

# Death Certification Procedures

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Forensic Pathologist

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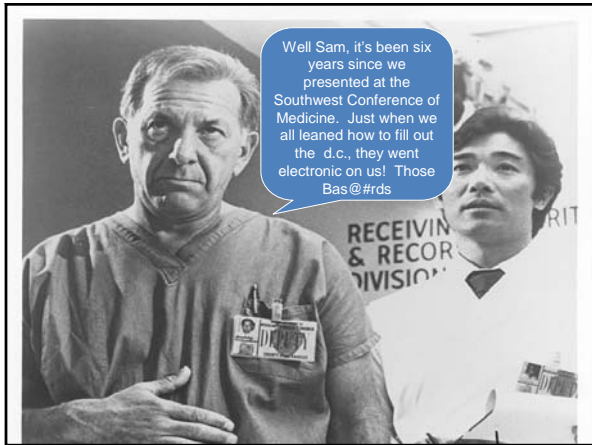
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## The Medical Examiner's Office and Death Certification

- History and background
- What cases fall under the jurisdiction of the M.E. office and how to report one
- Role of the autopsy in medical practice
- Death Certification Procedures
- Review old death certificates

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Tucson ME Office  
(Forensic Science Center)

pre 1989- 190 W. Pennington

1989-present Forensic Science Center  
@ 2825 E District (adjacent to Kino  
Hospital)

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## Tucson ME Office (Forensic Science Center)

Pre 1975- Coroner system

09/12/75- M.E. system  
(ARS 11-591 through 11-600)

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## Modern day ME system

- Evolution from coroner system
- Medical Examiner (Forensic Pathologist)- pathologist with specialized training in forensic medicine
- centralized multidisciplinary approach to cause and manner of death determination

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## FSC-Why do we exist?

- ARS 11-591
- investigate sudden, unexpected, and unnatural deaths
- “diagnostician of dispossessed”
- “ family physician to the bereaved”
- surveillance of public health trends
  - autopsy approx. 10% of deaths in county
  - certify the cause and manner of death

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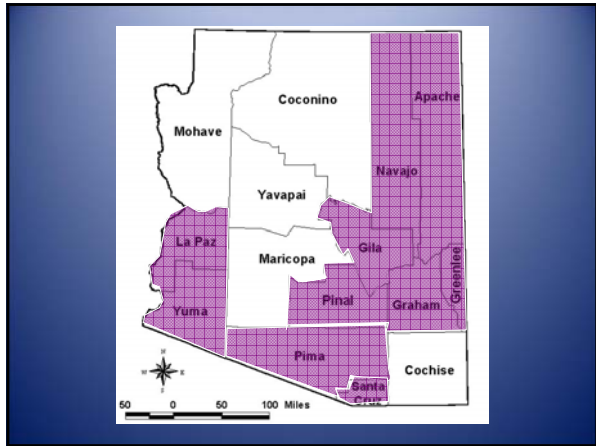
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### FSC-Who we are

- Forensic pathologists (6)
  - MD/DO, path residency, forensic fellowship
- Medicolegal investigators
- Pathologist assistants
- Forensic Field Agents
- Transcriptionists, admin, clerical

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### FSC-What we do

- Forensic examinations/autopsies
- medicolegal inquiries
- testify in court
- live patient consultation
- review/approve cremations

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## FSC-What we do

- help decide whether death is a medical examiner case
- assist community docs with death certification
- teach (hospitals, medical schools, etc..)
- County morgue

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## Pima County ME Office

	2001	2009
Autopsy	1153	1301
External	552	551
Total	1705	1852
% Autopsy	68%	70%

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NATURAL	819
ACCIDENT	663
SUICIDE	250
HOMICIDE	116
UNDETERMINED	131

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## Senator Robert Kennedy



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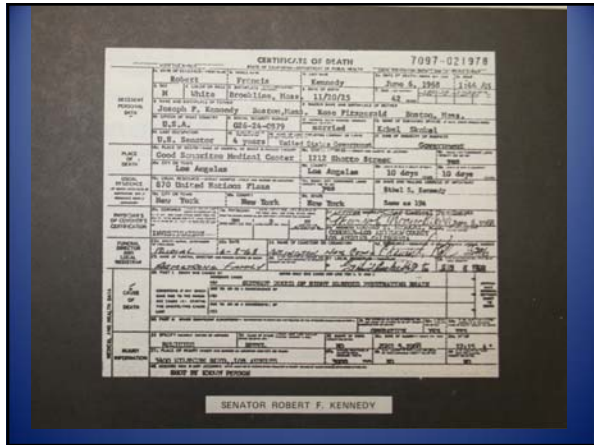
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## President Grover Cleveland



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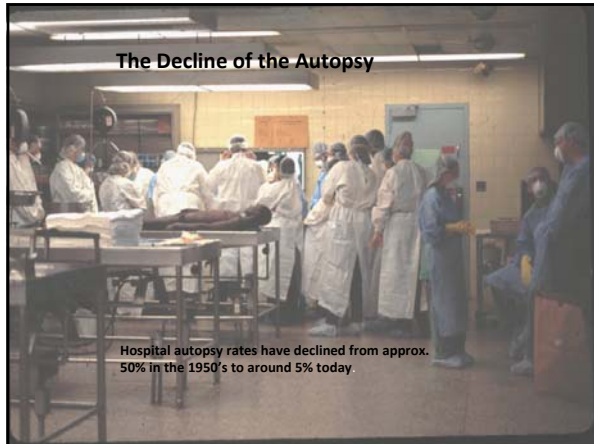
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### The Decline of the Autopsy

Hospital autopsy rates have declined from approx. 50% in the 1950's to around 5% today.

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### The Decline of the Autopsy

#### Why?

- Belief that everything is already known about patient
- Belief that more autopsies will mean more malpractice claims/litigation
- JCAHO
- cost
- remuneration issues (pathologists)
- time lag in information sharing

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### Value of Autopsy

- Abundant data support fact that the percentage of autopsies revealing missed major clinical diagnoses has not changed in the last 100 years (10-20%)
  - if not missed, and with appropriate therapy would prolong survival --- Class I errors
- Autopsy is best endpoint for certain clinical studies
- Improves accuracy in death certification

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Comparison of Clinical Diagnoses in Critically Ill Patients and Subsequent Autopsy Findings, *Mayo Clinic Proceedings*, 75(6), June 2000, pp. 562-567  
Roosen et al.

- Retrospective study of MICU patients in Belgium
- Autopsy rate 93%
- 100 patients
- 16% of case had class I errors
- Most frequent missed diagnoses included fungal infection, cardiac tamponade, abdominal hemorrhage, and MI
- Concluded autopsy an important tool for education and quality control

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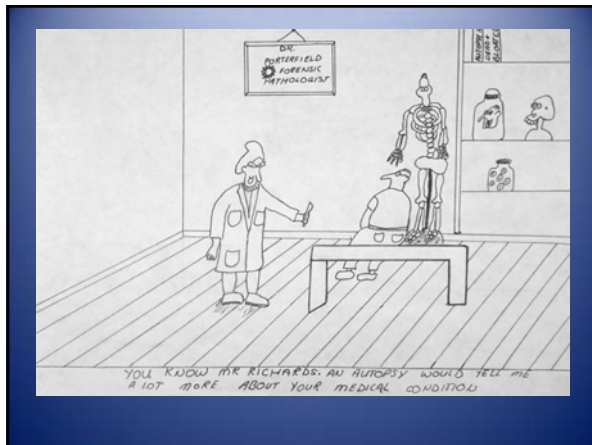
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## Forensic autopsy

- focuses on cause and manner of death
- establish all facts which may have any bearing on any criminal or civil litigation
- heavily reliant on scene investigation
- different from a hospital autopsy
  - consent not necessary

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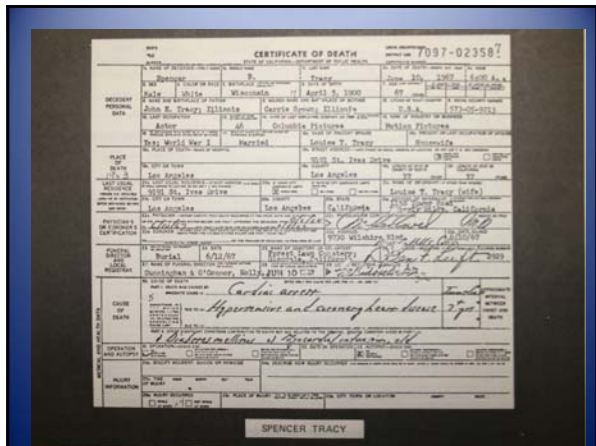
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What constitutes a Medical Examiner Case

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Arizona Medical Examiner Law

Arizona Revised Statutes 11-593

“Any person having knowledge of the death of a human being including a fetal death under any of the following circumstances:....”

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What cases need to be reported to the M.E.?

1. Death when not under the current care of a physician for a *potentially fatal illness* or when an attending physician is unavailable to sign the death certificate.

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“Current care of a physician”

Does not have time restriction; does not mean patient was seen recently; generally an ongoing physician-patient relationship where the physician has rendered medical care to the deceased at any time

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What cases need to be reported to the M.E.?

2. Death resulting from violence
3. Death occurring suddenly when in apparent good health
4. Death occurring in a prison
5. Death of a prisoner
6. Death occurring in a suspicious, unnatural manner

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What cases need to be reported to the M.E.?

7. Death from disease or accident believed to be related to the deceased's occupation or employment
8. Death believed to present a public health hazard
9. Death occurring during anesthetic or surgical procedures

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### ARS 11.594

- A death "during a surgical procedure or while under anesthesia" . Death will be reviewed over the phone and may or may not be accepted.

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### "24-hour rule"

there is no 24-hour rule

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# Arizona Medical Examiner Law

Failure to report a medical examiner case is a class 2 misdemeanor

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# President Benjamin Harrison



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THE HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY  
DIVISION OF PUBLIC HEALTH  
1841 CITY COUNTY BUILDING - INDIANAPOLIS, IND.  
FEE TWO DOLLARS  
CERTIFIED COPY OF RECORD OF DEATH OF

NAME OF DECEASED: Benjamin Harrison DATE OF DEATH: March 13, 1901

PLACE OF DEATH: COUNTY: MARION CITY, TOWN, OR LOCATION: Indianapolis, Indiana

FATHER'S NAME: John Scott Harrison MOTHER'S MAIDEN NAME: Elizabeth Irwin

DATE OF BIRTH: Mar. 1903 COUNTY: Crown Hill LOCATION: Indianapolis, Indiana

DATE FILED: Mar. 1903

DATE ISSUED: Mar. 29, 1977

W. ARMSTRONG CLERK

NOT VALID UNLESS MACHINE NUMBERED AND SIGNED WITH MULTICOLOR RIBBON

075578

NUMBERED 75578

PRESIDENT BENJAMIN HARRISON

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# President Theodore Roosevelt



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REGISTER OF DEATHS, Town of Oyster Bay, County of Nassau, State of New York

ING. of State recorded by a Justice of the Peace, and returned to the Registrar of the Town of Oyster Bay, County of Nassau, State of New York, by \_\_\_\_\_, being authorized by \_\_\_\_\_

FULL NAME *Theodore Roosevelt, Oyster Bay, L.I.*

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR OF HAIR *Black* COLOR OF EYES *Blue*

DATE OF BIRTH *Oct 27 1858*

TAGE *60* - *2* - *10*

OCCUPATION *Statement*

BIRTHPLACE *New York City*

FATHER *Theodore Roosevelt*

MOTHER *Anne Hamilton*

CAUSE OF DEATH *Emboli of Lung*

DATE OF DEATH *June 6 1902*

PLACE OF DEATH *Oyster Bay, L.I.*

RESIDENCE AT DEATH *Oyster Bay, L.I.*

DATE OF BURIAL *June 8 1902*

PLACE OF BURIAL *Oyster Bay, L.I.*

REGISTRY OF DEATHS, TOWN OF OYSTER BAY, COUNTY OF NASSAU, STATE OF NEW YORK

PAGE SEVENTY THREE PRESIDENT THEODORE ROOSEVELT

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# Reporting a ME Case

- Call to law enforcement
- Call to hospital administration



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## Reporting a ME Case

- Call to ME office
  - MD/DO or RN
- If case is accepted, tell family deceased is a ME case
  - Do not tell them that an autopsy is going to be performed!



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## Once jurisdiction has been accepted

- The body is brought in.
- The investigator speaks with law enforcement, family and possibly treating physician.
- The case is presented to the pathologist.
- The pathologist makes a decision as to the type of procedure, an external examination or a full autopsy.

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## Who gets an autopsy?

- Homicides
- "Fresh" MVAs
- Suicide GSWs with projectiles to recover
- Deaths in prison
- Sudden, unexpected, and unnatural deaths (medical opinion NOT lay opinion)
- Occasional family requests

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Who doesn't get an autopsy?

- Deaths with adequate medical information available to explain demise
  - If death at home, scene not suspicious
- Non-homicide religious objections
- "Old" MVAs
- Suicide GSWs with no projectiles to recover
- Cases of non-ME jurisdiction where a hospital autopsy is more appropriate

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# Death certification

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Article from Santa Barbara News-Press  
(Sep 2009)

- Medical experts want Congress to establish autopsy standards
- Experts generally agree that nearly a third of the nation's deaths had the wrong cause reported on their death certificates, although some believe the error rate is more than 50%

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- Critics of the current death certificate system have many other ideas for improvements, starting with making training on death certificate completion mandatory for all medical students

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Dr Keyvan Ravakhah, head of medicine at Huron Hospital, a unit of the Cleveland Clinic

- “every physician who anticipates signing a death should be mandated to go to training, sit for an exam and become board certified in death certificate completion, so that it’s not an uneducated guess.

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- “Hospitals should have a couple of physicians with that certification on staff, paid just like other specialists, for completing a proper death certificate for any patient who dies.

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Dr. Elizabeth Burton, chief of the autopsy lab at Baylor Medical Center in Dallas

- 1/3 of death certificates are incorrect
- “one of the things we proposed..., there should be a hospital death review panel that would review all the charts and reports and conduct a ‘virtual autopsy’ and reach a consensus on the cause of death.

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- The registration of deaths is a State function supported by individual State laws and regulations.
- Each State has a contract with NCHS that allows the Federal Government to use information from the State records to produce national vital statistics.

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### The Death Certificate

Which of the following are true concerning death certificates?

- A) Document that legally binds the signer to prove the cause of death (if questioned)
- B) Document that must be signed by the physician of record (i.e., not a covering physician or emergency room physician)
- C) Document that must be signed by an attending physician (i.e., not a resident)
- D) Document that reflects an opinion

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### The Death Certificate is an Opinion Statement

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# Humphrey Bogart




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CERTIFICATE OF DEATH			
NAME HUMPHREY De Forest BOGART		DATE OF BIRTH JANUARY 14 1899	
SEX Male		RACE White	
MARRIAGE Married		DATE OF MARRIAGE Dec 21 1929	
PLACE OF BIRTH Astoria, Oregon		CITIZENSHIP United States	
OCCUPATION Actor		EDUCATION High School	
PLACE OF DEATH Los Angeles		AGE AT DEATH 58 to 59 years	
RESIDENCE 330 S. Mapleton Drive, Los Angeles, California		PLACE OF BURIAL Los Angeles	
CAUSE OF DEATH Generalized Carcinomatosis		DATE OF DEATH 1/14/57	
MANNER OF DEATH Natural		SIGNATURE OF PHYSICIAN Richard D. Baker	
SIGNATURE OF REGISTRAR M. [Signature]		DATE OF REGISTRATION 1/15/57	

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# President Woodrow Wilson




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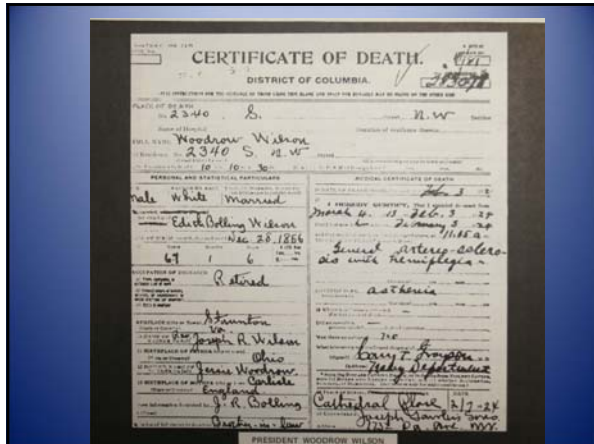
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### Death Certification - Purposes

- Legal document certifying someone has died
- Vital statistics

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### Death Certification Paradox

You don't have to know what killed them to certify the cause of death.

Reasonable degree of medical certainty  
(more probable than not)

*NOT*

Beyond a reasonable doubt  
(100% certainty)

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## Who can sign?

- Any licensed physicians in ANY specialty
- Interns and residents (licensed)
- Tribal authorities
- Nurse practitioners
- Medical examiners

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## Who cannot sign?

- Physician assistance
- Nurses
- Midwives

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## Rule of thumb on signing DC

If you're were going to attend to them and bill them when they were alive, you're responsible for their DC when they die.

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## AZ Administrative Code

R9-19-301.A.-- The physician.....shall complete and sign the medical certification of cause of death promptly so that funeral arrangements may be made.

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## AZ Administrative Code

R9-19-301.B.-- When a physician cannot certify within 72 hours as to the cause of death (e.g., pending hospital autopsy), the physician shall enter "**pending further examination**" on the DC and sign it.

A supplemental DC with a COD shall be submitted within ten days.

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## Vital Records Laws

- The Arizona Legislature struck and replaced all of the state's vital records statutes in 2004
- Requires a Medical Examiner to complete the cause-of-death within 72 hours or enter "Pending" and sign the death certificate.
- Requires a funeral director to file a completed death certificate with the local registrar or state registrar within 7 days of the date he takes possession of the remains.

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- Physical signatures are no longer required on death certificates
- Allows for electronic signatures

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- ### What is EDR
- Electronic filing of death certificates
  - On-Line collaboration among multiple death registration system users
  - User-friendly death record data entry screens
    - Fact-of-Death data entry
    - Cause-of-Death data entry
  - Built-in instructions and on-line help

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- ### What is EDR
- Internet accessibility
  - Electronic authentication
    - User IDs/passwords
    - Personal Identification Numbers (PINs)
    - Biometrics

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### Who benefits from an EDRS?

- Physicians, medical examiners and coroners
- Institutions
  - Hospitals
  - Nursing Homes
  - Hospice
- Funeral directors
- Local and state registrars

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### Who benefits from an EDRS?

- Federal, state and local agencies
- Public health researchers
- Families

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### Benefits of an EDRS

- Greater efficiency-participants interact electronically
- Improved timeliness of death registration
- Higher quality data via real-time edits
  - Reduces errors in and rejection of death certificates
  - Promotes uniformity in demographic and cause-of-death statistics.

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### Benefits of an EDRS

- Increases security and fraud prevention
- Supports partial electronic/paper death registration
- Capability to report fact-of-death to SSA with increased accuracy and timeliness
  - Verified Social Security numbers

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### Benefits of an EDRS

- Capability to report cause-of-death with increased accuracy and timeliness
  - Integral part of patient care
  - Uniformity in cause-of-death statistics
  - Improves the cause-of-death data for electronic disease surveillance systems

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### Benefits of an EDRS

- Electronic referrals to Medical Examiners/Coroners by
  - Physicians
  - Funeral directors
  - Health departments
  - Key terms (fall, laceration, hypothermia)
- Electronic submission of supplemental cause-of-death

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## Benefits of EDRS

- Electronic cremation approvals
- Printing of the Burial Permit at the Funeral Homes
- Electronic trade calls between Funeral Homes
- Ordering of certified copies

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- Death Certification in Arizona went "on line" in 2009

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## Nat King Cole



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## Mortality Statistics from DC

- assess the general health of the population
- allocate medical services, funding, and other resources
  - indicate areas in which medical research may have the greatest impact on reducing mortality

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## Mortality Statistics from DC

- examine medical problems which may be found among specific groups of people
- evaluate prenatal care services and obstetrical programs and study the causes of adverse pregnancy outcomes in the case of fetal deaths

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## Mortality statistics

- CDC and Prevention's National Center for Health Statistics (NCHS) publishes summary mortality data in the National Vital Statistics Report publication "Deaths: Final data"  
[www.cdc.gov/nchs](http://www.cdc.gov/nchs) (under vital statistics, mortality)

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# Marilyn Monroe



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42-096857 CERTIFICATE OF DEATH		INDEXED 7763	17716
Name: Marilyn		Date of Birth: 1926	
Female (Sex)		Race: White	
Place of Birth: Los Angeles, Calif.		Date of Birth: June 1, 1926	
Address: 12345 Hollywood Blvd., Los Angeles, Calif.		Cause of Death: Acute Barbiturate Poisoning	
Manner of Death: Suicide		Place of Death: Hollywood, Calif.	
Physician: Dr. J. Edgar Hoover		Medical Examiner: Dr. J. Edgar Hoover	
Date of Death: August 1, 1962		Time of Death: 10:00 AM	
Place of Death: 12345 Hollywood Blvd., Los Angeles, Calif.		Hospital: Hollywood Memorial Park	
Funeral Home: Hollywood Memorial Park		Burial Place: Hollywood Memorial Park	
Probable Cause: Acute Barbiturate Poisoning		Manner of Death: Suicide	
Ingestion of Overdose		Probable Cause: Acute Barbiturate Poisoning	
Manner of Death: Suicide		Probable Cause: Acute Barbiturate Poisoning	

MARILYN MONROE

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# Lou Costello



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## Underlying or Proximate Cause of Death

That which in a natural and continuous sequence, unbroken by any efficient intervening cause, produce the fatality, and without which the end result would not have occurred.

Must be etiologically specific

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## Acceptable causes of death

- Diabetes mellitus
- Alcoholic cirrhosis
- Hepatitis C cirrhosis
- Coronary atherosclerosis
- Atherosclerotic cardiovascular disease
- Hypertensive cardiovascular disease
- ....cancer..
- Lupus
- A.I.D.S.

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## Mechanism of Death

The altered physiology and biochemistry whereby the cause exerts its lethal effects

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### Causes of death needing more information

- Abscess
- Anoxic encephalopathy
- Abdominal hemorrhage
- Arrhythmia
- Adhesions
- Ascites
- Adult respiratory distress syndrome
- Aspiration
- Altered mental status
- Bacteremia
- Anemia
- Bedridden
- Biliary obstruction
- Bowel obstruction

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### Causes of death needing more information

- Brain stem herniation
- Cellulitis
- Carcinogenesis
- Cerebral edema
- Carcinomatosis
- Cerebrovascular accident
- Cardiac arrest
- Cerebellar tonsillar herniation
- Cardiac dysrhythmia
- Chronic bedridden state
- Cardiomyopathy
- Cirrhosis
- Cardiopulmonary arrest
- Coagulopathy

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### Causes of death needing more information

- Compression fracture
- Dysrhythmia
- Congestive heart failure
- End-stage liver disease
- Convulsions
- End-stage renal disease
- Decubiti
- Exsanguination
- Dehydration
- Failure to thrive
- Diarrhea
- Fracture
- Disseminated intravascular coagulopathy
- Gangrene

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### Causes of death needing more information

- Gastrointestinal hemorrhage
- Heart failure
- Hemothorax
- Hepatic failure
- Hepatitis
- Hepatorenal syndrome
- Hyperglycemia
- Hyperkalemia
- Hypovolemic shock
- Hyponatremia
- Hypotension
- Immunosuppression
- Increase intracranial pressure
- Intracranial hemorrhage

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### Causes of death needing more information

- Malnutrition
- Metabolic encephalopathy
- Multisystem organ failure
- Myocardial infarction
- Necrotizing soft-tissue infection
- Pancytopenia
- Paralysis
- Perforated gallbladder
- Perforated bowel
- Peritonitis
- Pleural effusions
- Pneumonia

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### Causes of death needing more information

- Pulmonary arrest
- Pulmonary edema
- Pulmonary embolism
- Pulmonary insufficiency
- Renal failure
- Respiratory arrest
- Seizures
- Sepsis
- Septic shock
- Shock
- Starvation
- Subdural hematoma
- Subarachnoid hemorrhage
- Sudden death
- Thrombocytopenia

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### Causes of death needing more information

- Uncal herniation
- Urinary tract infection
- Ventricular fibrillation
- Ventricular tachycardia
- Volume depletion

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### AZ Administrative Code

- R9-19-301
- Part I of DC shall contain the disease sequence which directly resulted in the person's death
- Part II of DC shall contain conditions contributing to the death, but not resulting in the underlying cause (Not a place for unusual or incidental findings)

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### Manner of Death

explanation of how the cause arose

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# Manner of Death

- natural
- accident
- suicide
- homicide
- undetermined

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# Manner of Death

Natural death:  
deaths caused exclusively (100%) by  
disease or predictable outcomes of  
diagnostic or therapeutic procedures

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# Common mistakes in death certification

- No underlying cause
- Underlying cause and mechanism of death in reverse order
- inappropriate use of Part II

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- Use of the words “probable” or “presumed” are appropriate to indicate that the description provided is not completely certain.

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Your goal while certifying a death should be...

- to give the government something to throw their money at
  - If you can't start a charitable foundation based on your cause of death, you're likely not certifying the death correctly

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President Franklin Delano Roosevelt



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FAX BACK TO 1-801-983-7350 - DO NOT SEND A COVER SHEET

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS  
CERTIFICATION OF CAUSE OF DEATH

1	DECEASED PERSON'S NAME (Last, First, Middle)	DATE OF BIRTH	SEX	RACE	EDUCATION
2	DECEASED PERSON'S ADDRESS (Street, City, State, Zip)	DATE OF DEATH	TIME OF DEATH	PLACE OF DEATH	REGISTRATION STATE
3	DECEASED PERSON'S SOCIAL SECURITY NUMBER	DECEASED PERSON'S MARRIAGE STATUS	DECEASED PERSON'S OCCUPATION	DECEASED PERSON'S HIGHEST GRADE OF SCHOOL	DECEASED PERSON'S MILITARY SERVICE
4	DECEASED PERSON'S PLACE OF BIRTH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF USUAL RESIDENCE	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH
5	DECEASED PERSON'S PLACE OF USUAL RESIDENCE	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH
6	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH
7	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH
8	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH
9	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH
10	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH
11	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH
12	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH
13	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH
14	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH
15	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH
16	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH	DECEASED PERSON'S PLACE OF DEATH




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### “Things” to remember

- Write legibly
- Avoid abbreviations

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### Supplements

- If you need to change a pending or change the original cause of death:
  - Funeral home will bring hard copy
  - Only original doctor can sign supplemental

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Lines 5,6,7,8 shall contain the disease sequence which led to death

MEDICAL CERTIFICATE SECTION CAUSE OF DEATH			
5	IMMEDIATE CAUSE OF DEATH	A	APPROPRIATE INTERNAL
6	USE TO DERIVE CONSEQUENCE OF	B	APPROPRIATE INTERNAL
7	USE TO DERIVE CONSEQUENCE OF	C	APPROPRIATE INTERNAL
8	USE TO DERIVE CONSEQUENCE OF	D	APPROPRIATE INTERNAL
CAUSE OF DEATH PART 2			
9	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE SHOWN ABOVE		TYPE OF DEATH
10	DID TUBERCULOSIS CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input type="checkbox"/> UNKNOWN	IF FEMALE: <input type="checkbox"/> NOT PREGNANT WITHIN LAST 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 LAST YEAR	WERE AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO
			WERE AN AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> MILITARY

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Line 9 shall contain conditions contributing to the death, but no resulting in the underlying cause

MEDICAL CERTIFICATE SECTION CAUSE OF DEATH			
5	IMMEDIATE CAUSE OF DEATH	A	APPROPRIATE INTERNAL
6	USE TO DERIVE CONSEQUENCE OF	B	APPROPRIATE INTERNAL
7	USE TO DERIVE CONSEQUENCE OF	C	APPROPRIATE INTERNAL
8	USE TO DERIVE CONSEQUENCE OF	D	APPROPRIATE INTERNAL
CAUSE OF DEATH PART 2			
9	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE SHOWN ABOVE		TYPE OF DEATH
10	DID TUBERCULOSIS CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input type="checkbox"/> UNKNOWN	IF FEMALE: <input type="checkbox"/> NOT PREGNANT WITHIN LAST 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 LAST YEAR	WERE AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO
			WERE AN AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> MILITARY

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- You should be able to give a brief history of the patient by looking at the death certificate.
- A cause of death of renal failure doesn't tell you anything about what disease the patient had.

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47 SEQUENTIALLY LIST LEADING TO IMMEDIATE UNDERLYING CAUSE THAT INITIATED EVENTS RESULTING IN DEATH. LAST.	A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE)		48 NO	49 NO
	B. DUE TO OR AS A CONSEQUENCE OF:			
	C. DUE TO OR AS A CONSEQUENCE OF:			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No)		WAS C (Specify)
48		49		50

Cardiac Arrest  
Pulmonary Failure  
Hepatorenal Failure/Hepatic Coma

47 SEQUENTIALLY LIST LEADING TO IMMEDIATE UNDERLYING CAUSE THAT INITIATED EVENTS RESULTING IN DEATH. LAST.	A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE)		48 NO	49 NO
	B. DUE TO OR AS A CONSEQUENCE OF:			
	C. DUE TO OR AS A CONSEQUENCE OF:			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No)		WAS C (Specify)
48		49		50

ASYSTOLE  
HYPOTENSION  
CONGESTIVE HEART FAILURE

RENAL FAILURE

MANNER OF DEATH:  HOMICIDE,  ACCIDENT,  SUICIDE,  UNDETERMINED

DATE OF INJURY: MO, DAY, YR, HOUR

INJURY AT WORK? (Specify Yes or No)

DESCRIBE HOW INJURY OCCURRED

PLACE OF INJURY (At home, farm, street, factory, office building, etc.)

WHERE LOCATED? STREET ADDRESS

47 SEQUENTIALLY LIST LEADING TO IMMEDIATE UNDERLYING CAUSE THAT INITIATED EVENTS RESULTING IN DEATH. LAST.	A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE)		48 NO	49 NO
	B. DUE TO OR AS A CONSEQUENCE OF:			
	C. DUE TO OR AS A CONSEQUENCE OF:			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No)		WAS C (Specify)
48		49		50

cardiac dysrhythmias  
Hypoxic Encephalopathy  
status post w/o/c arrest

Hypoxic encephalopathy complicating  
Probable myocardial infarction  
Arteriosclerotic Cardiovascular Disease





47 SEQUENTIALLY LIST LEADING TO IMMEDIATE UNDERLYING CAUSE THAT INITIATED EVENTS RESULTING IN DEATH (LAST)	PART I		
	A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) <i>Medullary fracture</i>		
	B. DUE TO OR AS A CONSEQUENCE OF: <i>Cervical fracture</i>		
C. DUE TO OR AS A CONSEQUENCE OF: <i>Chronic renal failure</i>			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I <i>Chronic pulmonary obstruction disease</i>			48 AUTOPSY (Specify Yes or No) <b>NO</b> WAS C (Specify) <b>50</b>

47 SEQUENTIALLY LIST LEADING TO IMMEDIATE UNDERLYING CAUSE THAT INITIATED EVENTS RESULTING IN DEATH (LAST)	PART I		
	A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) <i>Septic shock</i>		
	B. DUE TO OR AS A CONSEQUENCE OF: <i>Pneumococcal sepsis</i>		
C. DUE TO OR AS A CONSEQUENCE OF: <i>Pneumococcal pneumonia</i>			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I <i>Chronic Alcohol Abuse</i>			48 AUTOPSY (Specify Yes or No) <b>NO</b>

47 SEQUENTIALLY LIST LEADING TO IMMEDIATE UNDERLYING CAUSE THAT INITIATED EVENTS RESULTING IN DEATH (LAST)	PART I		
	A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) <b>CERVICAL CANCER</b>		
	B. DUE TO OR AS A CONSEQUENCE OF: <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>		
C. DUE TO OR AS A CONSEQUENCE OF: <b>DEPRESSION</b>			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I			48 AUTOPSY (Specify Yes or No) <b>NO</b> WAS C (Specify) <b>50 Y</b>

47 SEQUENTIALLY LIST LEADING TO IMMEDIATE UNDERLYING CAUSE THAT INITIATED EVENTS RESULTING IN DEATH (LAST)	PART I		
	A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) <b>Cervical Cancer</b>		
	B. DUE TO OR AS A CONSEQUENCE OF: <b>Chronic Obstructive Pulmonary Disease</b>		
C. DUE TO OR AS A CONSEQUENCE OF:			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I			48 AUTOPSY (Specify Yes or No) <b>NO</b> WAS C (Specify) <b>50</b>

48	MANNER OF DEATH	<input type="checkbox"/> HOMICIDE	<input type="checkbox"/> SUICIDE	<input type="checkbox"/> ACCIDENT	<input type="checkbox"/> INVESTIGATION	<input type="checkbox"/> SUICIDE	<input type="checkbox"/> UNK/FORMED
49	DATE OF INJURY	MO	DAY	YR	HOUR	PLACED AT WORK? (Specify Yes or No)	DESCRIBE HOW INJURY OCCURRED
50	PLACE OF INJURY (In home, farm, street, factory, office building, etc.) SPECIFY	WHERE LOCATED?		STREET ADDRESS			
51		52	53	54	55	56	57

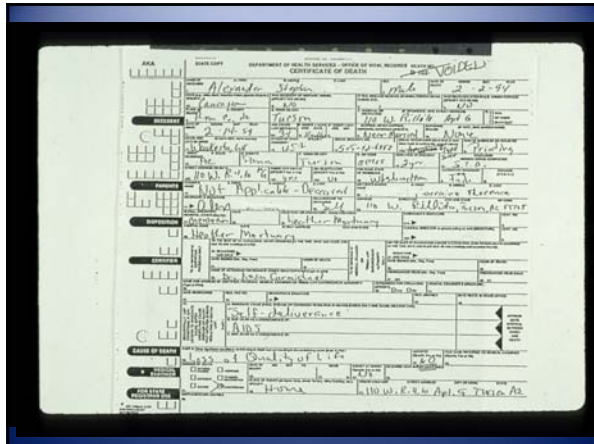












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## Web sites for death certification

- Physicians Handbook:  
[www.cdc.gov/nchs/data/misc/hb\\_cod.pdf](http://www.cdc.gov/nchs/data/misc/hb_cod.pdf)
- Instructions for completing COD Section  
[www.cdc.gov/nchs/data/dvs/cod.pdf](http://www.cdc.gov/nchs/data/dvs/cod.pdf)
- Completing an Arizona Death Certificate  
[www.azbn.gov/documents/death\\_certificates/Medical%20Cause%20of%20Death.pdf](http://www.azbn.gov/documents/death_certificates/Medical%20Cause%20of%20Death.pdf)

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## Web sites for death certification

- Reporting surgical deaths  
[www.azbn.gov/documents/death\\_certificates/Surgical%20Deaths.pdf](http://www.azbn.gov/documents/death_certificates/Surgical%20Deaths.pdf)
- Fetal Deaths  
[www.azbn.gov/documents/death\\_certificates/Fetal%20Field%20to%20Remember.pdf](http://www.azbn.gov/documents/death_certificates/Fetal%20Field%20to%20Remember.pdf)

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## Web sites for death certification

- Death certification problems  
[www.cdc.gov/nchs/nvss/death\\_certification\\_problems.htm](http://www.cdc.gov/nchs/nvss/death_certification_problems.htm)
- Writing COD statements  
[www.cdc.gov/nchs/nvss/writing\\_cod\\_statements.htm](http://www.cdc.gov/nchs/nvss/writing_cod_statements.htm)

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## Web sites for death certification

- Reporting Elder Abuse  
[www.azbn.gov/documents/death\\_certificates/Report%20Elder%20Abuse.pdf](http://www.azbn.gov/documents/death_certificates/Report%20Elder%20Abuse.pdf)
- Reporting Child Abuse  
[www.azbn.gov/documents/death\\_certificates/Report%20Elder%20Abuse.pdf](http://www.azbn.gov/documents/death_certificates/Report%20Elder%20Abuse.pdf)

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## Vital Records Office

- Audrey Rogers 243-7914
- Luana Pallanes 243-7916

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