2s Errata for Year 2005

Page Number	Content to be Corrected	Corrections
23	Second paragraph: Changed wording	Corrected page attached
31	Changed Data year to 2003	Corrected page attached

CHAPTER III BASIC DATA ENTRY INSTRUCTIONS

If more than one entry for Part II is listed on the certificate, enter the information in the order it appears on the certificate. Try to duplicate the information exactly as it is reported, using whatever punctuation is used on the certificate.

All abbreviations and symbols listed in Appendix D and E apply to Cause of Death, Part II.

Was an Autopsy Performed? – Enter the single-character code for whether an autopsy was performed or not. Typing a question mark {?} will display the following pick-list of valid choices:

- N No
- Y Yes
- U Unknown Blank

Use the arrow keys to highlight the desired entry and press {ENTER} to select it.

Were Autopsy Findings Available? – Enter the single-character code for whether any autopsy findings were available. Typing a question mark {?} will display the following pick-list of valid choices:

N No Y Yes U Unknown Blank

Use the arrow keys to highlight the desired entry and press {ENTER} to select it.

CHAPTER III BASIC DATA ENTRY INSTRUCTIONS

Tobacco Use Contribute to Death? – Enter the single-character code for whether or not tobacco use contributed to death. Typing a question mark {?} will display the following pick-list of valid choices:

- N No
- Y Yes
- P Probably
- U Unknown
- C Not on certificate Blank

Use the arrow keys to highlight the desired entry and press {ENTER} to select it.

Pregnancy: – Enter the single-character code for any conditions of pregnancy of the decedent. Typing a question mark {?} will display the following pick-list of valid choices: Use the arrow key to highlight the desired entry and press {ENTER} to select it.

- 1 Not pregnant within past year
- 2 Pregnant at time of death
- 3 Not pregnant, but pregnant within 42 days of death
- 4 Not pregnant, but pregnant 43 days to 1 year before death
- 7 Not on certificate
- 8 Not applicable
- 9 Unknown if pregnant within last year Blank

CHAPTER III

D. Exercise 2: Entering Information from Death Certificates

In the exercise, create a new file and enter the following records. After the records have been entered, do a sequence check to determine that all 16 have been entered. (See page 48 - 50)

File Name: TEST002

Header Information:

Shipment Number:	002	
Lot Number;		0002
Section Number:		1
Data Year:		2003
State Code:	AL	(or post office abbreviation for any
		state)
Coder Status:		1

Enter today's date as the date of death for the examples.

CHAPTER III Exercise 2

BASIC DATA ENTRY INSTRUCTIONS

										
	LOCAL FILE N						STATE	FILE NO	. 00	00001
	1. DECEDENT'S LEGAL	NAME (Include A)	(A's if any) (Firs	l, Middle, Last)				2. SEX	3. SOCIAL S	ECURITY NUMBER
	4a. AGE-Last Birthday	4b. UNDER	1 YFAR	He UND	ER 1 DAY	15 DATE C	F BIRTH (Mo/Day		ACE (City and S	tate or Foreign Country)
	CYears	Months	Days	HOURS	Minutes					
			75. COUN				IZC. CITY OR TO	WN		
	RESIDENCE-STATE		70. COUN	••						
	7d. STREET AND NUMB	ER				76. APT. NO.	71. ZIP CODE	•		7g. INSIDE CITY LIMITS?
<u>۾</u>	8, EVER IN US	9. MARITAL	STATUS AT TIM	E OF DEATH		10. SURVIVING SI	POUSE'S NAME	If wife, give name	prior to first ma	C Yes C No miage)
Lied Field	ARMED FORCES?	O Married C	Married, but se	sparaled D W	/idowed					
ed/Verified DIRECTOR	11. FATHER'S NAME (F		Divorced D Never Married D Unknown Middle, Lest) 12. MOTHER'S NAME PRIOR TO FIR						(First, Middle, L	est)
DEd								-		
a la la	13a. INFORMANT'S NAM	Æ	136.	RELATIONSHI	P TO DECEDER	(T 13c. M	AILING ADDRESS	(Street and Num	ber, City, State,	Zip Code)
 Completed/Verified FUNERAL DIRECTOR 				14. PL	ACE OF DEATH	(Check only one: s	ee instructions)			
82	IF DEATH OCCURRED		D Dead on An			RED SOMEWHER			home O Othe	r (Specify):
	15. FACILITY NAME (If n	ot institution, give	street & number)		16. CITY OR	OWN, STATE, ANI	D ZIP CODE			17. COUNTY OF DEATH
DECEDENT						F DISPOSITION (N	ame of complexy	cremetory other		
ы П	18. METHOD OF DISPOS D Donation D Entorn	ITION: D Burial Iment D Removal	Cremation from State		IS. PLACE	F DISPOSITION (N	ame of cemetery.	crematory, other	piace)	
ă,	O Other (Specify):				NAME AND O	OMPLETE ADDRES				
	20. LOCATION-CITY, TO	DWN, AND STATE		21.	NAME AND C		S OF FUNERAL			
	22. SIGNATURE OF FUN	IERAL SERVICE L	ICENSEE OR O	THER AGENT				2	LICENSE NU	IMBER (Of Licensee)
	ITEMS 24-28 MUS	T BE COMP	ETED BY D	ERSON	24. DATE PRO	NOUNCED DEAD	(Mo/Day/Yr)	25	TIME PRONO	UNCED DEAD
	WHO PRONOUN							Γ		
	26. SIGNATURE OF PER				cable)	27. LICENS	E NUMBER	28. DATE SIG	NED (Mo/Day/Yr)
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	29. ACTUAL OR PRESU (Mo/Day/Yr) (Spell Mor	nth)			30. ACT	UAL OR PRESUME	U TIME OF DEAT		VAS MEDICAL E	EXAMINER OR FACTED?
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