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
Did You Know?

- 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.
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
DEATH REGISTRATION WORK FLOW

DEATH

FD INITIATES DEATH CERTIFICATE

IS THIS A CORONER CASE?

YES

FD SENDS CERTIFICATE TO CORONER

NO

FD SENDS CERTIFICATE TO MD

MD CERTIFIES CAUSE AND MANNER WITHIN 48HRS OF PRESENTATION

RETURN TO MD

INCOMPLETE OR ILOGICAL?

YES

SUSPECT CAUSE?

NO

SNHD REVIEWS CERTIFICATE

SNHD ISSUES BURIAL PERMIT AND REGISTERS DEATH CERTIFICATE

NO

CCOCME DETERMINES CAUSE AND MANNER OF DEATH

CCOCME CERTIFIES DEATH CERTIFICATE

UNNATURAL DEATH?

DEATH IS REPORTED TO NCHS

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

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

- If it is reportable, verify that it has been reported.
- If you are in doubt, report it.
- 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
- Without exception, all deaths of person under the age of 18 years
- 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
- All hospice related deaths are to be reviewed by the Clark County Coroner’s Office.
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
Important Tips to Remember

- Do not use abbreviations
- Do not alter the document – no white out or cross outs.
- Complete all required fields
- Provide clear and concise information
- Avoid using mechanisms of death (e.g., cardiopulmonary arrest, respiratory failure)
- Use time intervals

NAC 440.165, NRS 440.120, 44.380, 440.410
When completed properly, the cause of death information should communicate the same essential information that a case history would.

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

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).
Mechanisms of Death

- “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
### Standard format for reporting cause of death

#### Example of incomplete record

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

**25. Immediate Cause**

<table>
<thead>
<tr>
<th>Effect</th>
<th>Underlying Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Septic Shock</td>
<td>Ventilator dependent respiratory failure</td>
</tr>
<tr>
<td>Due to (or as a consequence of)</td>
<td>Due to (or as a consequence of)</td>
</tr>
<tr>
<td>(b) Pneumonia</td>
<td>Renal failure</td>
</tr>
<tr>
<td>Due to (or as a consequence of)</td>
<td></td>
</tr>
</tbody>
</table>

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**Intervals**
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)
80 Year Old Inpatient

Example of certificate with only “modes” listed

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.
Standard Format for Reporting Cause of Death

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

25. Immediate Cause

(a) Anoxic Brain Injury
   Due to (or as a consequence of)
   
(b) Cardiogenic Shock
   Due to (or as a consequence of)
   
(c) Cardiac Arrest
   Due to (or as a consequence of)
   
(d) Coronary Artery Disease
   
Intervals

12 days

SUSPECTED/PRESUMED

2 years
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

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

25. Immediate Cause

Effect→

(a) Blunt force head trauma

Due to (or as a consequence of)

(b) Motor vehicle accident

Due to (or as a consequence of)

(c)

Due to (or as a consequence of)

(d)
49 Year Old Inpatient

Initially presented to Vital Statistics

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

Second Attempt

<table>
<thead>
<tr>
<th>25. IMMEDIATE CAUSE</th>
<th>PART I</th>
<th>Interval between onset and death</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Respiratory failure secondary to pneumonia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Metastatic breast cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effect</td>
<td>Produces</td>
<td>Cause</td>
</tr>
<tr>
<td>--------</td>
<td>----------</td>
<td>-------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(a)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Respiratory Failure secondary to pneumonia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Due to (or as a consequence of) Pneumonia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(b)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Metastatic Breast Cancer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Due to (or as a consequence of) Metastatic Breast Cancer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(c)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Due to (or as a consequence of)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(d)</td>
</tr>
</tbody>
</table>
Standard format for reporting cause of death

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

25. Immediate Cause

(a) Cardiorespiratory arrest
   Due to (or as a consequence of)
   Immediate

(b) Septic shock
   Due to (or as a consequence of)
   2 days

(c) Pneumonia
   Due to (or as a consequence of)
   1 week

(d) Acute myocardial infarction
   2 weeks

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 Due to (or as a consequence of)</td>
<td>2 weeks</td>
</tr>
<tr>
<td>B.</td>
<td>Quadriplegia Due to (or as a consequence of)</td>
<td>3 years</td>
</tr>
<tr>
<td>C.</td>
<td>Gunshot wound of the neck Due to (or as a consequence of)</td>
<td>3 years</td>
</tr>
</tbody>
</table>

**HOMICIDE**

**PART II OSC:** Dilated cardiomyopathy
Approximate number of Deaths for Clark County In 2014

Clark County Registered: 15,617

• Full Coroner Cases: 3,582
• Deaths Reviewed by Coroner: 8,795