

A Guide to the

**Completion of the
Registration of Death
and
Registration of Stillbirth**



**Vital Statistics Division
Digital Government and Service NL
2021**

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Introduction

This Guide was developed to promote the effective and efficient reporting of deaths in Newfoundland and Labrador. The Medical Certification portion of the guide 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 circumstances of death (see "Sources" in Appendix VI). It explains the principles and concepts involved in death registration and the nature and uses of the information.

The Guide is intended as a reference for physicians, medical examiners, funeral directors and health care staff. It provides an overview of the uses and value of the information on death registrations. As well, it includes guidelines for completing both the Registration of Death and Registration of Stillbirth forms.

There are federal standards for vital statistics reporting. The use of nationally uniform vital registration and statistics standards allows for comparison of both national and provincial data. In addition to national standards, each province is encouraged to incorporate additions or modifications that address particular needs for information at the provincial level.

This guide has been adapted for use in Newfoundland and Labrador to meet the particular needs of this jurisdiction.

In the back of this manual is a comments form. This is an evolving process, and we would appreciate receiving any constructive feedback you may care to provide. As well, the back portion of the guide contains a form which may be copied and used to request additional copies of the Death Registration Form, the Stillbirth Registration Form or the User Guide.

For further information please contact:

Registrar
Vital Statistics Division
Digital Government and Service NL
P. O. Box 8700
Motor Registration Building
St. John's, NL A1B 4J6
(709) 729-3313

Acknowledgments

The provincial committee, Health Information Coordinating Committee (HICC) formed a working group entitled Live Birth Notification System/Mortality System Working Group. It was through this working group that revisions to both the Registration of Death and Registration of Stillbirth have been updated. Representatives of the Live Birth Notification System/Mortality System Working Group that participated in Mortality System Working Group are:

- Digital Government and Service NL
Registrar - Vital Statistics Division
Director - Information Technology
- Department of Health and Community Services
Parent and Child Health Co-ordinator
Director - Information Technology
Community Health Liaison Nurse
- Women's Health Program
Nurse Manager
- Central Newfoundland Regional Health Centre
Nurse Manager
- Newfoundland and Labrador Centre for Health Information (NLCHI)
Health Record Consultant
Health Record Analyst
Health Information Consultant
- Provincial Perinatal Program
Program Director
- Newfoundland and Labrador Funeral Services Association
Funeral Director

The following individuals or agents are also acknowledged

- Chief Medical Examiner for Newfoundland and Labrador
- Health Statistics Division, Statistics Canada
- Vital Statistics Council for Canada

Physicians, medical examiners, health care staff and funeral directors share responsibility for ensuring appropriate completion of the Registration of Death and Registration of Stillbirth. These groups all play a very important role in the registration process. Their participation is acknowledged and appreciated.

Legal Registration

The law requires that medical certificates be completed within 48 hours. Timeliness and accuracy of reporting are important considerations.

The physician identifies the deceased and establishes the time, place and cause of death. If cause of death is unable to be determined, a medical examiner is required.

The original and the additional white copy of the partially completed Registration of Death should be released to the funeral director with the decedent. The physician/medical examiner or health care staff then record on the remaining copies the name and address of the funeral home to whom the decedent was released. The copy marked Vital Statistics (goldenrod) is mailed to Vital Statistics, and the remaining copy (pink) is for the health record.

The funeral director arranges for disposition of the remains. In discussions with the family during this process, the funeral director gathers the required social information, completes the social history and disposition section on the original form, and mails the **fully completed original** to Vital Statistics.

Vital Statistics staff cross reference information provided by both sources to ensure full and accurate reporting on all deaths which occur in Newfoundland and Labrador as required by law.

Copies of death registration forms are not to be released to next of kin. That information is confidential and is to be provided to the next of kin by the physician. Most health care facilities will have forms especially designed for this purpose.

Further information relating to the importance of death registration is located in Appendix VI.

Principles of Medical Certification of Death

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

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 judgement in providing complete and accurate information on the medical certificate of death.

In accordance with the provisions of provincial legislation, it is the responsibility of the physician who attended the deceased during his or her last illness, or the medical examiner, to complete and sign the Medical Certificate of Death. The physician or medical examiner must:

- be familiar with the provincial legislation for certifying deaths and reporting accidental or unattended deaths requiring notification of a medical examiner (see below);
- be familiar with the correct method to complete the Medical Certificate of Death, according to the instructions in this guide;

- ensure that the completed and signed death registration form is available to the funeral director promptly; and
- submit a revised medical certificate to the Newfoundland and Labrador 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 provincial **Vital Statistics Act** is found in Appendix III. An excerpt from the provincial **Investigation of Fatalities Act** is found in Appendix IV.

Medical Certificate

Physicians and medical examiners, with their responsibility for completing the **Medical Certificate 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 legal and administrative purposes, as well as epidemiological and health research, and program planning and evaluation, the certification of medical causes of death should be as accurate as possible.

In cases where an autopsy is not ordered or required, physicians should continue to employ their best clinical judgement in determining the cause of death.

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

It is from this secondary data that researchers are able to study various diseases or conditions, such as pneumonia, diabetes or Alzheimer's, that are rarely the underlying cause of death but often contribute to death.

All conditions, diseases and events recorded on the death certificate are coded and tabulated according to the International Statistical Classification of Diseases and Related Health Problems (ICD).

Further information on the value of complete and detailed information on causes of death is located in Appendix VI.

Processing Death or Stillbirth Registration Forms

The attending Physician/Medical Examiner

The medical certificate should be completed within 48 hours as required by legislation.

When a death occurs in a health care facility, health care staff may initiate the preparation of the Registration of Death (Appendix I) or Registration of Stillbirth (Appendix II).

Once the medical certificate is completed:

- The original and the additional white copy of the death registration form are released to the funeral director.
- The name and address of the funeral home are recorded on the remaining copies of the death or stillbirth registration form.
- The **copy** (goldenrod) marked VITAL STATISTICS is mailed to Vital Statistics from the health care institution.

The Funeral Director

- Completes the social history information
- Completes the disposition section
- Ensures that the **fully completed original** and additional white copy of the death registration form is mailed to Vital Statistics as soon as possible.

Both the Registration of Death form and the Registration of Stillbirth Form are four part forms. When completing these forms, please **print clearly** and **press firmly** as several copies are being made.

Each copy is labeled indicating where it should be sent:

White	Vital Statistics (original - via Funeral Home)
White	Vital Statistics (copy - via Funeral Home)
Goldenrod	Vital Statistics (copy - via Health Care Facility)
Pink	Health Care Facility

PLEASE mark all correspondence containing Registrations of Death or Stillbirth **CONFIDENTIAL** and send to the address below. For further information please contact:

Registrations Supervisor
 Vital Statistics Division
 Digital Government and Service NL
 Motor Registration Building
 P. O. Box 8700
 St. John's, NL A1B 4J6
 (709) 729-3313

General Instructions

The Medical Certificate of Death or Stillbirth is one part of the Registration of Death or the Registration of Stillbirth form. This 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 Newfoundland and Labrador Vital Statistics office at (709-729-3313).

The law requires that the medical certificate be completed by the medical attendant within 48 hours. The Vital Statistics Division interprets "medical attendant" to refer to the attending physician or medical examiner. It is widely accepted that the attending physician or medical examiner is the best person to complete the medical certificate because of their expertise, knowledge and skills.

When a death occurs in a hospital or other health care institution, health care staff may initiate the preparation of the registration of death; the attending physician or medical examiner is required to complete the cause of death section and signs the registration. In instances where the attending physician is unavailable, these duties may be delegated to another physician. In this case, the certifying physician should indicate the name of the practitioner for whom he/she is signing.

Example: A patient expires at 0300 hours, and the attending physician is not in the hospital. Upon notification, he/she requests that the on call physician complete the Registration of Death. The physician on call would then complete and sign the Registration of Death form indicating that they are signing for the attending physician and stating the attending physician's name.

It is essential that:

- all entries on the Registration of Death or Registration of Stillbirth be **printed clearly** using permanent black ink;
- the identity of the decedent be clearly identified on the form (name, MCP #, etc.);
- the date and place of death fields be completed (date format = MM DD YYYY);
- the Medical Certificate of Death portion of the Registration of Death Form or the Medical Certificate of Stillbirth portion of the Registration of Stillbirth form be prepared accurately and be legible;
- the original and additional white copy of Registration of Death or Registration of Stillbirth form, not a reproduction, be provided to the funeral director;
- the copy marked Vital Statistics be sent to Vital Statistics once the Medical Certification has been completed indicating the Funeral Home in charge of the remains;
- all entries on the Registration of Death or Registration of Stillbirth be printed clearly using permanent black ink;
- any alterations be initialed;
- abbreviations **not** be used;

- if a revised Medical Certificate of Death is submitted, it be marked clearly as “Revised”; and
- any issues that are not covered in the User Guide be referred to the Newfoundland and Labrador Vital Statistics office. (709)729-3313.

The following are valid indicators:

When completing the Registration of Death or Stillbirth, use the following valid indicators. Please do not leave any question blank. When the information is not applicable or unknown use the indicators below.

VALID INDICATORS	
N/A	Use N/A only when this field is not applicable in this situation.
U/K	Use U/K only when the information requested is unknown to the informant or next of kin (and after reasonable attempts have been made to obtain the requested information).
Blank	ALL questions (except office use areas) should be completed.

If a field is left blank, you may be contacted to supply the information. However, if you indicate N/A or U/K, the data entry person will know that the information required is not applicable in this situation or is unknown to the informant or next of kin.

Completing the Medical Certificate of Cause of Death or Stillbirth

The medical certificate of cause of death or stillbirth section of the Newfoundland and Labrador Registration of Death and Registration of Stillbirth forms is based on recommendations of the World Health Organization.

The Medical Cause of Death consists of two parts:

- Part I is for reporting the sequence of events proceeding backwards from the immediate disease, condition or event.
- Part II is for reporting secondary conditions that contribute to the death but are not part of the sequence reported in Part I - any disease, abnormality, injury or poisoning believed to have adversely affected the decedent in any way. Contributory causes may include such things as:
 - use of tobacco, alcohol or other substances
 - 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 which may not necessarily have contributed to the death (if applicable and known, specify the primary site)

Completing Registration of Death or Stillbirth Forms

Part I - Immediate And Antecedent Causes

Enter in Part I details of the sequence of events leading to death. Only one cause should be entered on each line.

The underlying cause of death refers to either the cause or injury that initiated the sequence of morbid events leading directly to death, or else the nature of the accident or violence that produced the fatal injury. **The underlying cause of death should be entered below the immediate cause of death** and is reported on the lowest used line of Part I.

Fetal or maternal diseases or conditions (Stillbirth Registration Form Only)

Diseases or conditions may be reported as immediate or antecedent cause/s in Part I (or contributory cause/s in Part II) related to either the fetus or the mother. It is important to indicate whether the disease or condition was in fact “fetal” or “maternal” by checking the appropriate column.

See Appendix V for a description of ICD-10 classification associated with causes of death or stillbirth.

(a) Immediate Cause

The Immediate cause of death is reported on line (a). **There must always be an entry on line (a)**. This is the final disease, injury or complication directly causing the death.

This does not mean the mode of dying, such as cardiac/respiratory arrest, which merely attest to the fact of death and should not be reported as the immediate cause of death. A condition that describes the mode of dying should never be the only condition reported in Part I. Certification of death must be signed by the physician or medical examiner.

If the immediate cause of death entered on line (a) was not due to, or did not arise as a consequence of, an antecedent diseases or injury, do not enter any other causes of death in Part I.

(b), (c) & (d) “due to or as a consequence of” (the antecedent causes of death)

Record the disease, injury or complication, if any, that gave rise to the immediate cause of death. If this resulted from a further antecedent condition, record that condition on the next line. If there are additional conditions involved in the sequence, the “due to” process can be continued by adding lines. Only one condition should be entered on each line.

The subscript “due to, or as a consequence of” in Part I applies to sequences with an etiological or pathological basis but also to sequences in which an antecedent condition is believed to have caused damage to tissues or impairment of function.

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.

If the immediate cause of death arose as a complication of surgery or was due to an error or accident in medical care, report the immediate cause, what the procedure and complication were, and what condition was being treated. The condition or circumstances entered on the lowest line of Part I will be used as the basis for "underlying cause" statistics.

Example:

CAUSE OF DEATH	PART I	Approximate Interval between Onset and Death	
	Immediate Cause of Death Antecedent Causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last	(a) <u>Asphyxia by vomitus</u> due to (or as a consequence of)	<u>10 minutes</u>
		(b) <u>Cerebellar hemorrhage</u> due to (or as a consequence of)	<u>3 hours</u>
		(c) <u>Hypertension</u> due to (or as a consequence of)	<u>3 years</u>
		(d) <u>Primary aldosteronism</u>	<u>3+ years</u>
		(e) <u>Adrenal Adenoma</u>	<u>3+ years</u>
PART II			
Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		----- ----- ----- -----	

Interval between onset and death - Death Registration Only

For each cause, indicate the approximate interval between the date of onset and the date of death. These intervals are usually established on the basis of available information and in some cases may have to be estimated. This should be entered for all conditions in Part I. If the onset is entirely unknown, write U/K.

The duration for the immediate cause of death on line (a) will not exceed that for the antecedent causes on lines (b), (c), and (d); nor will the duration of the antecedent cause on line (b) exceed that for the underlying cause on line (c) or (d) since the conditions are entered in ascending order of causal sequence.

Part II - Other Significant Conditions

Record, in order of significance, all other diseases or conditions that were present at the time of death and that may have contributed to the death were not part of the sequence reported in Part I. More than one condition can be reported per line in this section.

Whenever there are two or more sequences (e.g., multiple conditions among the elderly), the certifier must choose and report in Part I the sequences he/she thinks had the greatest impact. Conditions from the other sequence(s) should be reported in Part II. Example, if a diabetic

with chronic ischemic heart disease dies from pneumonia, the certifier must report the pneumonia due to diabetes in Part I with chronic ischemic heart disease in Part II. **It is important for the certifier to decide which sequence he/she thinks best describes the circumstances of this particular death.**

CAUSE OF DEATH	PART I		Approximate Interval between Onset and Death
	Immediate Cause of Death Antecedent Causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last	(a) <u>Pneumonia</u> _____ due to (or as a consequence of) (b) <u>Chronic ischemic heart disease</u> _____ due to (or as a consequence of) (c) _____ due to (or as a consequence of) (d) _____	<u>1 week</u> <u>10 years</u> <u>_____</u> <u>_____</u>
	PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I	<u>Diabetes</u> _____ <u>_____</u> <u>_____</u>	<u>50 years</u> <u>-----</u> <u>_____</u> <u>_____</u>

Appendix I

Registration of Death

Newfoundland and Labrador



Government of Newfoundland and Labrador Digital Government and Service NL, Vital Statistics Division REGISTRATION OF DEATH 2022

1. Registration Number	10	Department Use Only
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Privacy Notice

Personal information contained on this form is collected under the authority of the Vital Statistics Act 2009, and will be used to register the death, update or amend other vital event records, and provide extracts or search notices for administrative, statistical, research, medical and law enforcement purposes. If you have any questions about the collection or use of this information, please contact a Vital Statistics Client Representative at the following location:

**THIS IS A PERMANENT LEGAL RECORD. PLEASE PRINT PLAINLY AND COMPLETE ALL ITEMS.
THIS RECORD MUST BE COMPLETED AND FILED WITH THE REGISTRAR GENERAL.**

Vital Statistics Division
Digital Government and Service NL
P.O. Box 8700
St. John's, NL Canada A1B 4J6
T (709) 729-3308

PLEASE PRESS FIRMLY - MULTIPLE COPY FORM

INFORMATION ON DECEASED			
2. Surname	All Given Name(s)		4. Date of Birth MM DD YYYY
3. Surname	All Given Name(s) at birth if different from above		5. Age _____ if under 1 year, months _____ days _____ if under 24 hours hours _____ minutes _____
7. Health Care Number	8. Chart #	9. SIN	10. Birthplace (Town / Prov. / Country)
11. Usual Home Address (if rural give exact location e.g. street name not P.O. Box)(City/Town/Province/Country)			SGC code Postal Code
12. Current Legal Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Legally Married and Not Separated <input type="checkbox"/> Legally Married but Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown			
13. If married, widowed, divorced or separated give full name of spouse; including maiden surname if spouse is female.			
PARENTAL INFORMATION			
14. Surname and Given Name(s) of Father/Other Parent		15. Birthplace of Father/Other Parent (Town / Prov. / Country)	
16. Maiden Surname and Given Name(s) of Mother		17. Birthplace of Mother (Town / Prov. / Country)	
INFORMANT			
18. Name of Informant		19. Relationship to Decedent <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other (specify) _____	
20. Complete Mailing Address		Postal Code	Telephone #
PLACE OF DEATH			
21. Locality of Death (Please select one only) <input type="checkbox"/> Hospital <input type="checkbox"/> Other Health Care Facility <input type="checkbox"/> Died at Private Residence <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown			
22. Hospital or Health Care Facility Name		Hospital Code	23. Place of Occurrence (City, Municipality/Place) Prov: NL
MEDICAL CERTIFICATION - See Instructions on Reverse			
24. Date of Death MM DD YYYY		25. If Specific date of Death Unknown, Estimated Date	26. If INFANT up to 1 Year, record Time of Death
27. a) Was newborn death due to a medical termination <input type="checkbox"/> Yes <input type="checkbox"/> No		b) Was newborn death due to maternal injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, requires reporting to the Medical Examiner c) If newborn death due to prematurity, please state gestational age _____ weeks _____ days	
28. If deceased is a female, did the death occur: <input type="checkbox"/> during pregnancy? If so, requires reporting to the Medical Examiner <input type="checkbox"/> between 43 days and 365 days following the end of pregnancy (induced abortion, miscarriage, ectopic pregnancy, still birth or live birth)? <input type="checkbox"/> within 42 days following the end of pregnancy (induced abortion, miscarriage, ectopic pregnancy, still birth or live birth)? <input type="checkbox"/> not pregnant within the last year <input type="checkbox"/> unknown if pregnant within the last year			
29. Cause of Death: (PLEASE PRINT) <div style="display: flex; align-items: flex-start;"> <div style="flex: 1; margin-right: 10px;"> Part I Immediate cause of death. Antecedent causes, if any, giving rise to the immediate cause (a), above, stating the underlying cause last. </div> <div style="flex: 3;"> a) _____ b) _____ (due to or as a consequence of) list only one diagnosis per line c) _____ (due to or as a consequence of) list only one diagnosis per line d) _____ </div> </div> <div style="display: flex; align-items: flex-start; margin-top: 10px;"> <div style="flex: 1; margin-right: 10px;"> Part II Other significant conditions contributing to the death but not resulting in the underlying cause given in Part I. </div> <div style="flex: 3;"> </div> </div>			Approximate interval between onset & death
30. a) Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No		b) If yes does the certified cause of death take into account information obtained at the time of autopsy? <input type="checkbox"/> Yes <input type="checkbox"/> No c) Further information expected on cause/nature of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
31. a) Is this death due to <input type="checkbox"/> Natural cause <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined b) If not due to natural causes: Locality of injury (e.g. home, highway) _____ c) Date of Injury MM DD YYYY d) How did injury occur? (Describe circumstances) _____			
32. IS THE MEDICAL EXAMINER REQUIRED TO BE NOTIFIED ABOUT THIS DEATH AS INDICATED IN THE FATALITIES INVESTIGATIONS ACT? <input type="checkbox"/> Yes <input type="checkbox"/> No			
33. Designation <input type="checkbox"/> Physician <input type="checkbox"/> Medical Examiner <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Other (specify) _____			
I certify that the above named person died on the date and from the causes stated herein...			
Signature		Date certified MM DD YYYY Print name and address:	
DISPOSITION - FUNERAL HOME			
34. Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify) _____		35. Burial Permit Num.	36. Date of Burial or Cremation MM DD YYYY
37. Print: Name & Address of Cemetery / Place of Disposition			39. Registration Date MM DD YYYY
38. Print: Name & Address of Funeral Home or Person in Charge of Remains Prov. NL Postal Code			Remarks

8-2300-42.1: 2020-10-08

DISTRIBUTION 1 White copy (Original) – Vital Statistics
1 Yellow copy (via Funeral Home)

Pink – Health Care Facility

Goldenrod – Vital Statistics (via health care facility)

Appendix II

Registration of Stillbirth

Newfoundland and Labrador



Government of Newfoundland and Labrador
Digital Government and Service NL, Vital Statistics Division
REGISTRATION OF STILLBIRTH

Privacy Notice

Personal information contained on this form is collected under the authority of the *Vital Statistics Act 2009* and will be used to register the stillbirth and provide extracts or search notices for administrative, statistical, research, medical and law enforcement purposes.

If you have any questions about the collection or use of this information, please contact a Vital Statistics Client Representative at the following location: →

Vital Statistics Division
Service Newfoundland and Labrador
P.O. Box 8700
St. John's, NL, Canada A1B 4J6
T (709) 729-3308 F (709) 729-0946

**THIS IS A PERMANENT LEGAL RECORD. PLEASE PRINT PLAINLY AND COMPLETE ALL ITEMS.
THIS RECORD MUST BE COMPLETED AND FILED WITH THE REGISTRAR GENERAL.**

PLEASE PRESS FIRMLY - MULTIPLE COPY FORM

		1. Registration Number 10											
Department Use Only													
Vital Statistics Division Service Newfoundland and Labrador P.O. Box 8700 St. John's, NL, Canada A1B 4J6 T (709) 729-3308 F (709) 729-0946													
INFANT													
2. Surname	Given Name(s) (if any)		3. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unknown <input type="checkbox"/> Other										
4. Locality of Stillbirth <input type="checkbox"/> Hospital <input type="checkbox"/> Private Home <input type="checkbox"/> Other Health Care Facility <input type="checkbox"/> Other (specify) _____			<input type="checkbox"/> Unknown										
5. Hospital / Other Health Care Facility Name:			Hospital Code										
6. Place of Occurrence (City, Municipality / Place)			Postal Code										
BIRTH MOTHER													
7. Current Surname	Maiden Surname	All Given Name(s)	8. Health Care Number										
9. Chart #	10. SIN	11. Date of Birth MMDDYYYY	12. Age at Det. 13. Birthplace (Town / Prov. / Country)										
14. Usual Home Address (not P.O. Box) (City/Town/Prov/Country)	SGC code	Postal Code	Telephone #										
15. Complete Mailing Address (if different from above)			Postal Code										
16. Legal Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Legally Married and Not Separated <input type="checkbox"/> Legally Married but Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown													
17. Living Arrangements of Birth Parents <input type="checkbox"/> Living Together as a Couple <input type="checkbox"/> Not Living Together as a Couple <input type="checkbox"/> Unknown	18. Marital Relationship of Birth Parents (Legally Married to Each Other) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown												
19. Education <input type="checkbox"/> Has not Graduated High School <input type="checkbox"/> Graduated High School <input type="checkbox"/> Beyond High School <input type="checkbox"/> College or University Degree (Including Trade) <input type="checkbox"/> Unknown													
OTHER PARENT													
20. Surname & All Given Name(s)	21. Birthplace (Town / Prov. / Country)	22. Age	23. Date of Birth MMDDYYYY										
INFORMANT													
24. Print: Name of Parent (or other informant)	25. Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify) _____												
26. Complete Mailing Address	Postal Code	Telephone #											
HEALTH HISTORY													
27(a). Was this death due to a medical termination of pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	27(b). Was this death due to maternal injury? <input type="checkbox"/> Yes <input type="checkbox"/> No to the Medical Examiner	If yes, requires reporting <input type="checkbox"/> Yes <input type="checkbox"/> No to the Medical Examiner	28. Duration of Pregnancy (weeks) _____ (days) _____ 29. Num. of stillborn in this event _____										
30. Total children in this event (including live & stillborn) <input type="checkbox"/> Single birth <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> Quadruplet <input type="checkbox"/> Quintuplet	31. Num. of children ever born to this Mother including this event	Liveborn _____	Stillborn _____										
32. Multiple Birth - Birth Order <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> Other (specify) _____	33. Did Fetal Demise Occur ... <input type="checkbox"/> Before Labour <input type="checkbox"/> During Operative Procedures <input type="checkbox"/> During Labour <input type="checkbox"/> Other (specify) _____	34. Labour Induced <input type="checkbox"/> Yes <input type="checkbox"/> No											
35. Designation of Attendant <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Midwife <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Unknown												
MEDICAL CERTIFICATION - See Instructions On Reverse													
36. Date of Stillbirth: MMDDYYYY	37. Weight (grams)	38. Is the medical examiner required to be notified about this death, as indicated in the Fatalities Investigations Act? <input type="checkbox"/> Yes <input type="checkbox"/> No											
39. Cause of Stillbirth: (Please Print) Check whether fetal or maternal			Fetal (✓) <input type="checkbox"/> Maternal (✓) <input type="checkbox"/>										
<table border="1" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;">PART I</td> </tr> <tr> <td colspan="2">Immediate cause: Fetal disease or condition directly leading to stillbirth</td> </tr> <tr> <td colspan="2">Antecedent causes: Fetal and/or maternal conditions, if any, giving rise to the immediate cause (a) above stating the underlying cause last.</td> </tr> <tr> <td colspan="2" style="text-align: center;">PART II</td> </tr> <tr> <td colspan="2">Other significant conditions of fetus or mother which may have contributed to the stillbirth but were not related to the immediate cause (a) above.</td> </tr> </table>			PART I		Immediate cause: Fetal disease or condition directly leading to stillbirth		Antecedent causes: Fetal and/or maternal conditions, if any, giving rise to the immediate cause (a) above stating the underlying cause last.		PART II		Other significant conditions of fetus or mother which may have contributed to the stillbirth but were not related to the immediate cause (a) above.		a) _____ (due to or as a consequence of) List only one diagnosis per line b) _____ (due to or as a consequence of) List only one diagnosis per line c) _____ (due to or as a consequence of) List only one diagnosis per line List only one diagnosis per line
PART I													
Immediate cause: Fetal disease or condition directly leading to stillbirth													
Antecedent causes: Fetal and/or maternal conditions, if any, giving rise to the immediate cause (a) above stating the underlying cause last.													
PART II													
Other significant conditions of fetus or mother which may have contributed to the stillbirth but were not related to the immediate cause (a) above.													
40. Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No	b) If yes does the certified cause of death take into account information obtained at the time of autopsy? <input type="checkbox"/> Yes <input type="checkbox"/> No	c) Further information expected on cause/nature of stillbirth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	42. Print name and address of physician or medical examiner.										
41. Designation <input type="checkbox"/> Physician <input type="checkbox"/> Medical examiner <input type="checkbox"/> Other (specify) _____	I certify that the above named person died on the date and from the causes stated herein...												
Signature _____		Date certified MMDDYYYY											
DISPOSITION - FUNERAL HOME													
43. Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify) _____	44. Burial Permit Num.	45. Date of Burial or Cremation MMDDYYYY	48. Registration Date MMDDYYYY										
46. Print: Name & Address of Cemetery / Place of Disposition			Remarks										
47. Print: Name & Address of Funeral Home or Person in Charge of Remains			Postal Code										
			Prov. NL										

Appendix III

Exerpts from

(Provincial/Territorial) Vital Statistics Act

2(1) All births, marriage and deaths that take place within this province shall be registered in a public register to be kept in the city of St. John's

5 Notices of all births, marriages and deaths that take place in this province shall be given within the times provided in section 7 to a registering officer appointed under this Act.

7(1) The registering offices shall forward, quarterly, to the Registrar General a copy of the registers kept by them of all births and deaths of which they have received notice from the date of their last report to the Registrar General.

9(a) The Registrar General shall

(a) collect and keep a full and correct alphabetical registry of all births, marriages and deaths that take place within the province.

13(1) When a death takes place in this province, information of the death shall be provided within 48 hours to the proper officer appointed under this Act to receive the information, in the form in Schedule A and to the Chief Medical Examiner for death reportable under the Investigation and Fatalities Act.

13(2) The obligation to provide the information referred to in subsection (1) shall rest, in the first instance, on the medical attendant, secondly, on the undertaker, and, failing these, on the next of kin to the deceased person.

(3) A person who fails to comply with subsection (1) is guilty of an offence and liable on summary conviction to a fine of not exceeding \$10.

(4) Where a death occurs from accident, or under circumstances which render inquiry into the cause of death desirable or necessary, the court or person before or by whom the inquiry has been held, shall provide to the registering officer of the place in which the deceased person is to be interred, a certificate stating the cause of death, that was determined at the inquiry.

(5) Where a person dies in hospital under circumstances which do not render an inquiry necessary, the resident physician or chief officer in charge of the hospital shall provide a certificate stating the cause of death to the registering officer of the place in which the deceased person is to be interred.

14(1) On receiving information of a death, the registering officer may provide a written statement setting out the date and place of death, the name, age and sex of the deceased, and the cause of death, as nearly as can be ascertained and cause it to be signed by the medical attendant or undertaker, or, failing these, by some other credible person who witnessed the death, or identified the body after death.

- 15 A sexton or other person having charge of a cemetery or burial place, shall not permit the burial of a person in the cemetery, or burial place without first having received a certificate signed by a medical attendant, a member of the clergy, or 2 reliable persons cognizant of the facts, certifying to the death of the person for whom burial is required, and setting out, so far as is known the cause of death and the certificates shall be forwarded monthly to the registering officers concerned.
- 17 The Registrar General, or other registering officer, shall use every available means to obtain a full and accurate account of all births, marriages and deaths that take place in the province, and shall provide a notice in the form of Schedule B in all cases where he or she has reason to believe that the necessary information has not been supplied to him or her.
- 23 A person who makes, for the purpose of being inserted in a register of births, marriages or deaths a false statement concerning the particulars required to be registered, or who alters or defaces a return or register, shall be subject to the same penalties as if that person were guilty of wilful and corrupt perjury.

Appendix IV
Excerpts from
Newfoundland and
Labrador
Investigations of
Fatalities Act

5. A person having knowledge of or reason to believe that a person has died under one of the following circumstances shall immediately notify a medical examiner or an investigator:
 - (b) as a result of violence, accident or suicide;
 - (c) unexpectedly when the person was in good health;
 - (d) where the person was not under the care of a physician;
 - (e) where the cause of death is undetermined; or
 - (f) as a result of improper or suspected negligent treatment by a person.
6. (1) Where a person dies while in a health care facility, or another place where patients are received for treatment or care and there is reason to believe that
 - (a) the death occurred as the result of violence, attempted suicide or accident, no matter how long the patient had been hospitalized;
 - (b) the death occurred as a result of suspected misadventure, negligence or accident on the part of the attending physician or staff;
 - (c) the cause of death is undetermined;
 - (d) the death occurred during or following pregnancy in circumstances that might reasonably be related to pregnancy;
 - (e) a stillbirth or a neonatal death has occurred where maternal injury has occurred or is suspected, either prior to admission or during delivery; or
 - (f) the death occurred within 10 days of an operative procedure or the patient is under initial induction, under anaesthesia or during the recovery from anaesthesia,
 the person responsible for that facility shall immediately notify a medical examiner or an investigator.
- (2) Where a person is declared dead on arrival or dies in the emergency department of a health care facility as a result of a condition referred to in section 5, the person responsible for that facility shall immediately notify a medical examiner or an investigator.
7. Where a person dies
 - (a) while detained in a correctional institution, such as a jail, penitentiary, guard room, remand centre, detention centre, youth facility, lock-up or any other place where a person is in custody;
 - (b) while an inmate or patient in treatment facilities or parts, or psychiatric divisions of treatment facilities or parts, or classes of treatment facilities designated under the Mental Health Act;
 - (c) while in the custody of the Director of Child Welfare; or
 - (d) while in the custody of a peace office,
 the person in charge of that institution or the person having the custody of that person shall immediately notify a medical examiner or an investigator.

8. Where a person dies as the result of

- (a) a disease or ill-health;
- (b) an injury sustained by the person; or
- (c) a toxic substance introduced into the person,

probably caused by the person's employment or occupation or in the course of one or more of his or her former employments or occupations, the person attending the person shall immediately notify a medical examiner or an investigator.

9. (1) When a medical examiner conducts an investigation into a death under this Act, he or she is considered to take possession of the body at the time he or she receives the notification.

(2) As soon as possible after taking possession of the body, the medical examiner shall sign a notice in the form prescribed by the Chief Medical Examiner and have it affixed to the body or the shroud, garment or container holding the body.

(3) Failure to sign or affix the notice under subsection (2) does not affect the right of the medical examiner to take possession of the body.

(4) A medical examiner may carry out examinations of the body.

(5) The medical examiner shall release a body for burial or other disposition when possession of the body is no longer required for the purpose of this Act.

10. (1) Upon notification of a death, where the medical examiner is satisfied that the death occurred under a circumstance referred to in sections 5, 6, 7 or 8, the medical examiner shall investigate the death and where possible establish

- (a) the identity of the person;
- (b) the date, time and place of death;
- (c) the cause of death; and
- (d) the manner of death.

(2) A medical examiner shall keep a record of all deaths of which he or she is notified under this Act and shall provide to the Chief Medical Examiner a record of all investigations that he or she or an investigator under his or her supervision makes into a death, including the reports, certificates and other documents prescribed by the Chief Medical Examiner.

(3) When a medical examiner is unable to investigate a death of which he or she receives notice, he or she shall

- (a) notify another medical examiner if the death occurred in a circumstance referred to in section 5, 6, 7 or 8; and
- (b) record why the death was not investigated by him or her.

- (4) When a medical examiner has investigated a death and has determined the manner and cause of death, he or she shall immediately complete a medical certificate of death in accordance with the Vital Statistics Act.
- (5) A medical examiner may consent to a physician completing a medical certificate.
- (6) Where a medical examiner has consented to a physician completing a medical certificate of death for a person who has died in a circumstance referred to in section 5, 6, 7 or 8, the medical examiner shall establish and record
 - (a) the identity of the person;
 - (b) the date, time and place of death;
 - (c) the cause of death;
 - (d) the manner of death; and
 - (e) the name of the physician who completed the medical certificate of death.

16. Where a person knows or believes that a death has occurred in the province but no body has been located that person shall immediately notify a medical examiner or an investigator who shall notify the Chief Medical Examiner.

20(1) A person who has reason to believe that a person died under a circumstance referred to in section 5, 6, 7 or 8, shall not, except under a direction of the medical examiner or the Chief Medical Examiner,

- (a) clean or make alterations to the body or clothing on the body or objects attached to the body; or
- (b) apply a chemical or other substance to the body internally or externally.

(2) Subsection (1) does not apply to a person who makes alterations or applies a chemical or other substance to a body for the purpose of resuscitation.

21. A person shall not

- (a) cremate a body or otherwise dispose of a body where the body is not available for future examination; or
- (b) ship or take a body from a place in the province to a place outside of the province,

 until a medical examiner issues a certificate in the form prescribed by the Chief Medical Examiner stating that he or she has examined the medical certificate of death.

22. Where a body is brought into the province for ultimate disposal and it is determined that the body will not be required for future examination, a person shall not dispose of the body until a medical examiner or investigator has been notified and has

- (a) inspected the medical certificate of death or other documents which accompany the body;

- (b) made the investigation that may be necessary to establish or confirm the cause of death; and
- (c) issued a certificate as prescribed by the Chief Medical Examiner.

23(1) Notwithstanding the Exhumation Act, the Chief Medical Examiner may order a body disinterred for the purpose of an investigation under this Act.

(2) Copies of an order under subsection (1) shall be sent by registered mail at least 48 hours before the disinterment to

- (a) the spouse or, if there is no spouse, to another of the adult next of kin of the deceased who resides in the province;
- (b) the Director of Vital Statistics; and
- (c) the owner or the person in charge of the cemetery or mausoleum where the body is buried or stored.

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

Certain infectious and parasitic diseases

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:

e.g.

tuberculous meningitis
 staphylococcal enterocolitis
 bacillary dysentery due to *Shigella boydii*
 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:

e.g.

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

Endocrine, Nutritional and Metabolic Diseases

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

e.g.

panhypopituitarism
 corticoadrenal insufficiency
 diabetic nephropathy
 phenylketonuria
 pure hyperglyceridaemia

Diseases of the blood and blood forming organs and certain disorders evolving the immune mechanism

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

e.g.

pernicious anaemia
 scorbutic anaemia
 sickle-cell thalassaemia
 hereditary spherocytosis
 congenital Factor IX disorder

Diseases of the Nervous System

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

e.g.

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

Diseases of the Circulatory System

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:

e.g.

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

Diseases of the Respiratory System

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

e.g.

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

Diseases of the Digestive System

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

e.g.

- chronic duodenal ulcer with haemorrhage and perforation
- acute appendicitis with generalized peritonitis
- gangrenous femoral hernia
- Crohn's disease of colon
- diverticulosis of jejunum
- pneumococcal peritonitis
- alcoholic cirrhosis of liver
- calculus of gallbladder with chronic cholecystitis
- acute pancreatitis

Diseases of the Genitourinary System

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

e.g.

- 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:

e.g.

- 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

Diseases of the Musculoskeletal System and Connective Tissue

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

e.g.

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

Congenital malformations, deformations and chromosomal abnormalities

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

e.g.

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

Certain Conditions Originating in the Perinatal Period

Conditions in fetus or infant; conditions in mother or of placenta, cord or membranes, if believed to have affected the fetus 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:

e.g.

- maternal tuberculosis
- incompetent cervix
- placenta praevia
- light-for-dates with signs of fetal malnutrition
- tentorial tear
- fetal 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.

Injury, poisoning and certain other consequences of external causes

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

e.g.

- 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

External Causes of Morbidity and Mortality

Substance involved; whether accidental, suicidal or homicidal

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

e.g.

- 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

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

e.g.

- 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 which 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
- fall from bed in nursing home

Appendix VI

Additional Information

Sources

This guide (especially the medical certificate portion) 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 Certificate of Death, and the British Columbia Ministry of Health and Ministry responsible for Seniors' Physicians' and Coroners' Handbook on Medical Certification of Death.

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 before burial can take place, and to settle the estate, insurance and pensions. Secondly, death registration forms, specifically the Medical Certificate of Death, are the source of mortality statistics which form the basis of the oldest and most extensive public health surveillance systems. They provide information on characteristics of the 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; and
- 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 which 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 guide refers to the latest version (2009) of the death registration form in use in Newfoundland and Labrador and conforms to the Canadian model data set for death registrations.

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.

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 or 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.

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-10. 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 V 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.

Also important is the degree of detail recorded on the medical certificate of causes 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 data bases 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.

Examples of Medical Certification

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.

			Approximate interval between onset and death
	Immediate Cause of Death		
Part 1	Immediate Cause of Death Antecedent causes, if any, giving rise to the immediate cause (a), above, stating the underlying cause last	a) Bronchopneumonia (Staphylococcal) (due to or as a consequence of) b) Measles (due to or as a consequence of) c) (due to or as a consequence of) d)	a) 3 days b) 10 days c) d)
Part 2	Other significant conditions contributing to the death but not resulting in the underlying cause given in Part 1		

The underlying cause of death is measles.

Example 2

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.

			Approximate interval between onset and death
	Immediate Cause of Death		
Part 1	Immediate Cause of Death Antecedent causes, if any, giving rise to the immediate cause (a), above, stating the underlying cause last	a) Coronary occlusion (due to or as a consequence of) b) Coronary arteriosclerosis (due to or as a consequence of) c) Hypertension (benign) (due to or as a consequence of) d)	a) Immediate b) 5 years c) 20 years d)
Part 2	Other significant conditions contributing to the death but not resulting in the underlying cause given in Part 1		

The underlying cause of death is hypertension.

Examples of Medical Certification

Example 3

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 tumour of left temporal lobe. Biopsy showed tumour to be an astrocytoma. Patient died 18 May.

			Approximate interval between onset and death
Part 1	Immediate Cause of Death Antecedent causes, if any, giving rise to the immediate cause (a), above, stating the underlying cause last	a) Astrocytoma of left temporal lobe (due to or as a consequence of) b) (due to or as a consequence of) c) (due to or as a consequence of) d)	a) months b) c) d)
Part 2	Other significant conditions contributing to the death but not resulting in the underlying cause given in Part 1	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

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 Smith-Peterson pin the following day. Four weeks later her condition deteriorated and she developed hypostatic pneumonia and died two days later.

			Approximate interval between onset and death
Part 1	Immediate Cause of Death Antecedent causes, if any, giving rise to the immediate cause (a), above, stating the underlying cause last	a) Terminal hypostatic pneumonia (due to or as a consequence of) b) Fracture neck of femur (pinned) (due to or as a consequence of) c) Tripped over rug at home (due to or as a consequence of) d)	a) 2 days b) 4 weeks c) 4 weeks d)
Part 2	Other significant conditions contributing to the death but not resulting in the underlying cause given in Part 1		

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.

Examples of Medical Certification

Example 5

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

			Approximate interval between onset and death
Part 1	Immediate Cause of Death Antecedent causes, if any, giving rise to the immediate cause (a), above, stating the underlying cause last	a) Mitral incompetence (due to or as a consequence of) b) Mitral endocarditis (due to or as a consequence of) c) Rheumatic fever at age of 25 (no sign of recent activity) (due to or as a consequence of) d)	a) 3 months b) 20 years c) 20 years d)
Part 2	Other significant conditions contributing to the death but not resulting in the underlying cause given in Part 1		

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.

			Approximate interval between onset and death
Part 1	Immediate Cause of Death Antecedent causes, if any, giving rise to the immediate cause (a), above, stating the underlying cause last	a) Asphyxia by vomitus (due to or as a consequence of) b) Cerebellar haemorrhage (due to or as a consequence of) c) Hypertension (due to or as a consequence of) d) Aldosteronism e) Adrenal adenoma	a) minutes b) hours c) about 3 years d) 3 years plus
Part 2	Other significant conditions contributing to the death but not resulting in the underlying cause given in Part 1	Congestive Heart Failure	

The underlying cause of death is adrenal adenoma.

Extra lines have been added in Part I to complete the sequence.

Examples of Medical Certification

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).

			Approximate interval between onset and death
Part 1	Immediate Cause of Death Antecedent causes, if any, giving rise to the immediate cause (a), above, stating the underlying cause last	a) <i>Pneumocystis carinii</i> pneumonia (due to or as a consequence of) b) Acquired immunodeficiency anemia (due to or as a consequence of) c) HIV infection (due to or as a consequence of) d)	a) 2 weeks b) 17 months c) 17+ months d)
Part 2	Other significant conditions contributing to the death but not resulting in the underlying cause given in Part 1		

The underlying cause of death is HIV infection.

Examples of Medical Certification

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 abruptio placenta was made, and she was sent to a tertiary care center 60 miles 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 fetal heart sounds were audible. Despite administration of blood and clotting factors, intravascular pressure could not be maintained. Mother and fetus both died.

			Approximate interval between onset and death
Part 1	Immediate Cause of Death	<ul style="list-style-type: none"> a) Disseminated intravascular coagulopathy (due to or as a consequence of) b) Abruptio placenta (due to or as a consequence of) c) (due to or as a consequence of) d) 	<ul style="list-style-type: none"> a) - hour b) 13 hours c) d)
Part 2	Other significant conditions contributing to the death but not resulting in the underlying cause given in Part 1	Prepregnancy hypertension	

The maternal cause of death is abruptio placenta.

Fetal death report:

		Fetal	Maternal
Part 1	Immediate Cause:	<ul style="list-style-type: none"> a) Intrauterine anoxia (due to or as a consequence of) b) Abruptio placenta (due to or as a consequence of) c) (due to or as a consequence of) d) 	<ul style="list-style-type: none"> a) ✓ b) c) d)
Part 2	Other significant conditions of fetus or mother which may have contributed to the stillbirth but were not related to the immediate cause (a) above.	Prepregnancy hypertension	

The fetal cause of death is abruptio placenta.

Examples of Medical Certification

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.

			Approximate interval between onset and death
Part 1	Immediate Cause of Death Antecedent causes, if any, giving rise to the immediate cause (a), above, stating the underlying cause last	a) Fracture of vault of skull (due to or as a consequence of) b) Collision between car he was driving and heavy truck, on road (due to or as a consequence of) c) (due to or as a consequence of) d)	a) 15 minutes b) c) d)
Part 2	Other significant conditions contributing to the death but not resulting in the underlying cause given in Part 1		

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.

Examples of Medical Certification

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:

			Approximate interval between onset and death
Part 1	Immediate Cause of Death	a) Myocardial infarction (due to or as a consequence of) b) Chronic ischaemic heart disease (due to or as a consequence of) c) Diabetes mellitus (due to or as a consequence of) d)	a) 1 hour b) 5 years c) 12 years d)
Part 2	Other significant conditions contributing to the death but not resulting in the underlying cause given in Part 1		

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:

			Approximate interval between onset and death
Part 1	Immediate Cause of Death	a) Myocardial infarction (due to or as a consequence of) b) Chronic ischaemic heart disease (due to or as a consequence of) c) Diabetes mellitus (due to or as a consequence of) d)	a) 1 hour b) 5 years c) 12 years d)
Part 2	Other significant conditions contributing to the death but not resulting in the underlying cause given in Part 1	Diabetes mellitus	12 years

The underlying cause of death is the heart condition.

Examples of Medical Certification

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:

			Approximate interval between onset and death
Part 1	Immediate Cause of Death Antecedent causes, if any, giving rise to the immediate cause (a), above, stating the underlying cause last	a) Acute renal failure (due to or as a consequence of) b) Nephropathy (due to or as a consequence of) c) Diabetes mellitus (due to or as a consequence of) d)	a) 1 week b) 4 years c) 12 years d)
Part 2	Other significant conditions contributing to the death but not resulting in the underlying cause given in Part 1	Chronic ischaemic heart disease	5 years

The underlying cause of death is diabetes.

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

			Approximate interval between onset and death
Part 1	Immediate Cause of Death Antecedent causes, if any, giving rise to the immediate cause (a), above, stating the underlying cause last	a) Diabetes mellitus (due to or as a consequence of) b) Myocardial infarction (due to or as a consequence of) c) (due to or as a consequence of) d)	a) b) c) d)
Part 2	Other significant conditions contributing to the death but not resulting in the underlying cause given in Part 1		

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 enquire from the certifier what he/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.

Glossary

Birth	The birth of one infant.
Delivery	The birth of one or more babies in the same event. e.g. Twin would be one delivery
Multiple birth	A delivery that results in more than one birth, whether liveborn or stillborn.
Stillbirth	The complete expulsion or extraction from the mother of a fetus of at least 500 grams or more in weight or at least 20 weeks gestation in which, after the expulsion or extraction, there is no breathing, beating of the heart, pulsation of the umbilical cord or unmistakable movement of voluntary muscle.
Total births	The total number of live births and stillbirths.

The Stillbirth definition is the definition as outlined by the Vital Statistics Division of Digital Government and Service NL and as determined in consultation with the Vital Statistics Council for Canada and the Provincial Perinatal Committee.

The Delivery, Multiple Birth and Total Births are definitions adapted from Statistics Canada.

Please copy and use this form to request additional copies of the forms or user guide.

**Order Form
Deaths/Stillbirths Forms and Users Guide**

Facility Name and Address: _____

Attention: _____

Item(s) Required	Quantity
Death Registration Form	
Stillbirth Registration Form	
Death/Stillbirth User Guide	

Completed form may be faxed to 709-729-0946 or mailed to:

Vital Statistics Division
Digital Government and Service NL
P. O. Box 8700
Motor Registration Building
St. John's, NL
A1B 4J6

Comments

Optional:

Name: _____ Facility: _____ Date: _____

Comments and questions regarding the Registration of Death Form, the Registration of Stillbirth Form and/or User Guide are welcome. All suggestions will be considered for the next revision. Please **do not** mail comments with forms.

Please fax or mail your comments to:

Registrar

Vital Statistics Division

Digital Government and Service NL

Motor Registration Building

St. John's, NL A1B 4J