

Attending Practitioner Medical Certificate of Cause of Death of Live-Born Child Dying Within the First Twenty-Eight Days of Life

For use by a Registered Medical Practitioner who has attended the deceased in their lifetime. This certificate is to be delivered by the relevant Medical Examiner as soon as practicable to the Registrar of Births and Deaths

Please refer to guidance for medical practitioners completing an MCCD on .G

Unique ID:

Name of child (first, middle, and last)

Date of birth DD/MM/YYYY

NHS number (if available)

Date of death as stated to me DD/MM/YYYY

Age at death days (completed period of 24 hours) hours m

Place of birth

Place of death

CAUSE OF DEATH

a. Main disease or condition in infant

b. Other diseases or conditions in infant

c. Main maternal disease or condition affecting the infant

d. Other maternal diseases or conditions affecting the infant

e. Other relevant factors or circumstances (not diseases of infant or mother)
.....

Circle the appropriate digit

- | | |
|--|--|
| 1. The certified cause of death takes account of information obtained from post-mortem | 3. Post-mortem not being held |
| 2. Information from post-mortem may be available later | 4. This death was reported to the coroner whose duty to investigate under s1 CIA200 not engaged. |

I may be in a position to give, on application by the Registrar General, additional information as to the cause of death for the purpose of more precise statistical classification

AP

Ethnicity

Circle the digit of the ethnicity as it is recorded in the patient record. If there is no match with the list, or there is no ethnicity recorded, please circle '19. Not known.'

- | | |
|---|--|
| 1. White: English, Welsh, Scottish, Northern Irish or British | 9. Asian or Asian British: Indian |
| 2. White: Irish | 10. Asian or Asian British: Pakistani |
| 3. White: Gypsy or Irish Traveller | 11. Asian or Asian British: Bangladeshi |
| 4. White: Any other White background | 12. Asian or Asian British: Chinese |
| 5. Mixed or multiple ethnic groups: White and Black Caribbean | 13. Asian or Asian British: Any other Asian background |
| 6. Mixed or multiple ethnic groups: White and Black African | 14. Black, Black British, Caribbean or African: Caribbean |
| 7. Mixed or multiple ethnic groups: White and Asian | 15. Black, Black British, Caribbean or African: African |
| 8. Mixed or multiple ethnic groups: Any other mixed or multiple ethnic background | 16. Black, Black British, Caribbean or African: Any other Black, Black British or Caribbean background |
| | 17. Other ethnic group: Arab |
| | 18. Other ethnic group: Any other ethnic group |
| | 19. Not known |

Implantable medical devices

Did the deceased have any implantable medical devices fitted during their lifetime? Yes No

If yes, provide details of the device and its location

If yes, has the device been removed?

For the attending practitioner to complete

Full name Qualifications (as registered by GMC) GMC number

Declaration: I confirm that I attended the deceased before their death and that the cause of death is as stated in this certificate to the best of my knowledge and belief.

Signature Date DD/MM/YYYY.....

For the medical examiner to complete

Full name Qualifications (as registered by GMC) GMC number

Declaration: I am a duly appointed medical examiner and following scrutiny I confirm that the cause of death is as stated in this certificate to the best of my knowledge and belief.

Signature Date DD/MM/YYYY.....