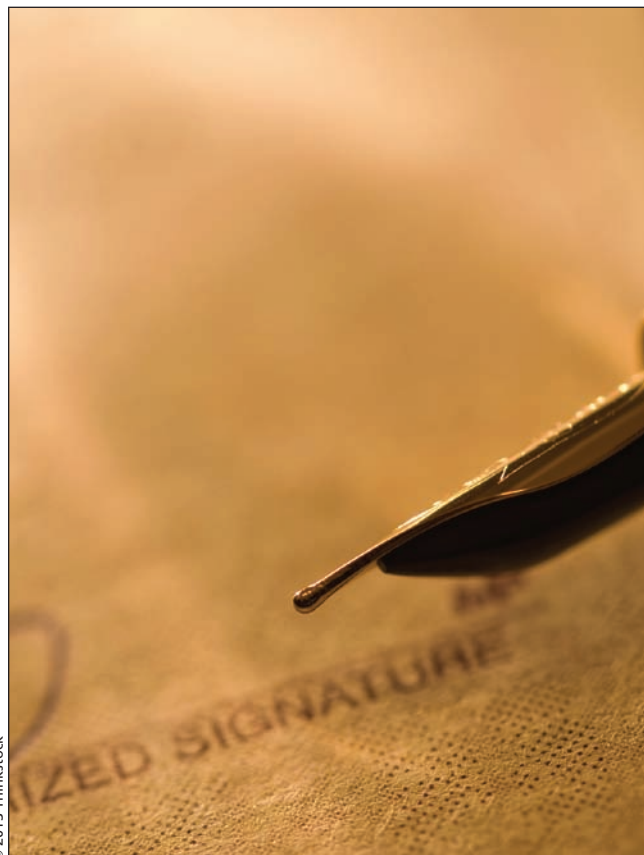
If under 1 day

Hours minutes

Immediate cause

due to, or as a consequence of
antecedent causes, if any,
giving rise to the immediate cause above,
stating the underlying cause last.

The entry of a single cause is preferable
where this adequately describes the case.



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May further information relating to the cause
of death
be available later?

I agree to register the death

Signature

x

Your title:

Questions about this form should be directed to:

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