10	CAL FILE NO. 1. DECEDENT'S LEGAL NAI				(last)	2. S		SOCIAL SECUR			
	1. DECEDENT S LEGAL NAI		ANASIIA	ariy) (First, ivildule	e, Last)	2. 3	DEA	3. SOCIAL SECUP	ITT NUMBER		
	4a. AGE-Last Birthday 4b.	UNDER 1 YE	AR 4	4c. UNDER 1 DA	Y 5. DATE OF BIRTI	H (Mo/Dav/Yr) 6. BIRTH	PLACE (City and Sta	ate or Foreign Co	untrv)	
	(Years) Mon			Hours Minute		r (mo.buj) m	,	2.102 (01.) 01.0 01.		unu yy	
		uns Days			55						
	7a. RESIDENCE-STATE		7	7b. COUNTY		7c. Cl	TY OR TOW	N			
				17-							
	7d. STREET AND NUMBER			7e.	. APT. NO. 7f. ZIP C	ODE		7g	. INSIDE CITY L	IMITS? DY	es 🗆 No
	8. EVER IN US ARMED FOR			STATUS AT TIM		10. SL	JRVIVING SI	POUSE'S NAME (I	f wife, give name	prior to first ma	arriage)
	🗆 Yes 🗆 No			 Married, but s Never Married 	eparated Widowed						
	11. FATHER'S NAME (First,					12.	MOTHER'S	NAME PRIOR TO F	FIRST MARRIAG	E (First, Middle	e, Last)
By:											
To Be Completed/ Verified FUNERAL DIRECTOR:	13a. INFORMANT'S NAME	1	13b REL	ATIONSHIP TO I	DECEDENT	13c	MAILING A	DDRESS (Street ar	nd Number City	State Zin Cod	e)
CTO Veri						100.		2211200 (01100101		51010, Lip 660	
ed/						a a a in a fraue	tional				
To Be Completed/ Verifie FUNERAL DIRECTOR:	IF DEATH OCCURRED IN			14. PLACE OF	F DEATH (Check only one: IF DEATH OCCURR			ER THAN A HOSPI	TAI ·		
m S M	□ Inpatient □ Emergency R			ead on Arrival	□ Hospice facility □ I	Nursing hom	e/Long term			Other (Specif	íy):
CIN Be	15. FACILITY NAME (If not in	nstitution, give	e street &	number)	16. CITY OR TOWN , ST	ATE, AND Z	IP CODE			17. COUN	TY OF DEATH
° ۴											
	18. METHOD OF DISPOSITI				9. PLACE OF DISPOSITI	ON (Name c	of cemetery,	crematory, other pla	ice)		
	 Donation Entombme Other (Specify): 	ent 🗆 Remova	al from St	tate							
	20. LOCATION-CITY, TOWN	N, AND STATI	E	21.	NAME AND COMPLETE	ADDRESS (OF FUNERA	FACILITY			
	22. SIGNATURE OF FUNER	AL SERVICE	LICENSI	EE OR OTHER A	AGENT				23	LICENSE N	UMBER (Of Licensee)
	ITEMS 24-28 MUST B	E COMPL	LETED	BY PERSO	N 24. DATE PRO	NOUNCED	DEAD (Mo/D	0ay/Yr)		25. TI	ME PRONOUNCED DE
	WHO PRONOUNCES	OR CERT	TIFIES	DEATH							
	26. SIGNATURE OF PERSO	N PRONOUN	NCING DE	EATH (Only wher	n applicable)	27. LIC	CENSE NUM	BER		28. DATE SIG	GNED (Mo/Day/Yr)
	29. ACTUAL OR PRESUMED		DEATH		30. ACTUAL OR PRES	UMED TIME	OF DEATH		31. WAS MEDIO		
	(Mo/Day/Yr) (Spell Month	(1)							CORONER	CONTACTED	? □ Yes □ No
					(See instructions				•		Approximate interval:
	 PART I. Enter the <u>chain</u> arrest respiratory arrest 				licationsthat directly caus ing the etiology. DO NOT						Onset to death
	lines if necessary.			ion without bhow	ing the ettology. Do Norr		E. Enter on				
	IMMEDIATE CAUSE (Final										
	disease or condition	-> a									_
	resulting in death)			Due	e to (or as a consequence	of):					
	Sequentially list conditions, if any, leading to the cause	b		Du	e to (or as a consequence	of):					_
	listed on line a. Enter the			Du	e to (or as a consequence	01).					
	UNDERLYING CAUSE (disease or injury that	C		Du	e to (or as a consequence	of):					_
	initiated the events resulting			54		01).					
	in death) LAST	d									
	PART II. Enter other significa	int conditions	contributi	ing to death but n	not resulting in the underlying						
	eignited				ior resulting in the underlyin	ng cause giv	en in PART		33. WAS AN	AUTOPSY PE	RFORMED?
	- Futter in Enter outer <u>organica</u>			<u></u>		ng cause giv	en in PART		1	🗆 Yes 🗆 No	1
				<u></u>		ng cause giv	en in PART		34. WERE AU	□ Yes □ No JTOPSY FIND	INGS AVAILABLE TO
5 2	35. DID TOBACCO USE CO	ONTRIBUTE		FEMALE:		ng cause giv		37. MANNER OF [34. WERE AU COMPLETE T	□ Yes □ No JTOPSY FIND	1
d By: IFIER	35. DID TOBACCO USE CO	ONTRIBUTE				ng cause giv		37. MANNER OF [34. WERE AU COMPLETE T	□ Yes □ No JTOPSY FIND	INGS AVAILABLE TO
ileted By: ERTIFIER	35. DID TOBACCO USE CO	ONTRIBUTE	1 🗆	FEMALE:	nin past year	ng cause giv		37. MANNER OF [Diatural Diatural Diaturad Diatural Diaturad Diaturad Diaturad Diatu	34. WERE AU COMPLETE T DEATH Homicide	□ Yes □ No JTOPSY FIND HE CAUSE O	INGS AVAILABLE TO
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To Be Completed By: MEDICAL CERTIFIER	35. DID TOBACCO USE CO	ONTRIBUTE	1	FEMALE: Not pregnant with Pregnant at time of Not pregnant, but	nin past year	f death		37. MANNER OF [Natural] Accident]	34. WERE AU COMPLETE T DEATH Homicide Pending Investiga	□ Yes □ No JTOPSY FIND THE CAUSE O	INGS AVAILABLE TO
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MEDICAL CERTIFIER INSTRUCTIONS for selected items on U.S. Standard Certificate of Death (See Physicians' Handbook or Medical Examiner/Coroner Handbook on Death Registration for instructions on all items)

ITEMS ON WHEN DEATH OCCURRED

Items 24-25 and 29-31 should always be completed. If the facility uses a separate pronouncer or other person to indicate that death has taken place with another person more familiar with the case completing the remainder of the medical portion of the death certificate, the pronouncer completes Items 24-28. If a certifier completes Items 24-25 as well as items 29-49, Items 26-28 may be left blank.

ITEMS 24-25, 29-30 - DATE AND TIME OF DEATH

Spell out the name of the month. If the exact date of death is unknown, enter the **approximate** date. If the date cannot be approximated, enter the date the body is found and identify as **date found**. Date pronounced and actual date may be the same. Enter the exact hour and minutes according to a 24-hour clock; estimates may be provided with "Approx." placed before the time.

ITEM 32 – CAUSE OF DEATH (See attached examples) Take care to make the entry legible. Use a computer printer with high resolution, typewriter with good black ribbon and clean keys, or print legibly using permanent **black** ink in completing the CAUSE OF DEATH Section. **Do not abbreviate** conditions entered in section.

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. Additional lines may be added

•Only one cause should be entered on each line. Line (a) most ALTATION at the indext of each line (b), and so on, until the full sequence is reported. ALWAYS enter the underlying cause of death on the lowest used line in Part I. •For each cause indicate the best estimate of the interval between the presumed onset and the date of death. The terms "unknown" or "approximately" may be used. General terms, such as minutes, hours, or days, are acceptable, if necessary. **DO NOT** leave blank. •The terminal event (for example, cardiac arrest or respiratory arrest) should not be used. 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 coronary artery atherosclerosis or cordiac arrest due to blunt impact to chest).

you for line (a), then you must always list its cause(s) on the line(s) below it (for example, cardiac arrest due to coronary artery atherosclerosis or cardiac arrest due to blunt impact to chest).
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 Type I diabetes mellitus).
When indicating neoplasms as a cause of death, include the following: 1) primary site or that the primary site is unknown, 2) benign or malignant, 3) cell type or that the cell type is unknown, 4) grade of neoplasm, and 5) part or lobe of organ affected. (For example, a primary well-differentiated squamous cell carcinoma, lung, left upper lobe.)
Always report the fatal injury (for example, stab wound of chest), the trauma (for example, transection of subclavian vein), and impairment of function (for example, air embolism).

PART II (Other significant conditions) •Enter all diseases or conditions contributing to death that were not reported in the chain of events in Part I and that did not result in the underlying cause of death. See attached examples.

•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.

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.

ITEMS 33-34 - AUTOPSY

•33 - Enter "Yes" if either a partial or full autopsy was performed. Otherwise enter "No."
•34 - Enter "Yes" if autopsy findings were available to complete the cause of death; otherwise enter "No". Leave item blank if no autopsy was performed.

ITEM 35 - DID TOBACCO USE CONTRIBUTE TO DEATH?

Check "yes" if, in your opinion, the use of tobacco contributed to death. Tobacco use may contribute to deaths due to a wide variety of diseases; for example, tobacco use contributes to many deaths due to emphysema or lung cancer and some heart disease and cancers of the head and neck. Check "no" if, in your clinical judgment, tobacco use did not contribute to this particular death.

ITEM 36 - IF FEMALE, WAS DECEDENT PREGNANT AT TIME OF DEATH OR WITHIN PAST YEAR? This information is important in determining pregnancy-related mortality.

ITEM 37 - MANNER OF DEATH

•Always check Manner of Death, which is important: 1) in determining accurate causes of death; 2) in processing insurance claims; and 3) 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 changed later to one of the other terms.
Indicate "Could not be Determined" ONLY when it is impossible to determine the manner of death.

ITEMS 38-44 - ACCIDENT OR INJURY – to be filled out in all cases of deaths due to injury or poisoning. •38 - Enter the exact month, day, and year of injury. Spell out the name of the month. **DO NOT** use a number for the month. (Remember, the date of injury may differ from the date of death.) Estimates may be provided with "Approx." placed before the date. •39 - Enter the exact hour and minutes of injury or use your best estimate. Use a 24-hour clock.

•40 - Enter the general place (such as restaurant, vacant lot, or home) where the injury occurred. DO NOT enter firm or organization names. (For example, enter "factory", not "Standard Manufacturing, Inc.")
•41 - Complete if anything other than natural disease is mentioned in Part I or Part II of the medical certification, including homicides, suicides, and accidents. This includes all motor vehicle deaths. The item **must** be completed for decedents ages 14 years or over and may be completed for those less than 14 years of age if warranted. Enter "Yes" if the injury occurred at work. Otherwise enter "No". An injury may occur at work regardless of whether the injury occurred in the course of the decedent's "usual" occupation. Examples of injury at work and injury not at work follow:

Injury at work	Injury <u>not</u> at work
Injury while working or in vocational training on job premises	Injury while engaged in personal recreational activity on job premises
Injury while on break or at lunch or in parking lot on job premises	Injury while a visitor (not on official work business) to job premises
Injury while working for pay or compensation, including at home	Homemaker working at homemaking activities
Injury while working as a volunteer law enforcement official etc.	Student in school
Injury while traveling on business, including to/from business contacts	Working for self for no profit (mowing yard, repairing own roof, hobby)
	Commuting to or from work

•42 - Enter the complete address where the injury occurred including zip code.

•42 - Enter the complete address where the injury occurred including zip code.
•43 - Enter a brief but specific and clear description of how the injury occurred. Explain the circumstances or cause of the injury. Specify type of gun or type of vehicle (e.g., car, bulldozer, train, etc.) when relevant to circumstances. Indicate if more than one vehicle involved; specify type of vehicle decedent was in.
•44 -Specify role of decedent (e.g. driver, passenger). Driver/operator and passenger should be designated for modes other than motor vehicles such as bicycles. Other applies to watercraft, aircraft, animal, or people attached to outside of vehicles (e.g. surfers).

Rationale: Motor vehicle accidents are a major cause of unintentional deaths; details will help determine effectiveness of current safety features and laws. REFERENCES

For more information on how to complete the medical certification section of the death certificate, refer to tutorial at http://www.TheNAME.org and resources including instructions and handbooks available by request from NCHS, Room 7318, 3311 Toledo Road, Hyattsville, Maryland 20782-2003 or at www.cdc.gov/nchs/about/major/dvs/handbk.htm

Cause-of-death – Background, Examples, and Common Problems

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, with the **immediate cause** of death (the final disease, injury, or complication directly causing death) on line a and the **underlying cause** of death (the disease or injury that initiated the chain of events that led directly and inevitably to death) on the lowest used line. **Part II** is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in **Part I**. **The cause-of-death information should be YOUR best medical OPINION**. A condition can be listed as "probable" even if it has not been definitively diagnosed.

amples of properly comp						
	CAUSE OF D	EATH (See instructions and examples)				Approximate interval:
		or complicationsthat directly caused the death. DO NOT enter ut showing the etiology. DO NOT ABBREVIATE. Enter only or				Onset to death
IMMEDIATE CAUSE (Final						Minutoo
disease or condition>	a. <u>Rupture of myoc</u>					<u>Minutes</u>
resulting in death)	Due to (or as a conse	quence or):				
Sequentially list conditions,	b. Acute myocardial	infarction				<u>6 days</u>
if any, leading to the cause	Due to (or as a conse					-
listed on line a. Enter the						E vicere
UNDERLYING CAUSE	c. <u>Coronary artery t</u>					<u>5 years</u>
(disease or injury that initiated the events resulting	Due to (or as a conseq	uence or):				
in death) LAST	d. Atherosclerotic c	oronary artery disease				7 years
				-		
PART II. Enter other significant	conditions contributing to de	ath but not resulting in the underlying cause given in PART I		33. WAS AN AUTOPS)?
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Diabetes, Chionic C	bosituctive pullitoriary	uisease, smoking		COMPLETE THE CAUS		
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		Not pregnant within past year				
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🗆 No 🗆 Unknown		 Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant 43 days to 1 year before death 		nt Pending Investigation Could not be determined		
		□ Unknown if pregnant within the past year			liniou	
	CAUSE OF D	EATH (See instructions and examples)				Approximate interval: Onset to death
arrest, respiratory arrest, c lines if necessary.	or ventricular fibrillation witho	ut showing the etiology. DO NOT ABBREVIATE. Enter only or	ne cause on a	line. Add additional		
IMMEDIATE CAUSE (Final	Appiration prove	ia				2 Days
disease or condition>	a. Aspiration pneum					<u>2 Days</u>
(a. <u>Aspiration pneun</u> Due to (or as a consec					
disease or condition> resulting in death) Sequentially list conditions,	Due to (or as a consected b. <u>Complications of</u>	uence of):				<u>2 Days</u> <u>7 weeks</u>
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disease or condition> resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that	 bue to (or as a consect b. <u>Complications of</u> Due to (or as a consect c. <u>Blunt force injurie</u> 	uence of): <u>coma</u> juence of): <u>IS</u> juence of):				<u>7 weeks</u>
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C edical research. Age is recorded elsewhere on the certificate. When a number of conditions resulted in death, the physician should choose the single sequence that, in his or her opinion, best describes the process leading to death, and place any other pertinent conditions in Part II. If after careful consideration the physician cannot determine a sequence that ends in death, then the medical examiner or coroner should be consulted about conducting an investigation or providing assistance in completing the cause of death.

The infant decedent should have a clear and distinct etiological sequence for cause of death, if possible. "Prematurity" should not be entered without explaining the etiology of prematurity. Maternal conditions may have initiated or affected the sequence that resulted in infant death, and such maternal causes should be reported in addition to the infant causes on the infant's death certificate (e.g., Hyaline membrane disease **due to** prematurity, 28 weeks **due to** placental abruption **due to** blunt trauma to mother's abdomen).

When **SIDS** is suspected, a complete investigation should be conducted, typically by a medical examiner or coroner. If the infant is under 1 year of age, no cause of death is determined after scene investigation, clinical history is reviewed, and a complete autopsy is performed, then the death can be reported as Sudden Infant Death Syndrome.

vvne	en processes such as the following a	re reported, additional information about t	ne etiology snould be reported:		
Abso	cess	Carcinomatosis	Disseminated intra vascular	Hyponatremia	Pulmonary arrest
Abd	ominal hemorrhage	Cardiac arrest	coagulopathy	Hypotension	Pulmonary edema
Adh	esions	Cardiac dysrhythmia	Dysrhythmia	Immunosuppression	Pulmonary embolism
Adul	It respiratory distress syndrome	Cardiomyopathy	End-stage liver disease	Increased intra cranial pressure	Pulmonary insufficiency
Acut	te myocardial infarction	Cardiopulmonary arrest	End-stage renal disease	Intra cranial hemorrhage	Renal failure
Alter	red mental status	Cellulitis	Epidural hematoma	Malnutrition	Respiratory arrest
Ane	mia	Cerebral edema	Exsanguination	Metabolic encephalopathy	Seizures
Ano	xia	Cerebrovascular accident	Failure to thrive	Multi-organ failure	Sepsis
Ano	xic encephalopathy	Cerebellar tonsillar herniation	Fracture	Multi-system organ failure	Septic shock
Arrh	lythmia	Chronic bedridden state	Gangrene	Myocardial infarction	Shock
Asci	ites	Cirrhosis	Gastrointestinal hemorrhage	Necrotizing soft-tissue infection	Starvation
Aspi	iration	Coagulopathy	Heart failure	Old age	Subdural hematoma
Atria	al fibrillation	Compression fracture	Hemothorax	Open (or closed) head injury	Subarachnoid hemorrhage
Bact	teremia	Congestive heart failure	Hepatic failure	Paralysis	Sudden death
Bed	ridden	Convulsions	Hepatitis	Pancytopenia	Thrombocytopenia
Bilia	ry obstruction	Decubiti	Hepatorenal syndrome	Perforated gallbladder	Uncal herniation
Bow	vel obstruction	Dehydration	Hyperglycemia	Peritonitis	Urinary tract infection
Brai	n injury	Dementia (when not	Hyperkalemia	Pleural effusions	Ventricular fibrillation
Brai	n stem herniation	otherwise specified)	Hypovolemic shock	Pneumonia	Ventricular tachycardia
Card	cinogenesis	Diarrhea			Volume depletion

well information about the other successful being

If the certifier is unable to determine the etiology of a process such as those shown above, the process must be qualified as being of an unknown, undetermined, probable, presumed, or unspecified etiology so it is clear that a distinct etiology was not inadvertently or carelessly omitted.

The following conditions and types of death might seem to be specific or natural but when the medical history is examined further may be found to be complications of an injury or poisoning (possibly occurring long ago).

Asphyxia	Epidural hematoma	Hip fracture	Pulmonary emboli					
Bolus	Exsanguination	Hyperthermia	Seizure disorder					
Choking	Fall	Hypothermia	Sepsis					
Drug or alcohol overdose/drug or	Fracture	Open reduction of fracture	Subarachnoid hemorrhage					
alcohol abuse								

Subdural hematoma Surgery Thermal burns/chemical burns

and the standard states

FUNERAL DIRECTOR INSTRUCTIONS for selected items on U.S.

Standard Certificate of Death (For additional information concerning all items on certificate see Funeral Directors' Handbook on Death Registration)

ITEM 1. DECEDENT'S LEGAL NAME

Include any other names used by decedent, if substantially different from the legal name, after the abbreviation AKA (also known as) e.g. Samuel Langhorne Clemens AKA Mark Twain, **but not** Jonathon Doe AKA John Doe

ITEM 5. DATE OF BIRTH

Enter the full name of the month (January, February, March etc.) Do not use a number or abbreviation to designate the month.

ITEM 7A-G. RESIDENCE OF DECEDENT (information divided into seven categories)

Residence of decedent is the place where the decedent actually resided. The place of residence is not necessarily the same as "home state" or "legal residence". Never enter a temporary residence such as one used during a visit, business trip, or vacation. Place of residence during a tour of military duty or during attendance at college is considered permanent and should be entered as the place of residence. If the decedent had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, report the location of that facility in item 7. If the decedent was an infant who never resided at home, the place of residence is that of the parent(s) or legal guardian. **Never** use an acute care hospital's location as the place of residence for any infant. If Canadian residence, please specify Province instead of State.

ITEM 10. SURVIVING SPOUSE'S NAME

If the decedent was married at the time of death, enter the full name of the surviving spouse. If the surviving spouse is the wife, enter her name prior to first marriage. This item is used in establishing proper insurance settlements and other survivor benefits.

ITEM 12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE

Enter the name used prior to first marriage, commonly known as the maiden name. This name is useful because it remains constant throughout life.

ITEM 14. PLACE 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.

ITEM 51. DECEDENT'S EDUCATION (Check appropriate box on death certificate)

Check the box that corresponds to the highest level of education that the decedent completed. Information in this section will not appear on the certified copy of the death certificate. This information is used to study the relationship between mortality and education (which roughly corresponds with socioeconomic status). This information is valuable in medical studies of causes of death and in programs to prevent illness and death.

ITEM 52. WAS DECEDENT OF HISPANIC ORIGIN? (Check "No" or appropriate "Yes" box)

Check "No" or check the "Yes" box that best corresponds with the decedent's ethnic Spanish identity as given by the informant. Note that "Hispanic" is not a race and item 53 must also be completed. Do not leave this item blank. With respect to this item, "Hispanic" refers to people whose origins are from Spain, Mexico, or the Spanish-speaking Caribbean Islands or countries of Central or South America. Origin includes ancestry, nationality, and lineage. There is no set rule about how many generations are to be taken into account in determining Hispanic origin; it may be based on the country of origin of a parent, grandparent, or some far-removed ancestor. Although the prompts include the major Hispanic groups, other groups may be specified under "other". "Other" may also be used for decedents of multiple Hispanic origin (e.g. Mexican-Puerto Rican). Information in this section will not appear on the certified copy of the death certificate. This information is needed to identify health problems in a large minority population in the United States. Identifying health problems will make it possible to target public health resources to this important segment of our population.

ITEM 53. RACE (Check appropriate box or boxes on death certificate)

Enter the race of the decedent as stated by the informant. Hispanic is not a race; information on Hispanic ethnicity is collected separately in item 52. American Indian and Alaska Native refer only to those native to North and South America (including Central America) and does not include Asian Indian. Please specify the name of enrolled or principal tribe (e.g., Navajo, Cheyenne, etc.) for the American Indian or Alaska Native. For Asians check Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or specify other Asian group; for Pacific Islanders check Guamanian or Chamorro, Samoan, or specify other Pacific Island group. If the decedent was of mixed race, enter each race (e.g., Samoan-Chinese-Filipino or White, American Indian). Information in this section will not appear on the certified copy of the death certificate. Race is essential for identifying specific mortality patterns and leading causes of death among different racial groups. It is also used to determine if specific health programs are needed in particular areas and to make population estimates.

ITEMS 54 AND 55. OCCUPATION AND INDUSTRY

Questions concerning occupation and industry must be completed for all decedents 14 years of age or older. This information is useful in studying deaths related to jobs and in identifying any new risks. For example, the link between lung disease and lung cancer and asbestos exposure in jobs such as shipbuilding or construction was made possible by this sort of information on death certificates. Information in this section will not appear on the certified copy of the death certificate.

ITEM 54. DECEDENT'S USUAL OCCUPATION

Enter the usual occupation of the decedent. This is not necessarily the last occupation of the decedent. Never enter "retired". Give kind of work decedent did during most of his or her working life, such as claim adjuster, farmhand, coal miner, janitor, store manager, college professor, or civil engineer. If the decedent was a homemaker at the time of death but had worked outside the household during his or her working life, enter that occupation. If the decedent was a homemaker during most of his or her working life, and never worked outside the household, enter "homemaker". Enter "student" if the decedent was a student at the time of death and was never regularly employed or employed full time during his or her working life. Information in this section will not appear on the certified copy of the death certificate.

ITEM 55. KIND OF BUSINESS/INDUSTRY

Kind of business to which occupation in item 54 is related, such as insurance, farming, coal mining, hardware store, retail clothing, university, or government. DO NOT enter firm or organization names. If decedent was a homemaker as indicated in item 54, then enter either "own home" or "someone else's home" as appropriate. If decedent was a student as indicated in item 54, then enter type of school, such as high school or college, in item 55. Information in this section will not appear on the certified copy of the death certificate.

NOTE: This recommended standard death certificate is the result of an extensive evaluation process. Information on the process and resulting recommendations as well as plans for future activities is available on the Internet at: http://www.cdc.gov/nchs/vital_certs_rev.htm.