



*Nurse Practitioners  
New Zealand*

# Death and Cremation Certs for NPs

- » **Medical certificate of cause of death (HP4720)**
- » Medical Certificate of Causes of Fetal and Neonatal Death (HP4721)
- » Not a 'death certificate' but verifying the cause of death
- » For non coroner cases only
- » Life extinct is verifying the person is dead
  - > Nurses
  - > Paramedics can do this

# Death Certificates > 2



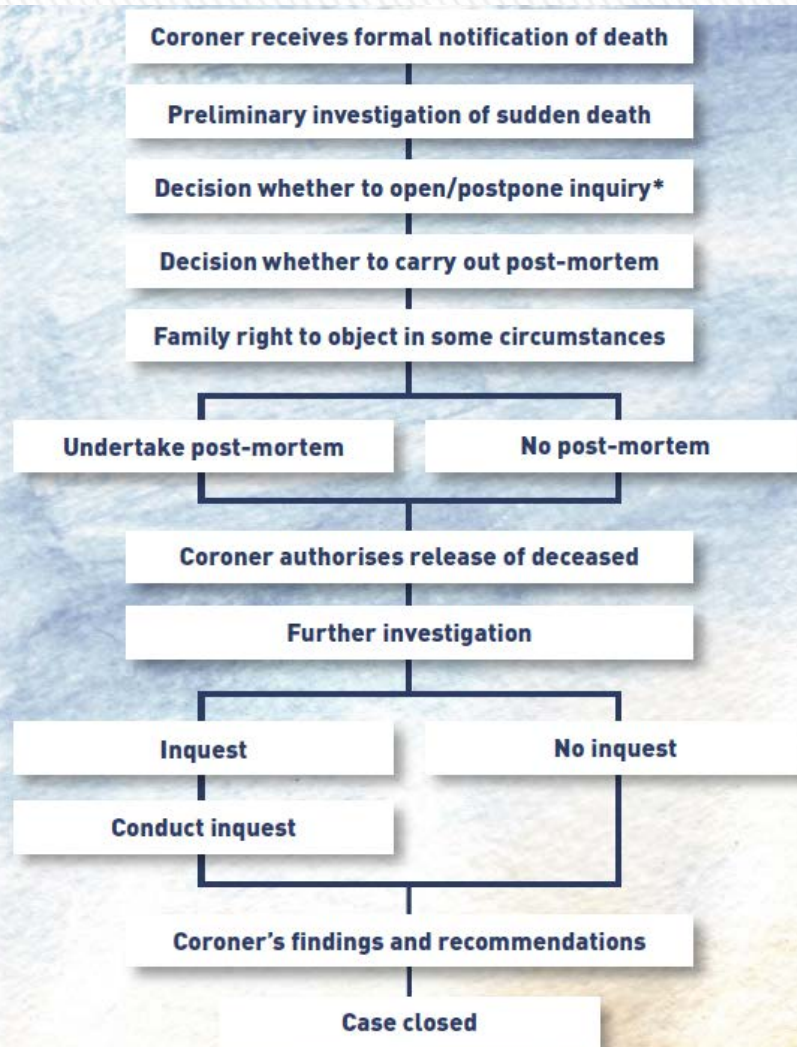
- » **Criteria for referral to the Coroner.**
- » any "unnatural" death as result of an accident ("unnatural or violent") or suicide
- » Death by accident, 24 hours post surgery, medical misadventure, suspicious circumstances/foul play
- » maternal death during pregnancy or childbirth
- » unexpected death attributable to a medical procedure or while affected by an anaesthetic
- » the death of any person while in official custody
- » death where no death certificate can be provided
- » **National Coroner: 0800 266 800**
  - > **can provide advice on unexpected death**

# Coroners Cases



# When someone dies

A GUIDE TO THE CORONIAL SERVICES  
OF NEW ZEALAND



[https://www.kidshealth.org.nz/sites/kidshealth/files/images/Coronial\\_booklet\\_0.pdf](https://www.kidshealth.org.nz/sites/kidshealth/files/images/Coronial_booklet_0.pdf)



## Medical Certificate of Cause of Death

This certificate must be given to the funeral director or other person in charge of the body without delay

The information recorded on this certificate will be used in the compilation of cause-of-death statistics  
Please print clearly, and do not use abbreviations

Surname of deceased .....

First or given name(s) of deceased .....

Deceased's National Health Index (NHI) number (if available)

Date of birth ...../...../.....  
day month year

Date of death as stated to me ...../...../.....  
day month year

Last seen alive by me ...../...../.....  
day month year

Body seen by me after death ☐ Yes ☐ No

Place of death in full .....

Post-mortem examination ☐ Will be done  
☐ Requested — consent not given  
☐ Not requested

Sex ☐ Female ☐ Male

Tick one  
☐ Discussed with coroner  
☐ I consider this death is not reportable under the Coroners Act 2006

Tick  
☐ I did not see the deceased alive and the doctor who last attended the deceased is unavailable, and having regard to the medical records of the unavailable doctor and having examined the body, giving regard to the circumstances of death, I am satisfied the death is not required to be reported to the Coroner.

Tick any that apply  
☐ Pregnant at time of death  
☐ Not pregnant, but pregnant within 42 days of death (specify below) .....  
☐ Not known if pregnant at time of death or within 42 days of death

Cause of death		Approximate interval between onset and death
<b>Part I</b>		
Disease or condition directly leading to death*	(a)..... due to (or as a consequence of) .....	.....
Antecedent causes: Morbidity conditions, if any, giving rise to the above cause.	(b)..... due to (or as a consequence of) .....	.....
Enter the <b>underlying</b> cause (disease or injury which initiated the train of morbid events leading to death) on the <b>last used</b> line in Part I	(c).....	.....
*This does not mean the mode of dying, e.g. heart failure, respiratory failure. It means the disease, injury or complication that caused death.		
<b>Part II</b>	Other significant conditions contributing to the death, but not related to the disease or condition causing death .....	.....

### Accident to Elderly Person

When issuing a certificate under Section 46C of the Burial and Cremation Act 1964 if death was the result of injury provide details about how and where the injury occurred in **Cause of death, Part I (c)** above.

If the deceased was at the time of death suffering from an infectious disease, whether or not covered above, name the disease(s) .....

I certify that the particulars and causes of death shown above are true to the best of my knowledge and belief, and that no relevant information has been omitted. If required by the Director-General, Ministry of Health, I am prepared to provide additional information as to the cause of death, where available, for the purpose of allocating a more precise statistical classification.

Printed name of practitioner .....

Qualifications .....

Health Practitioner Index - Common Person Number (HPI-CPN)

Signature .....

Date ...../...../.....

Address .....

- Best to be completed by someone who is the usual provider.
- If you have seen the patient in life and can write a cause of death, there is no legal requirement to view the dead body if for burial

- » Death when the family wish to remove the body without the services of a registered undertaker. The HP4720 is required before the body is released to family.
- » Cultural imperatives- relatively rarely there is a cultural need for same day burial/cremation.
- » The family engage an undertaker from out of town or inconvenient location for the GP to attend later.

# Exceptions



## CREMATION Certificate of Medical Practitioner: Form B

CREMATION REGULATIONS 1973: r7(1)(a) – updated January 2009

I am informed that application is about to be made for the cremation of the body of the following:

Full Name of Deceased: - Write exact name please:

Address: ' DO NOT ATTACH LABELS

Occupation: .....

As a medical practitioner who is required or permitted by section 46B or 46C(1) of the Burial and Cremation Act 1964 to give a doctor's certificate (as defined in section 2(1) of that Act) for the death, and who has seen and identified the body after death, I give the following answers to the questions set out below:

1. On what date and at what hour did he (or she) die? .....

2. Where did the deceased die? hospital / nursing home

Was this their own residence, lodgings, hospital, nursing-home, etc .....

3. Are you a relative of the deceased? If so, state the relationship. NO

4. Do you have any pecuniary (financial) interest in the death of the deceased? NO

5. Were you the ordinary medical attendant of the deceased? (i.e. usual GP) YES / NO

- If so, for how long? [State how many weeks, months, or years.] .....

6. Did you attend the deceased during his (or her) last illness? YES / NO

- If so, for how long? [State how many hours, days, weeks, or months] .....

7. If you attended the deceased during his or her last illness, when did you last see the deceased alive? [Say how many hours or days before death.] ⇒ ?

8. (a) How soon after death did you see the body? mention day / hours.

(b) How did you confirm the fact of death? external examination.

(c) How did you establish the identity of the deceased person (e.g. by personal knowledge, staff or family)?

known to me, identified by family + staff, undertaker's tag.

9. What were the causes of death?

Include the period elapsing between onset of each condition and death (in years, months, or days).

# Cremation Certificates

DO NOT  
USE

- cardio-resp. failure  
or
- cardiac arrest.

(a) Immediate cause—the disease, injury, or complication which caused death: (mention the exact cond<sup>n</sup>).

eg. L sided Pneumonia, due to immobility.

(b) Morbid conditions giving rise to the immediate cause (in chronological order beginning with the most recent)

eg. Fracture Femur / Alzh. Dementia / IHD / Cancer  
Lung / Debility of old age.

(c) Other conditions (if any) contributing to death—e.g. pregnancy, parturition, over-exertion, dangerous occupation?

eg. Slipped and fell en bathroom fall in room.  
Diabetic / Rheumatoid Arthritis / Osteoarthritis / Cachexia.

State how far your answers as to the causes of death and the duration of such causes are founded on your own observations or on statements made by others (e.g. family, nursing or medical colleagues, police or ambulance staff). If on statements made by others, give their names and their relationship to the deceased.

Name of other GPs / specialist / DNB Dr's  
with Date. + Roles.

# Cremation certs



- » list a series of events leading to a final diagnosis that can be listed for statistical purposes
- » Aged Care: death is often by decline with multiple pathologies or terminal frailty (tricky!)
  - > Debility of Old Age
  - > Often patients have had an event in the last couple of months-fall, #, Infection etc leading to the decline and death. These can be listed in part 2
  - > don't put falls or fractures in part 1 as it will trigger questions about accidents in older persons and if coroner should be involved
  - > discussion with coroner on 0800 number so you can say on cremation form they were consulted and Post Mortem not required.
  - > Most patients declining stop eating, drinking and moving about and succumb to respiratory failure through congestion or hypostatic pneumonia
  - > Avoid putting things like Hypostatic pneumonia, starvation, dehydration- all can be interpreted by families as treatable conditions lead to distress.
  - > Part 1 causes are a bit vague it will help if you put an assortment of the underlying issues in part 2. CVD, IHD, AF with heart failure, recent sepsis etc can all help spell out the frail and declining nature of patients premorbid state ding to questions as to why they weren't actively treated
- » good bottom line though the referees do like a type of dementia(mixed vasc/alz)
- » CVA/MI then that, followed by cerebrovascular disease / Ischaemic heart disease
- » For cancers, carcinomatosis/or malignant followed by type of cancer
- » The statement of how you came to conclusions may include nurses or other GP/NPs who made records but will be much better accepted if you list a Hospital specialist who would support the diagnosis.

# Cause of Death

10. What was the mode of death? (e.g. syncope, coma, exhaustion, convulsions, etc.)

Syncope

What was its duration? (State number of days, hours, or minutes)

5 mins.

State how far your answer as to the mode of death is founded on your own observations or on statements made by others. If on statements made by others, give their names and their relationship to the deceased.

NURSE } 1 long names ideal.  
NURSE }

11. Did the deceased undergo any operation during the final illness or within a year before death?

but if hopefully  
Yes / No

- if YES, what was its nature,?

- who performed it?

} → fill in all details looking  
at discharge letter. Include Service /  
Department.

Did death occur within 24 hours of any procedure or operation?

12. By whom was the deceased nursed during the last illness? (If the death occurred in a hospital, this may be answered by referring generally to the nursing staff in a specified ward, but otherwise give names and say whether professional nurse, relative, etc. This question should be answered with reference to the period of four weeks before death.)

RN (names) private hospital staff.

13. By what medical attendants (besides yourself, if applicable) was the deceased attended during his (or her) last illness?

None recently.

# Cremation certs



- » The mode and duration of death
  - > syncope of 5 mins duration and never been challenged
  
- » The statement of how you came to conclusions:
  - > may include nurses or other GP/NPs who made records
  - > will be much better accepted if you list a Hospital specialist who would support the diagnosis.
  
- » List any specialists or operations WITH the name of specialist/surgeon in PMS

# Cause of Death

14. In view of the knowledge of the deceased's habits and constitution, do you feel any doubt whatever as to the character of the disease or the cause of death?

Yes / No

15. Do you have any reason to suspect, that the death of the deceased was due, directly or indirectly, to:

(a) Violence (including accidental force): Yes No  
(c) Privation or neglect: Yes No

(b) Poison (including overdose): Yes / No  
(d) Illegal operation: Yes / No

16. Do you have any reason whatever to suppose a further examination of the body to be desirable?

Yes / No

17. Have you given the doctor's certificate (as defined in section 2(1) of the Burial and Cremation Act 1964) for the death?

Yes / No

Has this case been discussed with a coroner for any reason?

Yes / No

**Form AB (NOTE that Cremation can only proceed if this is answered clearly): Certificate in relation to Pacemakers and Other Biomechanical Aids (i.e. any electronic device that is battery operated)**

*inert joint prostheses and valves are not relevant.*

I hereby certify that I have examined the body of the deceased person named above.

\* NB: Please cross out and initial the lines that are incorrect\*:

- ☐ I am satisfied that the body does not contain a cardiac pacemaker or any other biomechanical aid
- ☐ I have removed from the body a pacemaker or relevant biomechanical aids (as defined above)

namely (i.e. please describe what was removed) .....

- ☐ A pacemaker or other relevant biomechanical aid is still present and needs to be removed.

I hereby certify that the answers given above are true and accurate to the best of my knowledge and belief, and that there is no circumstance known to me which can give rise to any suspicion that the death was due wholly or in part to any other cause than disease (or accident) or which makes it desirable that the body should not be cremated.

Signature: .....

Address: .....

Urgent contact phone number: *⇒ always good to mention* .....

Registered Medical Qualifications: .....

Date: .....

This certificate must be handed or sent in a closed envelope by the medical practitioner who signs it to a Medical Referee.



» The “Shipmen Effect”



» **The Medical Referee**

A doctor appointed by each Crematorium Authority, approved by the Director General of Health.

- » Main role is to check the Death & Cremation certificates for compliance with the appropriate Acts and Regulations and, if everything is in order, signs an authorization certificate (“Permission to Cremate”).
- » Does not have access to the patient’s medical records but is authorized to make appropriate enquiries.
- » Can ask for a formal declaration of identity of the deceased.
- » Has full authority to refuse to authorize a cremation if there is any doubt.

# Cremation Certificates > 13

- » Health and safety hazard for cremation workers
- » Need to examine body to ensure no devices
- » Usually removed by undertaker – but this must be indicated so they can write their own form for medical referee
- » Old crem form doesn't have the option for 'to be removed' you need to write this in
- » Stainless joints etc are ok but anything with battery a no no
- » including big red flags in patient notes before death is helpful

## **Pacemakers and devices**



# Welcome!

**Death Documents is a digital tool for Health Practitioners** to securely and easily complete the Medical Certificate of Cause of Death and Cremation Certificate information as required by the Burial and Cremation Act 1964.

- ▶ Create accurate, complete Death Documents for your deceased patients
- ▶ Save partially completed Death Documents for subsequent completion, and view those you've already completed
- ▶ Print your death documents for use by funeral directors and medical referees
- ▶ Death Documents will send the information directly to the Ministry of Health quickly and accurately.

Log in and register to view or complete death documents



Login



What's RealMe? ▾

## Clinical help

Guidance on completing cause of death, neonatal deaths and referring a death to the coroner

[Find guidance](#)

## System help

Learning your way around the Death Documents system

[Learn more](#)

## Upcoming features

What you've got to look forward to in the future of Death Documents

[Find out](#)

## Feedback

We are continuously developing Death Documents and would love your feedback

[Let us know](#)

**Electronic Forms:**  
**<https://deathdocs.services.govt.nz/welcome>**

No more repetitive forms - Death Documents replaces three forms (Medical Certificate of Cause of Death, Cremation Certificate, and Certificate for Pacemakers and other Biomedical Aids) - with one simple online form

You can be sure information is accurate and complete with smart form validation

Save partially completed Death Documents for subsequent completion, and view those you've already completed

Once complete and submitted, Death Documents will automatically share the information with the Ministry of Health for real time data sharing and notification to the health sector

Printed forms are clear and easy to use for funeral directors and medical referees

Access relevant guidance and clinical help throughout the form and on our help page

# On-line forms



- » Use a patient's NHI number to prepopulate their details directly into their Death Documents
- » Look up a medical facility to have address details prepopulate
- » NHI will automatically update with a patient's date of death
- » Health practitioners will be authenticated with their HPI, prepopulating their profile and ensuring they have a valid and up to date practising certificate
- » Launch Death Documents directly from your PMS (Patient Management System)

- » Send and receive notifications and progress updates via email
- » Funeral directors can request permission to cremate a body from a medical referee with the click of a button, and be notified when permission is granted
- » Medical referees can grant permission to cremate, or to confirm any details with the Health Practitioner that completed the original documents
- » Health Practitioners make amendments to documents quickly and easily, and send them back to the medical referee

## On-line Forms Communication



When I'm on my death bed I  
want my last words to be " I  
left one million dollars in  
the .."

- Unknown