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## FAST FACTS AND CONCEPTS #155

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**Background** Physicians are responsible for providing proper documentation of death. This Fast Fact reviews key steps in the completion of a death certificate.

**Importance of Proper Completion Death** certificate information is a permanent record of death. It is usually necessary for burial and settlement of the deceased's estate. Written documentation of the cause of death, in addition to direct communication, may provide family members with closure and peace of mind. Death certificates are also used to 1) evaluate the general health of the population, 2) assess the prevalence of medical problems among specific groups, 3) identify areas where medical research may have the greatest impact, and 4) apportion health services, grants, and other resources to common illnesses.

### Basic Guidelines

- State laws provide guidelines for who can complete a death certificate. Certification and completion of death certificates is usually the primary responsibility of the physician. However, in some states, death may be certified by the attending physician or attending advanced practice nurse.
- Verify the correct spelling of names.
- Personally sign the death certificate; stamps and faxes are unacceptable.
- Complete all required items. If necessary, write "unknown" or "pending further study."
- Common Errors
  - Do not delay completion of the certificate. Some states have specific time periods and civil and/or criminal penalties for non-completion. Moreover, funeral homes will typically not proceed with burial without the death certificate.
  - Do not use abbreviations.
  - Spell out the month; do not use numbers.
  - Use 24 hour clock rather than 12:00 midnight.
  - Do not alter the document; erase any parts or use white-out.
  - Avoid cursive writing; print clearly or type using black ink.

**Causality of Death** This section of the certificate often consists of two parts. The first part asks for a sequential chain of events that led to death, and the time interval between onset of a condition and death. The most immediate cause of death is stated on line a and the underlying causes follow on lines b, and so on. In assessing the approximate interval between onset and time of death, terms such as "unknown" or "approximately" may be used and general terms such as "minutes," "hours," and "days" are acceptable. The second part asks about other significant conditions that contributed to death, but that did not result in the underlying cause stated previously.

**Mechanism vs. Cause of Death** It is important not to write the mechanism of death (i.e. cardiac arrest, respiratory arrest) as the cause of death. The mechanism of death is the physiologic derangement or biochemical disturbance by which the cause of death exerts its lethal effect. For accurate public health records, the cause of death (e.g. chronic obstructive pulmonary disease) is more helpful than the mechanism of death (e.g. respiratory failure). When there is doubt as to the cause of death, it is acceptable to enter "unknown" or "pending further study." In some states, a condition may also be listed as "probable." As additional medical information, such as an autopsy report, becomes available, the certifying physician should immediately report amendments to the state vital records office or local registrar.

**Note:** Death certificates are governed by state statutes; variations exist in reporting requirements and specific terminology. Listed below are common terms and definitions that are generally interchangeable between states. The table presents some examples.

- **Immediate (or Principle) Cause** = Final complication resulting in death.
- **Intermediate (or Antecedent or Underlying) Cause** = Disease or condition causing the immediate cause of death.
- **Underlying (or Contributory) Cause** = The condition present before and leading to the intermediate or immediate cause of death.

	<b>Example 2</b>	<b>Example 3</b>	<b>Example 4</b>
<b>Line A</b>	Acute Exacerbation of Obstructive Airway Disease	Pulmonary Embolism	<i>Pneumocystis jiroveci pneumonia</i>
<b>Line B</b>	Chronic Bronchitis	Deep Venous Thrombosis	Acquired Immunodeficiency Syndrome
<b>Line C</b>		Metastatic Non- Small Cell Lung Cancer	Human Immunodeficiency Virus
<b>Mechanism of death</b>	Respiratory Arrest	Respiratory Arrest	Septic Shock
<b>Other Significant Conditions</b>	Smoking	Stroke, Hemiparesis	

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