

CERTIFICATE OF DEATH AND CAUSE THEREOF



1. *Name and Surname* 2. *Identity No.*
3. *Sex:* male ☐ female ☐ unascertained ☐ 4. *Age* 5. *Date of birth*
6. *Infant & fetal deaths:* birth weight (g): Gestation (weeks): Time of birth:
7. *Place of birth* 8. *Nationality*
9. *Permanent Residence*
10. *Employment status:* employed ☐ unemployed ☐ pensioner ☐ housekeeper ☐ student ☐ unable to work ☐
11. *Occupation (if retired please write previous occupation)*
12. *Name and Surname of Parents & whether living or dead*
- 13a. *Marital Status:* bachelor/spinster ☐ married ☐ widowed ☐ other ☐ (specify):
- 13b. *Where applicable the name & surname of spouse*
14. *Hour, day, month and year of death*
15. *Place where death occurred*

	<u>Cause of death</u>	<i>Approximate interval between onset & death</i>
<p>16. I</p> <p><i>Disease or condition directly leading to death*</i></p> <p>Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last</p>	<p>a. due to (or as a consequence of)</p> <p>b. due to (or as a consequence of)</p> <p>c. due to (or as a consequence of)</p> <p>d.</p>	<div style="border-left: 1px solid black; border-right: 1px solid black; height: 100%;"></div>
<p>II: Other significant conditions contributing to death but not related to the disease or condition causing it:</p>		

* This does not mean mode of dying e.g. respiratory failure. It means the disease, injury or complication that caused death.

17. Deaths due to accidents or injuries:

Date of Injury:	Place of injury:	How injury occurred:	Injury at work: Yes <input type="checkbox"/> No <input type="checkbox"/>
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18. If female indicate if:
 death occurred during pregnancy: ☐ death occurred within 42 days after pregnancy: ☐ death occurred between 42 days & 1 year after pregnancy: ☐

19. *Place of Burial* *Burial Permit no.*
20. *Name, Surname & Medical Council number of Medical Practitioner*
21. *Address*
22. *Signature of Medical Practitioner* 23. *Date*

Instructions for certifiers

All information should be clear and legible. Do not use abbreviations. All information regarding the deceased as requested on the death certificate should be completed.

Item 2: Identity number: This is important to identify the deceased individual. If identity card number is not available passport number or other identification number should be entered.

Item 6: For Infant & fetal deaths: For all infant & fetal deaths *up to 1 year of age* it is important to record birth weight in grams, gestation in completed weeks & time of birth, besides date of birth in item 5.

Item 9: Permanent Residence: The person's place of residence is the place where he/she has been regularly resident for the past year. Never enter a temporary residence as one used during a visit or holiday. If person has resided in a home or institution for a long time (more than one year) enter address of home or institution otherwise enter previous residence. In the case of foreigners residing abroad (e.g. tourists) their full address abroad should be entered.

Item 11: Occupation. This should be as complete as possible, describing the type of work done and the kind of business/industry to which the occupation is related. e.g. machine-operator in furniture factory, teacher in secondary education. If retired, write type of work done during *most* of working life.

Item 16: Cause of death:

Part I – Is for diseases or conditions related to the sequence of events leading directly to the death. Only one cause should be entered on each line. If the condition on **line a** resulted from another cause, this other cause should be entered on **line b**, and so on, until the full sequence is reported. **Always** enter **the underlying cause of death** (the disease or injury which initiated the chain of morbid events that led directly to death, or the circumstances of the accident or violence which produced the fatal injury) on the lowest used line in part I. For each cause indicate the best time interval between the presumed onset and the date of death. Terminal events e.g. cardiac arrest or respiratory arrest should not be used.

If an organ failure such as congestive heart failure, hepatic failure, renal failure or respiratory failure is listed as a cause of death, always report its etiology on the line(s) below it. (e.g. congestive heart failure secondary to ischaemic heart disease).

Part II- is for any other significant condition/s that contributed to the fatal outcome, but was not related to the disease or condition directly causing death.

Examples:

Right: Part Ia. Brain metastases
Ib. Primary carcinoma lung

Wrong: Part Ia. Primary carcinoma lung
Ib. Brain metastases

Right: Part Ia. Fat embolism
Ib. Fracture neck of femur
Ic. Fell down stairs at home

Wrong: Part Ia. Fat embolism
Ib. Fracture femur

Right: Part Ia. Bleeding of oesophageal varices
Ib. Portal hypertension
Ic. Liver cirrhosis
Id. Chronic Hepatitis B

Wrong: Part Ia. Bleeding oesophageal varices

Part II: Diabetes mellitus

Part II: Liver cirrhosis

Item 17: Deaths due to accident or injury: it is important to give information about the exact time of incident, place where injury occurred e.g. home, street, restaurant etc. as well as how injury occurred e.g. while painting roof, as well as indicating whether accident happened while at work.

Item 18. Pregnancy status: This is an important source of information needed to calculate maternal mortality.

Note: Further information and examples on how to complete a death certificate can be accessed through the Department of Health Information and Research website: <http://www.sahha.gov.mt/entities/healthinformation.html>

Data Protection statement: The Health Division treats personal sensitive information in a confidential manner, and undertakes to comply with the Data Protection Act 2001. Details on this certificate will only be disclosed to Entities within this Division and any other authority/body as permitted by law. Address any queries to Department of Health Information, 95, G'Mangia Hill, G'Mangia PTA 1313 or via e-mail at healthinfo@gov.mt