



Death Certification  
Training

## What is a death certificate?

- An official statement, signed by a physician, of the cause, date, and place of a person's death.

- Permanent legal document stating the fact(s) of death

## What are Vital Records?

Permanent legal records of vital events:



Births

Deaths

Fetal deaths

Marriages

Divorces

## Major Uses of Vital Records

Public health  
statistics/research



Legal and  
administrative



# What is a death certificate?

## Statistically

- Provides personal information about the decedent
- Provides a record of the disposition of the decedent
- Source of State and national mortality statistics
  - Used to understand trends of disease and mortality
  - Used to prioritize and allocate research funding
  - Education and awareness
  - Prevention

# Legal and Administrative Purposes

## I. Establishing the fact and date of death:

- Claiming life insurance benefits
- Claiming pensions
- Settling estates



## II. Establishing certain facts about decedent:

- Cause and circumstances of death
- Death and place of interment
- Evidence of age, gender, and race
- Parentage
- Citizenship



# Funeral Arrangements

- A death certificate attesting to the cause of death must be accepted and signed by the Southern Nevada Health District Vital Statistics Registrar before the family can move forward with burial, cremation or removal of the body from Nevada.





# Certifier of Death

The cause of death section must be completed by the attending or certifying physician, the Medical Examiner, or the Coroner.

- Legal and ethical obligation of the physician
- Should be completed within 48 hours after presentation of the record.
- Cause of death portion should reflect his/her best medical opinion. This may vary between physicians.

# Types of Death Certificates

- Fetal Death-  
must be completed for all fetal deaths of 20 weeks gestation or more, in which the child shows no evidence of life after complete birth. NRS 440.070.
- Death Certificate



# Cause and Manner

- Cause of Death
  - underlying medical condition (disease or injury) which initiates the lethal chain of events culminating in death (remote or recent)
- Manner of Death
  - Natural
  - Accident
  - Suicide
  - Homicide
  - Undetermined

# Manner of Death

- **Natural**
  - death *exclusively* by disease
- **Accident**
  - death due to *non-intentional* trauma
- **Suicide**
  - death by act of decedent with *intent* to kill oneself
- **Homicide**
  - death due to intentional, volitional act meant to cause harm, fear, or death
- **Undetermined**
  - when reasonable classification cannot be determined

# Preliminary Steps

Determine whether the death is reportable to the Coroner or Medical Examiner.

- If it is reportable, verify that it has been reported.
- When in doubt call the Coroner's office and report the facts as you know them.
- If the Coroner/ME accepts jurisdiction, you will not sign the death certificate.

# When to Contact Coroner

- Violent death, including homicidal, suicidal or accidental death
- Death caused by thermal, chemical, electrical or radiation injury
- Death caused by criminal abortion, including self-induced abortion
- Death that has occurred unexpectedly or from an unexplained cause
- Death of a person confined in a prison, jail or correctional institution
- Unattended deaths
- Death of a person where the identity of the deceased is unknown
- Death caused by drug overdose or which is believed to be caused by drug overdose
- When a stillborn fetus is delivered and the cause of the demise is medically believed to be from the use by the mother of any controlled substance
- Deaths known or suspected as resulting in whole or in part from or related to accident or injury occurring within one year
- Deaths under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another, medical misadventure or any death reported by other persons having knowledge of death for inquiry



# CONTACT CORONER

This list is not all inclusive

- Asphyxia
- Bolus
- Burn
- Choking
- Drug or alcohol overdose/drug or alcohol abuse
- Epidural (hematoma)
- Exsanguinations
- Fall
- Fracture
- Hematoma
- Hemorrhage
- Hematuria
- Motor Vehicle Accident
- Hip fracture
- Hyperthermia
- Hypothermia
- Injury
- Open reduction/internal fixation (ORIF)
- Pulmonary embolism
- Seizures/seizure disorder
- Subarachnoid (hemorrhage)
- Subdural (hematoma)
- Surgery
- Trauma/traumatic
- Thermal/chemical burns

# Standard Format for Reporting Cause of Death

## Part I. Diseases, injuries, or complications that caused the death

### 25. Immediate Cause

### Intervals

Effect →



(a) **Blunt force head trauma**

---

Due to (or as a consequence of)

Underlying

Cause →

(b) **Motor vehicle accident**

---

Due to (or as a consequence of)

(c)

---

Due to (or as a consequence of)

(d)

---

# Data Quality Issues

- One cause per line
- No Abbreviations
- Use Intervals
- A correctly completed COD section represents a direct sequence so that each condition may be regarded as being a consequence of the condition entered immediately below it
- Medically improbable sequence of conditions leading to death
- Failure to specify a valid underlying cause of death

# Medically Improbable Sequence

Cause of Death (Part 1) Enter the chain of events that directly caused death.

a. Immediate Cause (Final disease or condition resulting in Death)

Coronary Artery Disease

Approx. Interval - Onset to Death

List Conditions leading to the cause on line A.

b. Due to or as a Consequence of

Cardiopulmonary Arrest

Approx. Interval - Onset to Death

c. Due to or as a Consequence of

Cirrhosis Of The Liver

Approx. Interval - Onset to Death

d. Due to or as a Consequence of

Approx. Interval - Onset to Death

Cause of Death (Part 2)

Other significant conditions contributing to death.



# DEATH CERTIFICATE



- A properly completed cause of death section, provides an etiologic explanation of the order, type, and association of events resulting in death.

# Mechanisms of Death

NAC 440.165, NRS 440.120, 44.380, 440.410

- “Causes” listed that are not specifically related to the disease process or terminal event but merely attest to the fact of death
- Should not be listed as the immediate cause of death
- Examples
  - Cardiac arrest
  - Cardiopulmonary arrest
  - Pulmonary arrest
  - Respiratory arrest
  - Renal Failure
  - Multiorgan Failure

# CAUSE OF DEATH

Cause → Produces → Effect

The mode or mechanism of dying (effect), should not be reported as the immediate cause of death without showing the underlying cause of death (cause).



# Underlying Cause of Death

- The disease that initiated the chain of morbid events leading directly to death
- Or**
- The circumstances of the accident or violence that produced the fatal injury.

# Standard format for reporting cause of death

## Example of incomplete record

Part I. Diseases, injuries, or complications that caused the death

25. Immediate Cause

Intervals

Effect

(a) Septic Shock

Due to (or as a consequence of)



(b) Pneumonia

Due to (or as a consequence of)

Ventilator dependent respiratory failure

Due to (or as a consequence of)

Underlying Cause

**Renal failure**

(d)

# What Causes Renal Failure?

## Natural

- Kidney disease
- Malignant hypertension
- Diabetes
- Obesity
- Liver disease

## Possible trauma

- Burns
- Dehydration
- Hemorrhage
- Injury
- Septic shock
- Surgery

# Most Queried Questionable Causes

- Atrial fibrillation
- Ventricular fibrillation
- Pneumonia
- Aspiration pneumonia
- Myocardial Infarction
- Multiorgan Failure
- Intracranial hemorrhage
- Liver failure
- Renal failure or E/S renal failure
- Sepsis/Bacteremia
- Adult Respiratory Distress Syndrome (ARDS)



# Pneumonia

- Pneumonia is a common complication of surgery and is also a common complication of injuries.
- Pneumonia can be a complication of many diseases or conditions. Especially conditions that decrease mobility.
- Pneumonia may exist without an underlying. In this case list “primary pneumonia”. This term rules out other contributing causes.



# 80 Year Old Inpatient

Example of certificate with only “modes” listed

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death
PART I		
(a)	acute brain injury	12 days
	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
(b)	cardiogenic shock	12 days
	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
(c)	cardiac arrest	12 days
	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
(d)		

When not completed properly, missing information in the cause of death section may result in the reader not knowing why the condition entered on the lowest line developed.

# Probable/Presumed

- It is permissible for a certifier to qualify a cause of death as “probable” or “presumed” even if the cause has not been definitively diagnosed.

NAC 440.165 3(c)

# Standard Format for Reporting Cause of Death

## Part I. Diseases, injuries, or complications that caused the death

### 25. Immediate Cause

### Intervals

Effect →

(a) **Anoxic Brain Injury**

12 days

Due to (or as a consequence of)

**Cardiogenic Shock**

(b)

12 days

Due to (or as a consequence of)

**Cardiac Arrest**

(c)

12 days

Due to (or as a consequence of)

**SUSPECTED/PRESUMED**

(d) **Coronary Artery Disease**

2 years

Underlying  
Cause →



# 49 Year Old Inpatient

Initially presented to Vital Statistics

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death
PART I	(a) <b>Unknown Etiology</b>	
	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
	(b)	
	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
	(c)	

Second Attempt

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death
PART I	(a) <b>Respiratory failure secondary to pneumonia</b>	
	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
	(b) <b>Metastatic breast cancer</b>	
	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
	(c)	

# Standard Format for Reporting Cause of Death

## Part I. Diseases, injuries, or complications that caused the death

### 25. Immediate Cause-**one cause per line**

(a) **Respiratory Failure**  
~~secondary to pneumonia~~

Intervals

Minutes

Effect



Produces



Cause



**Pneumonia**  
(b) ~~Metastatic Breast Cancer~~  
Due to (or as a consequence of)

3 Days

(c) **Metastatic Breast Cancer**  
Due to (or as a consequence of)

5 Years

(d)

# Standard format for reporting cause of death

## Part I. Diseases, injuries, or complications that caused the death

### 25. Immediate Cause

### Intervals

Effect

(a) Cardiorespiratory arrest

Immediate

Due to (or as a consequence of)

(b) Septic shock

2 days

Due to (or as a consequence of)

(c) Pneumonia

1 week

Due to (or as a consequence of)

(d) Acute myocardial infarction

2 weeks

Cause

Part II-

**OSC: Quadriplegia, renal failure**



Other Significant Cause:  
Quadriplegia, renal failure

Death certificate queried:  
What caused the quadriplegia?

# Standard Format for Reporting Cause of Death

## Part I. Diseases, injuries, or complications that caused the death

### 25. Immediate Cause

### Intervals

Effect



A. Bronchopneumonia  
Due to (or as a consequence of)

2 weeks

**Quadriplegia**

B. \_\_\_\_\_  
Due to (or as a consequence of)

3 years

**Gunshot wound of the neck**

C. \_\_\_\_\_  
Due to (or as a consequence of)

3 years

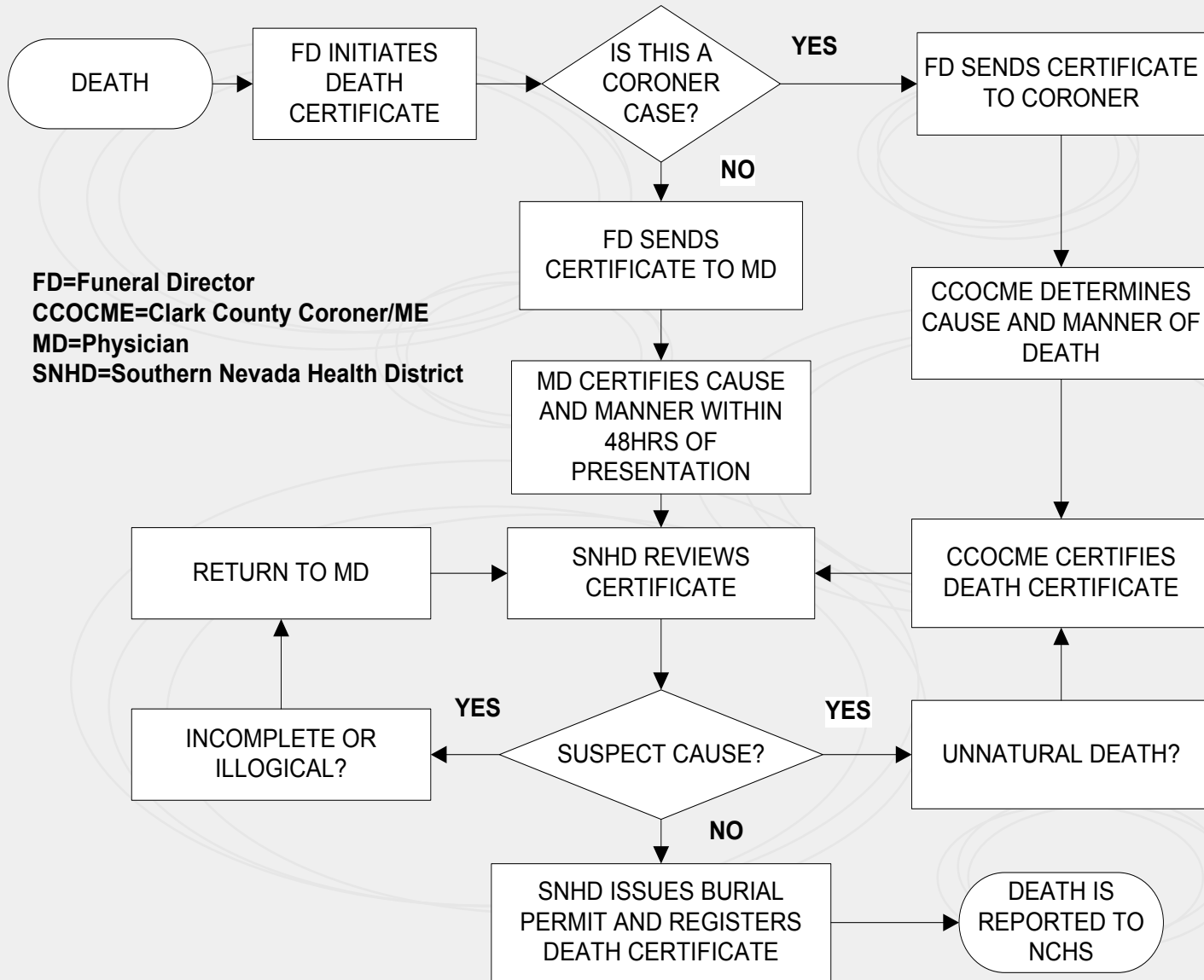
Cause →

**HOMICIDE**

PART II OSC: Dilated cardiomyopathy



# DEATH REGISTRATION WORK FLOW





## Nevada Vital Records

EBRS/EDRS  
LIVE database  
Nevada

### MESSAGE OF THE DAY

#### **WELCOME TO ALL NEW CERTIFIERS!**

Remember, the tabs you will want to review are: CERTIFIER, CAUSE OF DEATH, CAUSE OF DEATH (cont.), and SIGNATURES. Also, you can call us at 775-684-4166 if you need any assistance.

# Physicians Responsibility

- Date of Death
- Time of Death
- Social Security Number
- Death due to communicable disease?
- Cause of death?
- Did tobacco use contribute to death?

# Cause of Death Tab

File Search Fee/CAS Requests Actions Work Queue Linking Tools Help



Decedent

Dec History

Dec History2

Disposition

Trade Call

Certifier

Cause of Death

Cause of Death(cont)

Reject

Signatures

Registrar

Flags

Supermicar

Pending Investigation  Death due to communicable disease?

Cause of Death (Part 1) Enter the chain of events that directly caused death.

a. Immediate Cause (Final disease or condition resulting in Death)

Approx. Interval - Onset to Death

Views 2

List Conditions leading to the cause on line A.

b. Due to or as a Consequence of

Approx. Interval - Onset to Death

c. Due to or as a Consequence of

Approx. Interval - Onset to Death

d. Due to or as a Consequence of

Approx. Interval - Onset to Death

Cause of Death (Part 2)

Other significant conditions contributing to death.

Autopsy?  Were Autopsy Findings Used?  Did Tobacco Use Contribute to Death?

If Female

Was Coroner Contacted?  Coroner Contacted Reason



# Record Query

Data Entry Exception

We see the Cancer type verbiage in the cause of death. Have you specified the site and cell type or if the condition had metastasized? Unknown site is an acceptable answer, if no other site is entered.

Field Name: CONSQ1  
Field Label: b. Due to or as a Consequence of  
Tab Section: Cause of Death  
Paragraph: List Conditions leading to the cause on line A.  
Edit Number: 20  
Query Location: MEDICAL

**Bypass Variable Values**

Queried and Verified - 1  
Queried - Not Verified - 2  
Review Needed - 3  
Query Needed - 4

**Missing Variable Values**

Query Location

Re-Key Override Query Field Skip

# Signature Tab

Cause of Death	Cause of Death(cont)	Reject	Signatures
<b>Burial Permit</b>			
County Coroner Name	Coroner Signature	Date Coroner Signed	Completed By
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
County of Death Registrar Name			
<input type="text"/>			
Registrar Signature	Registrar Approval Date		
<input type="text"/>	<input type="text"/>		
Burial Permit Number	Permit Print Date		
<input type="text"/>	<input type="text"/>		
<b>Facility</b>			
Facility Complete? (Y,N,R)	Complete Date	Completed by	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Funeral Home</b>			
Personal Info Complete (Y/N/R)?	Complete Date	Completed by	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Director Signed?	Date Signed	Funeral Director Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Physician Signing Certificate</b>			
Medical Info Complete (Y/N/R)?	Complete Date	Completed by	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Physician Signed?	Date Signed		
<input type="text"/>	<input type="text"/>		

# Reject Tab

Decedent	Dec History	Dec History2	Disposition
Cause of Death	Cause of Death(cont)	Reject	Signatures

Reject

Rejected?	Rejected By	Rejected Date	Rejected From To
<input type="checkbox"/> Y	<input type="text" value="Zannis, Susan"/>	<input type="text" value="02/10/2017"/>	<input type="text" value="Registrar to Coroner"/>

Short Comments - Additional Available in Notes

Rejected Reason

<input type="text"/>	<input type="text"/>
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