Lesson Title: Physicians Completing the Oklahoma Certificate of Death

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Performance Objective

To accurately fill out the Medical Information Section, Items 25 through 49, of the Oklahoma Certificate of Death.

How will objectives be evaluated?

By the observance of more complete and accurate submissions of Medical Information on Oklahoma Certificates of Death.

References

Oklahoma State Law, Title 63, Article 3 - Vital Statistics.

Oklahoma Administrative Code, Title 310, Chapter 105. Vital Statistics Regulations.

Physician's Handbook on Medical Certification of Death. (2003 Revision) Published by the CDC National Center for Health Statistics.

Introduction

This training is designed to provide physicians with instructions for completing and filing the Oklahoma Certificate of Death. According to State Law, 63 OS 1-317, a death certificate is to be filed with the State within three days of the event. It further states that funeral directors have 24 hours after the death to fill out the Personal Information portion of the certificate and then deliver it to the attending physician. The physician then has 48 hours after the death to fill out the Medical Information portion and return the certificate to the funeral director. The funeral director files the certificate with the State Registrar.

Death registration is important for three reasons:

1. Legal Reasons - The death certificate is a permanent legal record of the fact of death. Oklahoma law stipulates that a death certificate **is** to be filed (63 OS 1-317(a). Therefore, it is a legal requirement. It provides important information about: the decedent, the cause of death, and final disposition. This information is used in the application for insurance benefits, settlement of pension claims,

and transfer of title of real and personal property. The certificate is prima facie evidence of the fact of death and, therefore, can be introduced in court as evidence when a question about the death arises.

2. Personal Reasons - The death certificate in many cases provides family members with closure, peace of mind, and documentation of the cause of death. It also provides peace of mind by facilitating efficient processing of needed benefits as those described above.

3. Vital Statistics Reasons - The death certificate is the source for state and national mortality statistics. It is needed for a variety of medical and health-related research efforts. It is used to determine which medical conditions receive research and development funding, to set public health goals and policies, and to measure health status at local, state, national, and international levels. This data is valuable as a research tool and by influencing research funding.

Statistical data derived from death certificates can be no more accurate than the information on the certificate. Therefore, it is important that everyone involved with the registration of deaths strives for complete, accurate, and prompt reporting of these events.

Physician's Responsibility

In general, the physician's duties are to:

- Be familiar with State regulations on death certifications without medical attendance or involving external causes that may require the physician to report the case to the Office of the Chief Medical Examiner. (63 OS 938)

- Complete the relevant portions of the death certificate.

- Deliver the signed death certificate to the funeral director promptly so that the funeral director can file it with the State registrar within the three (3) days prescribed by State law.

- Assist the State Registrar by answering any questions promptly.

- Deliver a supplemental report of cause-of-death to the Oklahoma Vital Records Division when autopsy findings or further information reveals the cause of death to be different from what was originally reported.

General Instructions for Completing Death Certificates

- Use the current Oklahoma Certificate of Death.

- Complete each required item.

- Make the entry legible. Use a computer printer with high resolution, typewriter with good black ribbon and clean keys, or print legibly using permanent black ink.

- Try to avoid abbreviations whenever possible.

- Verify the spelling of names, especially those that have different spellings for the same sound.

- Refer problems to the Oklahoma State Department of Health Vital Records Division.

- Obtain all signatures; rubber stamps or other facsimile signatures are not acceptable.

- Do not make alterations or erasures.

- Return the original certificate to the funeral director. Reproductions or duplicates are not acceptable.

Completing the Certificate of Death

These instructions pertain to the 2004 Revision {Form VS-154(1-04)} and 2009 Revision {Form VS-154(7-08)} of the State of Oklahoma Certificate of Death. The physician completes Items 25 through 49.

For all items on the death certificate, "unknown" is an entry option. **However, please understand that this should be the exception and not the common practice! Every attempt should be made to obtain the information requested for record submission.**

If an item does not apply to a particular situation, you can leave it blank. Otherwise, all required items must be completed. If there are required items left blank on the certificate, it will be rejected in accordance with Oklahoma Administrative Code 310:105-1-2(1).

Item 25. Place of Death

If the decedent was pronounced dead in a hospital, check the box indicating the decedent's status at the hospital: Inpatient, Emergency room/Outpatient or Dead on Arrival. Hospitals are licensed institutions providing patients diagnostic and therapeutic services by a medical staff.

If the decedent was pronounced dead somewhere else, check the box indicating whether pronouncement occurred at a hospice facility, nursing home/long-term care facility, decedent's home, or other location.

Hospice facility refers to a licensed institution providing hospice care (e.g., palliative and supportive care for the dying), not to hospice care that might be provided in a number of different settings, including a patient's home.

If death was pronounced at a licensed long-term care facility, check the box that indicates nursing home/long term care facility. A long-term care facility is not a hospital, but provides patient care beyond custodial care (e.g., nursing home, skilled nursing facility, long-term care facilities, convalescent care facility, extended care facility, intermediate care facility, residential care facility, congregate care facility).

If death was pronounced in the decedent's home, check the box that indicates decedent's home. A decedent's home includes independent living units including private homes, apartments, bungalows, and cottages.

If death was pronounced at a licensed ambulatory/surgical center, orphanage, prison ward, public building, birthing center, facilities offering housing and custodial care, but not patient care (e.g., board and care home, group home, custodial care facility, foster home), check "Other (specify)." If "Other(specify)" is checked, specify where death was legally pronounced, such as a prison ward, physician's office, the highway where a traffic accident occurred, a vessel at sea, orphanage, group home, or at work.

Item 26. Facility Name

If the death occurred in a hospital, enter the full name of the hospital.

If death 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 en route to a hospital fall in this category.

If the death occurred in another type of institution such as a nursing home, enter the name of the institution where the decedent died.

If the death occurred at home, enter the house number and street name.

If the death occurred at some place other than those described above, enter the number and street of the place or building where the decedent died.

If the death occurred on a moving conveyance, enter the name of the "moving conveyance. For example, if death occurred at sea, enter the name of the vessel

(ex, S.S. Olive Seas), or if death occurred in flight, enter the flight designation (ex, Eastern Airlines Flight 296).

Item 27. City or Town, State and ZIP Code of Location of Death

Enter the name of the city, town, village, or location, State, and ZIP Code where death occurred.

Item 28. County of Death

Enter the name of the county of the institution or address given in Item 26 where death occurred.

Item 29. Date of Death

Enter the exact month, day, and four-digit year that the decedent was pronounced dead.

Item 30. Time of Death

Enter the exact time the decedent was pronounced dead. If the exact time of death is unknown, the person who pronounces the body dead should approximate the time. "Approx" should be placed before the time.

Item 31. Was Medical Examiner Contacted?

Enter "Yes" if the medical examiner was contacted in reference to this case, whether the medical examiner accepted the case as their jurisdiction or not. Otherwise, enter "No." Do not leave this item blank.

Item 32. Was an Autopsy Performed?

Enter "Yes" if a partial or complete autopsy was performed. Otherwise enter "No."

Item 33. Were Autopsy Findings Available to Complete the Cause of Death?

Enter "Yes" if the autopsy findings were available at the time that cause of death was determined. Otherwise enter "No." Leave this item blank if no autopsy was performed.

Item 34. Cause of Death - Part I

Follow the instructions printed on the certificate.

The cause of death means the disease, abnormality, injury, or poisoning that caused the death, not the mechanism of death, such as cardiac or respiratory arrest, shock, or heart failure.

The immediate cause of death (final disease or condition resulting in death) is reported on line (a). Antecedent conditions, if any, that gave rise to the cause are reported on lines (b), (c), and (d). The underlying cause (disease or injury that initiated events resulting in death) should be reported on the last line used in Part I. No entry is necessary on lines (b), (c), and (d) if the immediate cause of death on line (a) describes completely the sequence of events. ONLY ONE CAUSE SHOULD BE ENTERED ON A LINE.

Space is provided to the right of the lines for recording the interval between the presumed onset of the condition (not the diagnosis of the condition) and the date of death. This should be entered for all condition in Part I. These intervals usually are established by the physician on the basis of available information. In some cases the interval will have to be estimated ("approximately" may be used). General terms, such as "minutes," "hours," or "days" are acceptable if necessary. If the time of onset is entirely unknown, enter "unknown." Do not leave item blank.

Item 35. Cause of Death - Part II

Follow the instructions printed on the certificate.

All other important diseases or conditions that were present at the time of death and that may have contribute to the death, but did not lead to the underlying cause of death listed in Part I, or were not reported in the chain of events in Part I, should be recorded in this section.

Common Problems in Death Certification

Often several acceptable ways of writing a cause-of-death statement exist. Optimally, a certifier will be able to provide a simple description of the process leading to death that is etiologically clear and be confident that this is the correct sequence of causes. However, realistically, description of the process is sometimes difficult because the certifier is not certain.

In this case, the certifier should think through the causes about which he/she is confident and what possible etiologies could have resulted in these conditions. The certifier should select the causes that are suspected to have been involved and use words such as "probable" or "presumed" to indicate that the description provided is not completely certain. If the initiating condition reported on the death certificate could have arisen from a pre-existing condition, but the certifier cannot determine the etiology, he/she should state that the etiology is unknown, undetermined, or unspecified, so it is clear that the certifier did not have enough

information to provide even a qualified etiology. **Reporting a cause of death as unknown should be a last resort.**

The **elderly decedent** should have a clear and distinct etiological sequence for cause of death, if possible. Terms such as senescence, infirmity, old age, and advanced age have little value for public health or medical research. Age is recorded elsewhere on the certificate. When a number of conditions resulted in death, the physician should choose the single sequence that, in his/her opinion, best describes the process leading to death, and place any other pertinent conditions in Part II. "Multiple system failure" could be included in Part II, but the systems need to be specified to ensure that the information is captured. If after careful consideration, the physician cannot determine a sequence that ends in death, then the medical examiner should be consulted about conducting an investigation or providing assistance in completing the cause of death.

The **infant decedent** should have a clear and distinct etiological sequence for cause of death, if possible. "Prematurity" should not be entered without explaining the etiology of prematurity. Maternal conditions may have initiated or affected the sequence that resulted in infant death, and such maternal causes should be reported in addition to the infant causes on the infant's death certificate (e.g., hyaline membrane disease **due to** prematurity, 28 weeks **due to** placental abruption **due to** blunt trauma to mother's abdomen).

When **Sudden Infant Death Syndrome** (SIDS) is suspected, a complete investigation is to be conducted by the medical examiner.

Most certifiers will find themselves, at some point, in the circumstance in which they are **unable to provide a simple description of the process of death**. In this situation, the certifier should try to provide a clear sequence, qualify the causes about which he/she is uncertain, and be able to explain the certification chosen.

When processes such as the following are reported, additional information about the etiology should be reported:

Abscess
Abdominal hemorrhage
Adhesions
Adult respiratory distress syndrome
Acute myocardial infarction
Altered mental status
Anemia
Anoxia Anoxic encephalopathy
Arrhythmia
Ascites
Aspiration
Atrial fibrillation
Bacteremia
Bedridden
Biliary obstruction
Bowel obstruction
Brain injury
Brain stem herniation
Carcinogenesis
Carcinomatosis
Cardiac arrest
Cardiac dysrhythmia
Cardiomyopathy
Cardiopulmonary arrest
Cellulitis
Cerebral edema
Cerebrovascular accident
Cerebellar tonsillar herniation
Chronic bedridden state
Cirrhosis
Coagulopathy
Compression fracture
Congestive heart failure
Convulsions
Decubiti
Dehydration
Dementia (when not otherwise specified)
Diarrhea
Disseminated intra vascular coagulopathy
Dysrhythmia
End-stage liver disease
End-stage renal disease
Epidural hematoma
Exsanguination
Failure to thrive
Fracture
Gangrene
Gastrointestinal hemorrhage
Heart failure
Hemothorax
Hepatic failure
Hepatitis
Hepatorenal syndrome

Hyperglycemia
Hyperkalemia
Hypovolemic shock
Hyponatremia
Hypotension
Immunosuppression
Increased intra cranial pressure
Intra cranial hemorrhage
Malnutrition
Metabolic encephalopathy
Multiorgan failure
Multisystem organ failure
Myocardial infarction
Necrotizing soft-tissue infection
Old age
Open (or closed) head injury
Pancytopenia
Paralysis
Perforated gallbladder
Peritonitis
Pleural effusions
Pneumonia
Pulmonary arrest
Pulmonary edema
Pulmonary embolism
Pulmonary insufficiency
Renal failure
Respiratory arrest
Seizures
Sepsis
Septic shock
Shock
Starvation
Subdural hematoma
Subarachnoid hemorrhage
Sudden death
Thrombocytopenia
Uncal herniation
Urinary tract infection
Ventricular fibrillation
Ventricular tachycardia
Volume depletion

If the certifier is unable to determine the etiology of a process such as those shown above, the process must be qualified as being of an unknown, undetermined, probable, presumed, or unspecified etiology so it is clear that a distinct etiology was not inadvertently or carelessly omitted.

The following conditions and types of death might seem to be specific or natural. However, when the medical history is examined further it may be found to be complications of an injury or poisoning (possibly occurring long ago). Such cases must be reported to the medical examiner.

Asphyxia
Bolus
Choking
Drug or alcohol overdose/drug or alcohol abuse
Epidural hematoma
Exsanguination
Fall
Fracture
Hip fracture
Hyperthermia
Hypothermia
Open reduction of fracture
Pulmonary emboli
Seizure disorder
Sepsis
Subarachnoid hemorrhage
Subdural hematoma
Surgery
Thermal burns/chemical burns

Item 36. Manner of Death

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.

All deaths due to external causes must be referred to the medical examiner. If the manner of death checked in Item 36 was anything other than natural, Items 39 through 45 must be completed.

Item 37. If Female

If the decedent is a female, check the appropriate box in Item 37. If the decedent is a male, leave the item blank. If the female is either older that 75 years of age or younger than 5 years of age, check the "Not pregnant with past year" box.

Item 38. Did Tobacco Use Contribute to Death?

Check "Yes" if, in the physician's opinion, any use of tobacco or tobacco exposure contributed to death. For example, tobacco use may contribute to deaths due to emphysema or lung cancer. Tobacco use also may contribute to some heart disease and cancers of the head and neck. Tobacco use should also

be reported in deaths due to fires started by smoking. Check "Yes," if in the physician's clinical judgment, tobacco use contributed to this particular death. Check "No,' if, in the physician's opinion, the use of tobacco did not contribute to death.

Items 39 through 45. Accident or Injury - To be filled out in all cases of deaths due to injury or poisoning.

Complete these items in cases where injury caused or contributed to the death. All deaths resulting from injury must be reported to the medical examiner who will certify the cause of death. **Therefore, the medical examiner will be the one to complete Items 39 through 45**.

Item 39. Date of Injury

Enter the exact month, day, and year that the injury occurred. The date of injury may not necessarily be the same as the date of death. Estimates may be provided with "Approx" placed before the date.

Item 40. Time of Injury

Enter the exact time when the injury occurred, according to local time. If the exact time of death is unknown, the time should be approximated by the person who certifies the death. "Approx" should be placed before the time. The date of injury may differ from the date of death.

Item 41. Place of Injury

Enter the general type of place (such as restaurant, vacant lot, baseball field, construction site, office building, or decedent's home) where the injury occurred. DO NOT enter firm or organization names.

Item 42. Describe How Injury Occurred

Enter, in narrative form, a brief but specific and clear description of how the injury occurred. Explain the circumstances or cause of the injury, such as "fell off ladder while painting house," "driver of car ran off roadway," or "passenger in car in car-truck collision." Specify type of gun (e.g., handgun, hunting rifle) or type of vehicle (e.g., car, bulldozer, train, etc.) when relevant to circumstances. Indicate if more than one vehicle was involved; specify type of vehicle decedent was in. For motor vehicle accidents, indicate whether the decedent was a driver, passenger, or pedestrian.

If known, indicate what activity the decedent was engaged in when the injury occurred (e.g., playing a sport, working for income, hanging out at a bar).

Item 43. Injury at Work?

Enter "Yes" if the injury occurred at work. Otherwise enter "No." An injury may occur at work regardless of whether the injury occurred in the course of the decedent's "usual" occupation.

Examples of injury at work and injury not at work follow:

Injury at work	Injury not at work
Injury while working or in vocational training on job premises	Injury while engaged in personal recreational activity on job premises
Injury while on break or at lunch or in parking lot on job premises	Injury while a visitor (not on official work business) to job premises
Injury while working for pay or compensation, including at home	Homemaker working at homemaking activities
Injury while working as a volunteer law enforcement official etc.	Student in school
Injury while traveling on business, including to or from business contacts	Working for self for no profit (mowing yard, repairing own roof, hobby)
	Commuting to or from work

These guidelines were developed jointly by: The National Association for Public Health Statistics and Information Systems (NAPHSIS), the National Institute of Occupational Safety and Health (NIOSH), the National Center for Health Statistics (NCHS), and the National Center for Environmental Health and Injury Control (NCEHIC). For questions contact the Oklahoma State Department of Health Vital Records Division.

Item 44. Location of Injury

Enter the complete address where the injury took place, including ZIP Code. Fill in as many of the items as is known.

Item 45. If Transportation Injury, Specify:

Specify role of decedent (e.g., driver, passenger) in the transportation accident. "Driver/Operator" and "Passenger" should be designated for modes other than motor vehicles such as bicycles. "Other" applies to watercraft, aircraft, animal, or people attached to outside of vehicles (e.g., "surfers") but are not bonafide passengers or drivers.

Item 46. Certifier

According to State Law, 63 OS 1-317(c), "The medical certification shall be completed and signed . . . by the physician in charge of the patient's care for the illness or condition which resulted in death . . ." The medical certifier fitting this legal definition will check the first box, "Physician in charge of the patient's care."

According to State Law, 63 OS 1-317(d), "In the event that the physician in charge of the patient's care for the illness or condition which resulted in death is not in attendance at the time of death, the medical certification shall be completed and signed . . . by the physician in attendance at the time of death." The medical certifier fitting this legal definition will check the second box, "Physician in attendance at time of death only."

In both paragraphs (c) and (d) referred to above, there is a clause reading "except when inquiry as to the cause of death is required by Section 938 of this title." This refers to cases where investigation is required by the medical examiner. When the medical examiner claims jurisdiction of the case, he/she will check the third box, "Medical Examiner."

The physician who certifies to the cause of death in Items 34 and 35 signs the certificate in permanent black ink. The degree or title of the physician should also be indicated. Rubber stamps or facsimile signatures are not permitted.

Item 47. Name, Address and ZIP Code of Person Completing Cause of Death

Type or print the full name and address of the person whose signature appears in Item 46.

Item 48. License Number

Enter the State license number of the physician who signs the certificate in Item 46.

Item 49. Date Death Certified

Enter the exact month, day, and year that the certifier signed the certificate.

Return the Original Certificate to the Funeral Director

The funeral director will review the certificate for completeness and accuracy.

If there is a problem with the Medical Information portion of the certificate, the funeral director is urged to bring it to the physician's attention. The funeral director is required to file an accurate certificate. Please cooperate with the funeral director in this effort.

If the funeral director finds a problem in the Personal Information portion of the certificate, they may have to make a new certificate. This means they will have to ask you to repeat your efforts. The funeral director is required to file an accurate certificate. Please cooperate with the funeral director in this effort.

Upon final completion, the funeral director will turn the certificate in to the State Registrar.