

# Medical Certificate of Cause of Death

## Deceased's Details

Full Name:	<input type="text"/>
Age (at death):	<input type="text"/>
Sex:	<input type="radio"/> Male <input type="radio"/> Female
Date of Death:	<input type="text"/>
Place of Death:	<input type="text"/>

## Cause of Death

<b>I. Immediate Cause</b> (a) Disease or condition directly leading to death	<input type="text"/>
<b>(b) Antecedent Cause</b> (morbid conditions, if any, giving rise to the above cause)	<input type="text"/>
<b>(c) Underlying Cause</b> (disease or injury which initiated the events resulting in death)	<input type="text"/>
<b>II. Other Significant Conditions (if any):</b>	<input type="text"/>

## Certifying Doctor's Details

Name of Medical Practitioner:	<input type="text"/>
Registration Number:	<input type="text"/>
Date:	<input type="text"/>
Signature:	<input type="text"/>

*This certificate is issued for official purposes only.*