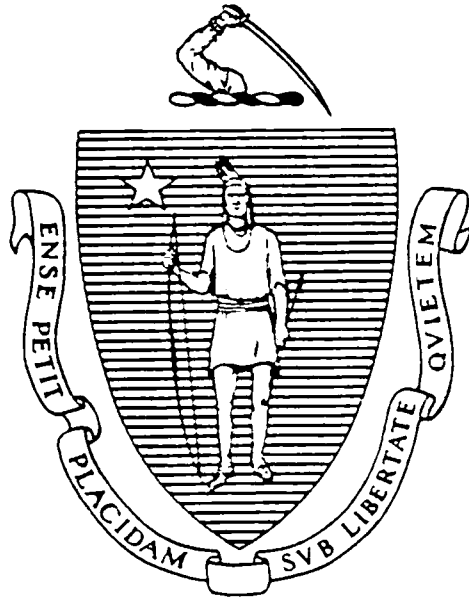


1980

DEATH REGISTRATION HANDBOOK



THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS
McCormack Bldg., One Ashburton Place
Boston, MA 02108

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INTRODUCTION

PURPOSE

This handbook is designed to acquaint funeral directors, physicians, medical examiners and others with the death registration system of this Commonwealth and to provide uniform guidelines for completing the standard certificate of death. Particular emphasis has been directed to individual item completion and to the responsibilities of all persons involved in the accurate preparation and filing of the standard certificate of death.

IMPORTANCE OF DEATH REGISTRATION

A death certificate is a permanent record of the fact of death of an individual. It provides important information about the decedent, such as age, sex, race, date of death, his or her parents, and, if married, the name of the spouse; information on circumstances and cause of death; and the date and place of interment. This information is used in the application for insurance benefits, settlement of pension claims, transfer of title of real and personal property, and other general legal uses. The certificate is also used as evidence when a question about the death arises.

Statistical information from death certificates helps define problems and measures the results of many aspects of public health work. These data are a necessary foundation on which to base an effective public health program. Without such data a health department could not perform its duties with perspective and in an efficient manner.

In addition, death statistics are of considerable value to individual physicians and to medical science. The increase or decrease in the number of deaths, the geographic distribution of deaths from certain diseases, the risk of death from various causes at different ages, the medical implications of the combinations of morbid conditions resulting in death, the frequency of autopsies, and the proportion of deaths occurring in hospitals are areas of interest to many health-related professions.

Since the statistical data derived from death certificates can be no more accurate than the information on the certificate, it is very important that all persons concerned with the registration of deaths strive not only for complete registration but also for accuracy and promptness in reporting these events.

STANDARD CERTIFICATE OF DEATH

The Department of Public Health, with considerable input from professionals involved in the registration system, has redesigned and combined the standard and medical examiner's certificates of death (Form R-301 and R-303) into one usable form; referred to as the "Standard Certificate of Death" (Form R-301R). The new form will be in effect for registration of events which occur on or after January 1, 1980. This certificate is based primarily upon a model form developed by the National Center for Health Statistics of the U.S. Department of Health, Education, and Welfare. It has been modified to conform to the statutory provisions of this Commonwealth.

STATE RESPONSIBILITY

The responsibility for the preparation of the reporting form as well as the enforcement of all laws relative to registration falls upon the Registrar of Vital Records and Statistics of the Massachusetts Department of Public Health. The Registrar's office is located at Room 107, McCormack Building, 1 Ashburton Place, Boston, Massachusetts - 02108. Any questions concerning registration should be directed to the Registrar at (617) 727-2838.

LOCAL RESPONSIBILITY

The responsibility of the local level is two-fold:

A. The local board of health or its authorized agent receives a satisfactory certificate of death from the funeral director and issues a proper burial permit. It is of the utmost importance that the board of health officer examine the certificate carefully to ensure its proper completion in accordance with this manual. The board of health then transmits the certificate to the municipal clerk.

B. The responsibility of the local clerk is to examine the certificate for any errors or omissions; upon acceptance, file the certificate of death in the official records of the community and transmit, at the appropriate time, a duplicate to the state Registry of Vital Records and Statistics.

FOR FUNERAL DIRECTORS

RESPONSIBILITIES:

Funeral directors are responsible for obtaining the death certificate from the certifying physician or medical examiner; completing the personal data items on the deceased; and filing a completed certificate with the local board of health or its agent in the city or town where the death occurred. In general, the duties of the funeral director are to:

- Obtain the certificate from the certifier with item #'s 20 through 27 completed as well as item #'s 1R to 4R on the reverse side of the form.
- Complete all personal data items on the deceased (item #'s 1-19).
- Never leave an item blank. If unknown, enter the word "unknown".
- File a completed certificate with the local board of health or its agent in the city or town where the death occurred.
- Notify the medical examiner of any death that is believed to have been due to violence or in any case outlined on the reverse side of the standard certificate of death under "Rules of Practice" unless this has been previously done by the certifying physician.
- Assist state and local officials by answering inquiries promptly.
- Call the State Registrar for advice and/or assistance when necessary. The telephone number is (617) 727-2838.

FOR FUNERAL DIRECTORS

GENERAL INSTRUCTIONS:

The necessary data for the preparation of the standard certificate of death is obtained from the:

- Informant (in order of preference, the spouse, either parent, a child of the decedent, another relative or person having knowledge of the facts).
- Certifying physician or the medical examiner.

It is essential that the certificate be prepared as a permanent durable record; as such some guidelines follow:

- Type all entries whenever possible. If a typewriter with BLACK ribbon cannot be used, print legibly in BLACK ink.
- Complete each item. Follow the specific instructions for that item. If the answer to an item is unknown, add "unknown" in the appropriate space.
- Do not make alterations or erasures.
- The original certificate must be filed with the board of health or its agent; reproductions are not acceptable.
- Avoid abbreviations except those recommended in the specific item instructions.
- Verify with the informant the spelling of names, especially those with different spellings for the same sound (Smith or Smythe, Wolf or Wolfe, Gail or Gayle, etc.)
- Refer problems not covered in these instructions to the State Registrar's office at (617) 727-2838.

FOR FUNERAL DIRECTORS

ITEM COMPLETION:

These instructions coincide with the item number as it appears on the standard certificate of death:

1. DECEDENT - NAME: FIRST, MIDDLE, LAST

Enter the full first, middle and last name of the decedent at the time of death. Do not abbreviate and do not enter any previous names of the deceased such as a previous marriage name. If the decedent was also known by another name at the time of death, enter as A.K.A. (for example, John Henry Smith - A.K.A. Smythe).

Note: This item is used to identify the individual for whom the certificate is being prepared.

2. SEX

Enter male or female.

Note: This item aids in identification of the decedent. It is also used in research and statistical analysis of mortality by sex.

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

Enter month, day and year death occurred. Enter the full or abbreviated name of the month (Jan., Feb., March, etc.). Do not use a number for the month.

4A - D. PLACE OF DEATH

4A. PLACE OF DEATH (City or Town)

Enter the name of the city or town where the death occurred. Do not enter villages or sections but the actual city or town that such village or section is a part of. For example, Roxbury, Charlestown and Jamaica Plain are localities in the City of Boston; Hyannis is a locality of the Town of Barnstable. When in doubt, please call the Registrar's office at (617) 727-2838.

4B. COUNTY OF DEATH

Enter the name of the county where death occurred.

FOR FUNERAL DIRECTORS

4C. HOSPITAL OR OTHER INSTITUTION

Hospital Deaths:

If the death occurred in a hospital, enter the full name of the hospital.

If the death occurred en route to or on arrival at a hospital, enter the full name of the hospital.

Nonhospital Deaths:

If the death occurred at home, enter the house number and street name of the place where death occurred.

If the death occurred at some place other than those described above, enter the number and street name of the place.

4D. D.O.A. (Yes or No)

If decedent was pronounced dead on arrival, enter "yes"; otherwise enter "no".

Note: Item #'s 4A-4D are used to identify the place of death. This is needed to determine the area that has jurisdiction for those deaths. These items are also used for research and statistics on hospital and non-hospital deaths. Valuable information is also provided for health planning and for identifying specific health problems such as epidemics.

5. RACE - WHITE, BLACK, AMERICAN INDIAN, ETC. (Specify)

Enter the race of the decedent as stated by the informant. For groups other than White, Black, or American Indian, obtain the national origin of the decedent, such as Chinese, Japanese, Korean, Filipino, Hawaiian, etc.

If the informant indicates that the decedent is of "mixed race", enter both races or national origin.

Note: Race is essential in studies of health characteristics for minority groups. It is also used in planning and evaluating health programs as well as in making population estimates.

6A - C. AGE

Make an entry in either 6a, 6b, or 6c depending on the age of the decedent.

FOR FUNERAL DIRECTORS

6A. LAST BIRTHDAY (YEARS)

Enter the age of the decedent at last birthday.
If the decedent was under 1 year of age, leave item blank.

6B. UNDER ONE YEAR - MONTHS, DAYS

Enter the age of the infant in months or days at time of death.
If the infant was between 1 and 11 months of age inclusive, enter in completed months.
If the infant was less than 1 month old, enter the age in days.
If the infant was over 1 year or under 1 day of age, leave item blank.

6C. UNDER ONE DAY - HOURS, MINUTES

Enter the number of hours or minutes the infant lived.
If the infant was between 1 and 23 hours inclusive, enter the age in completed hours.
If the infant was less than 1 hour old, enter age in minutes.
If the infant was more than 1 day old, leave this item blank.

Note: Age is one of the most important characteristics in studying mortality. The "under 1 year" and "under 1 day" portions provide information for evaluation of infant, neonatal, and perinatal mortality.

7. DATE OF BIRTH (MONTH, DAY, YEAR)

Enter the exact month, day, and year that the decedent was born.
Enter the full or abbreviated name of the month (Jan., Feb., March, etc.). Do not use a number for the month.

Note: If age at death is not stated, computation of the interval between the date of birth and the date of death will establish the age. This item is also useful in identification of the decedent and for verification of item #6.

8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)

If the decedent was born in the United States, enter the name of the state.

If the decedent was not born in the United States, enter the name of the country.

If the decedent is known to have been born in the United States, but the state is unknown, enter "U.S.-Unknown."

If no information is available regarding place of birth, enter "Unknown."

Note: This item is used with Census data to compare mortality of individuals who resided in the state where they were born with that of individuals who resided in a state other than their state of birth to help explain geographic patterns of mortality.

FOR FUNERAL DIRECTORS

9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

Enter the marital status of the decedent at time of death. Specify one of the following: married, never married, widowed, divorced. A person is legally married even if separated.

If marital status cannot be determined, enter "Unknown." Do not leave blank. Do not use "Single."

Note: This item is used to study differences in mortality for marital status groups.

10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

If decedent was married at time of death, enter name of surviving spouse.

If the surviving spouse is the wife, give full maiden name.

Note: This item aids in the establishment of the relationship of surviving spouse to the decedent for the purposes of insurance and other survivor benefits.

11A-B. OCCUPATION AND INDUSTRY OF DECEDENT

11A. USUAL OCCUPATION (PRIOR - IF RETIRED)

Enter the usual occupation of the decedent. This is not necessarily the last occupation of the decedent.

"Usual occupation" is the kind of work the decedent did during most of his or her working life, such as claim adjuster, farmhand, coal miner, housewife, janitor, store manager, college professor, civil engineer, etc. "Retired" is not an acceptable entry.

Enter "Student" if the decedent was a student at the time of death and was never regularly employed.

11B. KIND OF BUSINESS OR INDUSTRY

Enter the kind of business or industry to which the occupation listed in 11A was related, such as insurance, farming, coal mining, hardware store, retail clothing, university, government, etc. Do not enter firm or organization names.

Note: Item #'s 11A and 11B provide the only measure of socioeconomic status available on the certificate. These items are also useful in identifying job-related risk areas.

12. SOCIAL SECURITY NUMBER

Enter the Social Security number of the decedent.

Note: This item is useful in identifying the decedent and facilitates the filing of Social Security claims.

FOR FUNERAL DIRECTORS

13. IF U.S. WAR VETERAN, SPECIFY WAR

If decedent was a U.S. war veteran, then specify war; for example WWI, WWII, Korean, Vietnam, etc. Also complete additional information on reverse side of certificate.

14. RESIDENCE - STREET AND NUMBER; CITY OR TOWN; COUNTY; STATE; ZIP CODE

Residence of the decedent is the place where he or she actually resided. Never enter a temporary residence such as one used during a visit, business trip or vacation.

A decedent who was living in an institution for a long period of time without intent to return to a previous residence should have his or her residence entered as that of the institution. Otherwise, his or her permanent residence should be entered.

Residence should include street and number, city or town, county, state and zip code.

Note: Mortality data by residence accompanied with the corresponding population estimates of the Bureau of the Census permits computation of death rates for detailed geographic areas. Deaths by place of residence of the decedent are used to prepare population estimates and projections. These data are used by local officials for planning for the availability and utilization of services.

15-16. PARENTAGE

15A. FATHER-FULL NAME

Enter the full name of the father of the decedent. Do not enter foster or step parent.

15B. STATE OF BIRTH (IF NOT U.S.A., NAME COUNTRY)

Enter the birthplace of the father. If he was born in the U.S., enter the name of the state.

If he was not born in the U.S., enter the name of the country.

If he was born in the U.S. but the state is unknown, enter "U.S. Unknown."

If no information is available, enter "Unknown."

16A. MOTHER-NAME (GIVEN) (MAIDEN)

Enter the full maiden name of the mother of the decedent. Do not enter foster or step parent.

16B. STATE OF BIRTH (IF NOT U.S.A., NAME COUNTRY)

Enter the birthplace of the mother. If she was born in the U.S., enter the name of the state.

FOR FUNERAL DIRECTORS

If she was not born in the U.S., enter the name of the country.
If she was born in the U.S. but the State is unknown, enter
"U.S. Unknown."
If no information is available, enter "Unknown."

*Note: Item #'s 15 and 16 aid in identification of the decedent
and are important for genealogical purposes.*

17A-17B. IDENTITY OF INFORMANT

17A. INFORMANT - NAME AND ADDRESS

Enter the informant's name and address. The address should include street and number, city or town and state.

17B. RELATIONSHIP

Enter relationship of informant to decedent.

18A-18D. DISPOSITION

18A. TYPE OF DISPOSITION

Specify whether disposition was "burial", "cremation", "entombment" or other type. If body is to be used for scientific or educational purposes, enter "Chapter 113" and specify the name and location of the school or institution in item #'s 18C and 18D.

18B. DATE OF DISPOSITION

Enter the month, day and year of the disposition.

18C. PLACE OF DISPOSITION

Give the name of the cemetery or crematory, if applicable.

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

18D. LOCATION (CITY OR TOWN, STATE)

Enter the name of the city or town, and state, where the cemetery or crematory is located.

If the body is to be used for scientific or educational purposes, give name of the city or town, and state, where institution or school is located.

Note: Item #'s 18A thru 18D indicate whether the body was properly disposed of as required by law.

FOR FUNERAL DIRECTORS

19A-19C. FUNERAL SERVICE LICENSEE INFORMATION

19A. FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH

The funeral service licensee or other person first assuming custody of the body and who is charged with the responsibility for completing the death certificate should be entered.

19B. NAME OF FACILITY

Enter the name of the facility handling the body prior to burial or other disposition.

19C. ADDRESS OF FACILITY

Enter the complete address of the facility name in item #19B.

Note: These items identify the person who is responsible for filing the certificate.

FOR CERTIFYING PHYSICIANS

RESPONSIBILITIES:

The physician's principal responsibility in death registration is to immediately prepare a death certificate with a completed cause of death and make the certificate readily available to the funeral director. The certifying physician may be the attending physician, the board of health physician, the physician declaring such person dead or a registered hospital medical officer duly appointed.

GENERAL INSTRUCTIONS:

In general, the duties of the physician are to:

- Refer the following cases to the medical examiner:

When any person in the Commonwealth is supposed to have died by violence, or by action of chemical, thermal or electrical agents, or following abortion, or from diseases resulting from injury or infection relating to occupation, or suddenly when not disabled by recognizable disease, or from malnutrition, or from sexual abuse, or a child who is determined to be physically dependent upon an addictive drug at birth, or when any person is found dead.

- In cases which are not referred to a medical examiner or in cases where the medical examiner waives jurisdiction, the physician must immediately prepare the death certificate with a completed cause of death.
- Enter on the reverse side, item #'s 1R-4R, the name of the deceased, and the date and place of death. Do not complete any personal data items (1-19) on the front of the certificate.
- Fill out the medical portion of the certificate (item #'s 20-24).
- Fill out the certifier section (item #'s 25 and 27).
- Have the certificate readily available for the funeral director.
- Cooperate with local and state officials by promptly responding to inquiries.
- Call the State Registrar for advice and/or assistance when needed. The telephone number is (617) 727-2838.

FOR CERTIFYING PHYSICIANS

ITEM COMPLETION:

It is essential that the certificate be prepared as a permanent durable record; as such some guidelines follow:

- Type or print legibly all necessary items with BLACK ink. Typewriter must have durable BLACK ribbon.
- Do not make erasures or alterations
- Be sure the cause of death is clearly stated and legible.

The following instructions coincide with the item number as it appears on the standard certificate of death:

1R. DECEDENT - NAME: FIRST, MIDDLE, LAST

Enter the full first, middle and last name of the decedent at the time of death. Do not abbreviate and do not enter any previous names of the deceased such as a previous marriage name. If the decedent was also known by another name at the time of death, enter as A.K.A. (for example, John Henry Smith - A.K.A. Smythe).

2R. SEX

Enter male or female.

3R. DATE OF DEATH (MONTH, DAY, YEAR)

Enter month, day and year death occurred. Enter the full or abbreviated name of the month (Jan., Feb., March, etc.) Do not use a number for the month.

4R. PLACE OF DEATH

Enter in the appropriate blocks the name of the city or town where the death occurred.

Hospital Deaths:

If the death occurred in a hospital, enter the full name of the hospital.

If the death occurred en route to or on arrival at a hospital, enter the full name of the hospital.

If decedent was pronounced dead on arrival, enter "yes" in appropriate block; otherwise enter "no".

FOR CERTIFYING PHYSICIANS

Nonhospital deaths:

If the death occurred at home, enter the house number and street name of the place where death occurred.

If the death occurred at some place other than those described above, enter the number and street name of the place.

ITEM #'S 20 to 24 - CAUSE OF DEATH

Certifying to the Cause of Death

The physician's primary responsibility in death registration is to complete the medical portion of the death certificate. In addition to entering information on the causes of death, care should be taken to see that the hour, date, and place of death are correctly entered.

The cause of death section follows guidelines recommended by the World Health Organization. An important feature is the underlying cause of death determined by the certifying physician. The World Health Organization recommends that its signatory nations use the underlying cause of death for basic mortality statistics. In accordance with this concept, the medical certifier has both responsibility and opportunity to make mortality statistics reflect the best medical opinion concerning causes of death.

Method of Certification

The cause of death section on the death certificate is designed to facilitate reporting the underlying cause of death and to obtain information on the causal and pathological sequence of events leading to death. It consists of two parts, the first relating to the sequence of events leading to death and the second to other significant conditions that contributed to the death.

In addition, there are questions relating to autopsy, accident, and injury. In certifying causes of death, the disease or condition should be reported in specific terms.

Cause of Death

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

FOR CERTIFYING PHYSICIANS

PART I OF THE CAUSE OF DEATH STATEMENT

Only one cause is to be entered on each line of Part I. The underlying cause of death should be entered on the lowest line used in Part I. The underlying cause of death is the condition that started the sequence of events between normal health and the immediate cause of death.

Line (a) Immediate Cause

The direct or immediate cause of death is reported on line (a). This is the disease, injury, or complication that directly preceded death. It can be the sole entry in the cause of death statement if only one condition was present at death. There must always be an entry on line (a). In the case of a violent death, enter the result of the external cause (e.g., fracture of vault of skull, crushed chest).

Line (b) Due to, or as a Consequence of

The disease, injury, or complication, if any, which gave rise to the direct or immediate cause of death is reported on line (b). This condition must be considered to have been antecedent to the immediate cause, both with respect to time and etiological or pathological relationship. If it is believed to have prepared the way for the immediate cause, a condition can be considered as antecedent to the immediate cause even though a long interval of time has elapsed since its onset. In case of injury, the form of external violence or accident is antecedent to an injury entered on line (a) and should be entered on line (b) although the two events are almost simultaneous (e.g., automobile accident, fallen on by tree).

Line (c) Due to, or as a Consequence of

The condition, if any, which gave rise to the antecedent condition on line (b) is reported on line (c). This condition must be considered to have been antecedent to the cause entered on line (b), both with respect to time and etiology or pathological relationship. This condition can be antecedent to the cause entered on line (b) even though a long interval of time has elapsed since its onset. In case of injury, the form of external violence or accident is antecedent to an injury entered on line (b) although the two events are almost simultaneous.

Interval Between Onset and Death

Space is provided at the end of lines (a), (b), and (c) for recording the interval between onset and death for the immediate cause, antecedent condition, if any, and underlying cause. These intervals usually are established by the physician on the basis of information available. The time of onset may be obscure or entirely unknown in which case the physician can state that the interval is "Unknown". Do not leave it blank.

FOR CERTIFYING PHYSICIANS

PART II OF THE CAUSE OF DEATH STATEMENT (OTHER SIGNIFICANT CONDITIONS)

Any other important disease or condition that was present at the time of death which may have contributed to death but which was not related to the immediate cause of death listed on line (a) should be recorded on this line. For example, a patient who died of metastasis from carcinoma of the breast may also have had a hypertensive heart disease that contributed to the death. In this case, the hypertensive heart disease would be entered in Part II as a contributory cause of death.

OTHER ITEMS FOR MEDICAL CERTIFICATION

The remaining items which require the physician's certification relate to autopsy, accident, and injury, and to whether or not the case was referred to the medical examiner or coroner.

The physician should indicate whether or not an autopsy was performed. In those cases when an accident, suicide, or homicide has occurred, the medical examiner or coroner should be notified. If the medical examiner or coroner does not assume jurisdiction, the physician should describe injuries and accidents. A clear, brief statement as to how the injury occurred is made indicating the circumstances or cause of the accident, such as "Slipped and fell while shoveling snow," or "Burned using gasoline to light stove." The physician should indicate in all cases whether or not the medical examiner was notified.

ITEM #25 - CERTIFIER

The physician certifies that "To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated." The term "To the best of my knowledge" is included because it is recognized that it is not always possible to make a precise determination of interacting causes of death.

However, the attending physician is usually in a better position than any other individual to make a judgment as to which of the conditions led directly to death and to state the antecedent conditions, if any, which gave rise to this cause. Qualifying phrases may be used to reflect uncertainty in case of real doubt as to which of these conditions led directly to death. Occasionally, the knowledge of the case will be so meager that no alternative is possible except to specify "Unknown."

The physician signs the completed statement, adding his degree or title. He also gives the date of certification.

ITEM #27 - NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (TYPE OR PRINT)

Either type or legibly print the name and address of the certifier.

FOR MEDICAL EXAMINERS

RESPONSIBILITIES:

The medical examiner's principal responsibility in death registration is to immediately prepare a death certificate with a completed cause of death insofar as possible and make the certificate readily available to the funeral director.

GENERAL INSTRUCTIONS:

In general, the duties of the medical examiner insofar as death registration is concerned are to:

- Enter on the reverse side, item #'s 1R to 4R; the name of the deceased and the date and place of death. Do not complete any of the personal data items (1-19) on the front of the certificate.
- Fill out the medical portion of the certificate (item #'s 20-24).
- Fill out the certifier section (item #'s 26 and 27).
- Have the certificate readily available for the funeral director.
- Cooperate with state and local officials by promptly responding to inquiries.
- Call the State Registrar for advice and/or assistance when needed. The telephone number is (617) 727-2838.

ITEM COMPLETION:

It is essential that the certificate be prepared as a permanent durable record; as such some guidelines follow:

- Type or print legibly all necessary items with BLACK ink. Typewriter must have durable BLACK ribbon.
- Do not make erasures or alterations.
- Be sure the cause of death is clearly stated and legible.

The following instructions coincide with the item number as it appears on the standard certificate of death:

1R - DECEDENT - NAME: FIRST, MIDDLE, LAST

Enter the full first, middle and last name of the decedent at the time of death. Do not abbreviate and do not enter any previous names such as a previous married name. If the decedent was also known by another name at the time of death, enter as A.K.A. (for example, John Henry Smith - A.K.A. Smythe).

FOR MEDICAL EXAMINERS

2R. SEX

Enter male or female.

3R. DATE OF DEATH (MONTH, DAY, YEAR)

Enter month, day and year death occurred. Enter the full or abbreviated name of the month (Jan., Feb., March, etc.) Do not use a number for the month.

If the exact date of death is unknown, an approximate date must be given. Enter as "On or About." For example, item 3R would read "On or About Jan. 1, 1980."

4R. PLACE OF DEATH

Enter in the appropriate blocks the name of the city or town where the death occurred.

Hospital Deaths

If the death occurred in a hospital, enter the full name of the hospital.

If the death occurred en route to or on arrival at a hospital, enter the full name of the hospital.

If decedent was pronounced dead on arrival, enter "yes" in appropriate block; otherwise enter "no".

Nonhospital

If the death occurred at home, enter the house number and street name of the place where death occurred.

If the death occurred at some place other than those described above, enter the number and street name of the place.

ITEM #'s 20 through 24 - CAUSE OF DEATH

Certifying to the Cause of Death

The primary responsibility of the Medical Examiner in death registration is to complete the medical portion of the death certificate. The medical certification includes information on the cause of death and related factors; the place of death; and the date and time of the legal pronouncement of death.

FOR MEDICAL EXAMINERS

The proper completion of this section of the certificate is of utmost importance to the efficient working of a medical-legal investigative system. In addition, this section provides the necessary facts for the compilation of mortality statistics by cause of death. A broad range of health research and health programs is based upon such statistical information.

The medical certification form follows the international form of medical certification recommended by the World Health Organization and adopted for use in the United States.

An important feature of this certification form, which was introduced in 1939 in the United States, is the emphasis on the underlying cause of death as determined by the certifying physician or medical examiner. The World Health Organization recommended in 1949 that its signatory nations use the underlying cause of death in their basic mortality tabulations. In accordance with this concept, the physician or medical examiner has both the responsibility and the opportunity to make mortality statistics reflect the best medical opinion concerning causes of death.

Method of Certification

The form of the medical certification on the Standard Certificate of Death is designed to facilitate the reporting of the underlying cause of death and to obtain the necessary information on the pathological sequence of events leading to death. It consists of two parts, the first relating to the sequence of events leading to death and the second to other significant conditions that contributed to the death.

In addition, there are questions relating to autopsy, accident, and injury.

In certifying causes of death, the disease or condition would be reported in specific terms. It is recommended that the terms listed in the Ninth Revision International Classification of Diseases be used. It should also be noted that causes of death are coded for statistical purposes in the Registry of Vital Records and Statistics at the Department of Public Health according to this publication.

Cause of Death

A cause of death is a disease, abnormality, injury, or poisoning that contributed directly or indirectly to death. A death often results from the combined effect of two or more conditions. These conditions may be completely unrelated, arising independently of each other; or they may be causally related to each other, that is, one condition may lead to another which in turn leads to a third condition, etc. The cause of death section of the Standard Certificate of Death is designed to elicit the opinion of the certifying medical examiner as to the immediate cause of death and the antecedent causes, as well as the contributing causes of death.

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The cause of death section for a medical-legal case requires careful consideration by the medical examiner because special problems may be involved. The medical-legal case may depend upon toxicologic examination for its ultimate cause of death certification, a situation not encountered as frequently in ordinary practice. The medical examiner occasionally must deal with death certifications where the cause of death is not clear, even after autopsy and toxicologic examination. Despite the special problems which the medical examiner may encounter in dealing with cause of death, it is important that the medical certification be as accurate and complete as circumstances will allow.

PART I OF THE CAUSE OF DEATH

In Part I the immediate cause of death is reported on line (a), and any antecedent conditions which gave rise to the cause are reported on lines (b) and (c). The underlying cause should be stated on the lowest line used in Part I. However, no entry is necessary on lines (b) and (c) if the immediate cause of death stated on line (a) describes completely the train of events. ONLY ONE CAUSE SHOULD BE ENTERED ON EACH LINE.

The mode of dying (e.g., heart failure, respiratory failure) should not be stated at all since it is no more than a symptom of the fact that death occurred and provides no useful information.

Line (a) Immediate Cause

The direct or immediate cause of death is reported on line (a). This is the disease, injury, or complication that directly preceded death. It can be the sole entry in the cause of death statement if only one condition was present at death. There must always be an entry on line (a). In the case of a violent death enter the result of the external cause (e.g., fracture of vault of skull, crushed chest).

Line (b) Due to, or as a Consequence of

The disease, injury, or complication, if any, which gave rise to the direct or immediate cause of death is reported on line (b). This condition must be considered to have been antecedent to the immediate cause, both with respect to time and etiological or pathological relationship. If it is believed to have prepared the way for the immediate cause, a condition can be considered as antecedent to the immediate cause even though a long interval of time has elapsed since its onset. In case of injury, the form of external violence or accident is antecedent to an injury entered on line (a) and should be entered on line (b) although the two events are almost simultaneous (e.g., automobile accident, fallen on by tree).

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Line (c) Due to, or as a Consequence of

The condition, if any, which gave rise to the antecedent condition on line (b) is reported on line (c). This condition must be considered to have been antecedent to the cause entered on line (b), both with respect to time and etiology or pathological relationship. This condition can be antecedent to the cause entered on line (b) even though a long interval of time has elapsed since its onset. In case of injury, the form of external violence or accident is antecedent to an injury entered on line (b) although the two events are almost simultaneous.

If the decedent had more than three causally related conditions leading to death, lines (d), (e), etc. should be added by the certifier so all conditions related to the immediate cause of death are entered in Part I with only one condition to a line.

Interval Between Onset and Death

Space is provided at the end of lines (a), (b), and (c) for recording the interval between onset and death for the immediate cause, antecedent condition if any, and underlying cause. These intervals usually are established by the medical examiner on the basis of information available. The time of onset may be obscure or entirely unknown, in which case the medical examiner can state that the interval is "Unknown". Do not leave it blank.

PART II OF THE CAUSE OF DEATH STATEMENT (OTHER SIGNIFICANT CONDITIONS)

Any other important disease or condition that was present at the time of death which may have contributed to death but which was not related to the immediate cause of death listed on line (a) should be recorded on this line. For example, a patient who died of alcoholism may also have had a hypertensive heart disease that contributed to the death. In this case, the hypertensive heart disease would be entered in Part II as a contributory cause of death.

OTHER ITEMS FOR MEDICAL CERTIFICATION

Autopsy - The medical examiner should indicate whether an autopsy was performed. This is not meant to imply that an autopsy has been carried to completion or that the microscopic sections derived from the autopsy have been examined. All that is desired here is that the gross or provisional autopsy findings were considered in the certification as to the cause of death.

Circumstances of injury or violence - Space is provided on the death certificate for reporting on deaths due to violence; one of the following terms--accident, suicide, homicide, or pending investigation--should be used. If "pending investigation" is used, it should subsequently be changed to one of the other terms when the mode has been determined or, after

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completing the investigation, if the mode remains undetermined, enter "Undetermined". See section entitled "Completing Pending Investigation Certificates" for method of completion.

In those cases where an accidental injury has occurred, the medical examiner should specify accident and describe the circumstances in the spaces provided on the certificate. A clear, brief statement as to how the injury occurred is made, indicating the circumstance or cause of the accident, such as "Burned using gasoline to light stove" or "Struck by auto while crossing street." Bearing in mind that accident prevention programs, assessment of motor vehicle fatalities, etc., depend upon the proper wording of this item, the medical examiner should, in as few words as possible, describe the injury-producing situation.

The medical examiner should state whether the injury occurred while the deceased was at work at his usual occupation and give the specific location where the accident took place.

In the same manner as in the case of accidental injuries, suicide and homicide are specified, and the particulars are reported on the certificate.

In those cases of violent death where the medical examiner cannot decide which of the terms--accident, suicide, homicide--best describes the manner of death, then the word "Undetermined" should be entered. The medical examiner should bear in mind that the term "Undetermined" is intended solely for cases in which it is impossible to establish the circumstances of death after thorough investigation.

THE IMPORTANCE OF COMPLETE REPORTING

The cause of death statement should be filled in as completely and accurately as possible, and the pertinent diseases or conditions antecedent to the immediate cause of death should be fully reported.

This is necessary not only for the traditional determination of the underlying causes of death but also for examining multiple causes contributing to death based on all conditions reported on the death certificate.

The study of the frequency with which certain conditions are mentioned, whether or not they are the underlying cause, and also the frequency with which certain conditions occur together takes on significant importance now that the leading causes of death are generally the chronic diseases rather than the acute infectious diseases of past years. Information on multiple causes of death is of immediate importance for research, epidemiological studies, and for the planning and implementation of public health programs.

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ITEM #26 - CERTIFIER

The medical examiner certifies that: "On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated."

The term "in my opinion" is included because it is recognized that in medical-legal cases it is not always possible to make precise determination of the date and the cause(s) of death. The date may be obscure in the case of bodies found some time after death occurred, and there will be cases in which the relationship between the existing diseases or the sequence in which diseases or injuries occurred is not clear.

However, except in unusual circumstances, the medical examiner is in a better position than any other individual to make a judgment as to which of the conditions led directly to death and to state the antecedent conditions, if any, which gave rise to this cause. Qualifying phrases may be used to reflect uncertainty in case of real doubt as to which of these conditions led directly to death. Occasionally, the knowledge of the case will be so meager that no better alternative is possible except to specify "Unknown."

Space is provided for the time of death and for the date and time the decedent was pronounced dead. When the exact time of death is unknown, but there is sufficient basis for the medical examiner to render an opinion, the approximate time of death as estimated by the medical examiner will be given. Local time is used, and hours and minutes are recorded (i.e., 7:25 a.m.).

The medical examiner signs the completed statement, adding his or her degree or title. The date of certification is also to be provided.

ITEM #27 - NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (TYPE OR PRINT)

Either type or print legibly the name and address of the medical examiner.

SPECIAL PROBLEMS OF THE MEDICAL EXAMINER:

In filling out many of the items on the death certificate, the medical examiner may experience little difficulty if death occurred under well-defined circumstances. The medical examiner, however, is frequently required to report on deaths in which direct evidence related to cause of death is nonexistent and where there is some doubt concerning facts related to the individual. Under such circumstances, the medical examiner should, in the spaces provided on the certificate, report the facts when they are available, make estimations where such are feasible, and where no facts are known and no estimations possible, indicate "Unknown."

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PRECISION OF KNOWLEDGE REQUIRED TO COMPLETE DEATH CERTIFICATE ITEMS

Not all of the many items which the death certificate is designed to collect are of prime interest to certifiers of medical-legal deaths. Because of the type of cases that fall within the purview of the medical examiner many of the items in which he or she is most interested may not always be determined with exactness or certainty. The medical examiner in many instances must be content with something less than precision in the completion of certain items.

It should be noted that the cause of death statement in the medical examiner's certification is always an opinion, although a considered one, of that individual. This opinion is, of course, a synthesis of all information derived from both the investigation into the circumstances surrounding the death and the autopsy, if performed. It represents the best effort of the medical examiner to reduce to a few words his or her entire synthesis of the cause of death.

It is necessary at times for the medical examiner to express himself or herself in a less positive manner than by means of an opinion. This is particularly the situation when the age and race of the deceased are unknown and the medical examiner must make the best estimate of these items. This also holds true when the manner of death and the hour and date of injury, because of lack of information gained either by investigation or by examination of the deceased, are really less than opinion and more estimation. The medical examiner may wish to devote some thought to the degree of "proof" necessary to properly certify deaths which may be later involved in litigation. He or she may wish to recall that the proof required in a criminal proceeding is of a higher degree of positivity than that required in a civil proceeding.

ACUTE ALCOHOLISM

Probably no cause of death certification is subject to more variation than that of acute alcoholism. Medical examiners agree that if the alcoholic beverage is consumed with the specific intent of suicide, it is so classified. There is also general agreement that if the alcoholic beverage contains methyl alcohol, the manner of death should be certified as accidental. Alcohol can be used as a homicidal tool and, if the circumstances point to this manner of death, there is no problem as to how to classify it.

The disagreement is in the classification of the manner of death when the death (with a confirmatory extreme blood alcohol level) is due simply to ingestion of large quantities of an alcohol-containing beverage without evidence of homicidal or suicidal intent. Some medical examiners feel these deaths are due to natural causes; others consider these are of an accidental nature. No common agreement has been reached regarding this. It would appear that such deaths are not accidental in the usual sense. Therefore, item #23 should be left blank to indicate a "natural" death.

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SUDDEN INFANT DEATH SYNDROME

Another cause of death that may pose special problems for medical examiners is sudden infant death syndrome (SIDS). SIDS can be defined as the sudden and unexpected death of a previously healthy infant which remains unexplained after careful post mortem studies.

The problems concerning SIDS deaths arise primarily from two sources. Until recently, SIDS was not considered as a cause of death. This is no longer the case. Also, very often, autopsy findings reveal congestion and edema of the lungs and minor inflammatory changes in the respiratory system. Also, in about 85 percent of the cases intrathoracic petechial hemorrhages are found. However, after careful examination, no evidence of a conventionally-accepted lethal lesion(s) can be found. Thus, medical examiners should be sure that the findings on autopsy are related to the death and not just incidental to death, and, if they are not, the cause of death should be shown as SIDS.

INTERVAL BETWEEN ONSET AND DEATH

If the interval between onset and death is known this should be indicated. If not precisely known, the best estimate may be recorded. If unknown, such should be stated.

TRAUMA AS A CAUSE OF DEATH

It should be noted by all medical examiners that if trauma is either the underlying cause of death or a contributing cause of death, the manner of the onset of the trauma must be indicated; that is, the trauma must have been initiated by an accident, a suicidal venture, or a homicidal event. It may be impossible for the certifier to determine which of these three fits the particular case at hand, in which instance it may be necessary to state that the manner of death is undetermined. The intention is to emphasize here that if trauma is listed in Parts I and II of item #20 then item #'s 23 and 24 must be completed.

DEFERRED "PENDING INVESTIGATION"

Most, if not all, medical-legal investigative systems make provisions for the case in which the cause or manner of death cannot be immediately determined.

The procedure followed is to require that the death certificate be completed insofar as possible and made available to the funeral director. Once the cause and/or manner of death are determined, a supplemental report becomes part of the death certificate that is on file for the decedent. See section entitled "Completing Pending Investigation Certificates."

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It should be emphasized that the death certificate is to be completed insofar as possible. In other words, if the cause of death is known, but it is not known whether it was the result of an accident, suicide, of homicide, the death certificate that is filed should include the cause of death and show manner of death in item #23 as "Pending Investigation." THE CAUSE OF DEATH SHOULD NEVER BE LEFT BLANK OR SHOW AS "PENDING" WHEN IT IS KNOWN BUT THE MANNER OF DEATH - ACCIDENT, SUICIDE, OR HOMICIDE - IS UNKNOWN.

The concept of "Pending Further Investigation" is made more necessary by the gradual increase in the sophistication of toxicologic and immunologic methods of investigation. This concept, however, poses some complications. One of these is the proper issuing of certified copies of death certificates when the certificate is not complete. Another is the establishment of the maximum amount of time that may elapse between the time of the issue of the "Pending" certificate and the final completion of the certificate.

This time interval is not addressed in statute but logic dictates the immediate filing of a supplemental report as soon as the investigation is completed.

Because such cases should be held to a minimum, the following guidelines were recommended by the Subcommittee on the Medical Certification of Medicolegal Cases of the U.S. National Committee on Vital and Health Statistics:¹

1. The term "Pending" is intended to apply only to cases in which there is a reasonable expectation that an autopsy, other diagnostic procedure, or investigation may significantly change the diagnosis.
2. Certifications of cause of death should not be deferred merely because "all details" of a case are not available. Thus, for example, if it is clear that a patient died of "cancer of the stomach," reporting of the cause should not be deferred while a determination of the histological type is being carried out. Similarly, if a death is from "influenza," there is not justification for delaying the certification because a virological test is being carried out.
3. In cases where death is known to be from an injury, but the circumstances surrounding the death are not yet established, the injury should be reported immediately. The circumstances of the injury should be noted as "Pending Investigation" (in item #23) and a supplemental report filed.

¹U.S. National Committee on Vital and Health Statistics, "Medical Certification of Medicolegal Cases," U.S. Department of Health, Education, and Welfare, Public Health Service, Washington, D.C. 1960.

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4. Lastly, the term "Pending" is not intended to apply to cases in which the cause of death is in doubt and for which no further diagnostic procedures can be carried out. In this case, the "Probable" cause should be entered on the basis of facts available and the certification made in accordance with the best judgment of the certifier.

Note: It must be realized by the medical examiner that by "Pending" a death certificate, the final settlement of burial expenses, insurance claims, veterans benefits, etc., is slowed. Indeed, many such matters will be held open until the certificate is properly completed. The use, therefore, of the term "Pending Further Investigation," or similar deferring terms, should be avoided whenever possible.

WHEN CAUSE CANNOT BE DETERMINED

It is well known that a professionally competent, searching autopsy and toxicologic examination of the body fluids and organs, coupled with the best available bacteriologic, virologic, and immunologic studies may fail to reveal the cause of death.

Should this be the case and if the investigation has been pursued as far as possible, then the medical examiner will have no recourse but to indicate in one form or another that the cause of death could not be ascertained. The phrase, "Cause of death not determined at autopsy and toxicologic examination, etc." may be satisfactory.

This is probably better than the term "Unknown" since at least it indicates the extent of the investigation undertaken.

COMPLETING "PENDING INVESTIGATION" CERTIFICATES:

Immediately after the investigation is completed, a new standard certificate of death (Form R-301R) must be completed insofar as item #'s 20 through 24 and 26 are concerned. In addition, item #'s 1 through 4 should be completed to aid the local clerk in identifying the original death certificate.

The completed "Pending Investigation" certificate should be sent directly to the clerk of the city or town where the death occurred.

If there is any question as to reporting procedures, call the State Registrar's office at (617) 727-2838.