

NATIONAL CENTER FOR HEALTH STATISTICS



OFFICE OF VITAL STATISTICS

INSTRUCTIONS for completing the CAUSE-OF-DEATH SECTION of the death certificate

Accurate cause-of-death information is important to:

- * The public health community in evaluating and improving the health of all citizens;
- * The family, now and in the future;
- * The person settling the decedent's estate.

The cause-of-death section consists of 2 parts. **Part I** is for reporting a chain of events leading directly to death, with the **immediate cause** of death (the final disease, injury, or complication directly causing death) on line a to the **underlying cause** of death (the disease or injury that initiated the chain of morbid events which led directly to death) on the lowest used line. **Part II** is for reporting all other significant diseases, conditions, or injuries that contributed to death but did not result in the underlying cause of death as given in **Part I**.

The CAUSE-OF-DEATH information should be YOUR best medical OPINION -- Section 382.008(3), Florida Statutes charges the physician to certify the cause of death "...to the best of his or her best knowledge and belief." Terms such as, "probable," "possible," etc. can be used when the certifier is not comfortable making an exact diagnosis. Death records can be amended at any time should additional information become available after the record has been filed; see Changes in Cause of Death at the bottom of the back of this form.

In completing the CAUSE-OF-DEATH section:

- * Type, using black ink. If a typewriter is unavailable, print *legibly* using permanent **black** ink.
- * Report each DISEASE, ABNORMALITY, INJURY, and OR POISONING that you believe ADVERSELY AFFECTED the decedent. A condition can be listed as "probable" even if it has not been definitely diagnosed.
- * If, in your opinion, the use of tobacco, alcohol, drugs, or other substance by the decedent, or a recent pregnancy or injury caused or contributed to death, then this condition should be reported.

An example of a properly completed medical certification:

Slate of Florida, Department of Health	30. CERTIFIER: <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <small>(Check one)</small> <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated					
	31a. (Signature and Title of Certifier) Marcus Welby, M.D.		31b. DATE SIGNED (mm/dd/yyyy) 2/12/2005	32. TIME OF DEATH (24 hr.) 1748	33. MEDICAL EXAMINER'S CASE NUMBER _____	
	34a. LICENSE NUMBER (of Certifier) ME 87654		34b. CERTIFIER'S NAME MARCUS WELBY, M.D.		35. NAME OF ATTENDING PHYSICIAN (If other than Certifier) _____	
	36a. CERTIFIER'S - STATE FLORIDA	36b. CITY OR TOWN ANYTOWN	36c. STREET ADDRESS 123 MAIN STREET		36d. ZIP CODE 12345-7890	
	37. SUBREGISTRAR - Signature and Date ▶		38a. LOCAL REGISTRAR - Signature ▶		38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) _____	
DH Form 512, Jan. 2005 (Obsoletes previous editions which may not be used)	39. PROBABLE MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined			40. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	41. CAUSE OF DEATH - PART I. (See instructions on back) 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			The following are under the jurisdiction of the medical examiner: DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology.		
	a. Acute renal failure Due to (or as a consequence of):			Approximate Interval: Onset to Death 5 days		
	b. Hyperosmolar nonketotic coma Due to (or as a consequence of):			8 weeks		
	c. Diabetes mellitus, noninsulin dependent Due to (or as a consequence of):			15 years		
	d. _____					
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			42a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				42b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	43a. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY		43b. DATE OF SURGERY (Mo., Day, Yr.)		44. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
	45. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, specify timeframe: _____ at time of death _____ within 1 to 42 days of death _____ within 43 days to 1 year of death					
46. DATE OF INJURY (Month, Day, Year)		47. TIME OF INJURY (24 hr.)	48. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	49a. LOCATION OF INJURY - STATE		
49b. CITY OR TOWN		49c. STREET ADDRESS		49d. APT. NO.	49e. ZIP CODE	
50. DESCRIBE HOW INJURY OCCURRED				51. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		
IF TRANSPORTATION INJURY, 52a. Status of Decedent <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)						
52b. Type of Vehicle <input type="checkbox"/> Car/Minivan <input type="checkbox"/> S.U.V. <input type="checkbox"/> Motorcycle <input type="checkbox"/> Pickup Truck/Cargo Van <input type="checkbox"/> Bus <input type="checkbox"/> Heavy Transport <input type="checkbox"/> Other (Specify)						

(See reverse for instructions on the completion of each item)

ITEMS 30–36d – MEDICAL CERTIFIER

The physician/medical examiner's signature in item 31a indicates she/he is in concurrence with the information provided. Items 31b, date signed; 32, time of death; 33, medical examiner's case #, if applicable; and 36a-d, name and address of certifier, identify and verify the certifying physician, when the record was signed, and the time of death of the decedent, as best as can be determined.

ITEM 39 – PROBABLE MANNER OF DEATH

If death is due to natural causes, Natural should be checked. Deaths in which an accident, suicide or homicide has occurred, or classified as Pending Investigation or Undetermined, come under the jurisdiction of the medical examiner and **MUST** be reported to the medical examiner*. In most cases certified by a physician other than a medical examiner, the manner of death will be Natural.

ITEM 40 – CASE REPORTED TO THE MEDICAL EXAMINER DUE TO CAUSE OF DEATH

- Check "Yes" if this case was or will be reported to the medical examiner due to the cause of death or circumstances of death.*
- Check "No" if no report will be made to the medical examiner.

ITEM 41 – CAUSE OF DEATH

PART I (Chain of events leading directly to death)

- Only one cause of death should be entered on each line.
- Line (a) MUST ALWAYS have an **immediate cause** of death entry. **DO NOT** leave blank.
- The mode of dying (e.g., cardiac arrest and respiratory arrest) should *not* be used. However, if a mode of dying seems most appropriate to you for line (a), then you *must always* list its cause(s) on the line(s) below it, (e.g., cardiac arrest due to arrhythmia due to ischemic cardiac disease).
- Line (b) has the condition, if any, that gave rise to the immediate cause of death. If this in turn resulted from a further condition, report that condition on line (c). Report the full sequence.
- ALWAYS enter the **underlying cause of death** on the lowest used line in Part I.
- The words "DUE TO (OR AS A CONSEQUENCE OF)," which are printed between the lines of Part I, apply to etiological or pathological sequences as well as to sequences in which an earlier condition is believed to have prepared the way for a subsequent cause by damage to tissues or impairment of function.
- If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause of death; *always* report an etiology for the end stage condition on the line(s) beneath it (e.g., congestive heart failure due to ischemic cardiomyopathy).
- For each cause, indicate the best estimate of the INTERVAL between the presumed onset and the date of death. The terms "approximately" or "unknown" may not be used. **DO NOT** leave blank.

PART II (Other significant conditions)

- Enter all diseases, conditions, or injuries that contributed to death that were not listed in the chain of events in Part I and that **did not result in the underlying cause of death**.
- If two or more possible sequences resulted in death, report in Part I the one that, *in your opinion*, most directly caused death. Report in Part II the other conditions or diseases.

ITEMS 42a-b – AUTOPSY FINDINGS

- Check "yes" or "no" to the question WAS AN AUTOPSY PERFORMED
- Check "yes" or "no" to the question WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH

ITEMS 43a-b – SURGERY - If surgery is mentioned in Part I or Part II, enter the condition for which it was performed and give date of surgery.

ITEMS 44 – DID TOBACCO USE CONTRIBUTE TO DEATH? - If the decedent's use of tobacco contributed to the his/her death, check the appropriate line.

ITEM 45 – PREGNANCY IN THE PAST THREE MONTHS (for women of normal childbearing years, ages 10-54)

- Check "Yes" if there was a pregnancy in the last year. If Yes, complete the additional items as applicable
- Check "No" if not pregnant in the last year.

ITEMS 46-52 – ACCIDENT OR INJURY SPECIFICS - All items must be completed if death was due to any but natural causes.

CHANGES IN CAUSE OF DEATH – ITEM 41

After filing the death certificate, if additional medical information or autopsy findings become available that would change the cause of death originally reported, the original death certificate should be amended by the certifying physician. Immediately report the revised cause of death to the State Office of Vital Statistics by using form DH 434, Affidavit of Amendment to Medical Certification of Death for 2004 deaths and earlier; DH 434A, Affidavit of Amendment to Medical Certification of Death should be used for 2005 deaths forward.

* Section 406.11, Florida Statutes, lists those cases that fall under the medical examiner's jurisdiction, e.g., accident, suicide, homicide, sudden unexpected death, in police custody, etc.