Ontario

Ministry of Health

and Long-Term Care

Certificate of Death – Form 1

Public Hospitals Act

Name of Patient

Date and Hour of Death

Cause of Death

		Approximate Interval Between Onset and Death
I		**I**
IMMEDIATE CAUSE – State the disease, injury or complication that caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.	**(a)**	
	due to	
MORBID CONDITIONS, if any, giving rise to immediate cause (state in order backwards from immediate cause).	**(b)**	
	due to	
	(c)	
II		
OTHER MORBID CONDITIONS (if important) contributing to death but not causally related to immediate cause.		

Signature of Attending Physician/
Registered Nurse in the Extended Class

Date Signed (yyyy/mm/dd)

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