

OFFICE Office number:  
 USE ONLY: Cert 'A' / Cert 'B'

Date:  
 Burial / Cremation Cert to:

Date inquest opened:

CO: YVONNE WILLIAMS		Division: CHESTER		HMC No: PD	
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>
Widowed <input type="checkbox"/>		Single <input checked="" type="checkbox"/>		Separated <input type="checkbox"/>	
Baby <input checked="" type="checkbox"/>		MALE		Partner <input type="checkbox"/>	
Surname: Child C		Forename(s): BABY Child C		Former name:	
Address: Personal Data					
DOB: PD 06/2015		Place of birth: CHESTER		Religion: I&S	
AGE: PD				Occu- pation: BABY	
GP: PD		Address: / Tel:		I&S	
Dr last seen alive by: DR DAVIES				Date: 14/06/2015	
Address / Tel: COUNTRESS OF CHESTER HOSPITAL, LIVERPOOL ROAD, CHESTER, CH2 1UL					
Reporting Dr: DR GIBBS			Address: COUNTRESS OF CHESTER HOSPITAL, LIVERPOOL ROAD, CHESTER, CH2 1UL		
Bleep No: I&S					
Date of death: 14/06/2015		Place of death: NEONATAL UNIT, COCH		Time: 05:58	
Consultant: DR JOHN GIBBS		Hospital No: Child C		Date of admission:	
Have the family been notified? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
Next of kin: Mother C		Address / Personal Data			
Relationship: MOTHER		Tel: PD		tel: PD	
Name of Spouse (former spouse)		Occu- pation:		DOB:	
Identified by (if different from above):		Address			
<b>CIRCUMSTANCES SURROUNDING THE DEATH</b> (write additional info overleaf if required)					
BABY WAS BORN AT 30 WEEKS. WAS SUFFERING RESPIRATORY DISTRESS SYNDROME DUE TO PREMATUREITY AND WAS ON NEONATAL WARD. WAS PD DAYS OLD WHEN HE HAD SUDDEN COLLAPSE AND DIED.					
Past Medical History					
Medication:					
Recommendation: PM		Pacemaker: Yes <input type="checkbox"/> No <input type="checkbox"/> Type:			
Reason/s for recommendation: ?CAUSE OF DEATH - PAEDIATRIC PM					
Industrial:					
Approved by Coroner/Deputy:		Name:		Signature:	
				Date:	

<i>Surname of deceased:</i> Child C	<i>DOB:</i>	<i>HMC No:</i>
<i>Forename:</i> BABY Child C	PD 06/2015	PD

## NOTIFICATION OF PM/ PART A BY TELEPHONE TO NEXT OF KIN (or representative)

<i>Name:</i> Mother C	<i>Relationship (if not next of kin):</i> MOTHER
<i>Address:</i> Personal Data	<i>Tel No:</i> PD / PD
<i>CO:</i> YVONNE WILLIAMS	<i>Date of call:</i> 15/06/2015 <i>Time of call:</i> 09:30
1. Explained PM to take place	I&S
2. Explained why PM to take place	
3. Explained nature of PM	
4. Explained tissue may be retained for microscopy	
If tissue retained, do the NOK wish for: (tick appropriate box)	
1. the material to be preserved as part of the permanent medical record of the deceased	
2. for the material to be retained for review, audit, medical research or teaching purposes and for genetic counselling	
3. for the material to be disposed of in a sensitive manner (usually by incineration)	
4. for the material to be returned to NOK via the funeral director to be disposed of in a lawful and respectful manner	
5. Tissue donation	
6. Explained can have own medical attendant present	
7. Explained HMC will send out leaflet regarding PM	
8. Family happy with medical treatment?	
<i>If not, give reason:</i>	
9. Part A issued?	
10. Independent PM necessary?	
11. Any religious consideration?	
12. Told what will happen next	
13. NOK informed of cause of death?	
14. Can the clothing be destroyed? (If appropriate)	
15. Is there any property?	
16. Property number	Property Location

Any further comments or information: \_\_\_\_\_

OFFICE OF HER MAJESTY'S CORONER  
COUNTY OF CHESHIRE  
**OPENING AN INVESTIGATION**

Coroner's Officer: **YVONNE WILLIAMS**

NAME OF DECEASED	BABY <b>Child C</b>
DATE, TIME & PLACE OF OPENING	<i>Warrington 16/6/15</i>
INFORMANT	<i>Kate McDermott</i>
IDENTIFICATION EVIDENCE	HOSPITAL IDENTIFICATION
ADDRESS OF DECEASED	<b>Personal Data</b>
OCCUPATION	BABY
MARITAL/ PARTNERSHIP STATUS	SINGLE
MAIDEN NAME	
NAME & OCCUPATION OF SPOUSE / PARTNER	
DATE OF BIRTH OF SURVIVING SPOUSE / PARTNER	
AGE, DATE & PLACE OF BIRTH OF DECEASED	<b>PD</b> DAYS - <b>PD</b> 06/2015 - CHESTER
PLACE, DATE OF DEATH	14/06/2015 - COCH
BRIEF CIRCUMSTANCES OF DEATH (and Provisional Cause of Death, if known)	DECEASED WAS BORN AT 30 WEEKS GESTATION. DEVELOPED RESPIRATORY DISTRESS SYNDROME AND DIED. AWAITING HISTOLOGY AND BACTERIOLOGY
DOCTOR PERFORMING PM	DR KOKAI
DATE OF PM	16/06/2015
FUNERAL ARRANGEMENTS	NOT YET KNOWN
NAME & ADDRESS OF NOK	<b>Mother C</b> <b>Personal Data</b> <b>Personal Data</b>
NAME & ADDRESS OF PERSONAL REPRESENTATIVE (IF NOT NOK)	
NUMBER OF INTERIMS REQUIRED	2
DATE FOR COMPLETION OF INVESTIGATION	
COMMENTS	MOTHER - <b>Mother C</b> DOB <b>PD</b> 03/1985 AT <b>PD</b> OCCUPATION - <b>I&amp;S</b> FATHER - <b>Father C</b> DOB <b>PD</b> 04/1985 AT <b>PD</b> OCCUPATION - <b>I&amp;S</b> ADDRESS - AS MOTHER
SIGNATURE OF SENIOR / ASSISTANT CORONER	

*Confirms ID end*

**PD**

*admit ID end  
Adj for 6 wk  
Review.*