

Attending Practitioner Medical Certificate of Cause of Death

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 .GOV.UK

Unique ID: _____

Name of deceased (first, middle, and last) _____

Date of birth DD/MM/YYYY _____ Age _____

NHS number (if available) _____

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

Place of death _____

CAUSE OF DEATH	Approximate interval between onset and death <small>(These particulars not to be entered in the death register)</small>
The condition thought to be the underlying cause of death should appear in the lowest completed line of part I	
I (a) Disease or condition leading directly to death _____	
(b) Other disease or condition, if any, leading to I (a) _____	
(c) Other disease or condition, if any, leading to I (b) _____	
(d) Other disease or condition, if any, leading to I (c) _____	
II Other significant conditions contributing to the death but not relating to the disease or condition causing it	

Circle the appropriate digit

- The certified cause of death takes account of information obtained from post-mortem
- Information from post-mortem may be available later
- Post-mortem not being held
- This death was reported to the coroner whose duty to investigate under s1 CJA2009 was not engaged

Circle the appropriate digit

Was the deceased pregnant within the year prior to their death?

- Not applicable
- Pregnant at the time of death
- Pregnant 1-42 days before death
- Pregnant 43 days to a year before death
- Not pregnant
- Unknown

If the deceased was pregnant within the year prior to their death, did the pregnancy contribute to their death?

- Yes
- No
- Unknown

This death may have been due to, or contributed to, by the employment followed at some point by the deceased Yes No

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

APC 1
Form 66

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
- 2. White: Irish
- 3. White: Gypsy or Irish Traveller
- 4. White: Any other White background
- 5. Mixed or multiple ethnic groups: White and Black Caribbean
- 6. Mixed or multiple ethnic groups: White and Black African
- 7. Mixed or multiple ethnic groups: White and Asian
- 8. Mixed or multiple ethnic groups: Any other mixed or multiple ethnic background
- 9. Asian or Asian British: Indian
- 10. Asian or Asian British: Pakistani
- 11. Asian or Asian British: Bangladeshi
- 12. Asian or Asian British: Chinese
- 13. Asian or Asian British: Any other Asian background
- 14. Black, Black British, Caribbean or African: Caribbean
- 15. Black, Black British, Caribbean or African: African
- 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.....