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Senior Coroner for Leicester City & South Leicestershire

**Summary of arrangements for death certification and registration after the
Coronavirus Act expires at midnight on 24 March 2022.**

Medical Certificate of Cause of Death (MCCD)

1. An MCCD can be completed by any Registered Medical Practitioner (RMP) who has ‘attended’ the deceased during their last illness. In addition, to avoid referral to Coroner, the deceased is to have:
 - a) Been seen (including by video, but not by telephone) within 28 days prior to death by the signing RMP, or
 - b) Seen after death by the RMP in person (not by video).
2. If neither 1 (a), nor (b) can be fulfilled, it is still possible for the MCCD to be issued but only after referral to the Coroner using:
 - a) For Leicester City and Leicestershire South, the online portal:
leicester-portal.coronersconnect.co.uk
 - b) For Leicestershire North, the PRISM Form
3. If the cause of death is natural and the Coroner’s Officer confirms there are no relevant concerns from the family, the doctor will be asked to proceed to issue the MCCD and asked to circle number 4 which indicates “I have reported this death to the Coroner for further action” and also enter “100A” in box A on the reverse of the MCCD.

BIRTHS AND DEATHS REGISTRATION ACT 1953
(Prescribed by the Registrar of Births and Deaths Regulations 1987)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

For use only by a Registered Medical Practitioner WHO HAS BEEN IN ATTENDANCE during the deceased's last illness, and to be delivered by him forthwith to the Registrar of Births and Deaths.

Register to enter No. of Death Entry

Name of deceased TULL WISSE
 Date of death as stated to me 10th day of APRIL 2022 Age as stated to me 81
 Place of death THE WILLOWS NURSING HOME, COVENTRY RD, MARLET, HALESWOOD, WYBONA
 Last seen alive by me 1st day of SEPTEMBER 2021

1 The certified cause of death takes account of information obtained from post-mortem.
 2 Information from post-mortem may be available later.
 3 Post-mortem not being held.
 4 I have reported this death to the Coroner for further action. (See overleaf)

Please ring appropriate digit(s) and letter

a Seen after death by me.
 b Seen after death by another medical practitioner but not by me.
 c Not seen after death by a medical practitioner.

CAUSE OF DEATH		These particulars not to be entered in death register
The condition thought to be the 'Underlying Cause of Death' should appear in the lowest completed line of Part I.		Approximate interval between onset and death
I (a) Disease or condition directly leading to death	<u>INCLUSION BODY MYOSITIS</u>	<u>6 weeks</u>
(b) Other disease or condition, if any, leading to I(a).		
(c) Other disease or condition, if any, leading to I(b).		
II Other significant conditions CONTRIBUTING TO THE DEATH but not related to the disease or condition causing it.	<u>SARS COV-2 VIRUS INFECTION</u>	<u>2 days</u>

The death might have been due to or contributed to by the employment followed at some time by the deceased. Please tick where applicable

(This does not mean the mode of dying, such as heart failure, asphyxia, aethenia, etc: it means the disease, injury, or complication which caused death.)

I hereby certify that I was in medical attendance during the above named deceased's last illness, and that the particulars and cause of death above written are true to the best of my knowledge and belief.

Signature [Signature] Qualifications as registered by General Medical Council MBS
 Residence 67 COVENTRY RD, MARLET, HALESWOOD Date 12.4.22
 PRINT NAME & GMC NUMBER [Signature] SA 8018

For deaths in hospital: Please give the name of the consultant responsible for the above-named as a patient.

Complete where applicable

<p>A</p> <p>I have reported this death to the Coroner for further action.</p> <p><u>ICCA</u></p> <p>Initials of certifying medical practitioner.</p>	<p>B</p> <p>I may be in a position later to give, on application by the Registrar General, additional information as to the cause of death for the purpose of more precise statistical classification.</p> <p>Initials of certifying medical practitioner.</p>
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- The death should be referred to the coroner if:
- the cause of death is unknown
 - the deceased was not seen by the certifying doctor either after death or within the 14 days before death
 - the death was violent or unnatural or was suspicious
 - the death may be due to an accident (whenever it occurred)
 - the death may be due to self-neglect or neglect by others
- the death may be due to an industrial disease or related to the deceased's employment
 - the death may be due to an abortion
 - the death occurred during an operation or before recovery from the effects of an anaesthetic
 - the death may be a suicide
 - the death occurred during or shortly after detention in police or prison custody

LIST OF SOME OF THE CATEGORIES OF DEATH WHICH MAY BE OF INDUSTRIAL ORIGIN

MALIGNANT DISEASES	Causes include	INFECTIOUS DISEASES	Causes include
(a) Skin	- radiation and sunlight - pitch or tar - mineral oils	(a) Anthrax	- imported bone, bonemeal hide or fur
(b) Nasal	- wood or leather work	(b) Brucellosis	- farming or veterinary
(c) Lung	- nickel - asbestos - chromates - nickel - radiation	(c) Tuberculosis	- contact at work
(d) Pleura and peritoneum	- asbestos	(d) Leptospirosis	- farming, sewer or underground workers
(e) Urinary tract	- benzidine - dyestuff manufacture - rubber manufacture - PVC manufacture	(e) Tetanus	- farming or gardening
(f) Liver	- radiation	(f) Rabies	- animal handling
(g) Bone	- radiation	(g) Viral hepatitis	- contact at work
(h) Lymphatic and haematopoietic	- benzene		
POISONING		CHRONIC LUNG DISEASES	
(a) Metals	e.g. arsenic, cadmium, lead	(a) Occupational asthma	- sensitising agent at work
(b) Chemicals	e.g. chlorine, benzene	(b) Allergic alveolitis	- farming
(c) Solvents	e.g. trichlorethylene	(c) Pneumoconiosis	- mining and quarrying - potteries - asbestos
		(d) Chronic bronchitis and emphysema	- underground coal mining

NOTE:—The Practitioner, on signing the certificate, should complete, sign and date the Notice to the Informant, which should be detached and handed to the informant. Where the informant intends giving information for the registration outside of the area where the death occurred, the notice may be handed to the informant's agent. The Practitioner should then, without delay, deliver the certificate itself to the Registrar of Births and Deaths for the sub-district in which the death occurred. Envelopes for enclosing the certificates are supplied by the Registrar.

- In cases where doctors have never personally treated the patient for their last illness but can suggest a natural cause of death (perhaps when the usual doctor is on holiday) the same procedure applies; referral to the Coroner is needed in the first instance and if the doctor is asked to complete the MCCD they do so as usual but omit their signature; an "uncertified" death.
- Place of death must be an address or description and not "patient's home" or similar.
- Last seen alive refers to either in person or by video and must be completed regardless of how long this was before death.

7. Option (a) Seen after death by me can only be completed if seen in person (not by video).
8. Remote Verification of Death remains an option for confirming death, preferably by using the PRISM form.
9. The whole of both sides of the completed MCCD should be scanned or photographed and emailed to the registrar. It is important to include a name and telephone number of a relative or representative who the registrar can liaise with.
County deaths – leicsdeathreg@leics.gov.uk
City deaths – Nominated-Officer@leicester.gov.uk
Rutland deaths - registrars@rutland.gov.uk
10. It is advised that the original completed copies of MCCDs should be retained for at least one month, before destroying.
11. Fuller guidance about completing MCCD can be found at <https://www.gov.uk/government/publications/guidance-notes-for-completing-a-medicalcertificate-of-cause-of-death/guidance-for-doctors-completing-medical-certificates-ofcause-of-death-in-england-and-wales-accessible-version>
12. You may also wish to refer to the Royal College of Pathologist's Flow Chart (attached below)

Cremation & Burial

1. The requirement for Form Cremation 5 (Part 2) to be completed has been completely removed.
2. The criteria for RMPs completing the Cremation 4 form is the same as for the MCCD. RMPs will be able to complete the Cremation 4 without the death having been referred to the Coroner if they:
 - (a) Had seen the deceased (including video) within 28 days prior to death, or
 - (b) Viewed the body after death in person (not by video), or
 - (c) The death has been registered with an MCCD supported by Form 100A issued by the coroner.The Medical Referee MAY accept a form where none of these criteria are met, but can reject the form, or make 'any enquiry' causing delay.
3. Detailed guidance regarding completion of Form Cremation 4 can be found at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1062509/medical-practitioners-completing-form-cremation-4-25-march-2022.pdf

Death Registration

- 1 Registrations must now be done face to face. This will be by appointment only.
- 2 At the point of registration, the Registrar will issue Form 9/the green form to the informant.
- 3 Funeral Directors will no longer be able to act as the informant to register a death.

PLEASE SEE MCCD FLOWCHART BELOW

MCCD FLOWCHART

