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Figure 1.

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO.

STATE FILE NO.

NAME OF DECEDENT For use by physician or institution To Be Completed/ Verified By: FUNERAL DIRECTOR:	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)		2. SEX	3. SOCIAL SECURITY NUMBER		
	4a. AGE-Last Birthday (Years)	4b. UNDER 1 YEAR Months Days	4c. UNDER 1 DAY Hours Minutes	5. DATE OF BIRTH (Mo/Day/Yr)		6. BIRTHPLACE (City and State or Foreign Country)
	7a. RESIDENCE-STATE		7b. COUNTY		7c. CITY OR TOWN	
	7d. STREET AND NUMBER		7e. APT. NO.	7f. ZIP CODE		7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
	8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
	11. FATHER'S NAME (First, Middle, Last)			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)		
	13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)	
	14. PLACE OF DEATH (Check only one: see instructions)					
	IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):		
	15. FACILITY NAME (If not institution, give street & number)			16. CITY OR TOWN, STATE, AND ZIP CODE		17. COUNTY OF DEATH
	18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):			19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		
	20. LOCATION-CITY, TOWN, AND STATE			21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY		
	22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT				23. LICENSE NUMBER (Of Licensee)	
	ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH			24. DATE PRONOUNCED DEAD (Mo/Day/Yr)		25. TIME PRONOUNCED DEAD
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)			27. LICENSE NUMBER		28. DATE SIGNED (Mo/Day/Yr)	
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month)			30. ACTUAL OR PRESUMED TIME OF DEATH		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CAUSE OF DEATH (See instructions and examples) 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. IMMEDIATE CAUSE (Final disease or condition -----> resulting in death) a. _____ Due to (or as a consequence of): _____ 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 d. _____ Due to (or as a consequence of): _____					Approximate interval: Onset to death _____ _____ _____	
PART II. Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I					33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No 34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		36. IF FEMALE: <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		37. MANNER OF DEATH <input 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		
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)		39. TIME OF INJURY		40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)		
41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No						
42. LOCATION OF INJURY: State: _____ City or Town: _____ Street & Number: _____ Apartment No.: _____ Zip Code: _____						

43. DESCRIBE HOW INJURY OCCURRED:			44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____	
45. CERTIFIER (Check only one): <input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature of certifier: _____				
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)				
47. TITLE OF CERTIFIER		48. LICENSE NUMBER		49. DATE CERTIFIED (Mo/Day/Yr)
				50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)
To Be Completed By: FUNERAL DIRECTOR	51. DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		52. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____	
	53. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____			
	54. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED).			
55. KIND OF BUSINESS/INDUSTRY				

allows the physician to list any other medically important disease or condition that was present at the time of death and which may have contributed to death but was not a direct link in the chain of events directly leading to death. Multiple causes of death include each of the causes reported on the death certificate in Parts I or II.

Underlying cause is the item most commonly used in tabulation and analysis. As stated earlier, underlying cause data are important for surveillance, research, design of public health and medical interventions, and funding decisions for research and development. Multiple cause data are an important supplement to underlying cause data and can provide additional analytical information.

It is very important that all physicians, medical examiners, or coroners who may be certifying deaths be properly oriented to the principles of medical certification, the manner in which the statements are to be entered, and the importance of completeness, accuracy, and specificity in

Figure 2.

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)</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>a. <u>Immediate cause of death</u> Due to (or as a consequence of): _____</p> <p>b. <u>Intermediate cause</u> Due to (or as a consequence of): _____</p> <p>c. <u>Intermediate cause</u> Due to (or as a consequence of): _____</p> <p>d. <u>Underlying cause</u> Due to (or as a consequence of): _____</p>			<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Time interval</p> <p>Time interval</p> <p>Time interval</p> <p>Time interval</p>
<p>PART II. Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I</p> <p>Contributory cause(s), if any</p>		<p>33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input 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</p> <p><input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>36. IF FEMALE:</p> <p><input type="checkbox"/> Not pregnant within past year</p> <p><input type="checkbox"/> Pregnant at time of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant within 42 days of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death</p> <p><input type="checkbox"/> Unknown if pregnant within the past year</p>	<p>37. MANNER OF DEATH</p> <p><input type="checkbox"/> Natural <input type="checkbox"/> Homicide</p> <p><input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation</p> <p><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)</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>a. <u>Rupture of myocardium</u> Due to (or as a consequence of): _____</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>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Minutes</p> <p>6 days</p> <p>6 days</p> <p>7 years</p>
<p>PART II. Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I</p> <p>Diabetes, Chronic obstructive pulmonary disease, smoking</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"/> Probably</p> <p><input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>36. IF FEMALE:</p> <p><input checked="" type="checkbox"/> Not pregnant within past year</p> <p><input type="checkbox"/> Pregnant at time of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant within 42 days of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death</p> <p><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</p> <p><input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation</p> <p><input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p>		

listing the causes of death. Even the most conscientious physician sometimes has a difficult time in distinguishing between those conditions that should be included in the causal chain versus those conditions not in the chain but medically important and relevant. The cause-of-death

Sample letters

Guide to Sample Query Letters Shown in Appendix B		
Letter number	Query level	General reason for querying
1	1a	Rare causes
2	1b	Cancer
3	1g	HIV (also see Appendix D)
4	1c,2,3,4,5,6	Etiology, for specific site, and type of disease
5	1d	Reason for treatment (medical, surgical, therapy, medicaments)
6	1c	Mental disorders
7	3	Type of drug or exposure
8	1c,2,3	Signs, symptoms, non-specific conditions, trivial conditions, fetal death code P95, mechanism of death, etc.
9	1c,3	Pregnancy-related conditions
10	1c,1d,1e,3,5	Manner of death and external causes
11	1f,4,6	Improbable sequence, duration, placement and numbering of conditions

