

*Death and Fetal Death Registration Handbook*  
*Medical Certification of Death*

**Doubt and cause of death**

In cases of doubt, it may be necessary to use qualifying phrases such as “probable” or “possible” in either Item 34 or Item 35 to reflect uncertainty as to which conditions led to death. In cases where the certifier is unable to establish a cause of death based upon reasonable medical certainty, he or she should enter “unknown” in the cause of death section. However, this should be used only after all efforts have been made to determine the cause of death. An autopsy should be performed, if possible.

**Other Items for Medical Certification**

The remaining items that require the medical certification relate to autopsy, manner of death, and injury, female decedent’s pregnancy status, if tobacco use contributed to death, and whether the case was referred to the medical examiner or coroner.

The medical certifier should indicate whether an autopsy was performed and whether the findings were available prior to completion of the cause of death. **If additional medical information or autopsy findings are received** after the medical certifier has certified the cause of death and he or she determines the cause to be different from what was originally entered on the death certificate, the physician, coroner or medical examiner must **file an *Affidavit for Correction*** with the Local Registrar or State Registrar to amend the cause-of-death. You may request an *Affidavit for Correction* from the Local Health Department or the Center for Health Statistics (CHS). Local Health Departments mail original death certificates to CHS between 30 – 60 days of the date of death.

In most cases, the manner of death in Item 38 will be checked “Natural.” In those cases when an accident, suicide, or homicide has occurred, the medical examiner or coroner must be notified. If the medical examiner or coroner does not assume jurisdiction, the physician should check the appropriate manner of death and describe the injury and accident. Local Deputy Registrars are instructed to refer the following cases to the Medical Examiner or Coroner upon review of the cause of death section of the death certificate.

- The following causes are referred if they appear anywhere on the death certificate:

Asphyxia	Bolus
Choking	Exsanguination
Fall	Fracture
FX	ORIF (open reduction internal fixation)
Overdose	Remote or old injuries (traffic, neck, etc.)
Surgery or surgical procedures	Unknown

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- The following causes are referred if they appear without any underlying cause:

Cardiac arrest	Cardiopulmonary arrest
Emboli	Embolus
Failure to thrive	Old age
Pneumonia	Pulmonary arrest
Respiratory arrest	Sepsis
Subarachnoid hematoma	Subdural hematoma
Sudden death	Starvation

### **Completing the Certifier Section**

**The CERTIFYING PHYSICIAN certifies that “To the best of my knowledge, death occurred at the time, date and place and was due to the cause(s) and manner as stated.”** This is the person who determines the exact cause-of-death (Item 34). The phrase “to the best of my knowledge” is included because it is recognized that it is not always possible to make a precise determination of interacting causes of death. The certifying physician is responsible for completing Items 34-56.

The attending physician, physician’s assistant or advanced registered nurse practitioner is usually in a better position than any other individual to make a judgment as to which of the conditions led directly to death and to state the antecedent conditions, if any, that gave rise to this cause.

The physician, physician’s assistant or advanced registered nurse practitioner signs the completed statement, adding his or her degree or title, the date of certification, hour of death and mailing address of the physician in Items 48 through 56.

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### *Examples of Cause-of-Death Certification*

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/she is uncertain, and be able to explain the certification chosen.

When processes such as the following are reported, additional information about the etiology should be reported:

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

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