

1. 62 yrs. old female was diagnosed as a case of adenocarcinoma of rectum 2 years back and operated for the same. She was admitted to a hospital for recurrent carcinoma of rectum with invasion of urinary bladder and metastases throughout the abdomen. Patient was known diabetic since 10 years. On 5th day of admission patient became febrile and breathless and developed pneumonia. Patient remained critical and died on 6th day of admission.

CAUSE OF DEATH		Interval between onset & death approx.	ICD Code
I			
Immediate cause	(a) <b>Pneumonia</b>	2 Days	
State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.	Due to (or as a consequences of)		
Antecedent cause	(b) <b>Metastatic cancer of bladder and abdomen</b>	2 Years	
Morbid conditions, if any, giving rise to the above Cause, stating underlying condition last	Due to (or as a consequences of)		
II			
Other significant conditions contributing to the death but not related to the disease or conditions causing it	(c) <b>Adenocarcinoma of rectum</b>	10 Years	
	<b>Diabetes Mellitus</b>		

**Manner of Death –**

1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation

Primary lesion of neoplasm (carcinoma) is taken as an underlying cause of death even though the signs and symptoms of immediate cause are related to the metastatic lesion of primary carcinoma.

2. A lady aged 23 years was admitted to a hospital. She had H/O suicidal burn- because of pouring of kerosene and burnt herself. O/E patient had 78% burn (superficial & deep). She developed septicemia and died after 3 days of admission.

CAUSE OF DEATH		Interval between onset & death approx.	ICD Code
I			
Immediate cause	(a) <b>Septicemic shock</b> Due to (or as a consequences of) State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.	3 days	
Antecedent cause	(b) <b>Burn 78% (deep &amp; superficial)</b> Due to (or as a consequences of) Morbidity conditions, if any, giving rise to the above Cause, stating underlying condition last	3 days	
	(c) <b>Intentional self-harm by fire and flames</b>	by 3 days back	
II			
Other significant conditions contributing to the death but not related to the disease or conditions causing it	<b>Nil</b>		

**Manner of Death –**

1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation

How did injury occur? Patient had done intentional self-harm (suicide) due to burns which resulted in superficial & deep burn extending - 78 %

Nature of injury, the part of the body injured and whether the death is accidental/ suicidal/ homicidal should be written along with the circumstances of accident.

3. A 64 years old female, a known diabetic, was on insulin since 12 years. She had an ischaemic heart disease since 5 years for which she was under treatment. Since 15 days patient was C/O scanty urine (oliguria) and puffiness of face. Patient was admitted and investigated which showed signs of acute renal failure with hyperglycemia. Even after vigorous treatment with fluids, electrolytes, insulin patient's hyperglycemic stage was resolved. However she remained anuric. Attempts of renal dialysis were unsuccessful and patient died on seventh hospital day due to acute renal failure.

CAUSE OF DEATH		Interval between onset & death approx.	ICD Code
I			
a)	Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.	(a) <b>Acute renal failure</b> Due to (or as a consequences of)	7 day
b)	Antecedent cause Morbid conditions, if any, giving rise to the above Cause, stating underlying condition last	(b) <b>Nephropathy</b> Due to (or as a consequences of)	
		(c) <b>Diabetes mellitus</b>	12 years
II	Other significant conditions contributing to the death but not related to the disease or conditions causing it	<b>Ischaemic heart disease</b>	5 years

**Manner of Death –**

1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation

4. 26 years old, 2<sup>nd</sup> para delivered a male child (having completed 32 weeks of gestation) on 15.12.2000 at 7.30 pm. A baby was premature having birth weight 1350 grams. After birth baby had respiratory distress. O/E baby was hypothermic and had blood stained froth at nostrils and mouth. In spite of treatment baby deteriorated and died on 16.12.2000 at 5.30 a.m. The diagnosis was suggestive of pulmonary haemorrhage.

CAUSE OF DEATH		Interval between onset & death approx.	ICD Code
I			
Immediate cause	(a) <b>Pulmonary haemorrhage</b>	<b>10 hours back</b>	
State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.	Due to (or as a consequences of)		
Antecedent cause	(b) <b>Respiratory distress and hypothermia</b>	<b>10 hours back</b>	
Morbid conditions, if any, giving rise to			
Due to (or as a consequences of) the above Cause, stating underlying condition last	(c) <b>Prematurity</b>		
II			
Other significant conditions contributing to the death but not related to the disease or conditions causing it	<b>Nil</b>		

**Manner of Death –**

1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation

5. 24 years old male, a motorbike rider was admitted to a hospital with H/o road traffic accident (dashed by truck). O/E patient was unconscious and had bleeding through ears and nostrils and had convulsion. X-ray showed fracture of skull. Patient died 4 hours after admission.

CAUSE OF DEATH		Interval between onset & death approx.	ICD Code
I			
Immediate cause	(a) <b>Fracture of skull</b>	4 hours back	
State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.	Due to (or as a consequences of)		
Antecedent cause	(b) <b>Collision between motorcycle and truck.</b>	4 hours back	
Morbid conditions, if any, giving rise to the above Cause, stating underlying condition last	Due to (or as a consequences of)		
II	(c) _____		
Other significant conditions contributing to the death but not related to the disease or conditions causing it	<b>Nil</b>		

**Manner of Death –**

1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation

How did injury occur ?

The victim was a motor cycle rider died in traffic accident.

6: 31 years old male had tuberculosis since 11 months. He was taking treatment and remained defaulter. One month back he relapsed and again had cough, fever and loss of weight along with intermittent diarrhoea. Even after treatment he had not responded to the treatment. Since 2 days he had severe, cough with respiratory distress along with massive haemoptysis. On the day of admission investigations were done including HIV status. Patient was HIV positive, which was confirmed by elisa test with two different media. Patient worsened and died on 4th day of admission.

CAUSE OF DEATH		Interval between onset & death approx.	ICD Code
I			
Immediate cause	(a) <b>Haemoptysis</b>	6 days	
State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.	Due to (or as a consequences of)		
Antecedent cause	(b) <b>Pulmonary tuberculosis</b>	11 Months	
Morbid conditions, if any, giving rise to the above Cause, stating underlying condition last	Due to (or as a consequences of)		
	(c) <b>Acquired Immunodeficiency Syndrome</b>	(HIV positive status was confirmed by elisa with two different media)	
	(d) <b>Human Immunodeficiency Virus infection</b>		
II			
Other significant conditions contributing to the death but not related to the disease or conditions causing it	<b>Diarrhoea (intermittent)</b>	1 month	

**Manner of Death –**

1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation

In case of AIDS deaths it is necessary to write immediate cause of death in details along with the HIV positive status of the patient which confirms him/her as a case of AIDS in the above case. Actually the cause of death was pulmonary tuberculosis but underlying cause was HIV infection, which had laid the patient towards pulmonary tuberculosis infection and worsened the condition because of diminished immunity.

7. A male patient, aged 54 years was admitted to hospital on 11/1/2001 complaining of pain in abdomen since 3 days and on 11/1/2001 he had a fecal vomitus and developed high degree fever. O/E and further investigation it was diagnosed as a case of strangulated inguinal hernia. Patient was under gone laparotomy along with resection anastomosis of small intestine on 12-1-2001. On third day of operation (14-1-2001) patient started showing signs of peritonitis, deteriorated and died on 15-1-2001. Patient had H/O myocardial infarction 1 year back.

CAUSE OF DEATH		Interval between onset & death approx.	ICD Code
I			
Immediate cause	(a) <b>Peritonitis</b> State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.	1 day	
a) Antecedent cause	(b) <b>Strangulated inguinal hernia</b> Morbidity conditions, if any, giving rise to the above Cause, stating underlying condition last	5 days	
	(c) _____		
II			
Other significant conditions contributing to the death but not related to the disease or conditions causing it	<b>Myocardial infarction</b>	1 year back	

**Manner of Death –**

1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation

8. 47 years old male who was chronic alcoholic admitted to the hospital with massive haematemesis since ½ an hour. After investigations it was noticed that he was a case of portal hypertension due to liver cirrhosis. On second day patient died due to haemorrhagic shock due to haematemesis. Patient was habitual alcohol drinker since 15 years.

CAUSE OF DEATH		Interval between onset & death approx.	ICD Code
I			
Immediate cause	(a) <b>Haemorrhagic Shock</b> Due to (or as a consequences of) State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.	1 day	
Antecedent cause	(b) <b>Haematemesis</b> Due to (or as a consequences of) Morbid conditions, if any, giving rise to the above Cause, stating underlying condition last	1day	
	(c) <b>Portal Hypertension</b> (d) <b>Cirrhosis of Liver due to chronic alcoholism</b>	----- H/O alcoholism since 15 years	
II			
Other significant conditions contributing to the death but not related to the disease or conditions causing it	<b>Nil</b>		

**Manner of Death –**

1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation



9. 64 years old male was admitted to a hospital with H/O unconsciousness since 2 hours. He had H/O bronchial asthma since 20 years and had previous admissions to the hospital for chronic pyelonephritis. On investigations he was found hypertensive and had history of same since 3 years. Diagnosis was cerebral haemorrhage. Patient died 5 days after admission.

CAUSE OF DEATH		Interval between onset & death approx.	ICD Code
I			
Immediate cause	(a) <b>Raised intracranial tension due to cerebral haemorrhage</b> Due to (or as a consequences of)	5 days	
State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.			
Antecedent cause	(b) <b>Hypertension</b> Due to (or as a consequences of)	3 years	
Morbid conditions, if any, giving rise to the above Cause, stating underlying condition last	(c) <b>Chronic Pyelonephritis</b>		
II			
Other significant conditions contributing to the death but not related to the disease or conditions causing it	<b>Bronchial Asthma</b>	20 years	

**Manner of Death –**

1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation

10: A 68-year-old woman dies from acute myocardial infarction within one hour of its onset. She did not have any other illnesses. Her ECG and cardiac enzyme levels confirmed the diagnosis..

CAUSE OF DEATH	Interval between onset & death	ICD Code
<p>I Immediate cause</p> <p style="text-align: center;">(a) <b><i>Acute myocardial infarction</i></b></p> <p>State the disease, injury or complication which caused death, not the mode of (or as a consequences of) dying such as heart failure, asthenia, etc.</p> <p>Antecedent cause (b) Morbid conditions, if any, giving rise to (or as a consequences of) the above Cause, stating underlying condition last (c)</p> <p>II Other significant conditions contributing to the death but not related to the disease or conditions causing it</p>	<p>approx. 1 hour</p>	

**Manner of Death –**

1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation

Although it is uncommon to have only one event leading to death, it can happen. In these cases, COD should be reported at line 1(a)

11: A 54-year-old male who had been taking medication for coronary arteriosclerosis regularly over the last five years was rushed to the emergency room with a history of severe tightening chest pain, sweating and dyspnea. He collapsed in the emergency department and later died. ECG findings confirmed an acute myocardial infarction.

CAUSE OF DEATH	Interval between onset & death approx. minutes	ICD Code
<p>I  <b>Immediate cause</b> (a) <b>Acute myocardial infarction</b>            State the disease, injury or complication Due to (or as a consequences of) which caused death, not the mode of dying such as heart failure, asthenia, etc.  <b>Antecedent cause</b> (b) <b>Coronary atherosclerosis</b>            Morbid conditions, if any, giving rise to Due to (or as a consequences of) the above Cause, stating underlying condition last (c)</p>	<p>5 years</p>	
<p>II  <b>Other significant conditions contributing to the death but not related to the disease or conditions causing it</b> <i>Nil</i></p>		

**Manner of Death –**

1 **Natural** 2 Accident 3 suicide 4 Homicide 5 Pending Investigation

How did injury occur?

When there are two causes of death reported, these are written on lines 1(a) and 1(b), as shown in. In this case, UCOD is recorded in line 1(b).

12: Shortly after dinner on the day prior to admission to the hospital, a 48-year-old male developed a cramping, epigastric pain, which radiated to his back, followed by nausea and vomiting. The pain was not relieved by positional changes or antacids. The pain persisted and, 24 hours after its onset, the patient sought medical attention. He had a 10-year history of chronic alcoholism and a two-year history of frequent episodes of similar epigastric pain. The patient denied diarrhea, constipation, hematemesis, or melena. The patient was admitted to the hospital with a diagnosis of an acute exacerbation of chronic pancreatitis. Radiological findings included a duodenal ileus and pancreatic calcification. Serum amylase was very high at 4,032 units per liter. The day after admission, the patient seemed to improve. However, that evening he became disoriented, restless, and hypotensive. Despite intravenous fluids and vasopressors, the patient remained hypotensive and died. Autopsy findings revealed several areas of fibrosis in the pancreas with the remaining areas showing multiple foci of acute inflammation and necrosis.

CAUSE OF DEATH	Interval between onset & death approx.	ICD Code
I		
<b>a) Immediate cause (a) Acute exacerbation of chronic pancreatitis</b> State the disease, injury or complication Due to (or as a consequences of) which caused death, not the mode of dying such as heart failure, asthenia, etc.	approx. 3 days	
<b>b) Antecedent cause (b) Chronic pancreatitis</b>	2 years	
Morbid conditions, if any, giving rise to Due to (or as a consequences of) the above Cause, stating underlying condition last <b>(c) ChronicAlcoholism</b>	10 years	
II Other significant conditions contributing to the death but not related to the disease or conditions causing it		

**Manner of Death –**

1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation

13: A 36-year-old man had a previous history of duodenal ulcer for 3 years. He was admitted with symptoms of acute abdominal pain and high fever. The patient was diagnosed as having perforated duodenal ulcer and underwent emergency surgery. Five days later, the patient had high fever with chills, and his abdominal ultrasound revealed a sub-phrenic abscess. A revision exploratory laparotomy was planned. However, the patient suddenly showed signs of septic shock and died within two hours of septic shock.

CAUSE OF DEATH		Interval between onset & death approx. <b>2 hours back</b>	ICD Code
I			
Immediate cause	(a) <b>septic shock</b> State the disease, injury or complication Due to (or as a consequences of) which caused death, not the mode of dying such as heart failure, asthenia, etc.		
Antecedent cause	(b) <b>Right sub-phrenic abscess</b>	1 day	
Morbid conditions, if any, giving rise to			
Due to (or as a consequences of) the above Cause, stating underlying condition last	(c) <b>Perforated duodenal ulcer</b> (d) <b>duodenal ulcer</b>	5 days 3 years	
II			
Other significant conditions contributing to the death but not related to the disease or conditions causing it	<b>Nil</b>		

**Manner of Death –**

1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation

14: A 50-year-old male was admitted to the hospital with severe anorexia, extreme pallor and generalised oedema. He had been diagnosed as having focal glomerular sclerosis 2 years ago and insulin dependent diabetes mellitus for the last 38 years with very poor control. In addition, this patient was a heavy cigarette smoker for the past 20 years. On further assessment at the hospital, a diagnosis of end-stage renal failure was made and the patient died one week following admission to the hospital. The deceased MCCD is shown in Figure 9 with properly documented time intervals.

CAUSE OF DEATH		Interval between onset & death approx.	ICD Code
I			
Immediate cause	(a) <b>renal failure</b>	approx. 1 week	
State the disease, injury or complication which caused death, not the mode of consequences of) dying such as heart failure, asthenia, etc.			
Antecedent cause	(b) <b>Focal glomerular sclerosis</b>	2 years	
Morbidity conditions, if any, giving rise to the above Cause, stating underlying of) condition last			
	(c) <b>Insulin dependent diabetes mellitus</b>	38 years	
II			
Other significant conditions contributing to the death but not related to the disease or conditions causing it			
	<b>Nil</b>		

**Manner of Death**

1 Natural 2 accident 3 Suicide 4 Homicide 5 Pending Investigation

15:: A 21-year-old female was critically injured in an automobile accident and died from a fractured skull causing cerebral contusion soon after being brought to the hospital. Police records indicated that she was the driver in a two-car collision that occurred at 3 am at the corner of Edward Street and Queens Street. The decedent crossed the center line and struck an oncoming car head on. Autopsy showed injuries and toxicology results indicated a very high blood alcohol level.

CAUSE OF DEATH		Interval between onset & death approx. in minutes	ICD Code
I			
Immediate cause	(a) <b>cerebral contusion</b>		
State the disease, injury or complication which caused death, not the mode of (or as a consequences of) dying such as heart failure, asthenia, etc.			
Antecedent cause	(b) <b>Fractured skull</b>	in minutes	
Morbidity conditions, if any, giving rise to (or as a consequences of) the above Cause, stating underlying condition last		in minutes	
	(c) : <b>Driver injured in collision of two motor cars on a street Motor cars on a street</b>		
II			
Other significant conditions contributing to the death but not related to the disease (or conditions causing it)			
	<b>d) Acute alcohol intoxication</b>	hours	

**Manner of Death –**

1 natural 2 **Accident** 3 Suicide 4 Homicide 5 Pending Investigation

16: A 40-year-old female was rushed to the emergency room with a sudden loss of consciousness. A diagnosis of haemorrhagic stroke was made. The patient could not be revived and died 30 minutes after admission to the emergency room. Her medical history revealed that she had recurrent urinary tract infections for the last 10 years. She was also diagnosed with chronic pyelonephritis for the past eight years and hypertension for the last five years.

CAUSE OF DEATH	Interval between onset & death	ICD Code
<p>I Immediate cause (a) <b><i>cerebral haemorrhage</i></b> State the disease, injury or complication Due to (or as a consequences of) which caused death, not the mode of dying such as heart failure, asthenia, etc.</p> <p>a) Antecedent cause (b) <b><i>secondary hypertension</i></b> Morbid conditions, if any, giving rise to Due to (or as a consequences of) the above Cause, stating underlying condition last</p> <p>(c) <b><i>chronic pyelonephritis</i></b> (d) <b><i>recurrent urinary tract infection</i></b></p>	<p>approx. 1 day</p> <p>5 years</p> <p>8 years</p> <p>10 years</p>	
<p>II Other significant conditions contributing to the death but not related to the disease or conditions causing it</p>		

**Manner of Death –**

1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation



17: A 49-year-old female was admitted to the hospital with a history of fever, disorientation and drowsiness for the last two days. Focal neurological findings were identified on physical examination and a provisional diagnosis of meningitis was made. A diagnostic lumbar puncture was performed for CSF examination. Staphylococcus aureus organism was isolated from CSF and the provisional diagnosis was confirmed as Staphylococcus aureus meningitis. Despite intravenous antibiotic administration, her condition worsened and, on day three of admission, blood cultures were also positive for Staphylococcus aureus and the patient died on day four of admission due to septic shock. She was diagnosed with type II diabetes for the last 10 years.

CAUSE OF DEATH		Interval between onset & death approx.	ICD Code
I			
Immediate cause	(a) <b>septic Shock</b>	approx. 1 day	
State the disease, injury or complication Due to (or as a consequences of) which caused death, not the mode of dying such as heart failure, asthenia, etc.			
Antecedent cause	(b) <b>Staphylococcus aureus sepsis</b>	4days	
Morbid conditions, if any, giving rise to Due to (or as a consequences of) the above Cause, stating underlying condition last			
	(c) <b>Staphylococcus aureus meningitis</b>	6days	
II			
Other significant conditions contributing to the death but not related to the disease(d)	(d) <b>Type II diabetes mellitus</b>	10years	
or conditions causing it			

**Manner of Death –**

1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation

18: A 24-year-old female, pregnant for 4 months, was admitted to the hospital with sudden onset of hemiplegia. Her history revealed that she had suffered from rheumatic fever at the age of 10 years, and a diagnosis of mitral stenosis was made. A MRI scan of the brain also identified a cerebral embolus and, on her second day in the hospital, the patient died.

CAUSE OF DEATH		Interval between onset & death	ICD Code
I			
Immediate cause	<b>(a) cerebral embolism</b>	approx. 2 days	
State the disease, injury or complication which caused death, not the mode of (or as a consequences of) dying such as heart failure, asthenia, etc.			
Antecedent cause	<b>(b) mitral stenosis</b>	10 years	
Morbidity conditions, if any, giving rise to (or as a consequences of) the above Cause, stating underlying condition last			
	<b>(c) rheumatic fever [inactive]</b>	14 years	
II			
Other significant conditions contributing to the death but not related to the disease or conditions causing it	pregnancy	4 months	

**Manner of Death –**

1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation

45years male was admitted with s/s of septicemia along with gangrene of left foot with complain of swelling of foot and temperature since 3 days. He had H/O COPD due to chronic bronchitis and diabetes mellitus since 5 years. He was diagnosed as Ca pancrease & operated 5 years back. he died after 2 days of the admission due to septicemic shock.

FORM NO. 4

(See Rule 7)

**MEDICAL CERTIFICATE OF CAUSE OF DEATH**

(Hospital in-patients. Not to be used for still births)

To be sent to Registrar along with Form No. 2 (Death Report)

Name of the Hospital ..SVP hospital..

I hereby certify that the person whose particulars are given below died in the hospital in Ward No. ..@@@... On 5/5/2022 at 3.00 pm AM/PM.

NAME OF DECEASED Mr XYZ					
Sex	Age at Death				For use of Statistical Office
	If 1 year or more, age in years	If less than 1 year, age in months	If less than one month, age in Days	If less than one day, age in Hours	
1. Male	45 years	xx	xx	xx	
CAUSE OF DEATH				Interval between onset & death approx.	
I. Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia etc.			(a) septicemia. ..... Due to (or as a consequences of)		
Antecedent cause Morbid conditions, if any, giving rise to the above Cause, stating underlying condition last			(b) gangrene of left foot 3 days c] diabetes mellitus 5 years d] carcinoma of Pancrease 5 years		
II Other significant conditions contributing to the death but not related to the disease or conditions causing II			© chronic bronchitis ..... .....		

Manner of Death

1. Natural 2. Accident 3. Suicide 4. Homicide  
5. Pending Investigation

How did the injury occur?

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No  
If yes, was there a delivery? 1. Yes 2. No

Name and signature of the Medical Attendant certifying the cause of death  
Date of verification .....

(To be detached and handed over to the related of the deceased)

Certified that Shri/Smt/Km .....S/W/D of Shri. ....  
R/O .....was admitted to this hospital on ..... and expired on .....

Doctor .....  
(Medical Supdt.  
Name of Hospital

22 yrs old female admitted to the hospital in unconscious stage. patient was in shock with history of vomiting, BP 88 mm Hg systolic and pinpoint pupils. She had consumed organophosphorus compound 6 hours back with the intention to kill herself. after 2 hours she developed respiratory paralysis and pulmonary oedema and died 4 hours after admission. The dead body was sent for p.m examination.

FORM NO. 4

(See Rule 7)

**MEDICAL CERTIFICATE OF CAUSE OF DEATH**

(Hospital in-patients. Not to be used for still births)

To be sent to Registrar along with Form No. 2 (Death Report)

Name of the Hospital Sheth V S gen Hospital

I hereby certify that the person whose particulars are given below died in the hospital

in Ward No. \*\*\*\* On 5/5/2022 at 15.00 PM.

NAME OF DECEASED smt ABC					
Sex	Age at Death				For use of Statistical Office
	If 1 year or more, age in years	If less than 1 year, age in months	If less than one month, age in Days	If less than one day, age in Hours	
Female	<b>22 years</b>				
CAUSE OF DEATH				Interval between onset & death approx.	
I. <b>Immediate cause</b> State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia etc.			(a)respiratory paralysis with pulmonary oedema 2 hours Due to (or as a consequences of)		
<b>Antecedent cause</b> Morbid conditions, if any, giving rise to the above Cause, stating underlying condition last			(b) organophosphorus compound poisoning (c) intentional self poisoning with insecticide Due to (or as a consequences of) <b>8 hours</b>		
II Other significant conditions contributing to the death but not related to the disease or conditions causing II			© <b>nil</b> ..... ..... .....		

Manner of Death

1. Natural 2. Accident 3. Suicide 4. Homicide  
5. Pending Investigation

How did the injury occur?

-----  
If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No  
If yes, was there a delivery? 1. Yes 2. No

Name and signature of the Medical Attendant certifying the cause of death  
Date of verification .....

(To be detached and handed over to the related of the deceased)

Certified that Shri/Smt/Km .....S/W/D of Shri. ....  
R/O .....was admitted to this hospital on ..... and expired on  
.....

Doctor .....  
(Medical Supdt.  
Name of Hospital

70 yr old lady was admitted for fracture femur neck 6 hours back due to fall in bathroom. She was known diabetic since 10 yrs and hypertensive since 15 years. Due to high uncontrolled blood sugar operation was postponed. On 6th day she complained for severe breathlessness and she suddenly collapsed showing signs of pulmonary embolism and died after 5 hours.

FORM NO. 4

(See Rule 7)

**MEDICAL CERTIFICATE OF CAUSE OF DEATH**

(Hospital in-patients. Not to be used for still births)

To be sent to Registrar along with Form No. 2 (Death Report)

Name of the Hospital SV++ hospital

I hereby certify that the person whose particulars are given below died in the hospital in Ward No. ortho On at 5/5/2022 10.25 PM.

NAME OF DECEASED Mr XXX					
Sex	Age at Death				For use of Statistical Office
	If 1 year or more, age in years	If less than 1 year, age in months	If less than one month, age in Days	If less than one day, age in Hours	
1. Male	70 years				
CAUSE OF DEATH				Interval between onset & death approx.	
I. <b>Immediate cause</b> State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia etc.			(a) pulmonary embolism ..... Due to (or as a consequences of)	1 day	
<b>Antecedent cause</b> Morbid conditions, if any, giving rise to the above Cause, stating underlying condition last			(b) fracture neck femur (c) fall in bathroom Due to (or as a consequences of)	9 day 9 day	
II Other significant conditions contributing to the death but not related to the disease or conditions causing II			© (d) diabetes mellitus (e) hypertension .....	10 yrs 15 yrs	

Manner of Death

1. Natural 2. Accident 3. Suicide 4. Homicide

5. Pending Investigation How did the injury occur?-- Fall in bathroom

-----  
If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No

If yes, was there a delivery? 1. Yes 2. No

Name and signature of the Medical Attendant certifying the cause of death

Date of verification .....

(To be detached and handed over to the related of the deceased)

Certified that Shri/Smt/Km .....S/W/D of Shri. ....

R/O .....was admitted to this hospital on ..... and expired on

.....

Doctor .....

(Medical Supdt.

Name of Hospital

34 years old female met an accident while crossing the road with a car and had a crushed thoracic injury 2 hours back. On admission she was in shock showing profuse bleeding. She died after 1/2 hour of the admission due to haemorrhagic shock. The dead body was sent for medico legal autopsy. The autopsy findings showed multiple rib fractures and rupture of both lungs.

FORM NO. 4

(See Rule 7)

**MEDICAL CERTIFICATE OF CAUSE OF DEATH**

(Hospital in-patients. Not to be used for still births)

To be sent to Registrar along with Form No. 2 (Death Report)

Name of the Hospital svp hospital

I hereby certify that the person whose particulars are given below died in the hospital in Ward No. ++++ ... On at 12.am. AM/PM. 5/5/2022

NAME OF DECEASED <b>Smt MMM</b>					
Sex	Age at Death				For use of Statistical Office
	If 1 year or more, age in years	If less than 1 year, age in months	If less than one month, age in Days	If less than one day, age in Hours	
Female	34 years				
CAUSE OF DEATH				Interval between onset & death approx.	
I. <b>Immediate cause</b> State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia etc.			a) Haemorrhagic shock	1/2 hour	
<b>Antecedent cause</b> Morbid conditions, if any, giving rise to the above Cause, stating underlying condition last			(b) crushed injury to thorax	2 1/2 hours	
			(c) Deceased was pedestrian and dashed by a car	2 1/2 hours	
II Other significant conditions contributing to the death but not related to the disease or conditions causing II			© Nil		

Manner of Death

1. Natural    2. Accident    3. Suicide    4. Homicide

5. Pending Investigation    How did the injury occur?--Deceased was pedestrian and dashed by a car

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No

If yes, was there a delivery? 1. Yes 2. No

Name and signature of the Medical Attendant certifying the cause of death

Date of verification .....

(To be detached and handed over to the related of the deceased)

Certified that Shri/Smt/Km .....S/W/D of Shri. ....

R/O .....was admitted to this hospital on ..... and expired on

.....

Doctor .....

(Medical Supdt.

Name of Hospital

25 yrs old pregnant, 4th para, delivered at home at full term. On 5th day of puerperium she had fever for 3 days and on 8th day she was hospitalized. O/E she had foul smelling discharge from vagina, uterus was not involuted and tender was over both fornices. Her Hb was 4.5% and she was found having oliguria, hypertension and acute renal failure. She died on 9th day of puerperium.

FORM NO. 4

(See Rule 7)

**MEDICAL CERTIFICATE OF CAUSE OF DEATH**

(Hospital in-patients. Not to be used for still births)

To be sent to Registrar along with Form No. 2 (Death Report)

Name of the Hospital .SVP hospital

I hereby certify that the person whose particulars are given below died in the hospital

in Ward No. +++ On 5/5/2022 at 9 AM

NAME OF DECEASED smt AAA					
Sex	Age at Death				For use of Statistical Office
	If 1 year or more, age in years	If less than 1 year, age in months	If less than one month, age in Days	If less than one day, age in Hours	
Female	25 years				
CAUSE OF DEATH				Interval between onset & death approx.	
I. <b>Immediate cause</b> State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia etc.			(a) Acute Renal Failure	1 day back	
<b>Antecedent cause</b> Morbid conditions, if any, giving rise to the above Cause, stating underlying condition last			(b) Puerperal sepsis	4 days back	
II Other significant conditions contributing to the death but not related to the disease or conditions causing II			© sever anaemia ..... .....		

Manner of Death

1. Natural    2. Accident    3. Suicide    4. Homicide  
5. Pending Investigation

How did the injury occur? N/A

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No  
If yes, was there a delivery? 1. Yes 2. No

Name and signature of the Medical Attendant certifying the cause of death  
Date of verification .....

(To be detached and handed over to the related of the deceased)

Certified that Shri/Smt/Km .....S/W/D of Shri. ....  
R/O .....was admitted to this hospital on ..... and expired on .....

Doctor .....  
(Medical Supdt.  
Name of Hospital