

INSTRUCTIONS FOR COMPLETING A PAPER DEATH CERTIFICATE (Report of Death: Form 45-2)

These instructions are organized in the same order as the paper version of the death certificate (45-2) and may be duplicated and distributed to anyone requesting them.

You can download the most recent version of these instructions at:

bit.ly/ORPaperDCInstructions

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Document Change Activity

The following is a record of the changes that have occurred on this document from the time of its original approval.

| Version# | Change Description | Author | Date |
|----------|---|-----------------|------------|
| 1.0 | Instructions modified for new standard certificate effective January 1, 2006 | Niemeyer | 1/1/2006 |
| 1.1 | Instructions modified for additional veterans' questions | Jackson | 11/29/2011 |
| 1.2 | Instructions modified to update with changes in ORS | Jackson/Shioshi | 10/17/2014 |
| 1.3 | Instructions modified to update sex designations | Zapata | 03/6/2018 |
| 1.4 | Updated contact information | Welter | 7/2/2018 |
| 1.5 | Updated contact information | Gehrke | 04/12/2021 |
| 1.6 | Added "Domicile Unknown" information for residence address | Ellis | 1/1/2022 |
| 1.7 | Added link to Hispanic and race information, added link to Physicians handbook and updated law numbering | Ellis | 11/14/2023 |
| 1.8 | Added subtitle to clarify directions are for paper death certificates, updated contacted information, and updated formatting. | Gehrke | 01/27/2024 |

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OREGON REGISTRATION OF REPORTS OF DEATH

GENERAL INFORMATION

The Oregon Revised Statutes are cited only for your reference and are not quoted in their entirety.

ORS 432.005 Definitions.

(10) “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.

(25) “Person acting as a funeral service practitioner” means:

(a) A person other than a funeral service practitioner licensed under [ORS 692.045](#),

including but not limited to a relative, friend or other interested party, who performs the duties of a funeral service practitioner without payment; or

(b) A funeral service practitioner who submits reports of death in another state if the funeral service practitioner is employed by a funeral establishment licensed in another state and registered with the State Mortuary and Cemetery Board under [ORS 692.270](#).

[Not in statute: IMPORTANT – If an infant breathes or shows any other evidence of life after completed delivery, even though it may be on momentary, then dies, both a report of birth report and a report of death must be filed – DO NOT file a fetal death report.]

ORS 432.133 Mandatory submission and registration of reports of death; persons required to report.

(1)(a) A report of death for each death that occurs in this state must 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 calendar days after death or the finding of a dead body and before final disposition, and must be registered if it has been completed and submitted in accordance with this section.

(2)(a) The funeral service practitioner or person acting as a funeral service practitioner who first assumes custody of the dead body shall submit the report of death to the county registrar of the county in which the death occurred or to the Center for Health Statistics. In cases where there is no funeral service practitioner or person acting as a funeral service practitioner, the medical examiner shall submit the report of death.

(b) The funeral service practitioner or person acting as the 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 for the medical certification.

(c) The funeral service practitioner or person acting as the funeral service practitioner shall provide sufficient information to identify the decedent to the medical certifier within 48 hours after death unless the medical certification has already been submitted.

(3) A medical certification shall be completed within 48 hours after having access to the report of death by the decedent's primary or attending medical certifier who was in charge of the care of the patient for the illness or condition that resulted in death, except when inquiry is required under [ORS chapter 146](#). In the absence or inability of the medical certifier, or with the medical certifier's approval, the report of death may be completed by an associate of the medical certifier, the chief medical officer of the institution where death occurred or the physician who performed an autopsy upon the decedent, provided that the associate, chief medical officer or physician has access to the medical history of the case and death is due to natural causes. The person completing the cause of death shall attest to its accuracy either by signature or by electronic signature.

(4) When inquiry is required under [ORS chapter 146](#), the medical examiner in the jurisdiction where death occurred or the body was found shall determine the cause and manner of death and shall complete and sign the medical certification within 48 hours after taking charge of the case. If the cause or manner of death is unknown or pending investigation, the cause or manner of death shall be noted as such on the report of death.

(5) When the death occurs in a hospital where more than 10 deaths occurred during the previous calendar year, the person in charge of the hospital shall require the medical certification to be reported through the state electronic reporting system and the report of death to include the electronic signature of the medical certifier.

(11) A report of death required to be submitted under this section must contain the Social Security number of the decedent when the Social Security number is reasonably available from other records related to the decedent or can be obtained from the person in charge of the final disposition of the decedent.

(13) If a decedent's death was caused by suicide, the person who submits the report of death to the county registrar or to the Center for Health Statistics, or as otherwise directed by the state registrar, shall make reasonable efforts to ascertain whether the decedent was a veteran and, if the decedent was a veteran, whether the decedent served in combat and, if so, where the decedent served. Information acquired under this subsection must be reported to the Center for Health Statistics through the state electronic reporting system.

[ORS 432.158](#) Disposition of remains; rules.

(1) Human remains shall be disposed of in accordance with [ORS chapter 97](#).

(2) The funeral service practitioner or person acting as a funeral service practitioner who first assumes possession of a dead body or fetus shall submit written notice to the county registrar in the county in which death occurred or in which the dead body or fetus was found within 24 hours of taking possession of the dead body or fetus. The notice must be on a form prescribed and furnished by the State Registrar of the Center for Health Statistics.

(3) Before the final disposition of a dead body, the funeral service practitioner or person acting as a funeral service practitioner who first assumes custody of the dead body shall obtain written authorization, on a form prescribed and furnished by the state registrar, for final disposition of the dead body from the medical certifier or medical examiner who certifies the cause of death as described in [ORS 432.133](#). If the funeral service practitioner or person acting as a funeral service practitioner is unable to obtain written authorization before the final disposition of the dead body, the funeral service practitioner or person acting as a funeral service practitioner may authorize, with the oral consent of the medical certifier or medical examiner who is responsible for certifying the cause of death, the final disposition of the dead body on a form prescribed and furnished by the state registrar.

(6) A person in charge of a place where interment or other disposition of human remains is made may not inter or allow interment or other disposition of human remains unless the human remains are accompanied by a permit authorizing disposition.

(7) A person in charge of a place where interment or other disposition of human remains is made shall indicate on the permit authorizing disposition the date of disposition and return the completed permit to the county registrar of the county where death occurred. If there is no such person, the funeral service practitioner or person acting as the funeral service practitioner shall complete the permit and return it to the county registrar of the county where death occurred.

(9) Prior to removing a dead body or fetus from this state under [ORS 692.270](#), a funeral service practitioner or a person acting as a funeral service practitioner shall submit a written notice of removal to the county registrar in the county in which death occurred or in which the dead body or fetus was found. The notice shall be on a form prescribed and furnished by the state registrar. A copy of a written notice of removal serves as a permit for transporting the remains of a decedent named on the notice.

[ORS 692.405](#) Identifying receptacle. The funeral service practitioner or person acting as such shall be responsible for causing to be affixed to each receptacle, as defined by rule of the State Mortuary and Cemetery Board, in which a dead human body is contained an identifying metal disc, of a design to be approved by rule of the State Mortuary and Cemetery Board, that shall remain attached to the receptacle in which the body is contained and shall bear a corresponding number that is also in the report of death and the final disposition permit. In the event of cremation, the disc shall stay with the cremated remains.

OREGON REPORT OF DEATH – Paper Certificate

ITEM 1. LEGAL NAME – (First, Middle, Last, Suffix)

Type or print the full first, middle, and last names of the decedent. **DO NOT** abbreviate. Use proper case for all names. Oregon no longer requires the last name be typed in uppercase. 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. DEATH DATE – (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. Abbreviations must be alphabetical (for example, Dec); **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. Consider a death at midnight to have occurred at the beginning of one day rather than the end of the previous. For instance, a death that occurs at midnight between December 1 and December 2 occurred on December 2.

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 3. SEX

Enter “Male”, “Female”, “X”, “Undetermined” or “Unknown.” X, indicating nonbinary, is used for individuals whose gender identity is not exclusively male or female. If sex cannot be determined after verification with medical records, inspection of the body, or other sources, enter “Unknown.” Undetermined is used in cases where the sex cannot be determined due to a medical condition. **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 4a-c. AGE

Make one entry only in 4a, 4b, or 4c, depending on the age of the decedent.

ITEM 4a. AGE – LAST BIRTHDAY

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 4b. 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 less than 1 day of age, leave this item blank.

ITEM 4c. UNDER 1 DAY – (Hours, Minutes)

For infants who survived less than 24 hours, enter the exact number of hours or minutes, the infant lived.

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 5. 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 6. COUNTY OF DEATH

Enter the name of the county where death occurred.

For the purposes of [ORS 146.003 to 146.189](#) (Medical Examiner Cases), if the county where death occurs is unknown, the death shall be deemed to have occurred in the county where the body is found, except that if in an emergency the deceased is moved by conveyance to another county and is dead on arrival, the death shall be deemed to have occurred in the county from which the body was originally removed. 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.

ITEM 7. BIRTHDATE – (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.

Abbreviations must be alphabetical (for example, Dec); **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 8a-b. BIRTHPLACE

ITEM 8a. BIRTHPLACE – City/Town or County

If the decedent was born in the United States, enter the name of the city, town or county.

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

ITEM 8b. BIRTHPLACE – State or Foreign Country

If the decedent was born in the United States, enter the name of the 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 a foreign country but the country is unknown, enter “Foreign – unknown.”

This item is used to match birth and death certificates of a deceased individual. Federal law requires matching birth and death records, to avoid issuance of a birth certificate for a deceased individual without notation on the record.

In addition, 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 9. DECEDENT'S EDUCATION

Show the informant the education card.

Enter the category that best describes the highest degree or level of school completed by the decedent. Report only those years of school that were completed. For example, a child who dies while a freshman (9th grade) in high school should be reported as 8th grade or less.

- 8th grade or less
- 9th-12th grade; no diploma
- High school graduate or GED completed
- Some college credit, but no degree
- Associate degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, AB, BS)
- Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA) -
- Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)
- Refused
- Unknown

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 10. WAS DECEDENT OF HISPANIC ORIGIN?

Show the informant the [Hispanic origin information sheet](#).

DO NOT leave this item blank. Specify "No" or "Yes". If "Yes" is entered, enter the specific Hispanic group. The entry in this item should reflect the response of the informant.

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.

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 themselves to be and not should 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.

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

Hispanics comprise the second largest ethnic minority in this country. Reliable data is needed to identify and assess public health problems of Hispanics and to target efforts to their specific needs. Information from Item 10 will permit the production of mortality data for the Hispanic community.

ITEM 11. DECEDENT'S RACE(S)

Show the informant the [race information sheet](#).

Do **NOT** leave this item blank. Enter all of the races of the decedent as reported 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 all 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 12. WAS DECEDENT EVER IN U.S. ARMED FORCES?

If the decedent ever served in the U.S. Armed Forces, check the "Yes" box. If not, check the "No" box.

If served in a Combat Zone, check "**Yes**". If not check "No."

If "**Yes**", add the Location of the Combat Zone. If you cannot determine whether the decedent served in the U.S. Armed Forces, enter "Unk" in Item 12. **DO NOT** leave this item blank.

This item is used to identify decedents who were veterans. This information is of interest to veteran groups studying cause of death among veterans and whether deployment to a combat zone has any relationship to cause of death.

The informant may select the **Location(s) of Combat Zone** that apply from the list found on the next page or they may provide another location. We will accept any location provided, regardless of whether the location appears in the attached list if the informant believes the decedent was in combat.

If this is an electronic death record and multiple locations are reported, you must use a semi-colon in the system (";") between locations.

Veteran's Status – Location of Combat Zone

The following is a list of combat zones as defined by the U.S. Department of Veterans Affairs. Please list any or all locations from the left column that the decedent served while in the U.S. Armed Forces. You are free to report any locations not named at the bottom of this form.

| Location of Combat Zone | Details and Time Period | Check if Served |
|--|--|-----------------|
| World War II (or name country below if desired) | European-African-Middle Eastern Campaign, from 12/7/1941 to 11/8/1945 | |
| | Asiatic-Pacific Campaign, from 12/7/1941 to 3/2/1946 | |
| | American Campaign, from 12/7/1941 to 3/2/1946 | |
| | American Merchant Marines, in oceangoing service from 12/7/1941 to 8/15/1946 | |
| Korea | From 6/27/1950 to 7/27/1954 | |
| Vietnam | From 2/28/1961 to 5/7/1975 | |
| Lebanon | From 8/25/1982 to 2/26/1984 | |
| Grenada | From 10/23/1983 to 11/21/1983 | |
| Panama | From 12/20/1989 to 1/31/1990 | |
| Persian Gulf | Beginning 8/2/1990, ongoing | |
| Somalia | Beginning 9/17/1992, ongoing | |
| Bosnia | From 11/21/1995 to 11/1/2007 | |
| Yugoslavia (now Bosnia-Herzegovina) & Croatia | Operations Joint Endeavor, Joint Guard, or Joint Forge, aboard U.S. Naval vessels in the Adriatic Sea, or air spaces above these areas, from 12/20/1995 to 12/2/2004 | |
| Kosovo | Beginning 3/24/1999, ongoing | |
| | Operations Joint Endeavor, Joint Guard, or Joint Forge, either in its waters or airspace, beginning 3/24/1999, ongoing | |
| Afghanistan | Operation Enduring Freedom, spanning multiple countries, beginning 10/7/2001, ongoing | |
| Iraq | Operation Iraqi Freedom, from 3/19/2003 to 2/17/2010 | |
| | Operation New Dawn, beginning 02/17/2010, ongoing | |
| Global War on Terrorism | Military expeditions to combat terrorism, beginning 9/11/2001, ongoing | |
| Name other locations here | | |

ITEM 13-18. RESIDENCE OF DECEDENT

This is the residence address (i.e., place where the decedent actually resided), not the postal address. Do not enter addresses that are post office boxes or rural route numbers. Get the building number and “street” name.

The place of residence is not necessarily the same as “home state” or “legal residence.” Never enter a temporary residence such as one used during a visit, business trip, or vacation. Place of residence during a tour of military duty or during attendance at college is considered permanent and should be entered as the place of residence. For individuals who were homeless at the time of death “**Domicile Unknown**” must be listed in the Street Name field. This includes decedents who were homeless but receiving care at a hospital or other institution.

If the decedent had 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, report the location of that facility as the residence.

If the decedent was an infant who never resided at home, the place of residence is that of the parent(s) or legal guardian. Never use an acute care hospital’s location as the place of residence for any infant. 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.

ITEM 13. RESIDENCE – Number and Street

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

For individuals who were homeless at the time of death “**Domicile Unknown**” must be listed in the Street Name field. This includes decedents who were homeless but receiving care at a hospital or other institution.

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

ITEM 14. RESIDENCE – City/Town

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 15. RESIDENCE – COUNTY

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

ITEM 16. RESIDENCE – STATE OR FOREIGN COUNTRY

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 (for example, provinces in Canada).

ITEM 17. RESIDENCE – ZIP CODE

Enter the zip code + 4 of the place where the decedent lived. This may differ from the zip code used in the decedent's mailing address. If the full zip code is not known, enter the five-digit zip code.

ITEM 18. RESIDENCE – Inside City Limits (Yes or No)

Check "Yes" if the location entered in Item 18 is incorporated and if the decedent's residence is inside its boundaries.

Otherwise, check "No". Check "Unknown" if it is unclear if the location is incorporated and the decedent's residence is inside its boundaries.

Mortality data by residence is used with population data to compute death rates for detailed geographic areas. This data is 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 19. MARITAL STATUS AT TIME OF DEATH

Enter the marital status of the decedent at time of death. Specify one of the following: Married, domestic partner, legally separated, never married, widowed, or divorced. A legal separation is different than living separately in that it requires a court order. If marital status cannot be determined, enter "Unknown". **DO NOT** leave this item blank.

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

ITEM 20. SPOUSE'S NAME PRIOR TO FIRST MARRIAGE

If the decedent was married, domestic partnered, or widowed at the time of death, enter the full first name of his or her spouse. Otherwise, leave this item blank.

If the spouse is the wife, enter her maiden name, regardless of whether she changed her name at the time of marriage.

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

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

ITEM 21. 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 during his or her working life.

ITEM 22. KIND OF BUSINESS/INDUSTRY –

DO NOT enter firm, organization or company names.

Enter the kind of business or industry to which the occupation listed in 21 is related, such as insurance, farming, hardware store, retail clothing, university, or government.

If the decedent was a homemaker during his or her working life, and "Homemaker" is entered as the decedent's usual occupation in Item 21, enter "Own Home" as industry.

If the decedent was a student or a teacher, enter the level of school, such as high school or college.

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.

ITEM 23. FATHER'S NAME

Type or print the first, middle, last name, and suffix if applicable of the legal father of the decedent.

ITEM 24. MOTHER'S NAME PRIOR TO FIRST MARRIAGE

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 25-28. INFORMANT

ITEM 25. INFORMANT'S NAME

Enter the name of the person who supplied the personal facts about the decedent. This could be a police officer, medical examiner, or other person if an informant who knew the decedent personally is not available.

ITEM 26. TELEPHONE NUMBER

Enter the contact phone number of the informant.

ITEM 27. RELATION TO DECEDENT

State the informant's relationship to the deceased.

ITEM 28. MAILING ADDRESS

Enter the mailing address of the informant.

This information may be used to contact the informant for additional information as needed.

ITEM 29. PLACE OF DEATH

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

If place of death is a hospital, enter "Hospital" followed by one of the following to indicate the patient status at the hospital: Inpatient, ER (emergency room), Outpatient, DOA (dead on arrival).

If the decedent was pronounced dead other than at a hospital, enter the specific type of location: "Nursing Home," "Assisted Living Facility," "Residential Care Facility," "Adult Foster Home," "Hospice Facility," "Decedent's Residence," or "Other". Specific facility types (nursing homes, assisted living facility, residential care facility, adult foster home and hospice facility) should be used only if it is a state or federal licensed facility.

If death was pronounced at a licensed ambulatory/surgical center or birthing center, enter "Other" and specify the facility type. "Other" is also entered 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, "Other" should be entered and the place where the body was found should be entered as the place of death.

“Decedent’s Residence” should be entered when the death occurs at the decedent’s home and also includes retirement homes but not nursing facilities, adult foster care, assisted living or other residential care facilities.

If the death occurred on a moving conveyance in the United States and the body was first removed from the conveyance in this state, 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.

Examples:

If John Doe dies at his own home, then Item 29 should be entered as “Decedent’s Residence” and his address listed in Item 31-34.

If Jane Doe dies at her son’s home, then Item 29 should be entered as “Other” and “House” entered. Item 31-34 should list her son’s address.

If John Doe dies at an adult foster care facility, then Item 29 should be entered as “Adult Foster Care Facility”. Item 30 should list the facility name, if any, and item 31-34 should list the address of the facility.

ITEM 30. FACILITY NAME

Facility deaths:

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

If death occurred in a nursing home, hospice, adult foster care, residential care, or assisted living facility, enter the full name of the facility.

Non-facility Deaths:

If the death occurred at home, leave blank.

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).”

If the death occurred at some place other than those described above, enter “Unknown” or “Not Applicable.”

ITEM 31-34. LOCATION OF DEATH

ITEM 31. LOCATION OF DEATH (GIVE ADDRESS)

Enter the number and street name of the place where death occurred. If this place has no number and street name, enter the Rural Route number or other identifying information.

If the death occurred on a moving conveyance in the United States and the body was first removed from the conveyance in this state, enter 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.

If the body was found, enter the closest approximate location, insofar as it can be determined, for example, "I-5, Northbound, Mile Marker 273."

ITEM 32. CITY/TOWN OR LOCATION OF DEATH

Enter the city/town of the place of death.

If the death occurred on a moving conveyance, then the city/town the body was first removed from the conveyance will be entered.

ITEM 33. STATE

Enter "OR" as the state where death occurred. In those instances of presumptive death occurring outside of Oregon, enter the two-letter abbreviation for the state, province or country where death occurred.

ITEM 34. ZIP CODE

Enter the zip code + 4 of the place of death. If the full zip code is not known, enter the five-digit zip code.

If the death occurred on a moving conveyance in the United States then the zip code of the city/town the body was first removed from the conveyance will be entered here.

If the body was found enter the zip code of the area in which the body was located at time of death. If unknown enter "Unknown."

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 35-37. DISPOSITION

ITEM 35. METHOD OF DISPOSITION

Enter the method of disposition corresponding to the method of disposition of the decedent's body. For example, mausoleum, burial, cremation, removal from state, donation.

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 36 and 37. "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 36. PLACE OF DISPOSITION – (Name of Cemetery, Crematory, or Other Place)

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 37. LOCATION

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 38. NAME AND ADDRESS OF FUNERAL FACILITY

Enter the name and complete address of the facility handling the body prior to burial or other disposition.

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 39. DATE OF DISPOSITION

This is the date corresponding to the disposition of the body. If final disposition has not yet occurred, leave this field blank.

Enter the exact month, day, and year of disposition.

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.

ITEM 40-41. FUNERAL SERVICE LICENSEE

ITEM 40. 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 41. OREGON 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 relevant to funeral services, enter "None."

ITEM 42. REGISTRAR'S SIGNATURE

The registrar will sign the certificate when it is filed and accepted.

The addition of the signature documents that the certificate was filed and accepted by the registrar.

ITEM 43. DATE RECEIVED (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 44. LOCAL FILE NUMBER

This item is reserved for use by the registrar.

ITEM 45. RECORD AMENDMENT

This item is reserved for use by the registrar.

******* End of Personal Information on the Death Certificate**

*******Medical Information**

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.

ITEM 46. WAS CASE REFERRED TO MEDICAL EXAMINER

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 medical facility, drug deaths, jail deaths, and 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 47. AUTOPSY

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 48. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

Check "Yes" if the autopsy findings were available to determine the cause of death. If an autopsy was performed but the findings are not available at the time the certificate is completed, check "No" (not available). If no autopsy was performed (Item 47 is "No"), leave blank.

This information assists in determining whether, for the five 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 49. 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 at 12 midnight belongs to the start of the new day. One minute after 12 midnight is entered as "12:01 a.m." (or 0001) on 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 person who pronounces the body dead should approximate the time of death. "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 50a-d. IMMEDIATE CAUSE OF DEATH

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

Enter the approximate interval: onset to death for each cause per line for (a), (b), (c), and (d). If the interval is not known, enter "unknown."

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, available from the National Centers for Disease Control and Prevention website can be found [here](#). These items are to be completed by the certifying physician or the Medical Examiner.

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 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

Manner of death is defined in statute as the 'probable mode of production of the cause of death, including natural, accidental, suicidal, homicidal, pending investigation 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," and "Undetermined Manner," are used only by Medical Examiners.

The Medical Examiner must always be notified in cases of "Accidental" death, including falls and overdoses. (Item 46 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 52 was "Accident," the medical certifier must complete Items 55 – 61.

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 53. 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.

The specific categories are:

- Not pregnant within past year
- Not pregnant, but pregnant 43 days to 1 year before death
- Pregnant at time of death
- Unknown if pregnant within the past year
- Not pregnant, but pregnant within 42 days before death

Additional medical information on pregnancy (current or within the year prior to death) is required. This information will be used to determine mortality among this population group, as well as assisting in maternal mortality review programs.

ITEM 54. DID TOBACCO USE CONTRIBUTE TO DEATH?

Check "Yes", "No", "Probably" or "Unknown".

ITEM 55-61. ACCIDENT OR INJURY

Complete these items in cases where violence, accidental or intentional, 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 medical certifier, with Medical Examiner's permission, will certify an accidental death. In these cases, when the manner of death is anything other than natural, the medical certifier is to complete Items 50a-d. Overdoses and falls qualify as injuries.

ITEM 55. 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 56. 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. Alternatively, you may enter the time using a 24-hour clock (military time).

ITEM 57. PLACE OF INJURY – (E.G., DECEDENT’S HOME, CONSTRUCTION SITE, RESTAURANT, WOODED AREA)

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 58. INJURY AT WORK?

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, check “Unknown.”

ITEM 59. LOCATION OF INJURY (Street and number, city, town, state, zip code +4)

Enter the complete address where the injury took place.

ITEM 60. 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 and whether the injury resulted from a traffic or non- traffic accident.

ITEM 61. IF TRANSPORTATION INJURY, SPECIFY

Check the appropriate box to indicate whether the decedent was a driver, passenger, pedestrian or other. If other, specify the decedent’s role. 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 form the basis of statistical studies of occupational injuries.

ITEM 62. NAME AND ADDRESS OF CERTIFIER

Type 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

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

ITEM 64. TITLE OF CERTIFIER

Type 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

Type the medical license number of the certifier whose signature appears in Item 67 or 68.

ITEM 66. DATE CERTIFIED (Month, Day, Year)

Enter the exact month, day, and year that the certifier signed the Death Certificate to certify the above information. You may abbreviate the month. To be completed by the medical certifier.

ITEM 67. MEDICAL CERTIFIER - TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED – (SIGNATURE)

Signature of Medical Certifier **OTHER THAN A** Medical Examiner.

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

ITEM 68. MEDICAL EXAMINER - 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 69. RECORD AMENDMENT

This item is reserved for use by the registrar.