

INSTRUCTIONS FOR COMPLETION OF MEDICAL PORTION OF OREGON DEATH CERTIFICATES.

NOTE: References to physicians include Physician Assistants and certified nurse practitioners.

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 where 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 enter the time using a 24-hour clock.

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 the exact time of death is unknown, the time should be approximated by the person who pronounces the body dead. “Est.” 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.

ORS 146.100 (3) (b) states that the district Medical Examiner or designated assistant Medical Examiner shall be notified of “all deaths of persons admitted

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to a hospital or institution for less than 24 hours, although the Medical Examiner need not investigate nor certify such deaths.”

The Medical Examiner should be notified of the deaths of persons who have not been “under the health care of a physician during the period immediately previous to death.” The Medical Examiner may decline jurisdiction in these cases after investigation. Other circumstances requiring the Medical Examiner’s notification and certification include deaths which are apparently accidental, homicidal, suicidal, suspicious, or of unknown circumstances, as well as those resulting from the use of a controlled substance (or toxic agent), an on-the-job injury, or which may represent a public health threat. (For further information, see ORS 146.090, available on the Web at: <http://www.leg.state.or.us/ors/146.html>.)

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.

The physician certifying the cause of death should sign here in permanent black ink.

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ITEM 30. DATE SIGNED (MONTH, DAY, YEAR) -

To be completed by the certifying physician.

ITEM 31 a. TIME OF DEATH -

See instructions for item 27 above.

ITEM 31 b. 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 would 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)

Signed in permanent black ink by the County/State Medical Examiner when appropriate.

ITEM 33. DATE SIGNED (MONTH, DAY, YEAR) -

To be completed by the Medical Examiner who also indicates the county he/she represents.

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

The full name, title, address and zip code of the physician whose signature appears in item 25 or 28 is typed here.

ITEM 35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER -

The full name of attending physician, if other than certifier is typed here.

ITEM 36. IMMEDIATE CAUSE OF DEATH -

Enter only one cause per line for (a), (b), (c). Do not enter mode of dying (eg, cardiac arrest).

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* (http://www.cdc.gov/nchs/data/hb_cod.pdf). These items are to be completed by the certifying physician or the Medical Examiner.

There must be an entry in the 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).

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They also provide a basis for research in disease etiology and evaluation of diagnostic 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”.

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. Otherwise, enter “No”. If no autopsy was performed, check “N/A”.

This information assists in determining whether, for the five percent of cases for which an autopsy is done, the information was used to assist in determining the cause of death. Knowing whether the autopsy results were used in determining the cause of death provides insight into the quality of the cause-of-death data.

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ITEM 40. MANNER OF DEATH -

Natural Accident Suicide Homicide
Pending Investigation Undetermined Manner Legal Intervention

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

If the manner of death checked in item 40 is anything other than natural, items 41 a-f must be completed.

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 41 a-f. ACCIDENT OR INJURY -

Complete these items in cases where violence or poisoning caused or contributed to the death. Deaths resulting from violence are certified by a Medical Examiner. However, in some instances the Medical Examiner will not assume jurisdiction, but will ask the physician to certify to an accidental death. In these cases, when the manner of death is anything other than natural, the physician is to complete items 41 a-f.

ITEM 41 a. 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.

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ITEM 41 b. 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 41 c. INJURY AT WORK?

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 “Unknown”.

ITEM 41 d. DESCRIBE HOW INJURY OCCURRED

Briefly and clearly describe how the injury occurred, explaining the circumstances or cause of the accident or injury, (eg, “fell off ladder while painting house,” “driver of car collided with pick-up truck”. 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 41 e. 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.

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ITEM 41 f. 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 and other injuries.