

HSAJB/JRP-08/Ver1.0/2016

JABATAN REKOD PERUBATAN
HOSPITAL SULTANAH AMINAH
80100 JOHOR BAHRU

Tarikh : _____
Wad : _____
Disiplin : _____

MEDICAL CERTIFICATE CAUSE OF DEATH

PART A: PARTICULARS OF DECEASED

Name of Deceased : _____

Age of Deceased : _____ Sex : _____

Ethnic/Race : _____ Hospital R/N : _____

Identity Card No : _____

Address (Residence) : _____

Date of Death : _____ Time of Death : _____

Place of Death : _____

Autopsy Done : Yes No Medical-legal Case : Yes No

Attending Doctor : _____

Pronounced Dead by Doctor : _____

Signature :	Stamp :
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PART B: CAUSE OF DEATH	Approximate interval between onset and death
<p style="text-align: center;">I</p> <p>Diseased or condition directly leading to death*</p> <p style="text-align: center;">Antecedent Causes</p> <p>Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last</p>	<p>(a) _____ due to (or as a consequence of)</p> <p>(b) _____ due to (or as a consequence of)</p> <p>(c) _____ due to (or as a consequence of)</p> <p>(d) _____</p>
<p style="text-align: center;">II</p> <p>Other significant conditions contributing to the death, but not related to the disease or condition causing it</p>	<p>_____</p> <p>_____</p>

* This does not mean the mode of dying. e.g., heart failure, euthanasia etc. It means the disease, injury or complication which caused death