

## **OREGON DEATH CERTIFICATES GENERAL INFORMATION**

**The Oregon Revised Statutes are cited only for your reference and are not quoted in their entirety nor verbatim.**

**432.005 Definitions.** (1) "Dead body" means a human body or such parts of such human body from the condition of which it reasonably may be concluded that death occurred.

**IMPORTANT** – If an infant breathes or shows any other evidence of life after completed delivery, even though it may be only momentary, then dies, both a birth certificate and a death certificate must be filed – DO NOT file a fetal death report.

**432.307 Compulsory filing of death certificates; persons required to file.**

(1) A certificate of death for each death that occurs in this state shall be submitted to the county registrar of the county in which the death occurred or to the Center for Health Statistics, or as otherwise directed by the State Registrar of the Center for Health Statistics, within five days after death or the finding of a dead body and prior to final disposition, and shall be registered if it has been completed and filed in accordance with this section.

(2) The funeral service practitioner or person acting as a funeral service practitioner who first assumes custody of the dead body shall submit the certificate of death. The funeral service practitioner or person acting as a funeral service practitioner shall obtain the personal data from the next of kin or the best qualified person or source available and shall obtain the medical certification from the person responsible therefor. The funeral service practitioner or person acting as a funeral service practitioner shall provide the certificate of death containing information as specified by rule to identify the decedent to the certifier within 48 hours after death.

(3) The physician, physician assistant practicing under the supervision of a person licensed to practice medicine under ORS chapter 677 or certified nurse practitioner in charge of the care of the patient for the illness or condition that resulted in death shall complete, sign and return the medical certification of death

to the funeral service practitioner or person acting as a funeral service practitioner within 48 hours after receipt of the certificate of death by the physician or nurse practitioner, except when inquiry is required by ORS chapter 146. In the absence or inability of the physician, physician assistant or nurse practitioner or with the approval of the physician, the medical certification of death may be completed by an associate physician, the chief medical officer of the institution in which death occurred, or the physician who performed an autopsy upon the decedent, provided that the individual has access to the medical history of the case and death is due to natural causes. The person completing the medical certification of death shall attest to its accuracy either by signature or by an approved electronic process.

(4) When inquiry is required by ORS chapter 146, the Medical Examiner shall determine the cause of death and shall complete and sign the medical certification of death within 48 hours after taking charge of the case.

(5) If the cause of death cannot be determined within the time prescribed, the medical certification of death shall be completed as provided by rule of the state registrar. The attending physician, physician assistant, nurse practitioner or the Medical Examiner shall give the funeral service practitioner or person acting as a funeral service practitioner notice of the reason for the delay and final disposition of the body shall not be made until authorized by the attending physician, physician assistant, nurse practitioner or the Medical Examiner.

**432.317 Report upon receipt of body or fetus; authorization for final disposition; rules.** (1) The funeral service practitioner or person acting as a funeral service practitioner who first assumes possession of a dead body or fetus shall make a written report to the county registrar in the county in which death occurred or in which the body or fetus was found within 24 hours after taking possession of the body or fetus. The report shall be on a form prescribed and furnished by the State Registrar of the Center for Health Statistics and in accordance with rules adopted by the Department of Human Services.

Burial/Cremation Tags must be assigned for all deaths that occur in Oregon.

5) An authorization for final disposition issued under the laws of another state which accompanies a dead body or fetus brought into this state shall be authority for final disposition of the body or fetus in this state. Permits for transporting a body or fetus out of another state issued under the laws of another state shall be authority for transporting a body or fetus into Oregon.

(6) No sexton or other person in charge of any place in which interment or other disposition of dead bodies is made shall inter or allow interment or other disposition of a dead body or fetus unless it is accompanied by authorization for final disposition.

The only permit that is acceptable is the new permit that is part of the current death certificate. You are no longer authorized to use the obsolete half sheet alternative permits.

(7) Each person in charge of any place for final disposition shall include in the authorization the date of disposition and shall complete and return all authorizations to the county registrar within 10 days after the date of the disposition. When there is no person in charge of the place for final disposition, a responsible party other than the funeral service practitioner or person acting as a funeral service practitioner shall complete and return the authorization to the county registrar within 10 days after the date of disposition.

On the back of each permit is a list of addresses for each County Vital Records Office. You should forward the completed permit to the county in which death occurred.

# OREGON DEATH CERTIFICATE

## ITEM 1. DECEDENT'S NAME – (First, Middle, Last)

Type or print the full first, middle, and last names of the decedent. **DO NOT** abbreviate. Last name should be typed in CAPS. Alias or "also known as" names should also be entered above the legal name or in parentheses (for example, AKA-Smith). If the deceased identity is not known you should enter "Male" or "Female" for the first name and "Unknown" for the last name.

This item is used to identify the decedent.

## ITEM 2. SEX –

Enter "M" or "F". If sex cannot be determined after verification with medical records, inspection of the body, or other sources, enter "Unk." **DO NOT** leave this item blank.

This item aids in the identification of the decedent. It is also used in research and statistical analysis to determine sex-specific mortality rates.

## ITEM 3. DATE OF DEATH – (Month, Day, Year)

Enter the exact month, day, and year that death occurred.

You may abbreviate the month of occurrence. We suggest that you spell out the complete month when possible. **DO NOT** use a number to designate the month.

Pay particular attention to the entry of month, day, or year when the death occurs around midnight or on December 31. Consider a death at midnight to have occurred at the end of one day rather than the beginning of the next. For instance, the date for a death that occurs at midnight on December 31 should be recorded as December 31.

If the exact date of death is unknown, it should be estimated by the person completing the medical certification. "Est." should be placed before the date. If an estimated date cannot be determined "Found" should be entered before the date of death.

This item is used in conjunction with the hour of death to establish the exact time of death of the decedent. Epidemiologists also use date of death in conjunction with the cause of death information for research on intervals between injuries, onset of conditions, and death.

**ITEM 4. SOCIAL SECURITY NUMBER –**

Enter the social security number of the decedent.

This item is useful in identifying the decedent and facilitates the filing of social security claims.

**ITEM 5a-c. AGE**

Make one entry only in either 5a, 5b, or 5c, depending on the age of the decedent.

**ITEM 5a. AGE – LAST BIRTHDAY (Years) –**

Enter the decedent's exact age in years at his or her last birthday.

If the decedent was under 1 year of age, leave this item blank.

**ITEM 5b. UNDER 1 YEAR (Months, Days) –**

Enter the exact age in either months (for infants surviving at least 1 month) or days at time of death.

If the infant was 1-11 months of age inclusive, enter the age in completed months.

If the infant was less than 1 month old, enter the age in completed days.

If the infant was over 1 year or under 1 day of age, leave this item blank.

**ITEM 5c. UNDER 1 DAY (Hours, Minutes) –**

Enter the exact number of hours or minutes, the infant lived for infants who did not survive an entire day.

If the infant lived 1-23 hours inclusive, enter the age in completed hours.

If the infant was less than 1 hour old, enter the age in minutes.

If the infant was more than 1 day old, leave This item blank.

Information for this item is used to study differences in age-specific mortality and in planning and evaluating public health programs.

**ITEM 6. BIRTHPLACE (City and State or Foreign Country) –**

If the decedent was born in the United States, enter the name of the city and state. You may use the two-letter abbreviation for the state.

If the decedent was not born in the United States, enter the name of the country of birth whether or not the decedent was a U.S. citizen at the time of death.

If the decedent was born in the United States but the city is unknown, enter the name of the state only. If the state is unknown, enter "U.S.-unknown".

If the decedent was born in a foreign country but the country is unknown, enter "Foreign – unknown".

If no information is available regarding place of birth, enter a dash in this item number "-".

This item is used to match birth and death certificates of a deceased individual. Matching these records provides information from the birth certificate that is not contained on the death certificate and may give insight into which conditions led to death. Information from the birth certificate is especially important in examining the causes of infant mortality.

**ITEM 7. DATE OF BIRTH (Month, Day, Year) –**

Enter the exact month, day, and year that the decedent was born.

You may abbreviate the month of occurrence. We suggest that you spell out the complete month when possible. **DO NOT** use a number to designate the month.

This item is useful in identification of the decedent for legal purposes. It also helps verify the accuracy of the age item.

**ITEM 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)**

Yes  No

If the decedent ever served in the U.S. Armed Forces, check the "Yes" block. If not, check the "No" block. If you cannot determine whether the decedent served in the U.S. Armed Forces, enter "Unk". **DO NOT** leave this item blank.

This item is used to identify decedents who were veterans. This information is of interest to veteran groups.

**ITEM 9a-d. PLACE OF DEATH**

**ITEM 9a. PLACE OF DEATH (Check only one) –**

Hospital:

Inpatient  ER/Outpatient  DOA

Other:

Nursing Home  Decedent's Home

Other (Specify)  \_\_\_\_\_

Check the type of place where the decedent was pronounced dead.

Decedent's Home includes retirement homes but not nursing facilities, adult foster care, assisted living or other residential care facilities.

If the decedent was pronounced dead in a hospital, check the box indicating the decedent's status at the hospital: Inpatient, ER (emergency room)/Outpatient, or DOA (dead on arrival.)

If the decedent was pronounced dead somewhere else, check the box indicating whether pronouncement occurred at a nursing home, decedent's home, or other location. Check "nursing home" only if the facility is a state-licensed (by Senior and Disabled Services) nursing home. It does not include adult foster care, residential care facilities, or assisted living facilities. In this case, the "other" box should be checked and the facility specified. If death was pronounced at a licensed ambulatory/surgical center or birthing center, check "Other (Specify)". Also check the "other" box for places such as a house or apartment other than the decedent's home, physician's office, the highway where a traffic accident occurred, a vessel, or at work. If the decedent's body was found, the place where the body was found should be entered as the place of death.

Examples:

If John Doe dies at his own home then Item 9a should be checked "decedent's residence" and his address listed in Item 9b.

If Jane Doe dies at her son's home then Item 9a should be checked "other" and "house" entered. Item 9b should list her son's address.

**ITEM 9b. FACILITY NAME (If Not Institution, Give Street and Number)**

Hospital deaths:

If the death occurred in a hospital, enter the full name of the hospital.

If death occurred enroute to or on arrival at a hospital, enter the full name of the hospital. Deaths that occur in an ambulance or emergency squad vehicle enroute to a hospital fall in this category.

Non-hospital Deaths:

If the death occurred at home, enter the house number and street name.

If the death occurred at some place other than those described above, enter the number and street name of the place.

If the death occurred on a moving conveyance, enter the name of the vessel, for example, "S.S. Emerald Seas (at sea)" or "Eastern Airlines Flight 296 (in flight)".

**ITEM 9c. CITY, TOWN, OR LOCATION OF DEATH –**

Enter the name of the city, town, or location where death occurred.

**ITEM 9d. COUNTY OF DEATH –**

Enter the name of the county where death occurred.

If the death occurred on a moving conveyance in the United States and the body was first removed from the conveyance in this state, complete a death certificate and enter as the place of death the address where the body was first removed from the conveyance.

If the death occurred on a moving conveyance in international waters, international airspace, or in a foreign country or its airspace and the body was first removed from the conveyance in this state, register the death in this state but enter the **ACTUAL** place of death insofar as it can be determined.

Information on place of death is needed to determine who has jurisdiction for deaths that legally require investigation by a Medical Examiner. These items are also used for research and statistics comparing hospital and non-hospital deaths. Valuable information is provided for health planning and research on the utilization of health facilities.

**ITEM 10a-b. OCCUPATION AND INDUSTRY OF DECEDENT –**

These items are to be completed for all decedents 14 years of age and over. Enter the information even if the decedent was retired, disabled, or institutionalized at the time of death.

**ITEM 10a. DECEDENT'S USUAL OCCUPATION –**

Enter the usual occupation of the decedent. "Usual Occupation" is the kind of work the decedent did during most of his or her working life, such as claim adjuster, farmhand, janitor, store manager, college professor, or civil engineer. Give the kind of work done during most of the decedent's working life, not necessarily the last occupation of the decedent.

**DO NOT** use "Retired."

If the decedent was a homemaker at the time of death but had worked outside the household during his or her working life, enter that occupation. If the decedent was a homemaker during most of his or her working life, and never worked outside the household, enter "Homemaker."

Enter "Student" if the decedent was a student at the time of death and was never regularly employed or employed full time during his or her working life.

**ITEM 10b. KIND OF BUSINESS/INDUSTRY –**

Enter the kind of business or industry to which the occupation listed in 10a is related, such as insurance, farming, hardware store, retail clothing, university, or government. **DO NOT** enter firm or organization names.

If the decedent was a homemaker during his or her working life, and "Homemaker" is entered as the decedent's usual occupation in Item 10a, enter "Own Home" or "Someone else's home", whichever is appropriate.

If the decedent was a student at the time of death and "Student" is entered as the decedent's usual

occupation in Item 10a, enter the type of school, such as high school or college, in Item 10b. Do the same with teachers.

These Items are useful in studying occupationally related mortality and in identifying job-related risk areas. For example, correlating asbestos used in particular occupations in the shipbuilding industry to respiratory cancer was possible with this information. If you have questions about what classification to use for a decedent's occupation or industry, refer to the handbook Guidelines for Reporting Occupation and Industry on Death Certificates available through the National Center for Health Statistics (DHHS Publication No. PHS 88-1149) or by contacting Vital Records.

**ITEM 11. MARITAL STATUS [Married, Never Married, Widowed, Divorced (Specify)]**

Enter the marital status of the decedent at time of death. Specify one of the following: Married, never married, widowed, or divorced. A person is legally married even if separated. A person is no longer legally married when the divorce papers are signed by a judge.

If marital status cannot be determined, enter "-". **DO NOT** leave this item blank.

This information is used in determining differences in mortality by marital status.

**ITEM 12. SPOUSE (If Married, Widowed) –**

If the decedent was married or widowed at the time of death, enter the full first name of his or her spouse.

If the spouse is the wife, enter her first and legal last name if different from the deceased last name.

If name of spouse cannot be obtained, enter "-".

This item is used in genealogical studies and in establishing proper insurance settlement and other survivor benefits.

**ITEM 13a-f. RESIDENCE OF DECEDENT –**

The residence of the decedent is the place where his or her household was located. This is not necessarily the same as “home state,” “voting residence,” “mailing address,” or “legal residence.” The state, county, city, and street address should be for the place where the decedent actually lived most of the time. Never enter a temporary residence, such as one used during a visit, business trip, or a vacation. However, place of residence during a tour of military duty or attendance at college is **NOT** considered temporary and should be entered as the place of residence.

If a decedent has been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, this facility should be entered as the place of residence in Items 13a through 13f.

If the decedent was a child, residence is the same as that of the parent(s), legal guardian, or custodian unless the child was living in an institution where individuals usually reside for long periods of time, as indicated above. In those instances the residence of the child is shown as the facility.

If the decedent was an infant who never resided at home, the place of residence is that of the mother or legal guardian. **DO NOT** use an acute care hospital as the place of residence for any infant.

### **ITEM 13a. RESIDENCE – STATE**

**DO NOT** abbreviate the name of the state in this item. Enter the name of the state in which the decedent lived. If the decedent was not a resident of the United States, enter the name of the country and the name of the unit of government that is the nearest equivalent of a state.

### **ITEM 13b. RESIDENCE – COUNTY**

Enter the name of the county in which the decedent lived.

### **ITEM 13c. RESIDENCE – City, Town, or Location**

Enter the name of the city, town, or location in which the decedent lived. This may differ from the city, town, or location of the decedent's mailing address.

**ITEM 13d. RESIDENCE – State and Number**

Enter the number and street name of the place where the decedent lived.

If this place has no number and street name, enter the Rural Route number or box number.

**ITEM 13e. RESIDENCE – Inside City Limits (Yes or No)**

Yes  No

Check "Yes" if the location entered in Item 13c is incorporated and if the decedent's residence is inside its boundaries. Otherwise, check "No".

**ITEM 13f. RESIDENCE – ZIP CODE**

Enter the zip code of the place where the decedent lived. This may differ from the zip code used in the decedent's mailing address.

Mortality data by residence are used with population data to compute death rates for detailed geographic areas. These data are important in environmental studies. Data on deaths by place of residence of the decedent are also used to prepare population estimates and projections. Local officials use this information to evaluate the availability and use of services in their area.

Information on residence inside city limits is used to properly assign events within a county. Information on zip code and whether the decedent lived inside city limits is valuable for studies of deaths for small areas.

**ITEM 14. WAS DECEDENT OF HISPANIC ORIGIN? – (Specify No Or Yes – If Yes, Specify Cuban, Mexican, Puerto Rican, Etc.)**

No  Yes  (Specify)

Check "No" or "Yes". If "Yes" is checked, enter the specific Hispanic group. Item 14 should be checked on all certificates. **DO**

**NOT** leave this item blank. The entry in this item should reflect the response of the informant.

For the purposes of this item, “Hispanic” refers to people whose origins are from Spain, Mexico, Central or South American. Origin can be viewed as the ancestry, nationality, lineage, or country in which the person or his or her ancestors were born before their arrival in the United States.

There is no set rule as to how many generations are to be taken into account in determining Hispanic origin. A person’s Hispanic origin may be reported based on the country of origin of a parent, a grandparent, or some far-removed ancestor. The response should reflect what the decedent considered himself or herself to be and should not be based on percentages of ancestry. If the decedent was a child, the parent(s) should determine the Hispanic origin based on their own origin. Although the prompts include the major Hispanic groups of Cuban, Mexican, and Puerto Rican, other Hispanic groups may also be identified in the space provided.

If the informant reports that the decedent was of multiple Hispanic origin, enter the origins as reported (for example, Mexican-Puerto Rican).

This item is not a part of the Race Item. A decedent of Hispanic origin may be of any race. Each question, Race and Hispanic origin, should be asked independently.

Hispanics comprise the second largest ethnic minority in this country. Reliable data are needed to identify and assess public health problems of Hispanics and to target efforts to their specific needs. Information from Item 14 will permit the production of mortality data for the Hispanic community.

**ITEM 15. RACE – AMERICAN INDIAN, BLACK, WHITE, ETC. (Specify)**

Enter the race of the decedent as stated by the informant. This should **NOT** be determined by observation.

For Asians and Pacific Islanders, enter the national origin of the decedent, such as Chinese, Japanese, Korean, Filipino, or Hawaiian.

If the informant indicates that the decedent was of mixed race, enter both races or ancestries.

Race is essential for identifying specific mortality patterns and leading causes of death among different racial groups. It is also used to determine whether specific health programs are needed in particular areas, as well as to make population estimates.

**ITEM 16. DECEDENT'S EDUCATION – (Specify Only Highest Grade Completed)**

Elementary/Secondary (0-12) – College (1-4 or 5+)

Enter the highest number of years of regular schooling completed by the decedent in either the space for elementary/secondary or the space for college. An entry should be made in only one of the spaces. The other space should be left blank. Report only those years of school that were completed. A person who enrolls in college but does not complete one full year should not be identified with any college education in this item. "GED" should be reported as "12".

Count formal schooling. **DO NOT** include beauty, barber, trade, business, technical, or other special schools when determining the highest grade completed.

This item is used in studies of the relationship between education and mortality and provides an indicator of socioeconomic status, which is also closely associated with mortality. This information is valuable in medical studies of causes of death and in prevention programs.

**ITEM 17-18 PARENTS –**

**ITEM 17. FATHER'S NAME (First, Middle, Last)**

Type or print the first, middle, and last name of the father of the decedent.

**ITEM 18. MOTHER’S NAME (First, Middle, Last)**

Type or print the first, middle, and maiden surname of the mother of the decedent. This is the name given at birth or adoption, not a name acquired by marriage.

The names of the decedent’s mother and father aid in identification of the decedent’s record. The maiden surname is important for matching the record with other records because it remains constant throughout a lifetime, in contrast to other names, which may change because of marriage or divorce. These items are also of importance in genealogical studies.

**ITEM 19. INFORMANT – NAME AND RELATIONSHIP TO DECEASED**

Enter the name of the person who supplied the personal facts about the decedent and his or her family. State the informant’s relationship to the deceased.

**ITEM 20a-c. DISPOSITION –**

**ITEM 20a. METHOD OF DISPOSITION**

Mausoleum                       Burial                       Cremation   
Removal from state                       Donation                       Other (Specify)

Check the box corresponding to the method of disposition of the decedent’s body. If “Other (Specify)” is checked, enter the method of disposition on the line provided (for example, body not recovered)

If the body is used by a hospital, medical, or mortuary school for scientific or educational purposes, enter “Donation” and specify the name and location of the institution in Item 20b and 20c. “Donation” refers only to the entire body, not to individual organs.

If a body is removed from Oregon, even if only for the convenience of the nearest crematorium, the death record should indicate removal from the state.

**ITEM 20b. PLACE OF DISPOSITION – (Name Of Cemetery, Crematory, or Other Place)**

Certificate allows space for two lines of typing.

Enter the name of the cemetery, crematory, or other place of disposition.

If the body is removed from the state, specify the name of the cemetery, crematory, or other place of disposition to which the body is removed.

If the body is to be used by a hospital or a medical or mortuary school for scientific or educational purposes, give the name of that institution.

**ITEM 20c. LOCATION – City or Town, State**

Enter the name of the city or town and the state where the place of disposition is located. You may use the two letter state abbreviations.

If the body of the decedent is to be used by a hospital, a medical school, or a mortuary school for scientific or educational purposes, enter the name of the city or town and the state where the institution is located.

If there is any question about how to record the place of disposition, contact the State Vital Records office.

This information indicates proper disposition of the body as required by law. It also serves to locate the body in case exhumation, autopsy, or transfer is required later.

**ITEM 21a-b. FUNERAL SERVICE LICENSEE/FACILITY –**

**ITEM 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH –**

The funeral service licensee or other person first assuming custody of the body and charged with the responsibility for completing the death certificate should sign in permanent black ink. Rubber stamps or facsimile signatures are **NOT** permitted.

**ITEM 21b. LICENSE NUMBER (OF LICENSEE) –**

Enter the personal state license number of the funeral service licensee. If some other person who is not a licensed funeral director assumes custody of the body, identify the category of license and corresponding state license number, or, if the individual possesses no license at all, enter "None".

**ITEM 22. NAME AND ADDRESS OF FACILITY –**

Enter the name and complete address of the facility handling the body prior to burial or other disposition. Certificate allows space for two lines of typing.

This item assists in quality control in completing and filing death certificates, as well as fiscal tracking. They identify the person who is responsible for filing the certificate with the registrar.

**ITEM 23. DATE FILED (Month, Day, Year)**

The registrar enters the date that the certificate was filed.

The date documents whether the death certificate was filed within the time period specified by law.

**ITEM 24. REGISTRAR'S SIGNATURE –**

The registrar signs the certificate when it is filed and accepted.

This documents that the certificate was filed and accepted by the registrar.

**THE REMAINING ITEMS ARE NOT TO BE COMPLETED BY THE FUNERAL DIRECTOR. HOWEVER, IT IS THE RESPONSIBILITY OF THE FUNERAL DIRECTOR TO SEE THAT ALL APPLICABLE MEDICAL CERTIFICATION ITEMS ARE COMPLETED PRIOR TO THE DEATH CERTIFICATE BEING REGISTERED WITH THE COUNTY VITAL RECORDS OFFICE. INSTRUCTIONS FOR COMPLETING MEDICAL ITEMS ARE INCLUDED SO THE FUNERAL DIRECTOR CAN ANSWER QUESTIONS THAT MAY ARISE ABOUT THEIR COMPLETION.**

**ITEMS 27 – 30 ARE COMPLETED WHEN CERTIFIER IS NOT THE MEDICAL EXAMINER**

**ITEM 27. TIME OF DEATH -**

Enter the time of death (hours and minutes) according to local time. If daylight saving time is the official prevailing time when death occurs, it should be used to record the time of death. Be sure to indicate whether the time of death is a.m. or p.m. You may also enter the time using a 24 hour clock (military time).

Enter 12 noon as “12 noon”. One minute after 12 noon is entered as “12:01 p.m.”.

Enter 12 midnight as “12 mid”. A death that occurs as 12 midnight belongs to the night of the previous day, not the start of the new day. One minute after 12 midnight is entered as “12:01 a.m.” of the new day.

If using a 24 hour clock, (military time), do not use a colon to separate the hours from the minutes. A death that occurs one minute after midnight is entered as 0001, while a death that occurs one minute after noon would be entered as 1201. No indication that time of death was reported on a 24 hour clock is required beyond the absence of colons.

If the exact time of death is unknown, the time should be approximated by the person who pronounces the body dead. “Est.” (estimated) should be placed before the time.

This item establishes the exact time of death, which is important in inheritance cases when there is a question of who died first. This is often important in the case of multiple deaths in the same family.

**ITEM 28. WAS THE MEDICAL EXAMINER NOTIFIED –**

Yes  No

Check “Yes” if the Medical Examiner was contacted in reference to this case. Otherwise, check “No”. **DO NOT** leave this item blank.

In accordance with ORS 146.090 deaths due to the following must be referred to Medical Examiner: violent or unnatural deaths (including falls and overdoses), unattended deaths, under 24 hours in a medial facility, drug deaths, jail deaths, deaths relating to employment, communicable disease, or any suspicious death.

**In cases of suicide, homicide, or undetermined manner**, the Medical Examiner must complete the medical portion of the death certificate. Accidental deaths are usually certified by the Medical Examiner. However, in some instances the Medical Examiner may give the attending physician permission to certify the accidental death.

This item records whether the Medical Examiner was informed when the circumstances required such action. The physician must ensure that necessary referrals are made.

**ITEM 29. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED – (SIGNATURE)**

Signature and title

Obtain the signature, in permanent black ink, of the physician that certifies the cause of death.

**ITEM 30. DATE SIGNED (Month, Day, Year) –**

To be completed by the certifying physician.

**ITEMS 31 – 33 ARE TO BE COMPLETED IF THE MEDICAL EXAMINER IS REPORTING THE CAUSE OF DEATH**

**ITEM 31a. TIME OF DEATH –**

See instructions for Item 27 above.

**ITEM 31b. DATE PRONOUNCED DEAD (Month, Day, Year) –**

Enter the exact month, day, and year that the decedent was pronounced dead.

Enter the full name of the month when space allows. You may abbreviate the month of occurrence. We suggest that you spell out the complete month when possible. **DO NOT** use a number to designate the month.

This is used to identify the date the decedent was legally pronounced dead.

This information is very helpful in cases in which a body of a person who has been dead for some time is found and the death is pronounced by a Medical Examiner.

**ITEM 32. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED. (Signature)**

Obtain the signature, in permanent black ink, of the county/state Medical Examiner.

**ITEM 33. DATE SIGNED (Month, Day, Year), COUNTY –**

To be completed by the Medical Examiner. Indicate the county the Medical Examiner represents.

**THE FOLLOWING ITEMS ARE TO BE COMPLETED BY EITHER THE MEDICAL CERTIFIER OR MEDICAL EXAMINER.**

**ITEM 34. NAME, TITLE, ADDRESS AND ZIP CODE OF CERTIFIER/MEDICAL EXAMINER –**

Type the full name, title, address, and zip code of the physician whose signature appears in Item 25 or 28.

**ITEM 35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER –**

Type the full name of attending physician if other than certifier.

**ITEM 36. IMMEDIATE CAUSE OF DEATH –**

Enter only one cause per line for (a), (b), (c). **DO NOT** enter the mode of dying.

Part I. Cause of Death

Part II. Other Significant Conditions

Detailed instructions for the cause of death section, together with examples of properly completed records, are contained in the Physician's Handbook on Medical Certification of Death that can be accessed through the web site noted below. These Items are to be completed by the certifying physician or the Medical Examiner.

Extensive information on the cause of death section, including on-line tutorials, is available on the Vital Records web site at <http://www.ohd.hr.state.or.us/chs/deathcert.cfm>.

There **MUST** be an entry in cause of death, even if the cause is shown as "Pending".

Cause of death is the most important statistical and research item on the death certificate. It provides medical information that serves as a basis for describing trends in human health and mortality and for analyzing the conditions leading to death. Mortality statistics provide a basis for epidemiological studies that focus on leading causes of death by age, race, and sex (for example: AIDS, heart

disease, and cancer). They also provide a basis for research in disease etiology and evaluation of diagnostics techniques, which in turn lead to improvements in patient care.

**ITEM 37. DID TOBACCO USE CONTRIBUTE TO THE DEATH?**

Yes  No  Probably  Unknown

Specify one of the above.

**ITEM 38. AUTOPSY –**

Yes  No

Check “Yes” if a partial or complete autopsy was performed, otherwise, check “No”. Do not leave blank.

An autopsy is important in giving additional insight into the conditions that lead to death. This additional information is particularly important in arriving at the immediate and underlying causes of violent deaths.

**ITEM 39. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? -**

Yes  No  N/A

Enter “Yes” if the autopsy findings were available and used to determine the cause of death. If an autopsy was performed and the findings were available but not considered in determining cause of death, enter “No”. If an autopsy was performed but the findings are not available at the time the certificate is completed, enter “N/A” (not available). If no autopsy was performed (Item 38 is “No”), leave blank.

This information assists in determining whether, for the 5 percent of cases for which an autopsy is done, the information was useful in determining the cause of death. Knowing whether the autopsy results were used in determining the cause of death gives insight into the quality of the cause of death data.

**ITEM 40. MANNER OF DEATH –**

- |          |                          |                       |                          |
|----------|--------------------------|-----------------------|--------------------------|
| Natural  | <input type="checkbox"/> | Pending Investigation | <input type="checkbox"/> |
| Accident | <input type="checkbox"/> | Undetermined Manner   | <input type="checkbox"/> |
| Suicide  | <input type="checkbox"/> | Legal Intervention    | <input type="checkbox"/> |
| Homicide | <input type="checkbox"/> |                       |                          |

Manner of death is defined in statute as the ‘probable mode of production of the cause of death, including natural, accidental, suicidal, homicidal, legal intervention or undetermined.’ (ORS 146.003(8))

This item must be completed for all deaths. Check the box corresponding to the manner of death. Deaths not due to external causes should be identified as “Natural”. Usually, “Natural” is the only type of death a physician will certify. “Suicide”, “Homicide”, “Pending Investigation”, “Undetermined Manner”, and “Legal Intervention” are used only by Medical Examiners.

The Medical Examiner must always be notified in cases of “Accidental” death, including falls and overdoses. (Item 28 should be ‘Yes’.) Sometimes the Medical Examiner will decline the case and the treating medical provider will certify the cause of death. If the manner of death checked in Item 40 was “Accidental”, Items 41a-f must be completed by the medical provider.

In cases of accidental death, this information is used to justify the payment of double indemnity on life insurance policies. It is also used to obtain a more accurate determination of cause of death.

**ITEM 41a-f. ACCIDENT OR INJURY –**

Complete these items in cases where violence caused or contributed to the death. Deaths resulting from violence are certified by a Medical Examiner. However, in some instances in which a Medical Examiner will not assume jurisdiction the attending physician, with Medical Examiner’s permission, will certify an accidental death. In these cases, when the manner of death is anything other than natural, the physician is to complete Items 41a-f. Overdoses and falls qualify as injuries.

**ITEM 41a. DATE OF INJURY (Month, Day, Year)**

Enter the exact month, day, and year that the injury occurred. You may abbreviate the month. **DO NOT** use a number to designate the month.

The date of injury may not necessarily be the same as the date of death.

**ITEM 41b. TIME OF INJURY**

Enter the exact time (hours and minutes) that the injury occurred. Use prevailing local time. In cases in which the exact time is impossible to determine, an estimate should be made. Be sure to indicate whether the time of injury was a.m. or p.m. You may enter the time using a 24-hour clock.

**ITEM 41c. INJURY AT WORK? (Yes or No)**

Yes  No

Check "Yes" if the injury occurred while the decedent was at work (for example, if the decedent was on an assembly line while in a factory or a salesperson driving to meet a customer). If not, check "No". If this cannot be determined, enter "Unk".

**ITEM 41d. DESCRIBE HOW INJURY OCCURRED**

Briefly and clearly describe how the injury occurred, explaining the circumstances or cause of the accident or injury, (e.g., "fell off ladder while painting house" or "driver of car collided with pick-up truck on highway". For motor vehicle accidents, indicate the type of vehicles/objects involved, whether the decedent was a driver, passenger, or pedestrian, and whether the injury resulted from a traffic or non-traffic accident.

**ITEM 41e. PLACE OF INJURY – AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (Specify)**

Enter the general category of the place where the injury occurred. **DO NOT** enter firm or organization

names, just the general category for the place of injury, such as loading platform, office building, or baseball field.

**ITEM 41f. LOCATION (Street and number or rural route number, city, town, state)**

Enter the complete address where the injury took place.

In cases of accidental death, these items are used in justifying the payment of double indemnity on life insurance policies. They are also needed for a more accurate determination of causes of death. Information from these items forms the basis of statistical studies of occupational injuries.