CAUSE OF DEATH QUICK FACT SHEET

Responsibility in regard to death registration:

- Verify the date and time of death entered on the certificate.
- Complete the **CERTIFIER** section (items 24a through 25d) and sign the certificate in item 25a. The physician should not sign the death certificate in item 25e, nor complete items 25f-25g. These items are reserved for the County Coroner.
- Complete the **CAUSE OF DEATH** section (items 26a through 30). Note that item 30 refers only to pregnancies of deceased females within a year preceding death. It does not ask if a deceased female had ever been pregnant.
- Deliver the signed death certificate to the appropriate funeral home within 72 hours of the death.

Responsibility in regard to death certification:

PART I

The purpose of this section of the death certificate is for the physician to indicate what the underlying cause of death was and what intervening conditions, if any, led to the immediate cause of death. Enter only one disease or condition on each line in this section and do not use abbreviations. For each condition, indicate at the end of the line the approximate interval between the date of onset and the date of death.

• Report the immediate cause of death on line 26(a). This should be the final disease or complication directly causing the death. This condition should <u>not</u> just indicate the mode of dying, which merely attests to the fact of death and is not specifically related to the disease process. The following are examples of modes of dying which should <u>not</u> be listed as the immediate cause of death:

Cardiac Arrest	Cardiopulmonary Arrest
Respiratory Arrest	Respiratory Failure
Failure to Thrive	Multi Organ/System Failure

• The following terms are examples of acceptable immediate causes of death. However, these conditions would probably not be the underlying cause of death and would require the physician to list their underlying cause on the next line below:

Bronchopneumonia	Pulmonary Embolism
Acute Myocardial Infarct	Coagulopathy
Intercerebral Hemorrhage	Congestive Heart Failure
e	C
Liver Failure	Metastases

- After assigning an immediate cause of death, ask yourself, "What was the immediate cause due to?" If another disease or condition gave rise to the immediate cause of death, report that condition on line 26(b). If this in turn resulted from another condition, enter that condition on line 26(c), and if this condition was caused by another condition, enter it online 26(d). For as many conditions as were involved, enter the full sequence, one condition per line, in reverse sequential order. Lines can be inserted, if needed, by marking them as 26(e), 26(f), etc.
- Enter the condition that has been determined to be the underlying cause of death on the lowest line in Part I.

Use as many lines in Part I as necessary to show the sequence of events that led to the death. If the sequence to be entered consists of more than four causes, see illustration below for the method to be used in recording the causes.

		ain of events – diseases, injuries or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock, ure without showing the etiology. List only one cause on each line. DO NOT USE ABBREVIATIONS.	Interval between onset and death
IMMEDIATE CAUSE (final disease or condition resulting in death)	\rightarrow	(a) Asphyxia	Minutes
Sequentially list conditions, if any, leading to immediate	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only) (b) Cerebellar hemorrage	Hours	
cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting	Ľ	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only) (c) Cerebral arteriosclerosis	About 3 yrs
in death) LAST		DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only) (d) Hypertension (d) (e) Heart disease	3 years + 15 years

PART II

Enter in item 27, Part II, any other important diseases or conditions that may have contributed to death but did not lead to the underlying cause of death.

DEATHS REPORTABLE TO THE COUNTY CORONER

A death affecting the public interest includes, but is not limited to, any of the following:

- Violent death, including homicidal, suicidal or accidental death.
- Death caused by thermal, chemical, electrical or radiation injury.
- Death caused by criminal abortion, including self-induced abortion, or abortion related to or by sexual abuse.
- Death related to disease thought to be virulent or contagious that may constitute a public hazard.
- Death that has occurred unexpectedly or from an unexplained cause.
- Death of a person confined in a prison, jail or correctional institution.
- Death of a person where a physician was not in attendance within thirty-six (36) hours preceding death, or in prediagnosed terminal or bedfast cases, within thirty (30) days preceding death.
- Death of a person where the body is not claimed by a relative or a friend.
- Death of a person where the identity of the deceased is unknown.
- Death of a child under the age of two (2) years where death results from an unknown cause or where the circumstances surrounding the death indicate that sudden infant death syndrome may be the cause of death.
- Where a body is brought into this state for disposal and there is reason to believe either that the death was not investigated properly or that there is not an adequate certificate of death.
- Where a person is presented to a hospital emergency room unconscious and/or unresponsive, with cardiopulmonary resuscitative measures being performed, and dies within twenty-four (24) hours of admission without regaining consciousness or responsiveness, unless a physician was in attendance within thirty-six (36) hours preceding presentation to the hospital, or in cases in which the decedent had a prediagnosed terminal or bedfast condition, unless a physician was in attendance within thirty (30) days preceding presentation to the hospital.
- Death that is caused by drug overdose or which is believed to be caused by drug overdose.
- When a stillborn fetus is delivered and the cause of the demise is medically believed to be from the use by the mother of any controlled substance as defined in Section 41-29-105.

DEATHS FROM ANY OF THE ABOVE CAUSES CAN *ONLY* BE CERTIFIED BY THE COUNTY CORONER.