

NOTICE OF DEATH / STILL BIRTH

Confirmation for Medical and Health use Only

(After completion seal to ensure confidentiality)

To be completed in full and submitted at the Department of Home Affairs' office by the informant or authorised party. The form to be completed in black ink with BLOCK LETTERS. Please mark with [X] the CORRECT box, where required. All fields are COMPULSORY. Incomplete applications and applications that are not legible may be considered invalid.

File no _____ Date _____

G. MEDICAL CERTIFICATE OF CAUSE OF DEATH

Instructions: Section G is to be filled out by Medical Practitioner / Professional Nurse / Forensic Pathologist, who has determined the cause of death

PARTICULARS OF DECEASED

67. Identity No. (Passport No. if foreigner) [grid]
68. Gender [] 68.1 Male [] 68.2 Female [] 68.3 Indeterminable
69. Surname [grid]
70. Forenames [grid]
71. Population Group [] 71.1 African [] 71.2 White [] 71.3 Indian/Asian [] 71.4 Coloured [] 71.5 Other (specify)
72. Place of Death [] 72.1 Hospital/Inpatient [] 72.2 ER/Outpatient [] 72.3 DOA [] 72.4 Nursing Home [] 72.5 At Home [] 72.6 Other (specify)
73. Name of Health Facility/Practice [grid]
74. Facility Contact Telephone No. incl. Area Code [grid]
75. Patient File No. [grid]
76. Contact Person at Facility: Surname [grid] Forenames [grid] Role/Rank [grid]

G.1 FOR DEATHS OCCURRING AFTER ONE WEEK OF BIRTH

Instructions: Section G.1 is to be completed for all deaths that occurred after one week of birth

77. CAUSES OF DEATH

Part 1 Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line
IMMEDIATE CAUSE (final disease or condition resulting in death) a) Due to (or as a consequence of)
Sequentially list conditions, if any, leading to immediate cause. b) Due to (or as a consequence of)
Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death) c) Due to (or as a consequence of)
d)
Part 2 Other significant conditions contributing to death but not resulting in underlying cause given in Part 1
Approximate interval between onset and death (Days / Months / Years)
For office use only
ICD-10 [grid]

78. If a female, was she pregnant at the time of death or up to 42 days prior to death? ([X]) [] 82.1 Yes [] 82.2 No
79. Method used to ascertain the cause of death (tick all that apply):
[] 79.1 Autopsy [] 79.2 Post mortem examination [] 79.3 Opinion of attending medical practitioner [] 79.4 Opinion of attending medical practitioner on duty
[] 79.5 Opinion of registered professional nurse [] 79.6 Interview of family member [] 79.7 Other (specify)

G.2 FOR STILL BIRTHS AND DEATHS OCCURRING WITHIN ONE WEEK OF BIRTH (PERINATAL DEATHS)

Instructions: Section G.2 is to be completed for all still births and deaths that occurred within one week of birth (perinatal deaths)

Mother Child
80. Identity Number [grid] 89. Type of death: [] 89.1 Still birth [] 89.2 Live birth
81. Date Of Birth [grid] 90. Birth weight (in grams) [grid]
82. Age of last birthday/ DoB unknown [grid] 91. This birth was: [] 91.1 Single birth [] 91.2 First twin
[] 91.3 Second twin [] 91.4 Other multiple
83. Number of previous pregnancies resulting in:
[] 83.1 Live births [] 83.2 Still births [] 83.3 Abortions
84. Outcome of last previous pregnancy (tick one):
[] 84.1 Live birth [] 84.2 Still birth [] 84.3 Abortion
85. Date of last previous delivery [grid] 92. If still born, heartbeat ceased:
[] 92.1 Before labour
[] 92.2 During labour but before delivery
[] 92.3 Before delivery but not known whether before or during labour
86. First day of last menstrual period [grid] 93. If death occurred within 24 hours after birth, number of hours alive [grid]
Or, if unknown, estimated duration of pregnancy (in completed weeks) [grid]
87. Method of delivery: [] 87.1 Spontaneous [] 87.4 Vacuum extractor [] 94.1 Physician
[] 87.2 Forceps delivery [] 87.5 Caesarean section [] 94.2 Trained midwife
[] 87.3 Forceps and rotation [] 87.6 Other (specify) [] 94.3 Other trained person (specify)
88. Antenatal care two or more visits: [] 88.1 Yes [] 88.2 No [] 88.3 Unknown [] 94.4 Other (specify)

95. CAUSES OF DEATH

a. Main disease or conditions in foetus or infant
b. Other diseases or conditions in foetus or infant
c. Main maternal disease or condition affecting foetus or infant
d. Other maternal diseases or conditions affecting foetus or infant
e. Other relevant circumstances

96. Autopsy information ([X])
[] 96.1 Certified causes of death has been confirmed by autopsy [] 96.2 Autopsy information may be available later [] 96.3 Autopsy not performed