

DEATH CERTIFICATE TIPS

It is very important to properly fill out a death certificate and the cause of death. Below are some tips to help guide you through filling out a death certificate. Whether it's your first time filling a death certificate, or the 100 time, below are some good reminders worth reviewing each time you need to complete a death certificate.

Make sure to complete the following:

- Enter the underlying disease that caused death
- Only list things that actually contributed to the cause of death
- Make sure to enter the Manner of Death (Box 39)
- Complete "Due to" in Box 36 Part 1 to form a logical sequence (A due to B due to C, etc.)
Line A MUST ALWAYS have an entry.

Example:

A. Rupture of myocardium

B. Acute myocardial infarction

C. Coronary artery thrombosis

D. Atherosclerotic coronary artery disease

Common errors to avoid:

- Do not list items in Box 36 if they do not form a logical sequence.
- There shouldn't be any nonspecific mechanisms listed (shock, sepsis, cardiac arrest, respiratory failure, etc.). Make sure to always list the actual disease that caused the mechanism.
- Avoid using the term intracranial hemorrhage, make sure to specify the type and etiology of the hemorrhage.
- If listing ESRD or CHF, you must list the disease that caused the organ to fail.
- Always call the Medical Examiner to certify deaths from trauma (hip fractures) or toxicity (drug overdose)



Stop to consider any NON-Natural causes for any of the following.

- Failure to thrive
- Sepsis
- Seizures
- Cerebral Palsy
- Plegia of any kind
- Brain or intracranial bleeds of any kind
- Aspiration pneumonia
- Malnutrition
- Dehydration

Include the cause of any of these, as appropriate.

DEATH CERTIFICATE EXAMPLES

Below you will find a couple of examples of properly completed medical certifications from the Centers of Disease Control website. Please review to verify that you are familiar with all of the information that is needed to properly fill out the death certificate.

Examples of properly completed medical certifications

CAUSE OF DEATH (See instructions and examples)		Approximate interval: Onset to death
<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>Rupture of myocardium</u> 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>Acute myocardial infarction</u> Due to (or as a consequence of):</p> <p>c. <u>Coronary artery thrombosis</u> Due to (or as a consequence of):</p> <p>d. <u>Atherosclerotic coronary artery disease</u> Due to (or as a consequence of):</p>		<p><u>Minutes</u></p> <p><u>6 days</u></p> <p><u>5 years</u></p> <p><u>7 years</u></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><u>Diabetes, Chronic obstructive pulmonary disease, smoking</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown</p>	<p>36. IF FEMALE:</p> <p><input checked="" 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>37. MANNER OF DEATH</p> <p><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p>

CAUSE OF DEATH (See instructions and examples)		Approximate interval: Onset to death
<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>Acute renal failure</u> 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>Hyperosmolar nonketotic coma</u> Due to (or as a consequence of):</p> <p>c. <u>Diabetes mellitus, noninsulin dependent</u> Due to (or as a consequence of):</p> <p>d. _____ Due to (or as a consequence of):</p>		<p><u>5 days</u></p> <p><u>8 weeks</u></p> <p><u>15 years</u></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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>35. DID TOBACCO USE CONTRIBUTE TO DEATH?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown</p>	<p>36. IF FEMALE:</p> <p><input checked="" 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>37. MANNER OF DEATH</p> <p><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p>