

Pacemakers and Fixion Form



Belfast
City Council

Cremation number: _____

Name of deceased: _____

Important: Pacemakers or 'Fixion' intramedullary nailing system can cause an explosion if left in a body which is cremated. Radio-active implants are a health hazard.

Please circle answer the following questions:

1) Has the deceased been fitted with a cardiac pacemaker? **Yes or No**

If yes, has it been removed? **Yes or No or Not applicable**

2) Does the deceased have a radio-active implant or any other hazardous device (for example Fixion intramedullary nailing system)? **Yes or No**

If Yes has it been removed? **Yes or No or Not applicable**

If yes, we may ask for more information before cremation can take place.

Cremation will be refused if a pacemaker or 'Fixion' intramedullary device is not removed or made safe

To be completed and signed by the medical practitioner who completes Form B or the Coroner.

Signed _____

CITY OF BELFAST CREMATORIUM

Cremation No. _____

Forms B C & F.

REGULATIONS MADE BY THE MINISTRY OF HEALTH
AND LOCAL GOVERNMENT UNDER SECTION 7 OF THE
CREMATION ACT, 1902, AS APPLIED BY SECTION 26
OF THE BELFAST CORPORATION (GENERAL POWERS)
ACT (NORTHERN IRELAND), 1948

These Forms are Statutory. All the questions must be answered to make the Certificates effective for the purpose of Cremation.

These medical certificates are regarded as strictly confidential. The right to inspect them is confined to any person appointed for that purpose by the Ministry of Health and Local Government, The Ministry of Home Affairs, or the Chief Constable of the Police Service of Northern Ireland.

This Form is issued by the
City of Belfast
Crematorium,
Crossnacreevy.

Telephone No.
(028) 9044 8342

This form is not to be
used in the case of a
Coroner's Inquest.

FORM B. CERTIFICATE OF MEDICAL ATTENDANT

I AM INFORMED that application is about to be made for the cremation of the remains of:-

(Name of Deceased) _____

(Address) _____

(Occupation) _____

HAVING ATTENDED the Deceased during his/her last illness and within 28 days before death, and having **SEEN AND IDENTIFIED THE BODY AFTER DEATH I** give the following answers to the questions set out below:-

The answers to the
questions should be as
concise as possible.
Figures may be used instead
of words. All the questions
must be answered.

1. On what date, and at what hour, did he or she } Date _____ Hour _____
die? }

2. What was the place where the deceased died? }
(Give address, and say whether own residence, }
lodging, hotel, hospital, nursing home, etc.) }

3. Are you a relative of the deceased? If so, state }
relationship. }

4. Have you, so far as you are aware, any pecuniary }
interest in the death of the deceased? }

5. (a) Were you the ordinary medical attendant of } (a) _____
the deceased? }
(b) If so, for how long? } (b) _____

6. (a) Did you attend the deceased during his or her } (a) _____
last illness? }
(b) If so, for how long? } (b) _____

7. When did you last see the deceased alive? }
(Say how many days or hours before death) }

8. (a) How soon after death did you see the body ? } (a) _____
(b) What examination of it did you make? } (b) _____

9. What was the cause of death?
I. Disease or condition directly leading to death? } (a) _____
Antecedent causes } (b) _____
Morbid conditions if any giving rise to the above } due to
cause, stating the underlying condition last. } (c) _____

II. Other significant conditions contributing to death }
but not related to the disease or condition causing it. }

In all cases where the
deceased was not attended
by the doctor within 28
days, the Coroner's
authority should be obtained
for the issue of the Death
Certificate. If the death has
been reported to Coroner for
any reason this should be
stated in answer to
Question 18.

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

10. (a) What was the mode of death?
(Say whether syncope, coma, exhaustion, convulsions, etc.) } (a) _____
- (b) What was its duration in days, hours or minutes? } (b) _____

11. State how far the answers to the last two questions are the result of your own observations, or are based on statements made by others }
If on statements made by others, say by whom.

12. (a) Did the deceased undergo any operation during the final illness or within a year before death? } (a) _____
- (b) If so, what was its nature and who performed it? } (b) _____

13. By whom was the deceased nursed during his or her last illness?
(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 the death.) }

14. Who were the persons (if any) present at the moment of death? }

15. 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? }

16. Have you any reason to suspect that the death of the deceased was due, directly or indirectly, to
(a) Violence or misadventure;
(b) Unfair means;
(c) Negligence or misconduct;
(d) Malpractice on the part of others; }
(e) Any cause other than natural illness or disease for which he/she had been seen and treated by a registered medical practitioner within 28 days prior to death?

17. Do you know, or have you any reason to suspect, that the death of the deceased occurred while he/she was under an anaesthetic? }

18. If the answer to question 16 or question 17 was "yes" was the Coroner notified of the facts and circumstances relating to the death? }

19. Have you any reason whatever to suppose a further examination of the body to be desirable? }

20. Have you given the certificate required for registration of death? If not, **who has?** }

I HEREBY CERTIFY that the answers given above are true and accurate to the best of my knowledge and belief, and that I know of no reasonable cause to suspect that the deceased died as the result of the administration of an anaesthetic or as a result of violence, misadventure, unfair means, negligence, misconduct, malpractice, or any cause other than natural illness or disease for which he/she had been seen and treated by me within 28 days prior to death or in such circumstances as may require investigation by the Coroner.

Name (BLOCK LETTERS) _____

Signature _____

Address _____

Telephone No. _____

Registered Qualifications _____

Date _____

NOTE:- This certificate must be handed or sent in a closed envelope by the medical practitioner who signs it to the medical practitioner who is to give the confirmatory certificate in Form C.
The bearer of the certificate can act as the agent of the medical attendant, and to him may be handed the closed envelope for delivery to the other medical practitioner.

Additional information regarding either of the Certificates (particularly as to the medical history of the case) may be given here if necessary.

When the certificate for registration has been given by authority of the Coroner, this fact should be stated.

The confirmatory medical certificate in Form C, if not given by the Medical Referee acting under Regulation 12, must be given by a registered medical practitioner of not less than five years standing, who shall not be a relative of the deceased or a relative, partner or assistant of the doctor who has given the certificate in Form B.

Each question must be answered.

Questions 1, 2 and 4 must be answered in the affirmative.

FORM C. CONFIRMATORY MEDICAL CERTIFICATE

I, being neither a relative of the deceased, nor a relative, partner or assistant of the medical practitioner who has given the foregoing medical certificate, have examined it and **have made personal inquiry** as stated in my answers to the questions below:-

1. Have you seen the body of the deceased? } _____
2. Have you carefully examined the body externally? } _____
3. Have you made a post mortem examination? } _____
4. Have you seen and questioned the medical practitioner who give the certificate in Form B? } _____
5. (a) Have you seen and questioned any other medical practitioner who attended the deceased? (a) _____
(b) Give names and addresses of persons seen. } (b) _____
(c) and say whether you saw them alone. } (c) _____
6. (a) Have you seen and questioned any person who nursed the deceased during his or her last illness, or who was present at the death? (a) _____
(b) Give names and addresses of persons seen. } (b) _____
(c) and say whether you saw them alone. } (c) _____
7. (a) Have you seen and questioned any of the relatives of the deceased? (a) _____
(b) Give names and addresses of persons seen. } (b) _____
(c) and say whether you saw them alone. } (c) _____
8. (a) Have you seen and questioned any other person? (a) _____
(b) Give names and addresses of persons seen. } (b) _____
(c) and say whether you saw them alone. } (c) _____

Here insert cause of death.

I AM SATISFIED that the cause of death was _____

and I certify that I know of no reasonable cause to suspect that the deceased died as the result of the administration of an anaesthetic or as a result of violence, misadventure, unfair means, negligence, misconduct, malpractice, or any cause other than natural illness or disease for which he/she had been seen and treated by a registered medical practitioner within 28 days prior to death or in such circumstances as may require investigation by the Coroner.

Name (BLOCK LETTERS) _____

Signature _____

Address _____

Telephone No _____

Date _____

Registered Qualifications _____

Date of Registration _____

See marginal note at top of this page.

NOTE: THESE CERTIFICATES AFTER BEING SIGNED BY THE APPROPRIATE MEDICAL PRACTITIONER, MUST BE FORWARDED IN A CLOSED ENVELOPE TO THE MEDICAL REFEREE, C/O BEREAVEMENT SERVICES, THE CECIL WARD BUILDING, 4-10 LINENHALL STREET, BELFAST BT2 8BP.

Authority to Cremate

Whereas application has been made for the cremation of the remains of

Name _____

Address _____

Occupation _____

And whereas I have satisfied myself that the relevant requirements of the Cremation Act, 1902, and of the Cremation (Belfast) Regulations (Northern Ireland) 1961, have been complied with, that the cause of death has been definitely ascertained, and that there exists no reason for any further inquiry or examination;

I hereby authorise the Cemeteries and Crematorium Manager of the City of Belfast Crematorium, Crossnacreevy, to cremate the said remains.

Signature _____
Medical Referee to the City of Belfast Crematorium

Date _____

Note:- When completed, Forms B, C & F, together with Form A and the Disposal Certificates, must be forwarded as soon as possible to the Director of City and Neighbourhood Services, Bereavement Services, The Cecil Ward Building, 4-10 Linenhall Street, Belfast BT2 8BP.