




# **A Guide to Certifying Causes of Death**

*A guide for doctors and coroners on the  
provision of information on deaths to the  
New Zealand Health Information Service*

New Zealand Health Information Service  
2001







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## Foreword

*A Guide to Writing Death Certificates* has been revised following amendments to the Birth, Deaths and Marriages Act in November 2000. It has also been re-named *A Guide to Certifying Causes of Death* in order to avoid confusion over the term 'Death Certificate', which is the name given by the office of Births, Deaths and Marriages to the certificate issued to relatives following a death.

Cause-of-death statistics are used extensively in health status measurement, policy formulation and monitoring, and for comparing the New Zealand statistics with those of other countries. The cause-of-death statistics compiled by the New Zealand Health Information Service (NZHIS) are based on certificates of cause of death, and accurate and complete information is therefore very important.

We would like to take this opportunity to thank certifiers for their co-operation in responding to requests for additional information or clarification when information provided is not clear.

We are grateful to users of the earlier Guides who provided comments that have enabled us to make improvements to the publication.



*Jim Fraser*  
Chief Analyst, NZHIS

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# Mortality statistics

## *Causes of death*

Information on causes of death has been published in New Zealand since 1872 for Europeans and 1920 for Māori. The Ministry of Health has produced and published cause-of-death statistics since 1948 when it took over the responsibility previously held by Statistics New Zealand.

Cause-of-death statistics are recognised as an important objective measure of the health status of a population and are widely used for the monitoring of specific causes of death, for research and for policy development.

The main sources of cause-of-death information are the Medical Certificates of Causes of Death and the Coroner's Findings, which are supplied to the New Zealand Health Information Service (NZHIS) of the Ministry of Health by the Registrar-General of Births, Deaths and Marriages. The Registrar-General is required to keep a register of the causes of death as recorded on each medical certificate or coroner's finding.

NZHIS receives the medical certificates and coroners' findings and assigns the underlying cause of death in accordance with the World Health Organization International Statistical Classification of Diseases and Related Health Problems (WHO ICD).

Postmortem reports are an additional source of cause-of-death information in approximately 8 percent of deaths. Copies of these reports are sent to NZHIS by hospitals and private pathologists and are matched with the corresponding medical certificates or coroner's findings. The results are taken into consideration in assigning the underlying causes of death.

The high standard of mortality statistics in New Zealand is largely due to the co-operation of doctors in providing accurate particulars of causes of death and responding to NZHIS queries relating to death documentation.

## *Selection of underlying cause of death*

As a member state of WHO, New Zealand has a commitment to classify causes of death to the underlying cause of death. This is defined by WHO as:

“the disease or injury which initiated the train of morbid events leading directly to death or the circumstances of the accident or violence which produced the fatal injury.”

The New Zealand Medical Certificate has been designed in accordance with the International Death Certificate recommended by WHO to ensure that the questions asked on death certificates are uniform throughout the world. The directions for filling in the Medical Certificate of Causes of Death are set out on the front cover of each book of medical certificates.

### ***Reporting of deaths to a coroner***

In general, the doctor attending a patient during any final illness signs a medical certificate of cause of death if satisfied as to probable cause. There are occasions, however, when a doctor is required to report a death to a coroner. Deaths without known cause, apparent suicides and deaths arising from violent or unnatural events, or occurring in circumstances as stated in section 4 of the Coroners Act 1988, must always be reported to the coroner (see page 54).

On occasion the coroner may direct that a medical certificate can be issued by the doctor in charge of the patient, for instance when an elderly person has died following a fractured neck of femur (see page 55). In such cases it is helpful to NZHIS if the doctor writes “as discussed with coroner” on the medical certificate.

In other cases, however, the coroner may assume jurisdiction and issue a Finding – such a Finding may be issued ‘on the papers’ (after studying the postmortem report and/or doctor’s certificate), or after sitting at inquest.

### ***Types of medical certificate***

- The **Medical Certificate of Causes of Death (BDM50)** closely follows the international certificate designed to assist doctors in recording the underlying cause of death. The BDM50 is used to certify deaths of persons 28 days of age and older.
- The **Medical Certificate of Causes of Fetal and Neonatal Death (BDM167)** is used to certify stillbirths and neonatal deaths occurring within 28 days of birth. (See pages 17–20.)

### ***Completing the Medical Certificate of Causes of Death***

#### **Legibility**

It is essential that all information can be clearly read. This may best be achieved by typing, but if this is not possible then information should be written legibly.



## **Abbreviations**

Abbreviations of medical terms should be avoided as different people can interpret these in different ways.

## **Name of practitioner and residential address**

The full name (including middle name) of the doctor certifying the death should be printed clearly in block letters in the space provided on the medical certificate. The address given should be the residential address. It is acceptable to use a customised name and address stamp. However, each copy of the medical certificate must be stamped. If extra information needs to be requested about a medical certificate, then in the interests of confidentiality it is important that the query is sent to the right doctor at a current address.

## ***The Medical Certificate of Causes of Death (BDM50)***

The Medical Certificate of Causes of Death (see page 52) has two parts:

**Part I** is subdivided into (a), (b), and (c); (a) provides for entry of the direct cause of death, (b) and (c) provide for entry of antecedent causes.

**Part II** is for entry of any other conditions, which, though not in the causal sequence in Part I, are considered by the certifying doctor to have contributed to the fatal outcome.

*Note: Conditions entered in Part II must not be directly related to the underlying cause of death (see Example 1, pages 26–27).*

The form also makes provision for recording the interval between onset and death. Where the interval between the considered onset of each condition entered on the certificate and the date of death is known, even approximately, it should be entered in the column provided. This will provide a check on the sequence of causes in Part I and provide useful information about the duration of illness for certain diseases, especially cancers.

The certifying doctor has responsibility for deciding which condition led directly to death and what antecedent conditions, if any, gave rise to the direct cause.

## ***Completing the certificate***

### **Place of death**

If the deceased died in a hospital or other institution, please ensure that the name of the hospital or institution is entered in this field, not just the street address.

### **Part I(a)**

- Enter the disease, injury or complication which directly preceded death.
- It can be the sole entry on the certificate when only one condition such as viral myocarditis or asthma was present at death.
- It may be a complication such as peritonitis, toxæmia or septicaemia.
- In the case of violent or unnatural deaths it is the injury resulting from external causes. *Note: This case would be at the instruction of a coroner.*
- **Do not enter the mode of dying such as collapse, respiratory failure, syncope** (see Examples 2 and 2a, pages 28–31).

### **Part I(b)**

- If the direct cause entered in Part I (a) arose as a consequence of any antecedent disease or injury, enter that antecedent cause at (b), eg, diverticulitis of colon with perforation.

### **Part I(c)**

- It could be that a further antecedent disease or condition may have been the underlying cause of death. In such cases the antecedent condition, which was the starting point in the chain of related events leading to the direct cause of death, should be entered at (c).
- **On no account must the starting point of the sequence be entered in Part II because of lack of space in Part I.**

*Note: If more than two antecedent conditions led to the direct cause of death entered at (a), the starting (underlying) condition should be entered at (c) and the most important of the intervening conditions entered at (b).*

### **Part II**

Part II is for entry of conditions not related to the direct cause of death but which have contributed to or have had an adverse effect on the conditions entered in Part I of the certificate.

### ***Postmortems***

On the medical certificate (see page 52), doctors are requested to indicate whether or not a postmortem has been or is to be held. If a postmortem was held they are requested to indicate whether or not full results were considered before Parts I and II of the certificate were completed.

Where information from the postmortem is not available at the time the certificate is completed, mark the third circle “Postmortem held – results, eg, histology, awaited.” It is desirable that in such cases the statement at the foot of the certificate (page 52) be signed.

Please complete the relevant field on the medical certificate where you are asked about postmortems. Omitting this information affects the quality of mortality statistics in two ways.

Firstly, if it is known that a postmortem has been performed efforts are made to locate the report and read it. On occasions, the postmortem report has not been sighted when the medical certificate is written. In 1998, information was added or changed in 187 cases as a result of reading the postmortem report at NZHIS, with consequent reclassification of the underlying cause of death in many instances.

Secondly, as the result of analysis, NZHIS is aware that the percentage of postmortems performed has dropped significantly since 1987. This appears to be part of a worldwide trend. The quality of any analysis such as this is compromised when the certifier does not indicate whether or not a postmortem has been performed.

Copies of postmortem reports are forwarded to NZHIS from most hospitals and private pathologists and used in conjunction with medical certificates to ascertain underlying causes of death. Where causes of death stated on the certificate are not in accordance with postmortem findings, information from the postmortem report is used for classification of the underlying cause of death.

### ***Statement at the foot of the medical certificate***

At the foot of the medical certificate (page 52), provision is made for the medical practitioner to signify that further information is expected to become available, and that if required by the Registrar of Deaths or the Director-General of the Ministry of Health, additional information as to the cause of death for the purpose of more precise statistical classification will be provided. Doctors are requested to make use of this provision when there is any possibility of further information becoming available from postmortem or laboratory reports.

### ***Amended medical certificates***

If, after submitting a medical certificate, you find that some details on it are incorrect, you can submit an amended certificate to replace the original.

Complete a new medical certificate in full, including signature and date, write 'Amended Certificate' at the top of the certificate, and mail it to:

Team Leader  
Births, Deaths & Marriages Central Registry  
PO Box 10-256  
Wellington

The BDM Central Registry staff will update their records with the changes, then forward the amended certificate to NZHIS.

### ***Classification of diseases***

The underlying cause of death is classified according to the WHO International Statistical Classification of Diseases and Related Health Problems (ICD). The ICD is revised and re-issued approximately every 10 years. The 9th Revision was used to classify New Zealand's death statistics from 1979 to 1987. The American clinical modification of the 9th Revision (ICD-9-CM) was used for deaths registered from 1 January 1988 and the Australian version from 1 July 1995 (ICD-9-CM-A). The Australian version of ICD-10, 2nd edition, (ICD-10-AM, v.2) was introduced for deaths registered in 2000.

There are nine rules used in the selection of underlying cause of death from certificates. Sometimes a completed certificate is unsatisfactory for classification purposes, while still satisfactory from a clinical viewpoint. In the interests of accurate and consistent classification, it is an important responsibility of NZHIS to seek clarification and/or additional information from the certifying doctor. Inquiries are kept to a minimum. The co-operation of doctors in responding promptly to these inquiries is appreciated.

### ***The use of incomplete or indefinite terms***

Terms used on medical certificates should be as precise and specific as possible. Some commonly used and non-specific terms that should be avoided are listed below, together with details of additional information needed for accurate classification purposes:

#### **1. Anaemia**

State the type if primary; cause if secondary. If drug-induced state the name of the drug involved, and the condition for which it was prescribed.

## 2. Arteriosclerosis and atherosclerosis

It is recognised that atherosclerosis will probably be generalised by the time of death. However, the site of arteriosclerosis or atherosclerosis which led to the direct cause of death, eg, coronary atherosclerosis, cerebral atherosclerosis (see Example 4, pages 34 and 35) is needed.

## 3. Cancer (malignant tumour, malignant disease, etc)

- (i) What was the exact site of the primary growth? If unknown please state. State precisely the anatomical structure in which the primary site originated, for example:
  - (a) malignant neoplasm of trachea, bronchus or lung:  
primary main bronchus, primary upper lobe bronchus or lung, primary middle lobe bronchus or lung, primary lower lobe bronchus or lung.
  - (b) malignant neoplasm of pancreas:  
primary head of pancreas, primary body of pancreas, primary tail of pancreas.
  - (c) malignant neoplasm of colon:  
primary caecum, primary ascending colon, primary hepatic flexure, primary transverse colon, primary splenic flexure, primary descending colon, primary sigmoid colon (see Example 5, pages 36 and 37).
- (ii) What was the morphological type (if known)?
- (iii) What were the sites of the principal secondaries present?
- (iv) To avoid ambiguity in interpretation, if the term metastatic cancer is used it should be qualified by identifying both the primary and secondary sites, eg, metastases from breast primary to lung (see Example 6, pages 38 and 39).

*Note: Where the site of the primary cancer is not known, the sites of the secondaries should be stated and primary site specified as unknown.*

*The term neoplasm or tumour should always be qualified with a statement as to whether it is benign, malignant, or indeterminate. If malignant, the notes on cancer should be applied; otherwise the site and type of tumour should be given (see Example 7, pages 40 and 41).*

## 4. Cardiac dysrhythmias, etc

The aetiology should always be stated. See also "Heart Disease" (see Example 8, pages 42 and 43).

## **5. Chronic liver disease and cirrhosis**

State underlying cause if known, eg, alcohol.

## **6. Cor pulmonale**

State underlying cause if known, eg, emphysema.

## **7. Encephalitis**

State the cause. If acute infectious encephalitis:

- (i) Name causal organism if known.
- (ii) State if death was due to late effects of the disease.

## **8. Gastrointestinal haemorrhage**

State underlying cause, eg, duodenal ulcer, use of non-steroidal anti-inflammatory drugs (NSAIDs) for 10 years for generalised rheumatoid arthritis (see Example 9, pages 44 and 45).

## **9. Heart disease or failure (or cardiac disease or failure)**

What was the pathology of the heart condition? Particularly:

- (a) Was it due to arteriosclerosis? If so, were the coronary arteries involved?
- (b) Was the condition due to rheumatic fever? If so, was it acute or chronic, (late effects)? If chronic, which valve or valves were involved?
- (c) Was the heart failure caused by hypertension? Was there renal involvement?

## **10. Hemiplegia (paralysis, paresis)**

- (i) What was the cause? If traumatic, see "Accidents and Injuries" on p.16.
- (ii) How long had the condition been present (ie, old or acute)?

## **11. Leukaemia**

- (i) Was it lymphatic, myeloid or monocytic?
- (ii) Was it acute, subacute or chronic?

## **12. Malformation**

- (i) Which part of the body was involved?
- (ii) What was the type of malformation present?

*Note: If congenital, this fact should always be stated. In the case of congenital malformation of the heart, was the condition Tetralogy of Fallot, coarctation of the aorta, ventricular septal defect, tricuspid atresia, or some other or undetermined defect?*

### **13. Meningitis**

State type, eg, tuberculous, meningococcal.

### **14. Obstruction of bowel (intestinal obstruction)**

What was the cause of the obstruction? Particularly:

- (a) If cancer, state site and type (see point 3, "Cancer", page 13).
- (b) If hernia, state type.
- (c) If paralytic following operation, state condition for which operation was performed and the nature of the operation.

### **15. Operation**

- (i) What was the condition for which the operation was performed?
- (ii) What was the underlying cause of this condition? eg:
  - (a) peritonitis – 4 days; due to:
  - (b) resection small intestine – 5 days; as a consequence of:
  - (c) strangulated inguinal hernia – 5 days.(see also Example 10, pages 46 and 47).

*Note: If death occurred during a procedure and/or whilst person was under anaesthesia, or appears to have been a result of either, the death would need to be reported to the coroner.*

### **16. Pneumonia / bronchopneumonia**

- (i) Specify type, eg, lobar, influenzal, viral.
- (ii) Is it primary or secondary to some other condition such as measles, whooping cough?
- (iii) If a terminal event, state antecedent condition leading to pneumonia (see Example 11, pages 48 and 49).

### **17. Pulmonary embolism / deep-vein thrombosis**

- (i) Specify origin and cause of embolism if known. If post-operative, state the condition for which surgery was performed and the nature of the operation.
- (ii) Was it associated with childbirth, abortion or oral contraceptives (see Example 12, pages 50 and 51)?

### **18. Respiratory disease**

State type, eg, emphysema, chronic bronchitis.

## **19. Septicaemia (bacteraemia, pyaemia, etc)**

State:

- (i) Causative organism, if known.
- (ii) Antecedent condition leading to septicaemia, etc.

## **20. Accidents and injuries**

*(when issuing a certificate under section 38 of the Births, Deaths and Marriages Registration Act 1995)*

In all cases of injury give the site and nature of the trauma. In addition, details of how and when the injury occurred are required as follows:

- (i) How did the injury occur? eg, fell down stairs, fell from bed.
- (ii) Where? eg, at home, in a rest home, on the street, in a public building.
- (iii) When did the accident occur?



# Fetal and neonatal deaths

## *Definitions*

### **1. Live birth (WHO)**

Live birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

### **2. Fetal death (WHO)**

Fetal death is death prior to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such separation the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

### **3. Stillbirth (Births, Deaths & Marriages)**

According to the Births, Deaths and Marriages Registration Act 1995, a 'still-born child' means a dead fetus that:

- (a) weighed 400 g or more when it issued from its mother, or
- (b) issued from its mother after the 20th week of pregnancy.

Stillbirths must be registered according to the legal requirements of this Act. They require a birth registration (stillbirth), but not a death registration.

### **4. Neonatal death (WHO)**

Liveborn infant dying before the 28th day of life.

## *Certification of fetal and neonatal deaths*

In New Zealand there is a legal requirement for the medical practitioner or midwife in attendance at the confinement to complete a certificate for every stillbirth, as defined in (3) above. This includes stillbirths resulting from terminations of pregnancy.

Period of gestation is calculated from the first day (day 0) of the last normal menstrual period to the day of birth and is expressed in completed weeks. For example, a period of gestation of 27 weeks and 6 days should be recorded as 27 weeks. Where the date of the last normal menstrual period is not available

the number of completed weeks in utero should be based on the best clinical estimate.

It should be noted that the period of gestation ends when the fetus is delivered and not when the fetus ceases to live. For example, a missed abortion of 24 weeks gestation induced when the mother presented at 31 weeks would be certified as a fetal death at 31 weeks.

### ***Medical Certificate of Causes of Fetal and Neonatal Death (BDM167)***

The Medical Certificate of Causes of Fetal and Neonatal Death (BDM167 – see p.53) closely follows the format recommended by the WHO. The certificate comprises four main sections, with data referring to:

1. certification status
2. the mother
3. the fetus or infant
4. certified causes of death of the fetus or infant.

A certificate can only be used for one death. The deaths of multiple births require a certificate for each infant.

*Note: It is important that all relevant fields on the certificate are completed. There is a great deal of interest in, and research done, on infant deaths.*

### ***Certification status***

The certifier should indicate which category applies:

1. Stillbirth.
2. Liveborn infant dying within 28 days of birth.

*Note: Fetal deaths are defined in terms of the time the fetus was in utero, not in terms of the time the fetus was alive in utero.*

### ***Other demographic data***

#### **Mother**

Where available, the date of birth is preferable to the maternal age because maternal age is often recorded at the time of the first antenatal visit and is not updated at the time of birth.

### **Ethnicity**

The mother's ethnic group(s) should be defined by the mother herself as recorded on her medical record. For infants, record the ethnic group(s) as determined by the parent(s).

### **Number of previous pregnancies ended**

Note that the term "previous pregnancies" refers to all pregnancies that occurred before the current issue for which this certificate is being completed, including terminations.

### **The fetus or infant**

Dates and times of birth and/or death should be stated as accurately as possible. If born alive, the place of death should also be stated.

### ***Causes of death in fetus or infant***

- (a) Main disease or condition in fetus or infant.
- (b) Other diseases or conditions in fetus or infant.

In Sections (a) and (b), enter diseases or conditions of the fetus or infant. The single most important one of these should be entered in Section (a) and the remainder in Section (b).

Please be specific: terms such as "Asphyxia" and "Prematurity" should not be used unless it was the only condition known. If no major disease or abnormality could be found, this should be stated.

Some examples of conditions that may be certified are:

- rhesus haemolytic disease
- pneumonia
- intracranial haemorrhage from tentorial laceration
- respiratory distress syndrome (only if no more specific diagnosis can be given)
- myelomeningocele
- intrauterine hypoxia (only if there was clear evidence of this, either clinically, eg, fetal distress, or at necropsy, eg, widespread petechial haemorrhages in a fetal or neonatal death).

### ***Maternal and extra-fetal conditions***

- (c) Main maternal disease or condition affecting fetus or infant.
- (d) Other maternal diseases or conditions affecting fetus or infant.

In Sections (c) and (d) the certifier should enter all diseases or conditions of the mother, pregnancy, labour and delivery, placenta and cord, which in his opinion may have had some adverse effect on the fetus or infant. Again, the most important one of these should be entered in Section (c) and others, if any, in Section (d).

Some examples of conditions that may be certified are:

- maternal diabetes mellitus
- cardiac disease (state type, eg, rheumatic)
- renal disease (state type)
- essential hypertension
- rubella, or drug therapy which is thought to have contributed to death
- blood groups isoimmunisation (state type)
- pre-eclamptic toxæmia
- cervical incompetence or uterine malformation
- malpresentation/difficult delivery (specify)
- ante-partum haemorrhage (specify cause or state if undetermined)
- cord complications (specify).

### ***Other relevant circumstances***

Section (e) is provided for the reporting of other circumstances which the certifier considers to have a bearing on the death but which are not provided for in Section (a) to (d).

Some examples are:

- unattended delivery
- adverse reaction to oxytocin induction of labour.

### ***Postmortem (autopsy) reports***

Particular attention should be given to obtaining a complete postmortem examination of the baby including histology examination, particularly of the lungs. This postmortem examination is desirable in all cases including macerated fetuses and those infants who have obvious congenital malformations.

## Reporting of maternal deaths by medical practitioners

A statement at the foot of the medical certificate draws the attention of Medical Practitioners to the legal obligation imposed upon them to notify any maternal death.

Death, **from any cause**, of a woman during pregnancy or within three months of conclusion of pregnancy is a maternal death.

The New Zealand Maternal Mortality Research Amendment Act of 1979 defines a maternal death as:

- (a) a death that occurs during pregnancy or within a period of three months after the date of the conclusion of a pregnancy;
- (b) a death of a woman who at the time of her death was suffering from chorionepithelioma or hydatidiform mole.

The Maternal Mortality Research Act requires that:

“Every medical practitioner who has attended a woman during an illness or injury that caused or contributed towards her death, and who knows or suspects that the death was a maternal death shall, within 24 hours of the death, notify the Medical Officer of Health for the health district in which the death occurred [see Appendix, page 58] of the following:

- the name of the woman
- the cause of her death
- the reasons why he/she knows or has reasonable cause to suspect that the death was a maternal death
- his/her own name and address.

The Medical Officer of Health shall notify the secretary of the Maternal Deaths Assessment Committee of the death.”

Maternal deaths are subdivided into two categories:

- those deaths due to complications of pregnancy, childbirth and the puerperium, referred to as **direct** causes of maternal death
- indirect and incidental deaths occurring during pregnancy, childbirth and the puerperium, referred to as **indirect** causes of maternal death.

## Cause-of-death certification by coroners

To ensure that information concerning deaths referred to coroners is recorded in a manner consistent with information supplied by medical practitioners on the standard medical certificate, it is important that coroners are guided by the same rules and procedures in making their finding(s) as to cause of death in terms of section 4(1) of the Coroners Act 1998 (see page 54). Recording the following information will facilitate standardisation of the statistical classification for underlying cause of death.



### ***Death due to accident, suicide or homicide***

1. **Injury(ies)** – the part of the body injured and the type of injury, eg, fractured skull and contusion of brain, smoke inhalation, carbon monoxide poisoning, pulmonary contusion.
2. **Circumstances/cause of the injury or poisoning** – a brief but precise statement of how the injury/poisoning occurred, and any agent involved, eg, accidentally swallowed paraquat herbicide stored in a soft drink bottle, stabbed by partner with kitchen knife during an argument, intentional carbon monoxide poisoning by inhalation of motor vehicle exhaust. Provision of the following additional information re circumstances allows for more specific coding and greatly assists researchers interested in injury prevention:
  - (a) Alcohol involvement – details of alcohol consumption, whether or not alcohol appeared to be a contributing cause.
  - (b) Anaesthesia/surgery – disease or injury for which the operation was being, or about to be, performed, name of anaesthetic involved, nature of the injury or complication (eg, anaphylactic shock).
  - (c) Carbon monoxide (CO) poisoning – source of CO (eg, car exhaust)
  - (d) Drowning – what person was doing at the time (eg, swimming, fishing from rocks); if boating, the type of boat, lifejacket usage; if swimming pool, type of pool (spa, etc), whether or not pool fenced/covered, whether or not gate was self-locking and working.
  - (e) Drug abuse/dependency – name(s) of drug(s) involved, nature of dependence or abuse (eg, drug dependent, inexperienced user illicit drugs, took drugs to get ‘high’).

- (f) Falls – whether fell from a height or slipped/tripped on same level, height of the fall, surface impacted (eg, concrete).
  - (g) Fire and flames – source of ignition (eg, cigarette), first object ignited (eg, sofa), accelerants (eg, petrol).
  - (h) Firearms – type and calibre of firearm involved (eg, semi-automatic .22 rifle, shotgun, etc).
  - (i) Motor vehicle accidents – the person injured (driver, passenger, etc), whether or not collision was involved, object(s) struck, seatbelt usage (eg, not worn), excessive speed, other contributing factors, (eg, wet road).
  - (j) Motorcycle and all-terrain vehicle (ATV) crashes off or on the road – type of motorcycle/ATV (number of wheels) if not a standard 2-wheeler (eg, 4-wheel farm motorcycle).
  - (k) Scalds; hot water – exact source of the hot water (eg, tap, electric jug), the nature of any container (eg, bath)  
Scalds; non-hot water – exact nature of the liquid (eg, fat), and the nature of any container (eg, vat).
  - (l) Stings/bites/kicks/allergic reactions – type of insect/animal/fish/food/ other substance involved.
  - (m) Suffocation – type (eg, hanging, strangulation, overlaying, obstruction of air passages by food/vomit/foreign body).
  - (n) Work related accident – if accident occurred in the course of the deceased's work or employment.
3. **Place of occurrence of the accident/injury** – home, prison, rest home, quarry, factory, shop, highway, farm, forest, sea, recreational park, etc.
  4. **When** – date that injury(ies) were sustained, if different to the date of death.
  5. **Intent** – there is provision within the ICD categories for the cause of death to be classified as 'undetermined' where the coroner is unable to establish if a death was accidental or intentional. This 'open verdict' should be clearly stated.

### ***Death from natural causes***

In the case of an investigation of a death found to be due to disease, the sequence of morbid events leading to death should be ascertained. The



underlying cause of death should be clearly stated and recorded in the same sequence as that laid down for medical certificates of cause of death. The recording of deaths according to the mode of dying, eg, heart failure, or to the complication, eg, peritonitis, should be avoided.

Where the coroner, in accordance with the authority vested in him/her, dispenses with an inquest and obtains a medical report from a physician or pathologist, that part of the report which contains the cause of death should be recorded by the coroner in the same way as on a medical certificate.

If a postmortem has been conducted it is important that the findings in the postmortem report be considered in conjunction with any clinical symptoms that were apparent before death or at the time of death. The pathologist or physician responsible for the postmortem report should set out clearly the chain of events leading to death, and the cause of death should be recorded in the same manner by the coroner.





# Correct and Incorrect Examples of BDM50



## Part II

### Example 1 — *Incorrect*

	Approximate time between onset and death
<p><b>Causes of death</b> – Show in full</p> <p><i>Cardiac arrest</i></p> <p><i>Cardiogenic shock</i></p> <p><i>Lactic acidosis</i></p>	<p><b>1 hour</b></p> <hr/> <p><b>3 hours</b></p> <hr/> <p><b>3 hours</b></p> <hr/> <p><b>3 hours</b></p>
<p><b>Part I. (a) Direct cause:</b> Show disease, injury or complication directly leading to death</p> <p><b>(b) Antecedent causes:</b> Morbid conditions (if any) giving rise to the above cause</p> <p><b>(c) State the underlying conditions last</b></p>	<p><i>Coma</i></p> <p><i>Insulin-dependent diabetes</i></p>
<p><b>Supplementary Information for health coding and statistical purposes</b></p> <p>When issuing a certificate under section 38 of the Births, Deaths and Marriages Registration Act 1995 if death was the result of injury set out details here.</p> <p>Describe how and where injury occurred.</p>	

## Part II

### Example 1 — Correct

	Causes of death – Show in full	Approximate time between onset and death
<p><b>Part I. (a) Direct cause:</b> Show disease, injury or complication directly leading to death</p> <p><b>(b) Antecedent causes:</b> Morbid conditions (if any) giving rise to the above cause</p> <p><b>(c) State the underlying conditions last</b></p>	<p><i>Cardiogenic shock</i></p> <p><i>Lactic acidosis and coma</i></p> <p><i>Insulin-dependent diabetes</i></p>	<p><i>1 hour</i></p> <hr/> <p><i>3 hours</i></p> <hr/> <p><i>years</i></p>
<p><b>Part II. Other significant conditions contributing to death, but not related to the disease or condition causing it</b></p>		<p>.....</p> <p>.....</p> <p>.....</p>
<p><b>Supplementary Information for health coding and statistical purposes</b></p> <p>When issuing a certificate under section 38 of the Births, Deaths and Marriages Registration Act 1995 if death was the result of injury set out details here.</p> <p>Describe how and where injury occurred.</p>		

## Mode of dying and Part II

### Example 2 — **Incorrect**

	Causes of death – Show in full	Approximate time between onset and death
<p><b>Part I. (a) Direct cause:</b> Show disease, injury or complication directly leading to death</p> <p><b>(b) Antecedent causes:</b> Morbid conditions (if any) giving rise to the above cause</p> <p><b>(c) State the underlying conditions last</b></p>	<p><i>Respiratory failure</i></p> <p><i>Left-sided pneumonia</i></p>	<p><i>7 days</i></p> <p><i>9 days</i></p>
<p><b>Part II. Other significant conditions contributing to death, but not related to the disease or condition causing it</b></p>	<p><i>Systemic lupus erythematosus</i></p> <p><i>Immunosuppression, hypertension</i></p>	<p><i>6 years</i></p> <p><i>years</i></p>
<p><b>Supplementary Information for health coding and statistical purposes</b></p> <p>When issuing a certificate under section 38 of the Births, Deaths and Marriages Registration Act 1995 if death was the result of injury set out details here.</p> <p>Describe how and where injury occurred.</p>		

## Mode of dying and Part II

### Example 2 — Correct

	Causes of death – Show in full	Approximate time between onset and death
<p><b>Part I. (a) Direct cause:</b> Show disease, injury or complication directly leading to death</p> <p><b>(b) Antecedent causes:</b> Morbid conditions (if any) giving rise to the above cause</p> <p><b>(c) State the underlying conditions last</b></p>	<p><i>Left-sided pneumonia</i></p> <p><i>Immunosuppression due to corticosteroids</i></p> <p><i>Systemic lupus erythematosus</i></p>	<p><i>9 days</i></p> <hr/> <p><i>years</i></p> <hr/> <p><i>6 years</i></p> <hr/> <p><i>years</i></p>
<p><b>Part II.</b> Other significant conditions contributing to death, but not related to the disease or condition causing it</p>	<p><i>Hypertension</i></p>	<p><i>years</i></p>
<p><b>Supplementary Information for health coding and statistical purposes</b></p> <p>When issuing a certificate under section 38 of the Births, Deaths and Marriages Registration Act 1995 if death was the result of injury set out details here.</p> <p>Describe how and where injury occurred.</p>		

## Mode of dying and Part II

### Example 2a — **Incorrect**

	Causes of death – Show in full	Approximate time between onset and death
<p><b>Part I. (a) Direct cause:</b> Show disease, injury or complication directly leading to death</p> <p><b>(b) Antecedent causes:</b> Morbid conditions (if any) giving rise to the above cause</p> <p><b>(c) State the underlying conditions last</b></p>	<p><i>Cardiac arrest</i></p> <p><i>Cachexia</i></p> <p><i>Metastatic poorly differentiated carcinoma</i></p>	<p><i>minutes</i></p> <p><i>2 weeks</i></p>
<p><b>Part II. Other significant conditions contributing to death, but not related to the disease or condition causing it</b></p>	<p><i>Malignant ascites</i></p> <p><i>Ulcerative colitis</i></p> <p><i>Carcinoma cervix</i></p>	<p><i>months</i></p> <p><i>42 years</i></p> <p><i>25 years</i></p>
<p><b>Supplementary Information for health coding and statistical purposes</b></p> <p>When issuing a certificate under section 38 of the Births, Deaths and Marriages Registration Act 1995 if death was the result of injury set out details here.</p> <p>Describe how and where injury occurred.</p>		

## Mode of dying and Part II

### Example 2a — Correct

	Causes of death – Show in full	Approximate time between onset and death
<p><b>Part I. (a) Direct cause:</b> Show disease, injury or complication directly leading to death</p> <p><b>(b) Antecedent causes:</b> Morbid conditions (if any) giving rise to the above cause</p> <p><b>(c) State the underlying conditions last</b></p>	<p><i>Cachexia</i></p> <p><i>Metastatic poorly differentiated carcinoma</i></p> <p><i>Carcinoma cervix</i></p>	<p><i>2 weeks</i></p> <p><i>months</i></p> <p><i>25 years</i></p>
<p><b>Part II.</b> Other significant conditions contributing to death, but not related to the disease or condition causing it</p>	<p><i>Ulcerative colitis</i></p>	<p><i>42 years</i></p>
<p><b>Supplementary Information for health coding and statistical purposes</b></p> <p>When issuing a certificate under section 38 of the Births, Deaths and Marriages Registration Act 1995 if death was the result of injury set out details here.</p> <p>Describe how and where injury occurred.</p>		

## Accidents and injuries

### Example 3 — *Incorrect*

Causes of death – Show in full	Approximate time between onset and death
<p><b>Part I. (a) Direct cause:</b> Show disease, injury or complication directly leading to death</p> <p style="padding-left: 20px;"><b>(b) Antecedent causes:</b> Morbid conditions (if any) giving rise to the above cause</p> <p style="padding-left: 20px;"><b>(c) State the underlying conditions last</b></p>	<p><i>Pneumonia</i> . . . . .</p> <p><i>Immobility</i> . . . . .</p> <p><i>Fractured femur</i> . . . . .</p>
<p><b>Part II. Other significant conditions contributing to death, but not related to the disease or condition causing it</b></p>	<p><i>2 weeks</i> . . . . .</p> <p><i>6 weeks</i> . . . . .</p> <p><i>6 weeks</i> . . . . .</p>
<p><b>Supplementary Information for health coding and statistical purposes</b></p> <p>When issuing a certificate under section 38 of the Births, Deaths and Marriages Registration Act 1995 if death was the result of injury set out details here.</p> <p style="padding-left: 20px;">Describe how and where injury occurred.</p>	



## Accidents and injuries

### Example 3 — Correct

	Causes of death – Show in full	Approximate time between onset and death
<p><b>Part I. (a) Direct cause:</b> Show disease, injury or complication directly leading to death</p> <p><b>(b) Antecedent causes:</b> Morbid conditions (if any) giving rise to the above cause</p> <p><b>(c) State the underlying conditions last</b></p>	<p><i>Pneumonia due to immobility</i></p> <p><i>Fractured femur</i></p> <p><i>Slipped and fell on bathroom floor at home</i></p>	<p><i>2 weeks</i></p> <p><i>6 weeks</i></p> <p><i>6 weeks</i></p>
<p><b>Part II. Other significant conditions contributing to death, but not related to the disease or condition causing it</b></p>		
<p><b>Supplementary Information for health coding and statistical purposes</b></p> <p>When issuing a certificate under section 38 of the Births, Deaths and Marriages Registration Act 1995 if death was the result of injury set out details here.</p> <p>Describe how and where injury occurred.</p>		

# Atherosclerosis

## Example 4 — **Incorrect**

Causes of death – Show in full	Approximate time between onset and death
<i>Congestive cardiac failure</i>	<i>4 days</i>
<i>Atherosclerosis</i>	<i>20 years</i>
<i>Cerebrovascular accident</i>	<i>2 years</i>

**Part I. (a) Direct cause:**  
Show disease, injury or complication directly leading to death

**(b) Antecedent causes:**  
Morbid conditions (if any) giving rise to the above cause

**(c) State the underlying conditions last**

**Part II. Other significant conditions contributing to death, but not related to the disease or condition causing it**

**Supplementary Information for health coding and statistical purposes**

When issuing a certificate under section 38 of the Births, Deaths and Marriages Registration Act 1995 if death was the result of injury set out details here.

Describe how and where injury occurred.

## Atherosclerosis

### Example 4 — Correct

	Causes of death – Show in full	Approximate time between onset and death
<p><b>Part I. (a) Direct cause:</b> Show disease, injury or complication directly leading to death</p> <p><b>(b) Antecedent causes:</b> Morbid conditions (if any) giving rise to the above cause</p> <p><b>(c) State the underlying conditions last</b></p>	<p><i>Congestive cardiac failure</i></p> <p><i>Coronary atherosclerosis</i></p>	<p><i>4 days</i></p> <hr/> <p><i>20 years</i></p>
<p><b>Part II. Other significant conditions contributing to death, but not related to the disease or condition causing it</b></p>	<p><i>Cerebrovascular accident</i></p>	<p><i>2 years</i></p>
<p><b>Supplementary Information for health coding and statistical purposes</b></p> <p>When issuing a certificate under section 38 of the Births, Deaths and Marriages Registration Act 1995 if death was the result of injury set out details here.</p> <p>Describe how and where injury occurred.</p>		

## Cancer — exact site of primary growth

### Example 5 — *Incorrect*

	Approximate time between onset and death
<p><b>Causes of death — Show in full</b></p> <p><i>Septicaemia</i></p> <p><i>Disseminated malignancy</i></p> <p><i>Bowel cancer</i></p>	<p><i>7 days</i></p> <hr/> <p><i>2 years</i></p> <hr/> <p><i>4 years</i></p>
<p><b>Part I. (a) Direct cause:</b> Show disease, injury or complication directly leading to death</p> <p><b>(b) Antecedent causes:</b> Morbid conditions (if any) giving rise to the above cause</p> <p><b>(c) State the underlying conditions last</b></p>	
<p><b>Part II. Other significant conditions contributing to death, but not related to the disease or condition causing it</b></p>	
<p><b>Supplementary Information for health coding and statistical purposes</b></p> <p>When issuing a certificate under section 38 of the Births, Deaths and Marriages Registration Act 1995 if death was the result of injury set out details here.</p> <p>Describe how and where injury occurred.</p>	

## Cancer — exact site of primary growth

### Example 5 — Correct

	Causes of death — Show in full	Approximate time between onset and death
<p><b>Part I. (a) Direct cause:</b> Show disease, injury or complication directly leading to death</p> <p><b>(b) Antecedent causes:</b> Morbid conditions (if any) giving rise to the above cause</p> <p><b>(c) State the underlying conditions last</b></p>	<p><i>Septicaemia</i></p> <p><i>Disseminated malignancy</i></p> <p><i>Cancer of sigmoid colon</i></p>	<p><i>7 days</i></p> <hr/> <p><i>2 years</i></p> <hr/> <p><i>4 years</i></p>
<p><b>Part II. Other significant conditions contributing to death, but not related to the disease or condition causing it</b></p>		
<p><b>Supplementary Information for health coding and statistical purposes</b></p> <p>When issuing a certificate under section 38 of the Births, Deaths and Marriages Registration Act 1995 if death was the result of injury set out details here.</p> <p>Describe how and where injury occurred.</p>		

## Metastases

### Example 6 — *Incorrect*

	Approximate time between onset and death
<p><b>Causes of death</b> – Show in full</p> <p><i>Metastatic adenocarcinoma of bones</i></p>	<p><b>3 months</b></p>
<p><b>Part I. (a) Direct cause:</b> Show disease, injury or complication directly leading to death</p> <p><b>(b) Antecedent causes:</b> Morbid conditions (if any) giving rise to the above cause</p> <p><b>(c) State the underlying conditions last</b></p>	
<p><b>Part II. Other significant conditions contributing to death, but not related to the disease or condition causing it</b></p>	
<p><b>Supplementary Information for health coding and statistical purposes</b></p> <p>When issuing a certificate under section 38 of the Births, Deaths and Marriages Registration Act 1995 if death was the result of injury set out details here.</p> <p>Describe how and where injury occurred.</p>	

## Metastases

### Example 6 — Correct

	Causes of death – Show in full	Approximate time between onset and death
<p><b>Part I. (a) Direct cause:</b> Show disease, injury or complication directly leading to death</p> <p><b>(b) Antecedent causes:</b> Morbid conditions (if any) giving rise to the above cause</p> <p><b>(c) State the underlying conditions last</b></p>	<p style="text-align: center;"><i>Metastatic adenocarcinoma to bones</i></p> <p style="text-align: center;"><i>Adenocarcinoma prostate</i></p>	<p><b>3 months</b></p> <p><b>2 years</b></p>
<p><b>Supplementary Information for health coding and statistical purposes</b></p> <p>When issuing a certificate under section 38 of the Births, Deaths and Marriages Registration Act 1995 if death was the result of injury set out details here.</p> <p style="text-align: right;">Describe how and where injury occurred.</p>		

## Qualify “neoplasm or tumour”

### Example 7 — **Incorrect**

Causes of death – Show in full	Approximate time between onset and death
<p><b>Part I. (a) Direct cause:</b> Show disease, injury or complication directly leading to death</p> <p><b>(b) Antecedent causes:</b> Morbid conditions (if any) giving rise to the above cause</p> <p><b>(c) State the underlying conditions last</b></p> <p><i>Cerebral neoplasm</i></p>	<p><i>several months</i></p>
<p><b>Part II. Other significant conditions contributing to death, but not related to the disease or condition causing it</b></p>	
<p><b>Supplementary Information for health coding and statistical purposes</b></p> <p>When issuing a certificate under section 38 of the Births, Deaths and Marriages Registration Act 1995 if death was the result of injury set out details here.</p> <p>Describe how and where injury occurred.</p>	



## Qualify “neoplasm or tumour”

### Example 7 — Correct

	Causes of death – Show in full	Approximate time between onset and death
<p><b>Part I. (a) Direct cause:</b> Show disease, injury or complication directly leading to death</p> <p><b>(b) Antecedent causes:</b> Morbid conditions (if any) giving rise to the above cause</p> <p><b>(c) State the underlying conditions last</b></p>	<p><i>Astrocytoma cerebellum</i></p>	<p><i>several months</i></p>
<p><b>Part II. Other significant conditions contributing to death, but not related to the disease or condition causing it</b></p> <p><b>Supplementary Information for health coding and statistical purposes</b></p> <p>When issuing a certificate under section 38 of the Births, Deaths and Marriages Registration Act 1995 if death was the result of injury set out details here.</p> <p>Describe how and where injury occurred.</p>		



## Cardiac dysrhythmias

### Example 8 — Correct

	Approximate time between onset and death
<p><b>Part I. (a) Direct cause:</b> Show disease, injury or complication directly leading to death</p> <p><b>(b) Antecedent causes:</b> Morbid conditions (if any) giving rise to the above cause</p> <p><b>(c) State the underlying conditions last</b></p>	<p><i>Chronic heart failure</i></p> <p><i>Atrial fibrillation</i></p> <p><i>Coronary atherosclerosis</i></p> <p>months</p> <p>1 year</p> <p>years</p>
<p><b>Part II. Other significant conditions contributing to death, but not related to the disease or condition causing it</b></p>	
<p><b>Supplementary Information for health coding and statistical purposes</b></p> <p>When issuing a certificate under section 38 of the Births, Deaths and Marriages Registration Act 1995 if death was the result of injury set out details here.</p> <p>Describe how and where injury occurred.</p>	

# Gastrointestinal haemorrhage

## Example 9 — **Incorrect**

Causes of death – Show in full	Approximate time between onset and death
<p><b>Part I. (a) Direct cause:</b> Show disease, injury or complication directly leading to death</p> <p><b>(b) Antecedent causes:</b> Morbid conditions (if any) giving rise to the above cause</p> <p><b>(c) State the underlying conditions last</b></p> <p><i>Gastrointestinal haemorrhage</i></p>	<p><b>2 weeks</b></p>
<p><b>Part II. Other significant conditions contributing to death, but not related to the disease or condition causing it</b></p>	
<p><b>Supplementary Information for health coding and statistical purposes</b></p> <p>When issuing a certificate under section 38 of the Births, Deaths and Marriages Registration Act 1995 if death was the result of injury set out details here.</p> <p>Describe how and where injury occurred.</p>	

## Gastrointestinal haemorrhage

### Example 9 — Correct

	Causes of death – Show in full	Approximate time between onset and death
<p><b>Part I. (a) Direct cause:</b> Show disease, injury or complication directly leading to death</p> <p><b>(b) Antecedent causes:</b> Morbid conditions (if any) giving rise to the above cause</p> <p><b>(c) State the underlying conditions last</b></p>	<p><i>Gastrointestinal haemorrhage</i></p> <p><i>Prolonged use of NSAIDS</i></p> <p><i>Rheumatoid arthritis multiple sites</i></p> <p><i>Senescence and frailty</i></p>	<p><i>2 weeks</i></p> <hr/> <p><i>16 years</i></p> <hr/> <p><i>16 years</i></p>
<p><b>Supplementary Information for health coding and statistical purposes</b></p> <p>When issuing a certificate under section 38 of the Births, Deaths and Marriages Registration Act 1995 if death was the result of injury set out details here.</p> <p>Describe how and where injury occurred.</p>		

# Operation

## Example 10 — **Incorrect**

Causes of death – Show in full	Approximate time between onset and death
<b>Bronchopneumonia</b>	<b>2 days</b>
<b>Post-op fractured neck of femur</b>	<b>4 days</b>
<p><b>Part I. (a) Direct cause:</b> Show disease, injury or complication directly leading to death</p> <p><b>(b) Antecedent causes:</b> Morbid conditions (if any) giving rise to the above cause</p> <p><b>(c) State the underlying conditions last</b></p>	
<p><b>Part II. Other significant conditions contributing to death, but not related to the disease or condition causing it</b></p>	
<p><b>Supplementary Information for health coding and statistical purposes</b></p>	
<p>When issuing a certificate under section 38 of the Births, Deaths and Marriages Registration Act 1995 if death was the result of injury set out details here.</p> <p>Describe how and where injury occurred.</p>	

# Operation

## Example 10 — Correct

Part I. (a) Direct cause: Show disease, injury or complication directly leading to death	Causes of death – Show in full	Approximate time between onset and death
(b) Antecedent causes: Morbid conditions (if any) giving rise to the above cause	<i>Bronchopneumonia</i>	<i>2 days</i>
(c) State the underlying conditions last	<i>Post-op internal fixation L. neck of femur</i>	<i>4 days</i>
Part II. Other significant conditions contributing to death, but not related to the disease or condition causing it	<i>Fell from bed in rest home, fractured left neck of femur</i>	<i>5 days</i>
<b>Supplementary Information for health coding and statistical purposes</b>		
When issuing a certificate under section 38 of the Births, Deaths and Marriages Registration Act 1995 if death was the result of injury set out details here. Describe how and where injury occurred.		

# Pneumonia

## Example 11 — Incorrect

Causes of death – Show in full	Approximate time between onset and death
<i>Pneumonia</i>	<i>2 weeks</i>
<i>Immobilisation</i>	<i>12 months</i>
<p><b>Part I. (a) Direct cause:</b> Show disease, injury or complication directly leading to death</p> <p><b>(b) Antecedent causes:</b> Morbid conditions (if any) giving rise to the above cause</p> <p><b>(c) State the underlying conditions last</b></p>	
<p><b>Part II. Other significant conditions contributing to death, but not related to the disease or condition causing it</b></p>	
<p><b>Supplementary Information for health coding and statistical purposes</b></p>	
<p>When issuing a certificate under section 38 of the Births, Deaths and Marriages Registration Act 1995 if death was the result of injury set out details here.</p> <p>Describe how and where injury occurred.</p>	



# Pneumonia

## Example 11 — Correct

	Causes of death – Show in full	Approximate time between onset and death
<p><b>Part I. (a) Direct cause:</b> Show disease, injury or complication directly leading to death</p> <p><b>(b) Antecedent causes:</b> Morbid conditions (if any) giving rise to the above cause</p> <p><b>(c) State the underlying conditions last</b></p>	<p><i>Pneumonia</i></p> <p><i>Immobilisation</i></p> <p><i>Rheumatoid arthritis multiple sites</i></p>	<p><i>2 weeks</i></p> <hr/> <p><i>12 months</i></p> <hr/> <p><i>5 years</i></p>
<p><b>Part II. Other significant conditions contributing to death, but not related to the disease or condition causing it</b></p>		<p>.....</p> <p>.....</p> <p>.....</p>
<p><b>Supplementary Information for health coding and statistical purposes</b></p> <p>When issuing a certificate under section 38 of the Births, Deaths and Marriages Registration Act 1995 if death was the result of injury set out details here.</p> <p>Describe how and where injury occurred.</p>		

# Pulmonary embolism

## Example 12 – *Incorrect*


Causes of death – Show in full		Approximate time between onset and death
<p><b>Part I. (a) Direct cause:</b> Show disease, injury or complication directly leading to death</p> <p><b>(b) Antecedent causes:</b> Morbid conditions (if any) giving rise to the above cause</p> <p><b>(c) State the underlying conditions last</b></p>	<p><i>Pulmonary embolus</i></p> <p><i>Immobility</i></p> <p><i>Asthma</i></p>	<p><i>Immediate</i></p> <p><i>6 months</i></p> <p><i>6 years</i></p>
<p><b>Supplementary Information for health coding and statistical purposes</b></p> <p>When issuing a certificate under section 38 of the Births, Deaths and Marriages Registration Act 1995 if death was the result of injury set out details here.</p> <p>Describe how and where injury occurred.</p>		

## Pulmonary embolism

### Example 12 — Correct

	Causes of death – Show in full	Approximate time between onset and death
<p><b>Part I. (a) Direct cause:</b> Show disease, injury or complication directly leading to death</p> <p><b>(b) Antecedent causes:</b> Morbid conditions (if any) giving rise to the above cause</p> <p><b>(c) State the underlying conditions last</b></p>	<p><i>Pulmonary embolus</i></p> <p><i>Immobility</i></p> <p><i>Chronic bronchitis and asthma</i></p>	<p><i>immediate</i></p> <p><i>6 months</i></p> <p><i>6 years</i></p>
<p><b>Supplementary Information for health coding and statistical purposes</b></p> <p>When issuing a certificate under section 38 of the Births, Deaths and Marriages Registration Act 1995 if death was the result of injury set out details here.</p> <p>Describe how and where injury occurred.</p>		

# Appendix 1: Samples of Medical Certificates



**deaths**

*Births, Deaths and Marriages  
Registration Act 1995*

BDM 50

REGISTRAR TO ENTER

No. of death entry .....

Place of registration .....

## Medical Certificate of Causes of Death

**This certificate must be given to the funeral director or person in charge of the body without delay**

*Please print clearly*

First or given name(s) of deceased \_\_\_\_\_

Surname of deceased \_\_\_\_\_

Date of birth  /  /  Sex  Female  Male

Place of death in full \_\_\_\_\_

Date of death as stated to me  /  /

Last seen alive by me on  /  /  or  I did not see the deceased alive and the doctor who last attended the deceased is unavailable, and having regard to the medical records of the unavailable doctor and having examined the body, giving regard to the circumstances of the death, I am satisfied the death is not required to be reported to the Coroner

Body seen by me after death  No  Yes

Post-mortem  Not intended to be held  Held - full results considered  Held - results e.g. histology awaited  To be held

Ethnic group(s)  NZ Maori  NZ European or Pakeha  Other European →  Dutch  English  Samoan  Cook Island Maori  Tongan  Niuean  Australian  Scottish  Chinese  Indian  Other (such as Fijian, Vietnamese)  Other  Irish

Tick as many circles as needed to show which ethnic group(s) deceased belonged to

Print other ethnic group(s) here \_\_\_\_\_

**Causes of death - Show in full**

	Approximate time between onset and death
<p><b>Part I. (a) Direct cause:</b> Show disease, injury or complication directly leading to death</p> <p><b>(b) Antecedent causes:</b> Morbid conditions (if any) giving rise to the above cause</p> <p><b>(c) State the underlying conditions last</b></p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p><b>Part II. Other significant conditions contributing to death, but not related to the disease or condition causing it</b></p>	<p>.....</p> <p>.....</p>

**Supplementary Information for health coding and statistical purposes**

When issuing a certificate under section 38 of the Births, Deaths and Marriages Registration Act 1995 if death was the result of injury set out details here.

Describe how and where injury occurred.

If the deceased was at time of death suffering from an infectious disease, whether or not covered above, name the disease(s)

I certify that the particulars and causes of death shown above are true to the best of my knowledge and belief, and that no relevant information has been omitted and that the death is not required to be reported to a coroner under the Coroners Act 1988.

Printed name of practitioner \_\_\_\_\_ Qualifications \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Initials of certifying practitioner

If applicable: I expect further information to become available and, if required by the Registrar of Deaths or the Director General, Ministry of Health, I am prepared to give additional information as to the cause of death for the purpose of a more precise statistical classification.

Maternal death: The attention of the medical practitioner is drawn to the obligations imposed on them by the Maternal Mortality Research Act 1968 to notify any maternal death to the Medical Officer of Health

Note: The information given in the panels with the shadowed borders will be used by the Registrar of Deaths in the registration



Births, Deaths and Marriages  
Registration Act 1995

REGISTRAR TO ENTER	
No. of birth entry .....	No. of death entry .....
Place of registration .....	Place of registration .....

BDM 167

### Medical Certificate of Causes of Fetal and Neonatal Death

To be completed for stillbirths and for liveborn infants dying within 28 days of birth

**Certification status** Tick one box  **Stillbirth** (a dead fetus that weighed 400g or more when issued from its mother or issued from its mother after the 20th week of pregnancy)  **A liveborn infant dying within 28 days of birth**  
NOTE: a midwife may certify a certificate in respect of a stillbirth if there was no medical practitioner in attendance

**Mother**

Name of mother ..... First or given name(s) ..... Surname or family name .....

Normal residential address .....

Place of confinement .....

Mother's date of birth ..... / ..... / .....

Ethnic group(s) Tick as many boxes as needed to show which ethnic group(s) the mother belongs to

<input type="checkbox"/> NZ Maori	<input type="checkbox"/> NZ European or Pakeha	<input type="checkbox"/> Other European
<input type="checkbox"/> Samoan	<input type="checkbox"/> Cook Island Maori	<input type="checkbox"/> Tongan
<input type="checkbox"/> Chinese	<input type="checkbox"/> Indian	<input type="checkbox"/> Other (such as Fijian, Vietnamese)

Which of these groups

<input type="checkbox"/> Dutch	<input type="checkbox"/> English
<input type="checkbox"/> Australian	<input type="checkbox"/> Scottish
<input type="checkbox"/> Other	<input type="checkbox"/> Irish

Print other ethnic group(s) here .....

First day of last menstrual period ..... / ..... / .....

Number of previous pregnancies ending: after 20 completed weeks -> ..... before 20 completed weeks -> .....

Ante natal care, 2 or more visits  No  Don't know  Yes

Delivery  Normal spontaneous vertex  Other -> Specify ..... Method ..... Presentation .....

**Infant**

Name of infant (if given) ..... First or given name(s) ..... Surname or family name .....

Sex  Female  Male  Indeterminate

Ethnic group(s) Tick as many circles as needed to show which ethnic group(s) the infant belonged to

<input type="checkbox"/> NZ Maori	<input type="checkbox"/> NZ European or Pakeha	<input type="checkbox"/> Other European
<input type="checkbox"/> Samoan	<input type="checkbox"/> Cook Island Maori	<input type="checkbox"/> Tongan
<input type="checkbox"/> Chinese	<input type="checkbox"/> Indian	<input type="checkbox"/> Other (such as Fijian, Vietnamese)

Which of these groups

<input type="checkbox"/> Dutch	<input type="checkbox"/> English
<input type="checkbox"/> Australian	<input type="checkbox"/> Scottish
<input type="checkbox"/> Other	<input type="checkbox"/> Irish

Print other ethnic group(s) here .....

Birthweight ..... grams (excluding placenta) Number of completed weeks in utero ..... weeks

Date and time of birth ..... / ..... / ..... at ..... am / pm

If born alive, date and time of death ..... / ..... / ..... at ..... am / pm Place of death .....

If born dead, infant died:  Before labour  During labour  Not known

If infant died before labour, death occurred ..... days before delivery

Single or multiple birth  Singleton  Multiple -> Birth order ..... (1st, 2nd, 3rd etc)

**Causes of Death**

(a) Main disease or condition in fetus or infant .....

(b) Other diseases or conditions in fetus or infant .....

(c) Main maternal disease or condition affecting fetus or infant .....

(d) Other maternal diseases or conditions affecting fetus or infant .....

(e) Other relevant circumstances (any circumstances which the certifier considers to have a bearing on the death but which cannot be described as a disease or condition of the infant or mother) .....

Post-mortem  Not intended to be held  Held - full results considered  Held - results e.g histology awaited  To be held

I certify that the particulars and causes of death shown above are true to the best of my knowledge and belief, and that no relevant information has been omitted and that the death is not required to be reported to a coroner under the Coroners Act 1988.

Printed name of practitioner ..... Qualifications .....

Address .....

Signature ..... / ..... / ..... Date .....

If applicable: I expect further information to become available and, if required by the Registrar of Deaths or the Director General, Ministry of Health, I am prepared to give additional information as to the cause of death for the purpose of a more precise statistical classification. Initials of certifying practitioner .....

## Appendix 2: Extracts from Legislation

### Extract from the Coroners Act 1988

- 4. Deaths that must be reported—**
- (1) The following deaths shall be reported:
- (a) Every death that appears to have been:
    - (i) Without known cause; or
    - (ii) Suicide; or
    - (iii) Unnatural or violent.
  - (b) Every death in respect of which no doctor has given a certificate under Section 25 of the Births and Deaths Registration Act 1951:
  - (c) Every death:
    - (i) That occurred while the person concerned was undergoing a medical, surgical, or dental operation or procedure or some similar operation or procedure; or
    - (ii) That appears to have been a result of any such operation or procedure; or
    - (iii) That occurred while the person was affected by an anaesthetic; or
    - (iv) That appears to have been a result of the administration to the person of an anaesthetic:
  - (d) The death of any patient detained in an institution pursuant to an order under Section 9 of the Alcoholism and Drug Addiction Act 1966.
  - (e) The death of any child or young person in a residence established under Section 364 of the Children, Young Persons, and Their Families Act 1989:
  - (f) The death of any child or young person while that child or young person—
    - (i) Is in the custody or care of an Iwi Authority or a Cultural Authority, or the Director of a Child and Family Support Service, pursuant to Section 43 or Section 78 or Section 110 or Section 139 or Section 140 or Section 141 or Section 234 or Section 238 or Section 345 of the Children, Young Persons, and Their Families Act 1989; or
    - (ii) Is in the charge of any person or organisation pursuant to Section 362 of the Act.
  - (g) The death of any special or committed patient (within the meaning of the Mental Health Act 1969) in a hospital.
  - (h) The death of any inmate (within the meaning of the Penal Institutions Act 1954).
  - (i) The death of any person in the custody of the Police.
  - (j) The death of any person in such circumstances that an enactment other than this Act requires the holding of an inquest.
- (2) Paragraphs (d) to (h) of subsection (1) of this section apply to a death whether or not it occurred in the institution, residence, hospital, or penal institution concerned.

**Extract from the Births, Deaths and Marriages Registration Act 1995 (as amended by the Births, Deaths and Marriages Registration Amendment Act 2000)**

**37. Medical certificates in relation to illness**

- (1) If a person dies after an illness,—
- (a) a doctor who attended the person during the illness must, if (and only if) satisfied that the person's death was a natural consequence of the illness, give a doctor's certificate for the death immediately after the doctor learns of the death; and
- (b) a doctor other than a doctor who attended the person during the illness may give a doctor's certificate for the death if (and only if) satisfied that the person's death was a natural consequence of the illness and that—
- (i) the doctor who last attended the person during the illness is unavailable; or
- (ii) less than 24 hours has passed since the death, and the doctor who last attended the person during the illness is unlikely to be able to give a doctor's certificate for the death within 24 hours after the death; or
- (iii) 24 hours or a longer period has passed since the death, and the doctor who last attended the person during the illness has not given a doctor's certificate for the death.
- (2) Subparagraphs (ii) and (iii) of subsection (1)(b) do not apply if the doctor who last attended the person during the illness has refused to give a doctor's certificate for the death because that

doctor was not satisfied, or was not yet satisfied, that the death was a natural consequence of the illness.

- (3) If a death is required to be reported to a coroner under paragraph (a), or any of paragraphs (c) to (j), of section 4 of the Coroners Act 1988, or has been reported to a coroner under that Act, a doctor must not give a doctor's certificate for the death under subsection (1) unless a coroner has decided not to hold an inquest into the death.
- (4) A doctor who must give a doctor's certificate under subsection (1)(a) but knows that since he or she attended the person concerned some other doctor attended the person must not give the certificate without taking all reasonable steps to consult the other doctor.
- (5) A doctor must not give a doctor's certificate for a death under subsection (1)(b) unless the doctor has—
- (a) had regard to the medical records relating to the person concerned of the doctor who last attended the person during the illness; and
- (b) had regard to the circumstances of the person's death; and
- (c) examined the person's body.

**38. Medical certificates in relation to accidents to elderly persons—**

- (1) Notwithstanding that a death may have been reported to the Police under section 4 of the Coroners Act 1988, a doctor may give a doctor's certificate for

the death of a person if the person had attained the age of 70 years and, in the opinion of the doctor,—

- (a) The death was caused by injuries, or injuries contributed substantially to it; and
- (b) The injuries were caused by an accident; and
- (c) The injuries, the accident, or both, arose principally by virtue of infirmities that were attributes of the person's age; and
- (d) The accident was not suspicious or unusual; and
- (e) The accident was not caused by an

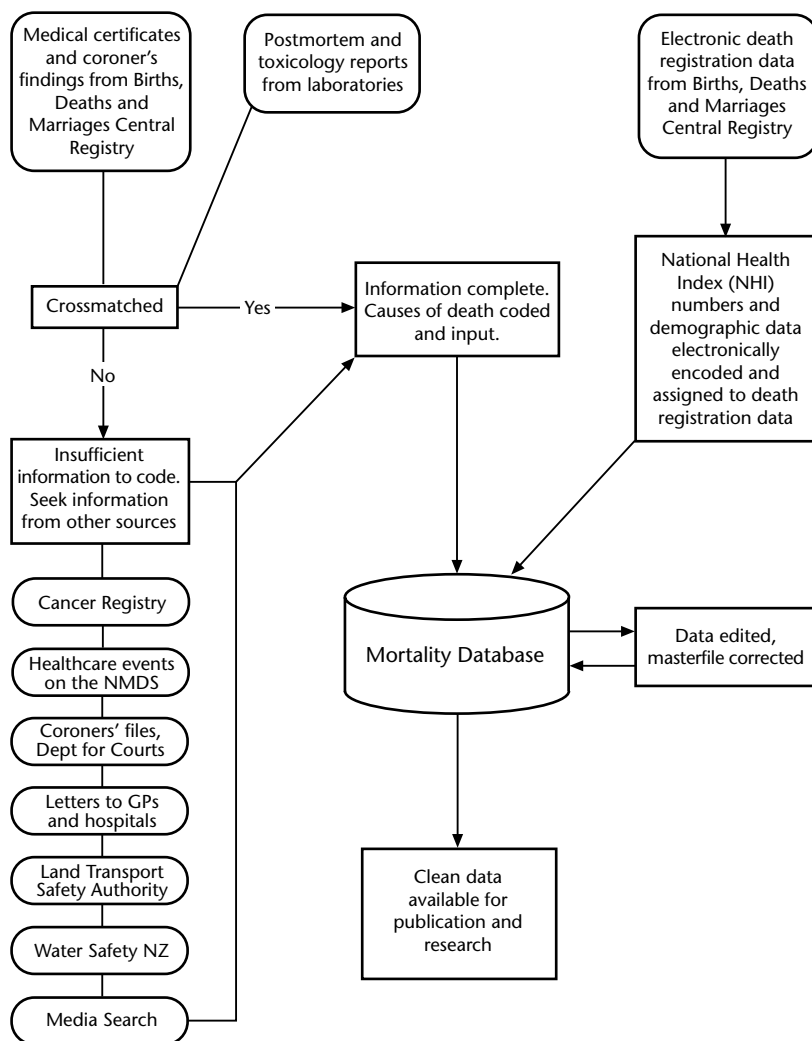
act or omission of any other person; and

- (f) Except to the extent that the death involved injury by accident, it was not violent, unnatural, or in some way a death in respect of which the Coroners Act 1988 requires an inquest to be held.
- (2) If a doctor is aware that a death has been reported under section 4 of the Coroners Act 1988, the doctor must not give a doctor's certificate under subsection (1) without first obtaining the agreement of the Coroner to whom the death has been reported.

*[Note from NZHIS: Section 38 is meant to apply mainly to those cases where an elderly person falls and fractures a neck of femur. It is not envisaged that this clause covers such events as motor vehicle crashes or where a third party is involved.]*



### Appendix 3: NZHIS Mortality System



## **Appendix 4:** **List of Medical Officers of Health**

(current as at March 2001)

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### **Northland District Health Board**

**District covered:** Northland

**Address:** Primary and Community Health Services  
Ground floor, Maunu House tel: (09) 430 4100  
155 Maunu Road fax: (09) 430 4124  
PO Box 742 after hours: (09) 430 4100  
Whangarei or 026 366 1725

**Medical Officer of Health:**

Jonathan Jarman (jjarman@nhl.co.nz)

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### **Auckland District Health Board**

**Districts covered:** South Auckland, Central Auckland, North/West Auckland

**Address:** Public Health Protection Service  
2 Owens Road  
Epsom  
Auckland 3  
Private Bag 92 605 tel: (09) 262 1855  
Symonds Street fax: (09) 630 7431  
Auckland after hours: (09) 262 1855

**Medical Officers of Health:**

#### **Communicable Disease Control**

Lester Calder (lesterc@ahsl.co.nz)

Phyllis Taylor (phyllist@ahsl.co.nz)

Nicholas Jones (nickj@ahsl.co.nz)

#### **Food and Nutrition**

Wilson Young (wilsony@ahsl.co.nz)

#### **Environmental Health**

Virginia Hope (virginia@ahsl.co.nz)

Wilson Young (wilsony@ahsl.co.nz)

Gregory Simmons (gsimmons@ahsl.co.nz)

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## Waikato District Health Board

**Districts covered:** Waikato, Ruapehu (northern part)

**Address:** Public Health Unit  
Community Health  
Hockin Building  
Selwyn Street  
PO Box 505  
Hamilton

tel: (07) 838 2569  
after hours: 025 999 511  
fax: (07) 838 2382

**Medical Officer of Health:**

Dell Hood (hoodd@hwl.co.nz)

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## Pacific Health

(Provider service for Bay of Plenty and Lakes District Health Boards)

**Districts covered:** Eastern Bay of Plenty, Tauranga, Rotorua and Taupo

**Addresses:** Toi Te Ora Public Health  
First floor, 142 Durham St  
PO Box 2121  
Tauranga

tel: (07) 571 8975  
after hours: (07) 571 8975  
fax: (07) 578 5485

Toi Te Ora Public Health  
cnr Garaway St & Stewart St  
PO Box 241  
Whakatane

tel: (07) 307 8720  
after hours: (07) 307 8999  
fax: (07) 307 8992

Toi Te Ora Public Health  
Third floor, Hauora House  
1143 Haupapa Street  
PO Box 1858  
Rotorua

tel: (07) 349 3520  
after hours: (07) 349 3520  
fax: (07) 346 0105

**Medical Officer of Health:**

Phil Shoemack (philshoemack@pacifichealth.co.nz)

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## Tairāwhiti District Health Board

**Districts covered:** Gisborne

**Address:** Public Health Unit  
141 Bright Street  
PO Box 119  
Gisborne

tel: (06) 867 9119  
after hours: (06) 867 9099  
fax: (06) 867 8414

**Medical Officer of Health:**

Bruce Duncan (BruceD@thl.co.nz)

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**Taranaki District Health Board**

**Districts covered:** Taranaki

**Address:** Health Protection Unit  
Barrett Building  
Tukapa Street tel: (06) 753 7798  
Private Bag 2016 after hours: (06) 753 7798  
New Plymouth 4620 fax: (06) 753 7788

**Medical Officer of Health:**

Patrick O'Connor (patrick.oconnor@thcl.co.nz)

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**Hawke's Bay District Health Board**

**Districts covered:** Hawke's Bay and Chatham Islands

**Address:** Public Health Unit  
Napier Health Centre tel: (06) 834 1815  
76 Wellesley Street after hours: (06) 878 8109  
PO Box 447 or pager: (06) 873 2130 3267  
Napier fax: (06) 835 4813

**Medical Officer of Health:**

Caroline McElnay (cmcelnay@healthcarehb.co.nz)

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**Mid Central District Health Board**

(Provider service for Mid Central and Whanganui District Health Boards)

**Districts covered:** Manawatu, Wanganui, Ruapehu

**Addresses:** Public Health Unit  
Community Health Village  
Palmerston North Hospital tel: (06) 350 9110  
PO Box 2056 after hours: (06) 350 9110  
Palmerston North fax: (06) 350 9111

Public Health Centre  
238 Victoria Avenue tel: (06) 348 1775  
Private Bag 645 after hours: (06) 348 1234  
Wanganui fax: (06) 348 1783

**Medical Officers of Health:**

Patrick O'Connor (patrick.oconnor@midcentral.co.nz)  
Donald Campbell (donald.campbell@midcentral.co.nz)

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**Hutt Valley Health**

(Provider service for Capital & Coast, Hutt Valley and Wairarapa District Health Boards)

**Districts covered:** Wellington, Hutt, Wairarapa

**Address:** Regional Public Health  
First floor, Pilmuir House  
Hutt Hospital tel: (04) 570 9002  
Private Bag 31-907 after hours: (04) 570 9007  
Lower Hutt fax: (04) 570 9211

**Medical Officers of Health:**

**Environmental Health, Food Safety, Liquor Licensing  
and Smokefree Environments**

Stephen Palmer (stephen.palmer@hvh.co.nz)

**Communicable Disease Control**

Jane O'Hallahan (jane.ohallahan@hvh.co.nz)

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**Nelson-Marlborough District Health Board**

**Districts covered:** Nelson, Marlborough

**Addresses:** Nelson Public Health Unit  
36 Franklyn Street tel: (03) 546 1537  
PO Box 647 after hours: (03) 546 1800  
Nelson fax: (03) 546 1542  
  
Marlborough Public Health Unit  
Wairau Hospital  
Hospital Road tel: (03) 577 1914  
PO Box 46 after hours: (03) 578 4099  
Blenheim fax: (03) 578 9517

**Medical Officers of Health:**

Maree Leonard

Ed Kiddle

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**Crown Public Health**

(Provider service for Canterbury, South Canterbury and West Coast District Health Boards)

**Districts covered:** Canterbury, South Canterbury, West Coast

**Canterbury**

**Address:** Crown Public Health Ltd  
Datacom House  
76 Chester Street East tel: (03) 379 9480  
PO Box 1475 after hours: 026 367 4231  
Christchurch fax: (03) 379 6125

**Medical Officers of Health:**

Mel Brieseman (mel.brieseman@cph.co.nz)

Alistair Humphrey (alistair.humphrey@cph.co.nz)

**South Canterbury**

**Address:** Crown Public Health Ltd  
6B Sefton Street tel: (03) 688 6019  
Private Box 510 after hours: (03) 688 6019  
Timaru fax: (03) 688 6091

**Medical Officer of Health:**

Daniel Williams (daniel.williams@cph.co.nz)

**West Coast**

**Address:** Crown Public Health Ltd  
3 Tarapuhi Street tel: (03) 768 1160  
PO Box 443 after hours: (03) 768 0499  
Greymouth fax: (03) 768 1169

**Medical Officer of Health:**

Alistair Humphrey (alistair.humphrey@cph.co.nz)

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## Public Health South

(Provider service for Otago and Southland District Health Boards)

**Districts covered:** Otago, Southland

<b>Addresses:</b>	Public Health South Te Wakahauora 57 Hanover Street PO Box 5144 Moray Place Dunedin	tel: (03) 474 1700 after hours: (03) 474 0999 fax: (03) 474 0221
	Public Health South Te Wakahauora 92 Spey Street PO Box 1601 Invercargill	tel: (03) 211 0900 after hours: 026 254 8125 fax: (03) 211 0899
	Public Health South Te Wakahauora Frankton Hospital PO Box 2180 Frankton Queenstown	tel: (03) 442 2500 after hours: contact Dunedin/Invercargill fax: (03) 442 2505

**Medical Officers of Health:**

John Holmes (john.holmes@phsouth.co.nz)  
Derek Bell (derek.bell@phsouth.co.nz)



## **Appendix 5: Births, Deaths and Marriages Contacts**

1. For ordering supplies of BDM50 or BDM167 certificates, contact:

Support Team  
BDM Central Registry  
PO Box 10-526  
Wellington

e-mail: [bdm\\_requisitions@dia.govt.nz](mailto:bdm_requisitions@dia.govt.nz)

fax: (04) 566 5311

Please state the type of form you require and the quantity, and give full postal and street address details to allow for delivery by courier.

2. Amended medical certificates of causes of death should be forwarded to:

Team Leader  
BDM Central Registry  
PO Box 10-526  
Wellington