U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
National Center for Health Statistics

CENTERS FOR DISEASE CONTROL AND PREVENTION

Instructions for Completing the Cause-of-Death Section of the Death Certificate for Injury and Poisoning

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, from the **immediate cause** of death (the final disease, injury, or complication directly causing death) back 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:

- If an electronic death certificate (EDC) system is not available, use a typewriter with good black ribbon and clean keys. If a typewriter is not available, print legibly using permanent **black** ink.
- Report **each** INJURY OR POISONING THAT CAUSED A BODILY TRAUMA that you believe caused or contributed to death. Also report each disease or abnormality that you believe adversely affected the decedent. A condition can be listed as "probable" even if it has not been definitively diagnosed.
- Further, if you are also of the opinion that alcohol, tobacco, or other substance abuse by the decedent or that a recent pregnancy caused or contributed to death, then this condition should be reported in Part I or Part II as appropriate.

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. Carbon monoxide poisoning	Unknown
	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.	
	DUE TO (OR AS A CONSEQUENCE OF):	
	c.	
	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.

Cancer of stomach

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
- [ ] Natural
- [ ] Accident
- [ ] Suicide
- [ ] Homicide
- [ ] Pending Investigation
- [ ] Could not be Determined

30a. DATE OF INJURY (Month, Day, Year): Aug.15,1994

30b. TIME OF INJURY: Unknown

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

30d. DESCRIBE HOW INJURY OCCURRED: Inhaled exhaust from auto enclosed in garage

30e. PLACE OF INJURY – At home, farm, street, factory, office building, etc. (Specify): Own home-garage

30f. LOCATION (Street and Number or Rural Route Number, City or Town, State): 898 Sylvan Road, Alexandria, Missouri

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. Cardiac tamponade	15 minutes
	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. Perforation of heart	20 minutes
	DUE TO (OR AS A CONSEQUENCE OF):	
	c. Gunshot wound to thorax	20 minutes
	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.

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
- [ ] Natural
- [ ] Accident
- [ ] Suicide
- [X] Homicide
- [ ] Pending Investigation
- [ ] Could not be Determined

30a. DATE OF INJURY (Month, Day, Year): Aug.20,1994

30b. TIME OF INJURY: 9:00 pm

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

30d. DESCRIBE HOW INJURY OCCURRED: Shot by another person

30e. PLACE OF INJURY – At home, farm, street, factory, office building, etc. (Specify): Neighbor's home

30f. LOCATION (Street and Number or Rural Route Number, City or Town, State): 3129 Discus Avenue, Columbus, Alabama

(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 entry. **DO NOT** leave blank.
- The mechanism of death (for example, cardiac arrest and respiratory arrest) should not be used. However, if a mechanism of death 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 blunt impact to chest).
- Line (b) has the condition, **if any**, that gave rise to the immediate cause of death reported on line (a). If the condition on line (b) 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 sequences in which an earlier event is believed to have prepared the way for a subsequent cause of death because of damage to tissues or impairment of function by that earlier event (for example, a gunshot wound (injury) caused perforation of the heart (damage to tissue, that is trauma) and cardiac tamponade (impairment of function)).
- Always report the fatal injury (for example, stab wound of chest), the trauma (for example, transection of subclavian), and impairment of function (for example, air embolism)).
- 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 its etiology on the line(s) beneath it (for example, renal failure due to ethylene glycol poisoning).
- 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. General terms, such as minutes, hours, and days are acceptable, if necessary. **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 or if two conditions seem to have added together, 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. 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 or medical-legal officer by **immediately** reporting the revised cause of death to the State Vital Records Office or local registrar as they instruct.

ITEM 29 – MANNER OF DEATH

- Always check Manner of Death, which is important:
  - In determining accurate causes of death;
  - In processing insurance claims; and
  - In statistical studies of injuries and death.
- Indicate "Pending Investigation" if the manner of death cannot be determined whether due to an accident, suicide, or homicide within the statutory time limit for filing the death certificate. This should be later changed to one of the other terms.
- Indicate "Could not be Determined" **ONLY** when it is impossible to determine the manner of death.

If injury or poisoning is shown as either the underlying cause of death or a contributing cause of death, items 30a-f must be completed.

ITEMS 30a-f – ACCIDENT OR INJURY

- 30a - Enter the exact month, day, and year of injury. Spell out or abbreviate the name of the month. **DO NOT** use a number for the month. (Remember, the date of injury **MAY NOT** always be the same as the date of death.)
- 30b - Enter the exact hour and minutes of injury or use your best estimate. Indicate a.m. or p.m.
- 30c - Enter "Yes" if the injury occurred at work. Otherwise enter "No." For further clarification or guidance on what constitutes "at work," contact your State Vital Records Office.
- 30d - Enter a brief but specific and clear description of how the injury occurred. Explain the circumstances or cause of the injury.
- 30e - Enter the general place (such as restaurant, vacant lot, or home) where the injury occurred. **DO NOT** enter firm or organization names.
- 30f - Enter the complete address where the injury occurred including zip code.

OTHER INSTRUCTIONS FOR COMPLETING THE CERTIFICATE OF DEATH (PLACE OF DEATH; DATE OF DEATH)

- The place where death is pronounced should be considered the place where death occurred. If the place of death is unknown but the body is found in your State, the certificate of death should be completed and filed in accordance with the laws of your State. Enter the place where the body is found as the place of death.
- If the exact date of death is unknown, enter the **approximate** date of death. If the date of death cannot be approximated, enter the date the body is found and identify as **date found.**