

# **“Proper Completion of a Death Certificate”**

**Pennsylvania Department of Health**

Bureau of Health Statistics and Research

Division of Statistical Registries

Division of Vital Records

# Why should you care?

1. Completion of the death certificate is the final act of care given to a patient and provides closure to the family
2. The death certificate is much more than just an administrative document

# Why should you care?

- Information from the death certificate, including the cause of death, is used to generate official mortality statistics such as:
  - Life expectancy
  - Deaths and death rates by cause of death, geographic area and socio-demographic characteristics
  - Leading causes of death
  - Infant and maternal mortality rates

# Why should you care?

- Mortality statistics generated from death certificates are used to:
  - **Assess the general health of the population**
  - **Examine medical problems which may be found among specific groups of people**
  - **Indicate areas in which medical research may have the greatest impact on reducing mortality**
  - **Allocate medical services, funding, and other resources**



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We strive to...

- Promote Healthy Lifestyles
- Prevent Injury and Disease
- Assure the Safe Delivery of Quality Health Care

For all commonwealth citizens.



Foulkeways CEO Doug Tweddale, Sen. Stewart Greenleaf, and state Rep. Kate Harper join Secretary of Health Dr. Eli Avila as he presented the Pennsylvania Nursing Home Award for Excellence to Foulkeways at Gwynedd Nursing Home on June 9th.

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Table C-11A  
**Selected Causes of Death by Age Group**  
**Number and Rank: Pennsylvania Residents, 2003**

Cause of Death	All Ages*		Under 5 Years		5 - 24 Years		25 - 44 Years		45 - 64 Years		65 - 84 Years		85 Years & Over	
	Number	Rank	Number	Rank	Number	Rank	Number	Rank	Number	Rank	Number	Rank	Number	Rank
All Causes	128,890		1,222		1,639		5,158		19,443		62,121		39,284	
Diseases of Heart	37,805	1	27	4	54	5	644	3	4,568	2	17,913	1	14,594	1
Malignant Neoplasms	29,601	2	17	6	99	4	794	2	6,726	1	17,335	2	4,626	2
Cerebrovascular Disease	8,180	3	3		14	7	101	9	652	5	3,885	3	3,524	3
Chronic Lower Respiratory Dis.	5,980	4	1		13	8	53		605	6	3,695	4	1,612	5
Accidents	4,921	5	79	3	767	1	1,262	1	1,058	3	1,074	10	679	10
Nontransport Accidents	3,244		63		277		798		682		803		620	
Motor Vehicle Accidents	1,598		15		475		439		346		264		59	
Other Transport Accidents	79		1		15		25		30		7		0	
Diabetes Mellitus	3,705	6	0		5		116	8	687	4	2,082	5	815	8
Nephritis, Nephrotic Syndrome and Nephrosis	2,992	7	5	9	2		46		306	10	1,587	6	1,045	7
Influenza & Pneumonia	2,974	8	14	8	12	10	43		201		1,253	8	1,451	6
Alzheimer's Disease	2,932	9	0		0		0		22		1,096	9	1,814	4
Septicemia	2,452	10	17	6	13	8	57	10	345	9	1,286	7	733	9
Intentional Self-harm (Suicide)	1,330		0		191	3	473	4	445	8	189		32	
Chronic Liver Dis. and Cirrhosis	1,158		0		0		118	7	455	7	524		61	
Parkinson's Disease	1,000		0		0		0		12		629		359	
Essential Hypertension and Hypertensive Renal Disease	943		0		1		11		119		433		379	
In Situ, Benign, and Uncertain Neoplasms	766		4		9		23		90		423		217	
Assault (Homicide)	666		23	5	231	2	285	5	92		31		4	

# Brief History

- ICD developed by WHO 1<sup>st</sup> formalized in 1893
- Currently using 10<sup>th</sup> revision released in 1999 which uses alpha-numeric coding system

## CERTIFICATE OF DEATH

1. Decedent's legal name (last, middle, first, suffix)		2. Sex	3. Social Security Number	4. Date of Death (M/D/Year) (Spell Out)	
5a. Age-Last Birthday (Yr)	5b. Under 1 Year Month Days	5c. Under 1 Day Hours Minutes	5. Date of Birth (M/D/Year) (Spell Month)		7a. Birthplace (City and State or Foreign Country)
6a. Residence (State or Foreign Country)		6b. Residence (Street and Number - include Apt. No.)	6c. Did Decedent Live in a Fireproof? <input type="checkbox"/> Yes, decedent lived in _____ apt. <input type="checkbox"/> No, decedent lived within limits of _____ city/town.		
8a. Residence (County)	8b. Residence (Zip Code)	10. Marital Status at Time of Death <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
9. Ever in US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		11. Surviving Spouse's Name (if wife, give name prior to first marriage)		12. Father's Name (First, Middle, Last, Suffix)	
13. Informant's Name		14b. Relationship to Decedent	13c. Informant's Mailing Address (Street and Number, City, State, Zip Code)		
15. Place of Death (Check only one) <input type="checkbox"/> Death Occurred in Home <input type="checkbox"/> Inpatient <input type="checkbox"/> Death Occurred Somewhere Other Than a Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify) _____					
16a. Facility Name (if not institution, give street and number)		16c. City or Town, State, and Zip Code		16d. County of Death	
16b. Method of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Burial in New State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		16d. Date of Disposition		16e. Place of Disposition (Name of cemetery, conservatory, or other place)	
16f. Location of Disposition (City or Town, State, and Zip)		17a. Signature of Funeral Service Licensee or Person in Charge of Informant		17b. License Number	
18a. Name and Complete Address of Funeral Facility					
18. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> No diploma, 24th - 25th grade <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, BS, BS)		19. Decedent of Hispanic Origin - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____		20. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be. <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hawaiian or Other Native <input type="checkbox"/> Other (Specify) _____	
21. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be. <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hawaiian or Other Native <input type="checkbox"/> Other (Specify) _____		22. Decedent's Usual Occupation - In State type of work done during most of working life. DO NOT USE RETIRED.		23. Kind of Business/Industry	
24a. Date Pronounced Dead (M/D/Year)		24b. Time of Death		25. Was Medical Examiner or Coroner Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Date Signed (M/D/Year)		27. Signature of Person Pronouncing Death (Only when applicable)		28. License Number	
<b>CAUSE OF DEATH</b>					
29. Part I. Enter the <u>chain of events</u> - disease, injury, or complication - 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. _____ Due to (or as a consequence of)		Approximate Interval: _____	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the IMMEDIATE CAUSE (Disease or injury that initiated the events resulting in death) LAST.		b. _____ Due to (or as a consequence of)		Interval: _____	
c. _____ Due to (or as a consequence of)		d. _____ Due to (or as a consequence of)		Interval: _____	
30. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					
31. Was an autopsy performed? <input type="checkbox"/> Yes <input type="checkbox"/> No		32. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No		33. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
34. Female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		35. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		36. Date of Injury (M/D/Year) (Spell Month)	
37. Place of Injury (e.g. home; construction site; farm; school)		38. Location of Injury (Street and Number, City, County, State, Zip Code)			
39. Injury at Work <input type="checkbox"/> Yes <input type="checkbox"/> No		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____		41. Describe How Injury Occurred:	
42. Certifier - physician, certified nurse practitioner, medical examiner/coroner (Check only one). <input type="checkbox"/> Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.					
43a. Name, Address and Zip Code of Person Completing Cause of Death (Item 26)		43b. Title of Certifier		43c. License Number	
44. Registrar's District Number		45. Registrar's Signature		46. Date Signed (M/D/Year)	
47. Registrar's Date (M/D/Year)		48. Registrar's Signature			

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ALL USES

To Be Completed By: MEDICAL CERTIFIER

NAME OF DECEDENT



# Standard format for reporting cause of death

Part I. Diseases, injuries, or complications that caused the death

Approximate interval between onset and death

Immediate cause a.

Bleeding esophageal varices

Due to (or as a consequence of)

Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last

b.  
c.  
d.

Due to (or as a consequence of)

Due to (or as a consequence of)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause

# Standard format for reporting cause of death

Part I. Diseases, injuries, or complications that caused the death

Approximate interval between onset and death

Immediate cause	a.	<u>Bleeding esophageal varices</u>	<hr/>
		Due to (or as a consequence of)	
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	b.	<u>Portal hypertension</u>	<hr/>
		Due to (or as a consequence of)	
	c.	<u>Liver cirrhosis</u>	<hr/>
		Due to (or as a consequence of)	
	d.	<u>Hepatitis B</u>	<hr/>

Part II. Other significant conditions contributing to death but not resulting in the underlying cause

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# Underlying Cause of Death

- The disease that initiated the train of morbid events leading directly to death

or...

- The circumstances of the accident or violence that produced the fatal injury

# Standard format for reporting cause of death

Part I. Diseases, injuries, or complications that caused the death

Approximate interval between onset and death

Immediate cause	a.	<u>End stage Renal Failure</u> Due to (or as a consequence of)	<u>Weeks</u>
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	b.	<u>COPD</u> Due to (or as a consequence of)	<u>Years</u>
	c.	<u>Congestive Heart Failure</u> Due to (or as a consequence of)	<u>Years</u>
	d.	<u>Cardiomyopathy</u>	<u>Years</u>

Part II. Other significant conditions contributing to death but not resulting in the underlying cause: Diabetes Mellitus, Hypertension

# General Instructions

- Events and conditions should be logically linked in terms of time, etiology and pathology
- Underlying cause should be on the last used line in Part I
- Prefer one cause on each line in Part I
- If multiple morbid conditions are present and the underlying cause is uncertain, construct a logical sequence for Part I and then list other conditions in Part II
- If more lines are needed, add additional lines or write 'due to' between conditions on the same line – do not continue the sequence into Part II

# Standard format for reporting cause of death

Part I. Diseases, injuries, or complications that caused the death

Approximate  
interval between  
onset and death

Immediate cause	a.	<b>Coma</b>	_____	_____
		Due to (or as a consequence of)		
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	b.	<b>Myocardial Infarction with CVA</b>	_____	_____
		Due to (or as a consequence of)		
	c.	<b>Atherosclerosis, Hypertension</b>	_____	_____
		Due to (or as a consequence of)		
	d.		_____	_____

Part II. Other significant conditions contributing to death but not resulting in the underlying cause

# Sample

Part I. Diseases, injuries, or complications that caused the death.

Approximate  
interval between  
onset and death

Immediate cause	a.	<b>Obstructive Bladder Ca - Terminal</b> Due to (or as a consequence of)	
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	b.	<b>Renal Failure</b> Due to (or as a consequence of)	
	c.	<b>E. Coli Septicemia</b> Due to (or as a consequence of)	
	d.		

Part II. Other significant conditions contributing to death but not resulting in the underlying cause

# Interval between onset and death

- For each condition reported, report the interval between the presumed onset of the condition (not the date of diagnosis) and the date of death
- General terms such as minutes, hours, days or years are OK
- Terms “unknown” or “approximately” may be used



# Case 1

This 75 year-old male was admitted to the hospital complaining of severe chest pain. He had a 10 year history of arteriosclerotic heart disease with EKG findings of myocardial ischemia and several episodes of congestive heart failure controlled by digitalis preparations and diuretics. Five months before this admission, the patient was found to be anemic, with an hematocrit of 17, and to have occult blood in the stool. A barium enema revealed a large polypoid mass in the cecum diagnosed as carcinoma by biopsy.

Because of the patient's cardiac status, he was not considered to be a surgical candidate. Instead, he was treated with a 5 week course of radiation therapy and periodic packed red cell transfusions. He completed this course 3 months before this hospital admission. On this admission the EKG was diagnostic of an acute anterior wall myocardial infarction. He expired 2 days later.

# Case 1 – Actual Certificate

Part I. Diseases, injuries, or complications that caused the death.

Approximate interval between onset and death

Immediate cause	a. <u>Acute myocardial infarction</u> Due to (or as a consequence of)	<u>2 days</u>
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	b. <u>Arteriosclerotic heart disease</u> Due to (or as a consequence of)	<u>10 years</u>
	c. _____ Due to (or as a consequence of)	_____
	d. _____	_____
	_____	_____

Part II. Other significant conditions contributing to death but not resulting in the underlying cause : **Carcinoma of cecum, Congestive heart failure**

## Case 2

A 68 year-old female was admitted to the hospital with dyspnea and moderate retrosternal pain of 5 hours' duration. There was a past history of obesity, Type II diabetes mellitus, hypertension, and episodes of nonexertional chest pain diagnosed as angina pectoris for 8 years. She was admitted to the intensive care unit and monitored. Over the first 72 hours she developed a fourfold elevation of creatine kinase, confirming acute myocardial infarction. A Type II second degree AV block developed, and a temporary pacemaker was put in place. Her later course in the hospital included development of dyspnea with fluid retention and cardiomegaly on chest radiograph. This responded to diuretics. On the seventh hospital day during ambulation, she developed sudden onset of chest pain and increased dyspnea. Acute pulmonary embolus was suspected and confirmed by lung scan and arterial blood gases. While in radiology, she became unresponsive and resuscitation efforts were unsuccessful.

# Case 2 – Actual Certificate

Part I. Diseases, injuries, or complications that caused the death.

Approximate interval between onset and death

Immediate cause	a.	<u>Pulmonary embolism</u> Due to (or as a consequence of)	<u>1 hour</u>
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	b.	<u>Congestive heart failure</u> Due to (or as a consequence of)	<u>4 days</u>
	c.	<u>Acute myocardial infarction</u> Due to (or as a consequence of)	<u>7 days</u>
	d.	<u>Chronic ischemic heart disease</u>	<u>8 years</u>

Part II. Other significant conditions contributing to death but not resulting in the underlying cause: **Diabetes mellitus, Obesity, Hypertension**

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## Case 3

A 78 year-old female was admitted to the hospital from a nursing home for a temperature of 102.6°F. She first became a resident of the nursing home 2 years earlier following a cerebrovascular accident which left her with a mild residual left hemiparesis. Over the next year she became increasingly dependent on others to help her with activities of daily living, eventually requiring an indwelling Foley catheter. For the 3 days prior to admission she was noted to have lost her appetite and to have become increasingly withdrawn.

On admission to the hospital her leukocyte count was 19,700, she had pyuria, and gram-negative rods were seen on a Gram stain of the urine. Ampicillin was administered intravenously. Blood cultures 2 days after admission were positive for *Pseudomonas aeruginosa*. Antibiotic therapy was changed to tobramycin and ticarcillin. Despite the antibiotics, intravenous fluid support, and steroids, the patient's fever persisted. On the fourth day after admission she became hypotensive and died.

# Case 3 – Actual Certificate

Part I. Diseases, injuries, or complications that caused the death.

Approximate interval between onset and death

Immediate cause	a.	<u>Pseudomonas aeruginosa sepsis</u> Due to (or as a consequence of) <u>Pseudomonas aeruginosa urinary tract infection</u>	<u>days</u>
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	b.	<u>Due to (or as a consequence of)</u> <u>In-dwelling bladder catheter</u>	<u>days</u>
	c.	<u>Due to (or as a consequence of)</u> <u>Left hemiparesis due to</u>	<u>6 months</u>
	d.	<u>Old cerebrovascular accident</u>	<u>2 years</u>
			<u>2 years</u>

Part II. Other significant conditions contributing to death but not resulting in the underlying cause

## General Instructions, Cont'd.

- The mode of dying (for example, cardiac arrest and respiratory arrest) should not be used. However, if a mode of dying seems most appropriate to you for line (a), then you should always list it's cause(s) on the line(s) below.

**a.Cardiac arrest**

**b.Arrhythmia**

**c.Ischemic cardiac disease**

## General Instructions, Cont'd

- If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause of death, always report an etiology for the end stage condition on the line(s) beneath it (for example, CHF due to ischemic cardiomyopathy)
- Non-specific processes such as heart failure, renal failure, septicemia, hemorrhage, prematurity, etc. that have more than one possible cause should not be reported as the underlying cause. Always report the etiology of these conditions, if known.



## General Instructions, Cont'd

- Be specific as possible about the conditions reported
- If information with regard to specificity, etiology or the cause of death is unknown – indicate explicitly that this is the case.
- Other important diseases or conditions that were present at the time of death and that may have contributed to death, but were not directly related to the underlying cause of death should be reported in Part II

## Case 4

This 53 year-old male was admitted to his local hospital following 2 days of episodic mid-epigastric and left-sided chest pain, which radiated into his left arm and was accompanied by nausea and vomiting. He gave a history that included 2 years of occasional chest discomfort, a near syncopal episode 6 months prior, hypertension, a 30-year history of 1-pack per day cigarette smoking, congenital blindness, and insulin dependent diabetes mellitus. He was noted to be markedly obese, due to inactivity stemming from his blindness, and to have markedly severe hypercholesterolemia.

At the time of his admission his enzyme studies were normal, but the EKG was considered suspicious for myocardial ischemia. Two days later, he experienced an episode of severe chest pain that responded to nitroglycerin and was accompanied by transient, marked ST segment elevation. At this point, arrangements were made for him to be transferred to a regional medical center for a complete cardiac workup.

A cardiac catheterization demonstrated good ventricles and severe coronary atherosclerosis. He was taken to surgery and underwent a quadruple coronary bypass. Shortly after being taken off the cardiopulmonary bypass machine, he suddenly went into shock and was resuscitated by open cardiac massage. When shock recurred after 10 minutes, and open cardiac massage was again being conducted, a rupture developed in his left atrium, resulting in rapid exsanguination and death.

# Case 4 – Actual Certificate

Part I. Diseases, injuries, or complications that caused the death.

Approximate interval between onset and death

Immediate cause	a.	<u>Rupture of left atrium</u> Due to (or as a consequence of)	<u>minutes</u>
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	b.	<u>Open cardiac massage</u> Due to (or as a consequence of)	<u>minutes</u>
	c.	<u>Post-operative cardiovascular collapse</u> Due to (or as a consequence of)	<u>minutes</u>
		<u>Coronary bypass surgery</u>	<u>30 minutes</u>
	d.	<u>Coronary atherosclerosis</u>	<u>years</u>

Part II. Other significant conditions contributing to death but not resulting in the underlying cause : Diabetes mellitus, Obesity, 1-pack/day cigarette habit, Hypertension, Hypercholesterolemia

# Reporting Malignant Neoplasms

- Primary site
- Metastases – primary and secondary sites should be clearly defined as such
- Cell type
- Grade
- Part of organ affected
- In each case, if important information is unknown, indicate explicitly that this is so

# Example 1

Part I. Diseases, injuries, or complications that caused the death.

Approximate interval between onset and death

Immediate cause	a.	<u>Pulmonary embolism</u> Due to (or as a consequence of)	<u>30 min</u>
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	b.	<u>Deep venous thrombosis in left thigh</u> Due to (or as a consequence of)	<u>3 days</u>
	c.	<u>Acute hepatic failure</u> Due to (or as a consequence of)	<u>3 days</u>
	d.	<u>Moderately differentiated hepatocellular carcinoma</u>	<u>Over 3 months</u>

Part II. Other significant conditions contributing to death but not resulting in the underlying cause

## Example 2

Part I. Diseases, injuries, or complications that caused the death.

Approximate interval between onset and death

Immediate cause	a.	<u>Pulmonary hemorrhage</u> Due to (or as a consequence of)	<u>2 hours</u>
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	b.	<u>Aortopulmonary fistula</u> Due to (or as a consequence of)	<u>6 days</u>
	c.	<u>Well-differentiated squamous cell carcinoma, lung, left upper lobe</u> Due to (or as a consequence of)	<u>5 months</u>
	d.	<u></u>	<u></u>

Part II. Other significant conditions contributing to death but not resulting in the underlying cause: **Cigarette smoking, Hypertension**

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# Example 3a

Part I. Diseases, injuries, or complications that caused the death.

Approximate interval between onset and death

Immediate cause	a.	<u>Staphylococcus pneumonia</u> Due to (or as a consequence of)	<u>25 hours</u>
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	b.	<u>Carcinoma metastatic to both lungs</u> Due to (or as a consequence of)	<u>3 months</u>
	c.	<u>Poorly-differentiated adenocarcinoma, unknown primary site</u> Due to (or as a consequence of)	<u>unknown</u>
	d.	<u> </u>	<u> </u>

Part II. Other significant conditions contributing to death but not resulting in the underlying cause

# Example 3b

Part I. Diseases, injuries, or complications that caused the death.

Approximate interval between onset and death

Immediate cause	a.	<u>Staphylococcus pneumonia</u> Due to (or as a consequence of)	<u>25 hours</u>
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	b.	<u>Carcinoma metastatic to both lungs</u> Due to (or as a consequence of)	<u>3 months</u>
	c.	<u>Poorly-differentiated adenocarcinoma, probable colon primary</u> Due to (or as a consequence of)	<u>unknown</u>
	d.	<u> </u>	<u> </u>

Part II. Other significant conditions contributing to death but not resulting in the underlying cause



# Summary

- Logical sequence in Part I
- Do not copy directly from hospital record – primary diagnosis and underlying cause are not necessarily the same
- If others are more familiar with the case, consult with them on the cause of death

## Summary (cont.)

- Provide as much specificity and detail as can reasonably be determined
- If the cause or specifics are unknown, specify them as such
- The certification should represent your best medical opinion

Pennsylvania Department of Health  
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<http://www.health.state.pa.us/stats>

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