

Part 2 continued

- 4. Have you, so far as you are aware, any pecuniary interest in the death of the deceased? Yes No

If Yes, please give details.

- 5. Were you the deceased's usual medical practitioner? Yes No

If Yes, please state for how long.

If No, please give details of your medical role in relation to the deceased.

- 6. Please state for how long you attended the deceased during their last illness?

- 7. Please state the number of days and hours before the deceased's death that you last saw them alive?

Days

Hours

- 8. Please state the date and time that you saw the body of the deceased and the examination that you made of the body.

Date

/

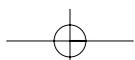
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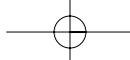
Time

Examination

- 9. From your medical notes, and the observations of yourself and others immediately before and at the time of the deceased's death, please describe the symptoms and other conditions which led to your conclusions about the cause of death.

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Part 2 continued

10. If the deceased died in a hospital at which they were an in-patient, has a hospital post-mortem examination been made or supervised by a registered medical practitioner of at least five years' standing who is neither a relative of the deceased nor a relative of yours or a partner or colleague in the same practice or clinical team as you? Yes No
- If Yes, are the results of that examination known to you? Yes No

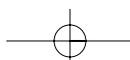
Note: 'Five years' standing' means a medical practitioner who has been a fully registered person within the meaning of the Medical Act 1983 for at least five years and, if paragraph 10 of Schedule 1 to the Medical Act 1983 (Amendment) Order 2002 (S.I. 2002/3135) has come into force, has held a licence to practice for at least five years or since the coming into force of that paragraph.

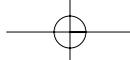
11. Please give the cause of death

1. (a) Disease or condition directly leading to death (this does not mean the mode of dying, such as heart failure, asphyxia, asthenia, etc: it means the disease, injury, or complication which caused death)

(b) Other disease or condition, if any, leading to (a)

(c) Other disease or condition, if any, leading to (b)





Part 2 continued

2. Other significant conditions contributing to the death but not related to the disease or condition causing it.

[Empty text box for question 2]

12. Did the deceased undergo any operation in the year before their death? Yes No

If Yes, what was the date and nature of the operation and who performed it.

Date of operation
[] [] / [] [] / [] [] [] []

Who performed it
[Empty text box]

Nature of operation

[Empty text box for nature of operation]

13. Do you have any reason to believe that the operation(s) shortened the life of the deceased? Yes No

If Yes, please give details.

[Empty text box for question 13]

14. Please give the full name and address details of any person who nursed the deceased during their last illness (Say whether professional nurse, relative, etc. If the illness was a long one, this question should be answered with reference to the period of four weeks before the death.)

[Empty text box for question 14]

15. Were there any persons present at the moment of death? Yes No

If Yes, please give the full name and address details of those persons and whether you have spoken to them about the death.

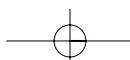
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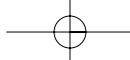
16. If there were persons present at the moment of death, did those persons have any concerns regarding the cause of death? Yes No

If Yes, please give details

[Empty text box for question 16]

17. In view of your knowledge of the deceased's habits and constitution do you have any doubts whatever about the character of the disease or condition which led to the death? Yes No





18. Have you any reason to suspect that the death of the deceased was

- Violent Yes No
- Unnatural Yes No

19. Have you any reason at all to suppose a further examination of the body is desirable?

- Yes No

If you have answered Yes to questions 17, 18 or 19 please give details below:

20. Has a coroner been informed about the death?

- Yes No

If Yes, please state the outcome.

21. Has there been any discussion with a coroner's office about the death of the deceased?

- Yes No

If Yes, please state the coroner's office that was contacted and the outcome of the discussions.

22. Have you given the certificate required for registration of death?

- Yes No

If No, please give the full name and contact details of the medical practitioner who has

Full name

Address

Telephone number

23. Was any hazardous implant placed in the body (e.g. a pacemaker, radioactive device or 'Fexion' intramedullary nailing system)?

- Yes No

Implants may damage cremation equipment if not removed from the body of the deceased before cremation and some radioactive treatments may endanger the health of crematorium staff.

If Yes, has it been removed?

- Yes No

