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Cause of Death Supplemental Information

A large, faint background graphic consisting of several stylized human figures in shades of blue and orange, arranged in a circular pattern.



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Completing the Death Certificate – Medical Certification (Physician)

Vital Statistics Services

Cause-of-Death Section

- **The cause-of-death section consists of two parts:**
 - Part I is for reporting a chain of events leading directly to death, with **the IMMEDIATE cause of death (the final disease, injury, or complication directly causing death) on line (a)** and the **UNDERLYING cause of death (the disease or injury that initiated the chain of events that led directly and inevitably to death) on the lowest line.**
 - Part II is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in Part I.

Certifier's Medical Opinion

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- **The cause-of-death information should be the physician's best medical OPINION.**
 - Report each disease, abnormality, injury, or poisoning that the physician believes adversely affected the decedent. A condition can be listed as “PROBABLE” if it has not been definitively diagnosed.

Cause-of-Death – Organ System Failure

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- **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

Cause-of-death - Neoplasms

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- **When indicating neoplasms as a cause of death, include the following:**
 - Primary site or that the primary site is unknown
 - Benign or malignant
 - Cell type or that the cell type is unknown
 - Grade of neoplasm
 - Part or lobe of organ affected
- **For example:**
 - A primary well-differentiated squamous cell carcinoma, lung, left upper lobe.

Line (a) Immediate Cause

- In Part I, the immediate cause of death is reported on line (a). This is the final disease, injury, or complication directly causing the death.
- An immediate cause of death must always be reported on line (a).

Immediate Cause

- **The immediate cause does not mean the mechanism of death or terminal event (i.e., cardiac or respiratory arrest). The mechanism of death (i.e., cardiac arrest) should not be reported as the immediate cause of death as it is a statement not specifically related to the disease process, and it merely attests to the fact of death.**

Lines (b), (c), (d)

- **On line (b) report the disease, injury, or complication, if any, that gave rise to the immediate cause of death reported on line (a).**
- **If this in turn resulted from a further condition, record that condition on line (c).**
- **If this in turn resulted from a further condition, record that condition on line (d).**

Due to (or as a consequence of)

- **These words apply not only in sequences with an etiological or pathological basis and usually a chronological time ordering, but also to sequences in which an antecedent condition is believed to have prepared the way for a subsequent cause by damage to tissues or impairment of function.**

Due to (or as a consequence of) Continued...

- **If the immediate cause of death arose as a complication of or from an error or accident in surgery or other medical procedure or treatment, it is important to report what condition was being treated, what medical procedure was performed, what the complication or error was, and what the result of the complication or error was.**

Part II of the cause-of-death Section

- **All other important diseases or conditions that were present at the time of death and that may have contributed 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 reported in these section.**
- **More than one condition can be reported.**

Doubt and Cause-of-Death

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- **In cases of doubt, it may be necessary to use qualifying phrases in either Part I or Part II to reflect uncertainty as to which conditions led to death. In cases where the certifier is unable to establish a cause of death based upon reasonable medical certainty, he or she should enter “Unknown” in the cause-of-death section.**
- **However, this should be shown only after all efforts have been made to determine the cause of death. An autopsy should be performed, if possible.**



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Vital Statistics Services

COMMON PROBLEMS IN DEATH CERTIFICATION

Common Problems

- **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.**

Common Problems Continued

- **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.**

Common Problems Continued

- **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

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- **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 or 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.**

The Elderly Decedent Continue...

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- **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.**

The Infant Decedent

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- **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).**



SIDS

- **When Sudden Infant Death Syndrome (SIDS) is suspected, a complete investigation should be conducted, typically by a medical examiner or coroner.**
- **If the infant is under 1 year of age, no cause of death is determined after scene investigation, review of clinical history, and a complete autopsy. The death then can be reported as SIDS. Refer to the *Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting* for more information.**

Medical Certifiers

- **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.**

Citations

- **Information contained in these slides was provided by “Physicians’ Handbook on Medical Certification of Death”.**
 - Department of Health and Human Services, CDC, NCHS, Hyattsville, MD.



Resources

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- **Physicians' Handbook on Medical Certification of Death**
 - http://www.cdc.gov/nchs/data/misc/hb_cod.pdf