

Record of Death

(To be completed for ALL deaths)

MUST ATTACH PATIENT LABEL HERE

SURNAME: _____ NHI: _____

FIRST NAMES: _____ DOB: _____

Please ensure you attach the correct patient label

Office of the National Duty Coroner

Email: NIO@justice.govt.nz

Fax: 09 969 6569

Phone: 0800 266 800

HOSPITAL RECORD OF DEATH

(and Notification of Death to Coroner)

(Complete Patient details or affix hospital label)

Date of death:		Ward/unit where death occurred:	
Time of death:		How long was the patient in hospital for this admission?	Hours / Days / Mths
		How long was the patient in your teams's care?	Hours / Days / Mths
Transferred from:		Consultant/Registrar: (with whom you discussed this death)	

Circumstances of Death:		(Please answer all questions)	(TICK)	YES	NO	Unsure
Unknown cause, Self-inflicted, Unnatural, etc	Death was: without known cause / self-inflicted / unnatural / violent / patient admitted due to injury			☐	☐	☐
Medical procedure, Anaesthetic, Pregnancy, Childbirth	Death occurred during, or appears to be result of, medical procedure AND was medically unexpected			☐	☐	☐
	Death occurred while person affected by anaesthetic AND was medically unexpected			☐	☐	☐
	Death of woman occurred while she was giving birth, or appears result of her being pregnant or giving birth			☐	☐	☐
Official Custody / Care	Death occurred in official custody or care (including being subject to Mental Health legislation)			☐	☐	☐
No MCCD	Doctor has not given a MCCD (Certificate as defined in section 21(1) Burial and Cremation Act 1964)			☐	☐	☐
Family Concerns	A person is expressing concern as to cause of death or hospital treatment of the deceased			☐	☐	☐
Medical Certificate	Doctor is prepared to issue a MCCD?			☐	☐	☐
Police	If you are not signing a MCCD, have Police been notified?			☐	☐	

- Any response in the grey boxes means the death MUST be reported to or discussed with the Coroner
- Answer the questions below, provide a brief clinical summary and contact the National Duty Coroner
- If the Duty Coroner accepts jurisdiction, then the Clinical Notes MUST accompany the body to the mortuary
- If not a coronial case, sign below and file in the clinical record.

Patient underwent surgical or dental operation, or a medical procedure, or a procedure requiring anaesthesia, during this admission or prior to transfer?:		Yes	No
		☐	☐
If YES, specify operation or procedure, and when		Date:	
		Time:	

Account of this admission (Brief details only required)	Or – Discharge Summary attached: (Tick if applicable)	☐
Your opinion as to the cause of death:		
1 a: Direct cause (Disease, injury or complication)		
1 b: Due to (or as a consequence of)		

Contact Details:	Cellphone:	Pager:	Fax:
Reporting Medical Practitioner: Name		Signature	Date and Time (24 hour clock)

For Hospital use only	Yes	No	For Duty Coroner's Use only	Yes	No
Record of Death sent to Duty Coroner:	☐	☐	Discussed with reporting Doctor:	☐	☐
Discussed with Duty Coroner (name):			Or Doctor:		
Received back from Duty Coroner:	☐	☐	Jurisdiction Accepted:	☐	☐
Clinical team notified of response:	☐	☐	PM required:	☐	☐
GP Notified:	☐	☐	Doctor's report in-lieu of PM:	☐	☐
Family notified of death:	☐	☐	Coroner:		Date:

RECORD OF DEATH

CR2204