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CERTIFICATE OF MEDICAL PRACTITIONER

FORM B

The Cremation Regulations 1973 Reg. 7(1)(a)

Consecutive number: _____ (Cremation Registrar to complete)

Ιa	m informed that application is about to be made for the cremation of the body of:						
Ful	Name of Deceased: First Surname						
Ad	dress:						
Oc	cupation:						
19	a medical practitioner who is required or permitted by section 46B or 46C(1) of the Burial and Cremation Act 54 to give a doctor's certificate (as defined in section 2(1) of that Act) for the death, and who has seen and ntified the body after death, I give the following answers to the questions set out below:	ŧ					
1.	On what date and at what hour did he (or she) die? Date: / / Hour: am / pr	n					
2.	Where did the deceased die? [Give address and say whether own residence, lodgings, hotel, hospital, nursing-home, etc.	ings, hotel, hospital, nursing-home, etc]					
3.	Are you a relative of the deceased?						
	If so, state the relationship:						
4.	Have you, so far as you are aware, any pecuniary interest in the death of the deceased? \Box Yes	□ No					
5.	Were you the ordinary medical attendant of the deceased? $\ \square$ 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?	□ 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 ho or days before death.]	ours					
8.	(a) How soon after death did you see the body?						
	(b) What steps did you take to satisfy yourself as to the fact of death?						
	(c) How did you establish the identity of the deceased person?						
9.	What were the causes of death? State the period elapsing between onset of each condition and death [years, months, of days]	or					
	(a) Immediate cause – the disease, injury, or complication which caused death?						
	(b) Morbid conditions (if any) giving rise to the immediate cause [place the condition in chronological order beginning with the most recent]?	ith					
	(c) Other conditions (if any) contributing to death – pregnancy, parturition, over-exertion, dangerous occupation?						

Nelson Crematorium Authority, PO Box 645, Nelson 7040, New Zealand. Tel: 03 546 0200 Fax: 03 546 0239

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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. If on statements made by others, give their names and their relationship to the deceased.							
١٥.	What was the mode of death? [Say whether syncope, coma, exhaustion, convulsion, etc] What was its duration? [State number of days, hours, or minutes; and state how far your answer as to the mode of death is founded on your own observations or on statements made by others. If statements made by others, give their names and their relationship to the deceased.]							
.1.	Did the deceased undergo any operation during the final illness or within a year before death; if so, what was its nature, and who performed it?							
.2.	By whom was the deceased nursed during his (or her) last illness? [If the death occurred in a hospital, this question 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. If the illness was a long one, this question should be answered with reference to the period of four weeks before death.]							
3.	By what medical attendants (besides yourself, if applicable) was the deceased attended during his (or her) last illness?							
.4.	In view of the knowledge of the character of the disease		and constitution, do you feel a	any doubt whatever as to	□ Yes	□ No		
5.	Do you know, or have you ar	ny reason to suspect, t	that the death of the deceased	I was due, directly or indire	ectly to:			
		☐ Yes ☐ No ☐ Yes ☐ No	b. poison: d. illegal operation:	☐ Yes ☐ No ☐ Yes ☐ No				
	c. privation of neglect.							
6.		er to suppose a furthe	er examination of the body to l	be desirable?	□ Yes	□ No		
	Have you any reason whatev		er examination of the body to l in section 2(1) of the Burial an		□ Yes			
7. he ha	Have you any reason whatev Have you given the doctor's for the death? ereby certify that the answ there is no circumstance	certificate (as defined vers given above are known to me which		nd Cremation Act 1964) est of my knowledge and ion that the death was o	□ Yes d belief, a lue wholly	□ No		
7. he ha ear	Have you any reason whatev Have you given the doctor's for the death? ereby certify that the answ t there is no circumstance t to any other cause than comated.	certificate (as defined vers given above are known to me which	in section 2(1) of the Burial and true and accurate to the book can give rise to any suspice) or which makes it desirab	nd Cremation Act 1964) est of my knowledge and ion that the death was o	□ Yes d belief, addue wholly not be	□ No nd v or in		
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7. he ha ar igr	Have you any reason whatever Have you given the doctor's for the death? ereby certify that the answet there is no circumstance to any other cause than commated.	certificate (as defined vers given above are known to me which disease (or accident)	in section 2(1) of the Burial and true and accurate to the book can give rise to any suspice) or which makes it desirabout	nd Cremation Act 1964) est of my knowledge and ion that the death was only that the body should	□ Yes d belief, addue wholly not be	□ No nd v or in		
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Note: This certificate must be handed or sent in a closed envelope by the Medical Practitioner who signs it to a Medical Referee.