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#### OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS 136-

		I.D. IAG NO.		-							TE FILE NUMBER
		Legal Name First (Include AKAs, if any)		Middle	Last			Suffix	2.	Death Da	ate (mon dd yyyy)
	3. 3	Sex (M/F) 4a. Age - Last Birthda	ay <b>4b.</b> U Months	Jnder 1 Year	4c. Under 1 Da Hours Mir	ay 5. S	ocial Security Number		6. Cou	unty of De	ath
	<b>7</b> . E	Birthdate (MON DD YYYY) 8a. I	Birthplace (	! (City/Town, or County)	<u> </u>	8b. (State or Forei	gn Country)		9. Deced	dent's Edu	ication
ILT	10.	Was Decedent of Hispanic Origin	? (Yes or No.	If yes, specify.) 1	1. Decedent's F	Race(s)				Decedent	
FAC	13.	Residence: Number and Street	(e.g., 624 SE	5th Street, Apt. No. 8)			14. City/Town		U.S.	Armed Fo	orces? 🗆 No
AL	15.	Residence County	16	6. State or Forei	gn Country	1	7. Zip Code + 4		18	3. Inside C	City Limits?
FUNERAL FACILITY	19.	Marital Status at Time of Death		<b>20</b> . Sp	ouse's Name (If r	narried or widowed, g	ive name prior to first marriage	e.)		□ Yes	No Unknown
BY FU	21.	Usual Occupation (Indicate type of w	ork done during				22. Kind of Busines		(DO NOT U	SE COMPAN	YNAME.)
		• • •									· · · · · · · · · · · · · · · · · · ·
ĒTĒ	23.	Father's Name (First, Middle, Last, Su	ffix)			<b>24.</b> Mo	ther's Name Prior to F	First Marria	IGE (First, N	/liddle, Last)	
COMPLETED	25.	Informant's Name	26. Tele	ephone Number	27. Relation to	Decedent 28	. Mailing Address (Num	iber & Street, C	City/Town, St	ate, Zip + 4)	
ш	29.	Place of Death			30. Facility	Name					
TO B	31.	Location of Death (Give address.)			32. City/T	own or Locatio	n of Death	33. State	e 34	4. Zip Coc	de + 4
		Method of Disposition		Place of Dispositi	•		place) <b>37.</b> Location				
	38.	Name and Complete Address of	f Funeral F	acility (Number & St	treet, City/Town, State,	Zip + 4)					
	39.	Date of Disposition (MON DD YYYY)	40. Fu ▶	ineral Director's	Signature			41. OR	License I	Number	
	42. ▶	Registrar's Signature	I			43. Date Rece	ived (MON DD YYYY)	·	44. Loca	al File Num	nber
	45.	Record Amendment									
	46	Was case referred to Medical F	xaminer?	47 Autons	w? <b>48</b>	Nere autopsy f	ndings available to co	mnlete the	cause of	f death?	49 Time of Death
	46.	Was case referred to Medical E	xaminer?	<b>47.</b> Autops □ Yes	□ No I	□ Yes □ No	ndings available to co	mplete the	cause of	f death?	<b>49.</b> Time of Death
		Yes No Enter the chain of events - disea	ases, injuri	es, or complication	CAUSE OF DEAT	Yes No H (See instruction y caused the d	is and examples.) eath. DO NOT ENTER	R TERMIN			Approximate Interval:
		Yes No Enter the chain of events - disea as cardiac arrest, respiratory an Final disease or condition	ases, injurio rest or ven IMMEDIA	es, or complication	CAUSE OF DEAT	Yes No H (See instruction y caused the d	is and examples.) eath. DO NOT ENTER	R TERMIN			
iER	<b>50</b> . Sec	Yes □ No     Enter the chain of events - disea as cardiac arrest, respiratory an     Final disease or condition     resulting in death→     quentially list conditions, if any,	ases, injurio rest or ven <b>IMMEDIA</b> a. Due to (or a	es, or complication	CAUSE OF DEAT ons - that directl	Yes No H (See instruction y caused the d	is and examples.) eath. DO NOT ENTER	R TERMIN			Approximate Interval:
RTIFIER	50. Sec lead	Yes □ No     Enter the chain of events - disea as cardiac arrest, respiratory an     Final disease or condition     resulting in death →     quentially list conditions, if any,     ding to the cause listed on line a.     TER THE UNDERLYING	ases, injurie rest or ven IMMEDIA a. Due to (or a b. Due to (or a	es, or complication tricular fibrillation TE CAUSE $\psi$	□ No CAUSE OF DEAT ons - that directl n without showin	Yes No H (See instruction y caused the d	is and examples.) eath. DO NOT ENTER	R TERMIN			Approximate Interval:
CERTIFI	50. Sec leac EN <sup>-</sup> CAU	Yes □ No     Enter the chain of events - disea as cardiac arrest, respiratory an <b>Final disease or condition resulting in death</b> →     quentially list conditions, if any,     ding to the cause listed on line a.     TER THE UNDERLYING     USE LAST (disease or injury     t initiated the events resulting in	ases, injuri rest or ven IMMEDIA a. Due to (or a b. Due to (or a c. Due to (or a	es, or complication tricular fibrillation TE CAUSE $\downarrow$ as a consequence of	□ No CAUSE OF DEAT ons - that direct n without showin of) ↓	Yes No H (See instruction y caused the d	is and examples.) eath. DO NOT ENTER	R TERMIN			Approximate Interval:
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CERTI	50. lead EN <sup>T</sup> CAI that dea 51.	Yes □ No     Enter the chain of events - disea as cardiac arrest, respiratory an <b>Final disease or condition resulting in death</b> →     quentially list conditions, if any,     ding to the cause listed on line a.     TER THE UNDERLYING     USE LAST (disease or injury     t initiated the events resulting in     ath).	ases, injurie rest or ven <b>IMMEDIA</b> a. Due to (or a b. Due to (or a c. Due to (or a d.	Yes es, or complication tricular fibrillation TE CAUSE ↓ as a consequence of as a consequence of as a consequence of as a consequence of death, but not re	□ No □ 1 CAUSE OF DEAT ons - that direct n without showin of) ↓ of) ↓	Yes No H (See instructior y caused the d g the etiology.	is and examples.) eath. DO NOT ENTER DO NOT ABBREVIAT	R TERMIN	AL EVEN	ITS such	Approximate Interval:
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ED BY MEDICAL CERTIFI	50. Seco EN <sup>T</sup> CAU that dea 51. 52. 55. 59.	Yes       No         Enter the chain of events - disea as cardiac arrest, respiratory an Final disease or condition resulting in death →         quentially list conditions, if any, ding to the cause listed on line a. TER THE UNDERLYING USE LAST (disease or injury t initiated the events resulting in ath).         Other significant conditions con         Manner of Death         Natural       Homicide         Accident       Undetermined         Date of Injury (MON DD YYYY)       5	ases, injurierest or ven IMMEDIA a. Due to (or a b. Due to (or a c. Due to (or a d. tributing to 53. If Fer S3. If Fer Pregnar Otopreg 6. Time of		CAUSE OF DEAT ONS - that directl n without showin of) ↓ of) ↓ of) ↓ essulting in the ur ear □ Not preg □ Unknow t within 42 days be	Yes No H (See instruction y caused the d g the etiology. nderlying cause gnant, but pregna n if pregnant with fore death	s and examples.) eath. DO NOT ENTER DO NOT ABBREVIAT given above: nt 43 days to 1 year before in the past year e, construction site, restau	R TERMIN. E. e death urant, woode	AL EVEN	ITS such	Approximate Interval: Onset to Death
E COMPLETED BY MEDICAL CERTIFI	50. Secoleac EN <sup>T</sup> CAU that dea 51. 52. 55. 59. 60.	Yes       No         Enter the chain of events - disea as cardiac arrest, respiratory an Final disease or condition resulting in death →         quentially list conditions, if any, ding to the cause listed on line a. TER THE UNDERLYING         USE LAST (disease or injury t initiated the events resulting in ath).         Other significant conditions con         Manner of Death         Accident       Undetermined         Suicide       Pending         Date of Injury (NON DD YYYY)       5         Location of Injury (Number & Street,         Describe how injury occurred.	Ases, injurie rest or ven Due to ven Due to (or a b. Due to (or a c. Due to (or a d. tributing to 53. If Fer S3. If Fer S3. If Fer Call of the second Call of the sec		□ No CAUSE OF DEAT ons - that directl n without showin of) ↓ of) ↓ of) ↓ essulting in the ur □ Unknow t within 42 days be ace of Injury (e.g.	Yes No H (See instruction y caused the d g the etiology. nderlying cause gnant, but pregna n if pregnant with fore death	s and examples.) eath. DO NOT ENTER DO NOT ABBREVIAT given above: nt 43 days to 1 year before in the past year e, construction site, restau	R TERMIN. E. e death urant, woode	AL EVEN	ITS such	Approximate Interval: Onset to Death
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E COMPLETED BY MEDICAL CERTIFI	50. Secoleace ENT CAU that dea 51. 52. 59. 60. 62. 63.	□ Yes       No         Enter the chain of events - disea as cardiac arrest, respiratory an Final disease or condition resulting in death → quentially list conditions, if any, ding to the cause listed on line a. TER THE UNDERLYING USE LAST (disease or injury t initiated the events resulting in ath).         Other significant conditions com         Manner of Death         □ Natural       □ Homicide         □ Accident       □ Undetermined         □ Date of Injury (MON DD YYYY)       5         Location of Injury (Number & Street,         Describe how injury occurred.         Name and Address of Certifier (	Ases, injurierest or ven IMMEDIA a. Due to (or a b. Due to (or a c. Due to (or a d. Tributing to 53. If Fer Pregnar S3. If Fer City/Town, Stat City/Town, Stat	es, or complication tricular fibrillation <b>TE CAUSE</b> $\checkmark$ as a consequence of as a consequ	□ No       CAUSE OF DEAT       ons - that directl       n without showin       of) ↓       ear     Not prequestion       □ Unknow       twithin 42 days be       ace of Injury (e.g.       p + 4)	Yes No H (See instruction y caused the d g the etiology.  Identifying cause gnant, but pregnant n if pregnant with fore death Decedent's hom	s and examples.) eath. DO NOT ENTER DO NOT ABBREVIAT given above: nt 43 days to 1 year before in the past year e, construction site, restau 61.	R TERMIN. E. b death urant, woode . If transpo Driver/	AL EVEN	ITS such ITS such Dacco use □ Pro □ Unk 58. Injur Ye njury, spec □ Pa	Approximate Interval: Onset to Death
<b>BE COMPLETED BY MEDICAL CERTIFI</b>	50. EN CAU that 51. 52. 55. 60. 62. 63. 64.	Yes       No         Enter the chain of events - disea as cardiac arrest, respiratory an Final disease or condition resulting in death → quentially list conditions, if any, ding to the cause listed on line a. TER THE UNDERLYING USE LAST (disease or injury t initiated the events resulting in ath).         Other significant conditions com         Manner of Death         Accident       Undetermined         Suicide       Pending         Date of Injury (MON DD YYYY)       5         Location of Injury (Number & Street,         Describe how injury occurred.         Name and Address of Certifier (Name and Title of Attending Phy	Asses, injurie rest or ven a. Due to (or a b. Due to (or a c. Due to (or a d. <b>53.</b> If Fer Or Pregnar Not preg Regnar City/Town, Stat	es, or complication tricular fibrillation TE CAUSE V as a consequence of as a consequence	□ No       CAUSE OF DEAT       ons - that direct       ons - that direct       on without showin       of) ↓       of) ↓	Yes No H (See instruction y caused the d g the etiology.  Inderlying cause gnant, but pregnant n if pregnant with fore death , Decedent's hom	s and examples.) eath. DO NOT ENTER DO NOT ABBREVIAT given above: nt 43 days to 1 year before in the past year e, construction site, restau 61.	R TERMIN. E. b death urant, woode Urant, woode Driver/ Other (	AL EVEN	ITS such	Approximate Interval: Onset to Death
<b>BE COMPLETED BY MEDICAL CERTIFI</b>	50. EN CAU that 51. 52. 55. 60. 62. 63. 64.	□ Yes       No         Enter the chain of events - disea as cardiac arrest, respiratory an Final disease or condition resulting in death → quentially list conditions, if any, ding to the cause listed on line a. TER THE UNDERLYING USE LAST (disease or injury t initiated the events resulting in ath).         Other significant conditions com         Manner of Death         □ Natural       □ Homicide         □ Accident       □ Undetermined         □ Date of Injury (MON DD YYYY)       5         Location of Injury (Number & Street,         Describe how injury occurred.         Name and Address of Certifier (	Asses, injurierest or ven rest or ven Due to or a b. Due to (or a c. Due to (or a d. Tributing to 53. If Fer S3. If Fer City/Town, Stat Number & Stre vsician if O	es, or complication tricular fibrillation <b>TE CAUSE</b> $\checkmark$ as a consequence of as a consequ	□ No       CAUSE OF DEAT       ons - that direct       ons - that direct       on without showin       of) ↓       of) ↓	Yes No H (See instruction y caused the d g the etiology.  nderlying cause gnant, but pregnant n if pregnant with fore death , Decedent's hom  65. Licent ad 68. Medic occurr	s and examples.) eath. DO NOT ENTER DO NOT ABBREVIAT given above: nt 43 days to 1 year before in the past year e, construction site, restau 61.	R TERMIN. E. e death urant, woode Urant, woode	AL EVEN	ITS such	Approximate Interval: Onset to Death
<b>BE COMPLETED BY MEDICAL CERTIFI</b>	50. Secc EN <sup>2</sup> CAU that dea 51. 52. 55. 59. 60. 62. 63. 64. ►	□ Yes       No         Enter the chain of events - disea as cardiac arrest, respiratory an Final disease or condition resulting in death →         quentially list conditions, if any, ding to the cause listed on line a. TER THE UNDERLYING USE LAST (disease or injury t initiated the events resulting in ath).         Other significant conditions con         Manner of Death         □ Natural       □ Homicide         □ Accident       Undetermined         □ Suicide       □ Pending         Date of Injury (NON DD YYYY)       5         Location of Injury (Number & Street,         Describe how injury occurred.         Name and Address of Certifier (         Name and Title of Attending Phy         Title of Certifier         Medical Certifier – To the best of m	Asses, injurierest or ven rest or ven Due to or a b. Due to (or a c. Due to (or a d. Tributing to 53. If Fer S3. If Fer City/Town, Stat Number & Stre vsician if O	es, or complication tricular fibrillation <b>TE CAUSE</b> $\checkmark$ as a consequence of as a consequ	□ No       CAUSE OF DEAT       ons - that direct       ons - that direct       on without showin       of) ↓       of) ↓	Yes No H (See instruction y caused the d g the etiology.  Inderlying cause gnant, but pregnant with fore death , Decedent's hom  65. Licens ad 68. Medic	s and examples.) ath. DO NOT ENTER DO NOT ABBREVIAT given above: at 43 days to 1 year before in the past year e, construction site, restau 61. Se Number al Examiner – On the ba	R TERMIN. E. e death urant, woode Urant, woode	AL EVEN	ITS such	Approximate Interval: Onset to Death

#### INSTRUCTIONS FOR COMPLETING THE CAUSE OF DEATH

The following summary is provided to better enable the medical certifier to report the underlying cause of death. For more complete instructions, see the <u>Physicians' Handbook on Medical Certification of Death</u>, which is available from the Center for Health Statistics. It and other resources are available on the CHS website at: http://egov.oregon.gov/DHS/ph/chs/registration/deathcert.shtml

The cause of death means the disease, abnormality, injury, or poisoning that caused the death, <u>not</u> the mode of dying such as cardiac or respiratory arrest.

The <u>immediate</u> cause of death is reported in Item 50(a). Antecedent conditions, if any, which gave rise to the cause are reported on lines (b) and (c). The <u>underlying</u> cause should be reported on the last line of Item 50. No entry is necessary on lines (b) and (c) if the immediate cause of death on line (a) completely describes the sequence of events. These steps are to be followed even if a long period of time has elapsed between the precipitating event (c) and the immediate cause (a). ONLY ONE CAUSE SHOULD BE ENTERED ON EACH LINE. Provide the best estimate of the interval between the onset of each condition and death. Do not leave the interval blank; if unknown, so specify.

In <u>Item 51</u>, enter other important diseases or conditions that may have contributed to death, but did not result in the underlying cause of death given in Item 50.

When causes are listed in such a way that the underlying cause of death is unclear, nosologists must make assumptions about the certifier's intent. Conflicting causal order, duration, or multiple causes on one line may lead to mistaken assumptions. For example, consider the following:

Wrong	Wrong
<b>50.</b> (a) Cardiac ArrestHours(b) Lung Cancer6 years(c) Arteriosclerotic Heart Disease5 years	<b>50.</b> (a) Angina (b) Emphysema (c)
Wrong	Right
<ul> <li>50. (a) Congestive Heart Failure due to ASCVD (b) Hypertension, essentia (c) Parkinsonism and Senility with OBS</li> <li>51. Seizures and old age</li> </ul>	<ul> <li>50. (a) Myocardial Infaction 1 hour</li> <li>(b) Congestive Heart Failure 3 weeks</li> <li>(c) Arteriosclerotic Heart Disease 20 years</li> <li>51. Diabetes</li> </ul>

When a death certificate lacks sufficient information to allow complete and accurate coding of the cause of death, it is returned to the physician. The following problems are most frequently encountered:

- The most common reason for returning a certificate is that a terminal condition, which does not clearly indicate the type of underlying disease involved, is the only cause listed. Some common conditions which prompt a query for the underlying cause include: cardiorespiratory arrest or failure, atrial or ventricular fibrillation, cardiac arrhythmia, organic heart disease, cor pulmonale, pulmonary embolism, sepsis, renal failure, malnutrition, inanition, senility, and hemorrhage of any site except cerebral.
- 2. If cancer is the cause of death, the primary site should be indicated and tumors specified as to whether malignant, benign, *in situ* or of uncertain behavior. It may be necessary to enter "primary site unknown" in some cases, but an educated guess is better than no information at all. If the cancer is metastatic, indicate the original site.
- 3. Reporting cirrhosis of the liver without any indication of whether or not it was alcohol-related requires returning a certificate. The term Laennec's hepatic cirrhosis may be used if alcoholism was involved.
- 4. Certificates are also returned when surgery was reported, but the condition that necessitated surgery was not stated.
- 5. When information relating to injuries or poisoning is incomplete (Items 55 60), we must also write back to the physician. This is especially common in the case of *falls and fractures*. When a *fall or fracture* leads to death, we need to know <u>how</u> the fall or fracture happened (e.g., slipped or tripped on same level, fell on stairs, fell from bed or ladder). The time, place, and circumstances must be completed since these events started the chain of events leading to death. If a fracture is pathological, list the cause of the pathology; Items 55 60 do not need to be completed. If an *aspiration* is due to a disease, list the disease. If not, complete Items 55 60.
- 6. *A drug overdose* is not considered a natural cause. Items 55 60 must be completed. (If death resulted from an adverse reaction to the therapeutic use of a drug, list the condition for which the drug was administered.)

Accurate information is needed from death certificates to provide health professionals with a sound foundation upon which to base health planning and policy. By using reliable statistics about the population, we can make better decisions about health policies that affect Oregonians.

## PERMANENT BLA

# OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS 136-

K.	I.D. TAG NO.			E OF DEAT				0.7.0	E FILE NUMBE	
	Legal Name First (Include AKAs, if any)	Middle	Last			Suffix	2.	Death Da	te (mon dd yyy	Y)
3.	Sex (M/F) 4a. Age – Last Birt	hday 4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minute		ecurity Number		6. Cour	nty of Dea	ath	
7.	Birthdate (MON DD YYYY) 8a	Birthplace (City/Town, or Cou	unty) 8b	. (State or Foreign Countr	у)	9	9. Decede	ent's Educ	cation	
10.	0. Was Decedent of Hispanic Orig	in? (Yes or No. If yes, specify.)	11. Decedent's Rad	ce(s)				Decedent Armed For		□ Yes □ No
13.	3. Residence: Number and Stre	et (e.g., 624 SE 5th Street, Apt. No	o. 8)	14. (	City/Town	I				
15.	5. Residence County	<b>16.</b> State or F	oreign Country	17. Zip	Code + 4		18.		ity Limits? □ No □ Unkr	nwn
19.	9. Marital Status at Time of Deat	h 20.	Spouse's Name (If man	ied or widowed, give name	prior to first marriage.	.)				
21.	I. Usual Occupation (Indicate type of	work done during most of working	life. DO NOT USE "RETIRED.	") <b>22.</b> ł	Kind of Busines	s/Industry	(DO NOT USI	E COMPANY	NAME.)	
23.	3. Father's Name (First, Middle, Last,	Suffix)		24. Mother's I	Name Prior to F	irst Marria	ge (First, Mic	ddle, Last)		
25.	5. Informant's Name	26. Telephone Numb	per 27. Relation to D	ecedent 28. Mailir	ng Address (Numl	ber & Street, C	ity/Town, Stat	te, Zip + 4)		
29.	9. Place of Death		30. Facility Na	ame						
31.	I. Location of Death (Give address.)		32. City/Tow	n or Location of De	ath	33. State	34.	. Zip Code	e + 4	
35.	5. Method of Disposition	36. Place of Disp	OSITION (Name of cemetery, c	rematory, or other place)	37. Location					
38.	3. Name and Complete Address	of Funeral Facility (Number	r & Street, City/Town, State, Zip	9 + 4)						
39.	Date of Disposition (MON DD YYY)	→ <b>40. Funeral Direct</b>	tor's Signature			41. OR I	License N	lumber		
12.	2. Registrar's Signature		43	. Date Received (M	ION DD YYYY)	4	44. Local	File Num	ber	
► 15.	5. Record Amendment									
	Amendment 6. Was case referred to Medical			ere autopsy findings	available to cor	mplete the	cause of	death?	<b>19.</b> Time of D	Death
	Amendment		Yes 🗆 No 👘	ere autopsy findings Yes □ No See instructions and ea		mplete the	cause of	death?	<b>49.</b> Time of D	)eath
46.	Amendment 6. Was case referred to Medical	eases, injuries, or compli	Yes ONO CAUSE OF DEATH ( ications - that directly of	Yes D No See instructions and ex caused the death. D	xamples.) )O NOT ENTER	R TERMIN			<b>49.</b> Time of E Approxima Onset to	te Inte
46.	Amendment  . Was case referred to Medical  Yes  No  . Enter the chain of events - dis	eases, injuries, or compli	Yes No CAUSE OF DEATH ( ications - that directly c ation without showing t	Yes D No See instructions and ex caused the death. D	xamples.) )O NOT ENTER	R TERMIN			Approxima	te Inte
46. 50.	Amendment  . Was case referred to Medical  Yes No  . Enter the chain of events - dis as cardiac arrest, respiratory  Final disease or condition resulting in death→ equentially list conditions, if any,	eases, injuries, or compli arrest or ventricular fibrilla IMMEDIATE CAUSE a. Due to (or as a consequer	Yes No CAUSE OF DEATH ( ications - that directly c ation without showing t	Yes D No See instructions and ex caused the death. D	xamples.) )O NOT ENTER	R TERMIN			Approxima	te Inte
<b>46.</b> 50.	Amendment . Was case referred to Medical . Yes No . Enter the chain of events - dis as cardiac arrest, respiratory Final disease or condition resulting in death→ equentially list conditions, if any, ading to the cause listed on line NTER THE UNDERLYING	eases, injuries, or compli arrest or ventricular fibrilla IMMEDIATE CAUSE a. Due to (or as a consequer b. Due to (or as a consequer	Yes □ No □ CAUSE OF DEATH ( ications - that directly o ation without showing t ↓ nce of) ↓	Yes D No See instructions and ex caused the death. D	xamples.) )O NOT ENTER	R TERMIN			Approxima	te Inte
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46. 50. EN CA tha dea 51.	Amendment	eases, injuries, or compli arrest or ventricular fibrilla a. Due to (or as a consequer a. b. Due to (or as a consequer c. Due to (or as a consequer d.	Yes □ No □ □ CAUSE OF DEATH ( ications - that directly of ation without showing t ↓ nce of) ↓ nce of) ↓	Yes ONO See instructions and ex aused the death. D he etiology. DO NC	xamples.) DO NOT ENTER DT ABBREVIATI	R TERMINA E.	AL EVENT	TS such	Approxima	te Inte o Death
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46. 50. EN CA tha dea 51. 55. 59. 60. 62. 63. 64.	Amendment  Amendment	eases, injuries, or compli arrest or ventricular fibrilla a. Due to (or as a consequer a. Due to (or as a consequer c. Due to (or as a consequer c. Due to (or as a consequer d. Due to (or as a consequer d. S3. If Female S3. If Female Pregnant within pa Pregnant at time of de: Not pregnant, but preg 56. Time of Injury 57. st, City/Town, State, Zip + 4)	Yes □ No □ CAUSE OF DEATH ( ications - that directly o ation without showing t	Yes D No See instructions and ex aused the death. E he etiology. DO NC erlying cause given a int, but pregnant 43 day pregnant within the pa e death eccdent's home, constr 65. License Num 68. Medical Exar	xamples.) DO NOT ENTER DT ABBREVIATI above: ys to 1 year before ust year ruction site, restau <b>61.</b>	R TERMIN/ E. a death a death arant, woode If transpor Driver/ Other (: asis of exami	AL EVENT	TS such	Approxima Onset to Contribute to ( bably nown 7 at Work? s No Ur fy. ssenger [ add (MON DD YYY ation, in my opi	te Inte o Death death?
46.	Amendment  Amendment	eases, injuries, or compli arrest or ventricular fibrilla a. Due to (or as a consequer a. Due to (or as a consequer c. Due to (or as a consequer c. Due to (or as a consequer d. Due to (or as a consequer d. S3. If Female S3. If Female Pregnant within pa Pregnant at time of de: Not pregnant, but preg 56. Time of Injury 57. st, City/Town, State, Zip + 4)	Yes □ No □ CAUSE OF DEATH ( ications - that directly o ation without showing t	Yes D No See instructions and ex aused the death. E he etiology. DO NC erlying cause given a int, but pregnant 43 day pregnant within the pa e death eccdent's home, constr 65. License Num 68. Medical Exar	xamples.) DO NOT ENTER DT ABBREVIATI above: ys to 1 year before st year ruction site, restau function site, restau 61. ber niner – On the ba	R TERMIN/ E. a death a death arant, woode If transpor Driver/ Other (: asis of exami	AL EVENT	TS such	Approxima Onset to Contribute to ( bably nown 7 at Work? s No Ur fy. ssenger [ add (MON DD YYY ation, in my opi	death?

_	ALTERNATIVE AUTHORIZATION FOR FINAL DISPOSITION
	This form, when signed above by the funeral service licensee (Item 40) and by the medical certifier (67 or 68), shall serve as a disposal-transit permit for the remains of the decedent named hereon.

#### ALTERNATIVE AUTHORIZATION FOR FINAL DISPOSITION

This form, when comp	leted and signed below by	the funeral service licensee	, shall serve as a dispo	sal-transit permit for
the remains of the dec	cedent named hereon.			
I have contacted Dr		on (date)	at (time)	and the

I have contacted Dr. \_\_\_\_ on (date) \_\_\_\_\_ \_\_\_\_\_ at (time) \_\_\_\_ doctor has agreed to sign a certification of the cause of death as soon as possible.

### FUNERAL SERVICE LICENSEE SIGNATURE

\_ License #

INSTRUCTIONS: The person in charge of the place of final disposition shall date and sign both copies of the disposition form. Forward the first copy to the registrar of the county where death occurred within 10 days after the date of final disposition. The second copy will be retained by the cemetery or crematory.

DATE OF DISPOSITION	SEXTON'S SIGNATURE _

SEND THIS FORM TO THE REGISTRAR OF THE COUNTY OF DEATH. ADDRESSES ARE ON THE REVERSE SIDE.

Baker Co. Health Dept. Vital Records Section 3330 Pocahontas Road Baker City, OR 97814 (541) 523-8211

Benton Co. Health Dept. Vital Records Section 530 NW 27th Street P.O. Box 579 Corvallis, OR 97339-0579 (541) 766-6835 (541) 766-6186 (Fax)

Clackamas Co. Health Services Vital Records Section 2051 Kaen Road Oregon City, OR 97045 (503) 655-8406

Clatsop Co. Health and Human Services Vital Records Section 820 Exchange Street, Suite 100 Astoria, OR 97103 (503) 325-8500

Columbia Co. Vital Records County Clerk's Office Court House 230 Strand Street St Helens, OR 97051 (503) 397-3796

Coos Co. Health Dept. Vital Records Section 1975 McPherson North Bend, OR 97459 (541) 756-2020, ext. 646

Crook Co. Health Dept. Vital Records Section 203 NE Court Street Prineville, OR 97754 (541) 447-5165

Curry Co. Health Dept. Vital Records Section 94235 Moore Street P.O. Box 746 Gold Beach, OR 97444 (541) 247-3300

Deschutes Co. Health Dept. Vital Records Section 2577 NE Courtney Drive Bend, OR 97701 (541) 322-7400

Douglas Co. Health Dept. Vital Records Section 621 W. Madrone, Room 109 Roseburg, OR 97470-3010 (541) 440-3513

Gilliam Co. Vital Records County Clerk's Office P.O. Box 427 Condon, OR 97823 (541) 384-2311

Grant Co. Health Dept. Vital Records Section 528 E. Main St., Suite E John Day, OR 97845-1240 (541) 575-0429 Harney Co. Health Dept. Vital Records Section 420 N. Fairview Burns, OR 97720 (541) 573-2271

Hood River Co. Health Dept. Vital Records Section 1109 June Street Hood River, OR 97031 (541) 386-1115

Jackson Co. Health and Human Services 1005 E. Main Street, Bldg. A Medford, OR 97504 (541) 774-8210 (541) 774-8157 (Fax)

Jefferson Co. Health Dept. Vital Records Section 715 SW 4th Street, Suite C Madras, OR 97741 (541) 475-4456

Josephine Co. Health Dept. Vital Records Section 715 NW Dimmick Grants Pass, OR 97526 (541) 474-5328

Klamath Co. Health Dept. Vital Records Section 403 Pine Street Klamath Falls, OR 97601 (541) 882-8846

Lake Co. Health Dept. Vital Records Section 100 North "D" Street, Suite 100 Lakeview, OR 97630 (541) 947-6045

Lane Co. Health and Human Services Vital Records Section 125 E. 8th Avenue Eugene, OR 97401 (541) 682-4306 (541) 682-9825 (Fax)

Lincoln Co. Health and Human Services 36 SW Nye Street Newport, OR 97365-3821 (541) 265-4127

Linn Co. Health Dept. Vital Records Section P.O. Box 100 Albany, OR 97321 (541) 967-3888 (541) 924-6904 (Fax)

Malheur Co. Health Dept. Vital Records Section 1108 SW 4th Street Ontario, OR 97914 (541) 889-7279 (541) 889-8468 (Fax)

Marion Co. Health Dept. Vital Statistics 2111 Front St., NE, Suite 3-110 Salem, OR 97303-0621 (503) 588-5406 Morrow County Clerk's Office P.O. Box 338 Heppner, OR 97836 (541) 676-5601

Multnomah Co. Health Dept. Vital Records Section 3653 SE 34th Avenue Portland, OR 97202 (503) 988-3745 (503) 988-4041 (Fax)

Polk Co. Health Dept. Vital Records Section 182 SW Academy St., Suite 302 Dallas, OR 97338 (503) 623-8175

Sherman County See: Wasco-Sherman Co.

Tillamook Co. Health Dept. Vital Records Section P.O. Box 489 Tillamook, OR 97141 (503) 842-3900

Umatilla Co. Health Dept. Vital Statistics Section 200 SE 3rd Street Pendleton, OR 97801 (541) 278-5432

Union County Center for Human Development Public Health Services 1100 "K" Avenue LaGrande, OR 97850 (541) 962-8823

Wallowa Co. Health Dept. Vital Records Section 758 NW 1st Street Enterprise, OR 97828 (541) 426-4848

Wasco-Sherman Co. Health Dept. Vital Records Section 419 E. 7th Street, Suite 100 The Dalles, OR 97058 (541) 296-2628

Washington Co. Health Dept. Vital Records Section 155 N. 1st Avenue, Room 200 Hillsboro, OR 97124 (503) 846-8280 (503) 846-4490 (Fax)

Wheeler Co. Health Dept. Vital Records Section P.O. Box 327 Fossil, OR 97830 (541) 763-2400

Yamhill Co. Health Dept. Vital Records Section 412 NE Ford Street McMinnville, OR 97128 (503) 434-7477 (503) 472-9731 (Fax)

## PERMANENT BLA

#### OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS 136-

	I.D. TAG NO.			E OF DEATH			STATE FILE NUMBER
	Legal Name First (Include AKAs, if any)	Middle	Last		Suffix	<b>2</b> . Dea	th Date (MON DD YYYY)
3. 5	Sex (M/F) 4a. Age - Last Birthda	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	<b>5.</b> Social Security No	umber	6. County c	f Death
7. E	Birthdate (MON DD YYYY) 8a. E	Birthplace (City/Town, or County	() <b>8b</b> .	(State or Foreign Country)		9. Decedent's	Education
	. Was Decedent of Hispanic Origin	· · · · ·	11. Decedent's Rac			12. Was Dece U.S. Arme	edent Ever in Sea Yes ed Forces? No
13.	. Residence: Number and Street	(e.g., 624 SE 5th Street, Apt. No. 8	3)	14. City/Towr	1		
15.	. Residence County	16. State or For	eign Country	17. Zip Code + 4	4		ide City Limits? Yes D No D Unknown
19.	. Marital Status at Time of Death	20. 8	pouse's Name (If marrie	ed or widowed, give name prior to first	marriage.)		
21.	. Usual Occupation (Indicate type of wo	ork done during most of working life	e. DO NOT USE "RETIRED.")	) <b>22.</b> Kind of B	usiness/Industry	(DO NOT USE CO	MPANY NAME.)
23.	. Father's Name (First, Middle, Last, Suf	fix)		24. Mother's Name Pri	ior to First Marria	age (First, Middle, L	.ast)
25.	Informant's Name	26. Telephone Number	r 27. Relation to De	ecedent <b>28.</b> Mailing Addres	SS (Number & Street,	City/Town, State, Zip	+ 4)
29.	Place of Death		30. Facility Na	me			
31.	. Location of Death (Give address.)		32. City/Tow	n or Location of Death	<b>33.</b> Stat	e <b>34.</b> Zip	Code + 4
35.	. Method of Disposition	36. Place of Dispos	ition (Name of cemetery, cr	ematory, or other place) 37. Loca	ation		
38.	Name and Complete Address of	Funeral Facility (Number &	Street, City/Town, State, Zip	+ 4)			
39.	Date of Disposition (MON DD YYYY)	40. Funeral Director ►	r's Signature		<b>41</b> . OR	License Numb	er
	Registrar's Signature		43.	Date Received (MON DD YY)	YY)	44. Local File	Number
6.	. Record Amendment . Was case referred to Medical Ex □ Yes □ No	□ Ye	S NO Y CAUSE OF DEATH (S	re autopsy findings available 'es □ No See instructions and examples.)			
<b>15</b> . <b>16</b> . <b>50</b> . Seq	Amendment . Was case referred to Medical Ex . Yes □ No . Enter the chain of events - disea as cardiac arrest, respiratory arr Final disease or condition resulting in death→ quentially list conditions, if any, ding to the cause listed on line a.	Yes     Yes     Yes     Asses, injuries, or complica     rest or ventricular fibrillatii     IMMEDIATE CAUSE ↓     a.     Due to (or as a consequence     b.	s □ No □ Y CAUSE OF DEATH (S ations - that directly ca on without showing th e of) ↓	Yes □ No See instructions and examples.) aused the death. DO NOT I	ENTER TERMIN		
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46. 50. Seq leac ENI CAL that dea	Amendment . Was case referred to Medical Exit of Yes □ No . Enter the chain of events - disea as cardiac arrest, respiratory arrest as cardiac arrest, respiratory arresulting in death → quentially list conditions, if any, ding to the cause listed on line a. ITER THE UNDERLYING USE LAST (disease or injury)	□ Yest ases, injuries, or complica rest or ventricular fibrillati IMMEDIATE CAUSE ↓ a. Due to (or as a consequence b. Due to (or as a consequence c. Due to (or as a consequence d.	s □ No □ Y CAUSE OF DEATH (S ations - that directly ca on without showing th e of) $\psi$ e of) $\psi$ e of) $\psi$	Yes INO See instructions and examples.) aused the death. DO NOT f he etiology. DO NOT ABBR	ENTER TERMIN		uch Approximate Inte
45. 46. 50. ENI CAU that dea 51. 52.	Amendment          Was case referred to Medical Example         Yes       No         Enter the chain of events - disea as cardiac arrest, respiratory arr         Final disease or condition resulting in death >         quentially list conditions, if any, ding to the cause listed on line a.         ITER THE UNDERLYING         USE LAST (disease or injury thinitiated the events resulting in ath).         Other significant conditions cont         Manner of Death         Natural       Homicide         Accident       Undetermined         Suicide       Pending	Yei     Yei     Asses, injuries, or complica     rest or ventricular fibrillatii     IMMEDIATE CAUSE ↓     a.     Due to (or as a consequence     b.     Due to (or as a consequence     c.     Due to (or as a consequence     d.     Tributing to death, but not     S3. If Female     Not pregnant within past     Pregnant at time of death     Not pregnant, but pregnant	s     No     Y       CAUSE OF DEATH (S       ations - that directly convitted in the converted in the showing the of)       e of)       e of) $\psi$ e of) $\psi$ of) $\psi$ <tr< td=""><td>res I No See instructions and examples.) aused the death. DO NOT f ne etiology. DO NOT ABBR rlying cause given above: nt, but pregnant 43 days to 1 year</td><td>ENTER TERMIN EVIATE.</td><td>IAL EVENTS si           4. Did tobacco           Yes           No</td><td>uch Approximate Inte</td></tr<>	res I No See instructions and examples.) aused the death. DO NOT f ne etiology. DO NOT ABBR rlying cause given above: nt, but pregnant 43 days to 1 year	ENTER TERMIN EVIATE.	IAL EVENTS si           4. Did tobacco           Yes           No	uch Approximate Inte
45. 46. 50. 50. ENT CAU chat dea 51. 52.	Amendment          Was case referred to Medical Example         Yes       No         Enter the chain of events - disea as cardiac arrest, respiratory arr         Final disease or condition resulting in death >         quentially list conditions, if any, ding to the cause listed on line a.         ITER THE UNDERLYING         USE LAST (disease or injury to initiated the events resulting in ath).         Other significant conditions cont         Manner of Death         Natural       Homicide         Accident       Undetermined         Suicide       Pending	Yes     Yes     Asses, injuries, or complica     rest or ventricular fibrillati     IMMEDIATE CAUSE ↓     a.     Due to (or as a consequence     b.     Due to (or as a consequence     c.     Due to (or as a consequence     d.     ributing to death, but not     S3. If Female     Not pregnant within past     Pregnant at time of deatt     Not pregnant, but pregna 6. Time of Injury     S7. P	s     No     Y       CAUSE OF DEATH (S       ations - that directly convitted in the converted in the showing the of)       e of)       e of) $\psi$ e of) $\psi$ of) $\psi$ <tr< td=""><td>res No See instructions and examples.) aused the death. DO NOT in the etiology. DO NOT ABBR rlying cause given above: nt, but pregnant 43 days to 1 year pregnant within the past year death</td><td>ENTER TERMIN EVIATE.</td><td>AL EVENTS si 4. Did tobacco Yes No ed area) 58.</td><td>uch Approximate Inte Onset to Death</td></tr<>	res No See instructions and examples.) aused the death. DO NOT in the etiology. DO NOT ABBR rlying cause given above: nt, but pregnant 43 days to 1 year pregnant within the past year death	ENTER TERMIN EVIATE.	AL EVENTS si 4. Did tobacco Yes No ed area) 58.	uch Approximate Inte Onset to Death
45. 46. 50. 50. ENT CAU that that 51. 52. 55. 59.	Amendment          Was case referred to Medical Example         Yes       No         Enter the chain of events - disea as cardiac arrest, respiratory arr         Final disease or condition resulting in death->         quentially list conditions, if any, ding to the cause listed on line a.         TER THE UNDERLYING         USE LAST (disease or injury triinitiated the events resulting in ath).         Other significant conditions cont         Manner of Death         Natural       Homicide         Accident       Undetermined         Suicide       Pending         Date of Injury (MON DD YYYY)       56	Yes     Yes     Asses, injuries, or complica     rest or ventricular fibrillati     IMMEDIATE CAUSE ↓     a.     Due to (or as a consequence     b.     Due to (or as a consequence     c.     Due to (or as a consequence     d.     ributing to death, but not     S3. If Female     Not pregnant within past     Pregnant at time of deatt     Not pregnant, but pregna 6. Time of Injury     S7. P	s     No     Y       CAUSE OF DEATH (S       ations - that directly convitted in the converted in the showing the of)       e of)       e of) $\psi$ e of) $\psi$ of) $\psi$ <tr< td=""><td>res No See instructions and examples.) aused the death. DO NOT in the etiology. DO NOT ABBR rlying cause given above: nt, but pregnant 43 days to 1 year pregnant within the past year death</td><td>ENTER TERMIN EVIATE. ar before death e, restaurant, woode 61. If transp</td><td>AL EVENTS si</td><td>uch Approximate Inte Onset to Death Use contribute to death? Probably Unknown Injury at Work? Yes No Unknown specify.</td></tr<>	res No See instructions and examples.) aused the death. DO NOT in the etiology. DO NOT ABBR rlying cause given above: nt, but pregnant 43 days to 1 year pregnant within the past year death	ENTER TERMIN EVIATE. ar before death e, restaurant, woode 61. If transp	AL EVENTS si	uch Approximate Inte Onset to Death Use contribute to death? Probably Unknown Injury at Work? Yes No Unknown specify.
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45. 46. 50. 50. 2AU 51. 52. 55. 59. 60. 63. 64. 67.	Amendment           Amendment           Yes         No           Enter the chain of events - disea as cardiac arrest, respiratory arr           Final disease or condition resulting in death -> quentially list conditions, if any, ding to the cause listed on line a. ITER THE UNDERLYING USE LAST (disease or injury it initiated the events resulting in ath).           Other significant conditions cont           Manner of Death           Natural         Homicide           Accident         Undetermined           Suicide         Pending           Date of Injury (NON DD YYYY)         56           Name and Address of Certifier (r           Name and Title of Attending Phy           Title of Certifier           Medical Certifier – To the best of m	Yei asses, injuries, or complica rest or ventricular fibrillatii IMMEDIATE CAUSE ↓ a. Due to (or as a consequence b. Due to (or as a consequence c. Due to (or as a consequence d. Tributing to death, but not 53. If Female     Not pregnant at time of death     Not pregnant, but pregna 6. Time of Injury 57. P City/Town, State, Zip + 4) Number & Street, City/Town, State, rsician <u>if</u> Other than Certii ny knowledge, death occurreed	s     No     Y       CAUSE OF DEATH (S       ations - that directly convithout showing the sho	Yes INO See instructions and examples.) aused the death. DO NOT I the etiology. DO NOT ABBR  rlying cause given above:  nt, but pregnant 43 days to 1 year pregnant within the past year death accedent's home, construction site  65. License Number  68. Medical Examiner – O	ENTER TERMIN EVIATE.	IAL EVENTS si         4. Did tobacco         Yes         No         ed area)         58.         ortation injury,         /Operator         (Specify)         66. Date C         nination, and/or in	uch       Approximate InterOnset to Death         Onset to Death         use contribute to death?         Probably         Unknown         Injury at Work?         Yes         No         Unknown         specify.         Passenger         Passenger         Pedes         certified (MON DD YYYY)         vestigation, in my opinion, death

This form	when signed above by the funeral service licer	nsee (Item 40) and by the medical certifier (67 or 68), shall se	erve
as a dispo	osal-transit permit for the remains of the deced	lent named hereon.	

#### ALTERNATIVE AUTHORIZATION FOR FINAL DISPOSITION

This form, when comp	leted and signed	below by the funeral	service licensee	, shall serve as a	a disposal-trans	it permit for
the remains of the dec	cedent named he	reon.				
I have contacted Dr.			on (date)	at	(time)	and the

I have contacted Dr.	on (date)	 at (	(time)
	. ,	```	. ,

doctor has agreed to sign a certification of the cause of death as soon as possible.

#### FUNERAL SERVICE LICENSEE SIGNATURE

INSTRUCTIONS: The person in charge of the place of final disposition shall date and sign both copies of the disposition form. Forward the first copy to the registrar of the county where death occurred within 10 days after the date of final disposition. The second copy will be retained by the cemetery or crematory.

DATE OF DISPOSITION	SEXTON'S SIGNATURE
THIS COPY IS TO BE RETAINED BY THE PERS	ON IN CHARGE OF THE PLACE OF FINAL DISPOS

SITION. 45-2 (01/06) **CEMETERY'S OR CREMATORY'S COPY** 

\_ License #

#### INSTRUCTIONS FOR COMPLETING THE CAUSE OF DEATH

The following summary is provided to better enable the medical certifier to report the underlying cause of death. For more complete instructions, see the <u>Physicians' Handbook on Medical Certification of Death</u>, which is available from the Center for Health Statistics. It and other resources are available on the CHS website at: http://egov.oregon.gov/DHS/ph/chs/registration/deathcert.shtml

The cause of death means the disease, abnormality, injury, or poisoning that caused the death, <u>not</u> the mode of dying such as cardiac or respiratory arrest.

The <u>immediate</u> cause of death is reported in Item 50(a). Antecedent conditions, if any, which gave rise to the cause are reported on lines (b) and (c). The <u>underlying</u> cause should be reported on the last line of Item 50. No entry is necessary on lines (b) and (c) if the immediate cause of death on line (a) completely describes the sequence of events. These steps are to be followed even if a long period of time has elapsed between the precipitating event (c) and the immediate cause (a). ONLY ONE CAUSE SHOULD BE ENTERED ON EACH LINE. Provide the best estimate of the interval between the onset of each condition and death. Do not leave the interval blank; if unknown, so specify.

In <u>Item 51</u>, enter other important diseases or conditions that may have contributed to death, but did not result in the underlying cause of death given in Item 50.

When causes are listed in such a way that the underlying cause of death is unclear, nosologists must make assumptions about the certifier's intent. Conflicting causal order, duration, or multiple causes on one line may lead to mistaken assumptions. For example, consider the following:

Wrong	Wrong		
50. (a) Cardiac ArrestHours(b) Lung Cancer6 years(c) Arteriosclerotic Heart Disease5 years	<b>50.</b> (a) Angina (b) Emphysema (c)		
Wrong	Right		
<ul> <li>50. (a) Congestive Heart Failure due to ASCVD (b) Hypertension, essentia (c) Parkinsonism and Senility with OBS</li> <li>51. Seizures and old age</li> </ul>	<ul> <li>50. (a) Myocardial Infaction 1 hour</li> <li>(b) Congestive Heart Failure 3 weeks</li> <li>(c) Arteriosclerotic Heart Disease 20 years</li> <li>51. Diabetes</li> </ul>		

When a death certificate lacks sufficient information to allow complete and accurate coding of the cause of death, it is returned to the physician. The following problems are most frequently encountered:

- The most common reason for returning a certificate is that a terminal condition, which does not clearly indicate the type of underlying disease involved, is the only cause listed. Some common conditions which prompt a query for the underlying cause include: cardiorespiratory arrest or failure, atrial or ventricular fibrillation, cardiac arrhythmia, organic heart disease, cor pulmonale, pulmonary embolism, sepsis, renal failure, malnutrition, inanition, senility, and hemorrhage of any site except cerebral.
- 2. If cancer is the cause of death, the primary site should be indicated and tumors specified as to whether malignant, benign, *in situ* or of uncertain behavior. It may be necessary to enter "primary site unknown" in some cases, but an educated guess is better than no information at all. If the cancer is metastatic, indicate the original site.
- 3. Reporting cirrhosis of the liver without any indication of whether or not it was alcohol-related requires returning a certificate. The term Laennec's hepatic cirrhosis may be used if alcoholism was involved.
- 4. Certificates are also returned when surgery was reported, but the condition that necessitated surgery was not stated.
- 5. When information relating to injuries or poisoning is incomplete (Items 55 60), we must also write back to the physician. This is especially common in the case of *falls and fractures*. When a *fall or fracture* leads to death, we need to know <u>how</u> the fall or fracture happened (e.g., slipped or tripped on same level, fell on stairs, fell from bed or ladder). The time, place, and circumstances must be completed since these events started the chain of events leading to death. If a fracture is pathological, list the cause of the pathology; Items 55 60 do not need to be completed. If an *aspiration* is due to a disease, list the disease. If not, complete Items 55 60.
- 6. *A drug overdose* is not considered a natural cause. Items 55 60 must be completed. (If death resulted from an adverse reaction to the therapeutic use of a drug, list the condition for which the drug was administered.)

Accurate information is needed from death certificates to provide health professionals with a sound foundation upon which to base health planning and policy. By using reliable statistics about the population, we can make better decisions about health policies that affect Oregonians.