

REGISTRATION OF DEATHS

Mississippi statutes applicable to the determination and registration of deaths are §41-36-3, §41-57-1, and §41-57-7. A determination of death must be made in accordance with accepted medical standards. Section §41-57-13 (4) requires that the certifier of the cause of death of a female between the ages of ten (10) and fifty (50) specify whether or not the female was or had been pregnant within 90 days of the date of death. Sections §41-61-51 through §41-61-79 define deaths affecting the public interest and how these shall be handled, and §41-57-13 specifies how a death certificate may be amended.

DETERMINATION OF DEATH

In 1982 the Legislature passed a law which stated that death may be determined by either a) irreversible cessation of circulatory and respiratory functions or b) irreversible cessation of all functions of the entire brain, including the brain stem.

SUMMARY OF GENERAL REQUIREMENTS FOR REGISTRATION OF DEATHS

Rules and regulations pertaining to the registration of Deaths can be obtained from the Mississippi State Department of Health. Rules referenced here can be found in the Rules Governing the Registration and Certification of Vital Events.

Coverage: Every death which occurs in Mississippi. **(Rule 41)**

Place of filing: With Office of Vital Records Registration. **(Rule 41)**

Time allowed: Certificate within five days after death, but medical certification of cause of death by physician within 72 hours after death or by medical examiner within 72 hours of assuming jurisdiction over a death. **(Rules 41, 44)**

Responsibility for preparation of certificate and filing:

1. If in or pronounced dead at an institution:
 - a. Name of deceased and hour, date, and place of death, person in charge of the institution. **(Rule 44)**
 - b. Medical certification of cause of death, attending physician or medical examiner. **(Rules 43, 44)**
 - c. Remainder of certificate and filing, funeral director. **(Rule 44)**
2. If not in or pronounced dead at an institution:
 - a. All of certificate except sections for certifier and cause of death, funeral director. **(Rule 45)**
 - b. Medical certification of cause of death, attending physician or medical examiner. **(Rule 45)**
 - c. Filing, funeral director. **(Rule 45)**

Additional responsibilities:

1. Use of proper form. (**Rules 6, 7**)
2. Completion of certificate in an acceptable manner. (**Rules 6, 7**)
3. Provision of additional information, corrections, or new certificate if so requested by State Registrar because certificate submitted was incomplete or unsatisfactory. (**Rule 7**)

Monthly lists:

1. From funeral directors on the first day of each month, to Office of Vital Records Registration, a list of all persons buried during the preceding month or, if none, a report showing there were none. (**Rule 51-1.**)
2. From hospitals and nursing homes on the first day of each month, to Office of Vital Records Registration, a list of all persons dying in or enroute to the institution during the previous month or, if none, a report showing there were none. (**Rule 51-2.**)
3. From medical examiner/investigators on the first day of every month, to the Office of Vital Records Registration, a report listing all deaths certified during the previous month or, if none, a report showing there were none. (**Rule 51-3.**)

LEGALITY OF DEATH CERTIFICATES

Death certificates are “registered” by the Office of Vital Records Registration of the State Department of Health; that is, they are incorporated into the permanent, official records of the agency. As such they serve as legal documents acceptable in court (Section §41-57-9 of Mississippi Code, 1972, as amended).

CONFIDENTIAL NATURE OF DEATH CERTIFICATES

Death certificates are not classified as public records available for inspection. Instead, every legal and administrative measure possible is employed to protect the family of the deceased from unwarranted disclosure of personal information. Restrictions on access to death certificates are contained in **Rule 9** under **Laws and Rules Encompassing Vital Events, General Information.**

Paraphrased here, this rule says that only those with legitimate and tangible interest are entitled to a copy of a vital record. This interest is defined as the immediate family, guardian of an immediate family member, or legal representative of an immediate family member. Proof of relationship will be required of any guardian or legal representative and may be required of family members. Others may prove legitimate and tangible interest either with appropriate documentation or court action.

CERTIFIED COPIES OF DEATH CERTIFICATES

A certified copy may be obtained by anyone with a direct and tangible interest in a death record as defined in **Rule 9**.

Applications should be secured from the Vital Records Office in Jackson. The completed application with the proper fee (\$15.00 for the first copy and \$5.00 for each additional copy of the same record ordered at the same time) should be sent to:

Mississippi Vital Records
P. O. Box 1700
Jackson, MS 39215-1700

QUESTIONS AND PROBLEMS

If clarification, additional information, or assistance is needed regarding the registration of a death, contact your Vital Records Field Representative, the Supervisor for Vital Records Registration, or the State Registrar.

CERTIFICATE OF DEATH, FORM NO. 511, REVISED 1-2012

The death certificate is a four-part form made up in sets with the copies on paper of different colors.

1. The top copy or original (white) is to be sent to the Office of Vital Records Registration of the State Department of Health by the funeral director or, in the absence of a funeral home, by the physician or county medical examiner, after the entire certificate has been completed. This is the copy that will be the permanent record on file and from which certified copies will be made.
2. The second copy (yellow) may be used as a burial transit permit if the certificate has been completed and signed prior to transit.
3. The third copy (pink) is to be retained by the institution if death occurred in an institution. It is to be removed from the set after the name of the deceased, date and place of death, and pronouncement and medical certification of cause of death have been entered at the institution. The partially completed first, second, and fourth copies are then to be sent to the funeral director for completion of the remaining items. If death did not occur in an institution, the third copy is to be disposed of by the funeral director.
4. The fourth copy (blue) is to be sent to the certifier by the funeral director after the entire certificate has been completed.

Supplies of this form may be obtained from the Office of Vital Records of the State Department of Health.

The top part located above the perforated line will be separated from the certificate before it is filed. A reproduction of the death certificate form appears on the next page.

CERTIFICATE OF DEATH, FORM NO. 511, REVISED 1-2012

FILING DATE		CERTIFICATE OF DEATH STATE OF MISSISSIPPI		STATE FILE NUMBER 123-	
1. DECEDENT'S LEGAL NAME (First, Middle, Last)		2. SEX		3a. HOUR OF DEATH m.	
4. 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"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Asian Indian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled tribe or principal tribe) _____ <input type="checkbox"/> Other (Specify) _____					
5a. AGE AT LAST BIRTHDAY Years		ONLY IF UNDER 1 YEAR 5b. MOS 5c. DAYS		ONLY IF UNDER 1 DAY 5d. HOURS 5e. MINS	
8. PLACE OF DEATH (Check only one box) <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		IF DEATH OCCURRED IN A HOSPITAL			
9a. FACILITY NAME (If not a facility, give street address, route number, or other location) (If hospital, also give ID number)		9b. CITY, TOWN OR LOCATION OF DEATH		9c. ZIP CODE 9d. COUNTY OF DEATH	
10. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at time of death. <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th - 12 th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college, 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) <input type="checkbox"/> Unknown					
11. 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			12. SURVIVING SPOUSE (If wife, give maiden name)		13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)
14. 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) _____					
15. SOCIAL SECURITY NUMBER		16a. USUAL OCCUPATION (Kind of work done most of working life)		16b. KIND OF BUSINESS OR INDUSTRY	
17a. RESIDENCE - STATE	17b. COUNTY	17c. CITY OR TOWN	17d. ZIP CODE	17e. STREET AND NUMBER OR RURAL LOCATION (Include apartment number)	17f. INSIDE CITY LIMITS (Yes or No)
18. FATHER'S NAME (First, Middle, Last)			19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)		
20a. INFORMANT - NAME (Type or print)		20b. RELATIONSHIP TO DECEDENT		20c. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)	
21a. DISPOSITION OF BODY (Specify: Burial, Cremation, Removal, etc.)		21b. CEMETERY/CREMATORY - NAME	21c. LOCATION (City and State)	22a. FUNERAL DIRECTOR - SIGNATURE AND LICENSE NUMBER	
22b. FUNERAL HOME (Who first assumed custody of body)		22c. FUNERAL HOME LICENSE NUMBER	22d. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)		
22e. FUNERAL HOME (If body was transferred prior to disposition)		22f. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)			
23a. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print)			23b. PRONOUNCED DEAD (Month, Day, Year)	23c. PRONOUNCED DEAD (Time) ON _____ AT _____ m.	
24a. NAME OF CERTIFYING PHYSICIAN OR CORONER (Type or print)		24b. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)			
This section to be completed by Physician if NOT a medical examiner		25a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE _____ MD/DO 25b. DATE SIGNED (Month, Day, Year)		This section to be completed by coroner or medical examiner ONLY	
		25c. STATE LICENSE NUMBER		25e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE _____ 25f. TITLE	
		25d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		25g. DATE SIGNED (Month, Day, Year)	
26. CAUSE OF DEATH PART I - Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock, or heart failure 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) → (a) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):					
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 (Enter one cause only):					
(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):					
(d) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):					
27. PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.			28a. AUTOPSY (Yes or No)	28b. AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? (Yes or No)	29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)
30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		31. IF FEMALE, <input type="checkbox"/> NOT pregnant within the past year <input type="checkbox"/> PREGNANT at the 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			
This section MUST be completed if Death NOT due to natural causes	32a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	32b. DATE OF INJURY (Month, Day, Year)	32c. TIME OF INJURY m.	32d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	
	32e. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____				
32f. INJURY AT WORK (Yes or No)	32g. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	32h. LOCATION Street or route number	City or town	State	

INSTRUCTIONS FOR COMPLETING DEATH CERTIFICATE (EXCEPT ITEMS 23a-32h, PRONOUNCEMENT, CERTIFIER, AND CAUSE OF DEATH, PAGE 41)

All items (Item 1 – 32h) must be completed; however, certain sections or items should be completed only by those responsible for that section or item within the death certificate. If the death is in a hospital or nursing home items 1, 3, 8 9a-9c and 23a-23c are to be completed by the institution; the funeral home is responsible for items 2, 4, 5a - 7, and 10 – 22f; and the certifier is responsible for items 24a- 32h. See **Rules 44** and **45** for deaths in the public interest and at places other than an institution. Do not write or type in the File Date or State File Number space above Item 1, as these will be completed by Vital Records Registration when the record is received for filing.

Under the following circumstances the items specified below should be left blank:

1. Item 5. Age at Last Birthday is broken into a. years, b. months, c. days, d. hours and e. minutes. Only one part of Item 5a - e should be completed. Depending on the age of the decedent, all other parts should be left blank.
2. Item 12 should be blank if the decedent was never married, widowed, or divorced.
3. Item 16a-16b should be blank if the deceased was never regularly employed.

If information is not available for any of the other items, enter “Unknown.”

Please take special care in completing the death certificate as it terminates the identity of an individual and all rights and privileges of US Citizenship.

Item 1. DECEDENT’S LEGAL NAME (FIRST, MIDDLE, LAST)

Enter the complete legal name of the decedent, including Sr., Jr., II, etc. if appropriate. Do not enter an initial for first or middle name unless the initial did not stand for a name or the name the initial stood for is not known.

If the deceased was a married woman, enter her given names instead of her husband's name, and enter her middle name instead of her maiden name. For example: “Mary Lynn Jones” instead of “Mrs. Sam Ryan Jones,” and “Mary Lynn Jones” instead of “Mary Smith Jones.”

If the identity of the deceased is unknown, enter “Unidentified” in this item. Do not use such names as “John Doe” or “Jane Doe.”

Item 2. SEX

Enter “Male” or “Female.” If sex is undetermined, enter “Unknown”.

Item 3a. HOUR OF DEATH

Enter the exact time of death (hour and minute according to local time). If the deceased had been placed on life support, the time of death should be listed as the time they were declared brain dead, not the time they were removed from life support.

Enter 12 noon as “12 Noon.” If the time was one minute after 12 noon, enter “12:01 p.m.”

Enter 12 midnight as “12 Mid.” If the time was one minute after 12 midnight, enter “12:01 a.m.”

Item 3b. DATE OF DEATH (MONTH, DAY, YEAR)

Enter the exact month, day, and year that death occurred. If the deceased had been placed on life support, the date of death should be listed as the date they were declared brain dead, not the date they were removed from life support. Spell out or abbreviate the name of the month (Jan., Feb., etc.). Do not use number for the month such as 6-4-94 for June 4, 1994.

Pay particular attention to the entry of month, day, and year when the death occurs around midnight or on December 31. Consider a death exactly at midnight to have occurred at the end of one day rather than at the beginning of the next day.

Item 4. RACE

Check the box or boxes that indicate the race(s) of the deceased as stated by the informant. If the informant indicates that the deceased was of mixed race, check the box for each race.

If the deceased was of an Asian or Pacific Islander race not shown in the item, check the appropriate “Other” box and fill in the specific race in the blank.

If the deceased was an American Indian, enter the specific name of the Indian tribe in the blank next to this selection.

Items 5a – e. AGE AT LAST BIRTHDAY

Be sure that the age entered is the age of the deceased on the day of death and that it corresponds with the difference between the date of birth entered in Item 6 and the date of death entered in Item 3b. Make an entry only in the one section appropriate for the age of the deceased.

1. If the deceased was 1 or more years old, enter the age at last birthday in Item 5a, Years. Make no entries in Items 5b - e.

2. If the deceased was 1 or more months old but had not reached the 1st birthday, enter the age in Item 5b, Mos. Make no entries in items 5a, 5c - e.
3. If the deceased was 1 or more days old but had not reached the age of 1 month (the day of birth in the month after the month of birth), enter the age in Item 5c, Days. Do not count both the day of birth and the day of death. Make no entries in 5a-b or 5d - e.
4. If the deceased was 1 or more hours old but had not reached 24 hours (1 day), enter the age in Item 5d, Hours. Make no entries in 5a - c or e.
5. If the deceased was less than 1 hour old, enter the age in Item 5e, Mins. Make no entries in 5a-d.

Item 6. DATE OF BIRTH (MONTH, DAY, YEAR)

Enter the exact month, day, and year the deceased was born. Spell out or abbreviate the name of the month (Jan., Feb., etc.). Do not use a number for the month such as 6-4-28 for June 4, 1928.

Be sure that the age, entered in 5a - e, and the date of birth are in agreement according to the date of death.

Item 7. BIRTH PLACE

If the deceased was born in the United States, enter the name of the state. If the deceased is known to have been born in the United States but the state is unknown, enter "Unknown."

If the deceased was not born in the United States, enter the name of the country. If the deceased is known to have been born in a foreign country but the country is unknown, enter "Unknown."

If no information is available as to whether the deceased was born in the United States or a foreign country, enter "Unknown."

PLACE OF DEATH

For deaths occurring on a moving conveyance within the United States, enter the information for place of death as if the death had occurred at the place where the body was first removed from the conveyance since that is where the death must be registered. However, if the death occurred in international waters or airspace or in a foreign country and the body was first removed from the conveyance in this state, contact the State Registrar for instructions.

Item 8. PLACE OF DEATH

Check only one box in this item. If the death occurred in a hospital or the deceased was pronounced dead at a hospital, check one of the entries: Inpatient, ER/Outpatient, or DOA. If the death occurred somewhere other than a hospital, check one of the entries: Hospice facility, Nursing home/Long term Care facility, Decedent's home, or Other (Specify). If the deceased died at someone's home other than his own, check "other" and specify whose home, for example: "Daughter's home".

Item 9a. FACILITY NAME (if not in a facility, give street address, route number, or other location)

If the death occurred in, or the deceased was pronounced dead at, a hospital or other institution, enter the full name of the hospital or other institution, and the hospital code if in a hospital.

If the death did not occur in, or the deceased was not pronounced dead at, a hospital or other institution, enter the street address or other specific location of the place where the death occurred or the deceased was pronounced dead. The words "Home" or "Residence" are not satisfactory entries; use the street address or road location.

Item 9b. CITY OR TOWN OF DEATH

Enter the name of the city or town where the death occurred or the deceased was pronounced dead. This should be the city or town where the hospital, institution, or other place named in Item 9a is located.

Item 9c. ZIP CODE

Enter the ZIP code for the location where the death occurred or the deceased was pronounced dead.

Item 9d. COUNTY OF DEATH

Enter the name of the county where the death occurred or the deceased was pronounced dead. This should be the county in which the hospital, institution, or other place named in Item 9a is located.

Item 10. DECEDENT'S EDUCATION

Check the box that best describes the highest degree or level of regular school completed by the deceased at the time of death. Check one box only.

Do not consider any other kind of schooling such as barber and beauty schools, business or trade schools, and the like. Although these are important, they are not considered "regular" schools for the purposes of this item.

This item is used in studies of the relationship between education and mortality and provides an indicator of socioeconomic status, which is also closely associated with mortality. This information is valuable in medical studies of causes of death and in prevention programs.

Item 11. MARITAL STATUS AT TIME OF DEATH

Check one box to indicate the marital status of the deceased at the time of death.

If the deceased was separated but not divorced, check the box “Married, but separated.”

Check “Married” if the spouse was still alive at the specific time the deceased died even though the spouse may have also died a short time later and before the death certificate for the one who died first was completed.

If a husband and wife died within a few days, hours, or even minutes of each other, complete items 11 and 12 for each person according to his or her status at the moment of death. For example, if the wife died at 9:30 p.m. on May 25, 1994, and the husband died at 11:15 p.m. on the same day, the wife was “Married” at the time she died and her husband's name should be entered in item 12. However, at the time the husband died he was “Widowed,” and, because of this, his wife's name should not be entered in item 12.

If a husband and wife are killed at the same time, such as in a motor vehicle accident, the one who is pronounced dead first should be marked “Married” and the name of the spouse should be entered in item 12. The one who is pronounced dead second should be marked “Widowed” and no spouse's name should be entered in item 12. If both are pronounced dead at the exact same time, or if it is not known which one was pronounced dead first, the marital status for both should be marked “Unknown” and no name should be entered in item 12.

Item 12. SURVIVING SPOUSE (If wife, give maiden name)

If the deceased was married at the time of death (Item 11 answered “Married”, or “Married, but separated”), enter the complete name of the husband or wife who was still alive at the specific time the deceased died.

If the surviving spouse is the wife, enter her full maiden name instead of her husband's name, for example, “Ann Marie Green” instead of “Mrs. Jack Neal Brown” or “Ann Marie Brown.”

Make no entry if there was no surviving spouse at the specific time of death (Item 11 answered “Never married,” “Widowed,” or “Divorced”). Do not enter the name of the former spouse of a widowed or divorced person.

Item 13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)

If the deceased had ever served in the armed forces of the United States, enter “Yes”; if not, enter “No” regardless of age.

Item 14. DECEDENT OF HISPANIC ORIGIN?

Determine the origin or descent of the deceased as stated by the informant. Origin or descent refers to the nationality group of the person or his or her ancestors before their arrival in the United States (except for American Indians and Alaska natives). The entry is to reflect what the person considered himself or herself to be, and is not based on percentages of ancestry. If the deceased was not of Hispanic origin, check “No, not Spanish/Hispanic/Latino.” If the deceased was of Hispanic origin, determine the specific origin, such as Mexican, Puerto Rican, or Cuban, and check the appropriate box. If the deceased was of Hispanic origin but the specific origin is not known, check the box for “Yes, other Spanish/Hispanic/Latino.”

This item should be asked independently of the race item.

Item 15. SOCIAL SECURITY NUMBER

Enter the complete Social Security account number of the deceased. Enter “None” if the deceased did not have a Social Security account. Ask to see the Social Security Card or other document that may have the decedent’s Social Security Number. If no document is available, question to ensure that the number given is the decedent’s and not the informant’s. Providing the wrong Social Security Number may cause a disruption of benefits to the informant or decedent’s family.

Item 16a. USUAL OCCUPATION (Kind of work done most of working life)

Enter the usual occupation or kind of work the deceased did during most of his or her working life, such as farmer, store manager, janitor, civil engineer, truck driver, registered nurse, college professor, welder, cook, etc. Do not enter “Retired,” “Disabled,” etc. If the deceased was retired, disabled, or institutionalized, give the occupation followed during most of his or her working life.

Enter “Student” if the deceased was a student at the time of death and had never been regularly employed.

Enter “None” if the deceased had never been regularly employed and was not a student.

Item 16b. KIND OF BUSINESS OR INDUSTRY

Enter the kind of business or industry to which the occupation entered in 16a was related, such as farming, grocery store, construction company, hospital, university, ship building, restaurant, government, etc. Do not enter the name of a company or organization.

Leave this item blank if the deceased was a student and/or had never worked regularly (Item 16a answered “Student” or “None”).

RESIDENCE OF DECEASED

The residence of the deceased is the place where the person usually slept. This is not necessarily the same as “Home State,” “Voting Residence,” 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 not considered temporary and should, therefore, be shown as place of residence on the certificate. Do not enter a mailing address if it is different from the actual specific location of the deceased’s place of residence.

Persons who, at the time of their death, were living in institutions where individuals usually stay for long periods of time, such as penitentiaries, mental institutions, homes for the needy or aged, hospitals for the chronically ill, etc. are considered to be residents of the institution, and all entries in the residence items (17a-f) should reflect this unless the person had been in the institution only a short time.

The place of residence shown should be the actual location of the home, institution, etc., regardless of the mailing address. For example, if the deceased lived in Rankin County and the mailing address was a rural route out of Jackson, the county listed should be Rankin even though the city of Jackson is in Hinds County. The same rule applies if an out-of-state address is involved. For example, if a person whose home was in Marshall County, Mississippi had a Collierville, Tennessee mailing address, Mississippi and Marshall County should be listed as state and county of residence, but the city can be listed as Collierville, Tennessee.

If the deceased was an infant who died in a hospital and had never been taken “home,” the entire residence section must be completed, with the place of residence entered being that of the mother.

If the deceased was a child (other than an infant who died in a hospital without ever having been taken “home”), the place of residence entered should be that of the mother or legal guardian unless the child did not live with either. If the child lived with and was taken care of by some other person, the place of residence of that person should be entered. However, if the child was living in an institution where individuals usually stay for long periods of time as specified earlier in this section, enter the location of that institution in the residence items (Items 17a-f).

Item 17a. RESIDENCE STATE

Enter the name of the state in which the deceased person's residence was actually located. See discussion above about what is to be considered a person’s residence.

If the deceased was not a U.S. resident, enter the name of the country of residence and the name of the specific area in that country which most closely corresponds to a state.

Item 17b. COUNTY

Enter the name of the county in which the deceased person's residence was actually located.

Item 17c. CITY OR TOWN

Enter the name of the city or town in or near which the deceased person's residence was actually located. This location may be different from the city or town in a mailing address.

Item 17d. ZIP CODE

Enter the Zip Code for the location of the deceased person's residence.

Item 17e. STREET AND NUMBER OR RURAL LOCATION

Enter the number and street name of the place where the deceased lived. If the place where the deceased lived had no number and street name, enter the R.F.D. or route number and box number, showing which of these kinds of numbers was used.

Never enter "General Delivery" or a post office box number in item 17e as they are not locations. However, a route number combined with a box number may be entered in 17e, since the residence can be located from this type of information.

Item 17f. INSIDE CITY LIMITS

Enter "Yes" if the place where the deceased lived was located inside the city limits of an incorporated place named in Item 17c.

Enter "No" if the place where the deceased lived was located outside the city limits of an incorporated place named in Item 17c or was in an unincorporated place.

Item 18. FATHER'S NAME (FIRST, MIDDLE, LAST)

Enter the full name of the father of the deceased.

Item 19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST)

Enter the full name of the mother of the deceased as it was before she was ever married. Do not enter a last name acquired by marriage.

Item 20a. INFORMANT NAME

Enter the name of the person who furnished the personal facts about the deceased and his or her family. Do not leave these items blank.

Do not enter the hospital name if the deceased was an infant. Complete this item in the usual manner by entering the name and mailing address of the parent or other individual who furnished the personal facts about the infant and his or her family.

Item 20b. RELATIONSHIP TO DECEDENT

Enter the relationship of the informant to the decedent.

Item 20c. INFORMANT MAILING ADDRESS

Enter the complete mailing address of the informant whose name appears in Item 20a. (Street and number or route and box number, City or Town, STATE, ZIP Code)

Item 21a. DISPOSITION OF BODY

Specify "Burial," "Cremation," or "Removal," etc., in accordance with the disposition of the body. If the body is to be disposed of by a hospital, enter "Hospital Disposal."

If the body is to be used by a hospital or medical facility or mortuary school for scientific or educational purposes, enter "Body Donation." If the body was removed to another area but the disposition there is not known, enter "Removal." However, if the body was removed to another area and the disposition there is known, enter "Burial," "Cremation," etc.

Item 21b. CEMETERY, CREMATORY NAME

Enter the name of the cemetery or crematory if Item 21a was answered "Burial" or "Cremation."

If the body is to be used by a hospital or medical facility or mortuary school for scientific or educational purposes, enter the name of the hospital or school.

If the body was removed to another area but the disposition is not known, enter "Unknown."

Item 21c. CEMETERY, CREMATORY LOCATION

Enter the name of the city or town and the state where the cemetery or crematory named in Item 21b is located.

If the body is to be used by a hospital or medical facility or mortuary school for scientific or educational purposes, enter the city and state where the hospital or school named in Item 21b is located.

If the body was removed to another area but the disposition is not known, enter “Unknown.”

Item 22a. FUNERAL DIRECTOR SIGNATURE AND LICENSE NUMBER

Obtain the signature and license number of the licensed funeral director of the funeral home listed in Item 22b. Rubber-stamp or typed in names are not acceptable.

Item 22b. FUNERAL HOME (WHO FIRST ASSUMED CUSTODY OF BODY)

Enter the name of the funeral home which first assumed custody of the body. If the funeral home is located in Mississippi, also enter the funeral home’s 3-digit code in this item.

Item 22c FUNERAL HOME LICENSE NUMBER

Enter the establishment license number of the funeral home that first assumed custody of the body.

Item 22d. FUNERAL HOME MAILING ADDRESS

Enter the complete mailing address of the funeral home named in Item 22b. (Street and number or route and box number, City or Town, STATE, ZIP Code)

Item 22e. FUNERAL HOME (IF BODY WAS TRANSFERRED PRIOR TO DISPOSITION)

If the body was transferred to another funeral home (other than the one listed in Item 22b) prior to disposition, enter the name of that funeral home in this item.

Item 22f. FUNERAL HOME MAILING ADDRESS

Enter the complete mailing address (Street and number or route and box number, City or town, State, and Zip Code) of the funeral home named in Item 22e.

INSTRUCTIONS FOR COMPLETING DEATH CERTIFICATE ITEMS 23a – 32h, PRONOUNCEMENT, CERTIFIER, AND CAUSE OF DEATH

Complete every item in these sections of the certificate, except:

1. Item 25a - d should be blank if certifier is a medical examiner (coroner).

2. Item 25d should be blank if the attending physician is the same as the physician whose signature appears in Item 25a.
3. Item 25e - g should be blank if certifier is a physician not acting as a medical examiner (coroner).
4. Item 32a - h should be blank if death was due to natural causes rather than accident, suicide, or homicide.

PRONOUNCEMENT

In most cases, the person who pronounces death and the person who certifies to the cause of death will be the same, and that person's name should appear in both items 23a and 24a. However, sometimes the pronouncer and the certifier will be different people. For example, the physician on call in the emergency room may actually pronounce a person dead on arrival, but later the county medical examiner will provide information concerning the cause of death (items 26 – 32h), and complete items 24a and b, and Items 25e - g. In this instance, the name of the emergency room physician should appear in Item 23a.

Item 23a. PERSON WHO PRONOUNCED DEATH NAME AND TITLE

Type or print the name and title of the physician, medical examiner, or other person who actually pronounced death. A signature is not required in this item.

Item 23b. PRONOUNCED DEAD ON (Month, Day, Year)

Enter the month, day, and year the deceased was pronounced dead by the person whose name appears in Item 23a. Spell out or abbreviate the name of the month (Jan., Feb., etc.). Do not use a number for the month such as 6-4-94 for June 4, 1994.

Item 23c. PRONOUNCED DEAD AT (Time)

Enter the time (hour and minute) the deceased was pronounced dead according to local time. For a 12 hour clock use the a.m./p.m. designation.

Enter 12 noon as “12 Noon.” If the time was one minute after 12 noon, enter “12:01 p.m.”

Enter 12 midnight as “12 Mid.” If the time was one minute after 12 midnight, enter “12:01 a.m.”

CERTIFIER

The certifier is the person who provides the information regarding cause of death and who signs a statement to the effect that the cause of death is as stated on the certificate. Since it is not always possible to determine these facts with absolute certainty, the

certification statements are qualified by the terms “to the best of my knowledge” and “in my opinion.”

Item 24a. NAME OF CERTIFYING PHYSICIAN OR CORONER

Type or print the name of the physician or medical examiner who certifies to the cause of death and whose signature appears in 25a or 25e.

Item 24b. CERTIFIER MAILING ADDRESS

Enter the complete mailing address of the person whose name appears in Item 24a. (Street and number or route and box number, City or Town, State, ZIP Code)

CERTIFICATION BY PHYSICIAN NOT ACTING AS MEDICAL EXAMINER

This section is to be used only if the certifier named in Item 24a is a physician not acting as a medical examiner. It should be completed by the physician in charge of the deceased person's care for the illness or condition resulting in death. If this section is completed, Items 25e-g should be blank.

Item 25a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated, SIGNATURE

Obtain the signature of the physician (as specified in the preceding paragraph) who provides the information regarding cause of death. The physician should verify that the entries for cause of death (26-32h) are correct before signing the certificate.

Item 25b. DATE SIGNED (Month, Day, Year)

Enter the date the certifier whose signature appears in 25a signed the certificate. Spell out or abbreviate the name of the month (Jan., Feb., etc.). Do not use a number for the month such as 6-4-94 for June 4, 1994.

Item 25c. STATE LICENSE NUMBER

Enter the Mississippi medical license number of the physician whose signature appears in Item 25a.

Item 25d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

If the certifier whose signature appears in Item 25a was not the attending physician, enter the name of the attending physician here.

Make no entry if the certifier was the attending physician.

CERTIFICATION BY MEDICAL EXAMINER

This section is to be used only if the certifier named in Item 24a is a medical examiner (coroner). This includes a physician serving as a medical examiner for this death. If this section is completed, Items 25a-d should be blank.

Item 25e. On the basis of examination and/or investigation, in my opinion death occurred due to the cause(s) and manner as stated, SIGNATURE

Obtain the signature of the medical examiner who provides the information regarding cause of death. The medical examiner should verify that the entries for cause of death (26-32h) are correct before signing the certificate.

Item 25f. TITLE

Enter the title of the official whose signature appears in Item 25e. If the medical examiner is a physician, enter "MD" in addition to the official title.

Item 25g. CERTIFIER DATE SIGNED (Month, Day, Year)

Enter the date the certifier whose signature appears in Item 25e signed the certificate. Spell out or abbreviate the name of the month (Jan., Feb., etc.). Do not use a number for the month such as 6-4-94 for June 4, 1994.

CAUSE OF DEATH

A cause of death is a disease, abnormality, injury, or other condition or event that contributed directly or indirectly to death. Death often results from the combined effect of two or more conditions. These conditions may be completely unrelated, arising independently of each other; or they may be causally related to each other, that is, one condition may lead to another which in turn leads to a third condition, etc.

Since the cause-of-death section on a death certificate is an important source of data for medical research and public health programs, it is essential that the certifier submit a correct, complete, and legible statement of the causal and pathological sequence of events leading to death. For the certifier, this is not only a legal responsibility but also an opportunity to contribute to one of the largest and most widely used compilations of information on causes of death in existence.

The cause-of-death section of the certificate follows guidelines recommended by the World Health Organization for obtaining comparable mortality data throughout the world.

This section, which is reproduced below, is designed to elicit the opinion of the certifier as to the underlying cause of death, with this to be indicated by the way in which the subsections for immediate cause, antecedent causes, and contributing causes are completed.

26. CAUSE OF DEATH PART I – Enter the chain of events – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock, or heart failure 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)	→ (a)	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):			
	} (b)	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):			
		(c)	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		
		(d)	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		
27. PART II: OTHER SIGNIFICANT CONDITIONS – Conditions contributing to death but not resulting in the underlying cause given in PART I.			28a. AUTOPSY (Yes or No)	28b. AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH (Yes or No)	29. WAS CASE REFERRED TO MEDICAL EXAMINER (Yes or No)
30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		31. IF FEMALE, <input type="checkbox"/> NOT pregnant within the past year <input type="checkbox"/> PREGNANT at the 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			
This section MUST be completed if Death NOT due to natural causes	32a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	32b. DATE OF INJURY (Month, Day, Year)	32c. TIME OF INJURY m.	32d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	
	32e. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____				
	32f. INJURY AT WORK (Yes or No)	32g. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	32h. LOCATION Street or route number City or town State		

If a death was due to an accident, suicide, or homicide, all items (26-32h) in the cause section must be completed. If a death was due to natural causes rather than an accident, suicide, or homicide, Items 32a-h should be left blank and only Items 26-31 completed. See Examples 1-9 on pages 54 - 65.

It is not necessary that the cause-of-death section be completed in the certifier's handwriting. If possible, the information should be typed. However, the certifier must then carefully review the entries to verify that the information was correctly transcribed.

Abbreviations should not be used for names of diseases, etc. as some are subject to varying interpretations. For example, "CRF" may be interpreted as either chronic respiratory failure or chronic renal failure.

Item 26. PART I, DEATH CAUSED BY:

List the causes in reverse chronological order with the immediate cause on the top line and the underlying cause that started the sequence of events that led to death on the lowest line used in Part I.

Enter only one cause per line.

Use as many lines in Part I as necessary to show the sequence of events that led to 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.

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

Do not enter the mode of dying (such as "Heart failure" or "Respiratory failure") since it is only a symptom of the fact that death occurred and does not provide any information about the cause of death.

If there is real doubt as to the causes leading to death, qualifying phrases such as "possible" or "probable" may be used to reflect this uncertainty.

If knowledge of the case is so meager that the cause is not known, enter "Unknown"; do not leave Part I blank.

Line (a) IMMEDIATE CAUSE

Enter the direct or immediate cause of death. This is the disease, injury, complication, etc. that directly preceded death.

The entry on line (a) can be the sole entry in Part I if there was only one condition that led to death.

There must always be an entry on line (a).

Line (b) DUE TO, OR AS A CONSEQUENCE OF:

Enter the disease, injury, complication, etc., if any, that gave rise to the direct or immediate cause listed on line (a).

The condition entered here must be considered to have been antecedent to the immediate cause, both with respect to time and etiological or pathological relationship.

If it is believed to have prepared the way for the immediate cause, the entry on line (b) can be considered as antecedent to the cause listed on line (a) even though a long interval of time had elapsed since its onset.

Line (c) DUE TO, OR AS A CONSEQUENCE OF:

Enter the disease, injury, complication, etc., if any, that gave rise to the cause listed on line (b).

The condition entered here must be considered to have been antecedent to the cause listed on line (b), both with respect to time and etiological or pathological relationship.

The entry on line (c) can be antecedent to the cause listed on line (b) even though a long interval of time had elapsed since its onset.

Line (d) DUE TO, OR AS A CONSEQUENCE OF:

Enter the disease, injury, complication, etc., if any, that gave rise to the cause listed on line (c).

The condition entered here must be considered to have been antecedent to the cause listed on line (c), both with respect to time and etiological or pathological relationship.

The entry on line (d) can be antecedent to the cause listed on line (c) even though a long interval of time had elapsed since its onset.

INTERVAL BETWEEN ONSET AND DEATH

For every cause listed in Part I, enter the interval between the onset of that cause and death.

Normally the intervals should be progressively longer for each antecedent cause since they are listed in reverse chronological order.

The interval may be given in minutes, hours, days, weeks, months, or years. If the time of onset is obscure, use an approximation such as “4-5 years” or “About 2 months.” If the time of onset is unknown, enter “Unknown.” Do not leave the interval blank.

If death was caused by an accident, suicide, or homicide, at least two lines in Part I must be completed. Enter the result (for example, “Fracture of skull” or “Third degree burns over 75 percent of body”) of the external cause on the higher of the two lines used, and enter the antecedent event (for example, “Struck by falling tree limb” or “Trapped in burning house”) that produced the injury on the lower of the two lines used. Even though an event is antecedent to the injury it produces, the two are almost simultaneous and, therefore, the same time interval can be entered for both.

Item 27. PART II, OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I

Enter any other important disease or condition that was present at the time of death and may have contributed to death but was not related to the immediate cause of death listed on line (a) in Part I. For example, if a person who died of cancer of the breast also had hypertensive heart disease that contributed to the death, the hypertensive heart disease should be entered in Part II.

If there were no other significant conditions, enter “None.”

Item 28a. AUTOPSY

Enter “Yes” if a partial or complete autopsy was performed; otherwise, enter “No.”

Item 28b. AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

Enter “Yes” if there was an autopsy performed and the findings were available to the Certifier at the time the cause of death section was completed. Otherwise, enter “No”.

Item 29. WAS CASE REFERRED TO MEDICAL EXAMINER?

Enter “Yes” if the medical examiner was contacted in reference to this case; otherwise, enter “No.” Enter “Yes” if the medical examiner was informed of the case, regardless of whether this official actually investigated the case or certified to the facts of death.

Item 30. DID TOBACCO USE CONTRIBUTE TO DEATH?

Check the appropriate box: “Yes,” “No,” “Probably,” or “Unknown.”

Item 31 IF FEMALE, SPECIFY

If female, check the selection that best fits the situation.

If decedent is not female, leave blank.

EXTERNAL CAUSES (Accident, Suicide, Homicide) This section MUST be completed if Death NOT due to natural causes.

This section is to be used only if an external event caused or contributed to the death. It must be completely filled in for every such death to supplement Parts I and II of the cause-of-death statement as they cannot provide all of the detailed information needed to fully describe the circumstances and events related to an external cause. All items must be completed even if no decision has been reached as to whether the external cause was an accident, suicide, or homicide.

Item 32a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED

If it has been determined whether the event that caused or contributed to the death was an accident, suicide, homicide, enter the decision reached.

The category entered on the death certificate is not necessarily the same as the category that might be decided upon in a court of law. For the purposes of a death certificate, "Suicide" includes all deaths from injuries that were intentionally self-inflicted. "Homicide" includes all deaths from injuries purposely inflicted by another person.

If no determination has been made because an investigation is incomplete or autopsy results have not been received, enter "Pending investigation" or "Pending autopsy results." Do not hold the death certificate for longer than 72 hours while awaiting the results of an autopsy or other investigation. Later, when the results of the autopsy or investigation are received, contact the Office of Vital Records Registration and ask for a "STATEMENT TO AMEND CAUSE OF DEATH" form. This form can then be used to revise item 32a (or any other part of the CAUSE OF DEATH section) to reflect the findings of the autopsy or investigation.

If, after thorough investigation, no determination could be made, enter "Undetermined."

Do not leave this item blank if an external cause was involved.

Item 32b. DATE OF INJURY (Month, Day, Year)

Enter the exact month, day, and year the injury occurred. Spell out or abbreviate the name of the month (Jan., Feb., etc.). Do not use a number for the month such as 6-4-94 for June 4, 1994.

Item 32c. TIME OF INJURY

Enter the exact time (hour and minute) the injury occurred. If you use a 12 hour clock be sure to designate a.m./p.m.

Enter 12 noon as “12 Noon.” If the time was one minute after 12 noon, enter “12:01 p.m.”

Enter 12 midnight as “12 Mid.” If the time was one minute after 12 midnight, enter “12:01 a.m.”

If the exact time is not known, estimate the time.

Item 32d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED

Enter a concise description of how the injury occurred. In some instances, this entry may be the same as a cause listed in Parts I or II if that cause completely described what happened to produce the injury. In other instances, the entry in Item 32d must provide greater detail than a cause listed in Parts I or II.

The specific information needed in Item 32d for major types of external causes is as follows:

Motor vehicle accident

1. Location - street, highway, private driveway, parking lot, private road, etc.
2. Description - collision (specify train, automobile, motorcycle, bicycle, animal, person, etc.), loss of control
3. Type of vehicle(s) involved – car, pickup, SUV, bicycle, etc.

Water transport accident

1. Watercraft accident (if any) - sinking, overturning, fire, explosion, collision, etc.
2. Type of injury - drowning, caused by machinery, fall (from where to where), burn, etc.
3. Identity of deceased - occupant of small boat, crew of watercraft, swimmer, water skier, etc.

Poisoning

Name of specific solid, liquid, or gas - aspirin, Darvon, ethyl alcohol, floor polish, butane gas, exhaust gas from motor vehicle (not in transit), etc.

Fall

1. From what or into what if from one level to another - stairs, ladder, bed, roof, tree, cliff, bridge, manhole, ditch, etc.
2. Due to what if on same level - slipping on ice, mud, oil, stumbling over curb, rug, toy, etc. Whether caused by seizure or epileptic attack.

Burn

- By what - fire, steam, boiling water, cigarette, welding torch, lye, etc.
- a. If fire, where - private dwelling, other building, outdoors.
 - b. If fire, whether there was an explosion,

- c. If normal or controlled fire, source - space heater (gas), fireplace, wood cook stove, bonfire, etc.
- d. If other fire, what was on fire - clothing only, bed only, matches or gasoline only, house, hotel, theater, grass, forest, etc.

Drowning (other than in water transport)

- 1. Activity involved - swimming, water-skiing, scuba diving, fishing (not from boat), surf boarding, taking bath, underwater construction or repair, etc.
- 2. Whether activity was recreational or for other purposes

Suffocation, entry of foreign body

- 1. Whether suffocation, asphyxiation, or other injury
- 2. Object responsible - blanket, plastic bag, abandoned refrigerator, falling dirt, piece of meat, bone, seed, marble, etc.
- 3. Part of body, if any, the object entered or lodged in - nose, mouth, trachea, esophagus, rectum, ear, eye, etc.
- 4. Other conditions or events - asleep in cradle, cave-in of embankment, choked and regurgitated food, etc.

Struck by or against

- 1. Object - brick, baseball, tree, hammer, another person, etc.
- 2. How and whether in sports or in a crowd - crushed against wall in a crowd, abdomen stepped on during football game, collapse of building in storm, looked back while roller-skating and ran into side of rink, etc.

Machinery and tools

- 1. Specific type of machine or tool - chain saw, reaper, crane, bulldozer, power press, textile machine, lawn mower, electric knife, axe, pitchfork, etc.
- 2. Description of event - caught in reaper, hit by crane, crushed by bulldozer which overturned on slope, struck by axe head which came off handle, etc.

Firearms

- 1. Type of gun – hand gun, rifle, shotgun, BB gun, machine gun, etc.
- 2. If accident, self-inflicted or inflicted by another person
- 3. If injuries resulted from legal intervention (action taken by law enforcement or military personnel on duty in the course of maintaining order, attempting to make an arrest, etc.), so state and give means of inflicting injury such as revolver, tear gas, bayonet, club, etc.

Item 32e. IF TRANSPORTATION INJURY, SPECIFY

If death was caused by any kind of transportation injury, check the box which describes the status of the deceased at the time the incident occurred. If the status of the deceased is unknown, check the box for “Other” and write “Unknown” in the blank.

Item 32f. INJURY AT WORK (Yes or No)

Enter “Yes” if injury occurred while deceased was at work; otherwise enter “No.”

Item 32g. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)

Enter the type of place where the injury occurred. See additional examples below:

Highway, Woods, Swimming Pool, Grocery Store, Lake, Auto Repair Shop, River
Parking lot, Stadium, School, Park, Jail

Item 32h. LOCATION (Street or route number, City or Town, State)

Enter the complete address of the place where the injury occurred.

EXAMPLES OF STATEMENT OF CAUSE OF DEATH

On the following pages examples which illustrate the proper completion of the cause section of a death certificate are presented. For each example, a case summary is given, and below that is a reproduction of the cause-of-death section showing how it should be filled in for that case. Comments calling attention to specific items or requirements are also provided. This series of examples should be reviewed in the order in which the cases are presented for the best understanding of the way in which statements of cause of death should be entered.

Examples 1-6 illustrate deaths due to natural causes and Examples 7-9 illustrate deaths due to external causes (accident, suicide, and homicide). There are examples of medical examiner's cases as well as cases certified to by physicians not acting as medical examiners.

CAUSE OF DEATH - EXAMPLE 1.

Case summary:

Shortly after dinner on the day prior to admission to the hospital, a 48-year-old male developed a cramping, epigastric pain which radiated to the back and which was followed by nausea and vomiting. The pain was not relieved by position or antacids. The pain persisted and 24 hours after onset, the patient sought medical consultation. Past history revealed excessive alcohol intake and intermittent episodes of similar epigastric pain during the past two years. The patient denied diarrhea, constipation, hematemesis, or melena. He was admitted to the hospital with a diagnosis of an acute exacerbation of chronic pancreatitis. Radiological findings included widening of the duodenal “C” loop and blurring of the left psoas muscle margin. Serum amylase was 450 Somogyi units. The day after admission, the patient seemed to improve. However, that evening, he became disoriented, restless, and hypotensive. In spite of intravenous fluids and norepinephrine, the patient remained hypotensive and died 8 hours later.

Death certificate:

26. CAUSE OF DEATH PART I – Enter the chain of events – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock, or heart failure 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)	→	(a) Hypotension DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		8 hours	
	}	(b) Recurrent pancreatitis DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		2 years	
		(c) Chronic alcoholism DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		About 3 years	
		(d)			
27. PART II: OTHER SIGNIFICANT CONDITIONS – Conditions contributing to death but not resulting in the underlying cause given in PART I.			28a. AUTOPSY (Yes or No)	28b. AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? (Yes or No)	29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)
NONE			Yes	Yes	No
30. DID TOBACCO USE CONTRIBUTE TO DEATH?		31. IF FEMALE, <input type="checkbox"/> NOT pregnant within the past year <input type="checkbox"/> PREGNANT at the 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			
<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown					
This section MUST be completed if Death NOT due to natural causes	32a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	32b. DATE OF INJURY (Month, Day, Year)	32c. TIME OF INJURY m.	32d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	
	32e. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____				
	32f. INJURY AT WORK (Yes or No)	32g. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	32h. LOCATION	Street or route number	City or town

Comments:

The sequence of events leading to death is entered in Part I with the immediate cause on the top line and the underlying cause that started the sequence on the lowest line used.

A time interval is given for each cause with each one progressively longer even though the exact time of onset of the cause on line (c) was not known.

An autopsy was performed (Item 28a), and the findings were available when completing the cause of death (Item 28b).

No other significant conditions that could have contributed to death were found (Part II).

There was no reason to inform the medical examiner of this case (Item 29).

Since death was due to natural causes, Items 32a-h are left blank.

CAUSE OF DEATH - EXAMPLE 2.

Case summary:

A 31-year-old female was admitted to the hospital because of melena. A diagnosis of multiple polyps of the colon with carcinomatous transformation was made, and a total colectomy with an ileorectal anastomosis was done. The patient was also treated with adjuvant 5-fluorouracil. Two years later, a defect was seen on liver scan, and the carcinoembryonic antigen was elevated. A liver biopsy revealed metastatic carcinoma consistent with a primary carcinoma in the colon. Four months later, the patient entered the hospital for the last time with the chief complaints of nausea, vomiting, diplopia, and vertigo. Her condition progressively deteriorated with clinical evidence of liver failure, widespread metastatic disease, and cachexia. She died four weeks after admission.

Death certificate:

26. CAUSE OF DEATH PART I – Enter the chain of events – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock, or heart failure 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) → Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.	(a) Widespread	Several months		
	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):			
	(b) Malignant change in polyps of colon	2 1/2 years		
	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):			
(c) Polyposis coli	Approx 10 yrs			
(d)				
27. PART II: OTHER SIGNIFICANT CONDITIONS – Conditions contributing to death but not resulting in the underlying cause given in PART I.		28a. AUTOPSY (Yes or No)	28b. AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? (Yes or No)	29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)
NONE		Yes	Yes	No
30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		31. IF FEMALE, <input checked="" type="checkbox"/> NOT pregnant within the past year <input type="checkbox"/> PREGNANT at the 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		
This section MUST be completed if Death NOT due to natural causes	32a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	32b. DATE OF INJURY (Month, Day, Year)	32c. TIME OF INJURY m.	32d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED
	32e. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____			
	32f. INJURY AT WORK (Yes or No)	32g. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	32h. LOCATION Street or route number	City or town

Comments:

The primary site of the cancer is clearly shown.

In this case the pre-cancerous condition was known and is also shown.

The condition on line (c) was considered antecedent to the cause entered on line (b) even though a long period of time had elapsed since its onset.

Since the deceased was a female of child-bearing age, Item 31 is checked “Not pregnant within the past year” to indicate her pregnancy status.

CAUSE OF DEATH - EXAMPLE 3.

Case summary:

A 65-year-old female was first seen complaining of dyspnea and substernal pain precipitated by exertion. The ECG response to exercise on the treadmill was a depression in the ST segments of 1.5 mV. The patient's symptoms were alleviated by Dyazide and sublingual nitroglycerin for about four years, but then the frequency and severity of angina increased. Propranolol was prescribed. Ten months later the patient developed chills, fever, and pleuritic pain following the onset of influenza. X-ray of the chest revealed patchy involvement of both lungs. The leukocyte count was 20,000. Blood culture was positive for pneumococci. Seventy-two hours after penicillin therapy was initiated, temperature returned to normal and symptoms subsided. A month later patient was admitted to hospital following prolonged precordial pain radiating to left arm and jaw. Pulse was 160. The ECG revealed characteristic Q waves and elevation in the ST segments. Five days after admission, death occurred as a result of rupture of the myocardium with hemopericardium and tamponade.

Death certificate:

26. CAUSE OF DEATH PART I—Enter the chain of events – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock, or heart failure 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) Sequentially list conditions, if any, leading to Immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.	→ (a) Rupture of myocardium	Nine months	
	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		
	(b) Acute myocardial infarction	6 days	
	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		
(c) Chronic ischemic heart disease	5 years		
DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):			
(d)			
27. PART II: OTHER SIGNIFICANT CONDITIONS – Conditions contributing to death but not resulting in the underlying cause given in PART I.		28a. AUTOPSY (Yes or No)	28b. AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? (Yes or No)
Influenza, Pneumococcal pneumonia		No	No
29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)		No	
30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		31. IF FEMALE, <input type="checkbox"/> NOT pregnant within the past year <input type="checkbox"/> PREGNANT at the 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	
This section MUST be completed if Death NOT due to natural causes	32a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	32b. DATE OF INJURY (Month, Day, Year)	32c. TIME OF INJURY m.
	32d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED		
	32e. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____		
32f. INJURY AT WORK (Yes or No)	32g. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	32h. LOCATION	Street or route number City or town State

Comments:

The influenza and pneumonia which occurred within the chronology of Part I are entered, not in Part I, but in Part II since they contributed to death but were not related to the immediate cause (rupture of myocardium) on line (a).

Since there was no autopsy performed (Item 28a), the answer in Item 28b must be “No”.

Since the deceased was not of child-bearing age, it was not necessary to check a box in Item 31.

CAUSE OF DEATH - EXAMPLE 4.

Case summary:

A 59-year-old male was admitted to the hospital with complaints of vomiting, high fever, and severe headache. After examination and tests, a diagnosis of viral encephalitis was made. The examination also showed severe generalized arteriosclerosis of about 10 years standing and moderate varicose veins of the lower extremities. In spite of treatment, the patient's condition rapidly deteriorated and he died three days later.

Death certificate:

26. CAUSE OF DEATH PART I – Enter the chain of events – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock, or heart failure 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) Sequentially list conditions, if any, leading to Immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.	→ (a) Viral encephalitis	4 days	
	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		
	(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		
	(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		
	(d) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		
27. PART II: OTHER SIGNIFICANT CONDITIONS – Conditions contributing to death but not resulting in the underlying cause given in PART I.		28a. AUTOPSY (Yes or No)	28b. AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? (Yes or No)
Generalized arteriosclerosis		No	No
29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)		No	
30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		31. IF FEMALE, <input type="checkbox"/> NOT pregnant within the past year <input type="checkbox"/> PREGNANT at the 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	
This section MUST be completed if Death NOT due to natural causes	32a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	32b. DATE OF INJURY (Month, Day, Year)	32c. TIME OF INJURY m.
	32d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED		
	32e. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____		
32f. INJURY AT WORK (Yes or No)	32g. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	32h. LOCATION Street or route number	City or town State

Comments:

Death was caused by a single, acute illness rather than a sequence of events occurring over a period of years. However, generalized arteriosclerosis, a chronic condition of long duration, was considered by the certifier to have contributed to death even though it was not related to the viral encephalitis. The other condition, varicose veins, was not considered to have even contributed to death.

Note that, in this example, death was caused by an acute illness with a chronic illness as a contributory cause. In contrast, Example 3 shows an instance in which a chronic disease caused death but acute diseases were contributory causes.

CAUSE OF DEATH - EXAMPLE 5.

Case summary:

An 88-year-old female was taken to a physician's office late one afternoon because of abdominal pain that had persisted for two days. The pain had been mild at first but had become severe on the day she was seen by the physician. An additional symptom was bile-stained vomitus. After examination and X-rays, a diagnosis of strangulated femoral hernia was made. The patient was hospitalized that evening, and additional X-rays, tests, and examination were consistent with that diagnosis. Surgery was considered imperative despite her advanced age and weakened condition, and an operation to release the strangulated hernia was undertaken in the early hours of the morning. About 45 minutes after the surgery began, cardiac arrest occurred. Measures undertaken to restore the heart function failed and she was pronounced dead.

Death certificate:

26. CAUSE OF DEATH PART I – Enter the chain of events – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock, or heart failure 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) Sequentially list conditions, if any, leading to Immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.	→ (a) Cardiac arrest DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):	15 min	
	(b) Herniorrhapy DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):	1 hour	
	(c) Strangulated femoral hernia DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):	3 days	
	(d)		
27. PART II: OTHER SIGNIFICANT CONDITIONS – Conditions contributing to death but not resulting in the underlying cause given in PART I.		28a. AUTOPSY (Yes or No) No	28b. AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? (Yes or No) No
NONE		29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) No	
30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		31. IF FEMALE, <input type="checkbox"/> NOT pregnant within the past year <input type="checkbox"/> PREGNANT at the 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	
This section MUST be completed if Death NOT due to natural causes	32a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	32b. DATE OF INJURY (Month, Day, Year)	32c. TIME OF INJURY m.
	32d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED		
	32e. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____		
32f. INJURY AT WORK (Yes or No)	32g. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	32h. LOCATION Street or route number	City or town State

Comments:

The immediate cause was a surgical complication. Therefore the operation is listed on line (b) as the antecedent cause. The condition for which the surgery was performed is listed on line (c) revealing the true underlying cause.

CAUSE OF DEATH - EXAMPLE 6.

Case summary:

A 24-year-old female who was employed by a department store did not report for work on a Monday morning as expected. After several unsuccessful attempts to reach her by phone, two co-workers went to the apartment complex where she lived alone. Her car was there, but she did not answer the door. They persuaded the apartment manager to unlock the door for them and found her dead in the bedroom. The medical examiner who was called ordered an autopsy and made other investigations. He found that she had been diagnosed as diabetic eight months prior to death. Her disease was controlled by insulin and diet, but on a previous occasion direct regulation of her diabetes by her physician had been necessary because of her carelessness in taking insulin. In addition, she had not returned to her physician for a scheduled check-up three weeks earlier. The autopsy findings were consistent with diabetic coma; no other condition which could have caused death was found.

Death certificate:

26. CAUSE OF DEATH PART I – Enter the chain of events – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock, or heart failure 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) Sequentially list conditions, if any, leading to Immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.	→ (a) Diabetic coma DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):	14 hours
	{ (b) Diabetes mellitus DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):	8 months
	(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):	
	(d) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):	
27. PART II: OTHER SIGNIFICANT CONDITIONS – Conditions contributing to death but not resulting in the underlying cause given in PART I.		
NONE		
28a. AUTOPSY (Yes or No) Yes		28b. AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? (Yes or No) Yes
		29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) Yes
30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	31. IF FEMALE, <input type="checkbox"/> NOT pregnant within the past year <input type="checkbox"/> PREGNANT at the 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 checked="" type="checkbox"/> Unknown if pregnant within the past year	
This section MUST be completed if Death NOT due to natural causes	32a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	32b. DATE OF INJURY (Month, Day, Year)
	32c. TIME OF INJURY _____ m.	
	32d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	
32e. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____		
32f. INJURY AT WORK (Yes or No)	32g. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	32h. LOCATION Street or route number City or town State

Comments:

The circumstances of this death were such that investigation by a medical examiner was required even though there was no evidence of violence.

Since the deceased was a female of child bearing age, a response is required in Item 31.

CAUSE OF DEATH - EXAMPLE 7.

Case summary:

A 60-year-old male was discovered dead in his back yard by neighbors. There was a large wound in his chest, and a hunting rifle was on the ground beside him. An autopsy and ballistics test were ordered by the medical examiner. After hearing the results of the autopsy and testimony from several family members and neighbors, the medical examiner ruled that death was due to an accidental gunshot wound sustained while cleaning a gun.

Death certificate:

26. CAUSE OF DEATH PART I – Enter the chain of events – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock, or heart failure 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) →	(a) Pulmonary hemorrhage	5 - 10 minutes	
	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		
	} (b) Discharge of gun into lower right chest	5 - 10 minutes	
		DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):	
(c)			
Sequentially list conditions, if any, leading to Immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.	(d)		
27. PART II: OTHER SIGNIFICANT CONDITIONS – Conditions contributing to death but not resulting in the underlying cause given in PART I.		28a. AUTOPSY (Yes or No)	28b. AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? (Yes or No)
NONE		Yes	Yes
29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)		Yes	
30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	31. IF FEMALE, <input type="checkbox"/> NOT pregnant within the past year <input type="checkbox"/> PREGNANT at the 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		
This section MUST be completed if Death NOT due to natural causes	32a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) Accident	32b. DATE OF INJURY (Month, Day, Year) Aug. 7, 1989	32c. TIME OF INJURY 5:00 p.m.
	32d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED Deceased was cleaning rifle when it accidentally discharged		
	32e. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____		
32f. INJURY AT WORK (Yes or No) No	32g. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) Home - yard	32h. LOCATION Street or route number City or town State 492 Oak Street, Leeburg, MS	

Comments:

Both the external event and the result it produced are entered in Part I as is necessary for every death due to an external cause. They are entered on separate lines.

Even though the event was antecedent to the injury, the two were almost simultaneous and the same interval is shown for both.

Since death was not due to natural causes all parts of Items 32a - h are filled in.

The entry in Item 32a establishes that this death was accidental and supplements the medically oriented causes listed in Part I.

The statement in Item 32d confirms information in Part I, line (b) and in Item 32a as well as providing all additional facts needed. It describes how the injury occurred, provides

the gun type, reveals that the gun was not fired by another person, and makes clear that this self-inflicted injury was accidental rather than intentional (suicide).

Other facts that will permit precise analysis of the circumstances of deaths due to external causes are entered in Items 32b, c, e-h.

CAUSE OF DEATH - EXAMPLE 8.

Case summary:

A 54-year-old male was found dead in an automobile in a closed garage. The motor was running and a hose extended from the passenger compartment of the car to the exhaust pipe. Relatives indicated that the deceased had been despondent for some time because of an inoperable malignancy that had been discovered, and letters found in the car indicated intent to take his own life because of this condition. The medical examiner was called and ruled that the cause of this death was suicide.

Death certificate:

26. CAUSE OF DEATH PART I – Enter the chain of events – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock, or heart failure 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) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.	→ (a) Carbon monoxide poisoning DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):	Unknown		
	(b) Inhalation of automobile exhaust fumes DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):	Unknown		
	(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):			
	(d) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):			
27. PART II: OTHER SIGNIFICANT CONDITIONS – Conditions contributing to death but not resulting in the underlying cause given in PART I. Cancer of the stomach		28a. AUTOPSY (Yes or No) No	28b. AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? (Yes or No) No	29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) Yes
30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	31. IF FEMALE, <input type="checkbox"/> NOT pregnant within the past year <input type="checkbox"/> PREGNANT at the 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			
This section MUST be completed if Death NOT due to natural causes	32a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) Suicide	32b. DATE OF INJURY (Month, Day, Year) May 5, 1989	32c. TIME OF INJURY Unknown m.	32d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED Inhaled exhaust from car with motor running in closed garage
	32e. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____			
	32f. INJURY AT WORK (Yes or No) No	32g. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) Private garage	32h. LOCATION Street or route number City or town State 898 Sylvan Road, Alexandria, MS	

Comments:

The external event and injury causing death are entered in Part I. Cancer of the stomach is listed in Part II showing that it was not related to the immediate cause but that it contributed to death.

All parts of Items 32a - h are filled in as required for death due to external causes.

The description in Item 32d supplements the entry on line (b) in Part I by stating the methodology used in the suicide.

CAUSE OF DEATH - EXAMPLE 9.

Case summary:

A 19-year-old male who was playing cards at a private club accused one of the other players of cheating. After arguing a while, they went outside, followed by a number of other persons who were also at the club. A fist fight began and a few minutes later he was stabbed in the neck by the other person who had suddenly pulled out a knife. He fell dead almost immediately. Testimony of witnesses at the scene provided evidence that led to a ruling by the medical examiner that death was due to homicide.

Death certificate:

26. CAUSE OF DEATH PART I – Enter the chain of events – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock, or heart failure 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) → Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.	(a) Severed carotid artery DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):	Few seconds		
	(b) Stabbed in neck DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):	Few seconds		
	(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):			
	(d) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):			
27. PART II: OTHER SIGNIFICANT CONDITIONS – Conditions contributing to death but not resulting in the underlying cause given in PART I. NONE		28a. AUTOPSY (Yes or No) No	28b. AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? (Yes or No) No	29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) Yes
30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	31. IF FEMALE, <input type="checkbox"/> NOT pregnant within the past year <input type="checkbox"/> PREGNANT at the 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			
This section MUST be completed if Death NOT due to natural causes	32a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) Homicide	32b. DATE OF INJURY (Month, Day, Year) Apr. 23, 1989	32c. TIME OF INJURY 2:10 p.m.	32d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED Stabbed in neck with knife by another person during fight
	32e. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____			
	32f. INJURY AT WORK (Yes or No) No	32g. PLACE OF INJURY (Specify Home, Farm, Shop, Factory, Office building, etc.) Grounds of private club	32h. LOCATION Street or route number City or town State 643 Old Post Road, Hemburg, MS	

Comments:

The external event and injury produced are entered in Part I as required for all deaths due to external causes.

The event is identified as a homicide in Item 32a, and the description given in Item 32d verifies that the case qualifies for classification as a homicide on the death certificate in that the injuries were “purposely inflicted by another person.” This designation is independent of whatever verdict might be rendered in a court of law.

The instrument and circumstances of the event are also revealed in Item 32d.