

Coroner Presentation: Certification of Death



- Learning objectives:
- differentiate between pronouncement and certification of death;
- describe the process and pitfalls of certification;
- distinguish mode versus manner of death;
- discuss the expectations and role of the attending physician.

(15 min. presentation followed by 10 min. Q & A)

Conflict Disclosure Information:



Presenter: Dr. Michael B. Wilson, Regional Supervising Coroner, NWO

Title of Presentation: Certification of Death

Pan Northern Clinical Rounds session on January 5, 2022

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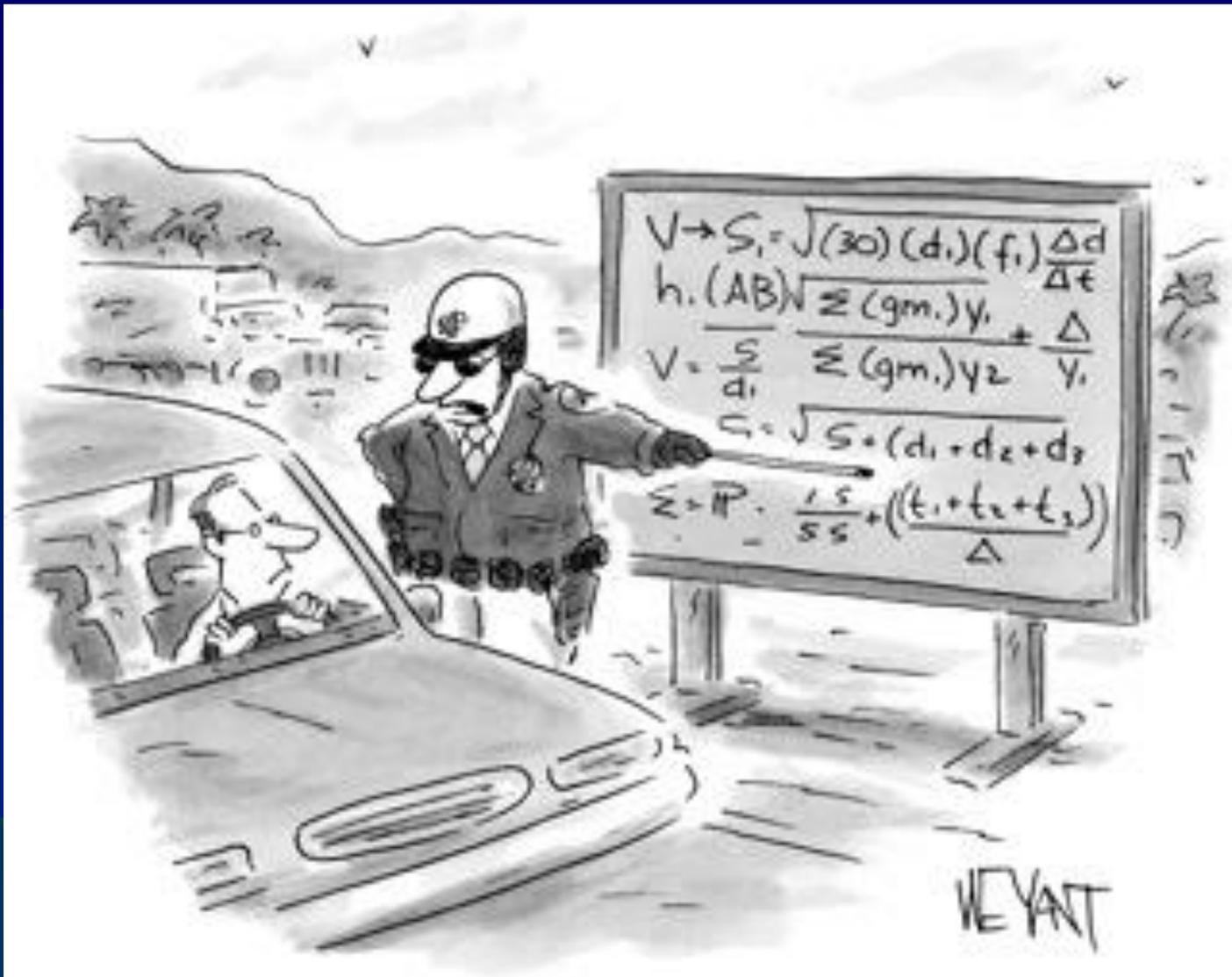
Consulting Fees: N/A _____

Other: Employee of Ontario Government – Ministry of Solicitor General --
Office of the Chief Coroner

Non-Financial Disclosure

Member of: On Faculty at Associate Clinical Professor - NOSM

Other: _____



"Now let that be a lesson to you!"

Pronouncement:



- Recognition that a person has no vital signs and no resuscitation is warranted
- **ANYONE** can pronounce
- Of course, un-pronouncement happens sometimes as well!
- Time of pronouncement of death is when the **first** person identifies that a body is lifeless (unless someone else subsequently determines otherwise)

Certification



- Attending physician, or some cases RN-EC
- Death Certificate Includes:
 - Identity (MUST be solid)
 - Date (When pronounced, by whomever. . .)
 - Place (Where pronounced, so if CPR. . .)
 - Medical Cause (On Balance, your opinion)
 - Manner or Means (Natural, Accident, Suicide. . .)
- (W5: Who, When, Where, What, Why)

Vital Statistics Act: *Failure to give notice or to furnish particulars*



- 55. (1) Every person who neglects or fails to give any notice or to register or to furnish any documentation or particulars respecting the birth, marriage, death, still-birth, adoption or change of name of any person, as required by this Act and the regulations, is guilty of an offence and on conviction is liable to a fine of not more than \$50,000 for an individual or \$250,000 for a corporation. 2001, c. 21, s. 17.

What is a Death Certificate?



- The Medical Certificate of Death is a permanent record of the cause and manner of each death, collected in a standard form used worldwide.
- It reflects your **Professional Opinion**
- The standard is **Reasonable Conclusion**
- based upon **Balance of Probabilities**

Who Died
 When Pronounced
 Where
 What (Medical Cause of Death)
 Why (Manner of death)
 Your Signature
 Today's Date

Ministry of Consumer and Commercial Relations
 Office of the Registrar General

Ontario

Medical certificate of death - Form 16

You must use the Stillbirth Registration Form 8 when registering stillbirths. This form must be completed by the attending physician, coroner, or designated person before a burial permit can be issued. Please PRINT clearly in blue or black ink as it is a permanent legal record.

INFORMATION ABOUT THE DECEASED

1. Name of deceased (last, first, middle) _____ 2. Sex (M or F) _____ 3. Age _____

4. Date of death (d/m/y) _____ 5. If infant death Yes No 6. Gestation age _____ 7. Birth weight _____

8. Place of death (name of facility or location) _____
 hospital nursing home residence other (please specify) _____

City, town, village or township _____ regional municipality, county or district _____

CAUSE OF DEATH

10. Part I Immediate cause of death (a) _____ I _____ Approximate interval between onset & death _____
 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 Other significant conditions contributing to the death but not causally related to the _____ II _____

11. If deceased was a female, did the death occur: during pregnancy (including abortion and ectopic pregnancy) within 42 days thereafter between 43 days and 1 year thereafter

12. Was the deceased dead on arrival at the hospital? Yes No 13. Was there a surgical procedure within 28 days of death? Yes No 14. Date of surgery (d/m/y) _____

15. Reason for surgery and operative findings _____

16. Autopsy being held? Yes No 17. Does the cause of death stated above take account of autopsy findings? Yes No 18. May further information relating to the cause of death be available later? Yes No

19. If accident, suicide, homicide or undetermined (specify) _____ 20. Place of injury (e.g. home, farm, highway, etc.) _____ 21. Date of injury (month by name, day, year) _____

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

CERTIFICATION

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

Your signature (physician, coroner, other) _____ 24. Date (d/m/y) _____

Your name (last, first, middle) _____ other (please specify) _____

TO BE COMPLETED BY THE DIVISION REGISTRAR

Name of person who issued burial permit _____ Place of issue _____ Date issued (d/m/y) _____

By signing below, I am satisfied that the information in this Medical certificate of death and the Statement of death is correct and sufficient and I agree to register the death.

Signature _____ Date (d/m/y) _____ Registration number _____ Div. reg. code no. _____

X _____

For the use of the Office of the Registrar General only

Personal information contained in this form is collected under the authority of the Vital Statistics Act, R.S.O. 1990, c.v.4 and will be used to register and record the births, still-births, deaths, marriages, additions or change of name, corrections or amendments, provide certified copies, extracts, certificates, search notices, photocopies and for statistical, research, medical, law enforcement, adoption and adoption disclosure purposes. Questions about this collection should be directed to the Deputy Registrar General at P.O. Box 4600, Thunder Bay, ON P7B 6L8. Telephone 1-800-461-2156 or 416-325-6305



Who
When
Where
What (Medical Cause of Death)
Why (Manner of death)
Your Signature



Ministry of Consumer and Commercial Relations
Office of the Registrar General

Medical certificate of death - Form 16

Hospital code number

You must use the Stillbirth Registration Form 8 when registering stillbirths. This form must be completed by the attending physician, coroner, or designated person before a burial permit can be issued. Please PRINT clearly in blue or black ink as it is a permanent legal record.

INFORMATION ABOUT THE DECEASED

1. Name of deceased (last, first, middle) 2. Sex (M or F) 3. Age

4. Date of death (d/m/y) 5. If infant death Yes No 6. Gestation age 7. Birth weight

8. Place of death (name of facility) hospital nursing home other (please specify) City, town, village or district

CAUSE OF DEATH

11. If deceased died in hospital, did the death occur in the hospital? Yes No

12. Was the death at the hospital? Yes No

15. Reason for surgery

16. Autopsy being held? Yes No

17. If death was violent, was it an accident? Yes No

22. If death was violent, was it a homicide? Yes No

CERTIFICATION

By signing below, I am certifying that this Medical certificate of death and the Statement of death is correct and true to the best of my knowledge and belief, and that I am qualified to register the death.

Signature _____ Date (d/m/y) _____

TO BE COMPLETED BY THE REGISTRAR GENERAL ONLY

Place of issue _____ Reg. code no. _____

Personal information contained in this form is collected under the authority of the Vital Statistics Act, R.S.O. 1990, c.v.4 and will be used to register and record the births, still-births, deaths, marriages, additions or change of name, corrections or amendments, provide certified copies, extracts, certificates, search notices, photocopies and for statistical, research, medical, law enforcement, adoption and adoption disclosure purposes. Questions about this collection should be directed to the Deputy Registrar General at P.O. Box 4600, Thunder Bay, ON P7B 6L8. Telephone 1-800-461-2156 or 416-325-6305

**For any Non-Natural Cases:
Don't complete this form.
Call the Coroner! They will
complete Form 16.**

**E.G. Drug
Deaths,
Falls, Head
Injuries**

Who Completes it?



- Except in coroner's cases, completed by the attending physician or the attending RN-EC
- Resident may complete, or service covering
- In a coroner's case, the coroner completes the form.

When Should it Be Completed?



- Under the *Vital Statistics Act*, the form must be completed '**forthwith**', which is to say at the earliest opportunity. By law, funeral homes must have the form before they can proceed with disposition of the body, and delay in completion may therefore lead to unnecessary grief to family¹. If not completed at the time of death, the form should therefore be done within hours, and never more than 24 hours after death.
 - *1: It should go without saying that grief for the family = grief for the physician*

(Note: Different Rules Apply to Coroners)



- The Coroner may complete a *Warrant to Bury*, after they are confident that no further information is needed from the body. A Coroner may also permit cremation
- The Coroner will complete a death certificate after all information has been gathered and the investigation is complete

What Goes On It?

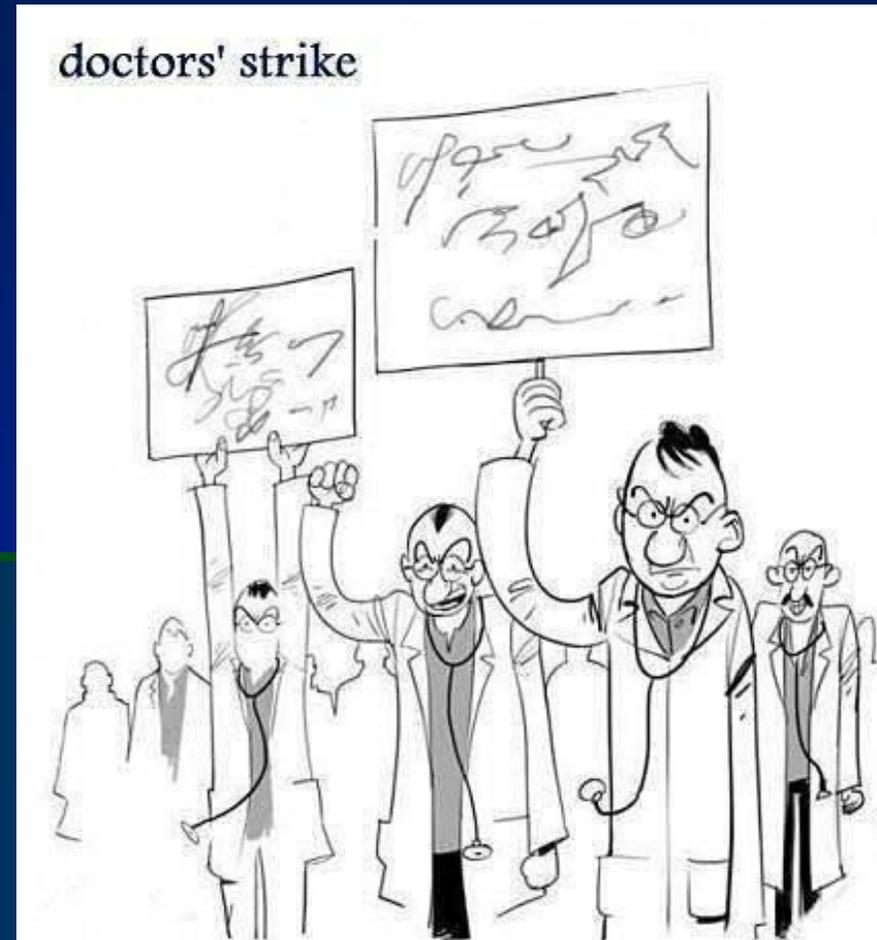


- **W-5** as described
- Only the diseases and conditions which caused or materially contributed to the death are included

What Else should it be?



- LEGIBLE!



What Else should it be?



- LEGIBLE!

MEDICAL CERTIFICATE OF DEATH

6.

Part I

Immediate cause of death (a) Ch. Renal failure (one kidney)

Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause first (b) Hypertension, DM II, Tounge ca

Part II

Other significant conditions contributing to the death but not causally related to the immediate cause (a) above (c) Respiratory failure

Dementia, MI 2d ago

7. If deceased was a female, did the death occur either during pregnancy Yes No

Cause of Death: Parts I and II



- 1. **Cause** (Part I) is a specific disease, condition or event which, directly or indirectly, led to the death. An example would be myocardial infarction.

“Cessation of Cardiorespiratory Function”

“H/O Fall & Head Injury
c Brain Contusions”

IMPORTANT: READ REVERSE SIDE BEFORE COMPLETING

MEDICAL CERTIFICATE OF DEATH

Form 16 (USA 1900) Province of Ontario (Canada) Office of the Registrar General

This is a permanent legal record. Type or print plainly in blue or black ink and complete all items. To be completed by attending physician or coroner.

Registration No. (Department use only)

PERSONAL PARTICULARS OF DECEASED

1. NAME (By name), day, year of death: [REDACTED]

2. SEX: [REDACTED]

3. AGE (years): [REDACTED]

4. PLACE OF DEATH: *Ter Bay Health Sciences Centre, THU Bay Ont*

5. HOSPITAL OR INSTITUTION (where death occurred): *Ter Bay Health Sciences Centre*

6. CHECK (✓) IF D.O.A.

MEDICAL CERTIFICATE OF DEATH

Part I

7. Immediate cause of death: (a) *Cessation of Cardiorespiratory Function*

8. Cause of death: (b) *H/O Fall & Head Injury c Brain Contusions*

Part II

9. Other significant conditions contributing to the death but not causally related to the immediate cause (a) above: [REDACTED]

10. If deceased was a foetus, did the death occur either during pregnancy (including abortion and ectopic pregnancy) or within 42 days thereafter? Yes No

AUTOPSY PARTICULARS

11. If accidental, suicide, homicide or undetermined (homicide) Yes No Does the cause of death stated above take account of autopsy findings? Yes No

12. May further information relating to the cause of death be available later? Yes No

ACCIDENTAL OR VIOLENT DEATH (if applicable)

11. If accidental, suicide, homicide or undetermined (homicide) *H/O Fall from stairs at home*

12. Place of injury (e.g. home, farm, highway, etc.): *Home*

13. Date of injury (Month by name, day, year): [REDACTED]

14. How did injury occur? (state circumstances): *Fall from stairs.*

CERTIFICATION (attending physician, coroner, etc.)

15. I certify that to the best of my knowledge and belief, the above named person died on the date and from the causes stated herein. Signature (attending physician, coroner, etc.): [REDACTED]

16. Designation: Attending physician Coroner Other (Specify):

17. Name of physician or coroner: [REDACTED] Date signed - Month (by name), day, year: [REDACTED]

Address: [REDACTED]

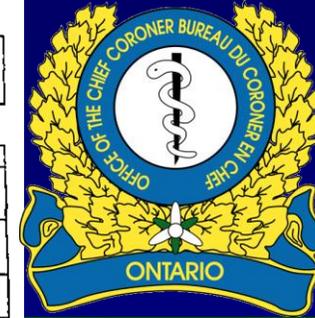
CERTIFICATION OF DIVISION REGISTRAR

I am satisfied as to the correctness and sufficiency of the medical certificate of death and the statement of death and I register the death by signing this certificate and the statement of death.

Signature of Division Registrar: *Rovain*

Registration Number: [REDACTED] Contact Registrar Code Number: [REDACTED] Date: Month (by name), day, year: **MAY 18 2011**

For Department Use Only



This form and Form 15, State of Ontario, must be filed with a Division Registrar before a burial permit can be issued.

Cette formule est disponible en français.

CAUSE OF DEATH



CAUSE OF DEATH	11. Part I Immediate cause of death	I (a) <u>Closed head injury</u> <i>due to, or as a consequence of</i>	Approximate interval between onset & death
	Antecedant causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last	(b) _____ <i>due to, or as a consequence of</i> (c) <u>Fall down stairs</u> <i>due to, or as a consequence of</i> (d) _____	
	Part II Other significant conditions contributing to the death but not causally related to the	II <u>Atrial fibrillation</u>	

12. If deceased was a female, did the death occur:

<input type="checkbox"/> during pregnancy (including abortion and ectopic pregnancy)	<input type="checkbox"/> within 42 days thereafter	<input type="checkbox"/> between 43 days and 1 year thereafter
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13. Was the deceased dead on arrival at the hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	14. Was there a surgical procedure within 28 days of death? <input type="checkbox"/> Yes <input type="checkbox"/> No	15. Date of surgery(d/m/y)
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16. Reasons for surgery and operative findings?

Autopsy particulars	17. Autopsy being held? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18. Does the cause of death stated above take account of autopsy findings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19. May further information relating to the cause of death be available later? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Accidental or violent death <small>(if applicable)</small>	20. If accident, suicide, homicide or undetermined(specify) <u>Accident</u>	21. Place of injury (e.g. home, farm,highway, etc.) <u>Residence, on Property</u>	22. Date of injury (m/d/y) <u>25/04/2011</u>
	23. How did injury occur? (describe circumstances) <u>Fell down stairs at residence</u>		

CERTIFICATION

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

24. Your signature (physician, coroner, RN(EC), other) X	25. Date (d/m/y)
--	-------------------------

Cause of Death – Part II: Contributing Factor



- **2. Contributing factor (Part II)** is a disease, condition or event which did not cause death, but whose presence made the person more likely to succumb. Diabetes is a disease which is frequently listed here, because, even where it did not directly cause death, its presence will substantially complicate many other conditions.

Not Entered on the Death Certificate



- 1. **Mode** is a non-specific symptom or syndrome which occurred during the death process, but is not a specific disease or diagnosis. Examples:

Mode

- *CHF*
- *Uraemia*
- *Hypoxia*
- *Hypoxic
Encaphalopathy*

Cause (Better):

- Atherosclerotic Heart Disease*
- Diabetic Nephropathy*
- Chronic Obstructive Pulmonary Disease*
- Fentanyl Toxicity*

Not Entered on the Death Certificate



- **2. Uninvolved Condition** is a disease, condition or event which neither caused nor materially contributed to the death.
- Previous injury *with no contributory role*
 - (For example if someone fractured their hip four months ago and had completely recovered to their baseline)
- Other, Uninvolved disease



“Curiosity.”

“Curiosity”

Completing Parts I & II



- The **Causes** should be listed, in reverse chronological order, in Part I. Only one cause is required, and is preferred, unless one disease is a complication of another: For instance, a primary pneumonia would be entered as:

10. Part I	
Immediate cause of death	(a) <i>Pneumonia</i> <i>due to, or as a consequence of</i>
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the	(b) <i>due to, or as a consequence of</i> (c)

Completing Parts I & II



- The diagnosis should be provided with the greatest possible precision. If the etiology had been identified, then the certificate should read:

10. Part I

Immediate cause of death

(a) *Pneumococcal pneumonia*
due to, or as a consequence of

(b)
due to, or as a consequence of

Completing Parts I & II



- And, if the pneumonia was not primary, but was a complication of another condition, it would be entered as:

10. Part I

Immediate cause of death	(a) <i>Pneumonia</i> due to, or as a consequence of
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last	(b) <i>Lymphoma</i> due to, or as a consequence of
	(c) due to, or as a consequence of

Completing Parts I & II



- **Contributory factors** (Other significant conditions contributing to the death but not causally related) are listed in Part II in any order.

CAUSE OF DEATH	
CAUSE OF DEATH	10. Part I Immediate cause of death (a) <i>Myocardial infarction</i> due to, or as a consequence of
	Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last (b) due to, or as a consequence of
	(c) due to, or as a consequence of
	(d)
Part II Other significant conditions contributing to the death but not causally related to the	<i>Diabetes mellitus Type II, Smoking x 72 yrs</i>

2

An Example:



► Mr. Foster, aged 88, died at the nursing home after complaining of chest pain and shortness of breath. His medical history includes the following:

- Scarlet fever & whooping cough in childhood
- Stroke 3y ago
- Penicillin allergy
- Smoker x 75 years
- Shrapnel wound 65 years ago
- Type 2 DM
- Dementia – moderate
- Sexual inappropriateness
- Congestive heart failure
- Shortness of breath on exertion
- Atherosclerotic heart disease

What goes on the death certificate?



- **Cause:**
 - Myocardial infarction (this would represent your *professional opinion* – it need not be a proven fact or autopsy diagnosis)
- **Contributing Factors:**
 - Type 2 Diabetes; Smoking

What Doesn't?



- **Modes:**
 - Cardiorespiratory arrest;
 - CHF;
 - SOBOE
- **Uninvolved Conditions:**
 - Whooping cough; Scarlet fever; Remote stroke; Shrapnel; PCN allergy; Dementia; Sexual inappropriateness

His Death Certificate:



CAUSE OF DEATH	
CAUSE OF DEATH	10. Part I Immediate cause of death (a) <i>Myocardial infarction</i> <i>due to, or as a consequence of</i>
	Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last (b) <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 the death but not causally related to the	<i>Diabetes mellitus Type II, Smoking x 72 yrs</i>

2