

**ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF VITAL RECORDS**

Death Certificate Processing

Completing the Cause of Death Section of the Arizona Death Certificate

Deaths To Be Referred To the Medical Examiner:

ARIZONA REVISED STATUTE (A.R.S.) § 11-593

11-593. Reporting of certain deaths; autopsies; failure to report; classification

A. Any person having knowledge of the death of a human being including a fetal death shall promptly notify the nearest peace officer of all information in the person's possession regarding the death and the circumstances surrounding it under any of the following circumstances:

- 1. Death when not under the current care of a physician or Nurse Practitioner for a potentially fatal illness or when an attending physician or Nurse Practitioner is unavailable to sign the death certificate.*
- 2. Death resulting from violence.*
- 3. Death occurring suddenly when in apparent good health.*
- 4. Death occurring in a prison.*
- 5. Death of a prisoner.*
- 6. Death occurring in a suspicious, unusual or unnatural manner.*
- 7. Death from disease or accident believed to be related to the deceased's occupation or employment.*
- 8. Death believed to present a public health hazard.*
- 9. Death occurring during anesthetic or surgical procedures.*

B. The peace officer shall promptly notify the county medical examiner and, except in deaths occurring during surgical or anesthetic procedures from natural diseases, shall promptly make or cause to be made an investigation of the facts and circumstances surrounding the death and report the results to the medical examiner. If there is no county medical examiner appointed and serving within the county, the county sheriff shall be notified by the peace officer and the sheriff shall in turn notify and secure a licensed physician to perform the medical examination or autopsy.

C. An autopsy is not required for deaths due to natural diseases that occur during surgical or anesthetic procedures, except where the medical examiner determines an autopsy is necessary because any of the following exist:

- 1. A public health risk.*
- 2. Evidence of a crime.*
- 3. Evidence of inadequate health care.*
- 4. No clinically evident cause of death.*

D. Every person who knows of the existence of a body where death occurred as specified in subsection A of this section and who knowingly fails to notify the nearest peace officer as soon as possible unless the person has good reason to believe that notice has already been given is guilty of a class 2 misdemeanor.

E. If the deceased was under treatment for accident or illness by prayer or spiritual means alone, in accordance with the tenets and practices of a well-recognized church or religious denomination, and death occurred without a physician or Nurse Practitioner in attendance, the person who has knowledge of the death shall report all information in his possession regarding the death and circumstances surrounding it directly to the county medical examiner or the person performing the duties of a county medical examiner who may waive an autopsy if he is satisfied that the death of such person resulted from natural causes.

F. Each county shall provide to the criminal identification section of the department of public safety fingerprints of all deceased persons whose deaths are required to be investigated pursuant to this section. These fingerprints shall be on a form provided by the criminal identification section and shall be accompanied by such other information regarding the physical description and the date and place of death as the criminal identification section may require. Fingerprints taken pursuant to this section shall be used only for the purpose of purging criminal history files. All information and data in the criminal identification section of the department of public safety furnished in compliance with this section is confidential and may be disclosed only upon written approval of the director of public safety to the juvenile court, social agencies, public health and law enforcement agencies, licensed or regulated by this state.

Certification by Physician, Nurse Practitioner, or Medical Examiner:

ARIZONA REVISED STATUTE (A.R.S.) § 36-325

36-325. Death certificate registration; moving human remains; definition

C. Except as provided in subsection f of this section, if a person dies under any of the circumstances described in section 11-593, subsection a, the medical examiner shall complete and sign the medical certification of death on a death certificate within seventy-two hours. If the medical examiner cannot determine the cause of death within that time, the medical examiner shall enter "pending" for the cause of death and sign the medical certification of death.

D. A local register, a deputy local registrar or the state registrar shall register a death certificate if there is a medical certification of death signed by the medical examiner with a pending cause of death.

E. Final disposition of human remains with a pending cause of death shall not occur until the medical examiner releases the human remains for final disposition.

F. When the medical examiner determines the cause of death, the medical examiner shall submit the information to the local registrar, deputy local registrar or state registrar.

G. If a person under the current care of a physician or nurse practitioner for a potentially fatal illness dies of that illness, the physician or nurse practitioner, if available, shall complete and sign the medical certification of death on a death certificate within seventy-two hours. If the physician or nurse practitioner is not available, the medical examiner shall complete and sign the medical certification of death on a death certificate.

H. If a person dies in a hospital, nursing care institution or hospice inpatient facility, the following person shall complete and sign the medical certification of death within seventy-two hours of the death.

1. If the person is under the care of a nurse practitioner, the nurse practitioner or attending physician, if available.

2. If the person is not under the care of a nurse practitioner, the attending physician, if available.

3. If the nurse practitioner or attending physician is not available, the medical examiner.

I. If a person dies on an Indian reservation in this state and a county medical examiner is not available, the tribal law enforcement authority, acting in an official investigative capacity, may complete and sign the medical certification of death.

ARIZONA ADMINISTRATIVE CODES (RULES)

The Arizona Administrative Code has not yet been revised to reflect the recent statutory changes authorizing nurse practitioners to certify cause of death on an Arizona death certificate. However, statute supersedes rule. Therefore, the following rules that specify "physician" also apply to nurse practitioners.

ARTICLE 3. DUTIES OF PERSON RESPONSIBLE FOR DEATH RECORDS; POST-MORTEM PROCEDURES.

R9-19-301. Completion of Medical Cause of Death and Manner of Death Sections of Death Certificate.

A. The physician who treated a patient or was in charge of the patient's care for the illness or condition, which resulted in death, shall complete and sign the medical certification of cause of death promptly so that funeral arrangements may be made. The entries shall be legibly written using only terms in accepted medical usage. Indefinite or obsolete terms, which denote only symptoms of a disease or conditions resulting from a disease shall be sufficient grounds for the local registrar to refuse to accept the certificate and not issue a disposal-transit, permit. Statements of cause of death, which are clearly illogical, confusingly written, expressed in abbreviations or "shorthand" shall not be accepted.

1. *Part I of the medical statement of cause of death shall contain only the disease sequence, injury, or other trauma, which directly resulted in the person's death. The immediate cause of death shall be written on line A. If there are antecedent causes, they shall be written on lines B and C, with the intermediate cause on line B and the underlying cause on line C. The underlying cause shall be the last cause listed. If there is no intermediate cause, then the underlying cause shall be entered on line B. In instances where the immediate cause and the underlying cause are synonymous, only the one entry is necessary.*
 2. *Part II of the medical statement of the cause of death shall contain diseases, injuries or other factors of significant medical or statistical importance not directly related to the cause of death. In those cases where the physician cannot be certain, best judgment shall be exercised in assigning entries to Part I or Part II of the medical statement of cause of death.*
- B. *When a physician cannot certify within 72 hours after the time of death as to the cause of death pending the results of a post-mortem examination, laboratory tests or other factors beyond the physician's control, the physician shall enter "pending further examination" on the death certificate and sign it. Such certificate shall be acceptable for the local registrar to issue a disposal-transit permit. No later than ten days after the date of death, the physician shall forward a supplementary certificate of cause of death to the State Registrar. Such certificate shall be completed in accordance with R9-19-310 et seq.*
- B. *When the medical examiner cannot complete and sign the death certificate within 72 hours, the words "pending further investigation" shall be entered on the death certificate and the certificate shall be signed. **A death certificate so completed shall be valid for the local registrar to issue a disposal-transit permit, but possession of the permit shall not relieve the funeral director from obtaining full release from the medical examiner before final disposition of the body. Under no circumstances shall a body under the medical examiner's jurisdiction be cremated or removed from the state until both the medical cause and the manner of death have been determined or the medical examiner has otherwise released the body for such disposition. In the latter instance, a written statement from the medical examiner authorizing disposition of the body shall be delivered to the local registrar before a disposal-transit permit will be issued.***

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**Death Certificate Processing
(Parts I-III)**

**Part I: Cause of Death Statement
and**

**Part II- Cause of Death Statement Other Significant Conditions
and/or Factors
(Fields 47-58)**

**Part III: Certification By Physician, Medical Examiner, or Nurse
Practitioner
(Fields 30-41)**

**GENERAL DESIGN OF THE CERTIFICATE
(PARTS I-II)**

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|--|--|--|--|--|--|
| 47. SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE OF DEATH (DISEASE OR INJURY) THAT INITIATED EVENTS RESULTING IN DEATH LAST. PART I | A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | B. DUE TO OR AS A CONSEQUENCE OF: | | | | |
| | C. DUE TO OR AS A CONSEQUENCE OF: | | | | |
| 48. MANNER OF DEATH <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED | DATE OF INJURY MO DAY YR HOUR 52. 53. M 54. | | INJURY AT WORK? (Specify Yes or No) 55. | AUTOPSY (Specify Yes or No) 49. | WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) 50. |
| 51. SUPPLEMENTARY ENTRIES 58. | PLACE OF INJURY (At home, farm, street, factory, office building, etc.) 56. | | DESCRIBE HOW INJURY OCCURRED 55. | WHERE LOCATED? STREET ADDRESS CITY OR TOWN STATE 57. | |

The Importance of Complete Reporting

The cause of death statement shall be filled in as *completely and accurately* as possible, and the pertinent diseases or conditions antecedent to the immediate cause of death shall be fully reported. Accurate reporting is important for tabulating the multiple diagnoses based on all conditions and for statistical reports for epidemiology and Federal Government requirements.

47. *Part IA* is to report the decedent's *immediate* cause of death, e.g. *acute obstructive airway disease*. *Part IB* is to report what *contributed* to the immediate cause of death, e.g., *chronic bronchitis*. *Part IC* is the underlying cause or *consequence of* Part IB, e.g. *pneumonia*.

Immediate Cause - the *“immediate cause”*, compression of the *chronic bronchitis* explains what directly caused the death. Terms indicating mode of dying such as “stopped breathing,” “ventricular fibrillation,” or “respiratory failure” are **NOT ACCEPTABLE**

Due to or As a Consequence of This condition would be what contributed to the immediate cause of death e.g. *chronic bronchitis*.

Approximate Interval Between Onset and Death

Space is provided at the end of lines A, B, and C for entering the approximate time that the patient suffered from the illness. These intervals usually are estimates made by the physician/nurse practitioner on the basis of information available to him. If the interval time is *not known*, the physician/nurse practitioner shall enter *“unknown”*.

48. **PART II- Cause of Death Statement Other Significant Conditions and/or Factors**

Any other important disease or condition shall be reported that was present at the time of death which *may or may not* have contributed to immediate cause of death, e.g. *cigarette smoking*.

49. **Autopsy**

The physician/medical examiner/nurse practitioner shall indicate, by entering *“Yes”* or *“No”*, whether or not an autopsy was performed. *This item must be completed in all cases*.

50. **Was Case Referred to Medical Examiner**

Enter *“Yes”* or *“No”*, whichever is applicable. This item must be completed in all cases.

51. **Manner of Death**

A box is provided on the death certificate for marking the manner of death for natural cause, accident, suicide, homicide, pending investigation, or undetermined.

In the event of an *accident, homicide or suicide*, the medical examiner must complete *Fields # 52 thru #57*.

In cases of violent death where the *medical examiner cannot decide* which of the terms- accident, suicide, homicide- best describes the manner of death, the word *“Undetermined”* shall be entered.

The examiner shall bear in mind that the term *“undetermined”* is intended solely for cases in which it is impossible to establish the circumstances of death after thorough investigation.

52. **Date of Injury**

Enter the month, day, and year the injury occurred. Spell out or abbreviate the month (Jan., Feb., etc.)

53. **Hour**

Enter the exact time (hour and minutes) that injury occurred. If the exact time of injury is not known, estimate as closely as possible. If the hour of injury is *not known*, enter *“unknown”*.

54. **Injury at Work**
Enter "Yes" if the injury occurred while deceased was at work; otherwise enter "No".
55. **Describe How Injury Occurred**
Enter a clear, brief statement as to how the injury occurred, e.g. "*fell off ladder while painting house*", "*burned using gasoline to light stove,*" or "*struck by auto while crossing street*".
56. **Place of Injury**
Enter the general category of the place where the injury occurred, such as "*at home,*" "*street,*" "*business,*" "*office building,*" etc.
57. **Where Located**
Enter the *street address, city town and state* or give a brief description of the *geographical location* of where the injury occurred, e.g. "*near intersection of highway 32 and 68,*" include city and state.
58. **Supplemental Entries (Refer to Rule R9-19-112.01 Part C)**
This field shall be left **BLANK** except for circumstances where you would have entered "*died simultaneously with spouse*". This field is reserved for Local Registrar or State Registrar use to document changes, corrections, or the addition of information to the certificate after it has been accepted for registration. ***This field may also be used for additional information when a field does not allow enough room.***

**Part III: Certification By Physician, Medical Examiner, or Nurse Practitioner
(Fields 30-41)**

**GENERAL DESIGN OF THE CERTIFICATE
(PART III)**

| | | | | | |
|--|---|--|--|---|---------------|
| CERTIFIER | TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. | | To be completed by MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY | ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED. | |
| | 30. SIGNATURE AND TITLE | | | 34. SIGNATURE AND TITLE | |
| | DATE SIGNED (Mo., Day, Year) | HOUR OF DEATH | | DATE SIGNED (Mo., Day, Year) | HOUR OF DEATH |
| | 31. | 32. | | 35. | 36. |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) | | | | PRONOUNCED DEAD (Mo., Day, Year) | |
| 33. | | | | 37. ON | |
| NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or Print) | | AUTHORIZED FOR CREMATION (SPECIFY) | | MEDICAL EXAMINER'S SIGNATURE | |
| 39. | | 40. <input type="checkbox"/> Yes <input type="checkbox"/> No | | 41. | |

30. **Signature and Title - Certifying Physician or Nurse Practitioner Only**
The *attending physician or nurse practitioner* shall sign this field and indicate their title (*M.D., D.O., N.P.*)

- 31. Date Signed**
Enter the month, day and year the attending physician or nurse practitioner signed the certification. *Numerical figures* may be used e.g. **11-11-03**.
- 32. Hour of Death**
The attending physician or nurse practitioner shall enter the time of death using the *prevailing local time*; indicate a.m., p.m., or military. If the death occurred during the day at 12:00, enter the time as 12:00 noon. If the death occurred at 12:00 during the night, enter the time as 12:00 midnight.
- 33. Name of Attending Physician or Nurse Practitioner if other than Certifier**
If the attending physician or nurse practitioner is other than the certifier, type or print the name of the attending physician or nurse practitioner and their title in this space.
- 34. Medical Examiner or Tribal law Enforcement Authority Only/Signature and Title**
To be signed by the *County Medical examiner, Tribal Law Enforcement authority* or person performing the duties of a medical examiner for circumstances requiring medical examiner certification.
- 35. Date Signed**
The medical examiner or tribal law enforcement authority shall indicate the month, day and year he signed the certificate. Numerical figures may be used e.g., **11-11-03**.
- 36. Hour of Death**
Enter exact time of death if known, if *unknown, enter "UNK"*. *Approximate time* is required, if known at all.
- 37. Pronounced Dead**
The medical examiner or tribal law enforcement authority shall enter the month, day and year the deceased was pronounced dead. This day may be different than the date of death. If a correction is needed to change this date, a letter of correction from the Doctor is required on letterhead to correct this field.
- 38. Pronounced Dead (Hour)**
The hour the deceased was pronounced dead shall be entered by the medical examiner or tribal law enforcement authority, indicate a.m., p.m. or Military. Again, a letter of correction from the doctor is required to change this field.
- 39. Name and Address of Certifier, Physician, Nurse Practitioner, Medical Examiner or Tribal Law Enforcement Authority**
Type the name and address, including the zip code, of the person signing as the attending physician, nurse practitioner, certifier or medical examiner, and their title. *Refer to Field 30 or 34*.
- 40. Authorized for Cremation**
Specify "Yes" or "No" by checking correct box. If "Yes", *Box 41 must be signed by medical examiner*.
- 41. Medical Examiner's Signature**
If authorized for cremation, the medical examiner **MUST SIGN** this field in **ALL cases**.