

# Be kind to families – get it right first time

Did you know in 2021/22, 41% of MCCDs 'not in order' had an admin error?

**MEDICAL CERTIFICATE OF CAUSE OF DEATH (Form 11)**  
(Section 24(1) of the Registration of Births, Deaths and Marriages (Scotland) Act 1965)

Serial number:



None of the form is optional and all parts and questions on both sides should be considered and answered as appropriate

The completed certificate should be taken to the Registrar of Births, Deaths and Marriages and will be retained by them.

GUIDANCE FOR COMPLETION OF THIS FORM IS AVAILABLE AT [www.nrscotland.gov.uk/MCCDGuidance](http://www.nrscotland.gov.uk/MCCDGuidance)



PLEASE PRINT CLEARLY IN BLOCK CAPITALS AND DO NOT ABBREVIATE USE BLACK INK

<b>Time of death</b> (24-hour clock – hh:mm)		When the patient died, NOT the time death was verified	16% incorrect
<b>Place of death</b>		Ensure full address noted including postcode	3% incorrect
<b>Business address</b>		Include ward details if died in hospital	
<b>Business contact telephone number</b>		Business/Ward telephone number NOT personal mobile	
<b>Signature of certifying doctor</b>		YOU MUST REMEMBER TO SIGN THE FORM	

Allowed abbreviations: HIV, AIDS, COVID-19 Disease and SARS-CoV-2, CREST, CADASIL and CARASIL, SCID, IgG, IgA and IgM

## PART C - CAUSE OF DEATH

I Disease or condition directly leading to death *	Approximate time between onset and death		
	Years	Months	Days
(a) <b>CMO guidance: COVID-19 disease or SARS-CoV-2 are acceptable</b>			Most recent
<b>Antecedent causes – Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last due to (or as a consequence of)</b>			
(b)			↑ Oldest
(c)			
(d)			

16% incorrect – abbreviation used



Always complete or certificate **MUST** be re-issued

## PART D - HAZARDS

To the best of your knowledge and belief:		Y	N
DH1	Does the body of the deceased pose a risk to public health: for example, did the deceased have a notifiable infectious disease or was their body "contaminated", immediately before death?		
DH2	Is there a cardiac pacemaker or any other potentially explosive device currently present in the deceased?		
DH3	Is there radioactive material or other hazardous implant currently present in the deceased?		

Only use



As COVID-19 disease is a notifiable disease, consideration should be given to ticking the hazard box – for up-to-date guidance: <https://www.gov.scot/coronavirus-covid-19/>

## PART E – ADDITIONAL INFORMATION

Post mortem examination by a pathologist (tick one)	
PM1	Post mortem has been done and information is included above
PM2	Post mortem information may be available later
PM3	No post mortem
Attendance on deceased (tick one)	
A1	I was in attendance upon the deceased during last illness
A2	I was not in attendance upon the deceased during last illness: the doctor who was is unable to provide the certificate
A3	No doctor was in attendance on the deceased
Extra information for statistical purposes (tick if applicable)	
X	I may be able to supply the Registrar General with additional information

2% incorrect

12% incorrect

11% incorrect

Consider if cared for the patient during the illness or condition that led to death

Only if waiting for Histology/Toxicology/Microbiology/other results which may add detail to stated cause of death



Now quality check the information you have provided:  
Spelling is correct  
Writing is legible  
All parts are completed to the best of your knowledge and belief