Examples of properly completed medical certifications

CAUSE OF DEATH (See instructions and examples)

32. PART I. Enter the chain of events, diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Rupture of myocardium  
   Due to (or as a consequence of):
   Cardiac arrest
   Cardiac fibrillation
   Cardiac failure

b. Acute myocardial infarction
   Due to (or as a consequence of):
   Hypertension
   Arteriosclerosis

33. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I

Diabetes, Chronic obstructive pulmonary disease, smoking

34. WERE AUTOPISY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?  
   No

CAUSE OF DEATH (See instructions and examples)

32. PART II. Enter the chain of events, diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition leading to death)

a. Aspiration pneumonia
   Due to (or as a consequence of):
   Failure of the swallowing mechanism
   Infection

b. Complications of coma
   Due to (or as a consequence of):
   Seizures
   Shock

33. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I

Exsanguination

34. WERE AUTOPISY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?  
   Yes

Common problems in death certification

The elderly decedent should have a clear and distinct etiological sequence for cause of death, if possible. Terms such as senescence, Infinity, old age, and advanced age have little value for public health or medical research. When a number of conditions resulted in death, the physician should choose the simple sequence that, in his or her opinion, best describes the process leading to death; and place any other pertinent conditions in Part II. If after careful consideration the physician cannot determine a sequence that ends in death, then the medical examiner or coroner should be consulted about conducting an investigation or providing assistance in completing the cause of death.

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

- Asthma
- Cardiac arrhythmias
- Cardiac failure
- Chronic obstructive pulmonary disease
- Congestive heart failure
- Cerebrovascular disease
- Dehydration
- Disseminated intravascular coagulation
- Drug abuse
- Drug overdose
- End-stage renal disease
- Exsanguination
- Hyperkalemia
- Infection
- Hypertension
- Hypothyroidism
- Hypovolemia
- Inflammatory bowel disease
- Multi-organ system failure
- Perforated peptic ulcer
- Peritonitis
- Pulmonary embolism
- Pulmonary edema
- Subdural hematoma
- Seizures
- Starvation
- Sudden death
- Subarachnoid hemorrhage
- Traumatic brain injury
- Tumor
- Urinary tract infection
- Ventricular tachycardia
- Viral myocarditis

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 but when the medical history is examined further may be found to be complications of an injury or poisoning (possibly occurring long ago).

Such cases should be reported to the medical examiner/coroners office:

- Accidental
- Suicidal
- Homicide
- Unspecified
- Pending Investigation
- Undetermined
- Probable
- Presumed
- Unidentified
- Other

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