

## IDAHO CERTIFICATE OF DEATH -- How to Complete --

A certificate of death is legally required to be filed for each death, within 5 days after the date of death or discovery of death in this state, with the Local Registrar of the county in which the death occurred or the body was found. If death occurs on a moving conveyance, the death certificate must be registered in the county in which the dead body is first removed from the moving conveyance. The person in charge of interment or of removal of the body from the district is responsible for obtaining and filing the death certificate.

The current version (at the time of death or discovery of death) of the [Idaho Certificate of Death](#) is to be completed and filed. A certificate that is prepared on an improper form, is a photo or carbon copy, or is defaced will not be accepted. All items must be completed or the reason for their omission explained. Entries such as "unknown," may be given when the information is **actually** unknown. Certificates that are incomplete or contain improper or inconsistent data will be rejected.

The death certificate is a permanent legal document and must be legibly completed using a typewriter with good black ribbon and clean keys, a computer printer with high resolution, or by printing legibly using permanent, unfading black ink. Certificates completed in other colored ink or pencil are not acceptable. Certificates containing lined-through information, excessive white out, messy alterations, or erasures will not be accepted for filing.

Worksheets are useful in obtaining information for completing the death certificate. Review all information before and during completion of the death certificate to avoid errors which can involve a great deal of time, inconvenience, and expense to correct.

Signatures appearing on the certificate must be personally signed by the responsible person, in the correct item space, in black or dark blue ink; other colored ink, pencil, rubber stamps or facsimile signatures are not acceptable.

For deaths from natural causes with medical attendance during the last illness, the attending physician, physician assistant, or advanced practice professional nurse or designee should sign the death certificate. In the event death is from natural causes without medical attendance, is known or suspected to be an accident, homicide, or suicide (trauma or any form of external cause), is from unknown causes (could not be determined or pending investigation) or is from natural causes with medical attendance, but the medical attendant or designee is not available or is physically incapable of signing the death certificate, the coroner of the county in which death occurred or the body was found must sign the death certificate. *When death was a result of any external cause, the coroner must also complete the external causes section of the death certificate.*

[The Authorization for Final Disposition-Transit Permit](#) (blue, part 2) is to be completed and then must accompany the body to final disposition. The mortician must obtain the signature/authorization for final disposal or removal of the body from this state from the person responsible for certifying to the cause of death. In the case of cremation within or outside of this state, the coroner must also give additional authorization.

[The 24-Hour Report of Death](#) (pink; part 3) is to be detached from the multi-part death certificate after completion of the required items, as noted on the bottom of the report, and sent by the mortician to the Local Registrar of the county where death occurred within 24 hours after taking possession of the body.

If you encounter any unusual problems in completing a death certificate, contact your Local Registrar or **Vital Statistics**.

Following is a description of every item on the death certificate and detailed instructions for the completion of each. The items are numbered to match with the Idaho death certificate. These instructions and information will be helpful in filling out the death certificate.

**NAME OF DECEDENT** \_\_\_\_\_

For use by certifier or institution

The lower left-hand margin of the certificate contains a line where the physician, physician assistant, advanced practice professional nurse or hospital *may* write in the name of the decedent as they have it listed in their records. The mortician will enter the full legal name of the decedent in item 1.

----- **MORTICIAN: Complete/Verify and File Within 5 Days of Death** -----

**Items 1-18 are to be completed by the mortician or person acting as such.** Additional information for some items is contained in the *Funeral Directors' Handbook on Death Registration and Fetal Death Reporting* provided by NCHS. A copy of this handbook may be obtained from Vital Statistics.

**DECEDENT**

**1. DECEDENT'S LEGAL NAME** (Include AKA's if any) (First, Middle, Last, Suffix)

Type or print the decedent's current complete legal name, starting with the first name. Do not abbreviate. The name must consist of English alphabetic characters and punctuation marks.

Have the informant check the spelling and order of names before entering the name on the certificate.

Spacing - Adequate spacing should be entered to distinguish between first, middle, and last names.

Spelling - Be especially careful with names for which several different spellings are possible.  
If there appears to be more than one spelling of any name provided, and the correct spelling cannot be verified, use the most common spelling.

No middle name - If the decedent did not have a middle name, leave the space blank. Do not enter "no middle name," "NMN," "NMI," etc. in the middle name space.

Legal name change - If the decedent had a legal name change, the current legal name should be entered.

- Initials
- If the decedent used an initial in place of a whole given name, try to obtain and enter the whole name; otherwise, enter the initial followed by a period.  
If the decedent's name is simply an initial, such as "K. Lynn Hartwig," enter the initial followed by a period.  
If the decedent used two initials and a surname such as "H.S. Green" or "J. P. Malone," determine if there should be a space between and if these are a first and middle initial, or two first initials with no middle name or initial.
- Single letter
- If the name is simply a letter (not an initial), such as "R Jason Braxton," enter without a period after the letter.
- Multiple given names
- If multiple first or middle names are given, enter all in the appropriate places with a single space between, leaving adequate spacing between first, middle, and last names to distinguish between them.
- Multiple surnames
- If more than one surname is given, separate by a hyphen, by a single space between, or by other means as applicable.
- Apostrophe or space
- If the surname has a space or apostrophe, such as "Mac Pherson" or "O'Toole," include the space or apostrophe when entering the name. Be consistent with spacing in the same surname entered in other items.
- Suffixes
- Enter any suffixes and generation identifiers, such as "Jr.," "Sr.," "II," "III," after the surname.
- Titles
- If there is a title preceding the name, such as "Doctor," "General," or "Reverend," do not enter the title in any of the name fields.
- Religious names
- For religious names, such as "Sister Mary Lawrence," enter "Sister Mary" as the first name.
- Newborn child
- Enter only the surname (leave the first and middle names blank) for a newborn child whose parents have not selected a name. Do not make entries such as "Baby Boy" or "Infant Girl."
- Found body
- If the coroner cannot determine the name of a found body, enter "Unknown" in the name field. Do not enter names such as "John Doe" or "Jane Doe."
- Alias
- List any alias (also known as) name(s) the decedent used during his or her life, if substantially different from the legal name, in the name field, either after the legal name or above and to the right of the start of the legal name.  
Enter the best way possible to ensure that the legal name and the AKA(s) are easily readable.  
List any alias with "AKA" preceding the name(s) (e.g., Samuel Langhorne Clemens AKA: Mark Twain).

AKA does **not** include:

- \* Nicknames, unless used for legal purposes or at the family's request
- \* Shortened versions of the first and/or middle name(s) such as "John Daugherty" short for "Jonathon Daugherty" or "Betty Jo Cahill" short for "Elizabeth Josephine Cahill"
- \* Spelling variations of the first and/or middle name(s)
- \* Presence or absence of middle initial, punctuation marks or spaces
- \* Variations in spelling of common elements of the surname, such as "Mc" and "Mac" or "St." and "Saint"

## 2. **SEX**

Enter "male" or "female." Do not abbreviate or use other symbols. If sex cannot be determined after verification with the certifier or medical records, inspection of the body, or other sources, enter "unknown."

Sex change - The current sex of the decedent should be listed.

Check decedent's name and spouse's name, if married, to help verify entry.

## 3. **SOCIAL SECURITY NUMBER**

Type or print accurately the complete 9 or 10 digit United States social security number (SSN) of the decedent. *Do not leave blank.*

No SSN - Enter "none" or a dash "-" if the decedent has no social security number.

Unknown - Enter "unknown" if the SSN of the decedent is not known. (i.e. the informant does not know and cannot locate the SSN, or this is an unidentified body.)

Check the SSN against the document from which it is being copied, if applicable, and verify the SSN with the informant.

## 4a-c **AGE**

Make only one entry for age in either item 4a-Years, 4b-Months or Days, or 4c-Hours or Minutes, depending on the age of the decedent at the time of death.

Verify the age - calculate using *Date of Birth* and *Date of Death*.

If the number of units cannot be obtained, identify the units (years, months, days, hours or minutes) if possible by typing or printing a "?" in the appropriate unit box.

### 4a. **AGE** - Last Birthday (Years)

Enter the age of the decedent as of his or her last birthday. *This item should be completed for all decedents 1 year of age or older.*

Unknown - If the informant does not know and cannot obtain the age, enter "?" or "unknown."

If the decedent was less than 1 year of age, leave this item blank.

**4b. (AGE) UNDER 1 YEAR Months / Days**

Enter the age of the decedent in either months or days. *This item should be completed only for infants less than 1 year of age but surviving at least 1 day.*

If the Date of Birth and Date of Death are 1 day apart, the infant must be 1 day of age or less.

Months - If the infant were 1 month of age or older but less than 1 year old (1 through 11 months); enter the infant's age in completed months.

Days - If the infant was 1 day of age or older but less than 1 month old, enter the infant's age in completed days.

If the infant was 1 year of age or older or less than 1 day of age, leave this item blank.

**4c. (AGE) UNDER 1 DAY Hours / Minutes**

Enter the decedent's age in either hours or minutes. *This item should be completed only for infants who survived less than 1 day.*

If the Date of Birth and Date of Death are the same day, age units must be hours or minutes.

If the Date of Birth and Date of Death are one day apart, the infant must be 1 day of age or less.

Hours - If the infant was 1 hour of age or older but less than 1 day old (1 through 23 hours), enter the infant's age in completed hours.

Minutes - If the infant was less than 1 hour of age, enter the infant's age in minutes.

If the infant survived for 1 day or more, leave this item blank.

**5. DATE OF BIRTH (Mo/Day/Yr)**

Type or print the full name of the month (January, February, March, etc.), day, and four-digit year that the decedent was born. Do not use a number to designate the month.

Abbreviations (Jan., Feb., Mar., etc.) may be used.

Verify the age - calculate using *Date of Birth* and *Date of Death*

Part unknown - If part of the date of birth is unknown, enter the known parts and enter "unknown" or a "?" for the remaining parts.

Unknown - If the date of birth is not known, enter "unknown."

## 6. **BIRTHPLACE** (City and State, Territory, or Foreign Country)

Type or print the city and state, U.S. territory, or foreign country in which the decedent was born.

City unknown - If the city is not known, enter only the state or country name.

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

Canada - If the decedent was born in Canada, enter the city, the name of the province and "Canada." If the province is not known, enter the city and "Canada."

## 7a - g **RESIDENCE**

This is the physical/geographic location of the usual place of residence of the deceased (i.e. the place where the decedent actually lived and slept most of the time prior to death). Enter the building number and street name for the residence address rather than the postal address.

The place of residence is not necessarily the same as "home state," "voting residence," "legal residence," or "mailing address."

Temporary - Never enter a temporary residence such as one used during a visit, business trip or vacation.

Military or College - Place of residence during a tour of military duty (onshore) or during attendance at college is considered permanent and should be entered as the place of residence.

Multiple residences - If the decedent lived in more than one residence (parent living in a child's household, children in joint custody, person owning more than one residence, or commuters living elsewhere while working), enter the residence lived in most of the year.

Facility - If the decedent had been living in a facility where an individual usually resides for a long period of time, such as a foster home, group home, mental institution, nursing home/long term care facility, board and care home, penitentiary, or hospital for the chronically ill, the address of this facility should be entered as the place of residence.

Children - 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.  
If a child lives an equal amount of time in each residence, report the residence where the child was staying when death occurred. Children residing at a boarding school are considered to live at a parent's residence.  
Residence for foster children is the place they live most of the time.

Infant - If the decedent was an infant who never resided at home, the place of residence is that of the parent(s) or legal guardian.

Never use an acute care hospital's location as the place of residence for any infant.

Homeless

- If the decedent has been staying in a particular area, enter as much information as can be obtained about the location where the decedent had been staying and enter "none" or "unknown," as appropriate, in the remaining items.  
If the decedent had been moving around and had not been in any area for a length of time, enter "none" in all items.  
Enter "unknown" in the items if it is not known for sure if the decedent is homeless.

**7a. RESIDENCE - STATE OR FOREIGN COUNTRY**

Type or print the name of the state, U.S. territory, or foreign country in which the decedent actually lived most of the time and where his or her household is located.

Canada

- If the decedent lived in Canada, print the name of the province or territory, followed by "/ Canada."

Unknown

- If the informant does not know the name of the state or country, enter "unknown."

**7b. (RESIDENCE) COUNTY**

Type or print the name of the county in which the decedent actually lived.

If the decedent resided in any country other than the United States and its territories, leave this item blank.

**7c. (RESIDENCE) CITY OR TOWN**

Type or print the name of the city, town, or other place of actual residence.

This may differ from the city or town used in the mailing address.

**7d. (RESIDENCE) STREET AND NUMBER**

Type or print the number and street name where the decedent lived.

Enter the building number, any pre-direction, the street name, then the street designator (e.g., Avenue, Road, Circle, Court), along with any post-directions.

No street address- If the place has no number or street name, enter a description that will identify the geographical location of the place where the decedent lived.

**Note:** If there is a number associated with this address that distinguishes between buildings (e.g., mobile homes), enter it as part of the street and number address.

DO NOT enter postal addresses (i.e., post office boxes, rural route and box numbers).

**7e. (RESIDENCE) APT. NO.**

Type or print the apartment or room number of the place where the decedent lived.

If there is no apartment or room number associated with this residence, leave the item blank.

**Note:** If there is a number associated with this address that distinguishes between residences within a building, enter it in the apartment number item space.

**7f. (RESIDENCE) ZIP CODE**

Type or print the Zip Code of the place where the decedent lived.

The 9 digit Zip Code is preferred to the 5 digit Zip Code.

If the decedent did not reside in the United States or its territories, this item may be left blank.

**7g. (RESIDENCE) INSIDE CITY LIMITS?**

Check the appropriate box, "Yes" or "No" to indicate if the decedent's place of residence was inside the city or town limits.

Unincorporated - Check "No" if the town or named place is not incorporated.

Unknown - If it is not known if the residence is inside the city or town limits, enter "unknown" or "?" in the space.

**8. MARITAL STATUS AT TIME OF DEATH**

Check only one box to indicate the decedent's marital status at the time of death (as provided by the informant).

If the marital status is "Married," or "Married, but separated" the name of the surviving spouse must be entered in item 9.

Annulled - "Annulled and not remarried" is considered "Never Married."

Common Law - "Common Law marriage" (*established prior to January 1, 1996*) is considered "Married."  
**Note:** *Common Law marriage, as of January 1, 1996, can no longer be established in Idaho.*

Indian - "Indian Marriage" is considered "Married."

Die at same time - If a married couple die at the same time, the marital status of both should be completed as "Married" or "Married, but separated" and the name of the spouse entered in item 9.

Unknown - If marital status cannot be determined, check "Unknown."

Do not leave this item blank.

**9. SURVIVING SPOUSE'S NAME** (If wife, give maiden name)

Type or print the full name of the surviving spouse only if the decedent was married ("Married" or "Married, but separated") at the time of death; otherwise, leave this item blank.

Item 8 - Marital Status and Item 9 - Surviving Spouse, must agree.

Wife - If the surviving spouse is the wife, enter her full maiden name.

Unknown - If the name of the surviving spouse is not known, enter "unknown."

Die at same time - If a married couple die at the same time the marital status of both should be completed as "Married" or "Married, but separated" in item 8 and the name of the spouse listed.

**10. EVER IN U.S. ARMED FORCES?**

Check the appropriate box "Yes" or "No" to indicate if the decedent ever served in the U.S. Armed Forces (Air Force, Army, Coast Guard, Marines, Navy). DO NOT leave this item blank.

Reserves - Service in any of the U.S. Armed Forces Reserves programs is checked as "Yes."

National Guard - Service in National Guard is checked as "No" unless the decedent was mobilized under the president while serving in the National Guard; if mobilized, check "Yes."

Merchant Marines - Service in the Merchant Marines is checked as "No."

Unknown - If it is not known, enter "unknown" or "?"

**P A R E N T S**

**11a. FATHER'S NAME** (First, Middle, Last, Suffix)

Type or print the complete legal name of the father of the decedent, starting with the first name.

Have the informant check the spelling and order of names before entering the name on the certificate.

Spacing - Adequate spacing should be entered to distinguish between first, middle, and last names.

Spelling - Be especially careful with names for which several different spellings are possible. If there appears to be more than one spelling of any name provided, and the correct spelling cannot be verified, use the most common spelling.

- No middle name - If the father's name does not include a middle name, leave blank. Do not enter "no middle name," "NMN," "NMI," etc. in the middle name space.
- Initials - If the father used an initial in place of a whole name, try to obtain and enter the whole name; otherwise, enter the initial followed by a period. If the father's name is simply an initial, enter the initial followed by a period. If the father's name is simply a letter, enter the letter with no period after.
- Multiple given names - If multiple first or middle names are given, enter all in the appropriate places with a single space between, leaving adequate spacing between first, middle, and last names to distinguish between them.
- Multiple surnames - If more than one surname is given, separate by a hyphen "-" or by a single space between, whichever is applicable.
- Apostrophe or space - If the surname has a space or apostrophe, such as Mac Pherson or O'Toole, include the space or apostrophe when entering the name.
- Suffixes - Enter any suffixes and generation identifiers, such as "Jr.," "Sr.," "II," "III," after the surname.
- Titles - Do not enter a title preceding the name, such as "Doctor."
- Religious names - For religious names, such as "Brother John Francis," enter "Brother John" as the first name.
- Unknown given names - If both the first and middle names are not known, enter "unknown" and then the surname.
- Adoption - If the decedent had been adopted, the adoptive father should, in most cases, be listed.
- Unknown - If the father's name cannot be determined, enter "unknown" in the name field.

**11b. (FATHER'S) BIRTHPLACE** (State, Territory, or Foreign Country)

Type or print the state, U.S. territory, or foreign country in which the decedent's father was born.

- Canada - If the father was born in Canada, enter the name of the province and "Canada," or if the province is not known, enter "Canada" only.
- Unknown - If no information is available regarding the place of birth, enter "unknown."

**12a. MOTHER'S MAIDEN NAME** (First, Middle, Last, Suffix)

Type or print the full maiden name of the mother of the decedent, starting with the first name.

Do not list the mother's current or a previous married name.

Have the informant check the spelling and order of names before entering the name on the certificate.

- Spacing - Adequate spacing should be entered to distinguish between first, middle, and last names.
- Spelling - Be especially careful with names for which several different spellings are possible. If there appears to be more than one spelling of any name provided, and the correct spelling cannot be verified, use the most common spelling.
- No middle name - If the mother's name does not include a middle name, leave blank. Do not enter "NMN," "NMI," etc. in the middle name space.
- Initials - If the mother used an initial(s), try to obtain and enter the whole name(s); otherwise, enter the initial followed by a period.
- Multiple given names - If multiple first or middle names are given, enter all in the appropriate places with a single space between, leaving adequate spacing between first, middle, and last names.
- Multiple surnames - If more than one last name is given as the maiden surname, separate by a hyphen or by a single space between, whichever is applicable.
- Apostrophe or space - If the maiden surname has a space or apostrophe following prefixes, such as Mac Pherson or O'Toole, enter as given with the space or apostrophe.
- Suffixes - Enter any suffixes and generation identifiers, such as "Jr.," "Sr.," "II," "III," after the surname.
- Titles - Do not enter a title preceding the name, such as "Doctor."
- Religious names - For religious names, such as "Sister Mary Lawrence," enter "Sister Mary" as the first name.
- Unknown given names - If both the first and middle names are not known, enter "unknown" and then the "maiden surname."
- Adoption - If the decedent had been adopted, the adoptive mother should, in most cases, be listed.
- Unknown - If the mother's name cannot be determined, enter "unknown" in the name field.

**12b. (MOTHER'S) BIRTHPLACE** (State, Territory, or Foreign Country)

Type or print the state, U.S. territory, or foreign country in which the decedent's mother was born.

- Canada - If the mother was born in Canada, enter the name of the province and "Canada" or if the province is not known, enter "Canada" only.
- Unknown - If no information is available regarding the place of birth, enter "unknown."

## **INFORMANT**

### **13a. 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 may be entered if that person had made a pre-arrangement and provided the information themselves and the information was not provided by another person.

The coroner or other person who is not a member of the decedent's family may be entered if he or she provided the information and there was no pre-arrangement and the decedent's family does not provide the information.

### **13b. (INFORMANT'S) RELATIONSHIP TO DECEDENT**

Type or print the relationship of the informant to the decedent such as, spouse, father, son, sister, grandchild, cousin, niece, friend, care giver, business partner, self (prearrangement), coroner, friend, guardian, attorney, neighbor, personal representative, etc.

### **13c. (INFORMANT'S) MAILING ADDRESS** (Street and Number, City, State, Zip Code)

Type or print the complete mailing address of the informant.

Enter the street and number, rural route and box number, or post office box number of the informant, followed by the city, state and Zip Code of their mailing address.

## **DISPOSITION**

### **14. METHOD OF DISPOSITION**

Check the box corresponding to the chosen method of disposition of the decedent's body.

- Cremation - Cremation is considered to be final disposition. The method of disposition of the cremated remains should not be checked on the death certificate.
- Donation - If the body is donated (not individual organs) to a hospital or school within Idaho for scientific and educational purposes "Donation" should be checked.
- Removal - If the body is removed from Idaho for disposition such as burial, cremation, or donation, in another state, the box for "Removal from Idaho" must be checked. (If item 15 - Location lists a state other than Idaho, this item must be checked as "Removal from Idaho.") *The box designating the actual disposition such as Burial, Cremation, or Donation may also be checked.*
- Other - If "Other (Specify)" is checked, enter the method of disposition on the line provided.

**15. PLACE OF DISPOSITION** (Name and address of cemetery, crematory, other place)

Type or print the name of the cemetery, crematory or other location of disposition. Also, enter the name of the city, town, or named area, and the state where the place of disposition is located.

Removal from Idaho - If the body is removed from the state, specify the name and location of the cemetery, crematory, or other place of disposition to which the body is removed. Do not enter the name and location of another funeral facility receiving the body in another state.

Cremation - Enter the name and address of the crematory where the cremation is done. Do not enter information about the disposition of the cremains as the cremation is considered to be final disposition on the death certificate.

Donation - If the body is donated to a hospital or school for scientific or educational purposes, enter the name and location (city or town and state) of that institution.

**16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY**

Type or print the name and complete address (street and number, city, state, and Zip Code) of the funeral facility.

No funeral facility - If no funeral facility is involved, enter the address of the person in charge of the body and disposition who signed the death certificate in item 17a.

**17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH**

The funeral service licensee or other person who assumes custody of the body and is responsible for completing the death certificate must personally sign the death certificate in permanent black or dark blue ink.

Rubber stamps or facsimile signatures are not permitted.

Funeral facility - If a funeral facility is handling the disposition, the licensed mortician, funeral director or embalmer, must sign the death certificate.

**Please note:** A licensed resident trainee cannot sign a death certificate according to current Idaho Bureau of Occupational Licensing rules ([IDAPA 24.08.01.250.01](#)).

Family - If a decedent's family chooses to handle the disposition, the family member who assumes custody of the body must sign the death certificate.

**17b. LICENSE NUMBER** (Of licensee)

Enter the license number of the person who signed in item 17a.

Family - If the family has chosen to handle the disposition enters a dash "-" or leave blank.

### **18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH?**

Check "Yes" or "No" to indicate if the coroner was contacted about this case.

Check "No" if the coroner was not contacted about this case or if the coroner signed only to authorize cremation.

Note: If this item is checked "Yes" when the manner and cause of death are natural, the coroner may be the certifier, but it does not require the coroner to be the certifier.

**In cases of accident, suicide, homicide, unknown cause or no professional medical care, the coroner must be notified.**

It is the responsibility of the mortician or other person acting as such, in charge of the body, to refer these cases to the coroner.

Cases must be referred to the coroner:

- (1) when the circumstances suggest that the death was not due to natural causes,
- (2) when no physician, physician assistant or advanced practice professional nurse was treating/attending the decedent during the last illness, or
- (3) when the attending physician, physician assistant or advanced practice professional nurse or designee is not available or is physically incapable of signing

The coroner shall make an immediate investigation, complete the medical information on the death certificate, and sign as certifier.

### **CERTIFIER: Complete Within 72 Hours of Death**

[MEDICAL SECTION]

**Items 19a - 39d are to be completed, as appropriate for each case, by the attending physician, physician assistant, advanced practice professional nurse or the county coroner *within 72 hours* from time of death.**

The definitions of physician, physician assistant, and advanced practice professional nurse for Vital Statistics purposes as stated in [§39-241\(12\)\(13\) and \(2\), Idaho Code](#), (respectively) are as follows:

"Physician" means a person legally authorized to practice medicine and surgery, osteopathic medicine, and surgery or osteopathic medicine in this state as defined in section [§54-1803, Idaho Code](#).

"Physician Assistant" means any person who is a graduate of an acceptable training program and who is otherwise qualified to render patient services as defined in section [§54-1803, Idaho Code](#).

“Advanced Practice Professional Nurse” means a professional nurse licensed in this state who has gained additional specialized knowledge, skills and experience through a nationally accredited program of study and is authorized to perform advanced nursing practice as defined in section [§54-1402, Idaho Code](#), and includes certified nurse midwives and nurse practitioners.

**Please note:** In the absence of the attending physician, physician assistant, advanced practice professional nurse or with said person’s approval, the certificate may be certified by;

- (1) said person’s designated associate who must be a physician, physician assistant or advanced practice professional nurse
- (2) the chief medical officer of the institution in which death occurred, or
- (3) the physician who performed an autopsy upon the decedent,

provided such individual;

- (1) has access to the medical history of the case,
- (2) views the deceased at or after death

and death is due to natural causes.

## **PLACE OF DEATH**

### **19a - 22    PLACE OF DEATH**

The place where death is pronounced should be considered the place where death occurred.

*The place of death refers to the physical/geographic location where the death occurred.*

Items 19a - 22 must agree as they all refer to the same location.

If the place of death is unknown but the body is found in this state, the place where the body was found should be entered as the place of death.

#### **19a. IF DEATH OCCURRED IN A HOSPITAL:**

If the death was in a hospital, check the box indicating the status of the decedent at the hospital:

- 1- Inpatient,
- 2- ER (emergency room)/Outpatient, or
- 3- DOA (dead on arrival).

Hospice    - If the decedent died in a hospice facility that is part of a hospital, item 19b should be completed as a “Hospice facility.”

Care facility - If the decedent died in a nursing home, long term care unit or transitional care facility that is part of a hospital, item 19b should be completed as a “Nursing home/Long term care facility.”

**19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:**

If the death was not in a hospital, check the box indicating the type of place:

- 4- Hospice facility
- 5- Nursing home/Long term care facility (nursing home/skilled nursing facility, transitional care facility, or residential care facility)
- 6- Decedent's home (household location where the decedent lived)
- 7- Other (Specify) \_\_\_\_\_

Hospice - If the decedent died in a hospice facility that is part of a hospital, this item should be completed as a "Hospice facility."

Care facility - If the decedent died in a nursing home, long term care unit or transitional care facility that is part of a hospital, this item should be completed as a "Nursing home/Long term care facility."

Decedent's home - "Decedent's home" should be checked if the decedent died in the household location where he or she had been living/residing. The decedent does not have to be the owner of the home or the head of the household; this could be the home of a relative or friend that the decedent had moved into and was living/residing in at the time of death.

Other - If "Other (Specify)" is checked, enter the type of place where the death occurred, such as a parking lot, along the road side, in a canal, at a campground, the highway where a traffic accident occurred, a physician's office, or at a work place.

Assisted Living - If the decedent died in an assisted living facility, this item will need to be checked as either "Nursing home/Long term care facility" or "Decedent's home." Some assisted living facilities have sections for each. If the decedent had their own apartment, it will be checked as "Decedent's home," if the decedent was in the nursing care section, this will be checked as "Nursing home/Long term care facility."

**20. FACILITY NAME** (If not facility, give street and number)

Type or print the current full name of the facility where the decedent died. If death was not in a facility, then enter the street and number, or physical location where the decedent died.

Facility name - Some nursing and residential care facilities and hospitals use the same basic name at different facility locations within the same city. Please enter their individual location indicator, for example, "#3," "A," "II," "West," "of Treasure Valley," or "Elgin Way" (street name).

Not facility - If the decedent did not die in a facility, enter the street and number of the building (if at a building) or physical description of the location, for example, "1205 North Elm Street," "Intersection of N. 12th Ave. and Kent St.," "Milepost 129 Highway 12," "25 miles SW of Bruneau, near Jacks Creek." Do not enter a postal address (post office box or rural route and box number).

Moving conveyance - If the death occurred on a moving conveyance, enter as the place of death the address where the body was first removed from the conveyance even if the conveyance crossed state or county lines.

Found body - If the decedent's body was found in this state, enter the address or location where the body was found as the place of death. "Found" may be entered along with the address or location.

## **21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE**

Type or print the name of the (closest) city, town, named area, or location of the facility, address, or other place where death occurred, as entered in item 20.

The actual physical location of death must be entered which may not be the same as the mailing address. The 5 digit Zip Code for the place of the death must also be entered.

If death occurred outside the limits of an incorporated city or town, "rural" or "near" may be entered along with the name of the city or town.

## **22. COUNTY OF DEATH**

Enter the name of the county in which the death occurred and where the facility or address given in item 20 is located.

The coroner for the county listed in this item is responsible for signing when the signature of the coroner is required.

## **DATE OF DEATH**

### **23. DATE OF DEATH** (Mo/Day/Yr) (Spell month)

Type or print the full name of the month (January, February, March, etc.), day, and four digit year of death. Do not use a number to designate the month.

Abbreviations (Jan., Feb., Mar., etc.) may be used.

***Note: Midnight belongs to the beginning of the new day.***

Unknown - If the exact date of death is unknown, the date must be approximated [refer to [§39-260\(1\), Idaho Code](#)] as accurately as possible by the certifier and should be specified that the date is approximated. "Approx." may be placed before the approximated date.

A date range, specified as "between," may be accepted only when a specific date cannot reasonably be determined or approximated.

An entry of "found" or "unknown" is not acceptable.

DO NOT leave this item blank.

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**24. TIME OF DEATH (24hr)**

Enter the time (hour and minute) of death using a 24-hour clock, as 4 digits (0000 through 2359) with no colon and no a.m. or p.m. designation.

**Midnight belongs to the beginning of the new day (enter as "0000").**

The time/date sequence is:

2359	(11:59 p.m.)	End of day
0000	(12:00 a.m.)	Midnight
0001	(12:01 a.m.)	Beginning of new day

Unknown - If the exact time of death is not known, the time should be estimated as accurately as possible by the certifying physician or coroner; "approx." should be placed before the time.

Entries such as "a.m. hours," "late p.m. hours," "unknown a.m.," are acceptable.

If it is not possible to determine or estimate the time of death, an entry of "unknown" is acceptable.

**25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)**

Type or print the exact month, day, and 4 digit year that the decedent was pronounced dead.

Enter the full name of the month (January, February, March, etc.).

Do not use a number to designate the month.

Abbreviations (Jan., Feb., Mar., etc.) may be used.

"Found" may be specified with the date.

The date pronounced must be the same date or a later date than the date entered in item 23 - Date of Death.

**Note: *Midnight belongs to the beginning of the new day.***

**26. TIME PRONOUNCED DEAD (24hr)**

Enter the exact time (hour and minute) the decedent was pronounced dead using a 24-hour clock.

Enter the time using a 24-hour clock as 4 digits (0000 through 2359) with no colon and no a.m. or p.m. designation.

**Midnight belongs to the beginning of the new day (enter as "0000").**

The time/date sequence is:

2359	(11:59 p.m.)	End of day
0000	(12:00 a.m.)	Midnight

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## CAUSE OF DEATH

**A simple description of the sequence or process leading to death should be entered rather than a record describing all medical conditions present at death.**

The cause of death information should be the certifier's best medical opinion.

A condition can be listed as "probable" even if it has not been definitively diagnosed.

Do not abbreviate conditions in this section.

Enter only one cause/condition on each line.

Take care to make the entry legible; the death certificate is a permanent legal record of an individual's death. Use a typewriter with good black ribbon and clean keys, or print legibly using permanent **black** ink. Do not use other colors of ink.

Causes of death on the death certificate represent a medical opinion that might vary among individual physicians. In signing the death certificate, the physician, physician assistant, advanced practice professional nurse or coroner certifies that, in his or her opinion, the individual died of the reported causes of death. The certifier's opinion and confidence in that opinion are based upon his or her training, knowledge of medicine, available medical history, symptoms, diagnostic tests, and available autopsy results for the decedent. Even if extensive information is available to the certifier, causes of death may be difficult to determine, so the certifier may indicate uncertainty by qualifying the causes on the death certificate. The degree of uncertainty may be expressed using such terms as probable, possible, presumed, suspected, etc.

Cause of death data is important for surveillance, research, design of public health and medical interventions, and funding decisions for research and development. The death certificate is a permanent record of an individual's death and is also a legal document used in settling estates.

### External Cause or Not Attended by a Physician, Physician Assistant or Advanced Practice Professional Nurse During Last Illness

In the case of a death known or suspected to have resulted from injury or poisoning, is unexplained, or when the decedent had not been attended by a physician, physician assistant or advanced practice professional nurse during their last illness, the death must be reported to the coroner by the person in charge of interment or of removal of the body from the district (county) as required by state law. The coroner must immediately investigate the death, complete the medical information and certify to the cause of death. (see "*Coroner Referrals*" list on later page)

### Certifier's responsibility

The certifier's primary responsibility in completing the cause of death section is to report to the best of his or her knowledge, based upon available information, the causal chain that led to the death. The causal chain should begin with the cause that was closest to the time of death and work backwards to the initiating condition which is called the underlying cause of death. For

example, the physician might report a death for which staphylococcus pneumonia occurs closest to the time of death; however the physician also reports that the pneumonia is due to carcinoma metastatic to both lungs, which in turn, is due to poorly differentiated Aden carcinoma, unknown primary site. Please note: If the term “metastatic” is used, specify whether it is metastatic to or from the site listed.

**The cause of death section consists of two parts.**

If two or more possible sequences resulted in death, or if two conditions seem to have added together, report in Part I the one that, in your opinion, most directly caused death. Report in Part II the other diseases or conditions.

**PART I**

(Chain of events leading directly to death)

Part I is for reporting a chain of events leading directly to death, with the immediate cause of death (the final disease, injury, or complication directly causing death) on line (a) and the underlying cause of death (the disease or injury that initiated the chain of events that led directly and inevitably to death) on the lowest used line.

- Provide a description of the sequence of causes resulting in death in these lines, starting with the most recent condition. Enter only one cause on each line. A condition can be listed as “probable” even if it has not been definitively diagnosed.
- Enter the approximate time interval between presumed onset of the condition and the date of death.

**PART II**

(Other significant conditions)

Part II is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in Part I.

- Report conditions that pre-existed or co-existed and contributed to death, but did not result in the underlying cause reported in the lowest line used in Part I.

**Please Note:** Should additional medical information or autopsy findings become available that would change the cause of death originally reported, the original death certificate should be amended by the certifying physician or coroner. The certifier should immediately report the revised cause of death to Vital Statistics.

**27. CAUSE OF DEATH**

**PART I.** Enter the chain of events -- diseases, injuries, or complications -- that directly caused the death. **DO NOT** enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation, without showing its etiology. **DO NOT ABBREVIATE.** Enter only one cause on a line:        \        Approximate interval: Onset to Death

**(Line) a. IMMEDIATE CAUSE** (Final disease or condition resulting in death)

Type or print the immediate cause of death on line (a). This is the final disease, injury, or complication directly causing the death. It may be the only entry in the *cause of death* section if only one condition caused the death. There must always be an entry on line (a) except for causes that are pending investigation, as noted below.

Examples of immediate cause are coronary occlusion, sepsis, massive pulmonary hemorrhage, acute renal failure, rupture of left atrium, bronchopneumonia. In the case of a violent death, enter the result of the external cause (for example, crushed chest, asphyxia, intracranial bleeding).

If the death is under investigation awaiting autopsy or toxicology results, no entry in *Cause of Death* is required at this time but only if "Pending investigation" is checked in Manner of Death - Item 31; otherwise, enter "pending investigation" on line (a). Upon completion of the investigation, a Supplemental Information for Cause of Death form, provided by Vital Statistics, should be completed and submitted, by the coroner or physician who signed the death certificate, to Vital Statistics, providing the information necessary to complete the death certificate. (*The physician can only certify if the manner of death is known to be and is checked as natural.*)

**Note:** The cause of death should never be left blank or shown as "pending" when it is known but the manner of death; accident, suicide, or homicide is unknown.

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

If the condition on Line (a) resulted from an underlying condition (injury or complication) (even though a long interval of time may have elapsed since its onset), type or print the underlying condition on Line (b), and if this in turn resulted from a further condition, record that condition on line (c) and so on, until the full sequence is reported.

Each condition should cause (lead to or prepare the way for) the condition above it. When a condition does not seem to fit into such a sequence, consider whether it belongs in Part II.

ALWAYS enter the underlying cause of death on the lowest used line in Part I.

*The underlying cause of death is the disease or injury that started the sequence of events leading directly to death, or the circumstances of the accident or violence that produced the fatal injury.*

A specific cause of death should be reported in the last entry so there is no ambiguity about the etiology of this cause. No entry is necessary on lines (b), (c), and (d) if a single cause of death reported on line (a) describes completely the cause of death.

Additional lines may be added if necessary. Lines (e), (f) and so forth, should be added by the certifier so that all conditions related to the immediate cause of death are entered in Part I. List only 1 condition on each line. (Note: Since ill defined terms and mechanistic terminal events such as cardiac arrest, respiratory arrest, asystole,

ventricular fibrillation, etc. should not be reported, a line should not be added to make room for such entries.)

Other General Instructions for completing cause of death - Part I

Do not use abbreviations or parentheses in reporting causes of death.

A complete sequence should be reported in Part I that explains why the patient died. The sequence may be an etiological or pathological sequence as well as a sequence in which an earlier condition is believed to have prepared the way for a subsequent cause by damage to tissues or impairment of function.

The terminal event (e.g., cardiac arrest or respiratory arrest) should not be used.

If a mechanism of death seems most appropriate to you (the certifier) for line (a), then you must always list the cause(s) of the terminal event (e.g., respiratory arrest, asystole, cardiac arrest, cardio-respiratory arrest, ventricular fibrillation, electromechanical dissociation) on the line(s) below it (for example, cardiac arrest due to coronary artery atherosclerosis or cardiac arrest due to blunt impact to chest). Mechanistic terminal events should not be the only condition included in the cause of death statement and are unlikely to be the underlying cause.

Unacceptable causes if they are the only cause reported or are reported on the lowest line of the certification: respiratory arrest, asystole, cardiac arrest, cardio-respiratory arrest, cardiac pulmonary arrest, cardiopulmonary arrest, ventricular fibrillation, electrical mechanical dissociation, and electromechanical dissociation.

If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause of death, always report its etiology on the line(s) beneath it. For example, renal failure, due to Type I diabetes mellitus.

When indicating neoplasm as a cause of death, include:

- 1) primary site and/or histological type or that the primary site and type are unknown,
- 2) benign or malignant,
- 3) cell type or that the cell type is unknown,
- 4) grade of neoplasm,
- 5) part or lobe of organ affected, and
- 6) metastatic *to* or *from* the specified site, if the term "metastatic" is used.

For example, a primary well-differentiated squamous cell carcinoma, lung, left upper lobe.

For deaths resulting from injuries, always report:

- 1) the impairment of function,
- 2) the trauma, and
- 3) the fatal injury event.

For example, air embolism - *line (a)*, transection of subclavian vein - *line (b)*, stab wound of chest - *line (c)*.

The form of external event should be entered on the lowest line in the sequence. For example, automobile accident, drowning, overdose of aspirin, blunt injury to top of head, cocaine toxicity, exposure, fallen on by tree.

In cases of uncertainty, wording such as probable, suspected, or presumed may be placed before the cause.

### **Approximate Interval: Onset to Death**

Type or print the best estimate of the interval between the presumed onset of the condition (not the diagnosis of the condition) and the date/time of death. Enter the interval for all conditions reported in Part I.

- General terms - General terms, such as minutes, hours, or days, are acceptable, if necessary.
- Estimates - Estimates may be provided with "approximate," placed before the interval.
- Unknown - If the time of onset is entirely unknown, state that the interval is "unknown."
- Diagnosis - A date of diagnosis may be entered after the cause at the end of that same line (not in the interval area), if the time of onset is unknown and/or the certifier so chooses. The entry must state that this is the diagnosis date.

Do not leave the interval blank.

*These intervals usually are established by the physician, physician assistant, advanced practice professional nurse or coroner on the basis of available information.*

This information is useful in coding certain diseases and also provides a useful check on the accuracy of the reported sequence of conditions.

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

Enter all important diseases or conditions contributing to death that were not reported in the chain of events in Part I and that did not result in the underlying cause of death.

Conditions or diseases entered in Part II should contribute to death but not result in the last entry in Part I.

If two or more possible sequences resulted in death, or if two conditions seem to have added together, list in Part I the one that, in your opinion, most directly caused death. List in Part II the other conditions or diseases.

**Note:** The person in charge of interment or of removal of the body from the district must refer cases to the **coroner** of the county where death occurred (or body was found), who shall make an immediate investigation, supply the medical information, and **sign as certifier**;

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(1) when the circumstances suggest that the death occurred as a result of **other than natural causes** (This applies to old injuries if the death was caused by a later complication from that injury or is due to a complication of a chronic condition caused by an injury, such as pneumonia due to paraplegia from a motor vehicle accident 20 years ago.), or

(2) when **no physician, physician assistant or advanced practice professional nurse** was **treating/attending** the decedent during the last illness, or

(3) when the attending physician, physician assistant or advanced practice professional nurse or designee is not available or is physically incapable of signing

[In accordance with [§39-260\(2\), Idaho Code](#)]

## CORONER REFERRALS

I. The following list of causes of death or stillbirth requires the signature of the coroner as the certifier (pursuant to [§39-260, Idaho Code](#)), and the external causes section of the death certificate (items 32-37 and 38a-38b if transportation injury) to be completed:

- Abrasion
  - Aspiration (except when stated to be due to a disease)
  - Accident
  - Bruise
  - Burns
  - Choking
  - Concussion
  - Contusion
  - Crushing
  - Cut
  - Exposure
  - Found dead without seeing a physician during last illness
  - Fractures (except those *specified* to be spontaneous, pathologic, or due to a disease condition such as osteomalacia, osteoporosis, etc.)
  - Hanging
  - Hematoma (see note below in II)
  - Homicide
  - Hypothermia (except when stated to be due to a disease condition)
  - Inhalation
  - Injury
  - Laceration
  - Late effects of injury
  - Overdose
  - Puncture
  - Strangulation
  - Suffocation
  - Suicide
  - Toxicity (medications, drugs, alcohol, etc.)
  - Trauma
  - Wound
- Any external agent as the underlying cause of death or stillbirth, such as sting (e.g., bee)
  - Any other external means as cause of death or stillbirth, such as bite, anaphylactic shock, etc.

The items on this list are meant to be guidelines, not “hard and fast” rules. If any of the conditions mentioned above are stated to be due to a disease condition, contact **Kathy Luttrell**, nosologist, at **Vital Statistics, 208-334-4991**.

II. When there are questions concerning the validity of certain causes of death or stillbirth, call **Kathy Luttrell** at **Vital Statistics**.

Examples of questionable causes of death or stillbirth are:

- Hematoma (usually indicates a trauma - if natural, the terminology used is usually hemorrhage)
- Pneumonia with mention of a fracture, unless fracture is more than 28 days old (if no date is given for fracture, it is considered to be recent and thus within 28 days)
- Surgery (some surgeries are done because of injuries; if this is the case, the injury becomes the *underlying* cause of death, and the coroner must sign the certificate)
- Hip pinning or hip nailing (often done because of an injury)

Screen the cause of death and stillbirth section (mainly Part I); **check for any indication of other than natural cause of death or stillbirth**. If a death or stillbirth certificate must be returned to the coroner, it is not necessary, in most cases, to prepare a new certificate.

## **References**

For an expanded set of instructions, refer to handbooks and other resources at <http://www.cdc.gov/nchs/about/major/dvs/handbk.htm> (from here, there are links provided to the NAME tutorials, and also one from the state of Texas), or NCHS, Room 820, 6525 Belcrest Road, Hyattsville, Maryland 20782.

Detailed instructions for the medical section, together with examples of properly completed records are contained in the *Physicians' Handbook on Medical Certification of Death* and in the *Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting* provided by NCHS.

For detailed information on how to complete the medical certification section of the death certificate, you may refer to:

- The Medical Cause of Death Manual, edited by Randy Hanzlick, can be ordered from the College of American Pathologists (800-323-4040 Ext. 7531 for information and credit card orders). The product code number is B260.
- Cause of death Statements and Certification of Natural and Unnatural Deaths, edited by Randy Hanzlick, can be ordered from the College of American Pathologists (800-323-4040 ext. 6531 for information and credit card orders). The product code number is BK7261.
- Tutorial information available at <http://www.theNAME.org>
  - Poorly written cause of death statement at:  
<http://www.thename.org/CauseDeath/screen2.htm>
  - Correctly written cause of death statement at:  
<http://www.thename.org/CauseDeath/screen3.htm>
- State resources.
- NCHS' Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting (available from NCHS or at [http://www.cdc.gov/nchs/data/hb\\_me.pdf](http://www.cdc.gov/nchs/data/hb_me.pdf)).
- NCHS' Physicians' Handbook on Medical Certification of Death (available from NCHS or at [http://www.cdc.gov/nchs/data/hb\\_cod.pdf](http://www.cdc.gov/nchs/data/hb_cod.pdf)).
- Laminated cards (available from NCHS or at <http://www.cdc.gov/nchs/about/major/dvs/handbk.htm>).

**Note:** Not all information provided from other sources is valid for Idaho.

## **Additional Help Sections for Completion of Cause of Death Statement**

Examples of properly completed cause of death statements

Glossary of terms

Possible solutions to common problems in death certification

Uncertainty

Elderly deaths

Infant deaths

Avoid ambiguity

The following are examples of properly completed death certificates:

<b>27. CAUSE OF DEATH</b>		
<b>Part I.</b> Enter the <u>chain of events</u> --diseases, injuries, or complications -- that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line:		Approximate Interval: Onset to Death
<b>IMMEDIATE CAUSE</b> (Final disease or condition resulting in death) →  Sequentially list conditions, if any, leading to the cause listed on line a. Enter the <b>UNDERLYING CAUSE LAST</b> (disease or injury that initiated the events resulting in death)	a. <u>CARDIAC TAMPONADE</u>	<u>1 HOUR</u>
	DUE TO (or as a consequence of):	
	b. <u>RUPTURED MYOCARDIAL INFARCTION</u>	<u>1 HOUR</u>
	DUE TO (or as a consequence of):	
c. <u>ATHEROSCLEROTIC CORONARY ARTERY DISEASE</u>	<u>20 YEARS</u>	
DUE TO (or as a consequence of):		
d. _____		
<b>PART II.</b> Enter <u>other significant conditions contributing to death</u> but not resulting in the underlying cause given in Part I CHRONIC OBSTRUCTION PULMONARY DISEASE, SMOKING		<b>28a. WAS AN AUTOPSY PERFORMED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>29. DID TOBACCO USE CONTRIBUTE TO DEATH?</b> <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>30. IF FEMALE (aged 10-54):</b> <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year	<b>31. MANNER OF DEATH</b> <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined

<b>27. CAUSE OF DEATH</b>		
<b>Part I.</b> Enter the <u>chain of events</u> --diseases, injuries, or complications -- that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line:		Approximate Interval: Onset to Death
<b>IMMEDIATE CAUSE</b> (Final disease or condition resulting in death) →  Sequentially list conditions, if any, leading to the cause listed on line a. Enter the <b>UNDERLYING CAUSE LAST</b> (disease or injury that initiated the events resulting in death)	a. <u>ACUTE RENAL FAILURE</u>	<u>5 DAYS</u>
	DUE TO (or as a consequence of):	
	b. <u>HYPEROSMOLAR NONKETOTIC COMA</u>	<u>8 DAYS</u>
	DUE TO (or as a consequence of):	
c. <u>NON-INSULIN-DEPENDENT DIABETES MELLITUS</u>	<u>15 YEARS</u>	
DUE TO (or as a consequence of):		
d. _____		
<b>PART II.</b> Enter <u>other significant conditions contributing to death</u> but not resulting in the underlying cause given in Part I HYPERTENSION, ATHEROSCLEROTIC CORONARY ARTERY DISEASE		<b>28a. WAS AN AUTOPSY PERFORMED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>29. DID TOBACCO USE CONTRIBUTE TO DEATH?</b> <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>30. IF FEMALE (aged 10-54):</b> <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year	<b>31. MANNER OF DEATH</b> <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined

<b>27. CAUSE OF DEATH</b>		Approximate Interval: Onset to Death
<b>Part I.</b> Enter the <u>chain of events</u> --diseases, injuries, or complications -- that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line:		
<b>IMMEDIATE CAUSE</b> (Final disease or condition resulting in death) →	a. <u>CEREBRAL HEMMORAGE</u> DUE TO (or as a consequence of):	<u>30 MINUTES</u>
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the <b>UNDERLYING CAUSE LAST</b> (disease or injury that initiated the events resulting in death)	b. <u>FRACTURED SKULL</u> DUE TO (or as a consequence of):	<u>30 MINUTES</u>
	c. <u>MOTOR VEHICLE ACCIDENT</u> DUE TO (or as a consequence of):	<u>30 MINUTES</u>
	d. _____ DUE TO (or as a consequence of):	
<b>PART II.</b> Enter <u>other significant conditions contributing to death</u> but not resulting in the underlying cause given in Part I		<b>28a. WAS AN AUTOPSY PERFORMED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>29. DID TOBACCO USE CONTRIBUTE TO DEATH?</b> <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>30. IF FEMALE (aged 10-54):</b> <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	<b>31. MANNER OF DEATH</b> <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined
<b>32. DATE OF INJURY</b> (Mo/Day/Yr) (Spell month) <u>JANUARY 2, 2003</u>	<b>33. TIME OF INJURY</b> <u>0215</u> (24hr)	<b>34. PLACE OF INJURY</b> (decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) <u>HIGHWAY</u>
		<b>35. INJURY AT WORK?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>36. LOCATION OF INJURY:</b> State <u>IDAHO</u> City/Town or County <u>STANLEY</u> Zip Code <u>83278</u> Street and Number or Location <u>JUNCTION OF HWY 21 WITH HWY 75</u> Apartment Number _____		
<b>37. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY, THE TYPE(S) OF VEHICLE(S) INVOLVED</b> (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable <u>DECEDENT WAS DRIVER OF SUV INVOLVED IN COLLISION WITH A DUMP TRUCK</u>		
<b>TRANSPORTATION INJURY ONLY</b>	<b>38a. WAS DECEDENT:</b> <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____	<b>38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY?</b> <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown

<b>27. CAUSE OF DEATH</b>		Approximate Interval: Onset to Death
<b>Part I.</b> Enter the <u>chain of events</u> --diseases, injuries, or complications -- that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line:		
<b>IMMEDIATE CAUSE</b> (Final disease or condition resulting in death) →	a. <u>ASPHYXIA</u> DUE TO (or as a consequence of):	<u>UNKNOWN</u>
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the <b>UNDERLYING CAUSE LAST</b> (disease or injury that initiated the events resulting in death)	b. <u>DROWNING</u> DUE TO (or as a consequence of):	<u>UNKNOWN</u>
	c. _____ DUE TO (or as a consequence of):	
	d. _____ DUE TO (or as a consequence of):	
<b>PART II.</b> Enter <u>other significant conditions contributing to death</u> but not resulting in the underlying cause given in Part I <u>ALCOHOL INTOXICATION</u>		<b>28a. WAS AN AUTOPSY PERFORMED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>29. DID TOBACCO USE CONTRIBUTE TO DEATH?</b> <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>30. IF FEMALE (aged 10-54):</b> <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	<b>31. MANNER OF DEATH</b> <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined
<b>32. DATE OF INJURY</b> (Mo/Day/Yr) (Spell month) <u>May 26, 2003</u>	<b>33. TIME OF INJURY</b> <u>UNKNOWN</u> (24hr)	<b>34. PLACE OF INJURY</b> (decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) <u>LAKE</u>
		<b>35. INJURY AT WORK?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>36. LOCATION OF INJURY:</b> State <u>IDAHO</u> City/Town or County <u>NAMPA</u> Zip Code <u>83686</u> Street and Number or Location <u>LAKE LOWELL-EAST END</u> Apartment Number _____		
<b>37. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY, THE TYPE(S) OF VEHICLE(S) INVOLVED</b> (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable <u>FELL INTO LAKE FROM FISHING BOAT WHILE TROLLING</u>		

<b>27. CAUSE OF DEATH</b>		Approximate Interval: Onset to Death	
Part I. Enter the <u>chain of events</u> --diseases, injuries, or complications -- that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line:			
IMMEDIATE CAUSE (Final disease or condition resulting in death) →  Sequentially list conditions, if any, leading to the cause listed on line a. Enter the <b>UNDERLYING CAUSE LAST</b> (disease or injury that initiated the events resulting in death)	a.	CARBON MONOXIDE POISONING DUE TO (or as a consequence of):	MINUTES
	b.	INHALATION OF AUTOMOBILE EXHAUST FUMES DUE TO (or as a consequence of):	MINUTES
	c.	DUE TO (or as a consequence of):	
	d.	DUE TO (or as a consequence of):	
PART II. Enter <u>other significant conditions contributing to death</u> but not resulting in the underlying cause given in Part I		28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No	28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	30. IF FEMALE (aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death	<input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	31. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined
32. DATE OF INJURY (Mo/Day/Yr) (Spell month) FEBRUARY 28, 2003	33. TIME OF INJURY EARLY A.M HOURS (24hr)	34. PLACE OF INJURY (decendent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) OWN-HOME GARAGE	35. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
36. LOCATION OF INJURY: State <u>IDAHO</u> City/Town or County <u>LEWISTON</u> Zip Code <u>83278</u> Street and Number or Location <u>643 BUMBLEBUG LANE</u> Apartment Number _____			
37. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY, THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable INHALED EXHAUST FROM AUTOMOBILE ENCLOSED IN GARAGE			
TRANSPORTATION INJURY ONLY	38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____	38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown	

## Glossary of terms

**Cause of death:** The cause of death to be entered on the medical certificate of cause of death are all those diseases, morbid conditions or injuries which either resulted in or contributed to death and the circumstances of the accident or violence which produced any such injuries.

**Immediate cause of death:** The disease, injury, or complication directly causing death. The interval between this condition and death is equal to or less than that between any other condition and death in Part I.

**Intermediate cause of death:** A disease, injury, or complication that occurs between the onset of the underlying cause and the immediate cause of death in the sequence of conditions reported in Part I of the death certificate.

**Underlying cause of death:** The disease or injury that initiated the chain of morbid events that led directly to death.

**Due to (or as a consequence of):** The etiological or pathological sequences as well as sequences in which an earlier condition is believed to have prepared the way for a subsequent cause by damage to tissues or impairment of function. *This is pre-printed on the form as a guide for you to ask yourself if the condition you entered was caused by another condition, if so, that condition(s) needs to be entered on the next lower line.*

## **Possible solutions to common problems in death certification**

### **Uncertainty:**

Often several acceptable ways of writing a cause of death statement exist. Optimally, a certifier will be able to provide a simple description of the process leading to death that is etiologically clear and to be confident that this is the correct sequence of causes. However, realistically, description of the process is sometimes difficult because the certifier is not certain.

In this case, the certifier should think through the causes about which he or she is confident and what possible etiologies could have resulted in these conditions. The certifier should select the causes that are suspected to have been involved and use words such as “probable” or “presumed” to indicate that the description provided is not completely certain. If the initiating condition reported on the death certificate could have arisen from a preexisting condition but the certifier cannot determine the etiology, he or she should state that the etiology is unknown or undetermined so it is clear that the certifier did not have enough information to provide even a qualified etiology. Reporting a cause of death as unknown should be a last resort.

### **Elderly deaths:**

When preparing a cause of death statement for an elderly decedent, the causes should present a clear and distinct etiological sequence, if possible. Causes of death on the death certificate should not include terms such as senescence, old age, infirmity, and advanced age because they have little value for public health or medical research. Age is recorded elsewhere on the death certificate. When malnutrition is involved, the certifier should consider if other medical conditions could have led to malnutrition.

The death certificate and the classification of diseases are not designed to capture multiple organ/system failure. When a number of conditions or multiple organ/system failure resulted in death, the physician or coroner should choose a single sequence to describe the process leading to death and list the other conditions in Part II of the certification section. “Multiple system failure” could be included as an “other significant condition: but also specify the system involved to ensure that the information is captured. In other instances, conditions listed in Part II of the death certificate may include causes that resulted from the underlying cause but which did not fit into the sequence resulting in death.

If any potentially lethal medical conditions are known but cannot be cited as part of the sequence leading to death, they should be listed as other significant condition.

### **Infant deaths:**

When preparing a cause of death statement for an infant death, the causes should present a clear and distinct etiological sequence, if possible. Causes of death on the death certificate should not include terms such as prematurity without explaining the etiology, because they have little value for public health or medical research. If a condition is congenital, it should be specified as such.

When a number of conditions or multiple organ/system failure resulted in death, the physician, or coroner should choose a single sequence to describe the process leading

to death and list the other condition in Part II of the certification section. “Multiple system failure” could be included as an “other significant condition: but also specify the systems involved to ensure that the information is captured. Maternal conditions may have initiated or affected the sequence that resulted in an infant death. These maternal conditions should be reported in the cause-of death statement in addition to the infant causes (e.g., Hyaline membrane disease due to prematurity, 28 weeks due to placental abruption due to blunt trauma to mother’s abdomen).

**Note:** The latter example would be a coroner’s case.

**Avoid ambiguity:**

Most certifiers will find themselves, at some point, in the circumstance in which they are unable to provide a simple description of the process of death. In this situation, the certifier should try to provide a clear sequence, qualify the causes about which he or she is uncertain, and be able to explain the certification chosen.

When conditions such as the following are reported, information about the etiology should be reported *if possible*:

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

If the certifier is unable to determine the etiology of a process such as those shown on the previous page, the process must be qualified as being of an unknown, undetermined, probable, presumed, or unspecified etiology so it is clear that a distinct etiology was not inadvertently omitted.

The following conditions and types of death might seem to be specific but when the medical history is examined further, the conditions may be found to be complications of an injury or poisoning (possibly occurring long ago):

**Asphyxia**

**Bolus**

**Choking**

**Drug or alcohol overdose/drug or alcohol abuse**

**Epidural hematoma**

**Exsanguination**

**Fall**

**Fracture**

**Hip fracture**

**Hyperthermia**

**Hip fracture**

**Hypothermia**

**Open reduction of fracture**

**Pulmonary emboli**

**Seizure disorder**

**Sepsis**

**Subarachnoid hemorrhage**

**Subdural hematoma**

**Thermal burns/chemical burns**

Is it possible that the underlying cause of death was the result of an injury or poisoning?  
If it might be, the death should be reported to the **coroner** for investigation and certification.

**28a. WAS AN AUTOPSY PERFORMED?**

Check "Yes" or "No" to indicate if an autopsy (partial or complete) was performed.

Select "Yes" if a partial or complete autopsy was performed.

If "No" is checked, leave item 28b blank.

**28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?**

Check "Yes" or "No" to indicate if autopsy findings were available and used to determine and complete the cause of death.

If no autopsy was performed (item 28a checked "No"), leave this item blank.

**29. DID TOBACCO USE CONTRIBUTE TO DEATH?**

Check the appropriate box to indicate whether the use of tobacco contributed to the death.

Check "Yes" if in your opinion and/or clinical judgment, any use of tobacco or tobacco exposure contributed to the decedent's death.

Check "Yes" if the decedent's death was due to a fire started or an accident caused by smoking.

*Tobacco use contributes to many deaths from emphysema or lung cancer and may also contribute to some heart disease and cancers of the head and neck. Tobacco use may contribute to deaths from a wide variety of cardiovascular, respiratory, neoplastic, metabolic, and other diseases.*

**30. IF FEMALE (aged 10-54):**

Check the box that indicates the pregnancy status/history of the decedent, if female and her age is within the range of 10 through 54.

Complete this item if the decedent was a female not within the age range listed but was known to be pregnant at time of death or within the past year; otherwise, leave blank.

If the decedent was male, leave this item blank.

*This information is important in determining pregnancy-related mortality.*

**31. MANNER OF DEATH**

Check the appropriate box corresponding to the manner of death.

The entry made in item 27 - Cause of Death, should agree with the entry made in this item.

**A death that is known to be not due to external causes should be checked as “Natural.” Physicians, physician assistants, and advanced practice professional nurses can only certify on deaths due to a “Natural” cause.**

Cases in which the circumstances *suggest* that the death was not due to natural causes or when no physician, physician assistant or advanced practice professional nurse was treating/attending the decedent during the last illness must be referred to the coroner, who shall investigate, complete the medical information on the death certificate and sign as certifier.

**Note:** An accident is not necessarily an overt injury. An accident is an unforeseen event which can cause injury, such as being caught outside in cold weather, causing hypothermia, due to exposure.

**If the manner of death indicates an externally caused death, items 32-37 (and 38a-b if transportation injury) must be completed and the coroner must certify.**

Pending investigation - If the death is under investigation awaiting autopsy or toxicology results and manner of death is not known, check “Pending Investigation.” Upon completion of the investigation, a Supplemental Information for Cause of Death form, provided by Vital Statistics, should be completed and submitted, by the coroner, to Vital Statistics, providing the information necessary to complete the death certificate.

Only if it is not possible for the coroner to determine the circumstances of death, should the “Could Not Be Determined” box be checked.

*Manner of Death is important for the following: 1) in determining accurate causes of death, 2) in processing insurance claims, and 3) in statistics studies of injuries and death.*

**ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY**  
**(CORONER)**

If the death of this person involved an injury or poisoning of any kind as indicated in item 31 and/or item 27, either in parts I or II (*check with Vital Statistics if in Part II*), the coroner must certify and must complete items 32-37 (and items 38a-b if a transportation injury). If no injury or poisoning is involved, leave items 32-38 blank.

**32. DATE OF INJURY (Mo/Day/Yr) (Spell month)**

Type or print the exact month, day, and 4 digit year that injury occurred.

Enter the full name of the month (January, February, March, etc.).

Do not use a number to designate the month.

Abbreviations (Jan., Feb., Mar., etc.) may be used.

The date of injury may not necessarily be the same as the date of death. *Check to be sure it is not listed as having occurred after the date of death entered in item 22.*

**Consider an injury at midnight to have occurred at the beginning of the new day.**

Unknown - If the exact date of injury is unknown, it should be approximated by the coroner completing the medical certification. "Approx." should be placed before the date. The date may be accepted with "estimated" or "between" with a date range only if it is not possible to determine a closer date.

If a date cannot be determined, "unknown" will be accepted.

### **33. TIME OF INJURY (24hr)**

Type or print the exact time (hour and minute) of injury using a 24-hour clock, as 4 digits (0000 through 2359) with no colon and no a.m. or p.m. designation.

**Midnight belongs to the beginning of the new day (enter as "0000").**

The time/date sequence is:

2359	(11:59 p.m.)	End of day
0000	(12:00 a.m.)	Midnight Beginning of new day
0001	(12:01 a.m.)	

Unknown - If the exact time of injury is not known, the time should be estimated by the coroner. "Approx." should be placed before the time.

If a closer time cannot be approximated, entries such as "a.m. hours," "late p.m. hours," "unknown a.m.," etc. are acceptable.

If it is not possible to determine the time of injury, an entry of "unknown" is acceptable.

### **34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)**

Type or print the general description or type of the place where the injury occurred.

Enter just the general category for the place of injury, such as, home, driveway to home, loading platform, office building, vacant lot, warehouse, highway, nursing home, restaurant, or baseball field.

**Note:** There is a distinction made between private homes and residential care centers. If the decedent did reside in a nursing home or care facility, the place of injury should not be listed as "home;" instead it should identify the type of residential institution (such as nursing home, assisted living center, etc.)

Do not enter firm or organization names (for example, enter "factory," *not* "Standard Manufacturing, Inc.").

### **35. INJURY AT WORK?**

Check "Yes" or "No" to indicate if this injury occurred while the decedent was at work.

This item must be completed for decedents aged 14 years or over and may be completed for those less than 14 years of age if warranted.

An injury may occur at work regardless of whether the injury occurred in the course of the decedent's "usual" occupation. Examples of injury at work and injury not at work follow:

**Injury at work**

- Injury while working or in vocational training on job premises
- Injury while on break or at lunch or in parking lot on job premises
- Injury while working for pay or compensation, including at home
- Injury while working as a volunteer law enforcement official, etc.
- Injury while traveling on business, including to/from business contacts

**Injury not at work**

- Injury while engaged in personal recreational activity on job premises
- Injury while a visitor (not on official work business) to job premises
- Homemaker working at homemaking activities
- Student in school
- Working for self for no profit (mowing yard, repairing own roof, hobby)
- Commuting to or from work

Unknown - If it is not known if injury was at work, type or print "unknown" or a "?"

**36. LOCATION OF INJURY:**

Type or print the complete address where the injury occurred.

Enter the state, city/town or county, Zip Code, street and number (including any unit or space number) or location; also, enter the apartment or room number, if applicable.

Describe as accurately as possible the location when not within or near a city, town, or named area using distance from a well defined or easily recognized object or location; also, enter the county, state, and Zip Code for the area.

If the city or town of injury is located on or near a county boundary line, please enter both city or town and county where injury occurred.

**37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable**

Type or print a brief but specific and clear description of how the injury occurred.

Explain the circumstances or cause of the accident or injury, such as "fell off ladder while painting house," or "fell off boat dock into river."

Firearms - When firearms are involved, specify type of gun (e.g., handgun, rifle, and shotgun).

For **transportation accidents**, specify the type of vehicle the decedent occupied, if applicable (e.g., automobile, pickup, minivan, motorcycle, SUV, van, bicycle, bus, ATV, horse, snowmobile, bulldozer, forklift, tractor, combine), whether it was a collision, and if

collision with what type of vehicle or object involved, (e.g., bus, train, tree, guardrail, bridge abutment, parked car), and the location, (e.g., On highway, Off highway, Railway yard, Bike path, Railroad track) where the initial event took place.

**Note:** Specify only the type of vehicle; do not list the make and model of the vehicle.

### **38a-b TRANSPORTATION INJURY ONLY**

Items 38a and 38b should be completed only if some type of transportation was involved in this death.

#### **38a. WAS DECEDENT:** Driver/Operator, Passenger, Pedestrian, Other

Check the box which best indicates the role of the decedent.

If "Other (Specify)" is checked, specify on the line provided what the role of the decedent was.

"Other" applies to situations such as people watching an event or people attached to outside of vehicle (e.g., "spectator," "surfer").

#### **38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY?**

Check all safety devices used or employed by the decedent.

*Transportation accidents are a major cause of unintentional deaths; details will help determine effectiveness of current safety features and laws.*

### **CERTIFIER**

#### **39a. CERTIFIER** (Check only one, based on official capacity for this certificate)

Check the appropriate box "Physician", "Physician Assistant", "Advanced Practice Professional Nurse" or "Coroner" based on whose signature and title (official capacity for signing this certificate) are entered on the signature line of the certificate.

A physician, physician assistant or advanced practice professional nurse can certify on a death certificate only when the death was due to natural causes and the physician, physician assistant or advanced practice professional nurse attended the deceased during their last illness. The cause and manner must both be indicated as natural.

**Note:** **THE CORONER MUST CERTIFY TO THE CAUSE OF DEATH** [per [Idaho Code Section 39-260 \(2\) \(a-c\)](#)]:

**(1) WHEN NO PHYSICIAN, PHYSICIAN ASSISTANT OR ADVANCED PRACTICE PROFESSIONAL NURSE WAS IN ATTENDANCE DURING THE LAST ILLNESS OF THE DECEASED; OR**

**(2) WHEN THE CIRCUMSTANCES SUGGEST THAT THE DEATH WAS DUE TO OTHER THAN NATURAL CAUSES** (*This applies to old injuries if the death was caused by a later complication from that injury or is due to a complication of a chronic condition caused by an injury,*

*such as pneumonia due to paraplegia from a motor vehicle accident 20 years ago.); OR*

**(3) WHEN DEATH IS DUE TO NATURAL CAUSES AND THE PHYSICIAN, PHYSICIAN ASSISTANT OR ADVANCED PRACTICE PROFESSIONAL NURSE WHO ATTENDED THE DECEASED DURING THE LAST ILLNESS OR SAID PERSON'S DESIGNATED ASSOCIATE WHO MUST BE A PHYSICIAN, PHYSICIAN ASSISTANT OR ADVANCED PRACTICE PROFESSIONAL NURSE, IS NOT AVAILABLE OR IS PHYSICALLY INCAPABLE OF SIGNING.**

The person in charge of interment or of removal of the body from the district (county) must refer the above cases to the coroner.

The coroner shall make an immediate investigation, supply the necessary medical data, and certify to the cause of death.

**Signature and Title of Certifier**

Obtain the signature in permanent black or dark blue ink and the degree or title of the physician, physician assistant, advanced practice professional nurse or coroner who certifies to the time, date, place, cause, and manner of death.

Rubber stamp or facsimile signatures are not permitted.

The signature in this item must match with the name listed in item 39d.

The physician, physician assistant or advanced practice professional nurse who attended the deceased during the last illness, when death is from natural causes, will supply the medical data and certify within 72 hours from the time of death.

**Note:** In the absence of the attending physician, physician assistant or advanced practice professional nurse or with his or her approval one of the following:

- 1) said person's associate, who must be a physician, physician assistant or advanced practice professional nurse,
- 2) the chief medical officer of the institution in which death occurred, or
- 3) the physician who performed an autopsy upon the decedent,

may complete and sign the certificate, provided the following 3 conditions are met:

- 1) the individual has access to the medical history of the case
- 2) the individual views the deceased at or after death, and
- 3) death is due to natural causes.

The physician, physician assistant, advanced practice professional nurse or coroner who signs the certificate must not state they are signing "for" another physician, physician assistant, advanced practice professional nurse or coroner; the certificate will be rejected.

**Only physicians (MD or DO), physician assistants (PA), advanced practice professional nurses (certified nurse-midwife - CNM, clinical nurse specialist - CNS, nurse practitioner - NP or registered nurse anesthetist - RNA) and coroners (including deputies who have been authorized by the coroner) can certify on death certificates.**

**Note:** A death certificate cannot be certified by a Naturopath (ND), Chiropractor (DC) or other person who is not a physician (MD or DO), physician assistant (PA), advanced practice professional nurse (CNM, CNS, NP or RNA) or a coroner (coroner or authorized deputy).

The definition of physician for Vital Statistics purposes as stated in [§39-241\(12\), Idaho Code](#), is as follows: “Physician” means a person legally authorized to practice medicine and surgery, osteopathic medicine and surgery or osteopathic medicine in this state as defined in section [§54-1803, Idaho Code](#).

**39b. (CERTIFIER) LICENSE NUMBER**

Enter the state license number of the *physician*, physician assistant or advanced practice professional nurse who signs the certificate in item 39a.

Leave blank if signed by the coroner or by a physician practicing at a federal facility who does not have a state license.

**39c. (CERTIFIER) DATE SIGNED**

This date is to be entered by the certifier when the certificate is signed.

**39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print)**

Type or print the name and address, including Zip Code, of the person (physician, physician assistant, advanced practice professional nurse or coroner) whose signature appears in item 39a.

The signature in item 39a must match the name listed in this item.

**REGISTRAR**

**40a. REGISTRAR’S SIGNATURE**

The Local Registrar for the county where the death occurred or body was found signs this item in permanent black or dark blue ink when the death certificate is filed. (The certificate must be complete and acceptable for permanent filing.)

If an Assistant Local Registrar signs the death certificate, the Assistant Local Registrar must indicate that they are an assistant by including their title of “Assistant” after their signature. “Assistant” may be abbreviated as “Assist.” or “Asst.”

**40b. (REGISTRAR) DATE SIGNED**

This date is to be entered by the Local Registrar when the certificate is signed.

**STATISTICAL INFORMATION**

To Be Completed By: **MORTICIAN**

**Note:** Information in this section will not be included on certified copies.

**41. DECEDENT'S USUAL OCCUPATION** (Indicate type of work done during most of working life) *Do not use retired*

Enter the usual occupation or *kind of work done* by the decedent *during most* of his or her working life, such as farmhand, coal miner, janitor, store manager, college professor or civil engineer. **Never enter "Retired."**

The occupation is WHAT the person did.

- Homemaker - If the decedent was a homemaker most of his or her working life, enter "Homemaker."
- Student - If the decedent was a student at the time of death and had not held a regular job, enter "Student."
- Infant - If the decedent was an infant, enter "Infant."
- Disabled - If the decedent was disabled, enter the usual occupation of the decedent if he or she was ever employed; otherwise enter "Disabled" or "Incapacitated."
- Never worked - If the decedent was not a student, homemaker or was not disabled and had never worked, enter "Never Worked."
- Unknown - If the decedent's occupation cannot be determined enter "unknown."

Be as specific as possible when entering the occupation. A few examples are as follows:

<u>Incomplete</u>	<u>Specify - also</u>
"Nurse"	LPN, RN, Aide, Private Duty, etc.
"Engineer"	Electrical, Mechanical, Industrial, Civil, Locomotive, Railroad, etc.
"Contractor"	Construction, Electrical, Cement, etc.

More information is in the Guidelines for Reporting Occupation and Industry on Death Certificates provided by NCHS. Copies of this handbook may be obtained from Vital Statistics.

## **42. KIND OF BUSINESS/INDUSTRY**

Enter the kind of business or industry engaged in at the location where the decedent was employed. Use terms that clearly indicate a specific product and a general function; for example, copper mine, wholesale grocery, retail bookstore, road construction, shoe repair service, metal furniture manufacturer, hardware store, retail clothing. **Do not enter company names.**

The name of a government agency is acceptable when the activity of the agency and the level of government are clear; for example, U.S. Bureau of the Census, city fire department. If the agency is responsible for several activities, it is necessary to clarify the entry by adding the type of activity; for example, "city department of public works, street repair."

The industry indicates WHERE the decedent was employed.

Be as clear and specific as possible when entering the business/industry. (Indicate whether the business was wholesale, retail, manufacturing, repair, etc.)

If "Homemaker" is entered as the decedent's usual occupation in item 42, enter "Own home" or "Someone else's home" as appropriate.

If "Student" is entered as the decedent's usual occupation in item 42, enter the type of school, such as high school or college.

If "Infant," "Disabled" or "Never Worked" is entered in item 42, enter "none."

Unknown - If it cannot be determined where the decedent was employed, enter "unknown."

*More information is in the Guidelines for Reporting Occupation and Industry on Death Certificates provided by NCHS. Copies of this handbook may be obtained from Vital Statistics.*

## **43. DECEDENT'S EDUCATION** (Check the box that best describes the highest degree or level of school completed at the time of death)

Check the box that corresponds to the highest level or degree of schooling that the decedent completed. An entry should be made in only one box.

Unknown - If the decedent's education cannot be determined, type or print "unknown" in the empty space just above the first check box.

## **44. DECEDENT OF HISPANIC ORIGIN?** (Check one or more boxes to best describe whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)

Check "No" or the appropriate "Yes" box(es). The entry should reflect the response of the informant.

If "Yes," check the appropriate Hispanic group(s).

If box #4 "Yes, other Spanish/Hispanic/Latino" is checked, enter the name(s) of the specific groups(s).

Unknown - If the decedent's Hispanic origin is not known, type or print "unknown" in the empty space just above the first box.

*For the purpose of this item, "Hispanic" refers to people whose origins are from Spain, Mexico, or the Spanish-speaking countries of Central or South America.*

**45. DECEDENT'S RACE** (Check one or more races to indicate what the decedent considered himself or herself to be)

Enter the race(s) of the decedent as obtained from the informant.

Mixed race - If the informant indicates that the decedent was of mixed race, check all races indicated by the informant.

Am. Indian or Alaska Native - If the race is indicated as American Indian or Alaskan Native - *Box 03*, enter the *name of the enrolled or principal tribe* on the line provided.

Other ... - If the race is indicated as Other Asian - *box #10*, Other Pacific Islander - *box #14*, or Other - *box #15*, enter the name of the race on the line provided for each box as appropriate.

Unknown - If the decedent's race is not known, type or print "unknown" in the empty space just above the first box.

#### **AUTHORIZATION FOR FINAL DISPOSITION -TRANSIT PERMIT**

The Authorization for Final Disposition -Transit Permit is the second copy of the multi-part Certificate of Death and should be completed and distributed in the manner described below.

**Part two (blue) -- Authorization for Final Disposition-Transit Permit** is to be forwarded to the certifying physician, physician assistant or advanced practice professional nurse for signature/authorization for final disposal or removal from this state of the body only in the case of naturally caused deaths. The coroner must sign if the death is a coroner's case, whether or not the death was caused by external events. In the case of cremation, the coroner must also give additional authorization.

The signed Authorization-Transit Permit shall be returned to the mortician. This form must accompany the body to final disposition. When used as a transit permit for transportation by a common carrier, the permit must be attached to the shipping container.

When used as a permit for cremation, the crematory authority must retain the permit as a record of approved disposal of the remains. A photocopy of the Authorization-Transit Permit may be made for a cemetery sexton who requires the authorization to bury cremated remains.

## 24-HOUR REPORT OF DEATH

The 24-Hour Report of Death is the third copy of the multi-part Certificate of Death and should be sent to the Local Registrar within 24 hours.

**Part three (pink) -- 24 Hour Report of Death** is to be sent by the mortician to the Local Registrar of the district in which death occurred or the body was found within 24 hours after the mortician takes possession of the body. The mortician needs to complete the name of the deceased, date and place of death, his or her signature and license number, the funeral facility name and address, and the name and address of the certifier. The Report of Death should then be forwarded immediately to the Local Registrar.

The Local Registrar should place this report in a tickler file and use it as a follow back tool to ensure that a Certificate of Death is received for each reported death. If a completed death certificate for a person named on a 24-Hour Report of Death is not received by the Local Registrar within 5 days, the Local Registrar should contact the mortician. A 24-Hour Report of Death and a completed death certificate must be received by the Local Registrar for each death occurring or body found within their registration district.

## TRANSMITTAL

The Local Registrar should immediately\* forward (as legally required) all properly completed original Certificates of Death to **Vital Statistics** with a transmittal report form. A death certificate sent for local issuance copies should also be sent with a transmittal report form. \*Local issuance sites may hold the death certificate up to, but not more than, 5 working days.

Each death certificate should be screened, numbered, signed, and dated by the Local Registrar before being mailed to **Vital Statistics** in the preaddressed, postage-paid envelopes supplied for that purpose. It is extremely important that all death certificates reach **Vital Statistics** promptly in order that requests for copies for insurance and other benefits can be processed quickly. It is also important, however, that the certificates are complete and accurate when they are received by **Vital Statistics** so that further delay is avoided.

A completed transmittal report form indicating the number of birth, death, or stillbirth certificates being sent should accompany each batch of certificates sent to **Vital Statistics**.

**Birth, death, and stillbirth certificates must be listed on separate transmittal forms.**

When a new year begins, watch the dates of death carefully, the old year deaths must be listed on separate transmittal forms than the new year deaths.