

Instructions for Completing the Medical Certification Section Of the Death Certificate for Natural Causes (Green Border)

GENERAL INSTRUCTIONS

- Information should be typed or written legibly with black or dark blue permanent ink
- Press very HARD so all copies will be legible
- No corrections, erasures, or whiteout
- Obstetricians should use yellow border death certificates when certifying fetal deaths

INSTRUCTIONS FOR EACH ITEM

ITEM 28 - Cause of Death (Physician MUST complete this section)

The cause-of-death section consists of two parts. **Part I** is for reporting a chain of events leading directly to death, with the **immediate cause** of death (the final disease, injury, or complication directly causing death) on Line A and the **underlying cause** of death (the disease or injury that initiated the chain of morbid events that led directly and inevitably to death) on the lowest used line. **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**. **The cause-of-death information should be YOUR best medical OPINION after reviewing medical records and circumstances of death.** A condition can be listed as “probable” even if it has not been definitively diagnosed.

Part I (Chain of events leading directly to death)

- Only **one** cause should be entered on each line. Line A **MUST ALWAYS** have an entry. **DO NOT** leave blank. Additional lines may be added if necessary.
- If the condition on Line A resulted from an underlying condition, put the underlying condition on Line B, and so on, until the full sequence is reported. **ALWAYS** enter the **underlying cause of death** on the lowest used line in Part I.
- If the condition on Line A is the only condition causing death, leave Lines B and C blank.
- For each cause indicate the best estimate of the interval between the presumed onset and the date of death. The terms “unknown” or “approximately” may be used. **DO NOT** leave blank. For chronic disease, the interval may be years. For acute illnesses, the interval may be minutes or days.
- The terminal event (e.g., cardiac arrest or respiratory arrest) should not be used. If a mechanism of death seems most appropriate to you for Line A, then you must always list its cause(s) on the line(s) below it (e.g., cardiac arrest **due to** coronary artery atherosclerosis).
- 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 (e.g., renal failure **due to** Type I diabetes mellitus).
- When indicating neoplasms as a cause of death, at a minimum include the following: 1) primary site or that the primary site is unknown, 2) benign or malignant, 3) organ affected, 4) cell type or that the cell type is unknown.

Part II (Other significant conditions)

- Enter all 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**.
- 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 conditions or diseases.

ITEM 28a - Autopsy

- Check “Yes” if autopsy was performed. If “Yes,” list who authorized (usually next of kin but can be military or guardian). Otherwise, check “No.”

ITEM 28b – Pregnancy in past 3 months

- Check “Yes” or “No” or “Unknown.” Consider age of patient when checking unknown (i.e., do not check unknown if patient is beyond childbearing age).

ITEM 28c – External cause

- Only medical examiner should check “Primary.”

ITEM 28d – Describe how injury related to death occurred

- Leave blank if no injury.
- Only *contributory injuries* like a hip fracture should be addressed; if injury caused death, report to medical examiner.
- Explain the circumstances or cause of the injury, such as “fell down stairs.”

ITEM 28e - Time of injury

- Use Month-Day-Year order; Abbreviate month to 3 letters (but do not use number).
- Enter the exact hour and minutes according to a 24 hour clock.

ITEM 28f - Injury occurred at work

- Check “while at work” if the contributory injury occurred at work. Otherwise, check "Not while at work."
- Be accurate as it may have insurance ramifications.

ITEM 28g - Place of injury

- Be as accurate as possible. Examples include bathroom of hotel, kitchen of home, or yard of home.

ITEM 28h City or town, county & state

- This will tell which police jurisdiction is involved.

ITEM 28i Death occurred at:

- Enter the exact hour and minutes according to a 24 hour clock. If the exact time of death is unknown, enter the approximate time. If the time cannot be approximated, enter the time the body is found.

Actual signature

- Original signature only.

Date signed

- Use Month-Day-Year order; Abbreviate month to 3 letters (but do not use number).

Name of attending physician

- Print legibly.

Address of attending physician

- Print legibly.

EXAMPLE OF A PROPERLY COMPLETED CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused death. Do not enter the mode of death, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) <u>Acute myocardial infarction</u>		minutes
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	(B) <u>Coronary artery thrombosis</u>	3 hours
	(C) <u>Atherosclerotic coronary artery disease</u>	7 years
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in <u>Diabetes, Chronic obstructive pulmonary disease, smoking</u>		

ASSISTANCE

Contact your local health district director (<http://www.vdh.virginia.gov/lhd/>) or district medical examiner’s office (<http://www.vdh.virginia.gov/medExam/ContactUs.htm>) for assistance.

