

(c) Other disease or condition, if any, leading to (b)

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

12. Did the deceased undergo any operation in the year before their death Yes No

If Yes, what was the date and nature of the operation and who performed it?

Date of operation

Who performed it

Nature of the operation

13. Do you have any reason to believe that the operation(s) shortened the life of the deceased?

Yes No

If Yes, please give details

14. Please give the full name and address details of any person who nursed the deceased during their last illness (Say whether a 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).

15. Were there any persons present at the moment of death? Yes No

If yes, please give the full name and address details of those persons and whether you have spoken to them about the death.

16. If there were persons present at the moment of death, did those persons have any concerns regarding the cause of death Yes No

If Yes, please give details

17. In view of your knowledge of the deceased's habits and constitution, do you have any doubts whatever about the character of the disease or condition which led to the death?

Yes No

18. Have you any reason to suspect that the death of the deceased was
Violent: Yes No

Unnatural: Yes No

19. Have you any reason to suppose a further examination of the body is desirable? Yes No

If you have answered Yes to questions 17, 18 or 19, please give details below