

**MANITOBA JUSTICE
OFFICE OF THE CHIEF MEDICAL EXAMINER
Personal Care Home Death Report Form – PAGE 1**

PLEASE PRINT

FULL NAME OF DECEASED: _____ GENDER: _____
DATE OF BIRTH: _____ DATE OF DEATH: _____ AGE: _____

NAME OF FACILITY: _____
ADDRESS: _____ TEL NO: _____
ATTENDING PHYSICIAN: _____ TEL NO: _____

Was there resuscitation? yes no
Was there a surgical procedure within ten (10) days of death? yes no
Was there a fall within one (1) month of death that required medical attention? yes no
If yes, a copy of the incident report must be sent.

Name of the medical practitioner/nurse who viewed the body: _____
Date and time of viewing: _____
Are there any concerns? yes no
If yes, please explain: _____

BRIEF SUMMARY OF EVENTS AT TIME OF DEATH: _____

PAST MEDICAL HISTORY: _____

CURRENT MEDICATIONS (OR ATTACH CURRENT MEDICAL RECORD): _____

FUNERAL HOME TO WHICH BODY SENT: _____ TEL NO: _____
FORM COMPLETED BY: _____ DATE: _____

IN ACCORDANCE WITH SECTION 6(1) OF THE FATALITY INQUIRIES ACT, PLEASE COMPLETE PAGE 1 IMMEDIATELY FOLLOWING THE DEATH AND FAX TO THE CHIEF MEDICAL EXAMINER'S OFFICE (945-2442).

PAGE 2 MUST BE SUBMITTED AFTER THE MEDICAL CERTIFICATE OF DEATH (FORM 5) HAS BEEN COMPLETED AND SIGNED BY THE PHYSICIAN, AND, THE MEDICAL CAUSE OF DEATH IS KNOWN.

CME Office Use Only

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Investigator:	Date:
FIA Section 7.3(1) yes no	FIA Section 16(2) yes no
If body not viewed, please state reason:	

MANITOBA JUSTICE
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Personal Care Home Death Report Form – **Page 2**

PLEASE PRINT

FULL NAME OF
DECEASED _____

NAME OF
FACILITY _____

CAUSE OF DEATH

Part I

IMMEDIATE CAUSE

A) _____
Due to, or as a consequence of

ANTECEDENT CAUSES, IF ANY,

B) _____
GIVING RISE TO THE IMMEDIATE CAUSE (A) ABOVE, STATING THE UNDERLYING CAUSE LAST: Due to, or as a consequence of

C) _____

PART II

OTHER SIGNIFICANT CONDITIONS

CONTRIBUTING TO DEATH BUT
NOT CASUALLY RELATED TO

THE IMMEDIATE CAUSE (A)
ABOVE,

NAME OF PHYSICIAN WHO CERTIFIED THE CAUSE OF
DEATH _____

DATE OF
CERTIFICATION _____

PLEASE COMPLETE PAGE 2 AND FAX TO THE CHIEF MEDICAL EXAMINER'S OFFICE (204) 945-2442 AFTER MEDICAL CERTIFICATE OF DEATH HAS BEEN SIGNED BY THE PHYSICIAN, AND, THE MEDICAL CAUSE OF DEATH IS KNOWN.