

The Art of Death Certification

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No financial disclosures

William L. Jenkins Forensic Center

- ❑ Located on VA campus
- ❑ AKA Northeast TN Regional Forensic Center
- ❑ WLJFC/NE TN RFC serves 8 TN counties in Northeast TN
 - County ME for 4 of them: Washington, Carter, Unicoi, Johnson
 - Autopsy/consultation service for Sullivan, Greene, Hawkins, Hancock



LEGEND

- Handicapped Parking
- Patient / Visitor Parking
- Employee / Staff Parking
- Valet Parking
- ETSU Parking
- Bus / Shuttle Stop

BUILDING LEGEND

- 8 Administrative Building
- 10 Bandstand
- 13 Chapel (Non Operational)
- 17 Carnegie Library
- 20 Human Resources
- 34 Clock Tower & Mountain Home Museum
- 35 Theatre
- 37 Facilities Management Service (FMS)
- 69 Police Service / Education Center
- 77 Clinical Support Building
- 160 Domiciliary, Primary Care, Mental Health, Valet Parking
- 162 Community Living Center (CLC)
- 200 Main Hospital
- 204 Emergency Department / Clinical Support Building

Why is the Death Certificate Important?

❑ Allows for burial/cremation

- The death certificate must be completed before final disposition of the body; delay in completing and signing may interfere with funeral arrangements

❑ Financial relief for families

- Significant implications in death benefits paid to families (for example, workers' compensation claims; life insurance; double indemnity payments in cases of accidental death)

❑ Data and funding!

- The death certificate is the source of information for regional, state, and national mortality data, which in turn is used for funding and directing research and public health efforts

❑ Closure for grieving families

- The last act of kindness you can perform for your patients.

The Role of the Treating Physician

- ❑ In most natural deaths, a treating physician is responsible for the medical certification of death, including deaths which occur outside of health care facilities or in which the physician is not physically present
 - Failure to do so may result in discipline of medical license
- ❑ The medical examiner may assume jurisdiction only under certain circumstances; we cannot legally get involved if cases do not fall under our jurisdiction.
- ❑ Certifier immune from civil suit if completed in good faith
- ❑ TN CODE: Non-medical examiner cases will be signed by “the physician in charge of the patient’s care for the illness or condition that resulted in death... In the absence of the physician, the certificate may be completed and signed by another physician designated by the physician” (TCA 68-3-502)
 - PCPs, cardiologists, oncologists, and any other clinician involved in the care of the patient, or their designee.


TN Legal Code: When to Report

38-7-108. Death under suspicious, unusual or unnatural circumstances.

(a) Any physician, undertaker, law enforcement officer, or other person having knowledge of the death of any person from violence or trauma of any type, suddenly when in apparent health, sudden unexpected death of infants and children, deaths of prisoners or persons in state custody, deaths on the job or related to employment, deaths believed to represent a threat to public health, deaths where neglect or abuse of extended care residents are suspected or confirmed, deaths where the identity of the person is unknown or unclear, deaths in any suspicious/unusual/unnatural manner, found dead, or where the body is to be cremated, shall immediately notify the county medical examiner or the district attorney general, the local police or the county sheriff, who in turn shall notify the county medical examiner. The notification shall be directed to the county medical examiner in the county in which the death occurred.

TN Legal Code: When to Report

38-7-108. Death under suspicious, unusual or unnatural circumstances.

- violence or trauma of any type 
- suddenly when in apparent health
- sudden unexpected death of infants and children
- deaths of prisoners or persons in state custody
- deaths on the job or related to employment

TN Legal Code: When to Report

38-7-108. Death under suspicious, unusual or unnatural circumstances.

- deaths believed to represent a threat to public health
- deaths where neglect or abuse of extended care residents are suspected or confirmed
- deaths where the identity of the person is unknown or unclear
- deaths in any suspicious/unusual/unnatural manner
- found dead
- where the body is to be cremated
 - Cremation permit

TN Legal Code: Death registration.

(a) A death certificate for each death that occurs in this state shall be filed with the office of vital records or as otherwise directed by the state registrar within five (5) days after death and prior to final disposition, or as prescribed by regulations of the department. It shall be registered, if it has been completed and filed in accordance with this section.

(b) The funeral director, or person acting as funeral director, who first assumes custody of the dead body shall file the death certificate. The funeral director shall obtain the personal data from the next of kin or the best qualified person or source available, and shall obtain the medical certification from the person responsible for medical certification, as set forth in subsection (c).

TN Legal Code: Death registration.

(c) (1) The medical certification shall be completed, signed and returned to the funeral director by the physician in charge of the patient's care for the illness or condition that resulted in death within forty-eight (48) hours after death, except when inquiry is required by the county medical examiner. In the absence of the physician, the certificate may be completed and signed by another physician designated by the physician or by the chief medical officer of the institution in which the death occurred.

You may sign for your colleagues' patients if:

- They are out of town
- They are not licensed in the state of Tennessee

TN Legal Code: Death registration.

(c) In cases of deaths that occur outside of a medical institution and are either unattended by a physician or not under hospice care, the county medical examiner shall investigate and certify the death certificate when one (1) of the following conditions exists:

TN Legal Code: Death registration.

(c) In cases of deaths that occur outside of a medical institution and are either unattended by a physician or not under hospice care, the county medical examiner shall investigate and certify the death certificate when one (1) of the following conditions exists:

- (A) There is no physician who had attended the deceased during the four (4) months preceding death, except that any physician who had attended the patient more than four (4) months preceding death may elect to certify the death certificate if the physician can make a good faith determination as to cause of death and if the county medical examiner has not assumed jurisdiction; or

TN Legal Code: Death registration.

(c) In cases of deaths that occur outside of a medical institution and are either unattended by a physician or not under hospice care, the county medical examiner shall investigate and certify the death certificate when one (1) of the following conditions exists:

- (A) There is no physician who had attended the deceased during the four (4) months preceding death, except that any physician who had attended the patient more than four (4) months preceding death may elect to certify the death certificate if the physician can make a good faith determination as to cause of death and if the county medical examiner has not assumed jurisdiction; or
- (B) The physician who had attended the deceased during the four (4) months preceding death communicates, orally or in writing, to the county medical examiner that, in the physician's best medical judgment, the patient's death did not result from the illness or condition for which the physician was attending the patient.

Medical Examiner Cases: TN Legal Code


- ❑ The county medical examiner for the county in which the death occurred should be notified in “any case involving a homicide, a suspected homicide, a suicide, or a violent, unnatural, or suspicious death” (TCA 38-7-106)
- ❑ In such cases, the county medical examiner “shall investigate and certify the death certificate” (TCA 68-3-502-d)

Medical Examiner Cases

□ Examples include:

- Deaths due to or related to any type of violence or trauma
- Deaths due or related to acute overdose of legal or illegal drugs and/or alcohol
- Sudden, unexpected deaths of infants and children
- Deaths of adults lacking a medical diagnosis which could reasonably result in death
- Deaths due to drowning
- Deaths due to thermal or chemical burns, or smoke inhalation
- Deaths by injury or toxicity resulting from employment
- Deaths of prisoners
- Deaths due to hypo– or hyperthermia
- Deaths due to suspected abuse or neglect of residents of long-term care facilities
- Delayed non-natural deaths

The Death Certificate


TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEDENT	1. DECEDENT'S LEGAL NAME (Print, Middle, Last, Suffix)				2. SEX		3. DATE OF BIRTH (Month, Day, Year)	
	4. TIME OF DEATH (Approx.) Hours: _____ Minutes: _____		5a. AGE Last Birthday (Years)		5b. BIRTH YEAR		6. DATE OF BIRTH (Month, Day, Year)	
TYPE, POINT OF INTEREST OR HIGHLIGHT BLACK INK	7. PLACE OF DEATH (Check only one)							
	7a. DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> POA				7b. DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Home <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other residence <input type="checkbox"/> Other (Specify) _____			
	8a. FACILITY NAME (If not institution, give street and number)				8b. CITY OR TOWN		8c. COUNTY OF DEATH	
	9. MARITAL STATUS <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		10. SURVIVING SPOUSE (If wife, give name prior to first marriage)		11a. DECEDENT'S USUAL OCCUPATION		11b. KIND OF BUSINESS/INDUSTRY	
12. SOCIAL SECURITY NUMBER		13a. RESIDENCE STATE OR FOREIGN COUNTRY		13b. COUNTY		13c. CITY OR TOWN		
13d. STREET AND NUMBER				13e. INSER CITY LIBRS <input type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE		
15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)				16. 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)				
15a. 9th grade or less				16a. <input type="checkbox"/> No, not Spanish/Hispanic/Latino				
15b. 10th - 12th grade, no diploma				16b. <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano				
15c. High school graduate or GED completed				16c. <input type="checkbox"/> Yes, Puerto Rican				
15d. Some college credit, but no degree				16d. <input type="checkbox"/> Yes, Cuban				
15e. Associate degree (e.g., AA, AAS)				16e. <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____				
15f. Bachelor's degree (e.g., BA, AB, BS)				17. DECEDENT'S RACE (Check one or more races to indicate who the decedent considered himself or herself to be)				
15g. Master's degree (e.g., MA, MS, MEd, MEd, MDiv, MFA)				17a. <input type="checkbox"/> White				
15h. Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.M., JD)				17b. <input type="checkbox"/> Black or African American				
15i. Unknown				17c. <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe)				
				17d. <input type="checkbox"/> Native Hawaiian				
				17e. <input type="checkbox"/> Guamanian or Chamorro				
				17f. <input type="checkbox"/> Other Pacific Islander (Specify) _____				
				17g. <input type="checkbox"/> Asian Indian				
				17h. <input type="checkbox"/> Chinese				
				17i. <input type="checkbox"/> Filipino				
				17j. <input type="checkbox"/> Japanese				
				17k. <input type="checkbox"/> Korean				
				17l. <input type="checkbox"/> Unknown <input checked="" type="checkbox"/>				
18. FATHER'S NAME (Print, Middle, Last)				19. MOTHER'S NAME (Prior to first marriage) (Print, Middle, Last)				
20a. INFANT'S NAME		20b. RELATIONSHIP TO DECEDENT		20c. MAILING ADDRESS (Street and Number, City, State, Zip Code)				
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, etc. or place)		21c. LOCATION (City or Town and State)				
22a. SIGNATURE OF FUNERAL DIRECTOR		22b. LICENSE NUMBER		22c. SIGNATURE OF FUNERAL HOME		22d. LICENSE NUMBER		
23a. NAME AND ADDRESS OF FUNERAL HOME				23b. LICENSE NUMBER OF FUNERAL HOME				
24. REGISTRAR'S SIGNATURE				25. DATE FILED (Month, Day, Year)				
26a. <input type="checkbox"/> PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated		26b. <input type="checkbox"/> MEDICAL EXAMINER - On the basis of an examination, autopsy investigation, or my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated						
27a. SIGNATURE OF CERTIFIER		27b. LICENSE NUMBER		27c. DATE SIGNED (Month, Day, Year)				
27d. NAME AND ADDRESS								
28. PART I. Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line. Approximate interval: Onset to death								
IMMEDIATE CAUSE: Final disease or condition resulting in death								
1. _____ Due to (or as a consequence of)								
2. _____ Due to (or as a consequence of)								
3. _____ Due to (or as a consequence of)								
4. _____ Due to (or as a consequence of)								
UNDERLYING CAUSE: Disease or injury that initiated the events resulting in death) LAST								
PART II. Enter <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I								
29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No				29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No				
30. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		31. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of the day <input type="checkbox"/> Unknown if pregnant within the past year				
33. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		
34d. DESCRIBE HOW INJURY OCCURRED				34e. LOCATION OF INJURY (Street and Number, City or Town, State)				

The Death Certificate

CERTIFIER	26. CERTIFIER (Check only one):			
	26a. <input type="checkbox"/> PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.			
26b. <input type="checkbox"/> MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.				
PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.	27a. SIGNATURE OF CERTIFIER		27b. LICENSE NUMBER	27c. DATE SIGNED (Month, Day, Year)
				27d. NAME AND ADDRESS
MEDICAL CERTIFICATION	28. PART I. Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.			Approximate interval: Onset to death
	IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. _____ Due to (or as a consequence of)			_____
	Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST { b. _____ Due to (or as a consequence of):			_____
	c. _____ Due to (or as a consequence of):			_____
d. _____ Due to (or as a consequence of):			_____	
28. PART II. <u>Other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.			29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
30. MANNER OF DEATH		31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE:	
<input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year	
33. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY	34c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	34d. PLACE OF INJURY –at home, farm, street, factory, office, building, etc. (Specify)
33. INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____		34e. DESCRIBE HOW INJURY OCCURRED		34f. LOCATION OF INJURY (Street and Number, City or Town, State)

Manner of Death

30. MANNER OF DEATH

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Natural | <input type="checkbox"/> Homicide |
| <input type="checkbox"/> Accident | <input type="checkbox"/> Pending Investigation |
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Could not be determined |

Manner of Death: Natural

- ❑ This is the one you choose!!!
 - One minor exception

- ❑ If a discrete injury or poisoning event contributed in any way to death, regardless of time elapsed between the event and death, the manner of death cannot be considered natural
 - 75 years after a car accident causing paraplegia, dies of sepsis from UTI = ACCIDENT
 - 5 years after falling and breaking a hip without returning to baseline = ACCIDENT
 - 12 years in a persistent vegetative state after an assault = HOMICIDE

- ❑ All non-natural deaths are to be reported to the medical examiner of the county in which death occurred
 - If there is any question about an injury or intoxication contributing to death, report the death to us!

Manner of Death: Natural

□ Cause of Death Examples:

- Hypertensive cardiovascular disease
- Atherosclerotic cardiovascular disease
- Hypertensive and atherosclerotic cardiovascular disease
- Pulmonary thromboembolism (NOT associated with an injury)
- Expected/consented complications of medical therapy
 - Hemorrhage from dialysis fistula
 - Digoxin toxicity
- Malignancy
- COPD
- Diabetes mellitus

Manner of Death: Accident

- ❑ An injury or poisoning causes death AND
- ❑ Little or no evidence that the injury or poisoning occurred with the intent to cause harm or death

Outcome is UNINTENTIONAL

Manner of Death: Accident

□ Cause of Death Examples

- Blunt force injuries: MVA / ATV / Motorcycle / Pedestrian vs everything
 - “vehicular homicide” is an accident
- House fire / CO poisoning (unintentional)
- Environmental: Hyperthermia and hypothermia
- OVERDOSES- please save admission samples!
- Toxic envenomization: spiders, snakes, bees
- Pulmonary thromboembolism associated with an injury
- Asphyxia- autoerotic, drowning
- Medical misadventures- complications outside the realm of acceptable/expected risk

Manner of Death: Suicide

- ❑ When an injury or poisoning causes death AND
- ❑ Death is a result of an intentional self-inflicted act
 - Act was intended to cause harm or death

We call Russian Roulette SUICIDE, and families hate us for it

Manner of Death: Suicide

□ Cause of Death Examples

- Asphyxia –Hanging, bag over head, etc.
- Exsanguination/incised wounds
- Gunshot wounds
- Intentional ingestion of pills (often psych meds)
- Blunt force injuries/ jump from height
- Drowning- jump from bridge
- Chainsaw to neck

Manner of Death: Homicide

- ❑ Death results from a volitional act committed by another person
- ❑ Act is committed to cause fear, harm or death
 - “Homicide by heart attack”
- ❑ Not an implication of criminal intent- that’s for lawyers and judges
 - Self-defense
 - Law enforcement involved shootings

Manner of Death: Homicide

□ Cause of Death Examples

- Sharp force injuries- stab or incised wounds (knife, sword, barbecue fork)
- Blunt force injuries- struck with hands or objects (hammercide)
 - Struck by motor vehicle intentionally
 - Babies- not “shaken baby”
- Chop injuries- machete (combination blunt and sharp force)
- Gunshot wounds
- Asphyxia- ligature or manual strangulation, etc.
- Fire deaths when fire is intentionally set
- Intentional poisoning that victim is unaware of
 - Injecting drugs into another consenting adult is a favor, not a homicide

Manner of Death: Undetermined

- ❑ Information available does not allow us to decide
- ❑ One manner of death vs other(s)
- ❑ Only to be used by Forensic Pathologists after all avenues of investigation are exhausted
 - Should be used sparingly

Manner of Death: Undetermined

□ Case Type Examples

- SUID (not SIDS)
- Skeletal remains / advanced decomposition
- Suspicious cases without definitive findings
- Some drug deaths

Manner of Death

30. MANNER OF DEATH

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Natural | <input type="checkbox"/> Homicide |
| <input type="checkbox"/> Accident | <input type="checkbox"/> Pending Investigation |
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Could not be determined |

Manner of Death: Pending

- You may check this box ONLY in cases where a hospital autopsy is being performed/has been performed and you are awaiting results
- If a forensic autopsy is performed, the ME will fill out the death certificate.
- If no autopsy is formed and you are filling out the death certificate, you MUST check natural.
- We use this box for our autopsy cases to facilitate final disposition of remains while we wait for medical records/histology/toxicology, etc.

Manners of Death: Examples

- 83 year old falls at home; admitted to hospital for ORIF of left femur; hospital course complicated by pneumonia, MI, ARF; dies two months later with mucus plug of trach

Hospital Death Pitfall: Delayed Non-Natural Deaths

- ❑ If any external force or entity is related in any way to death, the manner of death cannot be considered natural
- ❑ All non-natural deaths fall under medical examiner jurisdiction
 - ❑ Jurisdiction is based on the county in which death was pronounced
- ❑ The interval of time elapsed between injury and death is irrelevant
- ❑ Examples of delayed deaths include:
 - ❑ An elderly person who dies months after becoming bedridden from a fall;
 - ❑ A person who dies of pneumonia due to paraplegia resulting from a car accident many years before;
 - ❑ A person who dies a week after an anoxic brain injury caused by choking on food (vs aspiration)

Manners of Death: Examples

- 83 year old falls at home; admitted to hospital for ORIF of left femur; hospital course complicated by pneumonia, MI, ARF; dies two months later with mucus plug of trach
 - Manner of death: accident; cause of death: complications of left femur fracture
 - Apply the “but-for” principle: “but-for” the fall, the above-listed complications would not have occurred
 - Time elapsed between injury and death is irrelevant
 - DID NOT RETURN TO PRE-INJURY LEVEL OF FUNCTION

Manners of Death: Examples

- 53 year-old paraplegic dies of urosepsis

Manners of Death: Examples

- 53 year-old paraplegic dies of urosepsis
 - Paraplegia is due to ruptured spinal AVM: manner of death is natural
 - Paraplegia is due to injuries sustained in MVA ten years prior to death: manner of death is accident
 - Paraplegia is due to self-inflicted gunshot wound to chest three years prior to death: manner of death is suicide
 - Paraplegia is due to gunshot wound to spine after decedent discovered *in flagrante delicto* with a spouse not his own thirty years ago: manner of death is homicide

Your Patient Dies at Home: Role of the ME

- ❑ Someone discovers body or witnesses collapse, calls 911
- ❑ Emergency personnel (LE, EMS, FD) arrive on scene and pronounce death
- ❑ Our on-call MDI responds to and investigates the death/death scene, generates a report

Your Patient Dies at Home: Role of the ME

□ Death scene investigation

- Photography
- Inspection of surroundings and body
 - We look for injuries!
 - We look for signs of drug abuse and drug paraphernalia!
- Interviews of the person who discovered body, family, friends at the scene
- Discussion with police regarding circumstances of discovery and any suspicions they might have
- Review of medical history including medical records (if available)

Your Patient Dies at Home: Role of the ME

- ❑ ME Jurisdiction: after investigation, jurisdiction is either:
 - Accepted: Body is transported to WLJFC for exam/autopsy
 - Declined: Body is transported to a funeral home and DC is assigned to a treating physician
- ❑ Our office will provide the narrative report to the assigned physician to assist with completion of the death certificate.
 - Final disposition awaits completion
- ❑ We would never decline jurisdiction on a death unless the manner of death is clearly natural.
- ❑ We simply rule out other manners of death and help facilitate your signing of the death certificate.

ME Scene Investigation, Example 1:

Investigator Summary

The Washington County Medical Examiner's Office (WCMEO) received an alert notification on 02/02/22 at 1100 hours to respond to a death scene at [REDACTED], Jonesborough, TN 37659. MDI Zeigler responded to the scene arriving at 1131 hours. I was met by officials with Jonesborough Police Department (JPD) and Washington County/Johnson City EMS (WC/JC EMS). Following investigation, including scene photography, the scene was cleared at 1207 hours.

[REDACTED], a 90 year old white male, was found unresponsive lying supine on his bed with his feet hanging over the edge by his wife on 02/02/22 at approximately 1100 hours. The wife called 911 at 1103 hours. JPD and WC/JC EMS responded to the scene arriving at 1107 hours. Resuscitative efforts were not initiated due to obvious signs of death.

The decedent was last known alive by the wife on 02/02/22 at approximately 0800 hours. The wife stated that the decedent complained of not feeling well and wanted to go back to bed. The wife stated that she went into another bedroom and the decedent went back to bed.

The scene was a single family residence. The residence was neat and clean. The body was observed in the bedroom. The temperature inside of the residence was 70 degrees. Prescription medications were found on scene including Lansoprazole, Potassium, Donepezil, Metoprolol, Furosemide, Levothyroxine, Hydroxychloroquine and Trazodone (prescribed 03/21 and over count). All medications were within or over count. No evidence of illicit drug use, alcohol use or tobacco use was found on scene. No weapons or notes of intent were found on scene. Following investigation, law enforcement had no suspicion of foul play.

ME Scene Investigation, Example 1:

The body was observed lying supine on the bed with his legs hanging over the edge of the bed. The decedent was clad in a t-shirt and pajama type pants. The body was warm to the touch. Rigor was absent. Livor was posterior and blanched with pressure. Livor was consistent with how the body was found. No trauma was observed to the body on scene. Foam was observed in the decedent's mouth.

The decedent had a medical history of hypertension, chronic a-fib, stroke x 2, type II Diabetes, hyperlipidemia, obstructive sleep apnea and chronic kidney disease. The decedent did have a primary care provider ([redacted]). The decedent did not have a mental health history and did not have a history of suicidal ideations or attempts. The wife stated that the decedent fell on his bottom in the kitchen the night prior to this incident. The wife stated that the decedent was able to stand up on his own and walk to his bed. The wife denied a loss of consciousness.

The body was identified on scene by the wife. Medical Examiner jurisdiction was declined. Contact was made from the scene to the office of the primary care provider. They were informed of their patients death and that the funeral home would assign the death certificate to Dr. [redacted]. The body was released from the scene to [redacted] Funeral Home.

The impression of the Medical Examiner is that the cause of death was hypertensive cardiovascular disease with the manner being natural.

[redacted], D-ABMDI

February 02, 2022

ME Scene Investigation, Example 2:

Investigator Summary

The Carter County Medical Examiner's Office received an alert notification on 1/31/22 at 0808 hours, to respond to a death scene at [REDACTED] [REDACTED] Field MDI, [REDACTED] responded to the scene arriving at 0833 hours. He was met by officials with the Elizabethton Police Department. Following investigation, including scene photography, Field MDI [REDACTED] cleared the scene at 1020 hours. This MDI received the report of death from the Field MDI on 1/31/22 at 0911 hours.

[REDACTED] an 86 year-old white male with a history of hypertension, hyperlipidemia, COPD, CHF, and stage IV kidney disease was found dead at home sitting in his recliner chair.

On 1/31/22 at 0758 hours, the decedent was found dead at home sitting in his recliner chair by his daughter, who went to check on him. She called 911 and no resuscitative efforts were implemented. Carter County EMS arrived on scene and found the decedent with obvious signs of death at 0808 hours. No resuscitative efforts were made.

He was last known to be alive on 1/31/22 at 0600 hours, by his daughter, who reported that he was sitting in his recliner chair sleeping and breathing.

The dwelling was a single family residence that was clean. Multiple prescription medication bottles including Finasteride, Gabapentin, Zolpidem, Levothyroxine, SMX-TMP, Losartan, Omeprazole, Furosemide, and Ondansetron were found on scene. An Oxygen concentrator (set at 2 liters) was present in the residence. No narcotics were found on scene. No cigarettes, alcohol, illicit drugs, or drug paraphernalia were found in the residence. Law enforcement had no suspicions on scene.

ME Scene Investigation, Example 2:

The body was observed in the living room, sitting in the recliner. He was clothed in shorts and a sweatshirt. A catheter was present. A nasal canula was sitting next to the decedent. No obvious trauma was observed to the body on scene. The body was warm to the touch. Rigor was absent. Lividity was posterior and blanching.

He has a history of hypertension, hyperlipidemia, COPD, CHF, and stage IV kidney disease. He is reported to be under the care of [redacted] at [redacted]. His daughter denied any recent accidents, injuries or falls. He had no reported history of mental illness, including remote or recent suicidal ideations or suicide attempts.

Medical Examiner jurisdiction was declined. The decedent was released on to Memorial Funeral Home.

The Medical Examiner's impression on **the Cause of Death was: Hypertensive ASCVD Manner: Natural**

Originator/Date:

Kevin Brown, F-ABMDI

1/31/22

What happens if I refuse to sign?

What happens if I refuse to sign?

- ❑ Body at funeral home (sometimes for days or weeks) awaiting final disposition
 - Frequently interferes with funeral plans
- ❑ We typically have body transported to our facility
 - Timing of this depends on how busy EMS is with other calls
 - EMS not available to deal with live person emergencies while doing this transport
- ❑ A pathologist performs an exam and writes a several page report
 - May take days depending on our case load
 - Family sometimes objects to autopsy
- ❑ Our MDI requests medical records from the VA and any outside treating hospitals/ doc offices
 - Days to weeks, depending on the speed of record departments
- ❑ Pathologist reviews medical records, finalizes reports and completes death certificate
 - Up to 60 days (sometimes longer)

What happens if I refuse to sign?

- ❑ Time delay for family to have service and bury or cremate body: up to 14 days
- ❑ Time delay for family to receive complete death certificate: up to 60 days
- ❑ People/ agencies inconvenienced by refusal:
 - Decedent's family and friends
 - Funeral home
 - EMS
 - WLJFC MDIs
 - WLJFC pathologists
- ❑ Refusals also cost the taxpayers money

But I Don't Know Why He Died!

Remember that you are protected from liability as long as you do your best

If the decedent has extensive medical history, just use your judgement or let us guide you

- Hypertensive cardiovascular disease
- Atherosclerotic cardiovascular disease
- Chronic obstructive pulmonary disease

If the decedent was very old, it is acceptable to use:

- Senile dementia
- Advanced age
- (please fill out part 2)

But I Don't Know Why He Died!

Remember that you are protected from liability as long as you do your best

If the decedent suddenly drops dead at home but has no significant medical history:

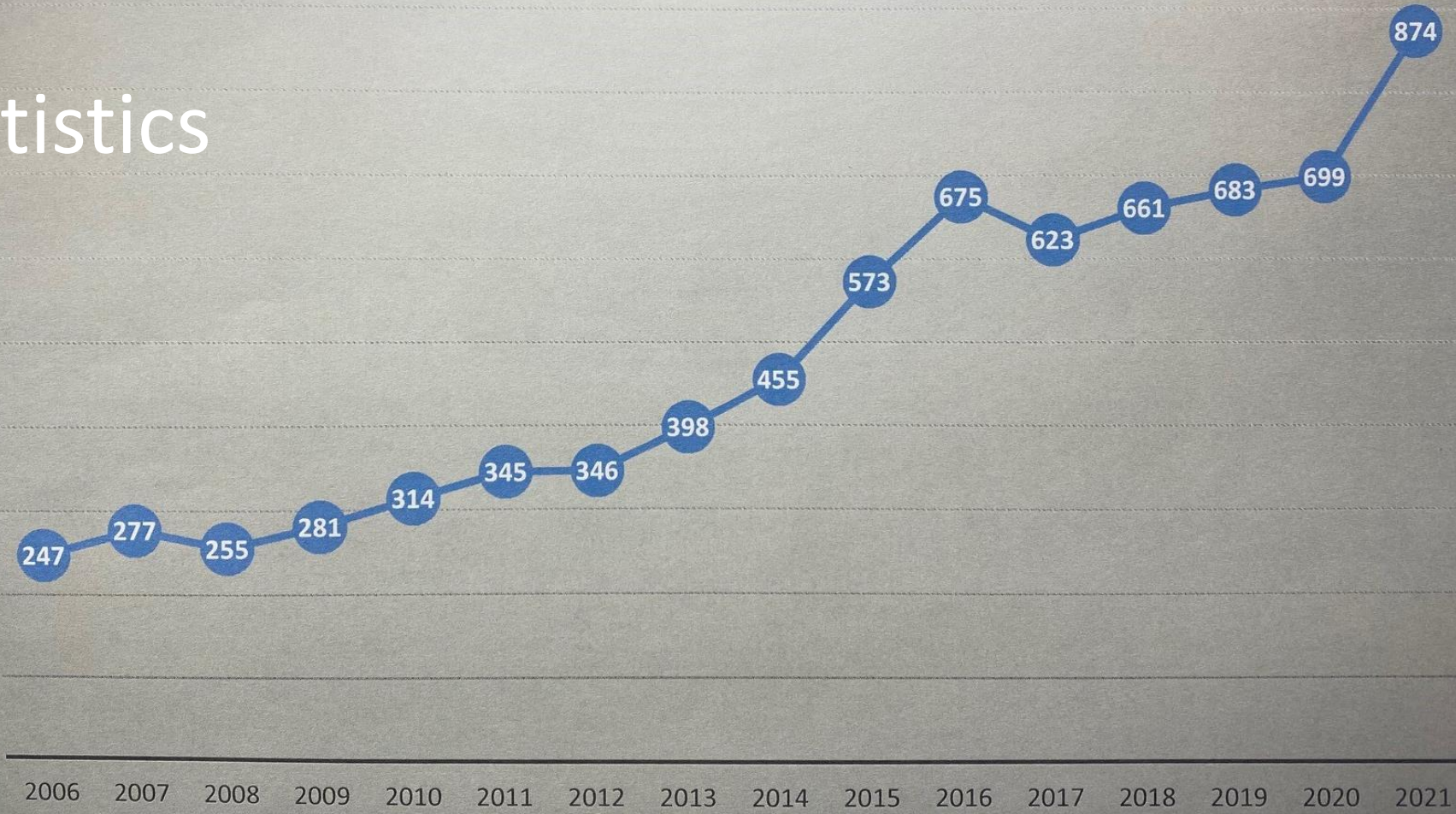
- Probable ASCVD

If the decedent has a recent history of being very ill:

- Probable viral illness
- Probable community-acquired pneumonia
- Probable Covid-19 pneumonia if known positive contacts or illness with lost of taste/smell
 - FEMA funeral reimbursement up to 9k

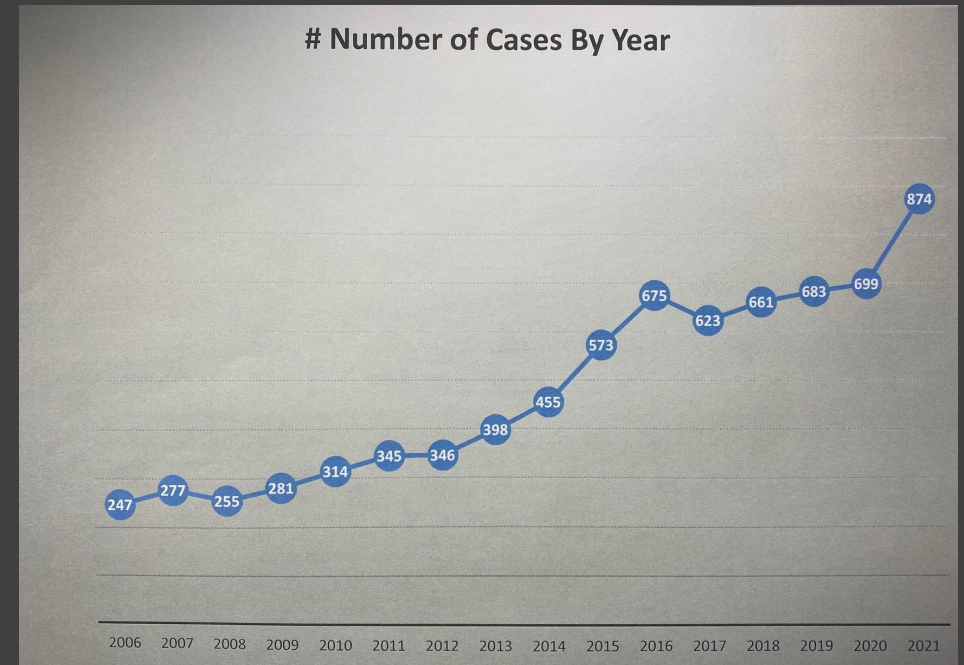
WLJFC Statistics

Number of Cases By Year



WLJFC Statistics

- ❑ 2021 was a record-breaking year
 - ❑ All-time high number of cases: 874 cases
 - ❑ 175 more cases than any previous year
 - ❑ 25% increase over 2020
- ❑ 2022 isn't looking any better
 - ❑ 92 cases in January alone
 - ❑ $92 \times 12 = 1,104$ (would be a 26% increase over 2021)
 - ❑ January is usually 2nd slowest month (after February)



What happens if I refuse to sign?

□ All that to say:

- We do not have the manpower to absorb these cases
- We do not have the budget to absorb these cases
- We do not have the cooler space to absorb these cases
- We do not have enough autopsy tables to absorb these cases
- It is not technically legal for us to be involved in these cases

□ The TN Department of Health and State Chief Medical Examiner have advised us to report physicians who consistently refuse to sign death certificates for their patients to the Board of Medicine.

- None of the involved parties want to see this as an outcome.

Your Patient Dies in Hospital

FIRST: Decide if death needs to be reported to the ME

Your Patient Dies in Hospital

FIRST: Decide if death needs to be reported to the ME

- If NO, complete the DC
- If YES, have someone call us to report

When is a hospital death an ME case?

- Drug related: found down at home, UDS positive on admission
- Trauma (usually a fall, usually elderly)
 - Rib fractures
 - Hip fracture
 - Subdural hemorrhage
- Remote trauma: paraplegic since a car accident in 1973; multiple admissions for UTIs and pneumonias, ultimately becomes septic and dies

Hospital Deaths Reported to WLJFC

- ❑ Report does not guarantee acceptance as a medical examiner case.
- ❑ Our ABMDI-trained investigators triage cases and consult the on-call pathologists if needed.
- ❑ If there is no indication that the veteran died as a result of injury or intoxication, and had medical issues that could result in death, we will decline jurisdiction.
- ❑ If we decline jurisdiction, you are responsible for signing the death certificate.
- ❑ If in doubt, report!

The Death Certificate

CERTIFIER	26. CERTIFIER (Check only one):				
	26a. <input type="checkbox"/> PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.				
PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.	26b. <input type="checkbox"/> MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.				
	27a. SIGNATURE OF CERTIFIER		27b. LICENSE NUMBER	27c. DATE SIGNED (Month, Day, Year)	
MEDICAL CERTIFICATION	27d. NAME AND ADDRESS				
	28. PART I. Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.				Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →		a. _____	Due to (or as a consequence of)		_____
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b. _____	Due to (or as a consequence of):		_____
		c. _____	Due to (or as a consequence of):		_____
		d. _____	Due to (or as a consequence of):		_____
29. PART II. <u>Other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.			29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No		
30. MANNER OF DEATH		31. DID TOBACCO USE CONTRIBUTE TO DEATH?		32. IF FEMALE:	
<input type="checkbox"/> Natural <input type="checkbox"/> Homicide		<input type="checkbox"/> Yes <input type="checkbox"/> Probably		<input type="checkbox"/> Not pregnant within past year	
<input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation		<input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death	
<input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined				<input type="checkbox"/> Not pregnant, but pregnant within 42 days of death	
				<input type="checkbox"/> Unknown if pregnant within the past year	
33. IF TRANSPORTATION INJURY, SPECIFY:		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	34d. PLACE OF INJURY –at home, farm, street, factory, office, building, etc. (Specify)
<input type="checkbox"/> Driver/Operator		34e. DESCRIBE HOW INJURY OCCURRED			34f. LOCATION OF INJURY (Street and Number, City or Town, State)
<input type="checkbox"/> Passenger					
<input type="checkbox"/> Pedestrian					
<input type="checkbox"/> Other (Specify) _____					

The Death Certificate

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	26a. <input checked="" type="checkbox"/> PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.				
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	27a. SIGNATURE OF CERTIFIER		27b. LICENSE NUMBER	27c. DATE SIGNED (Month, Day, Year)	
	▶ Your signature		Your license #		The date
	27d. NAME AND ADDRESS Your name and address				
28. PART I. Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.					Approximate interval: Onset to death
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<input type="checkbox"/> Passenger					
<input type="checkbox"/> Pedestrian					
<input type="checkbox"/> Other (Specify) _____					

The Death Certificate

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<input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation		<input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death	
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<input type="checkbox"/> Pedestrian				
<input type="checkbox"/> Other (Specify) _____				

The Death Certificate

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	33. IF TRANSPORTATION INJURY		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY	
	<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____		34c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		34d. PLACE OF INJURY -at home, farm, street, factory, office, building, etc. (Specify)	
			34e. HOW INJURY OCCURRED		City or Town, State)	

Natural manner means NO injury. Do Not fill this part out!

The Death Certificate

<p>28. PART I. Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.</p>		<p>Approximate interval: Onset to death</p>
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<p>PART II. <u>Other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.</p>		<p>29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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The Death Certificate

<p>28. PART I. Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. _____ Due to (or as a consequence of)</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST { b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____</p>		<p>Approximate interval: Onset to death</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>PART II. <u>Other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.</p> <p>_____</p>		<p>29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>30. MANNER OF DEATH</p> <p><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p>	<p>31. DID TOBACCO USE CONTRIBUTE TO DEATH?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>32. IF FEMALE:</p> <p><input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death</p>



Exception: A hospital autopsy is performed on your patient. In this case, you still complete the DC using the findings in the autopsy report or your clinical impression at the time of death.

The Death Certificate

<p>28. PART I. Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.</p>		<p>Approximate interval: Onset to death</p>
<p>IMMEDIATE CAUSE (Final disease or condition resulting in death)</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST</p>	<p>a. _____ Due to (or as a consequence of)</p> <p>b. _____ Due to (or as a consequence of):</p> <p>c. _____ Due to (or as a consequence of):</p> <p>d. _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>PART II. <u>Other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.</p>		<p>29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>30. MANNER OF DEATH</p> <p><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide</p> <p><input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation</p> <p><input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p>	<p>31. DID TOBACCO USE CONTRIBUTE TO DEATH?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably</p> <p><input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>32. IF FEMALE:</p> <p><input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death</p> <p><input type="checkbox"/> Pregnant at time of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year</p>

The Death Certificate

28. PART I. Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.		Approximate interval: Onset to death
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	b. _____ Due to (or as a consequence of):	_____
	c. _____ Due to (or as a consequence of):	_____
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PART II. <u>Other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.		29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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The Death Certificate, Part 1:COD

<p>28. PART I. Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.</p>		<p>Approximate interval: Onset to death</p>
<p>IMMEDIATE CAUSE (Final disease or condition resulting in death)</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST</p>	<p>a. _____ Due to (or as a consequence of)</p>	_____
	<p>b. _____ Due to (or as a consequence of):</p>	_____
	<p>c. _____ Due to (or as a consequence of):</p>	_____
	<p>d. _____ Due to (or as a consequence of):</p>	_____
<p>PART II. <u>Other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.</p>		<p>29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
		<p>29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>30. MANNER OF DEATH</p> <p><input type="checkbox"/> Natural <input type="checkbox"/> Homicide</p> <p><input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation</p> <p><input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p>	<p>31. DID TOBACCO USE CONTRIBUTE TO DEATH?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably</p> <p><input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>32. IF FEMALE:</p> <p><input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death</p> <p><input type="checkbox"/> Pregnant at time of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year</p>

The Death Certificate, Part 1: COD

A. Immediate cause: Final disease or condition resulting in death

B, C, D: Sequentially list conditions, if any, leading to the cause listed on line A. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

★ Should be read “A due to B due to C due to D” ★

The Death Certificate, Part 1: COD

<p>28. PART I. Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.</p>		<p>Approximate interval: Onset to death</p>
<p>IMMEDIATE CAUSE (Final disease or condition resulting in death) →</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST</p>	<p>a. _____ Due to (or as a consequence of)</p>	_____
	<p>b. _____ Due to (or as a consequence of):</p>	_____
	<p>c. _____ Due to (or as a consequence of):</p>	_____
	<p>d. _____ Due to (or as a consequence of):</p>	_____
<p>PART II. <u>Other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.</p>		<p>29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>_____</p>		<p>29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>30. MANNER OF DEATH</p> <p><input type="checkbox"/> Natural <input type="checkbox"/> Homicide</p> <p><input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation</p> <p><input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p>	<p>31. DID TOBACCO USE CONTRIBUTE TO DEATH?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably</p> <p><input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>32. IF FEMALE:</p> <p><input type="checkbox"/> Not pregnant within past year</p> <p><input type="checkbox"/> Pregnant at time of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant within 42 days of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death</p> <p><input type="checkbox"/> Unknown if pregnant within the past year</p>

The Death Certificate, Part 1: COD

Part 1: Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

The Death Certificate, Part 1: COD

- Not acceptable stand-alone causes of death
 - Cardiac arrest
 - Respiratory arrest
 - Cardiorespiratory arrest
 - Ventricular fibrillation
 - Anoxic brain injury
 - Acute kidney injury
 - Renal failure
 - Sepsis
 - Pneumonia
 - Absence of vital signs
 - Did not wake up
 - Willed self to the lord

The Death Certificate, Part 1: COD

Q: Why can't I put cardiac arrest/ respiratory arrest/
cardiorespiratory arrest/ventricular fibrillation/anoxic brain
injury?

The Death Certificate, Part 1: COD

Q: Why can't I put cardiac arrest/ respiratory arrest/ cardiorespiratory arrest/ventricular fibrillation/anoxic brain injury?

A: ALL deaths occur because the heart stops beating, the person stops breathing and the brain doesn't get oxygen. This provides ZERO information about how the death actually came about.

The Death Certificate, Part 1: COD

<p>28. PART I. Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.</p>		<p>Approximate interval: Onset to death</p>
<p>IMMEDIATE CAUSE (Final disease or condition resulting in death)</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST</p>	<p>a. <u>Cardiac arrest</u></p> <p>Due to (or as a consequence of)</p> <p>b. _____</p> <p>Due to (or as a consequence of):</p> <p>c. _____</p> <p>Due to (or as a consequence of):</p> <p>d. _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>PART II. <u>Other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.</p>		<p>29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>30. MANNER OF DEATH</p> <p><input type="checkbox"/> Natural <input type="checkbox"/> Homicide</p> <p><input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation</p> <p><input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p>	<p>31. DID TOBACCO USE CONTRIBUTE TO DEATH?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably</p> <p><input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>32. IF FEMALE:</p> <p><input type="checkbox"/> Not pregnant within past year</p> <p><input type="checkbox"/> Pregnant at time of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant within 42 days of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death</p> <p><input type="checkbox"/> Unknown if pregnant within the past year</p>

The Death Certificate, Part 1: COD

<p>28. PART I. Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.</p>		<p>Approximate interval: Onset to death</p>
<p>IMMEDIATE CAUSE (Final disease or condition resulting in death)</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST</p>	<p>a. Cardiac arrest</p>	<p>Minutes</p> <p>Years</p>
	<p>b. Acute coronary thrombosis <small>Due to (or as a consequence of)</small></p>	
	<p>c. Atherosclerotic cardiovascular disease <small>Due to (or as a consequence of):</small></p>	
	<p>d. <small>Due to (or as a consequence of):</small></p>	
<p>PART II. <u>Other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.</p>		<p>29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
		<p>29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>30. MANNER OF DEATH</p> <p><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide</p> <p><input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation</p> <p><input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p>	<p>31. DID TOBACCO USE CONTRIBUTE TO DEATH?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably</p> <p><input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>32. IF FEMALE:</p> <p><input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death</p> <p><input type="checkbox"/> Pregnant at time of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year</p>

The Death Certificate, Part 1: COD

<p>28. PART I. Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.</p>		<p>Approximate interval: Onset to death</p>
<p>IMMEDIATE CAUSE (Final disease or condition resulting in death)</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST</p>	<p>a. <u>Cardiac arrest</u></p> <p>Due to (or as a consequence of)</p> <p>b. _____</p> <p>Due to (or as a consequence of):</p> <p>c. _____</p> <p>Due to (or as a consequence of):</p> <p>d. _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>PART II. <u>Other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.</p>		<p>29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>30. MANNER OF DEATH</p> <p><input type="checkbox"/> Natural <input type="checkbox"/> Homicide</p> <p><input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation</p> <p><input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p>	<p>31. DID TOBACCO USE CONTRIBUTE TO DEATH?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably</p> <p><input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>32. IF FEMALE:</p> <p><input type="checkbox"/> Not pregnant within past year</p> <p><input type="checkbox"/> Pregnant at time of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant within 42 days of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death</p> <p><input type="checkbox"/> Unknown if pregnant within the past year</p>

The Death Certificate, Part 1: COD

<p>28. PART I. Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.</p>		<p>Approximate interval: Onset to death</p>
<p>IMMEDIATE CAUSE (Final disease or condition resulting in death)</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST</p>	<p>a. Cardiac arrest</p>	<p>_____</p>
	<p>b. Exsanguination</p> <p style="text-align: right;">Due to (or as a consequence of)</p>	<p>Minutes</p>
	<p>c. Multiple stab wounds</p> <p style="text-align: right;">Due to (or as a consequence of):</p>	<p>Minutes</p>
	<p>d. _____</p> <p style="text-align: right;">Due to (or as a consequence of):</p>	<p>_____</p>
<p>PART II. <u>Other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.</p>		<p>29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
		<p>29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>30. MANNER OF DEATH</p> <p><input type="checkbox"/> Natural <input checked="" type="checkbox"/> Homicide</p> <p><input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation</p> <p><input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p>	<p>31. DID TOBACCO USE CONTRIBUTE TO DEATH?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably</p> <p><input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>32. IF FEMALE:</p> <p><input type="checkbox"/> Not pregnant within past year</p> <p><input type="checkbox"/> Pregnant at time of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant within 42 days of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death</p> <p><input type="checkbox"/> Unknown if pregnant within the past year</p>

The Death Certificate, Part 1: COD

<p>28. PART I. Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.</p>		<p>Approximate interval: Onset to death</p>
<p>IMMEDIATE CAUSE (Final disease or condition resulting in death)</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST</p>	<p>a. <u>Anoxic brain injury</u></p> <p>Due to (or as a consequence of)</p> <p>b. _____</p> <p>Due to (or as a consequence of):</p> <p>c. _____</p> <p>Due to (or as a consequence of):</p> <p>d. _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>PART II. <u>Other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.</p>		<p>29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>30. MANNER OF DEATH</p> <p><input type="checkbox"/> Natural <input type="checkbox"/> Homicide</p> <p><input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation</p> <p><input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p>	<p>31. DID TOBACCO USE CONTRIBUTE TO DEATH?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably</p> <p><input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>32. IF FEMALE:</p> <p><input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death</p> <p><input type="checkbox"/> Pregnant at time of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year</p>

The Death Certificate, Part 1: COD

<p>28. PART I. Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.</p>		<p>Approximate interval: Onset to death</p>
<p>IMMEDIATE CAUSE (Final disease or condition resulting in death)</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST</p>	<p>a. Anoxic brain injury</p>	
	<p>b. Diabetic coma</p>	Due to (or as a consequence of)
	<p>c.</p>	Due to (or as a consequence of):
	<p>d.</p>	Due to (or as a consequence of):
<p>PART II. <u>Other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.</p>		<p>29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
		<p>29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>30. MANNER OF DEATH</p> <p><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p>	<p>31. DID TOBACCO USE CONTRIBUTE TO DEATH?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>32. IF FEMALE:</p> <p><input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year</p>

The Death Certificate, Part 1: COD

<p>28. PART I. Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.</p>		<p>Approximate interval: Onset to death</p>
<p>IMMEDIATE CAUSE (Final disease or condition resulting in death)</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST</p>	<p>a. <u>Anoxic brain injury</u></p> <p>Due to (or as a consequence of)</p> <p>b. _____</p> <p>Due to (or as a consequence of):</p> <p>c. _____</p> <p>Due to (or as a consequence of):</p> <p>d. _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>PART II. <u>Other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.</p>		<p>29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>30. MANNER OF DEATH</p> <p><input type="checkbox"/> Natural <input type="checkbox"/> Homicide</p> <p><input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation</p> <p><input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p>	<p>31. DID TOBACCO USE CONTRIBUTE TO DEATH?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably</p> <p><input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>32. IF FEMALE:</p> <p><input type="checkbox"/> Not pregnant within past year</p> <p><input type="checkbox"/> Pregnant at time of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant within 42 days of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death</p> <p><input type="checkbox"/> Unknown if pregnant within the past year</p>

The Death Certificate, Part 1: COD

<p>28. PART I. Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.</p>		<p>Approximate interval: Onset to death</p>
<p>IMMEDIATE CAUSE (Final disease or condition resulting in death)</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST</p>	<p>a. Anoxic brain injury Due to (or as a consequence of)</p> <p>b. Ligature hanging Due to (or as a consequence of):</p> <p>c. _____ Due to (or as a consequence of):</p> <p>d. _____ Due to (or as a consequence of):</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>PART II. <u>Other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.</p>		<p>29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>30. MANNER OF DEATH</p> <p><input type="checkbox"/> Natural <input type="checkbox"/> Homicide</p> <p><input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation</p> <p><input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p>	<p>31. DID TOBACCO USE CONTRIBUTE TO DEATH?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably</p> <p><input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>32. IF FEMALE:</p> <p><input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death</p> <p><input type="checkbox"/> Pregnant at time of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year</p>

The Death Certificate, Part 1: COD

- Not acceptable stand-alone causes of death
 - ✓ Cardiac arrest
 - ✓ Respiratory arrest
 - ✓ Cardiorespiratory arrest
 - ✓ Ventricular fibrillation
 - ✓ Anoxic brain injury
 - Acute kidney injury
 - Renal failure
 - Sepsis
 - Pneumonia
 - Absence of vital signs
 - Did not wake up
 - Willed self to the lord

The Death Certificate, Part 1: COD

Q: Why can't I put acute kidney injury /renal failure /sepsis?

The Death Certificate, Part 1: COD

Q: Why can't I put acute kidney injury /renal failure /sepsis?

A: These can be the immediate cause of death for of a wide variety of diseases and injuries. On their own, they do not clarify why the death occurred or the manner of death.

The Death Certificate, Part 1: COD

<p>28. PART I. Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.</p>		<p>Approximate interval: Onset to death</p>
<p>IMMEDIATE CAUSE (Final disease or condition resulting in death)</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST</p>	<p>a. Sepsis</p> <p>Due to (or as a consequence of)</p> <p>b.</p> <p>Due to (or as a consequence of):</p> <p>c.</p> <p>Due to (or as a consequence of):</p> <p>d.</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>PART II. <u>Other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.</p>		<p>29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>30. MANNER OF DEATH</p> <p><input type="checkbox"/> Natural <input type="checkbox"/> Homicide</p> <p><input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation</p> <p><input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p>	<p>31. DID TOBACCO USE CONTRIBUTE TO DEATH?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably</p> <p><input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>32. IF FEMALE:</p> <p><input type="checkbox"/> Not pregnant within past year</p> <p><input type="checkbox"/> Pregnant at time of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant within 42 days of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death</p> <p><input type="checkbox"/> Unknown if pregnant within the past year</p>

The Death Certificate, Part 1: COD

<p>28. PART I. Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.</p>		<p>Approximate interval: Onset to death</p>
<p>IMMEDIATE CAUSE (Final disease or condition resulting in death)</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST</p>	<p>a. Sepsis</p> <p>Due to (or as a consequence of)</p>	
	<p>b. Perforated abdominal viscus</p> <p>Due to (or as a consequence of):</p>	
	<p>c. Diverticulitis</p> <p>Due to (or as a consequence of):</p>	
	<p>d.</p> <p>Due to (or as a consequence of):</p>	
<p>PART II. <u>Other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.</p>		<p>29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
		<p>29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>30. MANNER OF DEATH</p> <p><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide</p> <p><input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation</p> <p><input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p>	<p>31. DID TOBACCO USE CONTRIBUTE TO DEATH?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably</p> <p><input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>32. IF FEMALE:</p> <p><input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death</p> <p><input type="checkbox"/> Pregnant at time of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year</p>

The Death Certificate, Part 1: COD

<p>28. PART I. Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.</p>		<p>Approximate interval: Onset to death</p>
<p>IMMEDIATE CAUSE (Final disease or condition resulting in death)</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST</p>	<p>a. Sepsis</p> <p>Due to (or as a consequence of)</p> <p>b.</p> <p>Due to (or as a consequence of):</p> <p>c.</p> <p>Due to (or as a consequence of):</p> <p>d.</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>PART II. <u>Other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.</p>		<p>29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>30. MANNER OF DEATH</p> <p><input type="checkbox"/> Natural <input type="checkbox"/> Homicide</p> <p><input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation</p> <p><input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p>	<p>31. DID TOBACCO USE CONTRIBUTE TO DEATH?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably</p> <p><input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>32. IF FEMALE:</p> <p><input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death</p> <p><input type="checkbox"/> Pregnant at time of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year</p>

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	<p>b. Perforated abdominal viscus</p> <p>Due to (or as a consequence of):</p>	
	<p>c. Abdominal stab wound</p> <p>Due to (or as a consequence of):</p>	
	<p>d.</p> <p>Due to (or as a consequence of):</p>	
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The Death Certificate, Part 1: COD

- Not acceptable stand-alone causes of death
 - ✓ Cardiac arrest
 - ✓ Respiratory arrest
 - ✓ Cardiorespiratory arrest
 - ✓ Ventricular fibrillation
 - ✓ Anoxic brain injury
 - ✓ Acute kidney injury
 - ✓ Renal failure
 - ✓ Sepsis
- Pneumonia
- Absence of vital signs
- Did not wake up
- Willed self to the lord

The Death Certificate, Part 1: COD

Q: Why can't I put pneumonia?

The Death Certificate, Part 1: COD

Q: Why can't I put pneumonia?

A: Pneumonia can be a stand-alone cause of death, but it can also be the result of injuries that cause prolonged immobility/hospitalization.

The Death Certificate, Part 1: COD

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	<p>b.</p> <p>Due to (or as a consequence of):</p>	
	<p>c.</p> <p>Due to (or as a consequence of):</p>	
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Patient presented to ED c/o SOB, fever, not feeling well; imaging reveals pneumonia.

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Patient hospitalized after a fall down stairs at home with multiple broken ribs, develops pneumonia in hospital and dies.

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	<p>b. Complications of multiple rib fractures</p> <p>Due to (or as a consequence of):</p>	
	<p>c.</p> <p>Due to (or as a consequence of):</p>	
	<p>d.</p> <p>Due to (or as a consequence of):</p>	
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Patient is shot multiple times by an unknown assailant. After prolonged hospitalization, develops pneumonia and dies.

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	<p>b. Prolonged mechanical ventilation</p> <p>Due to (or as a consequence of):</p>	
	<p>c. Multiple gunshot wounds</p> <p>Due to (or as a consequence of):</p>	
	<p>d.</p> <p>Due to (or as a consequence of):</p>	
<p>PART II. <u>Other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.</p>		<p>29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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The Death Certificate, Part 1: COD

- Not acceptable stand-alone causes of death
 - ✓ Cardiac arrest
 - ✓ Respiratory arrest
 - ✓ Cardiorespiratory arrest
 - ✓ Ventricular fibrillation
 - ✓ Anoxic brain injury
 - ✓ Acute kidney injury
 - ✓ Renal failure
 - ✓ Sepsis
 - ✓ Pneumonia
- Absence of vital signs
- Did not wake up
- Willed self to the lord

The Death Certificate, Part 1: COD

- Not acceptable stand-alone causes of death

- ✓ Cardiac arrest
- ✓ Respiratory arrest
- ✓ Cardiorespiratory arrest
- ✓ Ventricular fibrillation
- ✓ Anoxic brain injury
- ✓ Acute kidney injury
- ✓ Renal failure
- ✓ Sepsis
- ✓ Pneumonia

- Absence of vital signs
- Did not wake up
- Willed self to the lord



Please, just don't.

CDC: Additional Information Required

Abscess	Cerebrovascular accident	Hepatic failure	Pulmonary edema
Abdominal hemorrhage	Cerebellar tonsillar herniation	Hepatitis	Pulmonary embolism
Adhesions	Chronic bedridden state	Hepatorenal syndrome	Pulmonary insufficiency
Adult respiratory distress syndrome	Cirrhosis	Hyperglycemia	Renal failure
Acute myocardial infarction	Coagulopathy	Hyperkalemia	Respiratory arrest
Altered mental status	Compression fracture	Hypovolemic shock	Seizures
Anemia	Congestive heart failure	Hyponatremia	Septic shock
Anoxia/anoxic encephalopathy	Convulsions	Hypotension	Shock
Arrhythmia	Decubiti	Immunosuppression	Starvation
Ascites	Dehydration	Increase intracranial pressure	Subdural hematoma
Aspiration	Dementia (when not otherwise specified)	Intracranial hemorrhage	Subarachnoid hemorrhage
Atrial fibrillation	Diarrhea	Malnutrition	Sudden death
Bacteremia	Disseminated intravascular coagulopathy	Metabolic encephalopathy	Thrombocytopenia
Bedridden	Dysrhythmia	Multiorgan failure	Uncal herniation
Biliary obstruction	End stage liver disease	Multisystem organ failure	Urinary tract infection
Bowel obstruction	End stage renal disease	Myocardial infarction	Ventricular fibrillation
Brain injury	Epidural hematoma	Necrotizing soft tissue infection	Ventricular tachycardia
Brain stem herniation	Exsanguination	Old age	Volume depletion
Carcinogenesis	Failure to thrive	Open (or closed) head injury	
Carcinomatosis	Fracture	Pancytopenia	
Cardiac arrest	Gangrene	Paralysis	
Cardiac dysrhythmia	Gastrointestinal hemorrhage	Perforated gallbladder	
Cardiomyopathy	Heart failure	Peritonitis	
Cardiopulmonary arrest	Hemothorax	Pleural effusions	
Cellulitis		Pneumonia	
Cerebral edema		Pulmonary arrest	

CDC: Additional Information Required

Abscess	Cerebrovascular accident	Hepatic failure	Pulmonary edema
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Aspiration	Dementia (when not otherwise specified)	★ Intracranial hemorrhage ★	Subarachnoid hemorrhage
Atrial fibrillation	Diarrhea	Malnutrition	Sudden death
Bacteremia	Disseminated intravascular coagulopathy	Metabolic encephalopathy	Thrombocytopenia
Bedridden	Dysrhythmia	Multiorgan failure	Uncal herniation
Biliary obstruction	End stage liver disease	Multisystem organ failure	Urinary tract infection
Bowel obstruction	End stage renal disease	Myocardial infarction	Ventricular fibrillation
Brain injury	Epidural hematoma	Necrotizing soft tissue infection	Ventricular tachycardia
Brain stem herniation	Exsanguination	Old age	Volume depletion
Carcinogenesis	Failure to thrive	Open (or closed) head injury	
Carcinomatosis	Fracture	Pancytopenia	
Cardiac arrest	Gangrene	Paralysis	
Cardiac dysrhythmia	Gastrointestinal hemorrhage	Perforated gallbladder	
Cardiomyopathy	Heart failure	Peritonitis	
Cardiopulmonary arrest	Hemothorax	Pleural effusions	
Cellulitis		Pneumonia	
Cerebral edema		Pulmonary arrest	

Hospital Case COD: Other Pitfalls to Avoid

Intracranial Hemorrhage

- Instead, specify the type of hemorrhage!
- Intracranial can mean epidural, subdural, intraparenchymal, intraventricular
- Epidural hemorrhage = trauma
- Subdural hemorrhage can be from trauma OR natural disease
- Intraparenchymal hemorrhages due to hemorrhagic stroke with cocaine or meth = accident!!!

The Death Certificate, Part 1: COD

<p>28. PART I. Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.</p>		<p>Approximate interval: Onset to death</p>
<p>IMMEDIATE CAUSE (Final disease or condition resulting in death)</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST</p>	<p>a. Intracranial hemorrhage</p> <p>Due to (or as a consequence of)</p>	
	<p>b. Hemorrhagic stroke</p> <p>Due to (or as a consequence of):</p>	
	<p>c. Hypertensive cardiovascular disease</p> <p>Due to (or as a consequence of):</p>	
	<p>d.</p>	
<p>PART II. <u>Other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.</p>		<p>29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
		<p>29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>30. MANNER OF DEATH</p> <p><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p>	<p>31. DID TOBACCO USE CONTRIBUTE TO DEATH?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>32. IF FEMALE:</p> <p><input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year</p>

The Death Certificate, Part 1: COD

- 56 year old with hypertension suffers a hemorrhagic stroke

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a.	HEMORRHAGIC CEREBROVASCULAR ACCIDENT ABC	
Due to (or as a consequence of)		
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST .		
b.	ESSENTIAL HYPERTENSION ABC	
Due to (or as a consequence of)		
c.	<input type="text"/> ABC	
Due to (or as a consequence of)		
d.	<input type="text"/> ABC	



Approximate interval: can be specific or vague





The Death Certificate, Part 1: COD

- 56 year old with hypertension suffers a hemorrhagic stroke

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a.	HEMORRHAGIC CEREBROVASCULAR ACCIDENT ABC	3 days
Due to (or as a consequence of)		
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.		
b.	ESSENTIAL HYPERTENSION ABC	years
Due to (or as a consequence of)		
c.	<input type="text"/> ABC	<input type="text"/>
Due to (or as a consequence of)		
d.	<input type="text"/> ABC	<input type="text"/>





The Death Certificate, Part 1: COD

- 43 year old receives a bone marrow transplant and develops *C. difficile* colitis

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a. CLOSTRIDIUM DIFFICILE COLITIS		days
Due to (or as a consequence of)		
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.		
b. IMMUNOSUPPRESSION		months
Due to (or as a consequence of)		
c. BONE MARROW TRANSPLANT		months
Due to (or as a consequence of)		
d. ACUTE MYELOGENOUS LEUKEMIA		months





The Death Certificate, Part 1: COD

- 43 year old receives a bone marrow transplant and develops *C. difficile* colitis

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a.	Complications of acute myelogenous leukemia 	months
Due to (or as a consequence of)		
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.		
b.	<input type="text"/> 	<input type="text"/>
Due to (or as a consequence of)		
c.	<input type="text"/> 	<input type="text"/>
Due to (or as a consequence of)		
d.	<input type="text"/> 	<input type="text"/>

The Death Certificate, Part 1: COD

- Example: patient in hospice with metastatic lung cancer

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a.	<input type="text" value="ADENOCARCINOMA OF LUNG WITH METASTASES TO BRAIN"/> 	<input type="text" value="unknown"/>
Due to (or as a consequence of)		
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.		
b.	<input type="text"/> 	<input type="text"/>
Due to (or as a consequence of)		
c.	<input type="text"/> 	<input type="text"/>
Due to (or as a consequence of)		
d.	<input type="text"/> 	<input type="text"/>

The Death Certificate, Part 1: COD

- Example: 86 year-old with 7 cm abdominal aortic aneurysm found dead at home with distended abdomen

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a.	PROBABLE RUPTURED AORTIC ANEURYSM ABC	unknown
Due to (or as a consequence of)		
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.		
b.	ATHEROSCLEROTIC CARDIOVASCULAR DISEASE ABC	years
Due to (or as a consequence of)		
c.	<input type="text"/> ABC	<input type="text"/>
Due to (or as a consequence of)		
d.	<input type="text"/> ABC	<input type="text"/>







If you are uncomfortable making a call, it is acceptable to use “probable” / “possible” / “suspected” as a qualifier

The Death Certificate, Part 1: COD

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a.	<input type="text" value="HYPERKALEMIA"/> <small>ABC ✓</small>	<input type="text" value="1 HOUR"/>
Due to (or as a consequence of)		
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.		
b.	<input type="text" value="END STAGE KIDNEY DISEASE"/> <small>ABC ✓</small>	<input type="text" value="6 MONTHS"/>
Due to (or as a consequence of)		
c.	<input type="text" value="MEMBRANOUS GLOMERULONEPHRITIS"/> <small>ABC ✓</small>	<input type="text" value="8 YEARS"/>
Due to (or as a consequence of)		
d.	<input type="text" value="SYSTEMIC LUPUS ERYTHEMATOSUS"/> <small>ABC ✓</small>	<input type="text" value="23 YEARS"/>

The Death Certificate, Part 1: COD

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a.	<input type="text" value="Complications of systemic lupus erythematosus"/> <small>ABC</small> 	<input type="text" value="years"/>
Due to (or as a consequence of)		
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.		
b.	<input type="text"/> <small>ABC</small> 	<input type="text"/>
Due to (or as a consequence of)		
c.	<input type="text"/> <small>ABC</small> 	<input type="text"/>
Due to (or as a consequence of)		
d.	<input type="text"/> <small>ABC</small> 	<input type="text"/>

The Death Certificate, Part 1: COD

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a.	ASPIRATION PNEUMONIA ABC	
Due to (or as a consequence of)		
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.		
b.	AMYOTROPHIC LATERAL SCLEROSIS ABC	
Due to (or as a consequence of)		
c.		
Due to (or as a consequence of)		
d.		

Choking due to aspiration of food bolus which then blocks the airway and causes abrupt death is manner= accident. Aspiration pneumonia typically occurs in neurologically compromised patients, and the aspiration is due to the underlying disease process.

The DC, Part II: Other Significant Conditions






<p>28. PART I. Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.</p>		<p>Approximate interval: Onset to death</p>
<p>IMMEDIATE CAUSE (Final disease or condition resulting in death) →</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST</p>	<p>a. _____ Due to (or as a consequence of)</p> <p>b. _____ Due to (or as a consequence of):</p> <p>c. _____ Due to (or as a consequence of):</p> <p>d. _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>PART II. <u>Other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.</p>		<p>29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>30. MANNER OF DEATH</p> <p><input type="checkbox"/> Natural <input type="checkbox"/> Homicide</p> <p><input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation</p> <p><input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p>	<p>31. DID TOBACCO USE CONTRIBUTE TO DEATH?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably</p> <p><input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>32. IF FEMALE:</p> <p><input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death</p> <p><input type="checkbox"/> Pregnant at time of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year</p>

The DC, Part II: Other Significant Conditions

- ❑ “Other significant conditions contributing to death but not resulting in the underlying cause given in part 1.”
- ❑ Do not list the entirety of their problem list.
- ❑ Only list a condition if, in your medical judgment, you feel it contributed significantly to the death.
- ❑ It is OK to leave this blank!!!!!!
 - Exception: when using “failure to thrive” or “advanced age” as COD

The DC, Part II: Other Significant Conditions






- 75 year-old with hypertension, diabetes, and chronic obstructive pulmonary disease found dead at home without antecedent complaints

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a.	<input type="text" value="HYPERTENSIVE CARDIOVASCULAR DISEASE"/> 	<input type="text"/>
Due to (or as a consequence of)		
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.		
b.	<input type="text"/> 	<input type="text"/>
Due to (or as a consequence of)		
c.	<input type="text"/> 	<input type="text"/>
Due to (or as a consequence of)		
d.	<input type="text"/> 	<input type="text"/>
28. PART II.		
Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.		
Other Significant Conditions contributing to death		
<input type="text" value="CHRONIC OBSTRUCTIVE PULMONARY DISEASE; DIABETES MELLITUS"/> 		

The DC, Part II: Other Significan...

The DC, Part II: Other Significant Conditions

75 year old male who dies in the hospital, where he has been since suffering a ground level fall at home

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a.	<input type="text" value="HYPERTENSIVE CARDIOVASCULAR DISEASE"/> 	<input type="text"/>
Due to (or as a consequence of)		
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.		
b.	<input type="text"/> 	<input type="text"/>
Due to (or as a consequence of)		
c.	<input type="text"/> 	<input type="text"/>
Due to (or as a consequence of)		
d.	<input type="text"/> 	<input type="text"/>
28. PART II.		
Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.		
Other Significant Conditions contributing to death		
<input type="text" value="Hip fracture"/> 		

The DC, Part II: Other Significant Conditions

75 year old male who ... the hospital, where he has been since suffering a ground level fall at home

IMMEDIATE CAUSE (Final

a.

Sequentially list conditions, if any, leading to the
Enter the UNDERLYING CAUSE (disease or injury tr

b.

Due to (or as a

c.

d.

28. PART II.

Enter other significant condit ... **resulting in the underlying cause given in**

Other Significant Conditions cont

ABC

The DC, Part II: Other Significant Conditions

- ❑ Hospital death pitfall: You cannot put trauma in part 2 and call it natural. Any non-natural cause that contributes to death escalates the manner.
 - These cases MUST BE REPORTED to the ME

VRISM

Register:

<https://apps.health.tn.gov/VRISMUserAgreement/UserAgreement/UserAgreement>

Guide:

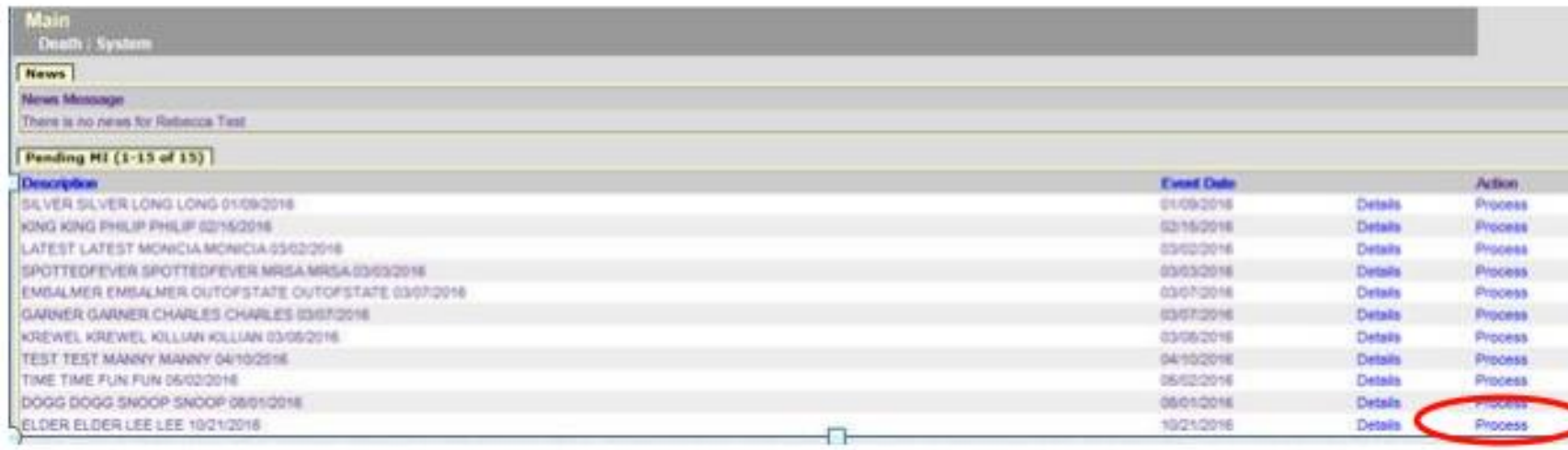
<https://www.tn.gov/content/dam/tn/health/documents/VRISM - EDRS Guide.pdf>

FAQ page:

https://medicine.vumc.org/sites/default/files/documents/Central-Admin/Faculty-Resources/VRISM_FAQs.pdf

Medically Certifying a Record from a Funeral Home (Tabs 7-10):

Once a Funeral Director has assigned a record to a Physician, the Physician will receive an email notification to certify a record in their queue.



Main
Death : System

News
News Message
There is no news for Rebecca Test

Pending HI (1-15 of 15)

Description	Event Date	Details	Action
SILVER SILVER LONG LONG 01/09/2018	01/09/2018	Details	Process
KING KING PHILIP PHILIP 02/15/2018	02/15/2018	Details	Process
LATEST LATEST MONICA MONICA 03/02/2018	03/02/2018	Details	Process
SPOTTEDFEVER SPOTTEDFEVER MRSA MRSA 03/03/2018	03/03/2018	Details	Process
EMSALMER EMSALMER OUTFSTATE OUTFSTATE 03/07/2018	03/07/2018	Details	Process
GARNER GARNER CHARLES CHARLES 03/07/2018	03/07/2018	Details	Process
KREWEL KREWEL KILLIAN KILLIAN 03/06/2018	03/06/2018	Details	Process
TEST TEST MANNY MANNY 04/10/2018	04/10/2018	Details	Process
TIME TIME FLIN FUN 05/02/2018	05/02/2018	Details	Process
DOGG DOGG SNOOP SNOOP 06/01/2018	06/01/2018	Details	Process
ELDER ELDER LEE LEE 10/21/2018	10/21/2018	Details	Process

Tab 7. Time/Autopsy

Death – Last:CHARMING First:PRINCE Middle:L Date of death:03/07/2016

1 Decedent | 2 Decedent Info | 3 Origin/Race | 4 Parents/Informant | 5 Disposition | 6 Funeral Director/Embalmer | **7 **Time/Autopsy**** | 8 **Cause of Death** | 9 **Manner/Details/Injury** | 10 **Certifier**

11 Case Actions

Case Information

Decedent's first name: PRINCE
Decedent's last name: CHARMING
Decedent's date of birth: 01/01/1975
Sex: MALE
Medical record number:
Medical examiner case number:

3. Date of Death

Date of death (MM/DD/YYYY): 03/07/2016
 Date found

4. Time of Death

Time of death (HH:MM): 05:00
Time designation: PM

ME Contacted

Was medical examiner contacted? Yes

29 Autopsy

Was an autopsy performed?
Were autopsy findings available to complete the cause of death?

Response to Cremation Request

ME approves cremation request: Select

Previous Next Finish Cancel

Date and time of death are entered by funeral home.
In box 29 (Autopsy), Select No/ No (unless hospital autopsy)

Tab 8: Cause of Death

1 Decedent | 2 Decedent Info | 3 Origin/Race | 4 Parents/Informant | 5 Disposition | 6 Funeral Director/Embalmer | 7 **Time/Autopsy**
8 ****Cause of Death**** | 9 **Manner/Details/Injury** | 10 **Certifier** | 11 Case Actions

28. 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, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line. DO NOT ABBREVIATE.****

Cause of death pending
 Cause could not be determined

IMMEDIATE CAUSE (Final disease or condition resulting in death) APPROXIMATE INTERVAL:
Onset to death

a.
Due to (or as a consequence of)

Sequentially list conditions, if any, leading to the cause listed on line a.
Enter the **UNDERLYING CAUSE** (disease or injury that initiated the events resulting in death) **LAST**.

b.
Due to (or as a consequence of)


c.
Due to (or as a consequence of)

d.
Due to (or as a consequence of)

28. PART II.
Enter other **significant conditions contributing to death** but not resulting in the underlying cause given in PART I.
Other Significant Conditions contributing to death

Rare Cause Alert
If a rare cause of death warning appeared at the top of this tab the cause(s) listed is considered a Rare and Unusual cause of death and requires confirmation from National Center for Health Statistics.

Has this cause(s) been confirmed by medical testing?



Tab 9. Manner/Details/Injury

1 Decedent | 2 Decedent Info | 3 Origin/Race | 4 Parents/Informant | 5 Disposition | 6 Funeral Director/Embalmer
7 **Time/Autopsy** | 8 **Cause of Death** | **9 **Manner/Details/Injury**** | 10 **Certifier** | 11 Case Actions

30. Manner of Death
Manner of death

31. Tobacco Use
Did tobacco use contribute to death?

32. If Female
If female, select one from list

34 a. Injury - Date
Date of injury (MM/DD/YYYY)
 Found

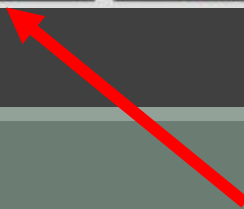
34 b. Injury - Time
Time of injury (HH:MM)
Time designation

34 c-d. Injury - Place
Injury at work?
Place of injury - at home, farm, street, factory, office, building, etc. (Specify)

34 e. Injury - How
Description

34 f. Injury - Where
Street and number
Apartment number
Country
State/province
County list
County
City list
City or town
Zip code

33. If Transportation Injury
Specify
Other - specify



Tab 10. Certifier: Physician

1 Decedent | 2 Decedent Info | 3 Origin/Race | 4 Parents/Informant | 5 Disposition | 6 Funeral Director/Embalmer | 7 **Time/Autopsy** | 8 **Cause of Death** | 9 **Manner/Details/Injury** | 10 **Certifier**

11 Case Actions

26. Person Completing Cause of Death (i.e. Certifier)

Certifier designation:

27d. Certifier's Name

Physicians:

Medical examiners:

Forensic pathologists:

Not in list

First name:

Middle name:

Last name:

Suffix:

Case access:

27d. Certifier's Address

Street and number:

Apartment or suite number:

Country:

State/province:

City list:

City or town:

Zip code:

27d. Certifier's Title

Title list:

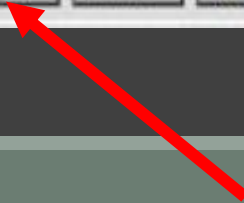
Title:

27b. Certifier's Number

Medical license number:

27 a, c. Certification Date

Date signed by certifier (MMDDYYYY):



Tab 11. Case Actions

1 Decedent | 2 Decedent Info | 3 Origin/Race | 4 Parents/Informant | 5 Disposition | 6 Funeral Director/Embalmer | 7 **Time/Autopsy** | 8 **Cause of Death** | 9 **Manner/Details/Injury** | 10 **Certifier** | 11 Case Actions

Comments Among Users About Case

Comments

Assign to Physician or ME County

Select physician

Physician not in list

County of occurrence ANDERSON

Select ME county

Case access

Click when assignment is complete

Certify Medical

Check when ready to certify Check if you decline to certify

Declined by Certifier

Reason

Other reason

Certifier

PHYSICIAN-To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.

MEDICAL EXAMINER-On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.

Assign to Funeral Home

Select funeral home

Funeral home not in list

Case access

Click when assignment or transfer is complete

Release Case

Check when ready for review before releasing Check if you decline to complete this record

Case Status Information

Medical information status Case pending

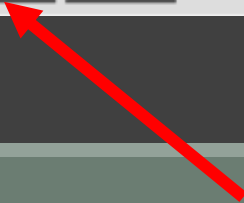
Personal information status Case pending

Registration status Not submitted

Total unknown 3

Case Action History

03/13/2017 Record created by user ID: 19 -- 03/13/2017 User ID: 19 assigned case to ANDERSON



VRISM Warning Screen

Main

Death | System

VRISM Warning

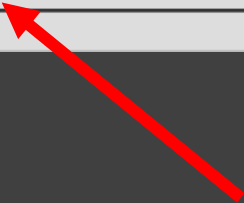
The record you are trying to save is UNFINISHED. All of the following fields are required for a FINISHED record.

Required to register: If dropped to paper, the State office must complete the information and register the record. Fix following:

[Personal Information Section](#)

Field Group Description: Must be released for registration

[Save \(as Pending\)](#)



Successful Transaction Screen

Main
Death | System

Successful Transaction

Your transaction has been saved successfully.

Record Details

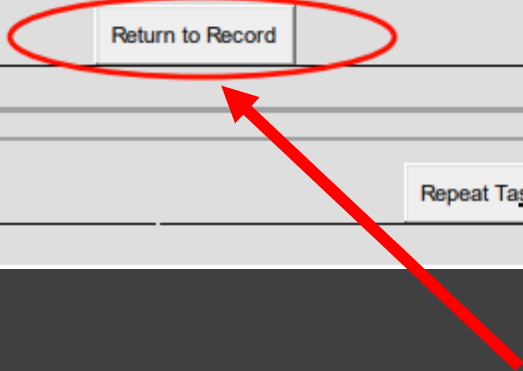
First name	PHAEDRA
Last name	PATTERSON
State file number	
Date of death	04/01/2017

Other Options

Following options are available:

[Return to Record](#)

[Main Menu](#) [Repeat Task](#)



Return to Tab 1. Decedent

1 Decedent | 2 Decedent Info | 3 Origin/Race | 4 Parents/Informant | 5 Disposition | 6 Funeral Director/Embalmer | 7 **Time/Autopsy** | 8 **Cause of Death** | 9 **Manner/Details/Injury** | 10 **Certifier** | 11 Case Actions

1. Decedent's Legal Name

Un-certify on Tab 11 to make changes.

First: JOHN
Middle:
Last: DOE
Last name prior to first marriage:
Suffix:
 Decedent has AKA/alias

2. Sex
Sex: MALE

3. Date of Death
Date of death: 03/09/2017
 Date found

4. Time of Death
Time: 04:00
Time designation: AM

6. Date of Birth
Date of birth: 09/18/1955

5. Age
Age: Over 1 year

12. Social Security Number
SSN: 000-00-0000
 None
Verification status: Select

8. Place/Location of Death
Place of death: HOSPITAL INPATIENT
Specify other place of death:
County of death for selecting facility: BLEDSOE
Hospital: Select
Hospice: Select
Nursing home/long term care: Select
 Check if facility is not in the list
Country: UNITED STATES
State: TENNESSEE
County list: Select
County: BLEDSOE
City list: Select
City or town: PRYVILLE
Facility name: ERLANGER BLEDSOE MEDICAL CENTER
Street and number: UNKNOWN
Apartment number:

Review information
Go to Tab 11

Tab 11. Case Actions: Certifying

Death -- Last: TEST First: JOHNNY Date of death: 11/04/2016

1 Decedent | 2 Decedent Info | 3 Origin/Race | 4 Parents/Informant | 5 Disposition | 6 Funeral Director/Embalmer | 7 **Time/Autopsy** | 8 **Cause of Death** | 9 **Manner/Details/Injury** | 10 **Certifier** | 11 Case Actions

Comments Among Users About Case

Comments

Assign to Physician or ME County

Select physician

Physician not in list

County of occurrence

Select ME county

Case access

Click when assignment is complete

Certify Medical

Check when ready to certify Check if you decline to certify

Declined by Certifier

Reason

Other reason

Certifier

PHYSICIAN To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.

MEDICAL EXAMINER On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.

Assign to Funeral Home

Select funeral home

Funeral home not in list

Case access

Click when assignment or transfer is complete

Release Case

Check when ready for review before releasing Check if you decline to complete this record

Case Status Information

Medical information status Ready to be certified

Personal information status Case pending

Registration status Not submitted

Total unknown 1

Case Action History

05/12/2017 Record created by user ID: 414 -- 05/12/2017 User ID: 414
Assigned case to ERIN FUNERAL HOME NASHVILLE

Navigating VRISM: A suggestion

- ❑ We have one person at our office who is responsible for data entry on VRISM
- ❑ Pathologists fill out an electronic worksheet in our case management system and that person transfers the information
- ❑ Prior to implementing this case management system, we simply filled out a paper DC and the information was input from that.

Scenario 1

An 80 year-old man was seen by a nurse practitioner two months ago for routine follow-up of his hypertension, diabetes mellitus, and chronic obstructive pulmonary disease. He was found dead at home without any signs of trauma, foul play, or drug overdose. Who should sign the death certificate?






- a. The nurse practitioner.
- b. The county medical examiner, as the death was unwitnessed.
- c. The county medical examiner, because the cause of death cannot be determined to a reasonable degree of medical certainty.
- d. The physician supervising the nurse practitioner.

Scenario 1

Answer: d.

The physician supervising any health care extender providing the patient's care for the illness which results in death should sign the death certificate.

In this case, the cause of death in part I could be listed as "hypertensive cardiovascular disease", with diabetes mellitus and chronic obstructive pulmonary disease listed in part II as other significant conditions.

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a.	<input type="text" value="HYPERTENSIVE CARDIOVASCULAR DISEASE"/> 	<input type="text"/>
Due to (or as a consequence of)		
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.		
b.	<input type="text"/> 	<input type="text"/>
Due to (or as a consequence of)		
c.	<input type="text"/> 	<input type="text"/>
Due to (or as a consequence of)		
d.	<input type="text"/> 	<input type="text"/>
28. PART II.		
Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		
Other Significant Conditions contributing to death		
<input type="text" value="DIABETES MELLITUS; CHRONIC OBSTRUCTIVE PULMONARY DISEASE"/> 		



Scenario 2

An elderly person complained of left-sided chest pain and tightness shortly before collapsing. She was transported to the emergency department, where she was pronounced dead. Her family relates a history of multiple myocardial infarctions and high cholesterol, which were confirmed by the staff at her local physician's office. Who should sign the death certificate?

- a. The patient's primary care doctor.
- b. The emergency room physician.
- c. The patient's cardiologist.
- d. Any of the above.

Scenario 2

Answer: d.

The emergency room doctor, the patient's regular physician, or another physician who has treated the patient for the illness causing death (for example, a cardiologist) may sign the death certificate.

If none of these does so, the chief medical officer of the institution in which death is pronounced is to sign the death certificate (TCA 68-3-502).

Scenario 3

I am a primary care physician in a small rural community. One of my long-time patients, an elderly man with multiple medical problems, has been found dead at home. I have not seen the patient in eight months. Who will sign the death certificate?

- a. The primary care doctor, even though it has been more than four months since the patient was last seen.
- b. The county medical examiner, as the patient had not been seen by the primary care doctor within four months.
- c. Either a or b may sign.

Scenario 3

Answer: c.

The primary care physician, as the person most familiar with the decedent's medical history, is the most appropriate person to complete the death certificate. A physician treating a patient for the disease process accounting for death is obligated by statute to complete and sign the death certificate if the patient has been seen within the four months prior to death.

However, if the treating physician has not seen the patient in the four months before death, and the death occurs outside of a health care facility, the case may be referred to the county medical examiner in the county in which death occurred. The county medical examiner may then review medical records and issue the death certificate.

Scenario 4

I am a pediatrician. I cared for an 8 year-old with profound developmental delays requiring mechanical ventilation who was found dead at home a few days after I diagnosed her with pneumonia. Who should sign the death certificate?

- a. The county medical examiner, as the pneumonia should have been resolving with appropriate therapy.
- b. The pediatrician.
- c. The decedent's neurologist, as the pneumonia was the result of developmental delays requiring mechanical ventilation.
- d. It depends on the underlying cause of the developmental delays.

Scenario 4

Answer: d. It depends.

If the developmental delay is the result of a natural cause (for example, birth asphyxia resulting from a nuchal cord), the pediatrician or another physician attending to the patient will sign the death certificate.

If the developmental delay is due to a non-natural event (for example, remote abusive head trauma), the county medical examiner should be notified, as such a death is properly classified as homicide.

Scenario 5

I am the medical director of a nursing home. I will be out of the country for two weeks on a medical mission trip. How should death certificates be handled in my absence?

- a. Sign multiple blank death certificates and leave them with the chief of nursing to complete.
- b. Another physician should be designated as the responsible party for death certification in the absence of the medical director.
- c. Any deaths occurring during the absence of the medical director may be certified on his or her return to the country.

Scenario 5

Answer: b.

Do not sign blank death certificates. Your signature on the death certificate avers, "To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated". The medical certification of death is to be completed within 48 hours of death.

You must designate another physician to sign death certificates during your absence, just as you would for medical emergencies.

Scenario 6

A patient was dependent on parenteral nutrition because of multiple enterocutaneous fistulae. She died in the intensive care unit after developing sepsis due to infection of an indwelling central venous catheter. Which cause of death certification is most appropriate?

IMMEDIATE CAUSE (Final disease or condition resulting in death)	
a.	<input type="text" value="SEPTIC SHOCK"/>
Due to (or as a consequence of)	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST .	
b.	<input type="text" value="CENTRAL VENOUS CATHETER INFECTION"/>
Due to (or as a consequence of)	
c.	<input type="text" value="DEPENDENCE ON PARENTERAL NUTRITION"/>
Due to (or as a consequence of)	
d.	<input type="text" value="CROHN'S DISEASE"/>

-OR-

IMMEDIATE CAUSE (Final disease or condition resulting in death)	
a.	<input type="text" value="HYPOTENSION"/>
Due to (or as a consequence of)	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST .	
b.	<input type="text" value="SEPTIC SHOCK"/>
Due to (or as a consequence of)	
c.	<input type="text" value="STAPHYLOCOCCUS AUREUS INFECTION"/>
Due to (or as a consequence of)	
d.	<input type="text"/>



Scenario 6

IMMEDIATE CAUSE (Final disease or condition resulting in death)	
a.	SEPTIC SHOCK
Due to (or as a consequence of)	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST .	
b.	CENTRAL VENOUS CATHETER INFECTION
Due to (or as a consequence of)	
c.	DEPENDENCE ON PARENTERAL NUTRITION
Due to (or as a consequence of)	
d.	CROHN'S DISEASE

The above classification of cause of death is precise, sequentially plausible, and lists a specific anatomic process, Crohn's disease, as the underlying cause of death.

"Hypotension due to septic shock due to Staphylococcus aureus infection" provides multiple mechanisms of death without listing a true cause of death.

Scenario 7

Which of the following is an acceptable certification of death?

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROX
		Onset to
a.	<input type="text" value="METABOLIC ACIDOSIS"/> <small>ABC ✓</small>	<input type="text"/>
Due to (or as a consequence of)		
<small>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.</small>		
b.	<input type="text" value="BLEEDING GASTROESOPHAGEAL VARICES"/> <small>ABC ✓</small>	<input type="text"/>
Due to (or as a consequence of)		
c.	<input type="text" value="CIRRHOSIS"/> <small>ABC ✓</small>	<input type="text"/>
Due to (or as a consequence of)		
d.	<input type="text" value="HEPATITIS B VIRUS INFECTION"/> <small>ABC ✓</small>	<input type="text"/>
28. PART II.		
<small>Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.</small>		
<small>Other Significant Conditions contributing to death</small>		
<input type="text" value="HYPERTENSIVE CARDIOVASCULAR DISEASE"/>		

-OR-

IMMEDIATE CAUSE (Final disease or condition resulting in death)	
a.	<input type="text" value="HYPERTENSIVE CARDIOVASCULAR DISEASE"/>
Due to (or as a consequence of)	
<small>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.</small>	
b.	<input type="text" value="METABOLIC ACIDOSIS"/>
Due to (or as a consequence of)	
c.	<input type="text" value="BLEEDING GASTROESOPHAGEAL VARICES"/>



Scenario 7

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a. METABOLIC ACIDOSIS	<input type="checkbox"/> ABC	<input type="text"/>
Due to (or as a consequence of)		
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.		
b. BLEEDING GASTROESOPHAGEAL VARICES	<input type="checkbox"/> ABC	<input type="text"/>
Due to (or as a consequence of)		
c. CIRRHOSIS	<input type="checkbox"/> ABC	<input type="text"/>
Due to (or as a consequence of)		
d. HEPATITIS B VIRUS INFECTION	<input type="checkbox"/> ABC	<input type="text"/>
28. PART II.		
Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.		
Other Significant Conditions contributing to death		
<input type="text" value="HYPERTENSIVE CARDIOVASCULAR DISEASE"/>		

The cause-of-death statement above follows a logical sequence, lists the underlying disease process responsible for death last, and includes hypertensive cardiovascular disease as a contributory cause of death.

The alternative example reads, from top to bottom, “Hypertensive cardiovascular disease due to metabolic acidosis due to bleeding gastroesophageal varices”, which implies that hypertension is the result of metabolic acidosis, and fails to indicate the etiology of the varices.

Scenario 8

Which of the following is an acceptable certification of death?

28. **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, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

Approximate interval:
Onset to death

IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	a.	COMPLICATIONS OF MULTIPLE SCLEROSIS	YEARS
	b.	Due to (or as a consequence of)	
	c.	Due to (or as a consequence of)	
	d.	Due to (or as a consequence of)	

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

29a. WAS AN AUTOPSY PERFORMED?
 Yes No

29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No

30. MANNER OF DEATH
 Natural Homicide
 Accident Pending investigation
 Suicide Could not be determined

31. DID TOBACCO USE CONTRIBUTE TO DEATH?
 Yes Probably
 No Unknown

32. IF FEMALE:
 Not pregnant within past year
 Pregnant at time of death
 Not pregnant, but pregnant within 42 days of death
 Not pregnant, but pregnant 43 days to 1 year before death
 Unknown if pregnant within the past year

28. **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, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

Approximate interval:
Onset to death

IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	a.	UROSEPSIS	DAYS
	b.	PARAPLEGIA	32 YEARS
	c.	GUNSHOT WOUND TO TORSO, REMOTE	32 YEARS
	d.	Due to (or as a consequence of)	

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

29a. WAS AN AUTOPSY PERFORMED?
 Yes No

29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No

30. MANNER OF DEATH
 Natural Homicide
 Accident Pending investigation
 Suicide Could not be determined

31. DID TOBACCO USE CONTRIBUTE TO DEATH?
 Yes Probably
 No Unknown

32. IF FEMALE:
 Not pregnant within past year
 Pregnant at time of death
 Not pregnant, but pregnant within 42 days of death
 Not pregnant, but pregnant 43 days to 1 year before death
 Unknown if pregnant within the past year

Scenario 8

28. 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, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.		Approximate interval Onset to death YEARS
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. COMPLICATIONS OF MULTIPLE SCLEROSIS Due to (or as a consequence of)	_____
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. _____ Due to (or as a consequence of):	_____
	c. _____ Due to (or as a consequence of):	_____
	d. _____ Due to (or as a consequence of):	_____
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
30. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	31. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	32. IF FEMALE <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at 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

If the precise physiologic mechanism of death is unclear, it is acceptable to use the term “complications of” a known disease process which could reasonably account for death.

Although “urosepsis due to paraplegia due to gunshot wound to torso, remote”, is an accurate and specific cause of death, the manner of death cannot be considered natural, and the case should be referred to the county medical examiner. The interval of time elapsed between the injury and death does not affect or change the manner of death.

If You Still Need Help...

- ❑ Call us! Our MDIs and MEs will be happy to help!
 - 423 439 6273 (for death reporting and any questions)
- ❑ Email me directly: orvika@etsu.edu
- ❑ Materials to Reference:
 - ❑ Cause of Death and the Death Certificate by Randy Hanzlick, MD, FCAP
 - ❑ PDF from State Chief Medical Examiner: Medical Examiner Jurisdiction, Cause and Manner of Death, and Death Certification
 - ❑ CDC training: <https://www.cdc.gov/nchs/nvss/training.htm>

Questions?

