



Alzheimer's Disease and Other Related Dementias: ACCURACY OF DEATH CERTIFICATION

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Why do we need this presentation?

- Nationwide, around 50% of death certificates contain a major error affecting ICD-10 coding of diseases or disorders
 - Of these, around 60% have incorrect or missing information for the underlying cause of death
- Recent survey of Tennessee physicians:
 - Nearly half (46%) of respondents indicated they had never received formal training on death certification
 - Nearly 90% of respondents indicated a need for training in the death certification process in Tennessee

Accuracy and Timeliness in Death Certification

- The death certificate must be completed before final disposition of the body; delay in completing and signing may interfere with funeral arrangements and in settling estates
- Significant implications in death benefits paid to families (for example, workers' compensation claims; double indemnity payments in cases of accidental death; FEMA burial benefits)
- 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

MEDICAL CERTIFICATION	<p>28. PART I. Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause.</p> <p>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</p> <p>→ a. METABOLIC ENCEPHALOPATHY (OR A CONDITION)</p> <p>b. SEVERE SEPSIS (OR A CONDITION)</p> <p>c. SEPTIC SHOCK (OR A CONDITION)</p> <p>d. LACTIC ACIDOSIS</p>
MEDICAL CERTIFICATION	<p>28. PART I. Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause.</p> <p>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</p> <p>→ a. CARDIOPULMONARY (OR A CONDITION)</p> <p>b. (OR A CONDITION)</p> <p>c. (OR A CONDITION)</p> <p>d. (OR A CONDITION)</p>
MEDICAL CERTIFICATION	<p>28. PART I. Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause.</p> <p>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</p> <p>→ a. CARDIAC ARREST (OR A CONDITION)</p> <p>b. ACIDOSIS (OR A CONDITION)</p> <p>c. LEUKOCYTOSIS (OR A CONDITION)</p> <p>d.</p>

Medical certification of death

Certificate registered with state by funeral home

CDC assigns ICD-10 codes
(one underlying cause of death and up to 20 additional multiple causes of death)

Mortality data

Jurisdiction: Who Should Complete and Sign the Death Certificate?

- 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
- The medical examiner may assume jurisdiction only under certain circumstances

Jurisdiction: Who Should Complete and Sign the Death Certificate?

- 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)
- Certifier is immune from civil suit if completed in good faith; failure to do so may result in discipline of medical license

The medical certification of death is to be completed within _____ of death

A.30 days

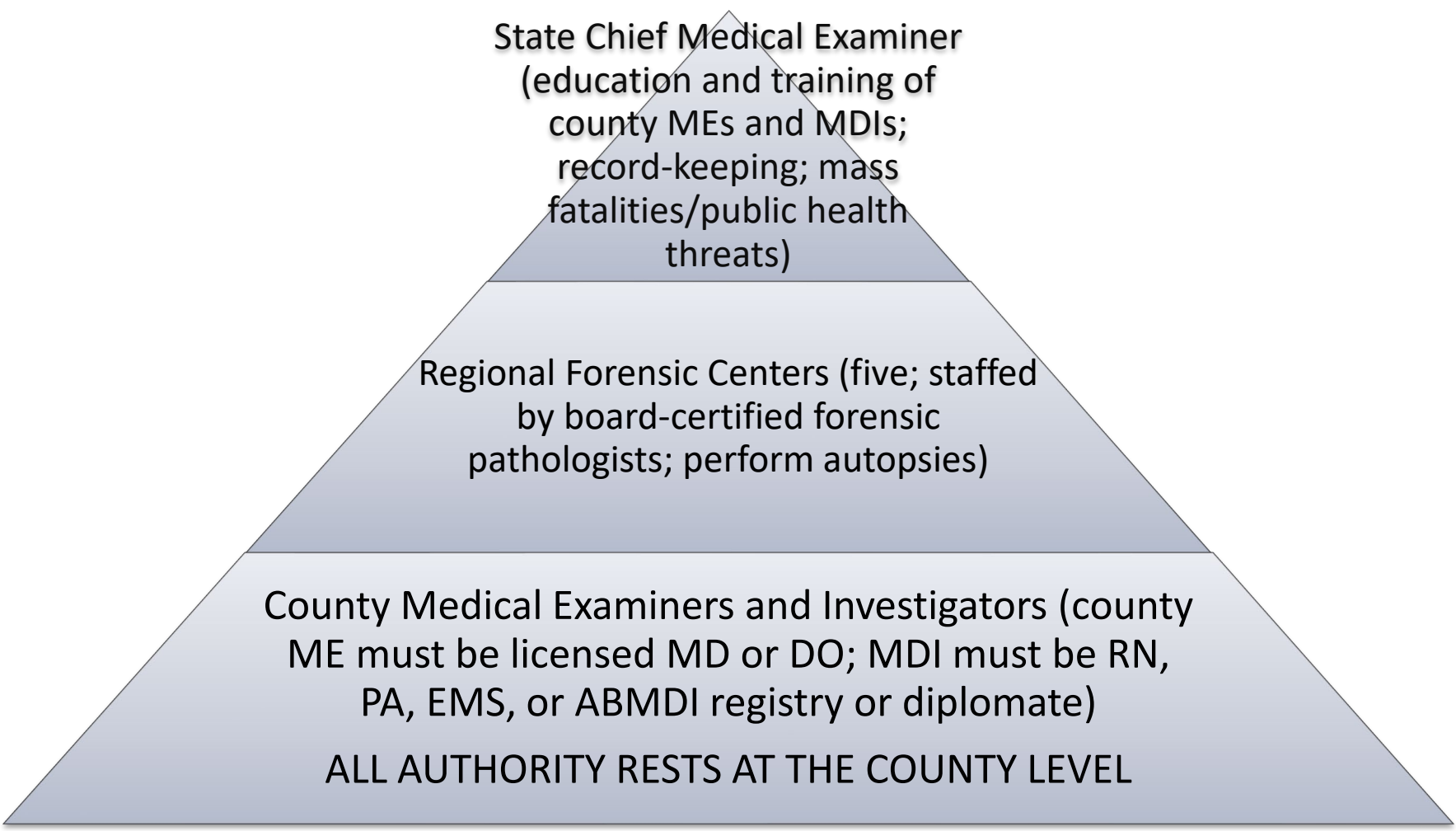
C. 48 hours

B.5 days

C.48 hours

D.96 hours

Tennessee Medical Examiner System



State Chief Medical Examiner
(education and training of
county MEs and MDIs;
record-keeping; mass
fatalities/public health
threats)

Regional Forensic Centers (five; staffed
by board-certified forensic
pathologists; perform autopsies)

County Medical Examiners and Investigators (county
ME must be licensed MD or DO; MDI must be RN,
PA, EMS, or ABMDI registry or diplomate)

ALL AUTHORITY RESTS AT THE COUNTY LEVEL

Medical Examiner Certification of Death

- 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 and 38-7-108)
- Examples include:
 - Deaths due or related to acute overdose of legal or illegal drugs and/or alcohol
 - Deaths due to drowning
 - Deaths due to thermal or chemical burns, or smoke inhalation
 - Death by disease, injury, or toxicity resulting from employment
 - Deaths due to hypo- or hyperthermia
- In such cases, the county medical examiner “shall investigate and certify the death certificate” (TCA 68-3-502-d)
- Deaths of prisoners
- Sudden unexplained deaths in people with no known medical process(es) which could reasonably account for death

Medical Examiner Certification of Death: 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 after a fall;
 - A person who dies of pneumonia due to paraplegia resulting from a car accident years before;
 - A person who dies a week after an anoxic brain injury caused by choking on food

Major Take-Home Points

- If any discrete, identifiable external force, object, or substance contributed *in any way* to death, the death cannot be considered natural and must be reported to the county medical examiner, regardless of the interval elapsed between the inciting event and death
- The BOTTOM LINE is THE BOTTOM LINE

Physician (Non-ME) Certifiers

- One of the responsibilities of a primary care physician is to provide death certification for his or her patients who die of natural, diagnosed causes, even if the physician was not present at the time of death (TCA 68-3-502 (c)(1))
 - If the patient has not been seen by the physician in the four months leading up to death, the physician may still certify the death, or may refer case to the county medical examiner
- Other physicians knowledgeable with patient history may also certify deaths
 - Examples: cardiologist, oncologist, emergency room physician

When and Where Death Occurs: Brain Death Equals Death

- T.C.A. 68-3-501 (Uniform Determination of Death Act): death occurs when either:
 - Irreversible cessation of cardiac and respiratory systems occurs; or
 - Irreversible cessation of function of entire brain occurs
- T.C.A. 68-3-502: when a body is discovered dead, the place, date, and time of death are when and where the body was found

Has Death Even Occurred?

28. **PART I.** Enter the chain of events (diseases, injuries, or complications) that directly caused the death, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

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.	EXACT CAUSE UNKNOWN	(OR A CONSEQUENCE)
{	b.	PROBABLE CARDIAC ARREST	(OR A CONSEQUENCE)
	c.		(OR A CONSEQUENCE)
	d.		

Spelling Counts

<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>ACUTE ON CHRONIC RESPIRATORY FAILURE</u> Due to (or as a consequence of)</p> <p>b. <u>CHRONIC OBSTRUCTIVE PULMONARY JERSEYS</u> 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. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.</p> <p><u>DEMENTIA; DIABETES MELLITUS TYPE TWO</u></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>



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT		1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)		2. SEX		3. DATE OF DEATH (Month, Day, Year)											
TYPE PRINT IN PERMANENT BLACK INK		4. TIME OF DEATH (Approx.)		5a. AGE - Last Birthday (Years)		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Month, Day, Year)		7. BIRTHPLACE (City and State or Foreign Country)					
		8a. PLACE OF DEATH (Check only one) IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <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) _____															
NAME OF DECEDENT (If or use by Physician or Institution)		8b. FACILITY NAME (If not institution, give street and number)				8c. CITY OR TOWN				8d. 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. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No				13f. ZIP CODE				14. WAS DECEDENT EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown				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) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____ <input type="checkbox"/> Unknown				17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input checked="" type="checkbox"/> Unknown							
		18. FATHER'S NAME (First, Middle, Last)				19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)											
DISPOSITION		20a. INFORMANT'S NAME				20b. RELATIONSHIP TO DECEDENT				20c. MAILING ADDRESS (Street and Number, City, State, Zip Code)							
		21a. METHOD OF DISPOSITION <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, other place)				21c. LOCATION - City or Town and State							
		22a. SIGNATURE OF FUNERAL DIRECTOR				22b. LICENSE NUMBER				22c. SIGNATURE OF EMBALMER				22d. LICENSE NUMBER			
		23a. NAME AND ADDRESS OF FUNERAL HOME								23b. LICENSE NUMBER OF FUNERAL HOME							
REGISTRAR		24. REGISTRAR'S SIGNATURE								25. DATE FILED (Month, Day, Year)							
CERTIFIER		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, EXPOSURE, OR CAUSE OF DEATH MUST BE COMPLETED WITHIN 72 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of) _____ b. _____ Due to (or as a consequence of) _____ c. _____ Due to (or as a consequence of) _____ d. _____ 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												Approximate interval Onset to death			
		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 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"/> 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							
		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. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. (Specify)				34f. LOCATION OF INJURY (Street and Number, City or Town, State)			

CERTIFIER

PHYSICIAN
OR
MEDICAL
EXAMINER
EXECUTING
CAUSE OF
DEATH MUST
COMPLETE
AND SIGN
WITHIN 48
HOURS.

**MEDICAL
CERTIFICATION****26. CERTIFIER** (Check only one):26a. ☐ **PHYSICIAN** -To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.26b. ☐ **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)27d. **NAME AND ADDRESS**

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)

a. _____

Due to (or as a consequence of)

b. _____

Due to (or as a consequence of):

c. _____

Due to (or as a consequence of):

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**

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 ☐ No29b. **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 ☐ Not pregnant, but pregnant 43 days to
1 year before death
☐ Pregnant at time of death
☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year

**33. IF TRANSPORTATION
INJURY, SPECIFY:**

☐ Driver/Operator
☐ Passenger
☐ Pedestrian
☐ Other (Specify) _____

34a. **DATE OF INJURY**
(Month, Day, Year)34b. **TIME OF
INJURY**34c. **INJURY AT WORK?**
☐ Yes ☐ No34d. **PLACE OF INJURY** —at home, farm, street, factory, office, building, etc.
(Specify)34e. **DESCRIBE HOW INJURY OCCURRED**34f. **LOCATION OF INJURY** (Street and Number, City or Town, State)

VRISM



MAILING . ADDRESS

Tennessee Office of
Vital Records

Andrew Johnson Tower, 1st Floor
710 James Robertson Parkway
Nashville, TN 37243

PHONE

1-(855) -VRISM TN



TENNESSEE VRISM

The purpose of the Tennessee VRISM system is to support the registration of Tennessee vital events for the Tennessee Department of Health and other users such as funeral directors, attending physicians, medical examiners and birthing facilities. This system may be used only for the purpose for which it is provided. Any attempt to file fraudulent certificates of live birth, death or reports of fetal death is punishable in accordance with Tennessee statutes.

By accessing this system, I agree to use this system only for the purpose of registering a Certificate of Live Birth, Certificate of Death or Report of Fetal Death for events occurring in the State of Tennessee.

I understand that failure to adhere to the above agreement will result in loss of access to the VRISM system. Any unauthorized access, misuse and/or disclosure of information may result in disciplinary action including, but not limited to, suspension or loss of individual or facility access privileges, an action for civil damages, or criminal charges.

[LOGIN](#)

VRISM Help

- Health.VRISM@tn.gov
- (855) 874-7686
- (855) VRISMTN

VRISM: Fields for Medical Certifier

CERTIFIER PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.	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.			
	27a. SIGNATURE OF CERTIFIER <div>10 **Certifier**</div>		LICENSE NUMBER 	27c. DATE SIGNED (Month, Day, Year)
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <div>8 **Cause of Death**</div> b. <div>8 **Cause of Death**</div> consequence of) c. <div>8 **Cause of Death**</div> consequence of): d. Due to (or as a consequence of):			Approximate interval: Onset to death
	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 <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 	32. IF FEMALE: <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death	
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. PLACE OF INJURY –at home, farm, street, factory, office, building, etc. (Specify) 		34e. DESCRIBE HOW INJURY OCCURRED
		34f. LOCATION OF INJURY (Street and Number, City or Town, State) 		

Part I: Cause of Death Statement

- Read from top to bottom: Cause A is due to Cause B is due to Cause C is due to Cause D
- Can use only one line, or two, or three, or all four
- Last diagnosis listed will be coded as underlying cause of death, therefore:
- THE BOTTOM LINE IS THE BOTTOM LINE

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. 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. ABC ✓

Due to (or as a consequence of)

c. ABC ✓

Due to (or as a consequence of)

d. ABC ✓

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. 

Cause of Death Statement

- Cause of death is defined as “the anatomic disease or injury that initiated the train of morbid events leading directly to death”
- The cause of death statement on the death certificate represents the *medical opinion* of the certifier
- *More likely than not*

I should be _____% certain that my diagnosis in the cause of death statement is correct

A. 75%

B. 99%

C. 100%

D. 51%

E. 33%

D. 51%

More likely than not

“To the best of my knowledge...”





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

- Tennessee code grants civil immunity to certifying physicians acting in good faith (TCA 68-3-513)
- HOWEVER: physicians who refuse to or consistently fail to comply with rules and laws regarding death certification are subject to disciplinary action on their medical licenses for “unprofessional, dishonorable, or unethical conduct” Rule 0880-02-.14(13); TCA 68-3-502 and 63-9-108

Cause of Death Statement: Examples

- 56 year old with hypertension suffers a hemorrhagic stroke

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a.	<input type="text" value="HEMORRHAGIC CEREBROVASCULAR ACCIDENT"/> 	<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" value="ESSENTIAL HYPERTENSION"/> 	<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"/>





Cause of Death Statement: Examples

- 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	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. IMMUNOSUPPRESSION	ABC ✓	
Due to (or as a consequence of)		
c. BONE MARROW TRANSPLANT	ABC ✓	
Due to (or as a consequence of)		
d. ACUTE MYELOGENOUS LEUKEMIA	ABC ✓	

Cause of Death Statement: Examples

- It may not be possible to identify the precise physiologic sequence (mechanism) leading up to death
- In such cases, the known diagnosis which could reasonably account for death should be listed as the cause
- 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"/>
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"/>





Cause of Death Statement: Examples

- It is acceptable to use the terms “probable”, “possible”, or “suspected”
- 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 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 Due to (or as a consequence of)	
c.		
d.		

Cancer-Related Deaths: Do This

- Include:
 - Primary site
 - Cell type, if known
 - Site(s) of metastases, if applicable

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a.	<input type="text" value="OSTEOSARCOMA OF LEFT FEMUR, METASTATIC TO LUNGS"/> 	<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"/>

Not This

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

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. ENCEPHALOPATHY

(OR A CONSEQUENCE OF)



b. BRAIN RESECTION

(OR A CONSEQUENCE OF)

c.

(OR A CONSEQUENCE OF)

d.

“Complications of...”

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.



Aspiration Pneumonia

- Most cases of aspiration pneumonia occur in neurologically compromised patients
- The disease process causing the impairment should be listed as the underlying cause of death

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.	DEMENTIA, NOT OTHERWISE SPECIFIED ABC	
Due to (or as a consequence of)		
c.	ABC	
Due to (or as a consequence of)		
d.	ABC	

Deaths in the Elderly

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. INANITION



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. MULTI-INFARCT DEMENTIA



Due to (or as a consequence of)

c. ATHEROSCLEROTIC CARDIOVASCULAR DISEASE







Due to (or as a consequence of)

d.



Deaths due to “Old age”

- It is of little statistical value to list “senescence” or “old age” in the cause of death statement; the demographic information is captured in another part of the death certificate
- If an elderly person is found dead and they truly have no known medical diagnosis to account for death, the death may be certified as shown below (please use sparingly)

IMMEDIATE CAUSE (Final disease or condition resulting in death)	
a.	<input type="text" value="UNSPECIFIED NATURAL CAUSES"/> 
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"/> 
Due to (or as a consequence of)	
c.	<input type="text"/> 
Due to (or as a consequence of)	
d.	<input type="text"/> 





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 <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
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	<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <div style="font-size: 2em; margin-bottom: 10px;">→</div> <div style="font-size: 3em;">{</div> </div> <div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">a. AUTOPSY</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Due to (or as a consequence of)</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">b. </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Due to (or as a consequence of):</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">c. </div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Due to (or as a consequence of):</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">d. </div> </div> </div>	
PART II. <u>Other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I. <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>		29a. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
30. MANNER OF DEATH <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined </div> </div>	31. DID TOBACCO USE CONTRIBUTE TO DEATH? <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown </div> </div>	32. IF FEMALE: <div style="display: flex; justify-content: space-between;"> <div> <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 </div> <div> <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year </div> </div>

Interval: Onset to Death

- Underlying cause of death is listed last
- Shortest interval at top, longest at bottom, in sequential order

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a.	<input type="text"/> Due to (or as a consequence of)	<input type="text"/>
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"/> Due to (or as a consequence of)	<input type="text"/>
c.	<input type="text"/> Due to (or as a consequence of)	<input type="text"/>
d.	<input type="text"/>	<input type="text"/>

Interval: Onset to Death: Examples

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a.	<input type="text" value="HYPERKALEMIA"/> 	<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"/> 	<input type="text" value="6 MONTHS"/>
Due to (or as a consequence of)		
c.	<input type="text" value="MEMBRANOUS GLOMERULONEPHRITIS"/> 	<input type="text" value="8 YEARS"/>
Due to (or as a consequence of)		
d.	<input type="text" value="SYSTEMIC LUPUS ERYTHEMATOSUS"/> 	<input type="text" value="23 YEARS"/>

Interval: Onset to Death: Examples

IMMEDIATE CAUSE (Final disease or condition resulting in death)

APPROXIMATE INTERVAL:
Onset to death

a. VENTRICULAR FIBRILLATION



SECONDS

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. MYOCARDIAL INFARCTION



HOURS

Due to (or as a consequence of)

c. CORONARY ARTERY THROMBOSIS



HOURS

Due to (or as a consequence of)

d. ATHEROSCLEROTIC CARDIOVASCULAR DISEASE



YEARS

Major Take-Home Points

- If any discrete, identifiable external force, object, or substance contributed *in any way* to death, the death cannot be considered natural and must be reported to the county medical examiner, regardless of the interval elapsed between the inciting event and death
- The BOTTOM LINE is THE BOTTOM LINE

Part II: Contributory Causes of Death

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



Part II: Contributory Causes of Death


- Conditions which *contributed to* but did *not directly lead to* death
- May list more than one contributory cause of death
- 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 significant conditions contributing to death but not resulting in the underlying cause given in PART I.

Other Significant Conditions contributing to death



Cause versus Mechanism 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.

- Recall that the *cause* of death is the *anatomic* disease or injury that initiated the train of events leading to death
- *Mechanisms* of death are non-specific *physiologic* processes

Cause versus Mechanism of Death

- Mechanisms of death should not be listed as the sole or underlying cause of death
- Examples: exsanguination, respiratory arrest, arrhythmia, asphyxia, anoxic brain injury, metabolic acidosis, acute respiratory distress syndrome

Non-specific Mechanisms of Death: Examples: More Information is Required

Unlikely Underlying Cause

The condition you reported on the lowest box in Part I HYPERKALEMIA usually develops as a complication of another more specific condition.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

APPROXIMATE INTERVAL:
Onset to death

a. LETHAL DYSRHYTHMIA

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. VENTRICULAR FIBRILLATION

ABC

Due to (or as a consequence of)

c. HYPERKALEMIA

ABC

Due to (or as a consequence of)

d.

ABC

Non-specific Mechanisms of Death: Examples: More Information is Required

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.

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. **MULTISYSTEM ORGAN FAILURE**

Due to (or as a consequence of)

b.

Due to (or as a consequence of):

c.

Due to (or as a consequence of):

d.

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.

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. **WITHDRAWAL OF CARE (PER PATIENT WISHES)**

Due to (or as a consequence of)

b. **CPR IN PROGRESS**

Due to (or as a consequence of):

c.

Due to (or as a consequence of):

d.

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.

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. **ACUTE HYPOXIC RESPIRATORY FAILURE**

Due to (or as a consequence of)

b. **VENTILATOR-ASSOCIATED PNEUMONIA**

Due to (or as a consequence of):

c.

Due to (or as a consequence of):

d.

Non-specific Mechanisms of Death: Examples: More Information is Required

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

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. METABOLIC ENCEPHALOPATHY (OR A CONSEQUENCE OF)

{ b. SEVERE SEPSIS (OR A CONSEQUENCE OF)

{ c. SEPTIC SHOCK (OR A CONSEQUENCE OF)

{ d. LACTIC ACIDOSIS

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

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. CARDIOPULMONARY (OR A CONSEQUENCE OF)

{ b. (OR A CONSEQUENCE OF)

{ c. (OR A CONSEQUENCE OF)

{ d. (OR A CONSEQUENCE OF)

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

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. CARDIAC ARREST (OR A CONSEQUENCE OF)

{ b. ACIDOSIS (OR A CONSEQUENCE OF)

{ c. LEUKOCYTOSIS (OR A CONSEQUENCE OF)

{ d. (OR A CONSEQUENCE OF)

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	

Source: CDC, Physicians' Handbook on Medical Certification of Death

Manner of Death

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

Natural
Accident
Suicide
Homicide
Pending Investigation
Could not be determined

Manners of Death: Natural

- 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 to be natural
- All non-natural deaths are to be reported to the medical examiner of the county in which death occurred
- Only one manner of death may be selected
- **The non-medical examiner certifier of death is limited to “Natural” and “Pending” as choices for manner of death**

Manners of Death: Pending

- “Pending” is reserved for those cases in which the cause and/or manner of death cannot be determined within the 48 hours after death, but further information or investigation is expected (e.g., autopsy results)
- The record must be amended in VRISM with the definitive cause and manner of death completed and certified within six months of the death

Main — Death
Delayed Diagnosis

Manners of Death: Non-Natural; Reserved for County Medical Examiner

- **Accident:** death due to injury or poisoning without intent to cause harm
- **Homicide:** death resulting from a volitional act by another person intended to cause fear, harm, or death
- **Suicide:** death resulting from injury or poisoning as a result of an intentional self-inflicted act committed to cause self-harm
- **Could not be determined:** either too much or too little information to determine manner of death to a reasonable degree of medical certainty; should not be used in the absence of an autopsy
- **The period of time elapsed between the injury and the death does not alter the manner of death**

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; or
 - Ask, “Did the patient return to their pre-injury level of function?”
 - Time elapsed between injury and death is irrelevant to manner of death

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

What's Wrong with this Picture?

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. <u>FAILURE TO THRIVE-ADULT,</u> 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. <u>PT WILLED HERSELF TO DIE WANTING</u> Due to (or as a consequence of):	
	c. <u>TO GO TO HEAVEN. FAILED ANTIDEPRESSANTS</u> Due to (or as a consequence of):	
	d. <u>HIP FX</u> 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 checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	32. IF FEMALE: <input checked="" 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

Manners of Death: Therapy-Related Deaths

- Deaths occurring as the result of a foreseeable complication of accepted therapy for natural disease are classified as **natural**
 - Examples: Stevens-Johnson syndrome after sulfonamide therapy; coronary artery dissection during catheterization
- Deaths occurring as the result of improper use of medical equipment or of equipment malfunction are classified as **accident**
 - Example: inadvertent intravenous administration of enteral feedings

Other Required Fields: ME Notification and Autopsy Information

ME Contacted

Was medical examiner contacted?

29 Autopsy

Was an autopsy performed?

Were autopsy findings available to complete the cause of death?

Other Required Fields: Pregnancy

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

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 last year

Other Required Fields: Tobacco

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

Yes

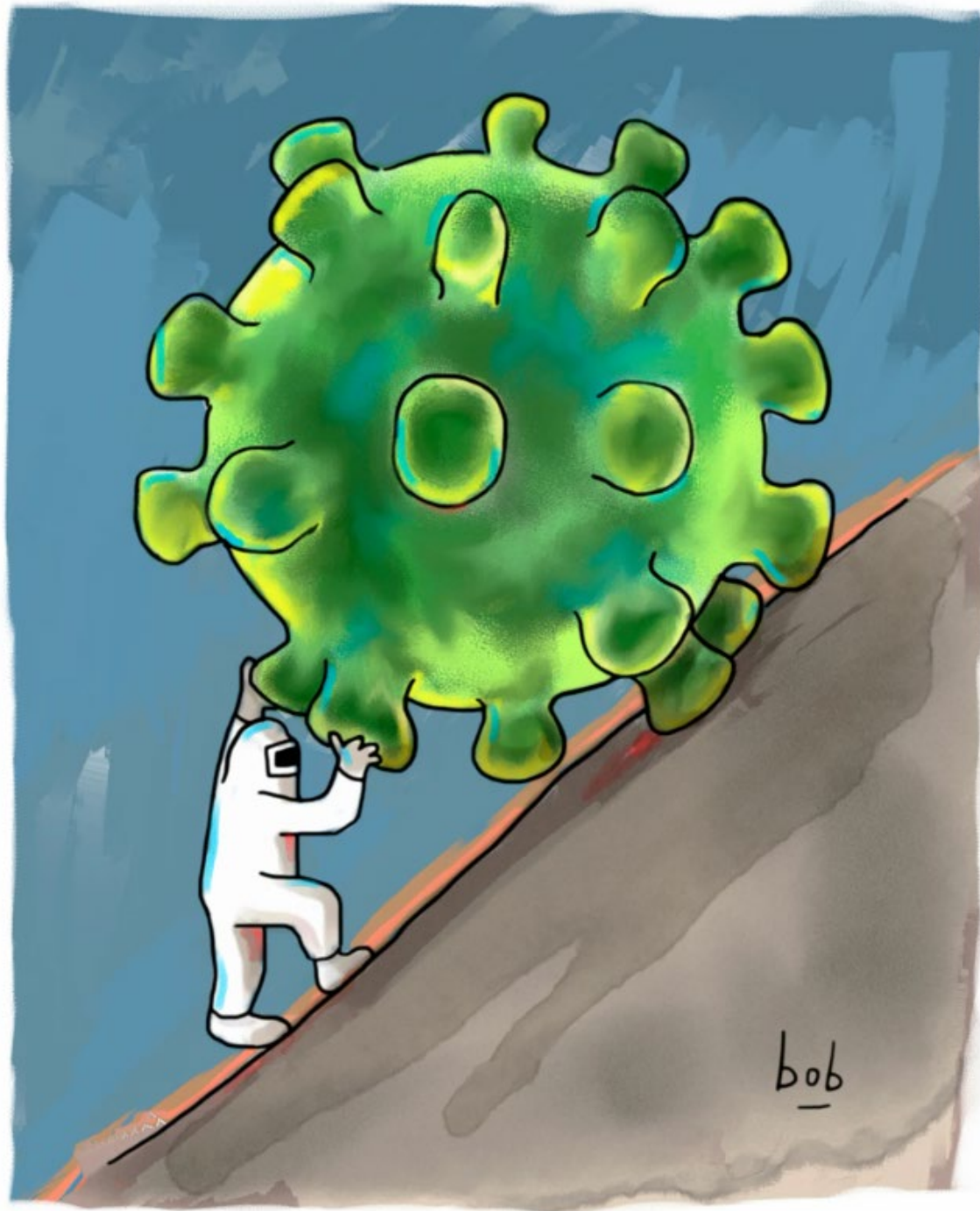
No

Probably

Unknown

Be Consistent

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) → 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. <u>LUNG CANCER</u>	2 YEARS
	b. <u>SMOKING</u> Due to (or as a consequence of)	10 YEARS
	c. <u>SMOKING</u> Due to (or as a consequence of):	10 YEARS
	d. <u>SMOKING</u> Due to (or as a consequence of):	10 YEARS
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
		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 checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	32. IF FEMALE: <input checked="" 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



Vital Statistics Reporting Guidance

Report No. 3 • April 2020



Guidance for Certifying Deaths Due to Coronavirus Disease 2019 (COVID–19)

Deaths Caused by or Related to COVID-19

- “COVID-19”, “SARS-CoV-2”, or “novel coronavirus 19” should be included in Part I of the death certificate if death was felt to be due to novel coronavirus infection
- If a person with chronic severe medical conditions dies with novel coronavirus-19 infection and it is felt that the infection hastened their demise, the death should be attributed to COVID-19
 - Any pre-existing conditions which may have made the decedent more susceptible to death due to novel coronavirus-19 infection should be listed in Part II

Deaths Caused by or Related to COVID-19: Why Should the Infection Be Listed as the Underlying Cause of Death?


- Apply the “but-for” principle: But for the infection, death would not have occurred when it did
- Analogous to a person in hospice care with metastatic carcinoma of the lung who develops a perforated duodenal ulcer
 - Although they were expected to die of lung cancer, the perforated duodenal ulcer intervened and is therefore the underlying cause of death
 - But for the duodenal ulcer, death would not have occurred when it did

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. <u>PERFORATED DUODENAL ULCER</u> 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. <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
<u>ADENOCARCINOMA OF LEFT LUNG, METASTATIC TO BRAIN</u>		29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No

Deaths Caused by or Related to COVID-19

- “Presumed”, “likely”, “probable” or “suspected” may be used in cases in which testing was not performed or was negative, but there is a strong clinical suspicion that death was due to novel coronavirus infection
- There are many *Coronaviridae* species; the death certificate must indicate that death was due to infection with SARS-CoV-2 or novel coronavirus-19 or to the disease COVID-19 for the correct ICD code to be assigned
 - Please don't just write “coronavirus” on the death certificate

COVID-19 Language Goes Here

CERTIFIER PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.	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.			
	27a. SIGNATURE OF CERTIFIER 		27b. LICENSE NUMBER	27c. DATE SIGNED (Month, Day, Year)
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. 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) } b. _____ Due to (or as a consequence of) _____ c. _____ Due to (or as a consequence of) _____ d. _____			Approximate interval: Onset to death
	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 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"/> 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
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. PLACE OF INJURY –at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED			34f. LOCATION OF INJURY (Street and Number, City or Town, State)	

Other Illnesses/Underlying Processes Exacerbating SARS-CoV-2 Infection Go Here

CERTIFIER PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.	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.			
	27a. SIGNATURE OF CERTIFIER 		27b. LICENSE NUMBER _____	27c. DATE SIGNED (Month, Day, Year) _____
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. 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) → b. _____ Due to (or as a consequence of): _____ c. _____ Due to (or as a consequence of): _____ d. _____ Due to (or as a consequence of): _____			Approximate interval: Onset to death _____
	<div style="border: 2px solid red; padding: 5px;"> PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. </div>			
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"/> 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		
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	
34e. DESCRIBE HOW INJURY OCCURRED _____			34d. PLACE OF INJURY –at home, farm, street, factory, office, building, etc. (Specify) _____	
34f. LOCATION OF INJURY (Street and Number, City or Town, State) _____				

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). 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. COVID-19	(OR A CONSEQUENCE OF)	
	{	b.	(OR A CONSEQUENCE OF)	
		c.	(OR A CONSEQUENCE OF)	
		d.	(OR A CONSEQUENCE OF)	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. HYPERTENSION; HYPERLIPIDEMIA; DIABETES MELLITUS TYPE 2			29a. WAS AN AUTOPSY PERFORMED? NO	
			29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
30. MANNER OF DEATH NATURAL	31. DID TOBACCO USE CONTRIBUTE TO DEATH? NO	32. IF FEMALE: NOT PREGNANT WITHIN PAST YEAR		

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). 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. ACUTE RESPIRATORY DISTRESS SYNDROME (OR A CONSEQUENCE OF)	
	{	b. COVID-19 WITH GUILLAIN-BARRE TYPE ILLNESS (OR A CONSEQUENCE OF)	
		c. _____ (OR A CONSEQUENCE OF)	
		d. _____ (OR A CONSEQUENCE OF)	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. HYPERTENSION; HYPERLIPIDEMIA _____		29a. WAS AN AUTOPSY PERFORMED? NO	
		29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	

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). 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.	SEVERE SEPSIS	FEW DAYS
			(OR A CONSEQUENCE OF)	
		b.	BILATERAL PNEUMONIA	FEW DAYS
			(OR A CONSEQUENCE OF)	
	c.	CORONA VIRUS DISEASE 19	FEW DAYS	
		(OR A CONSEQUENCE OF)		
	d.			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. DIABETES TYPE 2; HYPERTENSION; SUBACUTE STROKE; HYPEROSMOLAR STATE			29a. WAS AN AUTOPSY PERFORMED? NO	
			29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
30. MANNER OF DEATH NATURAL	31. DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN	32. IF FEMALE: N/A		

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.	
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. POST CARDIAC ARREST SYNDROME
	b. ACUTE HYPOXEMIC RESPIRATORY FAILURE
	c. COVID PNEUMONITIS
	d.

When COVID-19 is NOT the Underlying Cause of Death

MEDICAL CERTIFICATION	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.	ACUTE SUBDURAL HEMATOMA		
			(OR A CONSEQUENCE OF)		
		b.	FALL		
			(OR A CONSEQUENCE OF)		
	c.				
		(OR A CONSEQUENCE OF)			
	d.				
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				29a. WAS AN AUTOPSY PERFORMED?
	RECENT HISTORY OF COVID-19 INFECTION, HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE, HISTORY OF PULMONARY EMBOLISM WITH CURRENT				NO
					29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
	30. MANNER OF DEATH ACCIDENT		31. DID TOBACCO USE CONTRIBUTE TO DEATH? NO		32. IF FEMALE: N/A
	33. IF TRANSPORTATION INJURY, SPECIFY:	34a. DATE OF INJURY FOUND 04/12/2020	34b. TIME OF INJURY UNKNOWN	34c. INJURY AT WORK? NO	34d. PLACE OF INJURY NURSING HOME/LONG TERM CARE
	34e. DESCRIBE HOW INJURY OCCURRED FALL				



SCENARIOS






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.

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 <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="DIABETES MELLITUS; CHRONIC OBSTRUCTIVE PULMONARY DISEASE"/> 		

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. 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.

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).

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.

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.



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