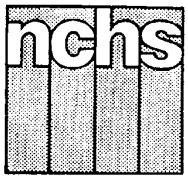
NATIONAL CENTER FOR HEALTH STATISTICS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control



CENTERS FOR DISEASE CONTROL

Instructions for Completing the Cause-of-Death Section of the Death Certificate

Accurate cause-of-death information is important:

- To the public health community in evaluating and improving the health of all citizens; and
- 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 events leading directly to death, proceeding from the **immediate cause** of death (the final disease, injury, or complication directly causing death) to the **underlying cause** of death (the disease or injury that initiated the chain of morbid events which led directly to death). **Part II** is for reporting all other significant diseases or conditions that contributed to death but did not result in the underlying cause of death as given in **Part I.**

The CAUSE-OF-DEATH information should be YOUR best medical OPINION.

In completing the CAUSE-OF-DEATH Section:

- Use a typewriter with good black ribbon and clean keys. If a typewriter is not available, print legibly using permanent **black** ink.
- Report each DISEASE, ABNORMALITY, INJURY, OR POISONING that you believe ADVERSELY AFFECTED the decedent. A condition can be listed as "probable" even if it has not been definitively diagnosed.
- If, in your opinion, the use of alcohol, tobacco, other substance by the decedent, or a recent pregnancy or injury caused or contributed to death, then this condition should be reported.

Examples of properly completed medical certifications.

CAUSE OF DEATH

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Rupture of myocardium	Mins.
	DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Acute myocardial infarction	6 days
	DUE TO (OR AS A CONSEQUENCE OF):	
	c. Chronic ischemic heart disease	5 years
	DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

Diabetes, Chronic obstructive pulmonary disease, smoking

28a. WAS AN AUTOPSY PERFORMED? (Yes or no): Yes

28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): Yes

29. MANNER OF DEATH: [X] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Could not be Determined

30a. DATE OF INJURY (Month, Day, Year)

30b. TIME OF INJURY M

30c. INJURY AT WORK? (Yes or no)

30d. DESCRIBE HOW INJURY OCCURRED

30e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

CAUSE OF DEATH

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Acute renal failure	5 days
	DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Hyperosmolar nonketotic coma	8 days
	DUE TO (OR AS A CONSEQUENCE OF):	
	c. Diabetes mellitus, non-insulin-dependent	15 years
	DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

Hypertension, Atherosclerotic coronary artery disease

28a. WAS AN AUTOPSY PERFORMED? (Yes or no): No

28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

29. MANNER OF DEATH: [X] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Could not be Determined

30a. DATE OF INJURY (Month, Day, Year)

30b. TIME OF INJURY M

30c. INJURY AT WORK? (Yes or no)

30d. DESCRIBE HOW INJURY OCCURRED

30e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

(See reverse for instructions on the completion of each item)

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ITEM 27 – CAUSE OF DEATH

PART I (Chain of events leading directly to death)

- Only **one** cause should be entered on each line.
- Line (a) **MUST ALWAYS** have an **immediate cause of death entry. DO NOT** leave blank.
- The mode of dying (for example, cardiac arrest and respiratory arrest) should not be used. However, if a mode of dying seems most appropriate to you for line (a), then you must always list its cause(s) on the line(s) below it (for example, cardiac arrest due to arrhythmia due to ischemic cardiac disease).
- Line (b) has the condition, **if any,** that gave rise to the immediate cause of death. If this in turn resulted from a further condition, report that condition on line (c). Report the full sequence; ADD more lines when necessary.
- **ALWAYS** enter the **underlying cause of death** on the lowest used line in Part I.
- The words "DUE TO (OR AS A CONSEQUENCE OF)," which are printed between the lines of Part I, apply to etiological or pathological sequences as well as to sequences in which an earlier condition is believed to have prepared the way for a subsequent cause by damage to tissues or impairment of function.
- If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause of death, always report an etiology for the end stage condition on the line(s) beneath it (for example, congestive heart failure due to ischemic cardiomyopathy).
- For each cause indicate the best estimate of the interval between the presumed onset and the date of death. The terms "approximately" or "unknown" may be used. **DO NOT** leave blank.

PART II (Other significant conditions)

- Enter all diseases or conditions that contributed to death that were not listed in the chain of events in Part I and that did not result in the **underlying cause of death.**
- If two or more possible sequences resulted in death, report in Part I the one that, in your opinion, most directly caused death. Report in Part II the other conditions or diseases.

ITEM 28 – AUTOPSY

- 28a - Enter "Yes" if either a partial or full autopsy was performed. Otherwise enter "No."
- 28b - Enter "Yes" if autopsy findings were available prior to the completion of the cause of death. Otherwise enter "No" or leave this item blank if no autopsy was performed.

ITEM 29 – MANNER OF DEATH

- Deaths in which an accident, suicide, or homicide has occurred, **MUST BE REFERRED TO THE CORONER OR MEDICAL EXAMINER.** There are also other circumstances which require that the coroner or medical examiner be contacted. **IT IS IMPORTANT THAT YOU FAMILIARIZE YOURSELF WITH THESE REQUIREMENTS FOR YOUR STATE.** Thus, in most cases certified by a physician other than a coroner or medical examiner, the manner of death will be "natural."

CHANGES TO CAUSE OF DEATH

- Should 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.

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