

General

- Cause of death information should be your best medical opinion.
- List only one condition per line on the Cause of Death page in OVERS or item 50 on the paper death certificate.
- Avoid abbreviations and parentheses.
- Provide the best estimate of the interval between the presumed onset of each condition and death. The terms “approximately” or “unknown” may be used. Do not leave the interval blank; if unknown, indicate that it is unknown.
- If additional medical information or autopsy findings become available that would change the cause of death originally reported, the original death record should be amended by the certifying physician in OVERS or by filing a paper Affidavit to Correct a Death Certificate.
- Report each disease, abnormality, injury, or poisoning that you believe adversely affected the decedent. A condition can be listed as “probable” even if it has not been definitively diagnosed.

Order and Place of Entry

- The underlying cause of death is that disease condition, injury, or poisoning that ultimately results in the death of a person.
- When completing a death certificate, the underlying condition should be listed on the *lowest* used line in Part I on the Cause of Death page in OVERS (item 50 on the paper form), not the top line. Think of underlying as “at the bottom.” For example, the death of a person who died from diabetes mellitus might be listed in the following manner:

PART I

- (Item 50) (a) congestive heart failure
(b) peripheral vascular disease
(c) diabetes mellitus

- In Part II, Other significant conditions (item 51 on the paper form), report any diseases or conditions that may have contributed to death, but which did not result in the underlying cause of death (last entry in Part I).
- If two or more possible sequences resulted in death, report the one that in your opinion most directly caused death. Report the other conditions or diseases in Part II (item 51).

Be specific about the underlying cause

- Do not list mechanistic terminal events, such as cardiac arrest, asystole, or cardiorespiratory arrest, etc. (We realize that the heart and lungs stop at the time of death, but what we need to know is the disease or injury that precipitated the stoppage.)
- Avoid using generalized terms such as organic heart disease, hemorrhage, natural causes, etc. that do not fully describe the underlying cause of death. See “Be Specific” on next page.
- Always report the underlying condition of disorders that rarely arise spontaneously, such as renal failure, inanition, peritonitis, liver failure, cor pulmonale, bowel obstruction, etc.
- Do not use the term “starvation” in lieu of “refusal to eat.”

Substance Use

- If, in your opinion, the use of alcohol, or other substances by the decedent caused or contributed to death, then this condition should be reported.
- If death results from medication toxicity, the fields on the Injury page in OVERS must be completed (items 55-60 on the paper form).
- Be certain to check the role of tobacco on the Other Factors page (item 54 on the paper form).

Cancer

- The primary cancer site (including the part or lobe) and type (malignant, benign, *in situ*, of uncertain behavior, etc.) should be noted on the certificate.
- When using the term “*metastatic*,” add “*to*” and “*from*.”

Liver Disease and Cirrhosis

- Indicate the underlying cause, such as Laennec’s (alcoholic) cirrhosis.

Pregnancy

- Indicate if a female was pregnant during the previous 12 months on the Other Factors page in OVERS (item 53 on the paper form). If the decedent was pregnant, then the soft edit will need to be overridden in OVERS.

Cause data are used to:

- Identify and assess the magnitude of certain health problems within communities.
- Develop and assess public health policy.
- Provide legal and medical documentation to next of kin.

Subdural Hematoma: If the death is the consequence of a subdural hematoma, note whether it resulted from natural causes. If from natural causes, no action other than noting the underlying cause of the subdural hematoma is required. However, if it resulted from an injury, the Medical Examiner (M.E.) must be notified. If after notification, the M.E. declines jurisdiction, the Injury page in OVERS must be completed (items 55-60 on the paper form).

Aspirations: Unless otherwise stated, aspirations are assumed to be of external cause. If, however, the aspiration is the result of a natural disease process (e.g., dysphagia from throat cancer), that process should be listed in Part I. If an aspiration is due to an external cause, such as choking on a bolus of meat, the M.E. must be notified. If the M.E. declines jurisdiction, the Injury page in OVERS must be completed (items 55-60 on the paper form).

Falls and fractures: These are assumed to be accidental in origin. Some, however, may have resulted from natural conditions, such as osteoporosis. When this is the case, no further action is required on your part (other than listing the natural disease condition). If however, the fall/fracture was accidental, suicidal, etc., the M.E. must be informed of the death. If the M.E. does not take jurisdiction, the Injury page in OVERS must be completed (items 55-60 on the paper form). Be specific about how the fall occurred (e.g. slipped on sidewalk, fell from bed, fall on same level).

Surgery/Procedures/Medications: When surgery, a procedure, or medication use is reported, report the condition that necessitated the treatment and the date of treatment.

When to Notify the M.E.

The M.E. 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 M.E. may decline jurisdiction in these cases after investigation. Other circumstances requiring the M.E.’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.

Be Specific

For each of the following, report additional information about the etiology whenever possible. If you cannot determine the etiology of a process, then qualify it as unknown, undetermined, probable, presumed, or unspecified etiology to show that a distinct etiology was not inadvertently omitted.

Abdominal hemorrhage	Cardiomyopathy	Epidural hematoma	Necrotizing soft-tissue infection
Abscess	Cellulitis	Exsanguination	Pancytopenia
Acute myocardial infarction	Cerebral edema	Failure to thrive	Paralysis
Adhesions	Cerebrovascular accident	Fracture	Peritonitis
Adult respiratory distress syndrome	Chronic bedridden state	Gangrene	Pleural effusions
Altered mental status	Cirrhosis	G.I. hemorrhage	Pneumonia
Anemia	Coagulopathy	Hemothorax	Pulmonary embolism
Anoxia	Compression fracture	Hepatic failure	Pulmonary insufficiency
Anoxic encephalopathy	Congestive heart failure	Hepatitis	Renal failure
Ascites	Convulsions	Hepatorenal syndrome	Seizures
Aspiration	Decubiti	Hyperglycemia	Sepsis
Bacteremia	Dehydration	Hyperkalemia	Septic shock
Bedridden	Dementia (when not otherwise specified)	Hyponatremia	Shock
Biliary obstruction	Disseminated	Hypotension	Thrombocytopenia
Bowel obstruction	intravascular	Immunosuppression	Urinary tract infection
Brain injury	coagulopathy	Intracranial hemorrhage	Volume depletion
		Multi-organ failure	

For More Information:

CDC: Writing Cause-of-Death Statements
<https://bit.ly/WritingCauseOfDeath>

CHS Vital Records Resources for Medical Certifiers
<https://bit.ly/orvrMEDCERT>

National Association of Medical Examiners: Death Certification
<https://bit.ly/ME-CauseOfDeath>