



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics



Instructions for Completing the Cause-of-Death Section of the Death Certificate for Injury and Poisoning (usually completed by a Medical Examiner or Coroner)

Examples of properly completed medical certifications

CAUSE OF DEATH (See instructions and examples)			
<p>32. PART I. Enter the <u>chain of events</u>—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Carbon monoxide poisoning</u></p> <p>Due to (or as a consequence of): _____</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST</p> <p>b. <u>Inhalation of automobile exhaust fumes</u></p> <p>Due to (or as a consequence of): _____</p> <p>c. _____</p> <p>Due to (or as a consequence of): _____</p> <p>d. _____</p>			<p>Approximate interval: Onset to death</p> <p><u>Unknown</u></p> <p><u>Unknown</u></p> <p>_____</p> <p>_____</p>
<p>PART II. Enter <u>other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.</p> <p align="center"><u>Terminal gastric adenocarcinoma, depression</u></p>		<p>33. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>35. DID TOBACCO USE CONTRIBUTE TO DEATH?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown</p>		<p>36. IF FEMALE:</p> <p><input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year</p>	
<p>38. DATE OF INJURY (Mo/Day/Yr) (Spell Month) <u>May 5, 2003</u></p>		<p>39. TIME OF INJURY <u>Unknown</u></p>	
<p>42. LOCATION OF INJURY: State: <u>Missouri</u> City or Town: <u>near Alexandria</u></p> <p>Street & Number: <u>898 Sylvan Road</u> Apartment No.: _____ Zip Code: <u>65100-1234</u></p>		<p>37. MANNER OF DEATH</p> <p><input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p>	
<p>40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area) <u>Own home garage</u></p>		<p>41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>43. DESCRIBE HOW INJURY OCCURRED: <u>Inhaled carbon monoxide from auto exhaust through hose in an enclosed garage</u></p>		<p>44. IF TRANSPORTATION ACCIDENT, SPECIFY:</p> <p><input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____</p>	

CAUSE OF DEATH (See instructions and examples)			
<p>32. PART I. Enter the <u>chain of events</u>—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Cardiac tamponade</u></p> <p>Due to (or as a consequence of): _____</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST</p> <p>b. <u>Perforation of heart</u></p> <p>Due to (or as a consequence of): _____</p> <p>c. <u>Gunshot wound to thorax</u></p> <p>Due to (or as a consequence of): _____</p> <p>d. _____</p>			<p>Approximate interval: Onset to death</p> <p><u>15 minutes</u></p> <p><u>20 minutes</u></p> <p><u>20 minutes</u></p> <p>_____</p>
<p>PART II. Enter <u>other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.</p>		<p>33. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>35. DID TOBACCO USE CONTRIBUTE TO DEATH?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>		<p>36. IF FEMALE:</p> <p><input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year</p>	
<p>38. DATE OF INJURY (Mo/Day/Yr) (Spell Month) <u>August 20, 2003</u></p>		<p>39. TIME OF INJURY <u>Approx. 2100</u></p>	
<p>42. LOCATION OF INJURY: State: <u>Alabama</u> City or Town: _____</p> <p>Street & Number: <u>3129 Discus Avenue</u> Apartment No.: _____ Zip Code: <u>35487-0002</u></p>		<p>37. MANNER OF DEATH</p> <p><input type="checkbox"/> Natural <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p>	
<p>40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area) <u>neighbor's home</u></p>		<p>41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>43. DESCRIBE HOW INJURY OCCURRED: <u>Shot by another person using a handgun</u></p>		<p>44. IF TRANSPORTATION ACCIDENT, SPECIFY:</p> <p><input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____</p>	

Accurate cause-of-death information is important: 1) to the public health community in evaluating and improving the health of all citizens, and 2) often to the family, now and in the future, and to the person settling the decedent's estate.

The cause-of-death section consists of two parts. **Part I** is for reporting a chain of morbid events leading directly to death, with the **immediate cause** of death (the final disease, injury, or complication directly causing death) on Line a and the **underlying cause** of death (the disease or injury that initiated the chain of events that led directly and inevitably to death) on the lowest used line. **Part II** is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in **Part I**. **The cause-of-death information should be YOUR best medical OPINION.** A condition can be listed as "probable" even if it has not been definitively diagnosed.

ITEM 32 - CAUSE OF DEATH

Take care to make the entry legible. Use a computer printer with high resolution, typewriter with good black ribbon and clean keys, or print legibly using permanent **black** ink in completing the cause-of-death section. **Do not abbreviate** conditions entered in section.

Part I (Chain of events leading directly to death)

- Only **one** cause should be entered on each line. Line a **MUST ALWAYS** have an entry. **DO NOT** leave blank. Additional lines may be added if necessary.
- If the condition on Line a resulted from an underlying condition, put the underlying condition on Line b, and so on, until the full sequence is reported. **ALWAYS** enter the **underlying cause of death** on the lowest used line in Part I.
- For each cause indicate the best estimate of the interval between the presumed onset and the date of death. The terms "unknown" or "approximately" may be used. General terms, such as minutes, hours, or days, are acceptable, if necessary. **DO NOT** leave blank.
- The terminal event (e.g., cardiac arrest or respiratory arrest) should not be used. If a mechanism of death seems most appropriate to you for Line a, then you must always list its cause(s) on the line(s) below it (e.g., cardiac arrest **due to** coronary artery atherosclerosis *or* cardiac arrest **due to** blunt impact to chest).
- Always report the fatal injury (e.g., stab wound of chest), the trauma (e.g., transection of subclavian vein), and impairment of function (e.g., air embolism).

Part II (Other significant conditions)

- Enter all diseases or conditions contributing to death that were not reported in the chain of events in Part I and that did not result in the **underlying cause of death**. See examples.
- If two or more possible sequences resulted in death, or if two conditions seem to have added together, report in Part I the one that, in your opinion, most directly caused death. Report in Part II the other conditions or diseases.

CHANGES TO CAUSE OF DEATH

If additional medical information or autopsy findings become available that would change the cause of death originally reported, the original death certificate should be amended by the certifying physician by **immediately** reporting the revised cause of death to the State Vital Records Office.

ITEMS 33 and 34 - AUTOPSY

- 33 - Enter "Yes" if either a partial or full autopsy was performed. Otherwise enter "No."
- 34 - Enter "Yes" if autopsy findings were available to complete the cause of death; otherwise enter "No." Leave item blank if no autopsy was performed.

ITEM 35 - DID TOBACCO USE CONTRIBUTE TO DEATH?

Check "Yes" if, in your opinion, the use of tobacco contributed to death. Tobacco use may contribute to deaths due to a wide variety of diseases; for example, tobacco use contributes to many deaths due to emphysema or lung cancer and some heart disease and cancers of the head and neck. Check "No" if, in your clinical judgment, tobacco use did not contribute to this particular death.

ITEM 36 - IF FEMALE, WAS DECEDENT PREGNANT AT TIME OF DEATH OR WITHIN PAST YEAR?

If the decedent is a female, check the appropriate box. If the female is either too old or too young to be fecund, check the "Not pregnant within past year" box. If the decedent is a male, leave the item blank. This information is important in determining pregnancy-related mortality.

ITEM 37 - MANNER OF DEATH

- Always check Manner of Death, which is important: 1) in determining accurate causes of death, 2) in processing insurance claims, and 3) in statistical studies of injuries and death.
- Indicate "Pending Investigation" if the manner of death cannot be determined whether due to an accident, suicide, or homicide within the statutory time limit for filing the death certificate. This should be changed later to one of the other terms.
- Indicate "Could not be determined" **ONLY** when it is impossible to determine the manner of death.

ITEMS 38-44 - ACCIDENT OR INJURY - to be filled out in all cases of deaths due to injury or poisoning.

- 38 - Enter the exact month, day, and year of injury. Spell out the name of the month. **DO NOT** use a number for the month. (Remember, the date of injury may differ from the date of death.) Estimates may be provided with "Approx." placed before the date.
- 39 - Enter the exact hour and minutes of injury or use your best estimate. Use a 24-hour clock.
- 40 - Enter the general place (such as restaurant, vacant lot, or home) where the injury occurred. **DO NOT** enter firm or organization names. (e.g., enter "factory," **not** "Standard Manufacturing, Inc.").
- 41 - Complete if anything other than natural disease is mentioned in Part I or Part II of the medical certification, including homicides, suicides, and accidents. This includes all motor vehicle deaths. The item **must** be completed for decedents ages 14 years or over and may be completed for those less than 14 years of age if warranted. Enter "Yes" if the injury occurred at work. Otherwise enter "No." An injury may occur at work regardless of whether the injury occurred in the course of the decedent's "usual" occupation. Examples of injury at work and injury not at work follow:

Injury at work

Injury while working or in vocational training on job premises
Injury while on break or at lunch or in parking lot on job premises
Injury while working for pay or compensation, including at home
Injury while working as a volunteer law enforcement official etc.
Injury while traveling on business, including to/from business contacts

Injury not at work

Injury while engaged in personal recreational activity on job premises
Injury while a visitor (not on official work business) to job premises
Homemaker working at homemaking activities
Student in school
Working for self for no profit (mowing yard, repairing own roof, hobby)
Commuting to or from work

- 42 - Enter the complete address where the injury occurred including zip code.
- 43 - Enter a brief but specific and clear description of how the injury occurred. Explain the circumstances or cause of the injury. Specify **type of gun** or **type of vehicle** (e.g., car, bulldozer, train) when relevant to circumstances. Indicate if more than one vehicle involved; specify type of vehicle decedent was in.
- 44 - Specify role of decedent (e.g., driver, passenger). Driver/operator and passenger should be designated for modes other than motor vehicles such as bicycles. Other applies to watercraft, aircraft, animal, or people attached to the outside of vehicles (e.g., surfers). Details such as those collected in item 44 and the other injury items will help with studies about motor vehicle accidents, a major type of unintentional deaths.

REFERENCES

For more information on how to complete the medical certification section of the death certificate, refer to tutorial at <http://www.TheNAME.org> and resources including instructions and handbooks available by request from NCHS, Room 7318, 3311 Toledo Road, Hyattsville, Maryland 20782 or at www.cdc.gov/nchs/about/major/dvs/handbk.htm.