

CAUSE OF DEATH CERTIFICATION MAURITIUS

A BOOKLET FOR
THE GUIDANCE OF MEDICAL PRACTITIONERS
IN COMPLETING
CERTIFICATES OF CAUSE OF DEATH

by

Ministry of Health & Quality of Life

in collaboration with

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How to Use The Death Certification Booklet

Important note: This booklet is not intended as a guide to the **legal** requirements of death certification, notification of death or of cases that require reporting to the coroner.

How to use this booklet

It is the aim of this booklet to assist Medical Practitioners in the accurate completion of the Certificate of Cause of Death. Sufficiently detailed cause of death information will ensure accurate and timely cause of death data is available to data users and free medical practitioners from the burden of answering queries relating to incomplete or inadequate documentation on the certificate.

Medical Practitioners should read this booklet in full and keep it handy for future reference. The first part details your responsibilities in completing the Certificate of Cause of Death, what happens to this information and how the data generated is disseminated and utilised.

The second part of the booklet provides information on common problems that are encountered in completing the death certificate and determining the underlying cause of death. It also provides examples to assist Medical Practitioners in providing the required detail in these common problem areas.

Note: The examples in this booklet provide additional information for the most **COMMON** problems encountered. Please refer to the **FULL LIST of INADEQUATE TERMS** on pages **12 to 17**.

ASSISTANCE

This booklet is to assist Medical Practitioners to provide accurate information on the cause of death to facilitate subsequent mortality coding. However, if you have any questions or would like further information please contact the Health Statistics Unit of the Ministry of Health & Quality of Life on: 210-0940 or 212-2085.

Recording of Death Information

What is required?

As Medical Practitioners you are required to complete Medical Certificates of Cause of Death (**COD**).

What information is used?

All information that appears on the Certificate of COD is very useful. In a large proportion of deaths, a sequence of morbid events will have led to death. All information relevant to the cause of death should therefore be mentioned.

How is the information on the Certificate of Cause of Death used?

After registration of the death, the Civil Status Office passes the information from the death certificates to the Central Statistics Office, where staff of the Health Statistics Unit of the Ministry of Health & Quality of Life code the causes of death according to the WHO's International Statistical Classification of Diseases and Related Health Problems -10th Revision (ICD-10).

The statistical data produced is used by government bodies, researchers, clinicians, educational institutions and many other organisations.

Have I supplied quality information?

It is appreciated that doctors cannot know by instinct what detail is required for classification purposes. The quality of the statistics of causes of death depends on the quality of the information on the death certificate, which should be **YOUR BEST MEDICAL OPINION** as to the sequence of events leading to death.

This booklet contains guides to assist certifiers in providing quality information in areas where common problems occur. The use of these guides will expedite the processing of death certificates and aggregation of cause of death data.

How much detail is required?

This booklet highlights groups of diseases and conditions for which the required detail is often lacking. As well as the guides for common problems, a detailed list of inadequate medical terms, specifying the required detail, can be found on pages **12** to **17**.

All deaths due to violence or unnatural causes should be referred to the Coroner.

What about confidentiality?

All persons involved in the collection of data have a responsibility to ensure the protection of the information supplied to them. Every agency collecting this type of information is bound by rules which protect the identity of individuals.

Note

Due to a printing error on some blank Certificate of Cause of Death, Section I(c) appears as I(a).

The Standard Certificate of Cause of Death

	CAUSE OF DEATH	Approximate interval between onset and death
I		
<i>Disease or condition directly leading to death*</i>	(a)..... due to (or as a consequence of)	.....
<i>Antecedent causes</i>	(b)..... due to (or as a consequence of)	.....
Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(c)..... due to (or as a consequence of)	.....
II		
<i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i>	.....	.....

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

How to Complete the Certificate of Cause of Death

Part 1, Line (a), Disease or condition directly leading to death

Enter on line I(a) the direct cause of death ie. the disease or complication which led directly to death. There must always be an entry on line I(a), this condition may be the only condition reported in Part I of the certificate **only if** it was **not due** to, or did not arise as a consequence of any disease or injury that occurred before the direct cause of death.

If conditions such as cardiac arrest, respiratory failure, chronic renal failure etc. are entered on line I(a) always enter the underlying cause(s) on I(b) or I(c) to indicate the sequence of events leading to death.

Part 1, Lines (b), and (c), Antecedent causes

If the direct cause of death on line I(a) was due to, or arose as a consequence of another disease, this disease should be entered on line I(b). If the condition entered on line I(b) was itself due to another condition or disease this other condition should be reported on line I(c). Enter any additional antecedent conditions in Part I(c).

A condition should be regarded as being antecedent not only in an aetiological or pathological sense, but also where it is believed that this condition prepared the way for the direct cause by damage of tissues or impairment of function, even after a long interval.

Occasionally two independent diseases may be thought to have contributed equally to the fatal issue, and in such unusual circumstances they may be entered on the same line.

Part II, Other significant conditions

After completing Part I, the certifier must consider whether there were any other significant conditions which, though not included in the sequence in Part I, contributed to the fatal outcome. If so, these conditions should be entered in Part II.

For example : Part I	(a) Renal failure	1 year;
	(b) Nephritic syndrome	3 years;
	(c) Diabetes mellitus	20 years;
Part II	Ischaemic Right foot	3 months.

Duration between onset and death

The duration between the onset of each condition entered on the certificate and the date of death, should be entered in the column provided. Where the time or date of onset is not known, the best estimate should be made. The unit of time should be entered in each case.

In a correctly completed certificate, the duration entered for I(a) will never exceed the duration entered for the condition on line I(b) or I(c); nor will the duration for I(b) exceed that for I(c) .

Common Problems

Legibility

Handwritten details can be difficult to distinguish and may lead to misinterpretation and error. Please avoid abbreviations.

The following are examples of terms which are often difficult to distinguish:

cardio/cerebro
congenital/congestive

empyema/emphysema
silicosis/scoliosis
coronary/cerebral

infection/infarction
hypotension/hypertension
valvular/vascular

Pulmonary Embolism

It is rare for pulmonary embolism to occur spontaneously in anyone below the age of 75 years of age, and there are a large variety of underlying causes of this condition. Where Pulmonary Embolism is the direct cause or mode of death it should be entered as such in Part 1a of the death certificate, with its underlying cause(s) sequenced in the due to relationship on the lines below it. (See Example 1, below).

Operations

When entering a post operative complication, or a complication of a medical procedure always include the condition for which the operation was performed and when the operation was performed (See Example 1, below).

Example 1. A male aged 54 years admitted to hospital for surgery to remove the colon due to carcinoma of the sigmoid colon. The patient developed a postoperative pulmonary embolism and died shortly after. As the carcinoma of the sigmoid colon was the condition necessitating the surgery, this will be selected as the underlying cause of death.

		CAUSE OF DEATH	Approximate interval between onset and death
I			
<i>Disease or condition directly leading to death*</i>	(a)....PULMONARY EMBOLISM..... due to (or as a consequence of)	.....1 HOUR.....
<i>Antecedent causes</i>	(b)...COLECTOMY DUE TO CANCER OF COLON.... due to (or as a consequence of)	.....3 DAYS.....
Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(c) ...PRIMARY CARCINOMA OF SIGMOID COLON. due to (or as a consequence of) .....	..... 18 MONTHS.....
II			
<i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i>	..........ISCHAEMIC HEART DISEASE.....	.....10 YEARS.....

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

Pneumonia and Bronchopneumonia

When a death is due to pneumonia or bronchopneumonia please identify if the condition is primary hypostatic or due to aspiration. State the cause of any underlying condition that led to the pneumonia and identify the causative organism. If the pneumonia has been caused by debility or inactivity please state the condition leading to the inactivity or debility. (See Example 2, below).

Example 2. A male aged 64 years admitted to hospital with an arteriosclerotic cerebral infarction. Transferred to rehabilitation where he developed hypostatic pneumonia. In ICU sputum cultured *Klebsiella pneumoniae* and the patient died shortly after. As the arteriosclerosis was the condition beginning the sequence of morbid events, this will be selected as the underlying cause of death.

CAUSE OF DEATH		Approximate interval between onset and death
I		
<i>Disease or condition directly leading to death*</i>	(a).... KLEBSIELLA PNEUMONIA..... due to (or as a consequence of)	.....1 WEEK.....
<i>Antecedent causes</i> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(b).....INACTIVITY due to (or as a consequence of)	.....2 MONTHS.....
	(c)... CEREBRAL INFARCTION, due to (or as a consequence of) ARTERIOSCLEROSIS.....	..... 2 MONTHS..... MANY YEARS.....
II		
<i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i>	.....ALCOHOLISM.....	.....20 YEARS.....
	..ISCHAEMIC HEART DISEASE.....	.....10 YEARS.....

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

Renal Failure

Where renal failure is entered on to the Medical Certificate of Cause of Death, please identify if the renal failure was acute, chronic or end-stage, the underlying cause and type of renal failure if known. (See Example 3, below).

Example 3.

CAUSE OF DEATH		Approximate interval between onset and death
I		
<i>Disease or condition directly leading to death*</i>	(a).... END STAGE RENAL FAILURE..... due to (or as a consequence of)	.....1 WEEK.....
<i>Antecedent causes</i> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(b).....FOCAL GLOMERULAR SCLEROSIS..... due to (or as a consequence of)	.....2 YEARS.....
	(c).... DIABETES MELLITUS -INSULINE DEPENDENT .. due to (or as a consequence of) .....	..... 25 YEARS.....
II		
<i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i>	.....	.....
	..CIGARETTE SMOKER.....	..... 10 YEARS.....

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

Pregnancy

If the deceased was pregnant or died within 42 days post partum this should also be included on the death certificate even if the pregnancy was unrelated to the cause of death (See Example 4, below).

Example 4. A female aged 24 years, pregnant for 4 months, was admitted to hospital with sudden onset of hemiplegia. Her history revealed that she had suffered from rheumatic fever at the age of 10 years, and a diagnosis of mitral stenosis was made. On her second day in hospital the patient died. The pregnancy contributed to death, but is not related to the pre-existing condition, it should be reported in Part II of the certificate.

CAUSE OF DEATH		Approximate interval between onset and death
I		
<i>Disease or condition directly leading to death*</i>	(a).....HEMIPLEGIA..... due to (or as a consequence of)	.....2 DAYS.....
<i>Antecedent causes</i> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(b).....CEREBRAL EMBOLISM..... due to (or as a consequence of)	.....2 DAYS.....
	(c).....MITRAL STENOSIS, due to (or as a consequence of)	.....14 YEARS.....
	RHEUMATIC FEVER (INACTIVE).....	.....
II		
<i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i>	.....	.....
	.....PREGNANCY.....	.....4 MONTHS.....

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

Smoking, Alcohol and Drugs

If the use of alcohol, tobacco or any other drug contributed to death, this should be reported on the certificate. Also indicate if the deceased was **addicted** to any substance. (See Example 5, below)

Example 5. Here alcohol addiction contributed to the death, but is not related to the coronary occlusion and is documented in Part II of the certificate.

CAUSE OF DEATH		Approximate interval between onset and death
I		
<i>Disease or condition directly leading to death*</i>	(a).....CORONARY OCCLUSION..... due to (or as a consequence of)	.....IMMEDIATE.....
<i>Antecedent causes</i> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(b).....CORONARY ATHEROSCLEROSIS..... due to (or as a consequence of)	.....5 YEARS.....
	(c)..... due to (or as a consequence of)	.....

II		
<i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i>	.....EMPHYSEMA.....	.....20 YEARS.....
	.....ALCOHOL ADDICTION.....	.. MANY YEARS.....

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

Infectious and Parasitic Diseases

Where possible, give the name of the causative agent, if the disease name does not imply this, and the site of the infection. Where the causative organism is unknown, document this on the death certificate as Organism Unknown. (See Examples 6 and 7, below)

Primary Infection

Certifiers should identify whether a primary infection was bacterial or viral, and the causative organism, if known. (see Example 6, below)

Sepsis and Septicaemia

Certifiers should document the site of the original infection and the causative organism on the death certificate where septicaemia is the direct cause of death. (See Example 7, below)

Example 6. Here the site of the original infection and the causative organism have been clearly identified. Lack of this information would result in a query letter to the certifier.

CAUSE OF DEATH		Approximate interval between onset and death
I <i>Disease or condition directly leading to death*</i> <i>Antecedent causes</i> Morbidity conditions, if any, giving rise to the above cause, stating the underlying condition last	(a).....SEPTIC SHOCK..... due to (or as a consequence of)	.....1 DAY.....
	(b).....STAPHYLOCOCCUS AUREUS SEPSIS..... due to (or as a consequence of)	.....5 DAYS..... .....1 WEEK.....
	(c)..... STAPHYLOCOCCUS AUREUS MENINGITIS... due to (or as a consequence of)	.....

II <i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i> *This does not mean the mode of dying e.g "heart failure, asthenia", etc. It means the disease/injury or complication which caused death.	.....RENAL TRANSPLANT.....	.....6 YEARS.....
	.....TYPE II DIABETES.....	.. 15 YEARS.....

Example 7. The certifier has identified that no further information is available.

CAUSE OF DEATH		Approximate interval between onset and death
I <i>Disease or condition directly leading to death*</i> <i>Antecedent causes</i> Morbidity conditions, if any, giving rise to the above cause, stating the underlying condition last	(a).....SEPTICAEMIA..... due to (or as a consequence of)	.....1 WEEK.....
	(b).....URINARY TRACT INFECTION..... due to (or as a consequence of)	.....MONTHS.....
	(c)..... ORGANISM UNKNOWN..... due to (or as a consequence of)	..... MONTHS.....

II <i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i> *This does not mean the mode of dying e.g "heart failure, asthenia", etc. It means the disease/injury or complication which caused death.	..... TYPE II DIABETES.....	.....6 YEARS.....

Place of Occurrence and Activity

ICD-10 coding requires a **place of occurrence** code for selected external causes of death. The certifier should therefore indicate on the form *the place* where the injury which led to death occurred eg. at home, on a farm, industrial building, on highway etc.

ICD-10 also requires a supplementary code indicating **activity** for accidental deaths. Please state the activity the deceased was engaged in at time of injury leading to death. If the injury was sustained during sporting or leisure activities please state the type of sport or leisure eg. football, swimming, dancing. Activity codes are also required if the deceased was injured when at work or travelling to work, during educational activities, unpaid domestic duties, while resting, sleeping or involved in any other specified activity. (See Example 8, below)

Accidental Deaths

In most instances accidental deaths must by law be referred to the Coroner. When a medical practitioner has occasion to issue a Certificate of Cause of Death relating to an accidental death, such as an accidental fall, the circumstances of the fall should be stated, for example "accidental fall on stairs at home", or "fall from bed in nursing home". Please include all injuries sustained eg. fracture of skull with cerebral haemorrhage (do not use non-specific terms such as multiple injuries).

If a death is due to late effects of a previous injury, please state the circumstances of this injury eg. bronchopneumonia *due to* paraplegia *due to* motor vehicle accident - 3 years ago.

Example 8. Female aged 80 years, stumbled and fell over while vacuuming at home and sustained a fracture of the neck of the left femur. She had an operation for insertion of a pin the following day. Four weeks later her condition deteriorated, she developed hypostatic pneumonia and died two days later.

CAUSE OF DEATH		Approximate interval between onset and death
I		
<i>Disease or condition directly leading to death*</i>	(a).....TERMINAL HYPOSTATIC PNEUMONIA..... due to (or as a consequence of)	.....2 DAYS.....
<i>Antecedent causes</i> Morbidity conditions, if any, giving rise to the above cause, stating the underlying condition last	(b)....FRACTURED LEFT NECK OF FEMUR (PINNED) due to (or as a consequence of)	.....4 WEEKS.....
	(c).....STUMBLED WHILE VACUUMING AT HOME, ... due to (or as a consequence of)	.....4 WEEKS.....
	GENERAL FRAILITY.....	..... 3 YEARS.....
II		
<i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i>	.....	.....

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

Neoplasms

Neoplasms are classified according to whether they are benign or malignant, and by site. Hence the terms 'neoplasm', 'growth' and 'tumour' should not be used without qualification as to whether malignant or benign and **the primary site should always be indicated**, even though the primary growth may have been removed long before death. If a secondary growth is included in the sequence of events leading to death, state the site of the secondary growth due to the site of the primary growth. **If the primary site is unknown, this MUST be stated on the certificate.**

Example 9. A female aged 54 years admitted to hospital for palliative care due to secondary adenocarcinoma of the liver. The secondary growth occurred due to the primary adenocarcinoma of the breast and, even though the primary was removed and has not reoccurred, will be selected as the underlying cause of death.

CAUSE OF DEATH		Approximate interval between onset and death
I		
<i>Disease or condition directly leading to death*</i>	(a)....SECONDARY ADENOCARCINOMA OF LIVER.. due to (or as a consequence of)	.....1 YEAR.....
<i>Antecedent causes</i> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(b)...LEFT BREAST MASTECTOMY..... due to (or as a consequence of)	.....3 YEARS AGO.....
	(c)....PRIMARY ADENOCARCINOMA OF BREAST..... due to (or as a consequence of)	..... 3 _ YEARS
II		
<i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i>	..........ISCHAEMIC HEART DISEASE.....	.....10 YEARS.....

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

Example 10. A similar case as the example above, however the primary site is UNKNOWN.

CAUSE OF DEATH		Approximate interval between onset and death
I		
<i>Disease or condition directly leading to death*</i>	(a)....SECONDARY ADENOCARCINOMA OF LIVER.. due to (or as a consequence of)	.....1 YEAR.....
<i>Antecedent causes</i> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(b)...PRIMARY UNKNOWN..... due to (or as a consequence of)	..... Over 1 YEAR
	(c)..... due to (or as a consequence of)	.....
II		
<i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i>	..........ISCHAEMIC HEART DISEASE.....	.....10 YEARS.....

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

Neoplasm Certification Guide

The precise site of the primary neoplasm should always be indicated. See the examples in the list below. The histology of the neoplasm should also be stated if known. For neoplasms of bone, where the histology is unknown, the kind of tissue of origin (ie. marrow, osseous tissue) should be indicated. Below is a list of sites and the specificity required for coding neoplasms as underlying cause of death. This list highlights those neoplasms that cause the most classification problems and is not exhaustive. Certifiers should be as specific as possible when certifying the site of any neoplasm, not just those sites listed below. **Where specific site detail is not available, identify so by documenting the detail as Unknown.** eg. 'malignant carcinoma of uterus site unknown'

QUICK REFERENCE CERTIFICATION GUIDE - MALIGNANT NEOPLASMS

Clearly identify the malignancy, morphology, exact site and behaviour of all neoplasms.

- Tumor / Growth** - Identify site and as benign, malignant primary, malignant secondary or unknown behaviour.
Neoplasm - Identify the morphology, malignancy, site and behaviour.
Metastatic - Identify whether metastatic **TO** (Secondary) or metastatic **FROM** (Primary).
Secondary - Identify primary site or document Primary as Unknown.

If the site of any primary neoplasm is unknown, **"Primary unknown"** **MUST** be documented on the Medical Certificate of Cause of Death.

The principles of site specificity, and primary unknown, apply to all malignant neoplasms, not just those listed below. The primary neoplasm sites listed below require one of the subset qualifying terms, to provide necessary detail for identification of the underlying cause of death.

Site of Primary Neoplasm Please be more specific if you are able. (eg. Primary carcinoma of inner aspect lower lip)

Lip lower upper commissure skin of lip overlapping unknown	Mouth cheek (mucosa) vestibule retro molar overlapping unknown	Pharynx nasopharynx hypopharynx oropharynx tonsil pyriform sinus overlapping unknown	Oral tongue salivary gland palate gum overlapping unknown	Skin vulva vagina penis scrotum melanoma (by site) other specified type (by site) unknown
Liver sarcoma angiosarcoma hepatoblastoma hepatocellular intrahepatic duct unknown	Intestine large (colon) small colon with rectum unknown	Uterus cervix uteri corpus uteri ligament overlapping unknown	Endocrine Gland parathyroid pituitary craniopharyngeal pineal aortic body pluriglandular unknown	Adrenal Gland medulla cortex unknown
Respiratory nasal cavity middle ear accessory sinuses mediastinum trachea thymus bronchus larynx overlapping unknown	Central Nervous meninges brain "specific" lobe "specific" ventricle brain stem cranial nerve spinal cord cauda equina overlapping unknown	Female Genitalia ovary adnexa placenta uterine ligament broad ligament round ligament parametrium fallopian tube overlapping unknown	Urinary Organs kidney ureter bladder urethra paraurethral gland overlapping unknown	

If the required detail is unknown, please document this on the Certificate of Cause of Death

Certification of Cause of Death should, at all times, be your BEST MEDICAL OPINION

LIST OF TERMS INADEQUATE FOR CODING CAUSES OF DEATH

Term	Additional information required
Abscess	Site Cause / organism
Adhesions	If following an operation, the underlying condition for which surgery was performed and length of time since surgery. (See, Operations , page 7)
Agranulocytosis	Cause. If due to drug therapy, specify condition for which drug given.
Airways disease (chronic)	Nature of disease (eg. obstructive)
Anaemia	Primary (specify type) Secondary (specify underlying cause)
Aneurysm	Site (eg. cerebral, aortic) Cause (eg. arteriosclerotic) Ruptured or dissecting
Antepartum haemorrhage	Cause (eg. coagulation defects, placenta praevia)
Anoxia (fetal)	If occurred before or during labour
Appendicitis	Whether acute or chronic With peritonitis or abscess
Arteriosclerosis, Atheroma or Atherosclerosis	If associated with hypertension, specify type (eg. benign, malignant) Arteries involved (eg. coronary, cerebral)
Arteritis	Arteries involved (eg. coronary, cerebral) Cause (eg. arteriosclerotic, syphilitic)
Arthritis	Type (rheumatoid, juvenile) Cause (eg. traumatic) Site
Asphyxia (fetal)	If occurred before or during labour
Aspiration of vomitus	Cause (eg. acute alcoholic toxicity, drug overdose, chronic alcohol abuse, or circumstances of drug use ie. addict, occasional user)
Asthma	Allergic or late onset
Atelectasis	Underlying cause
Birth injury	Site Type of injury Cause
Bronchitis	Type: acute or chronic With: asthma, emphysema etc.
Bronchopneumonia	Primary, hypostatic or aspiration Causative agent and underlying cause if any contributing disease or condition (See Pneumonia and Bronchopneumonia , page 8)
Burns	Site Percentage and degree of burns.
Cachexia	(See Malnutrition , page 21)
Calculus	Site and if with obstruction
Cancer, carcinoma	(See Neoplasms , pages 12 - 13)
Cardiac failure / dilation / Hypertrophy	Underlying disease causing this condition
Cardiovascular disease	Specific disease condition eg. hypertensive

Term	Additional information required	
Carditis	Site:	myocardium endocardium pericardium
	Type:	acute rheumatic meningococcal or viral
Cerebral degeneration	Underlying cause	
Cerebral effusion	Underlying cause	
Cerebral sclerosis	Atherosclerosis or disseminated sclerosis	
Cerebrovascular disease	Nature of disease (eg. atherosclerosis causing infarction, haemorrhage, occlusion - thrombotic/embolic)	
Cerebrovascular Accident (CVA)	Cause:	infarction, haemorrhage, thrombotic/embolic
Chorea	Type:	rheumatic with heart involvement without heart involvement Huntington's gravidarum
Cirrhosis of liver	Cause (eg. alcoholic)	
Cor pulmonale	Underlying cause, and whether acute or chronic	
Coryza	Complication leading to death	
Curvature of spine	Type:	acquired (eg. tuberculous) congenital
	With:	heart disease and/or hypertension
Cytomegalic inclusion disease	If due to AIDS or other HIV illness	
Debility	Underlying cause	
Deep venous thrombosis	If following an operation, condition for which operation performed	
	If due to inactivity, the condition causing the inactivity	
Dementia	Cause (eg. senile, alcoholic, atherosclerotic, Alzheimer's or multi-infarct)	
Dermatitis	Type	
	Cause eg. drug induced (state condition necessitating drug therapy)	
Diabetes mellitus	Type:	insulin dependent or non-insulin dependent diabetes
	With:	complication(s) eg. nephropathy, peripheral vascular disease
Diarrhoea	Underlying cause (if unknown, whether believed infectious or not)	
Dysentery	Type:	amoebic (and, if so, whether acute or chronic) bacterial other protozoal
Embolism	Site	
	If following an operation:	condition for which surgery performed
	If due to inactivity:	underlying condition causing the inactivity
Encephalitis	Type:	acute viral late effect of viral postvaccinal idiopathic meningococcal suppurative tuberculous

Term	Additional information required
Endocarditis	Acute or chronic Site: mitral valve, aortic valve Cause: rheumatic, bacterial
Failure, Renal	Acute or chronic Cause: analgesic, diabetes etc. (Renal Failure, example page 8)
Fatty degeneration	Site eg. of heart or liver
Fractures	Site Pathological or traumatic (if due to trauma, state circumstances of trauma)
Gangrene	Site Type: atherosclerotic, diabetic, due to gas bacillus etc.
Gastro-enteritis	Cause: infectious or non-infectious
Goitre	Type: simple toxic diffuse uninodular multinodular
Haematemesis	Cause: gastric ulcer, adverse effects of medication etc.
Haemorrhage	Site Cause (if due to trauma, state circumstances of trauma)
Hemiplegia	Cause and duration (eg. spinal cord injury from MVA - 20 years previously)
Hepatitis	Type: acute or chronic alcoholic of newborn of pregnancy, childbirth or puerperium viral (and if so, whether Type A, B, C, D, E)
Hydrocephalus	Congenital or if acquired, and if so, the underlying cause
Hypertension	With: heart involvement cerebrovascular involvement renal involvement pregnancy If secondary, specify underlying cause
Immaturity	Cause Complication leading to death
Influenza	With: pneumonia other manifestation (specify)
Injury	Site and type of injury circumstances surrounding the injury(s) and if due to accident, suicide, homicide (See, Place of Occurrence and Activity and Accidental Deaths , page 11)
Intestinal infection	Causative organism
Intestinal obstruction, occlusion, stenosis or stricture	Cause
Kaposi's sarcoma	If due to AIDS or other HIV illness
Leukaemia	Acute, sub-acute or chronic Type eg. lymphatic myeloid monocytic
Liver failure; hepatic failure	Cause (eg. acute infective, post-immunisation, post-transfusion, toxemia of pregnancy or of puerperium)

Term	Additional information required
Lung disease (chronic)	Nature of disease (eg. obstructive)
Infarction - cerebral	If due to occlusion, stenosis, embolism/thrombosis
Infarction - myocardial	Site Acute, healed or old
Lymphadenitis	Cause (eg. tuberculous, septic wound)
Lymphoma	Type (eg. Hodgkin's disease; Non-Hodgkin's lymphoma, mixed-cell type)
Malignant neoplasm	(See Neoplasms , pages 12 - 13)
Malnutrition	Type: congenital if due to deprivation or disease (specify) protein deficient, (specify type and degree of severity)
Melaena	Underlying cause eg. Primary carcinoma of transverse colon
Meningitis	Cause: meningococcal tuberculous haemophilus influenzae other organism (specify)
Mental retardation	Underlying physical condition
Myocarditis	Acute or chronic Cause (eg. rheumatic fever, atherosclerosis)
Neoplasm	Type: Benign, Malignant with site of primary growth (See Neoplasms , pages 12 - 13)
Nephritis/ Glomerulonephritis	Type: acute, sub-acute chronic with oedema infective or toxic (cause) If associated with: hypertension arteriosclerosis heart disease pregnancy
Obstruction of intestine	Cause If paralytic following operation, state condition for which surgery performed
Obstructive airways disease	Type: chronic acute lower respiratory infection acute exacerbation of asthma, bronchiectasis, emphysema etc.
Occlusion - cerebral	Site With: infarction, due to embolism, thrombosis etc.
Oedema of lungs	Type: acute hypostatic secondary to heart disease with hypertension If hypostatic or terminal, specify conditions necessitating inactivity If chronic and due to external agents (specify cause)
Paget's disease	Of bone, breast, skin (specify site) or malignant
Paralysis, paresis	Cause (eg. due to birth injury, syphilis) Precise form (eg. infantile, agitans)
Paralytic ileus	Underlying cause

Term	Additional information required
Pelvic abscess)
Parametritis)
Peritonitis	) Cause, particularly whether due to puerperal or post-abortive infection
Phlebitis)
Peptic ulcer	Site: stomach, gastric duodenum With: haemorrhage, perforation
Peripheral vascular disease	Cause (eg. atherosclerosis)
Pleural effusion	Cause, particularly whether tuberculosis
Pneumoconiosis	Whether: silicosis anthracosilicosis asbestosis associated with tuberculosis other (specify)
Pneumocystosis pneumonia	If due to AIDS or other HIV illness
Pneumonia	Type of organism If hypostatic or terminal, specify underlying illness (See Pneumonia and Bronchopneumonia , page 8)
Pneumothorax	Cause
Prematurity	Cause Complication leading to death
Pulmonary embolism	If following an operation, condition for which surgery performed If due to inactivity, the condition causing the inactivity (See Pulmonary Embolism , page 7)
Pulmonary oedema	Cause
Renal disease or failure	Acute or chronic Underlying cause eg. diabetic nephropathy With: hypertension, heart disease, necrosis (See Renal failure , page 8)
Respiratory failure	Underlying cause
Respiratory infection	Nature, location and causative organism if known
Rheumatic fever	Active or inactive With: nature of heart disease hypertrophy, carditis, endocarditis
Sclerosis	Arterial: coronary, cerebral (specify whether disseminated or atherosclerosis) disseminated, spinal (lateral, posterior), renal
Scoliosis	Acquired (eg. tuberculous, osteoporosis) Congenital
Senility	With: dementia, Alzheimer's disease etc.
Septicaemia	Underlying illness Type of organism (See Sepsis and Septicaemia , page 10)
Septic infection	If localised, specify site and organism
Silicosis	If associated with tuberculosis
Softening of brain	Cause: embolic, arteriosclerotic etc.

Term	Additional information required
Spondylitis	Whether: ankylosing deformans gonococcal sacro-iliac tuberculous
Stenosis, stricture	Site If congenital or acquired (specify cause)
Syphilis	Site affected Type: congenital early or late, primary, tertiary, secondary
Tetanus	If following minor injury (specify) If following major injury (specify) Puerperal, obstetric
Thrombosis	Arterial (specify artery) Intracranial sinus : pyogenic non-pyogenic late effect post-abortion puerperal venous (specify site) portal If post-operative or due to confinement in bed, specify condition which necessitated operation or immobilisation
Toxaemia	Underlying cause Pregnancy (specify): albuminuria eclampsia hyperemesis hepatitis hypertension pre-eclampsia
Toxoplasmosis	If due to AIDS or other HIV illness
Tuberculosis	Primary site Associated pneumoconiosis if present
Tumours	(See Neoplasms , pages 12 - 13)
Ulcer	Site Perforated or with haemorrhage
Ulcer, leg	Nature (eg. peripheral, varicose) Cause (eg. atherosclerosis)
Uraemia	Cause Associated childbirth or pregnancy
Urinary tract infection	Primary: specify organism and precise location, eg. ureter or kidney Secondary: specify underlying disease, eg. diabetes
Upper Respiratory Tract Infection (URTI)	Complication leading to death Organism if identified
Valvular disease	Valve(s) affected Acute or chronic If rheumatic: active or inactive If non-rheumatic: specify cause
Vascular disease	Nature (eg. hypertensive, peripheral) Cause
Wounds	Site Cause Circumstances surrounding wounds (place of occurrence, activity etc.)

