NORTH DAKOTA CERTIFIER'S WORKSHEET FOR COMPLETING A MEDICAL CERTIFICATION OF DEATH

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
SFN 58646 (1-2008)

1. Decedent's Legal Name (First, Middle, Last)	2. Actual Date of Death	Actual Time of Death (Military Time)

3. Pronounced Date of Death, if different from Actual	Pronounced Time of Death, , if different from Actual	4. Was the State Medical Examiner or County Coroner Contacted? ☐ Yes ☐ No

5. Date of Birth	6. Name of Funeral Home

7. Social Security Number	8. Place of Death

9. Cause of Death

Part I. Enter the **Chain of Events** – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate. Enter only one cause on a line. Add additional lines if necessary.		Approximate Interval Between Onset and Death
Immediate Cause (Final Disease or condition Resulting in death	a.	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the **UNDERLYING CAUSE** (disease or injury that initiated the events resulting in death) **LAST**	b.	
	c.	
	d.	

Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause give in **PART I**

10. Autopsy Performed ☐ Yes ☐ No	11. Autopsy Findings Available to Complete the Cause of Death ☐ Yes ☐ No	12. Tobacco Use Contributed to Death ☐ Yes ☐ No ☐ Probably ☐ Unknown	13. Decedent a Diabetic ☐ Yes ☐ No ☐ Unknown

14. If Female, Decedent was:
☐ Pregnant at time of death ☐ Not Pregnant, but pregnant 43 days to 1 year before death
☐ Not Pregnant within past year ☐ Not Pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year

15. Manner of Death. **If the Manner of Death is not natural (i.e. the Cause of Death is attributable, at least in part, to an external event and does not solely represent the effects of a natural disease process), the case should be forwarded to a County Coroner for certification.**
☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could Not Be Determined

If the decedent's death was not due to an injury, skip to question 22.

16. Date of Injury	Time of Injury (Military)	17. Place of Injury (i.e. Decedent's home, construction site, restaurant, wooded area)	18. Injury at Work ☐ Yes ☐ No

19. Address Where the Injury Occurred	Apartment Number	Inside City Limits ☐ Yes ☐ No

City	County	State	Zip Code

20. Describe How the Injury Occurred

21. Transportation Injury ☐ Yes ☐ No	If yes, Please Specify ☐ Driver Operator ☐ Passenger ☐ Pedestrian ☐ Other. Specify:

22. Signature of the Certifier

23. Name of Certifier

Address	City	State	Zip Code

24. Title of Certifier	25. License Number	26. Date Certified

Mail completed form to: Division of Vital Records; 600 E. Boulevard Ave.; Bismarck, ND 58505-0200

Instructions for Certifier's Worksheet

ITEM 2 - ACTUAL OR PRESUMED TIME OF DEATH

Enter the exact hour and minutes according to a 24 hour clock. If the exact time of death is unknown, enter the **approximate** time. If the time cannot be approximated enter the time the body is found and identify the **date found.**

ITEM 9 - CAUSE OF DEATH

Take care to make the entry legible. Use a computer printer with high resolution, typewriter with good black ribbon and clean keys, or print legibly using permanent **black** ink in complete the CAUSE OF DEATH section. **Do not abbreviate** conditions entered in section.

PART I (Chain of events leading directly to death)

- Only one cause should be entered on each line. Line (a) **MUST ALWAYS** have an entry. **DO NOT** leave blank. Additional lines may be added if necessary.
- If the condition on Line (a) resulted from an underlying condition, put the underlying condition on Line (b), and so on, until the full sequence is reported. **ALWAYS** enter the **underlying cause of death** on the lowest used line in Part 1.
- For each cause indicate the best estimate of the interval between the presumed onset and the date of death. The terms "unknown" or "approximately" may be used. General terms, such as minutes, hours, or days, are acceptable, if necessary. **DO NOT** leave blank.
- The terminal event (for example, cardiac arrest or respiratory arrest) should not be used. If a mechanism of death seems most appropriate to you for line (a), then you must always list its cause(s) on the line(s) below it (for example, cardiac arrest **due to** coronary artery atherosclerosis or cardiac arrest **due to** blunt impact to chest).
- If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause of death, always report its etiology on the line(s) beneath it (for example, renal failure **due to** Type I diabetes mellitus).
- When indicating neoplasms as a cause of death, include the following: 1) primary site or that the primary site is unknown, 2) benign or malignant, 3) cell type or that the cell type is unknown, 4) grade of neoplasm, and 5) part or lobe of organ affected. (For example, a primary well-differentiated squamous cell carcinoma, lung, left upper lobe.)
- Always report the fatal injury (for example, stab wound of chest), the trauma (for example, transaction of subclavian vein), and impairment of function (for example, air embolism).

PART II (Other significant conditions)

- Enter all diseases or conditions contributing to death that were not reported in the chain of events in Part 1 and that did not result in the **underlying cause of death**. See attached examples.
- If two or more possible sequences resulted in death, or if two conditions seem to have added together, report in Part 1 the one that, in your opinion, most directly caused death. Report in Part II the other conditions or diseases.

CHANGES TO CAUSE OF DEATH

Should additional medical information or autopsy findings become available that would change the cause of death originally reported, the original death certificate should be amended by the certifying physician by **immediately** reporting the revised cause of death to the State Vital Records Office.

ITEMS 10 and 11 - AUTOPSY

- Enter "Yes" if either a partial of full autopsy was performed. Otherwise enter "No."
- Enter "Yes" if autopsy findings were available to complete the cause of death; otherwise enter "No." Leave item blank if no autopsy was performed.

ITEM 12- TOBACCO USE CONTRIBUTED TO DEATH

Check "yes" if, in your opinion, the use of tobacco contributed to death. For example, tobacco use contributes to many deaths due to emphysema or lung cancer. Tobacco use also may contribute to some heart disease and cancers of the head and neck. Tobacco use should also be reported in deaths due to fires started by smoking. For example, tobacco use may contribute to deaths due to a wide variety of cardiovascular, respiratory, neoplastic, metabolic, and other diseases. Check yes, if in your clinical judgment, tobacco use contributed to this particular death.

ITEM 14 - IF FEMALE, WAS DECEDENT PREGNANT AT TIME OF DEATH OR WITHIN PAST YEAR?

This information is important in determining pregnancy-related mortality.

ITEM 15 - MANNER OF DEATH

- Always check Manner of Death, which is important: 1) determining accurate causes of death; 2) in processing insurance claims, and 3) in statistical studies of injuries and death.
- Indicate "Pending investigation" if the manner of death cannot be determined whether due to an accident, suicide, or homicide within the statutory time limit for the death certificate. This should be changed later to one of the other terms.
- Indicate "Could not be Determined" **ONLY** when it is impossible to determine the manner of death.

ITEMS 16 - 21 - ACCIDENT OR INJURY - to be filled out in all cases of death due to injury or poisoning

ITEM 16 - DATE AND TIME OF INJURY

Enter the exact month, day, and year of injury. Spell out the name of the month. **DO NOT** use a number for the month. (Remember, the date of injury may differ from the date of death). Estimates may be provided with "Approx." placed before the date. Enter the exact hour and minutes of injury or use your best estimate. Use a 24-hour clock.

ITEM 17 - PLACE OF INJURY

Enter the general place (such as restaurant, vacant lot, or home) where the injury occurred. **DO NOT** enter firm or organization names. (For example, enter "factory" **not** "Standard Manufacturing, Inc.").

ITEM 18 - INJURY AT WORK

Complete if anything other than natural disease is mentioned in Part I or Part II of the medical certification, including homicides, suicides, and accidents. This includes all motor vehicle deaths. The item **must** be completed for decedents ages 14 years or over and may be completed for those less than 14 years of age if warranted. Enter "Yes" if the injury occurred at work. Otherwise enter "No". An injury may occur at work regardless of whether the injury occurred in the course of the decedent's "usual" occupation. Examples of injury at work and injury not at work follow:

Injury at work

Injury while working or in vocational training on job premises.
Injury while on break or at lunch or in parking lot on job premises.
Injury while working for pay or compensation, including at home.
Injury while working as a volunteer law enforcement official, etc.
Injury while traveling on business, including to/from business contacts.

Injury <u>not</u> at work

Injury while engaged in personal recreational activity on job premises.
Injury while a visitor (not on official work business) to job premises.
Homemaker working at homemaking activities.
Injury while working as a volunteer law enforcement official, etc.
Student in school.
Working for self for no profit (mowing yard, repairing own roof, hobby).
Commuting to or from work.

ITEM 19 - ADDRESS WHERE INJURY OCCURRED

Enter the complete address where the injury occurred, including zip code.

ITEM 20 - HOW INJURY OCCURRED

Enter a brief but specific and clear description of how the injury occurred. Explain the circumstances or cause of the injury. Specify **type of gun** or **type of vehicle** (e.g., car, bulldozer, train, etc.) when relevant to circumstances. Indicate if more than one vehicle included; specify type of vehicle decedent was in.

ITEM 21 - TRANSPORTATION INJURY

Specify role of decedent (e.g. driver, passenger). Driver/operator and passenger should be designated for modes other than motor vehicles such as bicycles. Other applies to watercraft, aircraft, animal, or people attached to outside of vehicles (e.g. surfers).

<u>Rationale</u>: Motor vehicle accidents are a major cause of unintentional deaths; details will help determine effectiveness of current safety features and laws.

REFERENCES

For more information on how to complete the medical certification section of the death certificate, refer to tutorial at http://www.TheNAME.org and resources including instructions and handbooks available by request from NCHS, Room 820, 6525 Belcrest Road, Hyattsville, Maryland 20782-2003 or at www.cdc.gov/nchs/about/major/dvs/handbk.htm.