



MATERNAL DEATH VERBAL AUTOPSY CAUSE OF DEATH ASSIGNMENT FORM

A. Case Summary		
District		Case Number
Name of the deceased		Age (Q. ...)
Case narrative: <i>[Gravida, Parity, ANC/Intra/PNC history, sequence of events, treatment, time line of events]</i>		
History of illness prior to death		
Positive symptoms		
Contributing factors (delays)		
First delay	Second delay	Third delay

Cause of Death Assignment			
Part I		Approximate Interval Between Onset & Death	VA Code
Disease or condition directly leading to the death*	a) (due to or as a consequence of)		
Antecedent causes (Morbid conditions, if any, giving rise to the above cause, <i>stating underlying condition last</i>)	b) (due to or as a consequence of)		
	c) (due to or as a consequence of)		
	d) (due to or as a consequence of)		
Part II			
Other significant conditions (morbid conditions contributing to death, but not related to the disease or conditions causing it)			
* This does NOT mean the mode of dying, e.g., heart failure, respiratory failure; it means the disease, injury or complication that caused death.			
Information about cause of death assignment			
Certainty of Diagnosis	1 [High]	2 [Medium]	3 [Low] 4 [Insufficient to Code]
Insufficient information: What other information should have been gathered?			
Reviewer name		Code	
Dater of review	Start time	Finish time	