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

www.naphsis.org
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 and 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 causes 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

<table>
<thead>
<tr>
<th>Effect/Underlying Cause</th>
<th>Intervals</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Blunt force head trauma</td>
<td>__________________</td>
</tr>
<tr>
<td>Due to (or as a consequence of)</td>
<td>__________________</td>
</tr>
<tr>
<td>(b) Motor vehicle accident</td>
<td>__________________</td>
</tr>
<tr>
<td>Due to (or as a consequence of)</td>
<td>__________________</td>
</tr>
<tr>
<td>(c)</td>
<td>__________________</td>
</tr>
<tr>
<td>Due to (or as a consequence of)</td>
<td>__________________</td>
</tr>
<tr>
<td>(d)</td>
<td>__________________</td>
</tr>
</tbody>
</table>
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) | Approx. Interval - Onset to Death |
| Coronary Artery Disease |

| List Conditions leading to the cause on line A. |
|---|---|
| b. Due to or as a Consequence of | Approx. Interval - Onset to Death |
| Cardiopulmonary Arrest |
| c. Due to or as a Consequence of | Approx. Interval - Onset to Death |
| Cirrhosis Of The Liver |
| d. Due to or as a Consequence of | Approx. Interval - Onset to Death |

| Cause of Death (Part 2) |
| Other significant conditions contributing to death. |
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

**Effect**

(a) **Septic Shock**
Due to (or as a consequence of)

(b) **Pneumonia**
Due to (or as a consequence of)

(c) **Ventilator dependent respiratory failure**
Due to (or as a consequence of)

(d) **Renal failure**

Intervals
### What Causes Renal Failure?

<table>
<thead>
<tr>
<th>Natural</th>
<th>Possible trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Kidney disease</td>
<td>• Burns</td>
</tr>
<tr>
<td>• Malignant hypertension</td>
<td>• Dehydration</td>
</tr>
<tr>
<td>• Diabetes</td>
<td>• Hemorrhage</td>
</tr>
<tr>
<td>• Obesity</td>
<td>• Injury</td>
</tr>
<tr>
<td>• Liver disease</td>
<td>• Septic shock</td>
</tr>
<tr>
<td></td>
<td>• Surgery</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Part I</th>
<th>Immediate Cause</th>
<th>(Enter only one cause per line for (a), (b), and (c).)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>Brain injury</td>
<td>Interval between onset and death: 17 days</td>
</tr>
<tr>
<td>(b)</td>
<td>Cardiogenic shock</td>
<td>Interval between onset and death: 12 days</td>
</tr>
<tr>
<td>(c)</td>
<td>Cardiac arrest</td>
<td>Interval between onset and death: 12 days</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>25. Immediate Cause</th>
<th>Intervals</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Anoxic Brain Injury</td>
<td>12 days</td>
</tr>
<tr>
<td>Due to (or as a consequence of)</td>
<td></td>
</tr>
<tr>
<td>(b) Cardiogenic Shock</td>
<td>12 days</td>
</tr>
<tr>
<td>Due to (or as a consequence of)</td>
<td></td>
</tr>
<tr>
<td>(c) Cardiac Arrest</td>
<td>12 days</td>
</tr>
<tr>
<td>Due to (or as a consequence of)</td>
<td></td>
</tr>
<tr>
<td><strong>SUSPECTED/PRESUMED</strong></td>
<td></td>
</tr>
<tr>
<td>(d) Coronary Artery Disease</td>
<td>2 years</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
49 Year Old Inpatient

Initially presented to Vital Statistics

<table>
<thead>
<tr>
<th>25. IMMEDIATE CAUSE</th>
<th>Interval between onset and death</th>
</tr>
</thead>
</table>
| (a) 
Unknown **Etiology**               |                                 |
| (b) 
DUE TO, OR AS A CONSEQUENCE OF:    |                                 |
| (c) 
DUE TO, OR AS A CONSEQUENCE OF:    |                                 |

Second Attempt

<table>
<thead>
<tr>
<th>25. IMMEDIATE CAUSE</th>
<th>Interval between onset and death</th>
</tr>
</thead>
</table>
| (a) 
**Respiratory failure secondary to pneumonia** |                                 |
| (b) 
**Metastatic breast cancer**        |                                 |
| (c) 
DUE TO, OR AS A CONSEQUENCE OF:     |                                 |
<table>
<thead>
<tr>
<th>Effect</th>
<th>→</th>
<th>Produces</th>
<th>→</th>
<th>Cause</th>
<th>→</th>
</tr>
</thead>
<tbody>
<tr>
<td>Due to (or as a consequence of)</td>
<td></td>
<td>Due to (or as a consequence of)</td>
<td></td>
<td>Due to (or as a consequence of)</td>
<td></td>
</tr>
<tr>
<td>Respiratory Failure secondary to pneumonia</td>
<td></td>
<td>Pneumonia</td>
<td></td>
<td>Metastatic Breast Cancer</td>
<td></td>
</tr>
<tr>
<td>Metastatic Breast Cancer</td>
<td></td>
<td>3 Days</td>
<td></td>
<td>5 Years</td>
<td></td>
</tr>
</tbody>
</table>

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

25. Immediate Cause - one cause per line

(a) Respiratory Failure secondary to pneumonia

(b) Metastatic Breast Cancer

(c) Metastatic Breast Cancer

(d) 

Intervals

Minutes
Standard format for reporting cause of death

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

<table>
<thead>
<tr>
<th>Effect</th>
<th>Cause</th>
<th>Intervals</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) <strong>Cardiorespiratory arrest</strong> Due to (or as a consequence of)</td>
<td></td>
<td>Immediate</td>
</tr>
<tr>
<td>(b) <strong>Septic shock</strong> Due to (or as a consequence of)</td>
<td></td>
<td>2 days</td>
</tr>
<tr>
<td>(c) <strong>Pneumonia</strong> Due to (or as a consequence of)</td>
<td></td>
<td>1 week</td>
</tr>
<tr>
<td>(d) <strong>Acute myocardial infarction</strong></td>
<td></td>
<td>2 weeks</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Effect</th>
<th>Cause</th>
<th>Intervals</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Bronchopneumonia</td>
<td>2 weeks</td>
</tr>
<tr>
<td></td>
<td>Due to (or as a consequence of)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Quadriplegia</td>
<td>3 years</td>
</tr>
<tr>
<td>B.</td>
<td>Gunshot wound of the neck</td>
<td>3 years</td>
</tr>
<tr>
<td></td>
<td>Due to (or as a consequence of)</td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DEATH REGISTRATION WORK FLOW

DEATH ➔ FD INITIATES DEATH CERTIFICATE ➔ IS THIS A CORONER CASE?

FD SENDS CERTIFICATE TO MD ➔ MD CERTIFIES CAUSE AND MANNER WITHIN 48HRS OF PRESENTATION ➔ SNHD REVIEWS CERTIFICATE

RETURN TO MD ➔ INCOMPLETE OR ILLLOGICAL?

SUSPECT CAUSE?

YES ➔ SNHD ISSUES BURIAL PERMIT AND REGISTERS DEATH CERTIFICATE

NO ➔ UNNATURAL DEATH?

YES ➔ CCOCME CERTIFIES DEATH CERTIFICATE ➔ UNNATURAL DEATH?

NO ➔ CCOCME DETERMINES CAUSE AND MANNER OF DEATH ➔ FD SENDS CERTIFICATE TO CORONER

FD=Funeral Director
CCOCME=Clark County Coroner/ME
MD=Physician
SNHD=Southern Nevada Health District
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

### Cause of Death (Part 1)
- **Immediate Cause (Final disease or condition resulting in Death)**
  - [ ] Pending Investigation
  - [ ] Death due to communicable disease?

### Cause of Death (Part 2)
- **Other significant conditions contributing to death.**

### Autopsy
- **Autopsy?**
- **Were Autopsy Findings Used?**
- **Did Tobacco Use Contribute to Death?**

**If Female**

**Was Coroner Contacted?**

**Coroner Contacted Reason**
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
### Signature Tab

**Burial Permit**
- County Coroner Name
- Coroner Signature
- Date Coroner Signed
- Completed By
- County of Death Registrar Name
- Registrar Signature
- Registrar Approval Date
- Burial Permit Number
- Permit Print Date

**Facility**
- Facility Complete? (Y,N,R)
- Complete Date
- Completed by

**Funeral Home**
- Personal Info Complete (Y/N/R)?
- Complete Date
- Completed by
- Director Signed? Date Signed
- Funeral Director Name

**Physician Signing Certificate**
- Medical Info Complete (Y/N/R)?
- Complete Date
- Completed by
- Physician Signed? Date Signed
Reject Tab

Reject

Rejected?  Rejected By  Rejected Date  Rejected From To
Y  Zannis, Susan  02/10/2017  Registrar to Coroner

Short Comments - Additional Available in Notes

Rejected Reason