

Commonwealth of Pennsylvania

Death Certificate Registration

Instruction Manual for Completing a Death Certificate

INTRODUCTION

Purpose

The death certificate is the legal record of the fact of death of an individual. As a permanent legal record, the certificate is extremely important to the decedent's family. It is also needed for a variety of medical and health-related research efforts.

The death certificate provides important information about the decedent, such as age, sex, race, date of death, his or her parents, and, if married, the name of the spouse; information on circumstances and cause of death; and final disposition. This information is used in the application for insurance benefits, settlement of pension claims, and transfer of title of real and personal property. The certificate is considered to be prima facie evidence of the fact of death. It can therefore be introduced in court as evidence when a question about the death arises.

Statistical data from death certificates are used to identify public health problems and measure the results of programs established to alleviate these problems. These data are a necessary foundation on which to base effective public health programs. Health departments could not perform their duties without such data.

Mortality statistics are of considerable value to individual physicians and to medical science because they can be used to identify disease etiology and evaluate diagnostic techniques. Demographers use mortality statistics in combination with natality statistics to estimate and project population sizes, which are important in forecasting and program planning.

Specific Responsibilities

Funeral Director

*Note: Pennsylvania regulations allow for someone other than a funeral director to be in charge of disposition of the body; all references in this handbook to funeral directors also apply to other persons acting as such.

Funeral directors are responsible for getting the death certificate completed. In general, their duties are to:

- Complete, or have completed, all items on the death certificate.

- Obtain the cause-of-death information and certification statement from the attending physician, medical examiner or coroner.
- Secure all necessary signatures on the certificate and review the certificate for completeness and accuracy.
- File the certificate with the local registrar within 96 hours of death.
- Notify the medical examiner or coroner of any death that is believed to have been due to an accident, suicide or homicide or to have occurred without medical attendance, unless this has already been done by the pronouncing or certifying physician or the police.
- If unable to obtain the certifying physician's signature, a temporary death certificate may be filed with the local registrar. This allows the local registrar to release a disposition permit so funeral arrangements can proceed. Cremations are not permitted until a final certificate has been filed.
- Obtain and use all necessary permits and other forms associated with the death registration program.
- Cooperate with State or local registrars concerning queries on certificate entries.
- Cooperate with pathologists in cases involving postmortem examinations.
- Be thoroughly familiar with all laws, rules and regulations governing the vital statistics system.
- Call on the State Division of Vital Records for advice and assistance when necessary (1-800-842-5040).

Hospital

The responsibility of a hospital where a death was pronounced is to complete the following items only:

- Enter the name of the decedent and any aliases used in the left margin (do not complete Item 1).
- Enter or verify the date of death (month, day, year).
- Check the status of the decedent in the hospital (inpatient, emergency room/outpatient, dead on arrival (DOA)).
- Enter or verify the facility name.

Physician

The physician's principal responsibility in death registration is to complete the medical part of the death certificate after it is received from the funeral director. The physician is to:

- Enter or verify the date of death (month, day, year).
- Enter or verify the time of death.
- Enter or verify the date pronounced dead (month, day, year).
- Enter or verify whether the case was referred to the medical examiner or coroner.
- Complete the cause of death section (attending physician is to complete this section).
- Complete the certifier section.
- Deliver the signed death certificate to the funeral director promptly so that the funeral director can file it with the local registrar within 96 hours.
- Be familiar with State and local regulations on medical certifications for deaths without medical attendance or involving external causes that may require the physician to report the case to a medical examiner or coroner.
- Assist the state or local registrar by answering inquiries promptly.
- Deliver a replacement certificate to the State vital statistics office when autopsy findings or further investigation reveals the cause of death to be different from what was originally reported.

Medical Examiner or Coroner

The medical examiner's or coroner's principal responsibility in death registration is to complete the medical part of the death certificate. Before delivering the death certificate to the funeral director, he or she may add some personal items for proper identification, such as name, residence, race and sex. Under certain circumstances and in some jurisdictions, he or she may provide all the information, medical and personal, required on the certificate.

The funeral director, or other person in charge of interment, will otherwise complete those parts of the death certificate that call for personal information about the decedent. He or she is also responsible for filing the certificate with the registrar where the death occurred.

In general, the duties of the medical examiner or coroner are to:

- Enter or verify the date of death (month, day, year).
- Enter or verify the time of death.
- Complete the cause-of-death section.
- Complete the certifier section.
- Deliver the signed certificate to the funeral director promptly so that the funeral director can file it with the local registrar within 96 hours.
- Cooperate with the local or State registrar by replying promptly to any queries concerning any entries on the death certificate.
- Deliver a replacement certificate to the State vital statistics office when autopsy findings or further investigation reveal the cause of death to be different from that originally reported.

When the cause of death cannot be determined within the statutory time limit, a death certificate should be filed with the notation that the report of the cause of death is “deferred pending further investigation.” A permit to authorize disposal or removal of the body can then be obtained.

If there are other reasons for a delay in completing the medical portion of the certificate, the registrar should be given written notice of the reason for delay.

When the circumstances of death (accident, suicide or homicide) cannot be determined within the statutory time limit, the cause-of-death section should be completed and the manner of death should be shown as “pending investigation.”

As soon as the cause of death or manner of death is determined, the medical-legal officer should file a replacement certificate with the registrar, or correct or amend the death certificate, according to state and local regulations regarding this procedure.

When a body has been found after a long period of time, the medical-legal officer should estimate the date and time of death as accurately as possible. If an estimate is made, the information should be entered as “APPROX-date” and/or “APPROX-time.” If an estimate cannot be made, the information should be entered as “DATE FOUND-date” and/or “TIME FOUND-time.”

Authorization for Final Disposition of Dead Body or Fetus

The funeral director must secure explicit authorization before he or she may remove, bury, cremate, entomb, disinter, reinter or otherwise dispose of a dead body.

Form of Authorization

The authorization accompanies the dead body to its place of final disposition, where it is presented to the person in charge of the place of disposition. He or she is then required to return the authorization to the registration official who issued the authorization. The funeral director should be familiar with the State requirements and inform the person in charge of the place of disposition where to return the authorization.

GENERAL INSTRUCTIONS

The data necessary for preparing the death certificates are obtained from the following persons:

- Informant (in order of preference, the spouse, one of the parents, one of the children of the decedent, another relative or other person who has knowledge of the facts).
- Pronouncing physician, certifying physician, pronouncing/certifying physician or medical examiner or coroner.
- Hospital or physician records

It is essential that the certificates be prepared as permanent legal records.

- File the original certificate with the registrar. Reproductions or duplicates are not acceptable.
- Avoid abbreviations, except those recommended in the specific item instructions.
- Verify the spelling of names with the informant. Be especially careful with names that can have different spellings for the same sound (Smith or Smyth, Gail or Gayle and Wolf or Wolfe).
- Refer problems not covered in these instructions to the Division of Vital Records.
- Use the current form designated by the State.
- Type all entries whenever possible. If a typewriter cannot be used, print legibly in permanent black ink.
- Complete each item, following the specific instruction for that item.
- Do not make alterations or erasures.
- Obtain all signatures. Rubber stamp or other facsimile signatures are not acceptable.

SPECIFIC INSTRUCTIONS

MARGIN ITEM

NAME OF DECEDENT

The left-hand margin of the certificate contains a line where the physician or hospital can write in the name of the decedent and alias used. This allows the hospital to assist in completing the death certificate before the body is removed by the funeral director. However, the funeral director is responsible for completion of the personal information about the decedent and the hospital frequently does not have the complete legal name of the decedent. Therefore, hospitals or physicians should enter the name they have for decedents in this item and funeral directors will then enter the full legal name in Item 1.

ITEM 1

NAME OF DECEDENT

Type or print the full first, middle and last names of the decedent. Do not abbreviate. Alias or “also known as” names should also be entered above the legal name or in parentheses (for example, AKA-Smith).

ITEM 2

SEX

Enter male or female. Do not abbreviate or use other symbols. If sex cannot be determined after verification with medical records, inspection of the body or other sources, enter “Unknown.” Do not leave this item blank.

ITEM 3

SOCIAL SECURITY NUMBER

Enter the social security number of the decedent.

ITEM 4

DATE OF DEATH

Enter the exact month, day and year that death occurred. Enter the name of the month – January, Feb., March, etc. Do not use a number to designate the month.

Pay particular attention to the entry of month, day or year when the death occurs around midnight or on December 31. Consider a death at midnight to have occurred at the end of one day rather than the beginning of the next. For instance, the date for a death that occurs at midnight on December 31 should be recorded as December 31.

If the exact date of death is unknown, it should be approximated by the person completing the medical certification. “Approx” should be placed before the date. If the date cannot be approximated, enter “DATE FOUND-date.”

ITEM 5
AGE – LAST BIRTHDAY

Enter the decedent’s exact age in years at his or her last birthday. If the decedent was under one year of age, leave this space blank

UNDER ONE YEAR

Enter the exact age in either months or days at time of death for infants surviving at least one month.

If the infant was 1-11 months of age inclusive, enter the age in completed months.

If the infant was less than one month old, enter the age in completed days.

If the infant was over one year or under one day of age, leave this space blank.

UNDER ONE DAY

Enter the exact number of hours or minutes the infant lived for infants who did not survive an entire day.

If the infant lived 1-23 hours inclusive, enter the age in completed hours.

If the infant was less than one hour old, enter the age in minutes.

If the infant was more than one day old, leave this space blank.

ITEM 6
DATE OF BIRTH

Enter the exact month, day and year that the decedent was born. Spell out or abbreviate the name of the month – January, Feb., March, etc. Do not use a number to designate the month.

ITEM 7
BIRTHPLACE

If the decedent was not born in the United States, enter the name of the city and State.

If the decedent was not born in the United States, enter the name of the country of birth whether or not the decedent was a U.S. citizen at the time of death.

If the decedent was born in the United States but the city is unknown, enter the name of the State only. If the State is unknown, enter “U.S.-unknown.”

If the decedent was born in a foreign country but the country is unknown, enter "Foreign-unknown."

If no information is available regarding place of birth, enter "Unknown;" do not leave this item blank.

ITEM 8a
PLACE OF DEATH

Check the type of place where the decedent was pronounced dead.

If the decedent was pronounced dead in a hospital, check the box indicating the decedent's status at the hospital: Inpatient, ER (emergency room)/Outpatient, or DOA (dead on arrival).

If the decedent was pronounced dead somewhere else, check the box indicating whether pronouncement occurred at a nursing home, residence or other location. If death was pronounced at a licensed long-term care facility that is not a hospital (for example, nursing home, convalescent home or old age home), check the box that indicates nursing home. If death was pronounced at a licensed ambulatory/surgical center or birthing center, check "Other (Specify)." If "Other (Specify)" is checked, specify in item 8d where death was legally pronounced, such as a physician's office, the highway where a traffic accident occurred, a vessel or at work. If the decedent's body was found, the place where the body was found should be entered as the place of death.

ITEM 8b
COUNTY OF DEATH

Enter the name of the county where death occurred.

If the death occurred on a moving conveyance in the United States and the body was first removed from the conveyance in this State, complete a death certificate and enter as the place of death the address where the body was first removed from the conveyance.

If the death occurred on a moving conveyance in international waters, international airspace or in a foreign country or its airspace and the body was first removed from the conveyance in this State, register the death in this State but enter the actual place of death insofar as it can be determined.

ITEM 8c
CITY, BORO, TWP OF DEATH

Enter the name of the city, boro or township where death occurred.

ITEM 8d
FACILITY NAME

Hospital deaths

If the death occurred in a hospital, enter the full name of the hospital.

If death occurred en route to or on arrival at a hospital, enter the full name of the hospital. Deaths that occur in an ambulance or emergency squad vehicle en route to a hospital fall in this category.

Non-hospital deaths

If the death occurred at home, enter the house number and street name.

If the death occurred at some place other than those described above, enter the number and street name of the place.

If the death occurred on a moving conveyance, enter the name of the vessel, for example, "S.S. Emerald Seas (at sea)" or "Eastern Airlines flight 296 (in flight)."

ITEM 9
HISPANIC ORIGIN

Check "No" or "Yes." If "Yes" is checked, enter the specific Hispanic group. Item 9 should be checked on all certificates. Do not leave this item blank. The entry in this item should reflect the response of the informant.

For the purposes of this item, "Hispanic" refers to people whose origins are from Spain, Mexico or the Spanish-speaking countries of Central or South America. Origin can be viewed as the ancestry, nationality, lineage or country in which the person or his or her ancestors were born before their arrival in the United States.

There is no set rule as to how many generations are to be taken into account in determining Hispanic origin. A person's Hispanic origin may be reported based on the country of origin of a parent, a grandparent or some far-removed ancestor. The response should reflect what the decedent considered him or herself to be and should not be

based on percentages of ancestry. If the decedent was a child, the parent(s) should determine the Hispanic origin based on their own origin. Although the prompts include the major Hispanic groups of Cuban, Mexican and Puerto Rican, other Hispanic groups may also be identified in the space provided.

If the informant reports that the decedent was of multiple Hispanic origins, enter the origins as reported (for example, Mexican-Puerto Rican).

If an informant identifies the decedent as Mexican-American or Cuban-American, enter the Hispanic origin as stated.

This item is not a part of the Race item. A decedent of Hispanic origin may be of any race. Each question, Race and Hispanic origin, should be asked independently.

ITEM 10
RACE

Enter the race of the decedent as stated by the informant. This item should reflect what the decedent considered her or himself to be.

For Asians and Pacific Islanders, enter the national origin of the decedent, such as Chinese, Japanese, Korean, Filipino or Hawaiian.

If the information indicates that the decedent was of mixed race, enter both races or ancestries.

ITEM 11a
USUAL OCCUPATION

Enter the usual occupation of the decedent. This is not necessarily the last occupation of the decedent. "Usual occupation" is the kind of work the decedent did during most of his or her working life, such as a claim adjuster, farmhand, coal miner, janitor, store manager, college professor or civil engineer. Never enter "Retired."

If the decedent was a homemaker at the time of death, but had worked outside the household during his or her working life, enter that occupation. If the decedent was a homemaker during most of his or her working life and never worked outside the household, enter "Homemaker."

Enter "Student" if the decedent was a student at the time of death and was never regularly employed or employed full time during his or her working life.

ITEM 11b
BUSINESS/INDUSTRY

Enter the kind of business or industry to which the occupation listed in 11a is related, such as insurance, farming, coal mining, hardware store, retail clothing, university or government. Do not enter firm or organization names.

If the decedent was a homemaker during his or her working life, and "Homemaker" is entered as the decedent's usual occupation in 11a, enter "Own home" or "Someone else's home," whichever is appropriate.

If the decedent was a student at the time of death and "Student" is entered as the decedent's usual occupation in item 11a, enter the type of school, such as high school or college, in Item 11b.

ITEM 12
U.S. ARMED FORCES

If the decedent ever served in the U.S. Armed Forces, check "Yes." If not, check "No." If you cannot determine whether the decedent served in the U.S. Armed Forces, enter "Unknown." Do not leave this item blank.

ITEM 13
EDUCATION

Enter the highest number of years of regular schooling completed by the decedent in either the space for elementary/secondary school or the space for college. An entry should be made in only one of the spaces. The other space should be left blank. Report only those years of school that were completed. A person who enrolls in college but does not complete one full year should not be identified with any college education in this item.

Count formal schooling. Do not include beauty, barber, trade, business, technical or other special schools when determining the highest grade completed.

ITEM 14
MARITAL STATUS

Enter the marital status of the decedent at time of death. Specify one of the following: Married, never married, widowed or divorced. A person is legally married even if separated. A person is no longer legally married when the divorce papers are signed by a judge.

If marital stats cannot be determined, enter "Unknown."
Do not leave this item blank.

ITEM 15
SURVIVING SPOUSE

If the decedent was married at the time of death, enter the full name of the surviving spouse.

If the surviving spouse is the wife, enter her full maiden name.

ITEM 16
MAILING ADDRESS

Enter the decedent's street and number (or Post Office Box or route number), city, state and Zip Code.

ITEM 17a
RESIDENCE – STATE

Enter the name of the State in which the decedent lived. This may differ from the State in the mailing address. If the decedent was not a resident of the United States, enter the name of the country and the name of the unit of government that is the nearest equivalent of a State.

ITEM 17b
RESIDENCE – COUNTY

Enter the name of the county in which the decedent lived.

ITEM 17c
RESIDENCE - TWP

Check "Yes" box if decedent lived in a township, and enter the name of the township. This name will almost always differ from the "city" in the mailing address.

ITEM 17d
RESIDENCE – CITY/BORO

Check “No” box if decedent lived in a city or borough and enter the name of the city or borough.

NOTE:

The residence of the decedent is the place where his or her household is located. This is not necessarily the same as “home State,” “voting residence,” “mailing address” or “legal residence.” The State, county city, boro or township should be for the place where the decedent actually lived most of the time. Never enter a temporary residence, such as one used during a visit, business trip or a vacation. However, place of residence during a tour of military duty or during attendance at college is not considered temporary and should be entered as the place of residence on the certificate.

If a decedent had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary or hospital for the chronically ill, this facility should be entered as the place of residence in Items 17a through 17d.

If the decedent was a child, residence is the same as that of the parent(s), legal guardian or custodian unless the child was living in an institution where individuals usually reside for long periods of time, as indicated above. In those instances the residence of the child is shown as the facility.

If the decedent was an infant who never resided at home, the place of residence is that of the mother or legal guardian. Do not use an acute care hospital as the place of residence for any infant.

ITEM 18
FATHER’S NAME

Type or print the first, middle and last name of the father of the decedent.

ITEM 19
MOTHER’S NAME

Type or print the first, middle and maiden surname of the mother of the decedent. This is the name given at birth or adoption, not a name acquired by marriage.

ITEM 20a
INFORMANT’S NAME

Type or print the name of the person who supplied the personal facts about the decedent and his or her family.

ITEM 20b
INFORMANT'S MAILING
ADDRESS

Enter the complete mailing address of the informant whose name appears in Item 20a. Be sure to include the Zip Code.

ITEM 21a
METHOD OF DISPOSITION

Check the box corresponding to the method of disposition of the decedent's body. If "Other (Specify)" is checked, enter the method of disposition on the line provided (for example, "entombment").

If the body is to be Cremated or is a Donation, the question "Was Cremation or Donation Authorized by Medical Examiner / Coroner?" must be completed.

If the body is to be used by a hospital or a medical or mortuary school for scientific or educational purposes, enter "Donation" and specify the name and location of the institution in Items 21c and d. "Donation" refers only to the entire body, not to individual organs.

ITEM 21b
DATE OF DISPOSITION

Enter the month, day and year of disposition. Spell out or abbreviate the month; do not use numbers for months.

ITEM 21c
PLACE OF DISPOSITION

Enter the name of the cemetery, crematory or other place of disposition.

If the body is removed from the State, specify the name of the cemetery, crematory or other place of disposition to which the body is removed.

If the body is to be used by a hospital or a medical or mortuary school for scientific or educational purposes, give the name of the institution.

ITEM 21d
LOCATION (DISPOSITION)

Enter the name of the city, borough or township and the county, State and Zip Code where the place of disposition is located.

If the body of the decedent is to be used by a hospital or a medical or mortuary school for scientific or educational purposes, enter the name of the city or town and the State where the institution is located.

If there is any question about how to record the place of disposition, contact the Division of Vital Records.

ITEM 22a
SIGNATURE – FUNERAL
SERVICE LICENSEE

The funeral service licensee or other person first assuming custody of the body and charged with the responsibility for completing the death certificate should sign in permanent black ink. Rubber stamps or facsimile signatures are not permitted.

ITEM 22b
LICENSE NUMBER

Enter the personal State license number of the funeral service licensee. If some other person who is not a licensed funeral director assumes custody of the body, identify the category of license and corresponding State license number, or, if the individual possesses no license at all, enter “None.”

ITEM 22c
FACILITY NAME & ADDRESS

Enter the name and complete address of the facility handling the body prior to burial or other disposition.

ITEM 23
PRONOUNCING PHYSICIAN

NOTE:
Items 23-26 allow a hospital physician to certify to only the fact and time of death so the body can be released to the funeral director if the attending physician is still not responsible for completing the cause of death section (Item 27). The pronouncing physician is the person who determines that the decedent is legally dead but who was not in charge of the patient’s care for the illness or condition that resulted in death. Items 23a-c are to be completed only when the physician responsible for completing the medical certification of cause of death is not available at the time of death to certify the cause of death. The pronouncing physician is responsible for completing Items 2 through 26 only.

ITEM 23a
PRONOUNCING PHYSICIAN
SIGNATURE

Obtain the signature in ink and the degree or title of the physician who pronounces death. This physician certifies to the time, date and place of death only, not the cause of death. Rubber stamps or facsimile signatures are not permitted.

ITEM 23b
PRONOUNCING PHYSICIAN
LICENSE NUMBER

Enter the State license number of the physician who pronounces death.

ITEM 23c
PRONOUNCING PHYSICIAN
DATE SIGNED

Enter the exact month, day and year the pronouncing physician signs the certificate. Do not use a number to designate the month.

If the attending physician is available to certify the fact of death, Items 23a-c should not be completed; if available, the attending physician should complete items 24-26, 31a-d and 32 as both pronouncing and certifying physician.

ITEM 24
TIME OF DEATH

Enter the exact time of death (hours and minutes) according to local time. If daylight saving time is the official prevailing time where death occurs, it should be used to record the time of death. Be sure to indicate whether the time of death is a.m. or p.m.

Enter 12 noon as “12 noon.” One minute after 12 noon is entered as “12:01 p.m..”

Enter 12 midnight as “12 mid.” A death that occurs at 12 midnight belongs to the night of the previous day, not the start of the new day. One minute after 12 midnight is entered as “12:01 a.m.” of the new day.

If the exact time of death is unknown, the time should be approximated by the person who pronounces the body dead. “Approx.” should be placed before the time. If the time cannot be approximated, enter “TIME FOUND-time.”

ITEM 25
DATE PRONOUNCED DEAD

Enter the exact month, day and year that the decedent was pronounced dead. If “APPROX-date” was entered in Item 4, enter “DATE FOUND-date” in Item 25.

Enter the name of the month – January, Feb., March, etc. Do not use a number to designate the month.

ITEM 26
REFERRED TO
MEDICAL EXAMINER

Check “Yes” if the medical examiner or coroner was contacted in reference to this case, otherwise check “No.” Do not leave this item blank.

In cases of accident, suicide or homicide, the medical examiner or coroner must be notified.

ITEM 27
CAUSE OF DEATH

Part I of the Cause of Death Section

Only one cause is to be entered on each line of Part I. Additional lines should be added between the printed lines when necessary. For each cause, indicate in the space provided the approximate interval between the date of onset (not necessarily the date of diagnosis) and the date of death. The underlying cause of death should be entered on the lowest line used in Part I. The underlying cause of death is the disease or injury that started the sequence of events leading directly to death, or the circumstances of the accident or violence that produced the fatal injury. In the case of a violent death, the form of external violence or accident is antecedent to an injury entered, although the two events are almost simultaneous.

Line (a) immediate cause

In Part I, the immediate cause of death is reported on line (a). This is the final disease, injury or complication directly causing the death. This does not mean the mode of dying. The mode of dying (for example, cardiac or respiratory arrest) should not be reported as the immediate cause of death as it is a statement not specifically related to the disease process and it merely attests to the fact of death. The mode of dying, therefore, provides no additional information on the cause of death. An immediate cause of death must always be reported on line (a). It can be the sole entry in the cause-of-death section if that condition is the only condition causing the death.

Lines (b), (c) and (d) due to (or as a consequence of)

On line (b) report the disease, injury or complication, if any, that gave rise to the immediate cause of death. If this in turn resulted from a further condition, record that condition on line (c). If this in turn resulted from a further condition, record that condition on line (d). For as many conditions as are involved, write the full sequence, one condition per line, with the most recent condition at the top, and the underlying cause of death reported on the lowest line used in Part I.

The words “due to (or as a consequence of),” which are printed between the lines of Part I, apply not only in

sequence with an etiological or pathological basis but also to sequences in which an antecedent condition is believed to have prepared the way for a subsequent cause by damage to tissues or impairment of function.

If the immediate cause of death arose as a complication of or from an error or accident in surgery or other medical procedure or treatment, it is important to report below the direct cause what the complication or error was, what medical procedure was performed and what condition was being treated.

Approximate interval between onset and death

Space is provided at the end of lines (a), (b), (c) and (d) for recording the interval between the presumed onset of the condition (not the diagnosis of the condition) and the date of death. This should be entered for all conditions in Part I. These intervals usually are established by the physician on the basis of available information. In some cases the interval will have to be estimated. If the time of onset is entirely unknown, state that the interval is "Unknown." Do not leave these items blank.

This information is useful in coding certain diseases and also provides a useful check on the accuracy of the reported sequence of conditions.

Part II of the cause-of-death section (other significant conditions)

All other important diseases or conditions that were present at the time of death and that may have contributed to the death but did not lead to the underlying cause of death listed in Part I should be recorded on these lines. (More than one condition can be reported per line in Part II.)

Among the elderly it is common to have multiple conditions and sequences of conditions resulting in death. When there are two or more possible sequences resulting in death, the physician must choose and report in Part I the sequence he or she thinks had the greatest impact. Conditions from the other sequence(s) should be reported in Part II. For example, in the case of a diabetic male with chronic ischemic heart disease who dies from pneumonia,

his certifying physician must choose the sequence of conditions that had the greatest impact and report this sequence in Part I. One possible sequence that the certifier might report would be pneumonia due to diabetes mellitus in Part I with chronic ischemic heart disease reported in Part II. Another possibility would be pneumonia due to the chronic ischemic heart disease entered in Part I with diabetes mellitus reported in Part II. Or the certifier might consider the pneumonia to be due to the ischemic heart disease that was due to the diabetes mellitus and report this entire sequence in Part I. Because these three different possibilities would be coded very differently, it is very important for the certifying physician to decide which sequence he or she thinks had the greatest impact and to report this in Part I with other conditions contributing to death being reported in Part II.

In cases of doubt, it may be necessary to use qualifying phrases in either Part I or Part II to reflect uncertainty as to which conditions led to death. In cases where the certifier is unable to establish a cause of death based upon reasonable medical certainty, he or she should enter "Unknown" in the cause-of-death section. However, this should be shown only after all efforts have been made to determine the cause of death. An autopsy should be performed, if possible.

ITEM 28
TOBACCO USE

Check “Yes” if, in the physician’s (or other certifier’s) opinion, any use of tobacco or tobacco exposure contributed to this particular death. For example, tobacco use may contribute to deaths due to emphysema or lung cancer. Tobacco use also may contribute to some heart disease and cancers of the head and neck. Tobacco use should also be reported in deaths due to fires started by smoking. Check “No” if, in the physician’s (or other certifier’s) opinion, the use of tobacco did not contribute to death. Check “Probably” if, in the certifier’s opinion, the use of tobacco probably contributed to death.

ITEM 29
PREGNANCY

If the decedent is a female aged 10 through 54, check the appropriate box in item 29. If the decedent is less than 10 years of age or greater than 54 years of age, leave the item blank. If the decedent is a female younger than 10 or older than 54 and meets one of these categories, call 1-800-323-9613, press 0 for the receptionist and ask to speak to one of the field consultants for instructions.

If the decedent is male, leave the item blank.

It is important to collect pregnancy information for every female, even if the pregnancy was not directly related to death (such as a motor vehicle accident or a homicide).

ITEM 30a
AUTOPSY PERFORMED

Check “Yes” if a partial or complete autopsy was performed. Otherwise check “No.”

ITEM 30b
AUTOPSY FINDINGS AVAILABLE

Check “Yes” if the autopsy findings were available and used to determine the cause of death. Otherwise check “No.” If no autopsy was performed, leave this item blank.

ITEM 31
MANNER OF DEATH

Complete this item for all deaths. Check the box corresponding to the manner of death. Deaths not due to external causes should be identified as “Natural.” Usually these are the only types of deaths a physician will certify. “Pending Investigation” and “Could Not Be Determined” refer to medical examiner or coroner cases only. All deaths due to external causes must be referred to the medical examiner or coroner. If the manner of death checked in Item 29 was anything other than natural, items 30a-f must be completed.

ITEM 32a
DATE OF INJURY

Enter the exact month, day and year that the injury occurred. Enter the name of the month – January, Feb., March, etc. Do not use a number to designate the month.

The date of injury may not necessarily be the same as the date of death.

ITEM 32b
TIME OF INJURY

Enter the exact time (hours and minutes) that the injury occurred. Use prevailing local time. In cases in which the exact time is impossible to determine, an estimate should be made. Be sure to indicate whether the time of injury was a.m. or p.m.

ITEM 32c
INJURY AT WORK

Check “Yes” if the injury occurred while the decedent was at work (for example, if the decedent was on an assembly line while in a factory or a salesperson driving to meet a customer). If not, check “No.” If this cannot be determined, enter “Unknown.”

ITEM 32d
DESCRIBE HOW INJURY
OCCURRED

Briefly and clearly describe how the injury occurred, explaining the circumstances or cause of the accident or injury, such as “fell off ladder while painting house,” “ran off roadway” or “car-truck collision.” For motor vehicle accident, indicate whether the decedent was a driver, passenger or pedestrian.

ITEM 32e
PLACE OF INJURY

Enter the general category of the place where the injury occurred. Do not enter firm or organization names, just the general category for the place of injury, such as loading platform, office building or baseball field.

ITEM 32f
TRANSPORTATION
INJURY

Specify role of decedent (e.g., driver, passenger) in the transportation accident. “Driver/Operator” and “Passenger” should also be designated for modes other than motor vehicles such as bicycles. “Other” applies to watercraft, aircraft, animal or people attached to outside of vehicles (e.g., “surfers”), but are not bona fide passengers or drivers.

ITEM 32g
LOCATION

Enter the complete address where the injury took place.

ITEM 33a
CERTIFIER

The CERTIFYING PHYSICIAN is the person who determines the cause of death (Item 27). This box should be checked only in those cases in which the person completing the medical certification of cause of death is not

the person who pronounced death (Item 23). The certifying physician is responsible for completing Items 27 through 32.

The PRONOUNCING AND CERTIFYING PHYSICIAN box should be checked when the same person is responsible for completing Items 24 through 32; that is, when the same physician has both pronounced death and certified to the cause of death. If this box is checked, Items 23a through 23c should be left blank.

The MEDICAL EXAMINER/CORONER box should be checked when investigation is required by the Post Mortem Examination Act and the cause of death is completed by a medical examiner or coroner. The medical examiner/coroner is responsible for completing Items 24 through 32.

If the attending physician is available to certify the fact of death, Items 23a-c should not be completed; the attending physician should then complete Items 24-29, 31a-d and 32 as both pronouncing and certifying physician.

ITEM 33b
SIGNATURE OF CERTIFIER

The physician who certifies to the cause of death in Item 31a signs the certificate in permanent black ink. The degree or title of the physician should also be indicated. Rubber stamps or facsimile signatures are not permitted.

ITEM 33c
LICENSE NO. OF CERTIFIER

Enter the State license number of the physician who signs the certificate in Item 31b.

ITEM 33d
DATE SIGNED

Enter the exact month, day and year that the certifier signed the certificate.

Enter the name of the month – January, Feb., March. Do not use a number to designate the month.

ITEM 34
NAME AND ADDRESS

Type or print the full name and address of the person whose signature appears in Item 31b.

ITEM 36
DATE FILED

The registrar enters the date that the certificate is filed.