



Pure Reflections

End of life Celebration & Resomation

PURE REFLECTIONS RESOMARIUM

Navan, County Meath

MEDICAL CERTIFICATE

Important Notes:

- It is not permitted for two Doctors to co-complete or co-sign this form.
Before filling out this form, please note that you must fulfil all of the criteria below:
- a) Only a Doctor who has attended the deceased as a patient can complete this form.
 - b) You must have at least some knowledge of the deceased's medical history.
 - c) You must have seen the deceased before death, within 4 weeks of death
 - d) You must have seen the deceased after death
 - e) You must be fully registered on the Medical Register of Ireland i.e. Post - Intern Year
 - f) You must report the death to your Coroner, if applicable.

If you do not fulfill all of the above criteria, please do not complete this form and contact the Funeral Director Immediately.

I am informed that an application is about to be made for the cremation of the remains of:

Name of Deceased:

Late Residence:

Occupation of Deceased:

Date of Birth:

Sex:

Having seen and identified the body before and after death

1. Were you the regular attending Doctor of the Deceased? Yes No

If yes, for how long?

2. Did you attend the Deceased during his or her last illness? Yes No

If yes, for how long?

3. When did you last see the Deceased alive? (Date)

How many days or hours before death?

4. How soon after death did you see the body?

What examination did you make?

Note: If you did not see the body after death- you cannot complete this form

5. On what date and at what hour did he or she die?

Date:

Hour:

6. What was the place where the Deceased died?

Address:

Say whether deceased's own residence, lodging, hotel, hospital, nursing home etc.



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7. Are you a relative of the Deceased Yes No

If yes, state relationship

8. Have you, so far as you are aware, any financial interest in the death of the Deceased? Yes No

9. Cause of death and duration of last illness: (No abbreviations please)

I.	I.	Approximate interval between onset and Death
Disease or condition directly leading to death	due to (or as a consequence of)	
Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.	due to (or as a consequence of)	
I.	I.	Approximate interval between onset and Death
Other Significant conditions Contributing to the death but not related to the disease or condition causing it.		

Important Notes:

If death is due to unnatural causes, (ie. fall, fracture, alcohol/ drug related etc.) you must report the death to your coroner

10. State how far the answer to the last question is the result of your own observation

If not your own observation, what was the source of your information?

11. Have you or any other Doctor performed an Autopsy on the body? Yes No

If yes, state by whom the examination was made

12. 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 period of four weeks before death.

13. Who were the persons present (if any) at the moment of death

14. In view of your knowledge of the Deceased's habits and constitution, do you feel any doubt whatsoever as to the character of the disease or the cause of death stated in 9. above? Yes No



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15. Have you any reason to suspect that the Deceased person died wither directly or indirectly as a result of:

- a) Violence or misadventure Yes No
- b) Unfair means Yes No
- c) Negligence or misconduct Yes No
- d) Malpractice on the part of others Yes No
- e) Poison/ Alcohol/ Drug-Related Yes No
(Including conditions related to chronic alcohol abuse)
- f) Falls/ Fractures Yes No
- g) Occupational related illness Yes No
(Including asbestosis/ mesothelioma)
- h) Anything other than natural illness or disease for which he/ she had been seen and treated by a registered medical practitioner within one month of his/ her death Yes No

If you have answered yes to any of the above a) to h), please discuss with your Coroner who may or may not wish to direct a post mortem examination.

16. So you know or have you any reason to suspect that the death occurred under or within 24 hours of an anesthetic or Medical Procedure?

17. Have you any reason to suspect that the death of the Deceased should properly be reported to the Coroner? Yes No

If yes, have you or anybody else done so? Yes No

What was the outcome? _____

Note: All nursing home deaths are reportable to your Coroner under the Coroners Act 1962 - 2019

18. Have you any reason to whatsoever to suppose a further examination of the body to be desirable? _____

19. Did you sign the Medical Certificate of the Cause of Death? Yes No

If not, Who has? _____

20. Has the Deceased been fitted with?

- a) Cardiac Pacemaker/ Defribulator Yes No
- b) Radioactive Implant Yes No
- c) Fixion Implant Yes No
- d) Baclofen Pump Yes No
- e) Other Prosthesis Yes No
- If the answer to any of the above is yes, has the implant been removed? Yes No

Note: Your completion of this form will be deemed void if you are not fully registered on the medical register of Ireland. I hereby certify that the answers given above are true and accurate to the best of my knowledge and belief.

Print Name: _____ **Signature:** _____

Telephone No.: _____ **Date:** _____

Address: _____

Registered Qualification: _____