

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS
150 Tremont Street
Boston, MA 02111

**FUNERAL DIRECTORS'
HANDBOOK**

DEATH REGISTRATION

APRIL, 1989
REVISED

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INTRODUCTION

Purpose

This handbook is designed to acquaint funeral directors with the death registration system of the Commonwealth and to provide uniform guidelines for completing the standard certificate of death. Emphasis has been directed toward the responsibilities of the funeral director in handling these certificates and in obtaining burial permits. Background information is included on the importance of these documents for legal and statistical purposes and specific instructions for recording entries.

The funeral director is responsible for filing an accurate and complete death certificate with the board of health agent or its designee. The death certificate contains personal information about the decedent, medical certification, the signature of the physician or medical examiner and information relating to the disposal of the remains.

Importance of Death Registration

A death certificate is the permanent legal record of the fact of death of an individual. As a permanent legal record, the certificate is extremely important to the decedent's family. It is also needed for a variety of medical and health-related research efforts.

The death certificate provides important information about the decedent, such as age, sex, race, date of death, his or her parents, and if currently or previously married, name of the spouse; information on circumstances and cause of death; and immediate disposition. This information is used in the application for insurance benefits, settlement of pension claims, and transfer of title of real and personal property. The certificate is considered to be prima facie evidence of the fact of death. It can be introduced in court as evidence when a question about the death arises. As a service to the decedent's family, the funeral director should prepare the best death record possible. This responsibility makes the funeral director the backbone of this country's death registration system.

Statistical data from death certificates are used to identify public health problems and measure the results of programs established to alleviate these problems. These data are a necessary foundation on which to base effective public health programs. Health departments could not perform their duties without such data.

Mortality statistics are of considerable value to individual physicians and to medical science because they can be used to identify disease etiology and evaluate diagnostic techniques.

Demographers use mortality statistics in combination with natality statistics to estimate and project population sizes, which are important in forecasting and program planning.

Because the information derived from death certificates can be no more accurate than the data 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.

State Responsibility

The responsibility for the preparation of the reporting form as well as the enforcement of all laws relative to the registration falls upon the Registrar of Vital Records and Statistics of the Massachusetts Department of Public Health. The Registrar's office is located in Room B-3, 150 Tremont Street, Boston, MA 02111. Any questions regarding registration should be directed to this office at (617) 727-0036.

Local Responsibility

The responsibility at the local level is two-fold:

1. 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 uniform guidelines. The board of health agent then transmits the certificate to the city or town clerk.
2. 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 and, if applicable, to the resident community and a veteran's copy to the community where burial took place.

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 to obtain a burial permit. In summary, the duties of a funeral director in regard to death registration include:

- * Obtain the certificate from the certifier with item #'s 29 through 40 completed as well as item #'s 1 through 5 on the reverse side of the certificate.
- * Complete all personal data items on the deceased (item #'s 1 through 22).
- * Complete all information relating to the immediate disposition (item #'s 23 through 28).
- * Never leave an item blank. If it is unknown, enter the word "Unknown." If it is not applicable (such as occupation for an infant), complete the space as indicated for each individual question.
- * Use black ink only.
- * Do not strikeover, erase or use liquid whiteout.
- * File a completed death certificate with the local board of health or their authorized agent to obtain a burial permit prior to disposition.
- * 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's office for advice and/or assistance when necessary. The telephone number is (617) 727-0036.

**PART I—GENERAL INSTRUCTIONS FOR
COMPLETING DEATH CERTIFICATES**

The data necessary for preparing the death certificate are obtained from the following persons:

- * Informant (in order of preference, the spouse, one of the parents, one of the children of the decedent, another relative, or other person who has knowledge of the facts).
- * Certifying physician or medical examiner or pronouncing registered nurse.
- * Hospital or physician records.

It is essential that the certificates be prepared as permanent legal records.

- * File the original certificate with the local board of health agent. Reproductions or duplicates are not acceptable.
- * Avoid abbreviations, except those recommended in the specific item instructions.
- * Verify the spelling of names with the informant. Be especially careful with names that can have different spellings for the same sound (Smith or Smyth, Gail or Gayle, and Wolf or Wolfe).
- * Refer problems not covered in these instructions to the local city or town clerk or to the State Registry of Vital Records and Statistics.
- * Use the current form designated by the state (R-301-89).
- * Type all entries whenever possible. If a typewriter cannot be used, print legibly in permanent black ink.
- * Complete each item, following the specific instructions for that item.
- * Do not make alterations or erasures.
- * Obtain signatures. Rubber stamp or other facsimile physician's signatures are not acceptable.

PART II—COMPLETING THE DEATH CERTIFICATE

These instructions pertain to the Massachusetts Standard Certificate of Death (Form R-301-89) that became effective January 1, 1989.

DECEDENT INFORMATION

NAME OF DECEDENT: For use by physician or institution

The reverse of the certificate contains a line where the physician or hospital can write in the name of the decedent. This allows the hospital to assist in completing the death certificate before the body is removed by the funeral director. However, the funeral director is responsible for completion of the personal information about the decedent, and the hospital or physician frequently does not have the complete legal name of the decedent. Therefore, hospitals or physicians should enter the name they have for decedents in this item and funeral directors will enter the full legal name in item 1.

1. DECEDENT'S NAME (First, Middle, Last)

Type or print the full first, middle and last names of the decedent. Do not abbreviate. Alias or "Also Known As" names should also be entered above the legal name or in parentheses (for example, AKA-Smith). Such names should only be used if they are being used by the decedent at the time of death. Do not enter any previous names of the decedent such as previous married names.

If the decedent is a member of a religious order, enter both the birth name and religious name, i.e., Mary Jane Jones AKA Sister Mary Joseph. If the decedent has no middle name, place a dash ("—") in place of the middle name.

The name supplied by the funeral director in this item may differ from that completed by the physician or hospital in item 1 on the reverse of the certificate.

This item is used to identify the decedent.

2. SEX

Enter male or female. An abbreviation of "M" or "F" may be used. The designation for sex on the reverse on the certificate must match that placed on the front by the funeral director. If there is any discrepancy in the designation for sex between the front and the reverse side of the certificate, a new certificate must be obtained from the physician. However, the front of the certificate may contain an abbreviation and a full designation may appear on the reverse.

If sex cannot be determined after verification with medical records, inspection of the body, or other sources, enter "Unk." This item must be completed.

This item aids in the identification of the decedent. It is also used in research and statistical analysis to determine sex-specific mortality rates.

3. DATE OF DEATH (Month, Day, Year)

Enter the exact month, day and year that the death occurred.

Enter the full or abbreviated name of the month (Jan., Feb., Mar., etc.). Do not use a number to designate the month. Certificates using a numeric designation for the month will be automatically rejected and will require a new certificate.

Pay particular attention to the entry of the month, day or year when the death occurs around midnight or on December 31. Consider a death at midnight to have occurred at the end of one day rather than the beginning of the next. For instance, the date for a death that occurs at midnight on December 31 should be completed recorded as December 31.

If the exact date of death is unknown, the certificate must be completed by a medical examiner. The date of death should be approximated by the medical examiner. "On or about" should be placed before the date. In extremely limited circumstances, even an approximation is impossible because of the condition of the remains or the circumstances surrounding the death. In these very limited cases, the date of death may be replaced by the date the remains were found with the word "Found" preceding the date. This is not to be used in cases where a person was found unattended after a period of several days.

The date of death is determined by the individual providing medical certification. For this reason, the date of death in item # 3 must agree with that on the reverse of the certificate. If there is a discrepancy between these dates, a new certificate will be necessary.

This item is used in conjunction with the hour of death to establish the exact time of death of the decedent. Epidemiologists also use the date of death in conjunction with the cause of death information for research on intervals between injuries, onset of conditions, and death.

4a-c PLACE OF DEATH

All information given for item 4a-c must agree exactly with that given by the certifying physician or medical examiner on the

reverse of the certificate. If there is a discrepancy, a new certificate will be necessary.

In Massachusetts, death certificates are filed initially in the city or town where the death occurred. In an extremely limited number of cases annually (probably less than 10 deaths), the medical examiner will not know at the time of the initial filing of the death certificate if the death occurred where the body was found. In these limited cases, the place of death may be given as where the body was found with the word "Found" preceding the place of death.

If the death occurred on a moving conveyance in the United States and the body was first removed from the conveyance in Massachusetts, complete a death certificate and enter as the place of death the address where the body was first removed from the conveyance.

If the death occurred on a moving conveyance in international waters, international airspace, or in a foreign country or its airspace and the body was first removed from the conveyance in Massachusetts, register the death in Massachusetts in the city or town where the body was first removed from the conveyance, but enter the actual place of death insofar as it can be determined.

4a. CITY OR TOWN OF DEATH

Enter the city or town where the death occurred with the exception listed above. Do not enter names of villages or sections of a city or town. EXCEPTION: If a city or town has two or more streets with the same name, the name of the village or section of the community should be used to locate precisely the place where the death occurred. In these limited cases, also use the official name of the city or town.

In an extremely limited number of cases (probably less than 10 deaths annually), the medical examiner at the time of the initial filing of a death record will not be sure if the death occurred where the body was found the place of death should be given as where the body was found with the word "Found" preceding the place.

4b. COUNTY OF DEATH

Enter the name of the county where the death occurred. The county must agree with the city or town listed in #4a.

4c. FACILITY NAME (If not institution, give street and number)

Hospital Deaths

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

hospital.

If the death occurred en route or on arrival at a hospital, enter the full name of the hospital. Deaths that occur in an ambulance or emergency squad vehicle en route to a hospital fall into this category.

Nursing or Rest Homes

If the death occurred in a nursing or rest home, enter the full name of the facility.

Other Deaths

If the death occurred at a residence, enter the house number and street name.

If the death occurred at some place other than those described above including a correctional institution, residential school or group home for the mentally retarded, enter the number and street name of the place.

If the death occurred on a highway, describe as precisely as possible the location. For example, the death occurred on "Route 95, 2 miles South of Exit 18."

If the death occurred on a moving conveyance, enter the name of the vessel, for example, "S.S. Emerald Seas (at sea)" or "Eastern Airlines Flight 296 (in flight)."

Information on place of death is needed to determine who has jurisdiction for deaths that legally require investigation by a medical examiner. These items are also used for research and statistics comparing hospital and nonhospital deaths. Valuable information is provided for health planning and research on the utilization of health facilities.

5. PLACE OF DEATH

HOSPITAL:

Inpatient ER/Outpatient DOA (dead on arrival)

OTHER:

Nursing Home Residence Other (Specify)

Check the type of place where the death occurred.

If #4c contains a hospital name, one of the three boxes relating to hospitals must be checked. "Inpatient" would be checked if the decedent died after admission to a hospital. If the decedent reached the hospital alive but was not admitted, the box for "ER

(emergency room)" or "Outpatient" would be checked. If the decedent is pronounced dead on arrival, check "DOA."

If the decedent was pronounced dead somewhere other than a hospital, check the box indicating where pronouncement occurred—i.e., a nursing home, residence, etc. If death was pronounced at a licensed long-term care facility (for example, a nursing home or rest home), check the box that indicates nursing home. If the death occurred at a residence, regardless of whether it was the decedent's residence, check the box for residence.

If the box for "Other (Specify)" is checked, specify where the death occurred, such as a physician's office, health clinic, highway where a traffic accident occurred, a vessel, or at work. If the decedent's body was found, the place where the body was found should be entered as the place of death.

This item must agree exactly with that completed by the certifying physician or medical examiner on the reverse of the certificate.

6. SOCIAL SECURITY NUMBER

Enter the social security number of the decedent. If the decedent has no social security number (if the decedent is a child, for example), write "None" in this item. If the social security number is unknown, write "Unknown" in this item.

This item is useful in identifying the decedent and facilitates the filing of social security claims.

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

If the decedent was a U.S. war veteran, then specify war; for example, WWI, WWII, Korean, Vietnam, etc. If the decedent had not served in the Armed Services or was not a war veteran, answer "No" in this item.

The decedent's veteran status may only be completed if the additional information is completed on the reverse side of the certificate. Massachusetts General Laws require that war veteran status may only be completed if an affidavit is filed substantiating the dates of service, etc. Completion of the reverse side of the certificate will fulfill this obligation.

Veteran status is important for certain health studies and for providing information to veterans groups.

8a. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes—If Yes, specify Puerto Rican, Dominican, Cuban, etc.)

[] NO [] YES Specify:

Check "No" or "Yes." If "Yes" is checked, enter the specific Hispanic group. This item must be completed on all certificates. The entry in this item should reflect the response of the informant.

For purposes of this item, "Hispanic" refers to people whose origins are from Spain, Puerto Rico, Dominican Republic, Cuba, Mexico, or other Spanish-speaking countries of Central or South America. Origin can be viewed as ancestry, nationality, lineage, or country in which the person or his or her ancestors were born before their arrival in the United States.

There is no set rule as to how many generations are to be taken into account in determining Hispanic origin. A person's Hispanic origin may be reported based on the country of origin of a parent, a grandparent, or some far-removed ancestor. The response should reflect what the decedent considered himself or herself to be and should not be based on percentages of ancestry. If the decedent was a child, the parent(s) should determine the Hispanic origin based on their own origin. Although the prompts include the major Hispanic groups of Puerto Rican, Dominican and Cuban, other Hispanic groups may also be identified in the space provided.

If the informant reports that the decedent was of multiple Hispanic origin, enter the origins as reported (for example, Mexican-Puerto Rican).

If an informant identifies the decedent as Mexican-American or Cuban-American, enter the Hispanic origin as stated.

This item is not part of the Race item. A decedent of Hispanic origin may be of any race. Each question, Race and Hispanic origin, should be asked independently.

Hispanics comprise the second largest ethnic minority in this country. Reliable data are needed to identify and assess public health problems of Hispanics and to target efforts to their specific needs. Information from this question will permit the production of mortality data pertaining to the Hispanic community.

8b. RACE—White, Black, Amer. Indian, etc. (Specify)

Enter the race of the decedent as stated by the informant.

For Asians and Pacific Islanders, enter the national origin of the decedent such as Chinese, Japanese, Korean, Filipino, Vietnamese, Laotian, etc.

If the informant indicates that the decedent was of mixed races,

enter both races or ancestries. A decedent of Hispanic origin should have an independent answer to this question. Although "Hispanic" is not a preferred response for this item, many informants will only feel comfortable with this for response. This should be accepted.

Race is essential for identifying specific mortality patterns and leading causes of death among different racial groups. It is also used to determine whether specific health programs are needed in particular areas, as well as to make population estimates.

9. DECEDENT'S EDUCATION (Specify only highest grade completed)

Elementary/Secondary (0-12)—College (1-4 or 5+)

Enter the highest number of years of regular schooling completed by the decedent in either the space for elementary/secondary school or the space for college. An entry should be made in only one of the spaces. The other space should be left blank. Report only those years of school that were completed. A person who enrolls in college but does not complete one full year should not be identified with any college education in this item.

Count formal schooling. Do not include beauty, barber, trade, business, technical or other special schools when determining highest grade completed.

In cases of children who have not yet started school, place a zero under "Elementary/Secondary." If this information is unknown, write "Unknown" in this space.

Example: Jane Smith graduated from high school and completed 3 years of college. Item 9 would be completed in the following manner:

<u>Elem/Sec (0-12)</u>	<u>College (1-4, 5+)</u>
	3

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

10a-d AGE/DATE OF BIRTH

Make one entry only in either 10a, 10b or 10c, depending on the age of the decedent.

10a. AGE—Last Birthday (Years)

Enter the decedent's exact age in years at his or her last birthday. If the decedent was under 1 year of age, leave this item blank.

10b. UNDER 1 YEAR (Months, Days)

Enter the exact age in either months or days at time of death for infants surviving at least 1 day.

If the infant was 1-11 months of age inclusive, enter the age in completed months.

If the infant was less than 1 month old, enter the age in completed days.

If the infant was over 1 year or under 1 day of age, leave this item blank.

10c. UNDER 1 DAY (Hours, Minutes)

If an infant did not survive an entire day, enter the exact number of hours or minutes the infant lived.

If the infant lived 1-23 hours inclusive, enter the age in completed hours.

If the infant was less than 1 hour old, enter the age in minutes.

If the infant was more than 1 day old, leave this item blank.

10d. 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—January or Jan. Do not use a number to designate the month.

Check carefully that the date of birth and age presented in #10a-10c make logical sense. If these items do not agree, a legal amendment requiring evidence, etc., will be necessary to correct the record.

Information from this item is used to study differences in age-specific mortality and in planning and evaluating public health programs. The date of birth is useful in identification of the decedent for legal purposes. It also helps verify the accuracy of the age item.

11. BIRTHPLACE (City and State or Foreign Country)

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

If the decedent was not born in the United States, enter the name of the country of birth whether or not the decedent was a U.S. citizen at the time of death.

If the decedent was born in the United States, but the city is unknown, enter the name of the state only. If the state is also unknown, enter "U.S.—unknown."

If the decedent was born in a foreign country but the city is unknown, enter the name of the foreign country only. If the country is also unknown, enter "Foreign—unknown."

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

This item is used to match birth and death certificates of a deceased individual. Matching these records provides information from the birth certificate that is not contained on the death certificate and may give insight into which conditions led to death. Information from the birth certificate is especially important in examining the causes of infant mortality.

12. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)

Enter the marital status of the decedent at the time of death. Specify one of the following: Married, never married, widowed, or divorced. "Never Married" may be abbreviated to "Nev. Mar." A person is legally married even if separated or if a divorce is in process. A person is no longer legally married only when the divorce papers are signed by a judge.

If the marital status cannot be determined, enter "Unknown." Do not leave this item blank.

This information is used in determining differences in mortality by marital status.

13. LAST SPOUSE (If wife, give maiden name)

If item 12 (Marital Status) was answered as "Married," enter the full name of the surviving spouse. If the surviving spouse is a wife, enter her first and maiden name.

If item 12 (Marital Status) was answered as "Widowed" or "Divorced" (i.e., the decedent was not married at the time of

death but had been previously married), enter the full name of the decedent's last spouse. If the last spouse is a wife, enter her full maiden name.

If item 12 (Marital Status) was answered as "Never Married," enter "None" in this item.

If the decedent was married at any time, but the name of the spouse is unknown, enter "Unknown." Do not leave this item blank.

This item is used in genealogical studies and in establishing proper insurance settlement and other survivor benefits.

14a-b. USUAL OCCUPATION/INDUSTRY

These items are to be completed for all decedents 14 years of age and over. Enter the information even if decedent was retired, disabled or institutionalized at the time of death. If the decedent was under 14 years of age, enter "None" in these items.

14a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)

Enter the usual occupation of the decedent. This is not necessarily the last occupation. "Usual occupation" is the kind of work the decedent did during most of his or her working life, such as claims adjuster, farmhand, textile worker, janitor, store manager, college professor, or civil engineer. Never enter "Retired."

If the decedent was a homemaker at the time of death but had worked outside the household during his or her working life, enter that occupation.

If the decedent was a homemaker during most of his or her working life, and never worked outside the household, enter "Homemaker."

Enter "Student" if the decedent was a student at the time of death and was never regularly employed or employed full time during his or her working life.

If the decedent never worked and was not a homemaker or student, enter "Never worked" in this item.

14b. KIND OF BUSINESS/INDUSTRY

Enter the kind of business or industry to which the occupation listed in 14a is related such as insurance, farming, textile manufacturing, hardware store, wholesale or retail clothing (If

this information regarding the distinction between wholesale and retail is available, it is important to provide it.), university or government. Do not enter firm or organization names unless the informant is unable to classify the kind of business or industry.

If "Homemaker" is entered as the decedent's usual occupation in item 14a, enter "Own Home" or "Someone else's home", whichever is appropriate.

If the decedent was a student at the time of death and "Student" is entered as the decedent's usual occupation in item 14a, enter the type of school, such as high school or college in item 14b.

If "Never worked" was entered in 14a, place a dash in this item.

These items are useful in studying occupationally related mortality and in identifying job-related risk areas. For example, correlating asbestos used in particular occupations in the shipbuilding industry to respiratory cancer was possible with this information. If you have questions about what classification to use for a decedent's occupation or industry refer to the handbook "Guidelines for Reporting Occupation and Industry on Death Certificates."

15a-b. RESIDENCE/ZIP CODE

The residence of the decedent is the place where his or her household is located. This is not necessarily the same as "home state," "voting residence," "mailing address," or "legal residence." The state, county, city and street address should be for the place the decedent actually lived most of the time. Never enter a temporary residence, such as one used during a visit, business trip, or a vacation. However, place of residence during a tour of military duty or during attendance at college is not considered temporary and should be entered as the place of residence on the certificate.

If the decedent had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, the facility address should be entered as the place of residence in item 15a. Do not enter the name of the facility, but use a street address.

If the decedent was a child, residence is the same as that of the parent(s), legal guardian or custodian unless the child was living in an institution where individuals usually reside for long periods of time, as indicated above. In those instances the residence of the child is shown as the facility.

If the decedent was an infant who never resided at home, the place of residence is that of the mother or legal guardian. Do not use an acute care hospital as the place of residence for any infant.

15a. RESIDENCE (No. & Street, City/Town, County, State or Foreign Country)

Enter the number and street name of the place where the decedent lived. Do not enter the name of a facility. If the place has no number and street name, enter the Rural Route number or box number. Do not use a mailing address.

Enter the name of the city or town in which the decedent lived. Do not enter names of villages or sections of a city or town. EXCEPTION: If a city or town has two or more streets with the same name, the name of the village or section of the community should be used to locate precisely the place where the decedent resided. In this case, include the name of the city or town also. The city or town may differ from the city or town used in the mailing address.

Enter the name of the county in which the decedent lived. The county must be given for the listed city or town.

Enter the name of the state in which the decedent lived. This may differ from the name of the state in the mailing address. If the decedent was not a resident of the United States, enter the name of the country and the name of the unit of government that is the nearest equivalent to a state.

15b. ZIP CODE

Enter the 5-digit ZIP Code of the place where the decedent lived. This may differ from the ZIP Code of the mailing address if the mailing address is a Post Office Box or different from their residence. However, if an individual lives in a community with more than one ZIP Code, list the ZIP Code connected with the individual's residence.

EXAMPLE: John Smith lives at 187 Main Street, Anywhere, MA. There are two Zip Codes for Anywhere. One Zip Code is 00001 for letters addressed to Anywhere and 00002 for letters sent to South Anywhere. 187 Main Street is in South Anywhere, a village located in Anywhere. The Zip Code must be listed as 00002 because that is the ZIP Code linked with the house at 187 Main Street. The name of the town on this record, however, will continue to be Anywhere, not South Anywhere.

Mortality data by residence are used with population data to compute death rates for detailed geographical

areas. These data are important in environmental studies. Data on deaths by place of residence of the decedent are also used to prepare population estimates and projections. Local officials use this information to evaluate the availability and use of services in their area.

Information on ZIP Code is valuable for studies of deaths for small areas.

16. FATHER—FULL NAME

Type or print the first, middle, and last names of the father of the decedent. The name of the father is given by the informant and does not have to agree with information on the birth certificate. For example, if an infant dies who was born out of wedlock, placement of the father's name on the birth record requires the filing of special affidavits. This is not necessary on the death record. Do not leave this item blank. If this information cannot be determined, enter "Unknown."

17. FATHER—BIRTHPLACE

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 he was born in a foreign country, but the name of the country is unknown, enter "Foreign—Unknown."

If no information is available, enter "Unknown."

18. MOTHER'S NAME (First, Middle, Maiden Surname)

Type or print the first, middle and maiden surname of the mother of the decedent. This is the name given at birth or adoption, not a name acquired by marriage. Do not leave this item blank. If this information cannot be determined, enter "Unknown."

19. MOTHER—BIRTHPLACE

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

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 she was born in a foreign country, but the name of the country is unknown, enter "Foreign--Unknown."

If no information is available, enter "Unknown."

The information relating to the decedent's parents aid in the identification of the decedent's record. The maiden surname is important for matching the record with other records because it remains constant throughout a lifetime, in contrast to other names which may change because of marriage or divorce. These items are also of importance in genealogical studies.

INFORMANT

20. INFORMANT'S NAME (Type or Print)

Type or print the name of the person who supplied the personal facts about the decedent and his or her family.

The decedent cannot be the sole informant. Although in a number of cases, the informant may provide most of the information to the funeral director in making prearrangements, some personal information may change right to the day of death (for example-- marital status, spouse name, or residence). In cases such as this, an additional informant will be necessary. It may be a relative or in cases where there is no family, it may be a nursing home administrator or anyone with information relating to those items subject to change.

21. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code)

Enter the complete mailing address of the informant whose name appears in item 20. Be sure to include the ZIP Code. If the decedent is one of the informants, include the mailing address of the additional informant.

22. RELATIONSHIP

Enter the relationship of the informant to the decedent.

The name and mailing address of the informant are used to contact the informant when inquires must be made to complete any items on the death certificate.

DISPOSITION

23. METHOD OF DISPOSITION

- Burial Cremation Entombment
 Removal from State Donation Other (Specify)

Check the ONE box corresponding to the immediate method of disposition for which the funeral director named on death certificate is responsible:

- Burial This box must be checked if the immediate disposition by the funeral director listed is burial. This means that the body is not being shipped out of state for subsequent burial, nor is the body being held for later burial after the ground thaws, nor is the body being cremated.
- Cremation This box must be checked if the immediate disposition by the funeral director listed is cremation. Even if the ashes will subsequently be buried in a family plot, the immediate disposition is cremation.
- Entombment This box must be checked if the body is entombed as the immediate disposition. For example, an individual dies in January, and the body is being held in a tomb for subsequent burial in the spring. The immediate disposition is entombment.
- Removal
from State This box must be checked if the decedent is being transported out of state by the listed funeral director. If, for example, a Massachusetts funeral director is shipping a body out of country for disposition, this box would be checked.
- Donation This box is checked if the body is to be donated pursuant to Chapter 113, Massachusetts General Laws. "Donation" refers only to the entire body, not to individual organs.
- Other This box would be checked in limited circumstances only. An example would be the case where a funeral director is holding a body at his facility for later burial or transportation. This may occur during the winter, for example, when the ultimate burial will be occurring in a cemetery without facilities for entombing. The "Specify" in this case would be Holding.

24. NAME OF FUNERAL SERVICE LICENSEE

Type or print the name of the funeral service licensee responsible for the disposition listed in #23.

For example, #23 is checked as "Burial" and a funeral director in Boston removes a body from a hospital in Boston and files the death certificate and obtains the permit. The decedent is then transported to a funeral director in Worcester who is making arrangements for the funeral and burial, the Worcester funeral director should be listed as the licensee.

If, on the other hand, #23 is checked as "Removal from State," the Boston funeral director who removes the body from the hospital and ships it out of state should be listed as the licensee.

25. LICENSE NUMBER (of licensee)

Enter the personal state license number of the funeral service licensee. If the license number is not from Massachusetts, enter the 2-digit U.S. Postal abbreviation prior to the license number.

26a-b. PLACE OF DISPOSITION

26a. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)

Enter the name of the cemetery, crematory, or other place of disposition which is correlated with the "Method of Disposition" in #23, i.e., if disposition is listed as "Burial," list the name of cemetery where the burial is to take place.

If the body is removed from the state, specify the name of the location to which the body is removed. This may be a cemetery, crematory or funeral director.

If the body is donated under Chapter 113, give the name of the medical institution to which the body is donated.

26b. PLACE OF DISPOSITION (City or Town and State)

Enter the name of the city or town and the state where the place of disposition as indicated in #23 is located.

If the body of the decedent is donated, enter the name of the city or town and state where the institution is located.

If there is any question about how to record the place of disposition, contact the city or town clerk in the community where the death occurred or the office of the State Registrar.

27. DATE OF DISPOSITION

Enter the month (using an alphabetic abbreviation), day and year of the disposition linked with #23. For example, if "Removal from State" is checked in #23, the date of disposition should be the date the body is shipped, not the date of ultimate disposition.

28a-b. NAME AND ADDRESS OF FACILITY

28a. NAME OF FACILITY

Enter the name of the facility handling the body prior to burial or other disposition. The funeral director listed in #28a must be associated with this facility.

28b. ADDRESS OF FACILITY

Enter the complete address of the facility.

The information relating to disposition indicates whether the body was properly disposed of as required by law. The items relating to the funeral director assist in quality control in filling out and filing death certificates.

CERTIFYING INFORMATION TO BE COMPLETED BY CERTIFYING PHYSICIAN OR MEDICAL EXAMINER

Item #'s 29-40 are to be completed by the certifying physician or medical examiner prior to release of the body to the funeral director. The information presented below is directed toward the funeral director to assist in examining the death certificate prior to acceptance from the certifying physician or medical examiner rather than for the certifier.

Item #'s 29-34 must be completed on all death certificates whether completed by a certifying physician or medical examiner.

29. PART I—CAUSE OF DEATH

These items are to be completed by the attending physician or medical examiner who certifies to the cause of death. There must be an entry in the cause of death, even if the cause on a certificate completed by a medical examiner is stated as "Pending Investigation." The physician should list only one cause of death per line. The cause of death information must be typed or printed legibly in permanent black ink. If the information is not legible, do not accept the certificate from the physician or medical examiner. It will be rejected by the board of health agent.

If the mode of dying such as cardiac arrest is listed, rather than the cause of death, the funeral director should accept the certificate. The instructions on the death certificate are intended as a guideline geared to improving the quality of cause of death information rather than stating an absolute regulation.

"Approximate Interval Between Onset and Death" must be completed. "Unknown" is an acceptable answer.

30. PART II—OTHER SIGNIFICANT CONDITIONS

This item may be left blank by the certifying physician or medical examiner. If it is completed, however, it must be printed or typed legibly.

Cause of death is the most important statistical and research item on the death certificate. It provides medical information that serves as a basis for describing trends in human health and mortality and for analyzing the conditions leading to death. Mortality statistics provide a basis for epidemiological studies that focus on leading causes of death by age, race, and sex (for example, AIDS, heart disease, and cancer). They also provide a basis for research in disease etiology and evaluation of diagnostic techniques, which in turn lead to improvements in patient care.

31. WAS AN AUTOPSY PERFORMED? (Yes or No)

Enter "Yes" if a partial or complete autopsy was performed. Otherwise, enter "No."

An autopsy is important in giving additional insight into the conditions that lead to death. This additional information is particularly important in arriving at the immediate and underlying causes in violent deaths.

32. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

Enter "Yes" if the autopsy findings were available and used to determine the cause of death. Otherwise, enter "No." If no autopsy were performed, this item may be answered as "No" or "None."

This information assists in determining whether, for the 10-15 percent of cases for which an autopsy is done, the information was used to assist in determining the cause of death. Knowing whether the autopsy results were used in determining the cause of death gives insight into the quality of the cause of death

data.

33. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)

Enter "Yes" if the case was referred to the medical examiner even if the medical examiner did not assume jurisdiction. The "Rules of Practice" on the reverse of the certificate list those cases which must be referred to a medical examiner. If the medical examiner assumes jurisdiction of the case, enter "Yes." If the case is not referred to the medical examiner, enter "No."

If the case was not referred to the medical examiner and the cause of death listed on the certificate appears to fall within the scope of the "Rules of Practice" for cases to be referred to the medical examiner, the funeral director should check with the certifying physician or medical examiner prior to removal of the body.

34. MANNER OF DEATH

Natural Suicide Could not be determined
 Accident Homicide Pending Investigation

This item should be completed for all deaths. Deaths not due to external causes should be identified as "Natural." In almost all cases, these are the only types of deaths a physician who is not a medical examiner will certify. In certain unusual cases, "Accident" may be checked by a certifying physician. This will usually happen when someone has been hospitalized for sometime due to a fall or other type of accident.

In cases of accidental death, this information is used to justify the payment of double indemnity on life insurance policies. It is also used to obtain a more accurate determination of the cause of death.

IF THE MANNER OF DEATH CHECKED IN ITEM 34 WAS ANYTHING OTHER THAN NATURAL, ITEMS 35A-F MUST BE COMPLETED.

35a-f. ACCIDENT OR INJURY

These items are completed in cases where violence caused or contributed to the death. Usually, deaths resulting from violence are certified by a medical examiner. However, there may be limited instances in which a medical examiner will not assume jurisdiction and the certifying physician will certify to an accidental death. In these cases, when the manner of death is anything other than natural, the certifying physician must also complete items 35a-f.

35a. DATE OF INJURY (Month, Day, Year)

The exact month, day and year that the injury occurred must be entered. The month must be written out in full or the alphabetic abbreviation. The month cannot be a number. The date of injury may be stated as "On or about" or "Approx," if the exact date is unknown. In the cases of a medical examiner, this item may be completed stating "Unknown" in a limited number of cases or "Pending."

The date of injury may not necessarily be the same as the date of death.

35b. TIME OF INJURY

The exact time that the injury occurred in hours and minutes should be entered. The time should indicate whether it is a.m. or p.m. Military time (or a 24-hour clock) cannot be used. In cases where the exact time is unknown, an estimate should be made.

35c. INJURY AT WORK (Yes or No)

Enter "Yes" if the injury occurred while the decedent was working, whether or not at his or her normal worksite. For example, although injuries while commuting to and from work would not be counted, injuries obtained while driving from a worksite to a meeting would be counted as well as injuries obtained at a worksite. If not, enter "No." If this cannot be determined, enter "Unknown."

35d. DESCRIBE HOW INJURY OCCURRED

Briefly and clearly describe how the injury occurred, explaining the circumstances or cause of the accident or injury, such as "fell off ladder while painting house," "ran off roadway," or "car-truck collision." For motor vehicle accidents, this item should indicate whether the decedent was a driver, passenger or pedestrian.

35e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

The general category of the place where the injury occurred. Firm or organization names should not be entered, just the general category for the place of injury, such as loading platform, office building or baseball field.

35f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

The complete address where the injury occurred should be entered.

In cases of accidental death, these items are used in justifying the payment of double indemnity on life insurance policies. They are also needed for a more accurate determination of the causes of death. Information from these items forms the basis of statistical studies of occupational injuries.

36a-d. CERTIFYING PHYSICIAN

These items must be completed by a certifying physician who is not a medical examiner. If the certifier is a medical examiner, these items are left blank.

36a. SIGNATURE AND TITLE

The physician who certifies to the cause of death in item 29 signs the certificate in permanent black ink. The degree or title of the physician should also be indicated. Only a doctor of medicine or doctor of osteopathy (M.D. or D.O) may sign a death certificate. Chiropractors cannot sign death certificates. Rubber stamps or facsimile signatures are not permitted.

36b. DATE SIGNED (Month, Day, Year)

The certifier must enter the exact month, day and year that the certificate was signed. The full or alphabetic abbreviation of the month must be used (not a number designating a month).

36c. HOUR OF DEATH

The exact hour and minutes that the death occurred must be entered. This time cannot be expressed using military time (or a 24-hour clock). The hour of death should be the time that death actually occurred, not the time the certificate was signed.

36d. NAME OF ATTENDING PHYSICIAN NOT CERTIFIER

If the certifying physician is not the decedent's attending physician, the name and title of the attending physician should be entered in this item. If the attending physician is the certifier, this item may have a dash ("—") or be left blank.

37a-e. MEDICAL EXAMINER

If the certifier is a medical examiner, these items must be completed. If the certifier is not a medical examiner, these

items are left blank.

37a. SIGNATURE AND TITLE

The medical examiner who certifies to the cause of death in item 29 signs the certificate in permanent black ink. The degree or title of the medical examiner should also be indicated. Rubber stamps or facsimile signatures are not permitted.

37b. DATE SIGNED (Month, Day, Year)

The medical examiner must enter the exact month, day and year that the certificate was signed. The full or alphabetic abbreviation of the month must be used (not a number designating a month).

37c. HOUR OF DEATH

The exact hour and minutes that the death occurred must be entered. This time cannot be expressed using military time (or a 24-hour clock). The hour of death should be the time that death actually occurred, not the time the certificate was signed.

If the exact hour that the death occurred is not known, an estimate may be given. Where an estimate is not possible, enter "Unknown."

37d. PRONOUNCED DEAD (Month, Day, Year)

The medical examiner must enter the exact month, day and year that the decedent was pronounced dead. The full or alphabetic abbreviation of the month must be used (not a number designating a month).

37e. PRONOUNCED DEAD (Hour)

The exact hour and minutes that the decedent was pronounced dead must be entered. This time cannot be expressed using military time (or a 24-hour clock). The hour that the death was pronounced should be the time that death was pronounced, not necessarily when the death actually occurred or the time the certificate was signed.

ITEMS 38-40 MUST BE COMPLETED BY CERTIFYING PHYSICIANS AND MEDICAL EXAMINERS.

38. NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER

The full name and address of the person whose signature appears in item 36a or 37a must be typed or printed.

39. LICENSE NUMBER OF CERTIFIER

Enter the state license number of the physician or medical examiner who signs the certificate in item 36a or 37a. If the certifying physician is a resident or intern and has no license number, write "None." If the certifying physician does not have a Massachusetts license number, include the 2-digit U.S. Postal abbreviation for the state from which the license comes prior to the license number.

40a-d. REGISTERED NURSE PRONOUNCEMENT

40a. WAS THERE AN R.N. PRONOUNCEMENT? (Yes or No)

This item must be completed. If the body was removed based on a pronouncement of death signed by a Registered Nurse under the precise conditions listed by statute for terminally ill patients in a hospice program, enter "Yes," and complete items 40b-d. If there was no R.N. pronouncement, enter "No," and leave items 40b-40d blank. Appendix #3 contains a Fact Sheet on the Nurse Pronouncement of Death.

40b. IF YES, DATE PRONOUNCED

If item 40a is "Yes," the date the death was pronounced by the registered nurse must be entered with the month, day and year.

40c. IF YES, HOUR PRONOUNCED

If item 40a is "Yes," the hour the death was pronounced by the registered nurse must be entered with hours and minutes. Do not use military time (or a 24-hour clock).

40d. NAME OF PRONOUNCING REGISTERED NURSE

If item 40a is "Yes," type or print the name of the registered nurse who pronounced the death.

BOARD OF HEALTH AGENT

41. BURIAL PERMIT ISSUED ON:

When a satisfactorily completed death certificate is presented to the board of health agent or designee, the agent will issue a burial/removal permit and complete the month, day and year on which the permit was issued.

If the funeral director conducted the disposition without a burial/removal permit, this item will be completed as "No permit issued." The State Registrar's office will notify the State Board of Registration in Funeral Directing and Embalming of all such cases.

SIGNATURE OF BOARD OF HEALTH AGENT

The agent issuing the burial permit will sign the certificate upon issuance of the burial permit and will transmit the certificate to the city or town clerk.

CITY OR TOWN CLERK

42. RECEIVED IN THE CITY/TOWN OF:

The city or town clerk where the death occurred, after examining the death record for completeness and accuracy, will type or print the name of the community where the death occurred.

CLERK'S SIGNATURE

The city or town clerk will sign the death record only after it is acceptable for recording.

43. DATE OF RECORD

The date of record is assigned the full month, day and year by the clerk only after the record is deemed complete and satisfactory for recording. At this time, the clerk will also assign a registered number to the certificate.

PART III—CERTIFIED COPIES

Under Massachusetts law, documentary evidence of a death is a certified copy issued by the city or town where the death occurred or where the decedent resided or from the State Registry of Vital Records and Statistics. A copy of a record issued by the funeral director with a corporate seal is not evidence of the death. Further, photocopying certified copies obtained from city or town clerks or the State Registry of Vital Records by funeral directors is illegal. Only original, certified copies of a death are legal proof of the death.

Although city and town clerks attempt to issue certified copies as quickly as possible, there is no legal requirement that such copies be issued immediately upon presentation of a completed death certificate. City and town clerks have a legal obligation to examine the certificate and determine that it meets legal requirements. It is not always feasible for this examination to occur immediately.

It is important for funeral directors to remember that correcting death certificates after certified copies have been issued is extremely difficult. It is therefore to your benefit and that of your clients that an appropriate and complete examination occur prior to issuance of certified copies.

Costs of certified copies vary by community. From the State Registry, such copies are \$6.00 per copy.

PART IV-REPORTS OF FETAL DEATHS

Under Massachusetts law, there are no circumstances in which a Standard Certificate of Death (Form R-301) is issued for a fetal death. A Report of Fetal Death (Form R-304) is completed for every fetal death, i.e., stillbirth, that meets one of the following conditions:

1. The gestational age of the fetus was at least 20 weeks.

or

2. The fetus weighed at least 350 grams.

The Report of Fetal Death is completed by the certifying physician or medical examiner. The original copy of the Report of Fetal Death is sent by the hospital or physician directly to the State Registry of Vital Records and Statistics. The funeral director is provided a photocopy of this record for purposes of filing with the Board of Health Agent for obtaining a burial permit. The Board of Health maintains the copy of the record for a period of one year. The Report of Fetal Death is not forwarded to the city or town clerk for registration.

The Report of Fetal Death is not a standard vital record, but is a legally mandated report. Attested copies of the report of fetal death may be obtained by the parents or their legal representatives from the State Registry of Vital Records and Statistics only.

If the fetus did not meet one of the two criteria listed above for filing a fetal death report, the hospital, or certifying physician/medical examiner must provide a letter on the hospital or physician stationery to the funeral director, stating the facts of the case. This letter will be used by the funeral director in obtaining a burial permit. No Report of Fetal Death or Standard Certificate of Death is filed in this case.



The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

REGISTERED NUMBER

STATE USE ONLY

DECEDENT - NAME FIRST MIDDLE LAST SEX DATE OF DEATH (Mo., Day, Yr.)

PLACE OF DEATH (City/Town) COUNTY OF DEATH HOSPITAL OR OTHER INSTITUTION - Name (If not in ether, give street and number)

PLACE OF DEATH (Check only one) SOCIAL SECURITY NUMBER IF US WAR VETERAN SPECIFY WAR

WAS DECEDENT OF HISPANIC ORIGIN? RACE (e.g. White, Black, American Indian, etc.) DECEDENT'S EDUCATION (Highest Grade Completed)

AGE - Last Birthday (Yrs.) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (Mo., Day, Yr.) BIRTHPLACE (City and State or Foreign Country)

MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED LAST SPOUSE (If wife, give maiden name) USUAL OCCUPATION (Prior - If retired) KIND OF BUSINESS OR INDUSTRY

RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY ZIP CODE

FATHER - FULL NAME STATE OF BIRTH (If not in US name country) MOTHER - NAME (GIVEN) (MAIDEN) STATE OF BIRTH (If not in US name country)

INFORMANT'S NAME MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE RELATIONSHIP

METHOD OF DISPOSITION FUNERAL SERVICE LICENSEE LICENSE #

PLACE OF DISPOSITION (Name of Cemetery, Crematory or other) LOCATION (City/Town, State)

DATE OF DISPOSITION NAME AND ADDRESS OF FACILITY

PART I - Enter the diseases, injuries or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d). PRINT OR TYPE LEGIBLY. IMMEDIATE CAUSE (Final disease or condition resulting in death) SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.

PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I. WAS AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

WAS CASE REFERRED TO M.E.? MANNER OF DEATH DATE OF INJURY TIME OF INJURY INJURY AT WORK

DESCRIBE HOW INJURY OCCURRED PLACE OF INJURY - If home (farm, street, factory, office, shop, etc. Specify) LOCATION (No. & St., City/Town, State)

36a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated. 37a 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.

DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH

NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Mo., Day, Yr.)

NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print) LICENSE NO. OF CERTIFIER

WAS THERE AN RN PRONOUNCEMENT? IF YES, DATE PRONOUNCED IF YES, TIME PRONOUNCED NAME OF PRONOUNCING REGISTERED NURSE

DATE BURIAL PERMIT ISSUED RECEIVED IN THE CITY/TOWN OF DATE OF RECORD SIGNATURE - BD OF HEALTH AGENT CLERK'S SIGNATURE

DECEDENT

INFORMANT

DISPOSITION

CERTIFIER

[89 version]

[Back of Death Certificate]

SPACE FOR ADDITIONAL INFORMATION

DATE OF ENTERING MILITARY SERVICE: _____ DATE OF DISCHARGE: _____

SERVICE NUMBER: _____ RANK, RATING: _____

ORGANIZATION AND OUTFIT: _____

INSTRUCTIONS

USE ONLY DURABLE BLACK INK

T **CERTIFIER:** Complete the following items. **DO NOT COMPLETE ITEMS 1 TO 28 ON FRONT SIDE.**

DECEDENT - NAME				SEX	DATE OF DEATH (Mo., Day, Yr.)
FIRST	MIDDLE	LAST		2	3
PLACE OF DEATH (City/Town)		COUNTY OF DEATH	HOSPITAL OR OTHER INSTITUTION - Name if not in either, give street and number		
4b		4c			
PLACE OF DEATH (Check any one)					
PITAL:		OTHER:			
<input type="checkbox"/> Hospital <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		<input type="checkbox"/> Nursing home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			

T **CERTIFYING PHYSICIAN:**
Complete items 29-34 and 36, 38-40 on reverse side.

T **MEDICAL EXAMINERS:**
Complete items 29-35 and 37-40.

T **FUNERAL DIRECTOR:**

- Item #'s 1 through 28 must be completed. Strikeovers, erasures, etc. are not permitted.
- File completed certificate with Board of Health or its authorized agent for the city or town where the death occurred (item #4a).

T **BOARD OF HEALTH AGENT:**

- Examine for accuracy and completeness.
- Sign and date item #41 only after the certificate is satisfactory and the permit is issued.

RULES OF PRACTICE

- The following cases must be referred to a Medical Examiner (MGL Ch. 38, Sec. 6). When any person in the Commonwealth is supposed to have died by violence, or:
by the 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 other cases, or if the Medical Examiner waives jurisdiction, the certifier may be (MGL Ch. 46, Sec. 9; Ch. 114, Sec. 45):
the attending physician;
the board of health physician;
the physician declaring such person dead;
a duly appointed registered hospital medical officer.



The Commonwealth of Massachusetts
PRONOUNCEMENT OF DEATH
 REGISTRY OF VITAL RECORDS AND STATISTICS

1 DECEDENT - NAME		FIRST	MIDDLE	LAST	SEX
2 PLACE OF DEATH - STREET AND NUMBER (If hospital, of other institution, give name)			CITY OR TOWN	ZIP CODE	COUNTY
3a DATE OF DEATH Month Day Year		3b HOUR OF DEATH	3c DATE PRONOUNCED Month Day Year	3d PRONOUNCED DEAD (Hour)	
4 NAME OF PRONOUNCING REGISTERED NURSE First Middle Last			5 SIGNATURE OF PRONOUNCING NURSE (Signed under name and position of person)		
6 LICENSE NUMBER OF NURSE		7 EMPLOYING AGENCY OF NURSE MAKING PRONOUNCEMENT			
8 ADDRESS OF EMPLOYING AGENCY - STREET AND NUMBER			CITY OR TOWN	STATE	ZIP CODE
9 NAME AND ADDRESS OF ATTENDING PHYSICIAN OR MEDICAL EXAMINER INFORMED OF DEATH					
10 NAME OF FUNERAL SERVICE EMPLOYEE REMOVING DECEDENT			11 NAME OF FACILITY TO WHERE DECEDENT IS BEING REMOVED		
12a ADDRESS OF FACILITY - STREET AND NUMBER TO WHERE THE DECEDENT IS BEING REMOVED			CITY OR TOWN	STATE	ZIP CODE
13					

USE PERMANENT BLACK INK ONLY

(Instructions on Reverse Side)

R-312

INSTRUCTIONS

1. **This form may only be completed by a registered nurse licensed in Massachusetts. It may only be used when the requirements of Chapter 161, Acts of 1987 have been met:**
 - A patient with a terminal illness whose death is anticipated;
 - Registered nurse is employed by a hospice program or a Visiting Nurse Association;
 - Nurse is unable to contact the attending physician or medical examiner.
 - Death occurred in Massachusetts.
2. Forms must be typed or printed legibly in permanent black ink. No erasures, strikeouts or crossovers are allowed.
3. No numeric dates are allowed and 4 digit year must be used; for example, Jan. 1, 1988 is correct, not 01/01/87. Times must use am and pm. **DO NOT USE 24 HOUR CLOCK.**
4. The addresses given in Items 2a-d (place of death), 11 (name and address of attending physician or medical examiner), and 12a-e (address of location to where decedent is being removed) must be the location addresses. **DO NOT USE MAILING ADDRESS.** Items 9a-e (name and address of employing agency) may be a mailing address.
5. The license number for the registered nurse must be the Massachusetts Board of Registration State Licensing Number.
6. The signed form must be given to the funeral service licensee prior to removing the decedent.
7. The Standard Certificate of Death (Form R-301) must still be completed by the attending physician or medical examiner prior to receipt of a burial permit.
8. The funeral director upon applying for a burial permit under Chapter 114, Section 45 should present both the completed Standard Certificate of Death and the Pronouncement of Death form to the burial permit agent.
9. This form will be filed with the Standard Certificate of Death.

PRONOUNCEMENT OF DEATH

FACT SHEET

1. WHAT IS A PRONOUNCEMENT OF DEATH?

Chapter 161, Acts of 1987, M.G.L., as amended by Chapter 430, Acts of 1987, established a process for registered nurses in limited circumstances to make a pronouncement of death.

2. WHO IS ELIGIBLE TO COMPLETE A PRONOUNCEMENT OF DEATH FORM?

Only registered nurses licensed by the Massachusetts Board of Registration in Nursing may complete the pronouncement of death form. The registered nurse must also be an employee of a Visiting Nurse Association or an approved hospice program. All visiting nurse associations are included in this program. Other home health agencies are not included unless the agency maintains an approved hospice program.

3. FOR WHOM MAY A PRONOUNCEMENT OF DEATH BE COMPLETED?

This form may only be completed for a patient:

1. suffering from a terminal illness and whose death is anticipated;

AND

2. receiving the services of a Visiting Nurse Association or Hospice Program, either at home or in a hospice.

4. MAY THE PRONOUNCEMENT OF DEATH FORM BE COMPLETED FOR ALL PATIENTS MEETING THE TWO CRITERIA LISTED IN #2?

NO! The registered nurse may only complete the form when:

1. the attending physician or medical examiner is not available to complete the pronouncement and determination of death;

AND

2. the registered nurse is unable to contact the attending physician or medical examiner after making reasonable efforts. Reasonable efforts should include at least one telephone call and waiting at least 30 minutes for a response if an answering service is reached.

5. IF A VISITING NURSE ASSOCIATION OR HOSPICE PROGRAM INCLUDES OUT OF STATE COMMUNITIES IN THEIR SERVICE AREA, IS IT POSSIBLE TO USE THE PRONOUNCEMENT OF DEATH FORM FOR PATIENTS NOT DYING IN MASSACHUSETTS?

NO! This process may only be used for deaths which occur within the Commonwealth of Massachusetts. Each state develops its own procedures for deaths which occur within their borders.

6. WHAT DOES ANTICIPATED DEATH MEAN?

An anticipated death includes only those deaths that occur within a definite span of time. For example, if a patient was expected to live for an additional month and dies at home, this would not be an anticipated death. Also, the death must occur from the terminal illness and should not have any contributing causes, such as a fall. In such cases, a medical examiner is required to complete a Standard Certificate of Death prior to removal of the decedent.

7. DOES THE PRONOUNCEMENT OF DEATH FORM ELIMINATE THE NEED FOR A DEATH CERTIFICATE?

NO! The attending physician or medical examiner must complete the Standard Certificate of Death.

8. IS THE PRONOUNCEMENT OF DEATH FORM ALL THAT THE FUNERAL DIRECTOR NEEDS TO REMOVE THE DECEDENT FROM THE HOME OR HOSPICE?

YES! Section 45 of Chapter 114, M.G.L., as amended by Chapter 430, Acts of 1987, allows the removal of a body from one town to another with a signed certificate or pronouncement of death.

9. ARE THERE ANY SITUATIONS THAT MEET ALL OF THE CRITERIA LISTED ABOVE WHEN THE PRONOUNCEMENT OF DEATH FORM SHOULD NOT BE USED?

YES! If the decedent is being removed a significant distance from the place where the death occurred, the Pronouncement of Death form should not be used. As a Standard Certificate of Death is still necessary, the attending physician or medical examiner will need to view the body. The family may be caused difficulties by a delay in obtaining a completed Standard Certificate of Death if the body is moved a significant distance.

10. IF ALL CRITERIA ARE MET, IS THE REGISTERED NURSE REQUIRED TO COMPLETE THE PRONOUNCEMENT OF DEATH FORM?

NO! The law gives registered nurses the authority to complete the pronouncement of death. It does NOT require the registered nurse to complete the form. The registered nurse should complete the form only when the nurse is comfortable about completing the form rather than awaiting the attending physician or medical examiner.

11. IS THE FUNERAL DIRECTOR REQUIRED TO REMOVE THE DECEDENT WITH THE PRONOUNCEMENT OF DEATH FORM?

Chapter 161 gives the authority to registered nurses in certain cases to complete the pronouncement of death. It does not mandate the nurse to complete the form nor does it mandate the removal of bodies with the pronouncement form. A funeral director may make a professional judgment that a Standard Certificate of Death should be completed prior to removal.

12. WHAT IS THE OVERALL PURPOSE OF THE PRONOUNCEMENT OF DEATH PROCESS?

This process has one major objective—eliminating delays waiting for the attending physician or medical examiner when an anticipated death occurs at home. A satisfactorily completed Standard Certificate of Death is still required for obtaining a burial permit which is necessary prior to burial or cremation.

13. ARE THERE ANY SPECIAL INSTRUCTIONS TO BE KEPT IN MIND WHEN COMPLETING THE FORM?

1. Only use Pronouncement of Death forms provided by the State Registry of Vital Records and Statistics, Massachusetts Department of Public Health.
2. The form must be completed in permanent, black ink.
3. All items other than the signature must be printed or typed.
4. All dates must be written with the month alphabetically and not numerically. Abbreviations for the months may be used, however.

14. AFTER COMPLETING THE FORM, WHAT IS THE RESPONSIBILITY OF THE REGISTERED NURSE?

The registered nurse completing the form is required to inform the attending physician or medical examiner responsible for completing the death certificate of the exact location to which the decedent has been removed.

The registered nurse is also responsible for providing an original, signed Pronouncement of Death form to the funeral director.

15. WHAT DOES THE FUNERAL DIRECTOR DO WITH THE COMPLETED FORM?

The funeral director submits the form with the Standard Certificate of Death to obtain a burial permit from the city or town where the death occurred. The Pronouncement of Death form will be permanently filed WITH the death certificate.

16. WHAT DOES THE BURIAL PERMIT AGENT DO WITH THE COMPLETED FORM?

The completed form should be filed permanently with the Standard Certificate of Death and forwarded to the City or Town Clerk for permanent filing. This form will be permanently bound with the Standard Certificate of Death.

17. WHAT DOES THE CITY OR TOWN CLERK DO WITH THE COMPLETED FORM?

1. The city or town clerk files the form with the death certificate. The pronouncement form is NOT sent to the State Registry or residence community, nor is it issued routinely with certified copies of death records. Upon request, however, certified copies of the pronouncement form may be issued.
2. The city or town clerk determines that items 40a-40d have been completed correctly on the Standard Certificate of Death.

18. IF PROBLEMS OR QUESTIONS ARISE REGARDING THIS PROGRAM, WHERE MAY I OBTAIN FURTHER INFORMATION?

Additional information may be obtained from:

STATE REGISTRY OF VITAL RECORDS AND STATISTICS
150 TREMONT STREET, ROOM B-3
BOSTON, MA 02111
617/727-0036