



## Medical Information on the Oregon Certificate of Death

These items are to be completed by the medical certifier or Medical Examiner, not the funeral director. For detailed information on completing the death certificate, go to:

<http://www.oregon.gov/DHS/ph/chs/registration/docs/deathcertinstrux.pdf>

Most of the following fields are required. Only 4 fields are new to the 2006 death certificate: Item 53 (pregnancy information); Item 61 (transportation injury); and Items 64 and 65 (title and license number of certifier).

**ITEM 46. Referral to Medical Examiner:** Required. Yes or No on whether the Medical Examiner was contacted. **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.

**ITEM 47. - 48. Autopsy?** Required. Yes or No response. If yes, **Item 48, Autopsy findings available?** Required.

**ITEM 49. Time of Death:** Required. Enter hour and minutes according to local time. Enter noon as "12 noon." Enter midnight as "12 mid." Specify am or pm or use military time. If the exact time of death is unknown, the person who pronounces the body dead should approximate the time of death. "Appr." (Approximate) should be placed before the time.

**ITEM 50. Immediate Cause of Death:** Required, even if the cause is shown as "Pending." Enter only one cause per line. Do not enter the mode of dying. Item (a) is required. Items 50 (b),(c), and (d), should be completed if applicable. See back of death certificate for detailed instructions.

**ITEM 51. Other Significant Conditions Contributing to Death:** If the cause of death is affected by other significant conditions such as, "Undetermined natural causes, Hypertension, Parkinson's disease", enter them here. If the manner of death checked in Item 52 is anything other than natural then Item 51 should include, if known, any significant diseases such as "Heart Disease."

**ITEM 52. Manner of Death:** Checking a box is Required.

**ITEM 53. New Item:** "If Female"--If the decedent is a female between the ages of 10 and 65, check the appropriate box in Item 53. If the decedent is a female outside of the age range or the decedent is a male, leave blank.

**ITEM 54. Did Tobacco Use Contribute to Death?** Required. Please check appropriate box.

**ITEMS 55. - 60. Accident or Injury:** Complete these items in cases where any injury, accidental or intentional, caused or contributed to the death. Deaths resulting from injury are certified by a Medical Examiner. However, if the Medical Examiner declines jurisdiction, the medical certifier can certify an accidental death. In these cases, when the manner of death is anything other than natural, the medical certifier is to complete Items 55-60. Overdoses and falls qualify as injuries. For ITEMS 55 to 60, please refer to specific instructions online at <http://www.oregon.gov/DHS/ph/chs/registration/docs/deathcertinstrux.pdf>

**ITEM 61. Transportation Injury:** Check the appropriate box to indicate whether the decedent was a driver, passenger, pedestrian or other. If other, specify the decedent's role.

**ITEM 62. Name and Address of Certifier:** Required. Enter the full name, address, and zip code of the certifier whose signature appears in Item 67 or 68.

**ITEM 63. Name of Attending Physician if Other than Certifier:** Required. Enter the full name of attending physician other than certifier if applicable.

**ITEM 64. Title of Certifier:** Required. Enter the title of the certifier whose signature appears in Item 67 or 68. If medical certifier is a Medical Examiner, state both license type and "Medical Examiner" or "M.E.". For example, "M.D., M.E."

**ITEM 65. License Number:** Required. Enter the medical license number of the certifier whose signature appears in Item 67 or 68.

**ITEM 66. Date Certified:** Required. Enter the exact month, day, and year that the certifier signed the Death Certificate to certify the above information. You may abbreviate the month, but do not use a number.

**ITEM 67. Medical Certifier:** Required. Medical Certifiers (not Medical Examiners) sign at item 67. Sign in permanent black ink.

**ITEM 68. Medical Examiner:** Required. Certifying Medical Examiner sign at item 68. Sign in permanent black ink.

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