

The **PRONOUNCING PHYSICIAN** is the person who determines that the decedent is legally dead but who was not in charge of the patient's care for the illness which resulted in death. Items 23a through 23c are to be completed only when the physician responsible for completing the medical certification of cause of death (Item 27) is not available at time of death to certify cause of death. The pronouncing physician is responsible for completing only Items 23 - 26.

The **CERTIFYING PHYSICIAN** is the person who determines the cause of death (Item 27). This box should be checked **ONLY** in those cases when the person who is completing the medical certification of cause of death is **NOT** the person who pronounced death (Item 23). The certifying physician is responsible for completing Items 27 through 34.

The **PRONOUNCING AND CERTIFYING PHYSICIAN** box should be checked when the same person is responsible for completing Items 24 through 34; that is, when the same physician has both **PRONOUNCED** death and **CERTIFIED** the cause of death. If this box is checked, Items 23a through 23c should be left blank.

The **MEDICAL EXAMINER / CORONER** box should be checked when investigation is required and the cause of death is completed by a medical examiner or coroner. The medical examiner / coroner is responsible for completing Items 24 through 34.

ITEM 27 - CAUSE OF DEATH (Examples below) All entries must be legible. Use a computer printer with high resolution, typewriter with black ribbon / clean keys, or print legibly using permanent **black** ink when completing **CAUSE OF DEATH** section.

Part I (Chain of events leading directly to death)

- Only **one** cause should be entered on each line. **Line (a) MUST ALWAYS** have an entry. **DO NOT** leave blank. Additional lines may be added, if necessary.
- For each cause indicate best estimate of interval between presumed onset and date of death. "Unknown" or "Approximately" may be used. General terms, e.g., minutes, hours, days, are acceptable, if necessary. **DO NOT** leave blank.
- The terminal event (for example, cardiac arrest or respiratory arrest) should not be used. If a mechanism of death seems most appropriate for line (a), then always list its cause(s) on the line(s) below it (for example, cardiac arrest **due to** coronary artery atherosclerosis or cardiac arrest **due to** blunt impact to chest).
- 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 its etiology on the line(s) beneath it (for example, renal failure due to Type I diabetes mellitus).
- When indicating neoplasms as a cause of death, include the following: 1) Primary site or that the primary site is unknown; 2) Benign or malignant; 3) Cell type or that the cell type is unknown; 4) Grade of neoplasm; 5) Part or lobe of organ affected. (For example, primary well-differentiated squamous cell carcinoma, lung, left upper lobe.)
- Always report the fatal injury (for example, stab wound of chest), the trauma (for example, transection of subclavian vein), and impairment of function (for example, air embolism).

Part II (Other significant conditions)

- Enter all diseases or conditions contributing to death that were not reported in the chain of events in Part I and that did not result in the **underlying cause of death**. See examples below.
- If two or more possible sequences resulted in death, or if two conditions seem to have added together, report in Part I the one that, in your opinion, most directly caused death. Report in Part II the other conditions or diseases.

ITEM 28 - DID TOBACCO USE CONTRIBUTE TO DEATH? Check "Yes" if, in your opinion, the use of tobacco contributed to death. Tobacco use may contribute to deaths due to a wide variety of diseases; for example, tobacco use contributes to many deaths due to emphysema or lung cancer and some heart disease and cancers of the head and neck. Check "No" if, in your clinical judgment, tobacco use did not contribute to this particular death.

ITEM 29 - IF FEMALE (Was Decedent Pregnant at Time of Death or within Past Year?) This information is important in determining pregnancy-related mortality.

ITEM 32b - DESCRIBE HOW INJURY OCCURRED. Enter a brief but specific / clear description of how injury occurred. Explain circumstances or cause of injury. Specify **type of gun or type of vehicle** (e.g., car, bulldozer, train, etc.) when relevant to situation. Indicate if more than one vehicle involved; specify type of vehicle decedent was in.

ITEM 32f - IF TRANSPORTATION INJURY. Specify role of decedent (e.g., driver, passenger). Driver / operator and passenger should be designated for modes other than motor vehicles such as bicycles. Other applies to watercraft, aircraft, animals, or occupants (unknown whether driver or passenger).

<p>Item 27. 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. List only one cause on each line.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) →</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.</p>		<p>Approximate interval: Onset to Death</p> <p>Minutes</p> <p>6 days</p> <p>5 years</p> <p>7 years</p>	<p>Part II: Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I.</p> <p>Diabetes</p> <p>Chronic obstructive pulmonary disease</p> <p>Smoking</p>	<p>28. Did Tobacco Use Contribute to Death?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably</p> <p><input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>29. If Female</p> <p><input checked="" type="checkbox"/> Not pregnant within past year</p> <p><input type="checkbox"/> Pregnant at time of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant within 42 days of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death</p> <p><input type="checkbox"/> Unknown if pregnant within the past year</p>	
<p>30a. Was an Autopsy Performed?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>30b. Were Autopsy Findings Available Prior to Completion of Cause of Death?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>31. Manner of Death</p> <p><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide</p> <p><input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation</p> <p><input type="checkbox"/> Suicide <input type="checkbox"/> Could Not be Determined</p>	<p>32a. Date of Injury (Month, day, year)</p> <p>32b. Describe How Injury Occurred</p>	<p>32c. Place of Injury: Home, Farm, Street, Factory, Office Building, etc. (Specify)</p>	
		<p>32d. Time of Injury</p> <p>M.</p>	<p>32e. Injury at Work?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>32f. If Transportation Injury (Specify)</p> <p><input type="checkbox"/> Driver / Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian</p> <p><input type="checkbox"/> Other - Specify:</p>	<p>32g. Location of Injury (Street, city / town, state)</p>

<p>Item 27. 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. List only one cause on each line.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) →</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.</p>		<p>Approximate interval: Onset to Death</p> <p>2 days</p> <p>7 weeks</p> <p>7 weeks</p> <p>7 weeks</p>	<p>Part II: Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I.</p>	<p>28. Did Tobacco Use Contribute to Death?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>29. If Female:</p> <p><input checked="" type="checkbox"/> Not pregnant within past year</p> <p><input type="checkbox"/> Pregnant at time of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant within 42 days of death</p> <p><input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death</p> <p><input type="checkbox"/> Unknown if pregnant within the past year</p>	
<p>30a. Was an Autopsy Performed?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>30b. Were Autopsy Findings Available Prior to Completion of Cause of Death?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>31. Manner of Death</p> <p><input type="checkbox"/> Natural <input type="checkbox"/> Homicide</p> <p><input checked="" type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation</p> <p><input type="checkbox"/> Suicide <input type="checkbox"/> Could Not be Determined</p>	<p>32a. Date of Injury (Month, day, year)</p> <p>August 15, 2006</p> <p>32b. Describe How Injury Occurred</p> <p>Decedent, driver of van, ran off road into tree</p>	<p>32c. Place of Injury: Home, Farm, Street, Factory, Office Building, etc. (Specify)</p> <p>Roadside near highway</p>	
		<p>32d. Time of Injury</p> <p>approx. 2:20 P.M.</p>	<p>32e. Injury at Work?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>32f. If Transportation Injury (Specify)</p> <p><input checked="" type="checkbox"/> Driver / Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian</p> <p><input type="checkbox"/> Other - Specify:</p>	<p>32g. Location of Injury (Street, city / town, state)</p> <p>Mile marker 75 on Interstate 79, Pittsburgh, Pa</p>

CERTIFICATE OF DEATH
(See instructions and examples on reverse)

STATE FILE NUMBER

1. Name of Decedent (First, middle, last, suffix)		2. Sex		3. Social Security Number		4. Date of Death (Month, day, year)		
5. Age (Last Birthday)	Under 1 year		Under 1 day		6. Date of Birth (Month, day, year)		7. Birthplace (City and state or foreign country)	
	Months	Days	Hours	Minutes				
8a. Place of Death (Check only one)		Hospital:		Other:				
<input type="checkbox"/> Inpatient		<input type="checkbox"/> ER / Outpatient		<input type="checkbox"/> DOA		<input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other - Specify:		
8b. County of Death		8c. City, Boro, Twp. of Death		8d. Facility Name (If not institution, give street and number)		9. Was Decedent of Hispanic Origin? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		
10. Race: American Indian, Black, White, etc. (Specify)		11. Decedent's Usual Occupation (Kind of work done during most of working life. Do not state retired)		12. Was Decedent ever in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		13. Decedent's Education (Specify only highest grade completed)		
Kind of Work		Kind of Business / Industry		Elementary / Secondary (0-12)		College (1-4 or 5+)		
14. Marital Status: Married, Never Married, Widowed, Divorced (Specify)		15. Surviving Spouse (if wife, give maiden name)		16. Decedent's Mailing Address (Street, city / town, state, zip code)		Decedent's Actual Residence 17a. State _____ 17b. County _____		
17c. <input type="checkbox"/> Yes, Decedent Lived in _____ Twp.		17d. <input type="checkbox"/> No, Decedent Lived within Actual Limits of _____ City / Boro		18. Father's Name (First, middle, last, suffix)		19. Mother's Name (First, middle, maiden surname)		
20a. Informant's Name (Type / Print)		20b. Informant's Mailing Address (Street, city / town, state, zip code)						
21a. Method of Disposition		<input type="checkbox"/> Burial <input type="checkbox"/> Removal from State <input type="checkbox"/> Other - Specify:		<input type="checkbox"/> Cremation <input type="checkbox"/> Donation		21b. Date of Disposition (Month, day, year)		
21c. Place of Disposition (Name of cemetery, crematory or other place)		21d. Location (City / town, state, zip code)		22a. Signature of Funeral Service Licensee (or person acting as such)		22b. License Number		
22c. Name and Address of Facility		23a. To the best of my knowledge, death occurred at the time, date and place stated. (Signature and title)		23b. License Number		23c. Date Signed (Month, day, year)		
24. Time of Death		25. Date Pronounced Dead (Month, day, year)		26. Was Case Referred to Medical Examiner / Coroner for a Reason Other than Cremation or Donation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
27. 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. List only one cause on each line.		Approximate interval: Onset to Death		Part II: Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I.		28. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		
IMMEDIATE CAUSE (Final disease or condition resulting in death) →		a. Due to (or as a consequence of):				29. If Female:		
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.		b. Due to (or as a consequence of):				<input type="checkbox"/> Not pregnant within past year		
		c. Due to (or as a consequence of):				<input type="checkbox"/> Pregnant at time of death		
		d. Due to (or as a consequence of):				<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		
30a. Was an Autopsy Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No		30b. Were Autopsy Findings Available Prior to Completion of Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		31. Manner of Death		32a. Date of Injury (Month, day, year)		
				<input type="checkbox"/> Natural <input type="checkbox"/> Homicide		32b. Describe How Injury Occurred		
				<input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation		32c. Time of Injury		
				<input type="checkbox"/> Suicide <input type="checkbox"/> Could Not be Determined		32d. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
						32f. If Transportation Injury (Specify) <input type="checkbox"/> Driver / Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian		
						<input type="checkbox"/> Other - Specify:		
32g. Location of Injury (Street, city / town, state)		32e. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		32f. If Transportation Injury (Specify)		32g. Location of Injury (Street, city / town, state)		
33a. Certifier (check only one)		33b. Signature and Title of Certifier		33c. License Number		33d. Date Signed (Month, day, year)		
• Certifying physician (Physician certifying cause of death when another physician has pronounced death and completed Item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. _____ <input type="checkbox"/>								
• Pronouncing and certifying physician (Physician both pronouncing death and certifying to cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as 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 as stated. _____ <input type="checkbox"/>								
35. Registrar's Signature and District Number		36. Date Filed (Month, day, year)		34. Name and Address of Person Who Completed Cause of Death (Item 27) Type / Print				

ALIAS USED

NAME OF DECEDENT