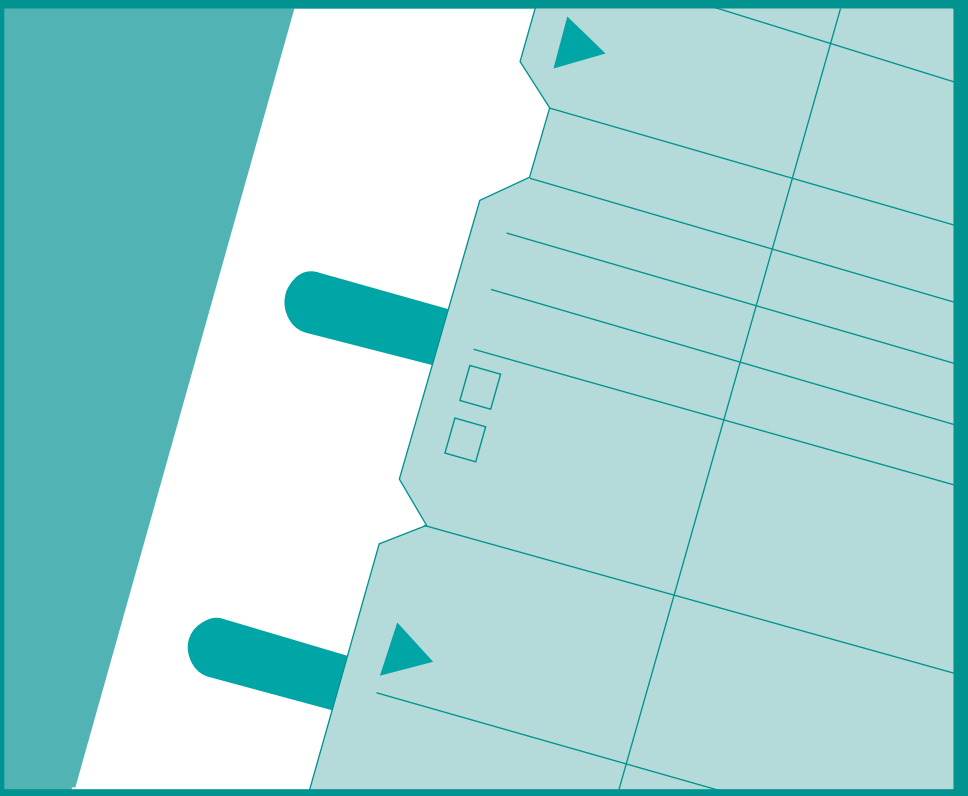
SAFER • HEALTHIER • PEOPLE™

# Funeral Directors' Handbook on Death Registration and Fetal Death Reporting

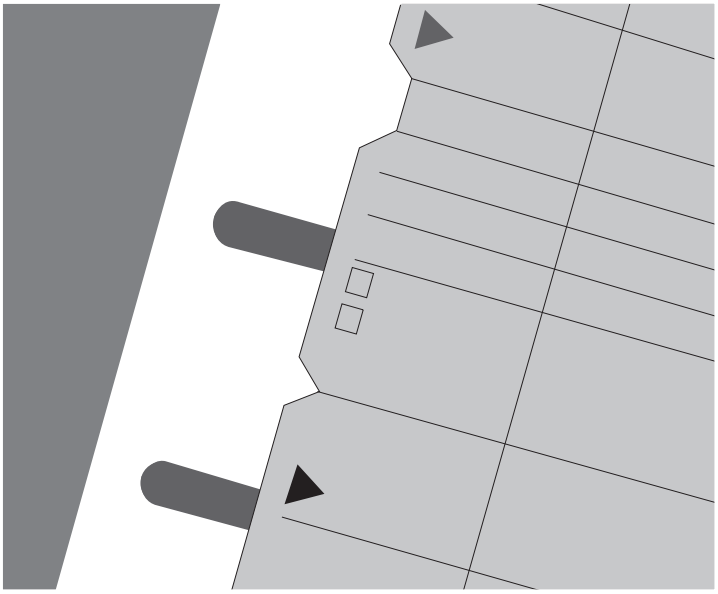
2003 Revision



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

# Funeral Directors' Handbook on Death Registration and Fetal Death Reporting

2003 Revision



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

Hyattsville, Maryland
December 2004

DHHS Publication No. (PHS) 2005-1109

## National Center for Health Statistics

Edward J. Sondik, Ph.D., *Director*

Jack R. Anderson, *Deputy Director*

Jennifer H. Madans, Ph.D., *Associate Director for Science*

Lawrence H. Cox, Ph.D., *Associate Director for Research and Methodology*

Edward L. Hunter, *Associate Director for Planning, Budget, and Legislation*

Michael H. Sadagursky, *Associate Director for Management and Operations*

Margot A. Palmer, *Director for Information Technology*

Phillip R. Beattie, *Director for Information Services*

Diane M. Makuc, Dr.P.H., *Acting Associate Director for Analysis and Epidemiology*

Charles J. Rothwell, *Director for Vital Statistics*

Jane E. Sisk, Ph.D., *Director for Health Care Statistics*

Jane F. Gentleman, Ph.D., *Director for Health Interview Statistics*

Clifford L. Johnson, *Director for Health and Nutrition Examination Surveys*

### Division of Vital Statistics

Charles J. Rothwell, *Director*

Robert N. Anderson, Ph.D., *Chief, Mortality Statistics Branch*

# Preface

This handbook contains instructions for funeral directors for completing and filing records of death and fetal death.[1] These instructions pertain to the 2003 revisions of the U.S. Standard Certificate of Death and the U.S. Standard Report of Fetal Death and the 1992 revision of the Model State Vital Statistics Act and Regulations. This handbook is intended to serve as a model that can be adapted by any vital statistics registration area.

Other handbooks are available as references on preparing and registering death records:

- *Physicians' Handbook on Medical Certification of Death*
- *Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting*

---

[1]Funeral service licensees are known by several titles in the United States, including funeral director, undertaker, mortician, embalmer, mortuary science licensee, and mortuary science practitioner. For the purposes of the handbook, the term "funeral director" includes all of these titles as they relate to persons who have charge of the disposition of a dead body or fetus and who are responsible for completing and filing death certificates and, in some States, fetal death reports.

# Acknowledgments

This publication was prepared by staff from the Division of Vital Statistics, led by George Tolson of the Registration Methods Staff (RMS). Donna L. Hoyert, Ph.D., from the Mortality Statistics Branch also contributed to this effort. Julia L. Kowaleski of RMS reviewed and commented on the contents, and Charles J. Rothwell, Director of the Division of Vital Statistics, provided input and review.

This handbook was edited by Kathy Sedgwick and typeset by Jacqueline M. Davis of the Office of Information Services, Information Design and Publishing Staff.

# Contents


Preface . . . . . iii

Acknowledgments . . . . . v

Introduction . . . . . 1
- Purpose . . . . . 1
- Importance of death registration and fetal death reporting . . . . . 1
- U.S. Standard Certificates and Report . . . . . 2
- Confidentiality of vital records . . . . . 4
- Funeral director's responsibility. . . . . 4
  - Procedures for handling certificates of death . . . . . 4
    - Certification by physician . . . . . 5
    - Certification by medical examiner or coroner . . . . . 5
  - Procedures for handling reports of fetal death . . . . . 6
- Information about disposition of body . . . . . 7
- Authorization for final disposition of dead body or fetus . . . . . 7
  - Form of authorization . . . . . 7
  - When authorization is required. . . . . 8
  - Obtaining and using the authorization . . . . . 8
- Cremation . . . . . 8
- Disinterment and reinterment of a dead body . . . . . 9
- Amending certificates and reports. . . . . 9

Part I. General Instructions for Completing Certificates and Reports . . . . . 10

Part II. Completing the Certificate of Death . . . . . 12
- Items to be completed or verified by the funeral director (items 1–23) . . . . . 12
- Items to be completed by the medical certifier (items 24–49) . . . . . 26
- Item to be completed by the Registrar (item 50) . . . . . 27
- Additional items to be completed or verified by the funeral director (items 51–55) . . . . . 27

Part III. Completing the Report of Fetal Death . . . . . 32
- Items pertaining to the fetus (items 1–9) . . . . . 32
- Items pertaining to the mother (items 10–11). . . . . 35
- Items pertaining to the father (items 12a–c) . . . . . 38
- Item pertaining to the disposition of the fetus (item 13) . . . . . 39

Items pertaining to the medical and health information (items 14–16, 18, and 23–40) . . . . . 42

## Appendixes

A. U.S. Standard Certificate of Death . . . . . 45
B. Decedent's Educational Level Selection Card . . . . . 52
C. Race and Hispanic Origin Category Selection Cards . . . . . 53
D. U.S. Standard Report of Fetal Death . . . . . 54
E. Definitions of Live Birth and Fetal Death . . . . . 56
F. The Vital Statistics Registration System in the United States . . . . . 57

# Introduction

## Purpose

This handbook is designed to acquaint funeral directors with the vital registration system in the United States and to provide instructions for completing and filing records of death and fetal death. Emphasis is directed toward the responsibilities of the funeral director in handling these certificates and reports and in obtaining proper authorization for final disposition of a dead body. Background information is included on the importance of these documents for legal and statistical purposes and specific instructions for obtaining the necessary information.

The funeral director is responsible for filing an accurate and complete death certificate with the proper registration official, although State laws vary in specific requirements. The current death certificate contains personal information about the decedent, medical certification, the signature of the physician or the medical examiner or coroner, and information dealing with the disposal of the remains. The fetal death report contains information about the fetus and parents, the cause of fetal death, and other medical and health information relating to the pregnancy and delivery.

## Importance of death registration and fetal death reporting

The death certificate is a permanent legal record of the fact of death of an individual. As a permanent legal record, the certificate is extremely important to the decedent's family. It is also needed for a variety of medical and health-related research efforts.

The death certificate provides important information about: the decedent (such as age, sex, race, education, date of death, his or her parents, and, if married, the name of the spouse), the circumstances and 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 considered to be prima facie evidence of the fact of death. It can therefore be introduced in court as evidence when a question about the death arises. As a

service to the decedent's family, the funeral director should prepare an accurate death record. This responsibility makes the funeral director the anchor of this country's death registration system.

Statistical data from death certificates are used to identify public health problems and measure the results of programs established to alleviate these problems. These data are a necessary foundation on which to base effective public health programs. Health departments could not perform their duties without such data.

Mortality statistics are of considerable value to individual physicians and to medical science because they can be used to identify disease etiologies and evaluate diagnostic techniques. Demographers use mortality statistics in combination with natality statistics to estimate and project population sizes, which are important in forecasting and program planning.

Because statistical data derived from death certificates can be no more accurate than the information provided on the certificate, it is very important that all persons concerned with the registration of deaths strive not only for complete registration but also for accuracy and promptness in reporting these events. Furthermore, the usefulness of detailed information is greater than more general information.

The fetal death report is recommended as a legally required statistical report designed primarily to collect information for statistical and research purposes. In most States, these reports are not maintained in the official files of the State health department, and certified copies of these reports are rarely issued. However, in a number of States the fetal death record is a legal certificate. The record, whether a certificate or a report, provides valuable health and research data. The information is used to study the causes of poor pregnancy outcome. These data are also essential in planning and evaluating prenatal care services and obstetrical programs. They are also used to examine the consequences of possible environmental and occupational exposures of parents on the fetus.

## U.S. Standard Certificates and Report

The registration of deaths and fetal deaths is a State function supported by individual State laws and regulations. The original records are filed in the States and stored in accordance with State practice. Each State has a contract with the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS) that allows the Federal Government to use information from the State records to produce national vital statistics. This national data program is called the National Vital Statistics System (NVSS).

To ensure consistency in the NVSS, NCHS provides leadership and coordination in the development of standard certificates and reports to serve as models for use by States. These certificates and reports are revised periodically to ensure that the data collected relate to current and anticipated needs. In the revision process, stakeholders review and evaluate each item on the standard certificate for its registration, legal, genealogical, statistical, medical, and research value. Each item is evaluated thoroughly with emphasis on answering the following questions:

- Is the item needed for legal, research, statistical, or public health programs?
- Is the item collectible with reasonable completeness and accuracy?
- Is the vital statistics system the best source for this information?

The associations on the stakeholder panel that recommended the current U.S. Standard Certificate of Death included the National Funeral Directors Association, the American Medical Association, the National Association of Medical Examiners, the College of American Pathologists, and the American Hospital Association. For the U.S. Standard Report of Fetal Death, the stakeholder panel associations included the National Funeral Directors Association, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the Association of State and Territorial Health Officers (Maternal and Child Health Affiliate), the American Medical Association, and the American College of Nurse Midwives.

Most State certificates conform closely in content and arrangement to the standard. Minor modifications are sometimes necessary to comply with State laws or regulations or to meet specific information needs. Having similar forms promotes uniformity of data and comparable national statistics. It also allows the comparison of individual State data with national data and data from other States. Uniformity of death certificates among the States also increases their acceptability as legal records.

Although the death certificates in use in this country differ somewhat from State to State, they all contain the following types of information:

- Information about the decedent and his or her family.
- Information about the disposition of the body.
- Certification by the physician, medical examiner or coroner, or some other person legally authorized to certify.

- Information about the cause of death.

See "Appendix A" for a copy of the U.S. Standard Certificate of Death.

The fetal death report is designed primarily to collect information for statistical and research purposes. In many States these records are not maintained in the official files of the State health department. Most States never issue certified copies of these records; the other States issue certified copies very rarely.

## Confidentiality of vital records

To encourage appropriate access to vital records, NCHS promotes the development of model vital statistics laws concerning confidentiality. State laws and supporting regulations define which persons have authorized access to vital records. Some States have few restrictions on access to death certificates. However, there are restrictions on access to death certificates in the majority of States. Legal safeguards to the confidentiality of vital records have been strengthened over time in some States.

## Funeral director's responsibility

Funeral directors are responsible for getting the death certificate completed.

### Procedures for handling certificates of death

In general, their duties are to:

- Complete, or have completed, *all* items on the death certificate.
- Obtain the cause-of-death information and certification statement from the attending physician or medical examiner or coroner.
- Secure the signature of the person pronouncing death on the certificate, and review the certificate for completeness and accuracy.
- File the certificate with the proper State or local official within the time specified in the vital statistics laws of the State.
- Notify the medical examiner or coroner of any death that is believed to have been due to an accident, suicide, or homicide or to have occurred without medical attendance, unless this has already been done by the pronouncing or certifying physician or the police.
- Obtain and use all necessary permits and other forms associated with the death registration system.

- Cooperate with State or local registrars concerning queries on certificate entries.
- Cooperate with pathologists in cases involving postmortem examinations.
- Be thoroughly familiar with all laws, rules, and regulations governing the vital statistics system.
- Call on the local or State office of vital statistics for advice and assistance when necessary.

*Certification by physician*—The procedure for obtaining the information and completing the death certificate varies in different locations. This may be regulated in part by State law and in part by local practice. The funeral director must be aware of the laws of the State or jurisdiction in which he or she operates.

If the death occurred in a hospital or other institution, the institution may assist the funeral director in obtaining the information needed to complete the death certificate. In some cases, the funeral director will be provided a completed death certificate with all or part of the personal information about the decedent and the cause-of-death section. It is the responsibility of the funeral director to verify the personal information with the family, obtain and enter any information that has not been completed, and file the certificate within the statutory time limit. If the hospital or institution does not provide a partially completed certificate, the funeral director must initiate the process and obtain all required information.

In some States, when the attending physician (physician in charge of the patient's care for the condition that resulted in death) is not available at the time of death to certify to the cause of death, another physician on duty at the hospital or other institution may pronounce the decedent legally dead. With the permission of the attending physician, the ''pronouncing physician'' may authorize release of the body to the funeral director. In such cases, however, the funeral director must still obtain the cause-of-death certification from the attending physician before filing the certificate. The certificate must be filed by the funeral director with the registration official where the death occurred. This must be done within the time limit specified in the laws of the State and prior to removal of the body from the State or other disposition of the body.

*Certification by medical examiner or coroner*—The medical examiner or coroner normally assumes jurisdiction when death occurred without medical attendance; when the cause of death is unknown; or when an accident, suicide, or homicide

has occurred. The funeral director should become familiar with the forms used and the practices followed by these medical-legal officers in his or her area. If a death appears to be a medical-legal case but was certified by someone other than a medical examiner or coroner, the funeral director should notify the medical examiner or coroner before filing the death certificate.

In some jurisdictions, the medical examiner or coroner completes all the medical and personal information on the certificate. In such cases, the funeral director needs to complete only the information about disposition of the body. In other jurisdictions, the medical examiner or coroner completes only the cause-of-death and certifying sections and provides certain identifying information, such as name, address, race, and sex of the decedent. In such circumstances, the funeral director must obtain the remaining personal information.

### Procedures for handling reports of fetal death

A fetal death is defined as death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such expulsion or extraction the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. (See "Appendix D" for a copy of the U.S. Standard Report of Fetal Death.)

The responsibility for completing and filing fetal death reports varies from State to State. In some States, the responsibility is placed on the hospital or other institution if the fetal death occurred there and on the attending physician if the fetal death occurred somewhere else. In other States, the funeral director is responsible for completing and filing the fetal death report. If the fetal death was the result of an accident, suicide, or homicide, the medical examiner or coroner must be notified, and he or she must complete the cause of fetal death.

State laws also differ with regard to the gestational age at which fetal deaths must be reported. Some States require the reporting of all fetal deaths regardless of the length of gestation. Other States require only that fetal deaths weighing 350 grams or more or 20 completed weeks of gestation or more be reported. Other variations exist as well.

The funeral director should be familiar with the laws of the State in which he or she operates and, if required by law to complete and file these reports, should become familiar with the procedures involved.

The information necessary to complete the fetal death report should be obtained from the same persons and in the same manner as for death certificates. The hospital or the family should provide the required personal information; the attending physician should provide the required medical information; and, if any information regarding the disposition of the fetus is required on the form in use in a particular State, the funeral director should provide this information. The report is to be filed with the registration official where the fetal death occurred within the time limit specified in the laws of the State.

## Information about disposition of body

The death certificate contains certain information about the disposition of the body. A facsimile of this portion of the death certificate is shown below. The funeral director is to complete all items in this section prior to filing the certificate with the appropriate registration official.

## Authorization for final disposition of dead body or fetus

In most States, the funeral director must secure explicit authorization before he or she may remove, bury, cremate, entomb, disinter, reinter, or otherwise dispose of a dead body or fetus.

### Form of authorization

The form of authorization for final disposition varies from State to State. In some States, the authorization is issued by the local registrar when a properly completed death certificate or fetal death report is presented. In other States, the authorization is issued over the signature of the attending physician or the medical examiner or coroner. The signature is obtained at the time the cause-of-death and certifier portions of the death certificate or fetal death report are completed. Several States require no authorization form for the disposition of the dead body or fetus, or they require one only under certain specified circumstances (e.g., when the body is to be removed from the State).

Still other States require only that the funeral director send a notification to the proper registration official indicating that a death or fetal death has occurred and

that the body or fetus is being disposed of. States that have adopted electronic systems to electronically register and file death certificates can also generate authorization forms for final dispositions through this electronic death registration process.

### When authorization is required

In States requiring authorization, it must be obtained prior to:

- Removal of the body or fetus from the State.
- Burial or entombment of the body or fetus in a grave, crypt, mausoleum, or tomb.
- Cremation of the body or fetus.
- Release of the body or fetus for scientific or educational study.
- Final disposal of the body or fetus in any other manner.

### Obtaining and using the authorization

In all States that require authorization prior to disposition of a dead body or fetus, a properly completed death certificate or fetal death report is a prerequisite to obtaining such authorization. It is the responsibility of the funeral director to know from whom the authorization is to be obtained, to know under what circumstances such authorization is required, and to obtain such authorization.

The authorization accompanies the dead body or fetus to its place of final disposition where it is presented to the person in charge of the place of disposition. He or she is then required to return the authorization to the person specified by the laws of the State, usually the registration official who issued the authorization. The funeral director should be familiar with State requirements and inform the person in charge of the place of disposition where to return the authorization.

If there is no one in charge of the place where the body or fetus is disposed of, it is the responsibility of the funeral director to return the authorization to the proper official.

## Cremation

Many States require that an additional authorization be obtained prior to cremation of a dead body or fetus. The rationale for this requirement is to avoid the possibility of destroying evidence of foul play and to ensure the proper identification

of the body before disposition. Normally this authorization is obtained from the medical examiner or coroner where the death or fetal death occurred. The funeral director should be familiar with any such requirements in his or her State and ensure that the authorization is obtained prior to cremation of the body or fetus.

## Disinterment and reinterment of a dead body

All States require that proper authorization be obtained prior to disinterring and reinterring a dead body. Such authorization is normally issued only to a licensed funeral director upon application to the State or local registration official. The next of kin, a court of law, or other authorized person may execute the application. The authorization for disinterment and reinterment is handled in the same manner as an authorization for disposition. In cold weather States, where dead bodies may be placed in holding vaults until frozen ground thaws, the funeral director should check with the registrar to determine the proper procedures to follow when burial does occur.

## Amending certificates and reports

The State registrar has statutory authority to amend certificates and reports after they have been registered with the State office of vital statistics. This makes it possible to add information that was unknown at the time the certificate or report was completed and filed by the funeral director or to correct the record when erroneous information was recorded because of error, misrepresentation, or insufficient information pending autopsy or laboratory findings.

Each State has laws and regulations governing amendments. Within the framework of these laws and regulations, the State registrar requires the execution of certain forms by a person eligible to do so, designates any documentary evidence needed to substantiate the amendment, and furnishes complete procedural instructions. It is important to attain maximum accuracy and completeness for the benefit of the decedent's family, for the reliability of statistical data, and to protect the integrity of the vital registration and statistics system. Therefore, anyone having knowledge of the existence of an incomplete or incorrect record is encouraged to contact the State registrar.

# Part I—General Instructions for Completing Certificates and Reports

The funeral director or person acting as such, is responsible for completing and filing the death certificate. He or she shall obtain the personal information from the best qualified person and shall obtain the medical certification from the person responsible therefor. In most cases, the best qualified person to obtain the personal information from, the informant, is a member or friend of the family. The following individuals can be the informant and are listed in order of preference: spouse, a parent, a child of the decedent, another relative, or other person who has knowledge of the facts.

Whatever the source may be, the name, relationship to decedent, and mailing address of the informant must appear on the certificate in the space provided.

It is essential that certificates and reports be prepared as permanent durable records. Completing a death certificate involves the following guidelines:

- Use the current form designated by the State.
- Complete each item, following the specific instructions for that 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.
- Do not use abbreviations except those recommended in the specific item instructions.
- Verify with the informant the spelling of names, especially those that have different spellings for the same sound (Smith or Smyth, Gail or Gayle, Wolf or Wolfe, etc.).
- Refer problems not covered in these instructions to the State office of vital statistics or to the local registrar.
- Obtain all signatures; rubber stamps or other facsimile signatures are not acceptable. If jurisdiction permits, authenticate electronically.

- Do not make alterations or erasures.
- File the original certificate or report with the registrar. Reproductions or duplicates are not acceptable.

# Part II—Completing the Certificate of Death

These instructions pertain to the 2003 revision of the U.S. Standard Certificate of Death. Usually the funeral director completes items 1–23 and 51–55, and the medical certifier completes the remaining items.

## Items to be completed or verified by the funeral director (items 1–23)

### NAME OF DECEDENT: For use by physician or institution

The left-hand margin of the certificate contains a line where the physician or hospital can write in the name of the decedent. This allows the hospital to assist in completing the death certificate before the body is removed by the funeral director. However, because the funeral director is responsible for completion of the personal information about the decedent and because the hospital frequently does not have the complete legal name of the decedent, the hospital or physician should enter the name they have for the decedent in this item. The funeral director will then enter the full legal name in item 1.

**1. DECEDENT'S LEGAL NAME** (Include AKAs if any) (First, Middle, Last)

Enter the full first, middle, and last names of the decedent. Do not abbreviate. Do not copy any name from the left-hand margin of the certificate into item 1 on the certificate; the name in the margin may be incomplete or incorrect.

If there appears to be more than one spelling of any name provided and the correct spelling cannot be verified, use the most common spelling. The name must consist of English alphabetic characters and punctuation marks.

Multiple first or middle names

If the informant indicates two first names separated by a space, such as ''Mary Louise Carter,'' verify that ''Louise'' is part of the first name and is not a middle name.

Enter the two first names with a blank space between them. If several middle names are given, enter all with a space between the names.

Initials

If the informant indicates that the person uses a first initial such as ‘‘E. Charles Jones,’’ try to obtain the whole first name.

If the name can be obtained, enter the whole first name. If not, enter just the initial followed by a period.

If the informant indicates two initials and a surname such as ‘‘H.S. Green,’’ determine if these are a first and middle initial, or two first initials with no middle name or initial. Try to obtain the whole name(s).

If the names can be obtained, enter the whole names in the appropriate spaces. If there are no whole names, enter the initials in the appropriate spaces. Each initial should be followed by a period.

Religious names and titles

If there is a title preceding the name, such as ‘‘Doctor,’’ do not enter the title in any of the name fields.

For religious names such as ‘‘Sister Mary Lawrence,’’ enter ‘‘Sister Mary’’ in the first name field.

No first or middle names (infants)

If a name such as ‘‘Baby Boy Watts’’ is obtained from medical records for the death of a newborn, check with the parents or other informant to see if the child had a given name.

If the child had not been given a name, leave the first and middle name fields blank and enter only the surname.

Aliases

Complete the current legal name before entering any other names (**alias** or AKA, ‘‘also known as,’’ names such as AKA Smith) the decedent used or was known as. The alias should be listed if it is substantially different from the decedent’s legal name (e.g., Samuel Langhorne Clemens AKA Mark Twain, but not Jonathon

Doe AKA John Doe). Record the alias name with AKA preceding the name (e.g., AKA Smith). Repeat until there are no other names provided.

The State may enter the full alias rather than just the part of the name that differs from the legal name.

AKA does not include:

- Nicknames, unless used for legal purposes or at the family's request.
- Spelling variations of the first name.
- Presence or absence of middle initial.
- Presence or absence of punctuation marks or spaces.
- Variations in spelling of common elements of the surname, such as ''Mc'' and ''Mac'' or ''St.'' and ''Saint.''

*This item is used to identify the decedent. This is the most important item on the certificate for legal and personal use by the family. There are alternate spellings to many names, and it is critical for the family to have the name spelled correctly.*

**2. SEX**

Enter male or female based on observation. Do not abbreviate or use other symbols. If sex cannot be determined after verification with medical records, inspection of the body, or other sources, enter ''Unknown.'' Do not leave this item blank.

*This item aids in the identification of the decedent. It is also used in research and statistical analysis to determine sex-specific death rates.*

**3. SOCIAL SECURITY NUMBER**

Enter the decedent's 9-digit **Social Security Number** (SSN). Read the number back to the informant, or check against the document from which it is being copied before moving to the next item.

If the informant does not know the decedent's SSN at the time of the interview, leave the item blank until the informant can supply the number.

If the decedent has no SSN, for example, a recent immigrant or a person from a foreign country visiting the United States, enter ''None.''

If the deceased's SSN is not known, enter ''Unknown.''

If the decedent's SSN is not obtainable, enter ''Not obtainable.''

This item is useful in identifying the decedent and facilitates the filing of Social Security claims.

**4a–c AGE**

Make one entry only in either 4a, 4b, or 4c depending on the age of the decedent.

**4a. AGE—LAST BIRTHDAY (Years)**

Enter the decedent's exact age in years at his or her last birthday.
If the decedent was under 1 year of age, leave this item blank.
Drop all fractions, such as ''75 and a half years,'' and record as ''75.''
For responses such as ''about 90 years,'' enter ''90'' in the Years box.

**4b. UNDER 1 YEAR (Months, Days)**

Enter the exact age in either months or days at time of death for infants surviving at least 1 month.
If the infant was 1–11 months of age inclusive, enter the age in completed months.
If the infant was less than 1 month old, enter the age in completed days.
If the infant was over 1 year or under 1 day of age, leave this item blank.
For responses such as ''almost 4 months,'' enter ''3'' in the Months box.

**4c. UNDER 1 DAY (Hours, Minutes)**

Enter the exact number of hours or minutes the infant lived for infants who did not survive for an entire day.
If the infant lived l–23 hours inclusive, enter the age in completed hours.
If the infant was less than 1 hour old, enter the age in minutes.
If the infant was more than 1 day old, leave this item blank.
If the informant gives an unspecified answer such as several hours or a few minutes, ASK: ''Can you give me a number?'' If a range is given, use the lower number. If the informant cannot give a number, be sure to identify the units if possible by entering a ''?'' in the appropriate unit box.
If the informant does not know and cannot obtain the age, record ''Unknown'' in box 4a.

*Information from items 4a–c is used to study differences in age-specific mortality and in planning and evaluating public health programs.*

### 5. DATE OF BIRTH (Mo/Day/Yr)

Enter the full name of the month (January, February, March, etc.), day, and 4-digit year that the decedent was born. Do not use a number or abbreviation to designate the month.

If the Date of Birth is unknown, enter ‘‘Unknown.’’ If part of the Date of Birth is unknown, enter the known parts and leave the remaining parts blank.

For example, for a person who was born in 1913 but the month and day are not known, enter 1913. Or if the month and year are known but the day is not known, enter February, ‘‘blank,’’ 1913.

*This item is useful in identification of the decedent for legal purposes. It also helps verify the accuracy of the age item.*

### 6. BIRTHPLACE (City and State or Foreign Country)

If the decedent was born in the United States, enter the name of the city and State. (NOTE: Canadian provinces and territories are not collected for decedent’s place of birth.)

If the decedent was not born in the United States, enter the name of the country of birth whether or not the decedent was a U.S. citizen at the time of death.

If the decedent was born in the United States but the city is unknown, enter the name of the State only. If the State is unknown, enter ‘‘U.S.—unknown.’’

If the decedent was born in a foreign country but the country is unknown, enter ‘‘Foreign-unknown.’’

If no information is available regarding place of birth, enter ‘‘Unknown.’’

*This item is used to match birth and death certificates of a deceased individual. Matching birth and death records provides information from the birth certificate that is not contained on the death certificate and may give insight into which conditions led to death. Information from the birth certificate is especially important in examining the causes of infant mortality.*

### 7a–g. RESIDENCE OF DECEDENT

The residence of the decedent (State, county, city, and street address) is the place where his or her household is located, the place where the decedent actually

resided, or where the person lives and sleeps most of the time. This is not necessarily the same as home State, voting residence, mailing address, or legal residence.

Do not enter addresses that are post office boxes or rural route numbers. Get the building number and street name for the residence address rather than the postal address.

Temporary residence

Never enter a temporary residence, such as one used during a visit, business trip, or a vacation. However, usual onshore place of residence during a tour of military duty is not considered temporary and should be entered as the place of residence on the certificate. Similarly, usual place of residence during attendance at college is not considered temporary and should be entered as the place of residence on the certificate.

Multiple residences

If the decedent lived in more than one residence (parent living in a child's household, children in joint custody, person owning more than one residence, or commuters living elsewhere while working), enter the residence lived in most of the year. If a child lives an equal amount of time in each residence, report the residence where the child was staying when death occurred.

Institutions or group homes

If a decedent had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, long-term care facility, congregate care facility, foster home, or board and care home, this facility should be entered as the place of residence in items 7a through 7g.

Children

If the decedent was a child, residence is the same as that of the parent(s), legal guardian, or custodian unless the child was living in an institution where individuals usually reside for long periods of time, as indicated above. In those instances the residence of the child is shown as the facility. Children residing at a boarding school are considered to live at a parent's residence. Residence for foster children is the place they live most of the time.

Infant

If the decedent was an infant who never resided at home, the place of residence is that of the mother or legal guardian. Do not use an acute care hospital as the place of residence for any infant.

**7a. RESIDENCE—STATE**

Enter the name of the State in which the decedent lived. This may differ from the State in the mailing address. If the decedent was not a resident of the United States, enter the name of the country and the name of the unit of government that is the nearest equivalent to a State.

This item is where the U.S. States and territories and the provinces of Canada are recorded.

If the decedent lived in a Canadian province or territory, enter the name of the province or territory followed by ‘‘/ Canada.’’ If resident of any other country, enter the name of the country in the space for State.

If the decedent’s residence is unknown, enter ‘‘Unknown.’’

**7b. RESIDENCE—COUNTY**

Enter the name of the county in which the decedent lived.

If the decedent resided in any country other than the United States and its territories, leave this item blank.

**7c. RESIDENCE—CITY OR TOWN**

Enter the name of the city, town, or location in which the decedent lived. This may differ from the city, town, or location used in the mailing address.

**7d. RESIDENCE—STREET AND NUMBER**

Enter the number and street name of the place where the decedent lived.

If the street name has a direction as a prefix, enter the prefix in front of the street name (e.g., South Main Street). If the street name has a direction after the name, enter the direction after the name (e.g., Florida Avenue, NW). Report the street designator (e.g., Street, Road, Avenue, or Court).

Enter the building number assigned to the decedent's residence. If the number is unknown, enter ''Unknown.''

**7e. RESIDENCE—APT. NO.**

Enter the apartment or room number associated with the residence. If there is no apartment or room number associated with this residence, leave the item blank.

**7f. RESIDENCE—ZIP CODE**

Enter the ZIP Code of the place where the decedent lived. This may differ from the ZIP Code used in the mailing address.

The 9-digit ZIP Code is preferred over the 5-digit ZIP Code. If only the 5-digit ZIP Code is known, report that.

If the decedent was not a resident of the U.S. or its territories, leave this item blank.

**7g. RESIDENCE—INSIDE CITY LIMITS?** ☐ Yes ☐ No

Enter ''Yes'' if the location entered in 7c is incorporated and if the decedent's residence is inside its boundaries. Otherwise enter ''No.''

If it is not known if the residence is inside the city or town limits, enter ''Unknown'' in the space.

*Mortality data by residence are used with population data to compute death rates for detailed geographic areas. These data are important in environmental studies. Data on deaths by place of residence of the decedent are also used to prepare population estimates and projections. Local officials use this information to evaluate the availability and use of services in their area. Information on residence inside city limits is used to properly assign events within a county. Information on ZIP Code and whether the decedent lived inside city limits is valuable for studies of deaths for small areas.*

**8. EVER IN U.S. ARMED FORCES?** ☐ Yes ☐ No

If the decedent ever served in the U.S. Armed Forces, enter ''Yes.'' If not, enter ''No.'' If it cannot be determined whether the decedent served in the U.S. Armed Forces, enter ''Unknown.'' Do not leave this item blank.

*This item is used to identify decedents who were veterans. This information is of interest to veteran groups.*

**9. MARITAL STATUS AT TIME OF DEATH**

☐ Married ☐ Married, but separated ☐ Widowed
☐ Divorced ☐ Never Married ☐ Unknown

If the decedent was married at the time of death, enter ''Married.''
If the decedent was married, but separated at the time of death, enter ''Married, but separated.''
If the decedent was widowed at the time of death, enter ''Widowed.''
If the decedent was divorced at the time of death, enter ''Divorced.''
If the decedent never married, enter ''Never Married.''
If marital status cannot be determined, enter ''Unknown.''

NOTE: ''Annulled and not remarried'' and ''never previously married'' are considered ''Never Married.'' ''Married previously'' is classified as how the previous marriage terminated (''Widowed'' or ''Divorced''). ''Common law marriage'' is considered ''Married.'' **''Indian marriage'' is considered ''Married.''**

*This information is used in determining differences in mortality by marital status.*

**10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)**

If the decedent was married at the time of death, enter the full name of the surviving spouse.

If the surviving spouse is the wife, enter her name prior to first marriage (i.e., maiden name).

If both spouses died at the same time, enter spouse's name and ''died simultaneously.''

*This item is used in genealogical studies and in establishing proper insurance settlement and other survivor benefits.*

**11. FATHER'S NAME (First, Middle, Last)**

Enter the first, middle, and last name of the father.

If there appears to be more than one spelling of any name provided, and the correct spelling cannot be verified, use the most common spelling. The name must consist of English alphabetic characters and punctuation marks.

If the father's name cannot be determined, enter ''Unknown'' in the name field.

**12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)**

Enter the name (first, middle, and surname) the mother of the decedent used prior to first marriage, commonly known as the maiden name. This is the name given at birth or adoption, not a name acquired by marriage. This name is useful because it remains constant throughout life.

*The names of the decedent's mother and father aid in identification of the decedent's record. The mother's name prior to first marriage or maiden surname is important for matching the record with other records because it remains constant throughout a lifetime in contrast to other names that may change because of marriage or divorce. These items are also of importance in genealogical studies.*

**13a. INFORMANT'S NAME**

Enter the name of the person who supplied the personal facts about the decedent and his or her family.

**13b. RELATIONSHIP TO DECEDENT**

Enter the relationship of the person supplying the personal information about the decedent. For example, this may be a husband, wife, parent, son, daughter, brother, sister, or friend.

**13c. MAILING ADDRESS (Street and Number, City, State, ZIP Code)**

Enter the complete mailing address of the informant whose name appears in item 13a. Be sure to include the ZIP Code.

*The name and mailing address of the informant are used to contact the informant when inquiries must be made to correct or complete any items on the death certificate.*

## 14. PLACE OF DEATH (Check only one; see instructions)

**14. PLACE OF DEATH (Check only one: see instructions)**

| IF DEATH OCCURRED IN A HOSPITAL: | IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: |
|---|---|
| ☐ In patient ☐ Emergency Room/Outpatient ☐ Dead on Arrival | ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home<br>☐ Other (Specify): |

The place where death is pronounced should be considered the place where death occurred. If the place of death is unknown but the body is found in your State, the certificate of death should be completed and filed in accordance with the laws of your State. Enter the type of place where the decedent was pronounced dead.

Hospital deaths

If the decedent was pronounced dead in a hospital, enter the decedent's status at the hospital: Inpatient, Emergency Room/Outpatient (ER), or Dead on Arrival (DOA). Hospitals are licensed institutions providing diagnostic and therapeutic services to patients by a medical staff.

Nonhospital deaths

If the decedent was pronounced dead somewhere else, enter 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, enter 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 facility, convalescent care facility, extended care facility, intermediate care facility, residential care facility, and congregate care facility).

If death was pronounced in the decedent's home, enter ''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, or facilities offering housing and custodial care but not patient care (e.g., board and care home, group home, custodial care facility, foster home), enter ''Other (Specify).'' If ''Other (Specify)''

is entered, specify where death was legally pronounced, such as prison ward, physician's office, the highway where a traffic accident occurred, a vessel, orphanage, group home, or at work.

If the place of death is unknown but the body was found in a State, enter the place where the body was found as the place of death.

**15. FACILITY NAME (If not institution, give street & number)**

Institution deaths

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.

Noninstitutional deaths

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 name of the place or building (if at a building) where the decedent died.

If the death occurred on a moving conveyance, enter the name of the vessel, for example, ''S.S. Emerald Seas (at sea)'' or ''United Airlines Flight 423 (in flight).''

**16. CITY OR TOWN, STATE, AND ZIP CODE**

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

**17. COUNTY OF DEATH**

Enter the name of the county where death occurred.

If the death occurred on a moving conveyance in the United States and the body was first removed from the conveyance in this State, complete a death certificate, and enter as the place of death the address where the body was first removed from the conveyance.

If the death occurred on a moving conveyance in international waters, international airspace, or in a foreign country or its airspace, and the body was first removed from the conveyance in this State, register the death in this State, but enter the actual place of death insofar as it can be determined.

*Information on place of death (items 14–17) is needed to determine who has jurisdiction for deaths that legally require investigation by a medical examiner or coroner. These items are also used for research and statistics comparing hospital and nonhospital deaths. Valuable information is provided for health planning and research on the utilization of health facilities.*

## 18–20 DISPOSITION

### 18. METHOD OF DISPOSITION

☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State
☐ Other (Specify)_____

Enter the method of disposition of the decedent's body. If the body is to be used by a hospital or a medical or mortuary school for scientific or educational purposes, enter ''Donation'' and specify the name and location of the institution in items 19 and 20. ''Donation'' refers only to the entire body, not to individual organs. If ''Other (Specify)'' is checked, enter the method of disposition on the line provided.

The response reflects the wishes of the next of kin or informant.

### 19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)

Enter the name of the cemetery, crematory, or other place of disposition. If the body is removed from the State, specify the name of the cemetery, crematory, or other place of disposition to which the body is removed.

If the body is to be used by a hospital or medical or mortuary school for scientific or educational purposes, give the name of that institution.

## 20. LOCATION—CITY, TOWN, AND STATE

Enter the name of the city, town, or village and the State where the place of disposition is located.

If the body of the decedent is to be used by a hospital or medical or mortuary school for scientific or educational purposes, enter the name of the city, town, or village and the State where the institution is located.

If there is any question about how to record the place of disposition, contact the State or local registrar.

*Items 18–20 indicate whether the body was properly disposed of as required by law. These also serve to locate the body in case exhumation, autopsy, or transfer is required later. In addition, this information assists family or genealogists in locating place of disposition at a later date.*

## 21–23 FUNERAL FACILITY

## 21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY

Enter the name and complete address (including ZIP Code) of the facility handling the body prior to burial or other disposition.

## 22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT

The funeral service licensee or other person first assuming custody of the body and charged with the responsibility for completing the death certificate should sign in permanent black ink. If jurisdiction permits, authenticate electronically. Rubber stamps or facsimile signatures are not permitted.

## 23. LICENSE NUMBER (Of Licensee)

Enter the personal State license number of the funeral service licensee. If some other person who is not a licensed funeral director assumes custody of the body, identify the category of license and corresponding State license number, or, if the individual possesses no license at all, enter ‘‘None.’’

*Items 21–23 assist in quality control in filling out and filing death certificates. They identify the person who is responsible for filing the certificate with the registrar.*

## Items to be completed by the medical certifier (items 24–49)

In each State, it is the responsibility of the funeral director to obtain the necessary information to complete and file the death certificate. Items 24–49, which are listed below, pertain to information about the cause of death and are not completed by the funeral director but by the attending physician or the hospital. Instructions for completing these items are available in separate handbooks titled, *Physicians' Handbook on Medical Certification of Death* and *Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting*. These handbooks provide detailed instructions on completing the cause-of-death information and can be obtained from the National Center for Health Statistics, 3311 Toledo Road, Hyattsville, Maryland 20782. They can be accessed at the following Internet Web site: http://www.cdc.gov/nchs/products/pubs/pubd/other/miscpub/miscpub.htm.

**24. DATE PRONOUNCED DEAD**
**25. TIME PRONOUNCED DEAD**
**26. SIGNATURE OF PERSON PRONOUNCING DEATH**
**27. LICENSE NUMBER**
**28. DATE SIGNED**
**29. ACTUAL OR PRESUMED DATE OF DEATH**
**30. ACTUAL OF PRESUMED TIME OF DEATH**
**31. WAS MEDICAL EXAMINER OR CORONER CONTACTED?**
**32. PART I & PART II—CAUSE OF DEATH**
**33. WAS AN AUTOPSY PERFORMED?**
**34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?**
**35. DID TOBACCO USE CONTRIBUTE TO DEATH?**
**36. IF FEMALE, WAS DECEDENT PREGNANT AT TIME OF DEATH OR WITHIN PAST YEAR?**
**37. MANNER OF DEATH**
**38. DATE OF INJURY**
**39. TIME OF INJURY**
**40. PLACE OF INJURY**
**41. INJURY AT WORK?**
**42. LOCATION OF INJURY**
**43. DESCRIBE HOW INJURY OCCURRED**
**44. IF TRANSPORTATION INJURY, SPECIFY:**
**45. CERTIFIER**
**46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (ITEM 32)**

**47. TITLE OF CERTIFIER**
**48. LICENSE NUMBER**
**49. DATE CERTIFIED**

### Item to be completed by the Registrar (item 50)

**50. FOR REGISTRAR ONLY—DATE FILED (Mo/Day/Yr)**

### Additional items to be completed or verified by the funeral director (items 51–53)

**51. DECEDENT'S EDUCATION**

Check the box that corresponds to the highest level of education that the decedent completed.

Show the informant the education level categories on a card (see "Appendix B") and ask the informant to choose the category that, to the best of his or her knowledge, describes the highest education level completed by the decedent.

- ☐ 8th grade or less
- ☐ 9th–12th grade; no diploma
- ☐ High school graduate or GED completed
- ☐ Some college credit, but no degree
- ☐ Associate degree (e.g., AA, AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

If the decedent was currently enrolled, mark the previous grade or highest degree received. If the respondent does not know or is not sure, enter "Unknown." If the respondent refuses, enter "Refused." If there is no informant, or for some other reason the information is not available, enter "Not obtainable."

If the respondent indicates that the decedent has a degree that is not listed on the card, enter "Not classifiable."

*This information is used to study the relationship between mortality and education (which roughly corresponds with socioeconomic status). This information is valuable in medical studies of causes of death and in programs to prevent illness and death.*

**52. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if the decedent is not Spanish/Hispanic/Latino.**

Based on the informant's response, check the box (see card in "Appendix C") that best corresponds with the decedent's ethnic identity as given by the informant. The response should reflect what the decedent considered himself or herself to be. The informant is encouraged to select only one response. If the informant is unable to select a single response, mark all boxes that apply; for example, if the informant selects both "Mexican" and "Cuban," enter both responses. If the respondent indicates an ethnic origin not on the list, it should be recorded in the "Specify" space. Enter the informant's response even if it is not a Hispanic origin.

The choices are as follows:

- ☐ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latino (Specify)_____

The Race and Hispanic origin questions should be asked independently. "Hispanic" is not a race, and a decedent of Hispanic origin may be of any race. Do not leave item 52 blank. "Hispanic" is a self-designated classification for people whose origins are from Spain, the Spanish-speaking countries of Central or South America, the Caribbean, or those identifying themselves generally as Spanish or Spanish American. Origin can be viewed as ancestry, nationality, or country of birth of the person or person's parents or ancestors prior to their arrival in the United States. Although the prompts include the major Hispanic groups, other groups may be specified under "Other."

If the informant does not know, enter "Unknown."

If there is no informant, enter "Not obtainable."

If respondent refuses, enter "Refused."

*Hispanics comprise a substantial population group within this country. Reliable data are needed to identify and assess public health problems of Hispanics. Information from item 52 will permit the production of mortality data for the Hispanic community. Identifying health problems will make it possible to target public health resources to this important segment of our population.*

**53. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)**

Ask the informant to look at the card (see ''Appendix C'') and indicate the race or races that the decedent considered himself or herself to be. Enter the race or races of the decedent as stated by the informant. The Race and Hispanic origin questions should be asked independently. Do not leave item 53 blank. If there is no checkbox for the informant's response for one or more race, check the ''Other (Specify)'' box and enter the informant's literal (written) response, even if the response is not a race or race(s).

Check one or more of the following choices to indicate what the decedent considered himself or herself to be:

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
  (Name of the enrolled or principle tribe)_____
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (Specify)_____
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (Specify)_____
- ☐ Other (Specify)_____

American Indian and Alaska Native refer only to those native to North and South America (including Central America) and do not include Asian Indian. Please specify the name of enrolled or principal tribe (e.g., Navajo or Cheyenne) for the American Indian or Alaska Native.

For Asians or Pacific Islanders, enter the national origin of the decedent. For Asians check Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or specify Other Asian; for Pacific Islanders, check Native Hawaiian, Guamanian or Chamorro, Samoan, or specify Other Pacific Islander.

If more than one race is indicated, enter each race (e.g., Samoan-Chinese-Filipino or White, American Indian).

If there is no informant or other reliable source of this information, enter ''Not obtainable.'' If the respondent does not know, enter ''Unknown.'' If the respondent refuses, enter ''Refused.''

*Race is essential for identifying specific mortality patterns and leading causes of death among different racial groups. It is also used to determine if specific health programs are needed in particular areas and to make population estimates.*

**54. and 55. USUAL OCCUPATION AND INDUSTRY OF DECEDENT**

These items are to be completed for all decedents 14 years of age and over. Enter the information even if the decedent was retired, disabled, or institutionalized at the time of death.

*This information is useful in studying deaths related to jobs and in identifying any new risks. For example, the link between lung disease and lung cancer and asbestos exposure in jobs such as shipbuilding or construction was discovered by analyzing this sort of information on death certificates.*

**54. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED.)**

Enter the usual occupation of the decedent. This means the type of job the individual was engaged in for most of his or her working life. It is not necessarily the highest paid job nor the job considered the most prestigious, but the one occupation, of perhaps several, that accounted for the greatest number of working years. For example, usual occupation may include claim adjuster, farmhand, coal miner, janitor, store manager, college professor, or civil engineer. Never enter ''Retired.''

If the decedent was a homemaker at the time of death but had worked outside the household during his or her working life, enter that occupation. If the decedent was a ''homemaker'' during most of his or her working life, or never worked

outside the household, enter ‘‘Homemaker.’’ Enter ‘‘Student’’ if the decedent was a student at the time of death and was never regularly employed or employed full time during his or her working life.

If not known, enter ‘‘Unknown.’’

**55. KIND OF BUSINESS/INDUSTRY**

Enter the kind of business or industry to which the occupation listed in item 54 is related, such as insurance, farming, coal mining, hardware store, retail clothing, university, or government. Do not enter firm or organization names.

If the decedent was a homemaker during his or her working life and ‘‘Homemaker’’ is entered as the decedent’s usual occupation in item 54, enter ‘‘Own home’’ or ‘‘Someone else’s home,’’ whichever is appropriate.

If the decedent was a student at the time of death and ‘‘Student’’ is entered as the decedent’s usual occupation in item 54, enter the type of school, such as high school or college, in item 55.

If not known, enter ‘‘Unknown.’’

*These items are useful in studying occupationally related mortality and in identifying job-related risk areas. For example, correlating asbestos used in particular occupations in the shipbuilding industry to respiratory cancer was possible with this information. If the funeral director or person acting as such have questions about what classification to use for a decedent’s occupation or industry, refer to the handbook “Guidelines for Reporting Occupation and Industry on Death Certificates.”*

# Part III—Completing the Report of Fetal Death

These instructions pertain to the 2003 U.S. Standard Report of Fetal Death. (See "Appendix D.")

## Items pertaining to the fetus (items 1–9)

### 1. NAME OF FETUS (optional—at the discretion of the parents)

Enter the full name given to the fetus. If the parents chose not to name the fetus, leave blank.

*This item is optional for parents who chose to name the fetus.*

### 2. TIME OF DELIVERY (24 hr)

Enter the hour and minute of delivery using a 24-hour clock. If the time of delivery is not known, enter "Unknown" in the space. The National Institute of Standards and Technology recommends the use of the 24-hour clock (0000–2359). The new day begins at 0000 and ends at 2359. If the delivery occurs around midnight, the exact hour and minute may affect the date of fetal death. If this occurs, the attendant should be consulted to determine whether the delivery should be recorded as occurring at the end or the beginning of the day. If a 12-hour clock is used, to avoid ambiguity in the date associated with the use of "a.m." and "p.m.," specify the time as beginning as 1201 a.m. or ending at 1159 p.m. or specify as 12 midnight or 12 noon. For deliveries occurring at the end of the year, the hour and minute affect not only the day but also the year of death. The table below has been provided as a guide.

| 24-hour clock | 12-hour clock |
|---|---|
| 0000 (medical facilities)<br>2400 (military facilities) | 12:00 midnight |
| 0100 | 1:00 a.m. |
| 0200 | 2:00 a.m. |
| 0300 | 3:00 a.m. |
| 0400 | 4:00 a.m. |
| 0500 | 5:00 a.m. |
| 0600 | 6:00 a.m. |
| 0700 | 7:00 a.m. |
| 0800 | 8:00 a.m. |
| 0900 | 9:00 a.m. |
| 1000 | 10:00 a.m |
| 1100 | 11:00 a.m. |
| 1200 | 12:00 noon |
| 1300 | 1:00 p.m. |
| 1400 | 2:00 p.m. |
| 1500 | 3:00 p.m. |
| 1600 | 4:00 p.m. |
| 1700 | 5:00 p.m. |
| 1800 | 6:00 p.m. |
| 1900 | 7:00 p.m. |
| 2000 | 8:00 p.m. |
| 2100 | 9:00 p.m. |
| 2200 | 10:00 p.m. |
| 2300 | 11:00 p.m |

*This information documents the exact time of delivery for legal uses such as the order of delivery in plural deliveries.*

**3. SEX (M/F/Unk)**

Enter male or female based on observation or verification with medical records. Do not abbreviate or use other symbols. If sex cannot be determined after verification with medical records or other sources, enter ‘‘Unknown.’’ Do not leave this item blank.

*This information is used to measure fetal and perinatal mortality by sex. It helps identify differences in the impact of environmental and biological factors between the sexes.*

**4. DATE OF DELIVERY (Mo/Day/Yr)**

Enter the exact month, day, and 4-digit year that the fetus was delivered.

Enter the full name of the month—January, February, March, etc. Do not use a number or abbreviation to designate the month. A delivery at midnight is

considered a delivery occurring at the beginning of the day rather than the end of the previous day, unless the attendant thinks otherwise.

*This information is used in conjunction with date last normal menses began to calculate length of gestation, which is an essential element in the study of low-birthweight deliveries.*

**5a. CITY, TOWN, OR LOCATION OF DELIVERY**

Enter the name of the city, township, village, or other location where the fetal death occurred. For fetal deaths occurring on a moving conveyance, enter the city, town, village, or location where the fetus was first removed from the conveyance.

If a dead fetus is found in this State and the place of fetal death is unknown, the fetal death should be registered in this State. The place where the fetus was found should be considered the place of fetal death.

**5b. ZIP CODE OF DELIVERY**

Enter the ZIP Code of the city where the fetal death occurred.

**6. COUNTY OF DELIVERY**

Enter the name of the county where the fetal death occurred. For fetal deaths occurring on a moving conveyance, enter the county where the fetus was first removed from the conveyance. If the fetal death occurred in international waters or air space, enter the name of the county where the fetus was first removed from the conveyance.

**7. PLACE WHERE DELIVERY OCCURRED (Check one)**

☐ Hospital
☐ Freestanding birthing center
☐ Home Delivery: Planned to deliver at home? ☐ Yes ☐ No
☐ Clinic/Doctor's office
☐ Other (Specify)_____

Check the box that best describes the type of place where the fetal death occurred. If the type of place is not known, enter ''Unknown'' in the space.

**8. FACILITY NAME (If not institution, give street and number)**

Enter the name of the facility where the fetal death occurred. If this fetal death did not occur in a hospital or freestanding birthing center, enter the street and number of the place where the fetal death occurred. If the fetal death occurred en route, that is, in a moving conveyance, enter the city, town, village, or other location where the fetus was first removed from the conveyance. If the fetal death occurred in international airspace or waters, enter ‘‘plane’’ or ‘‘boat.’’

**9. FACILITY ID. (NPI)**

Enter facility’s National Provider Identification number (NPI) or, if no NPI, the State hospital code.

*Items 5a, 5b, 6, 7, 8, and 9 identify the place of delivery, which is used to study relationships of hospital and nonhospital pregnancy terminations. It is also used by many States to produce statistical data by specific facility. Information on place of delivery, together with residence information, provides data to evaluate the utilization and distribution of health services.*

## Items pertaining to the mother (items 10–11)

**10a. MOTHER’S CURRENT LEGAL NAME (First, Middle, Last, Suffix)**

Enter the first, middle, and last name of the mother at the time of delivery. This is the mother’s current legal name.

*The mother’s name is important in identifying the record.*

**10b. MOTHER’S DATE OF BIRTH (Mo/Day/Yr)**

Enter the exact month, day, and 4-digit year that the mother was born.

Enter the full name of the month—January, February, March, etc. Do not use a number or abbreviation to designate the month.

*This item is used to calculate the age of the mother, which is one of the most important factors in the study of childbearing and pregnancy outcome.*

**10c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)**

Enter the mother's first, middle, and last name used prior to first marriage, commonly known as the maiden name.

*The name of the mother aids in identification of the record. The name of the mother prior to first marriage is especially useful in identifying the record because it remains constant throughout life.*

**10d. MOTHER'S BIRTHPLACE (State, Territory, or Foreign Country)**

Enter the name of the U.S. State or territory in which the mother was born.

If the mother was born outside of the United States, enter the name of the country in which she was born. United States territories are Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, and Northern Marianas. If the mother's birthplace is not known, enter ''Unknown'' in the space. (Note: Canadian provinces and territories are not individually identified for place of birth.) If the mother was born in a foreign country but the country is unknown, enter ''Foreign—unknown.''

*This item is useful in obtaining information on recent immigrant groups. Also, including this item will provide information on the differences in childbearing patterns between foreign and U.S.-born women.*

**11a–g RESIDENCE OF MOTHER**

The mother's residence is the place where her household is located. This is not necessarily the same as her home State, voting residence, mailing address, or legal residence. The State, county, city, and street address should be for the place where the mother actually lives. Never enter a temporary residence, such as one used during a visit, business trip, or vacation. Residence for a short time at the home of a relative or friend is considered temporary and should not be entered here. However, place of residence during a tour of military duty or during attendance at college is not considered temporary and should be entered on the report as the mother's place of residence.

If the mother had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, this facility should be entered as the place of residence.

**11a. STATE**

Enter the name of the State in which the mother lives. This may differ from the State in her mailing address. If the mother is not a U.S. resident, enter the name of the country and the name of the unit of government that is the nearest equivalent to a State.

**11b. COUNTY**

Enter the name of the county in which the mother lives.

**11c. CITY, TOWN, OR LOCATION**

Enter the name of the city, town, or location where the mother lives. This may differ from the city, town, or location used in her mailing address.

**11d. STREET AND NUMBER**

Enter the number and street name of the place where the mother lives. If the street name has a direction as a prefix, enter the prefix in front of the street name (e.g., South Main Street). If the street name has a direction after the name, enter the direction after the name (e.g., Florida Avenue NW). Report the ''street'' designator (e.g., Street, Road, Avenue, or Court).

Enter the building number assigned to the mother's residence. If the number is unknown, enter ''Unknown.''

If this location has no number and street name, enter the rural route number or a description of the place that will aid in identifying the precise location.

**11e. APT. NO.**

Enter the apartment number of the place where the mother lives. If the mother did not live in an apartment, leave this item blank.

**11f. ZIP CODE**

Enter the ZIP Code of the place where the mother resides.

**11g. INSIDE CITY LIMITS?** ☐ Yes ☐ No

Enter ‘‘Yes’’ if the location entered in item 11c is incorporated and the mother’s residence is inside its boundaries. Otherwise, enter ‘‘No.’’

*Statistics on fetal deaths are tabulated by place of residence of the mother. These data are used in planning for and evaluating community services and facilities, including maternal health programs. “Inside City Limits” is used to properly assign residence to either the city or the remainder of the county. ZIP Code information may also be used for environmental impact studies for small geographic areas.*

## Items pertaining to the father (items 12a–c)

### 12a. FATHER’S CURRENT LEGAL NAME (First, Middle, Last, Suffix)

State laws vary. In general:

If the fetus was born to a mother who was married at the time of delivery, enter the name of her husband.

If the fetus was conceived in wedlock but delivered after a divorce was granted or after the husband died, enter the name of the mother’s deceased or divorced husband.

If the fetus was conceived and delivered out of wedlock to a divorced, widowed, or never-married mother, leave this item BLANK.

Note: If item 12a is left blank, items 12b and 12c should also be left blank.

*The father’s name is important in identifying the record.*

### 12b. FATHER’S DATE OF BIRTH (Month, Day, Year)

Enter the exact month, day, and 4-digit year that the father was born.

Enter the full name of the month—January, February, March, etc. Do not use a number or abbreviation to designate the month.

*This item is used to calculate the age of the father, which is important in the study of childbearing. For example, it is used to study the association between congenital anomalies and children of older parents.*

**12c. FATHER'S BIRTHPLACE (State, Territory, or Foreign Country)**

Enter the name of the U.S. State or territory in which the father was born. If he was born outside of the United States, enter the name of the country in which he was born. U.S. territories are Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, and Northern Marianas. If the father's birthplace is not known, enter ''Unknown'' in the space. (NOTE: Canadian provinces and territories are not individually identified for place of birth.)

*This item is useful in obtaining information on recent immigrant groups.*

## Item pertaining to the disposition of the fetus (item 13)

**13. METHOD OF DISPOSITION**

☐ Burial ☐ Cremation ☐ Hospital disposition ☐ Donation
☐ Removal from State ☐ Other (Specify): _____

Check the box corresponding to the method of disposition of the fetus. If ''Other (Specify)'' is checked, enter the method of disposition on the line provided. If the fetus is to be used by a hospital or a medical or mortuary school for scientific or educational purposes, enter ''Donation.'' Donation refers only to the entire fetus, not to individual organs.

*This information is useful in providing information about whether the fetus was disposed of as required by law. Also, this information assists family/genealogists in locating place of disposition at a later date.*

**17. DATE RECEIVED BY REGISTRAR**

This item will be completed by the Registrar.

*The date documents that the fetal death report was received within the time period specified by State law.*

**19. MOTHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)**

☐ 8th grade or less
☐ 9th–12th grade, no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)

☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

Check the box that best describes the highest education level completed by the mother. If she is currently enrolled, check the box that indicates the previous grade or highest degree received. Do not leave this item blank.

*Education is highly related to fertility, health practices, and pregnancy outcome. It is also used as an indicator of socioeconomic status.*

**20. MOTHER OF HISPANIC ORIGIN? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina)**

☐ No, not Spanish/Hispanic/Latina
☐ Yes, Mexican, Mexican American, Chicana
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latina
(Specify)_____

The Hispanic origin (item 20) and Race (item 21) questions should be asked independently. ''Hispanic'' is not a race, and a mother who is of Hispanic origin may be of any race. Do not leave item 20 blank. ''Hispanic'' is a self-designated classification for people whose origins are from Spain, the Spanish-speaking countries of Central or South America, the Caribbean, or those identifying themselves generally as Spanish or Spanish-American. Origin can be viewed as ancestry, nationality, or country of birth of the person or person's parents or ancestors prior to their arrival in the United States. Although the prompts include the major Hispanic groups, other groups may be specified under ''Yes, other Spanish/Hispanic/Latina.''

Check the box or boxes that best describe whether the mother is Spanish/Hispanic/Latina. For example, if the mother indicates that she's both Mexican and Cuban, check the boxes ''Yes, Mexican, Mexican American, Chicana'' and ''Yes, Cuban.'' If the mother indicates an ethnic origin not on the list, enter it in the ''Specify'' space.

If the mother is not of Hispanic origin, check the box indicating ''No, not Spanish/Hispanic/Latina.''

*Hispanics make up the second largest minority in this country. This item provides data to measure differences in pregnancy outcome and variations in health care for people of Hispanic and non-Hispanic origin. This item is important because it provides a primary mechanism to obtain demographic and health information on this important group of Americans.*

**21. MOTHER'S RACE (Check one or more races to indicate what the mother considers herself to be)**

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
  (Name of the enrolled or principal tribe)_____
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (Specify)_____
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (Specify)_____
- ☐ Other (Specify)_____

The Race and Hispanic origin questions should be answered independently. Do not leave item 21 blank. If there is no checkbox for the response, check the box ''Other (Specify)'' and enter the response in the blank, even if it is not a race.

American Indian and Alaska Native refer only to those native to North and South America (including Central America) and do not include Asian Indian. Please specify the name of enrolled or principal tribe (e.g., Navajo or Cheyenne) for the American Indian or Alaska Native.

For Asians and Pacific Islanders, enter the national origin of the mother. For Asians check Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or specify Other Asian group; for Pacific Islanders check Hawaiian, Guamanian or Chamorro, Samoan, or specify Other Pacific Islander.

If more than one race is indicated, enter each race (e.g., Samoan-Chinese-Filipino or White, American Indian).

*In 1997, the Office of Management and Budget mandated the use of specific guidelines in collecting information on race and ethnicity and provided an opportunity for individuals to choose more than one racial category if they wish to reflect multiple racial heritage. Race is essential in producing data for minority groups and is an important variable in planning for and evaluating the effectiveness of health programs. It is also used to study racial variations in childbearing, access to health care, and pregnancy outcomes (perinatal mortality and birth weight).*

**22. MOTHER MARRIED?** ☐ Yes ☐ No

If the mother is currently married or married at time of conception or any time between conception and the fetal death, check the ''Yes'' box.

If the mother is not currently married or was not married at the time of conception or any time between conception and the fetal death, check the ''No'' box.

*The information on marital status is used to monitor the substantial differences in fertility patterns and pregnancy outcomes for married and unmarried women. This information can help to identify the need for additional supportive public health and other services.*

## Items pertaining to the medical and health information (items 14–16, 18, and 23–40)

Items 14–16, 18, and 23–40 (listed below) pertain to medical and health information. The funeral director does not complete these items. In the vast majority of States, the hospital is responsible for:

- Completing the entire fetal death report in consultation with the parents,
- Obtaining cause-of-fetal-death and other medical and health information from the physician,
- Obtaining authorization for final disposition of fetus,
- Filing the report with local or State office per State law.

In some States, the funeral director's role in fetal death reporting is synonymous with that of the hospitals. The primary role of the funeral director in fetal death reporting is obtaining authorization for final disposition if a State has provisions that allow the fetus to be buried. Since it is the responsibility of the physician or

hospital to complete items 14–16, 18, and 23–40, instructions for completing these items are available in separate handbooks titled, *Physicians' Handbook on Medical Certification of Death* and *Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting.* These handbooks provide detailed instructions in completing the fetal death report and can be obtained from the National Center for Health Statistics, 3311 Toledo Road, Hyattsville, Maryland 20782. They can be accessed at the following Internet Web site: http://www.cdc.gov/nchs/products/pubs/pubd/other/miscpub/miscpub.htm.

**14. ATTENDANT'S NAME, TITLE, AND NPI**
**15. NAME AND TITLE OF PERSON COMPLETING REPORT**
**16. DATE REPORT COMPLETED**
**18a. INITIATING CAUSE/CONDITION CONTRIBUTING TO FETAL DEATH**
**18b. OTHER SIGNIFICANT CAUSES OR CONDITIONS**
**18c. WEIGHT OF FETUS**
**18d. OBSTETRIC ESTIMATE OF GESTATION AT DELIVERY**
**18e. ESTIMATED TIME OF FETAL DEATH**
**18f. WAS AN AUTOPSY PERFORMED?**
**18g. WAS A HISTOLOGICAL PLACENTAL EXAMINATION PERFORMED?**
**18h. WERE AUTOPSY OR HISTOLOGICAL PLACENTAL EXAMINATION RESULTS USED IN DETERMINING THE CAUSE OF FETAL DEATH?**
**23a. DATE OF FIRST PRENATAL CARE VISIT**
**23b. DATE OF LAST PRENATAL CARE VISIT**
**24. TOTAL NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY**
**25. MOTHER'S HEIGHT**
**26. MOTHER'S PREPREGNANCY WEIGHT**
**27. MOTHER'S WEIGHT AT DELIVERY**
**28. DID MOTHER GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY?**
**29. NUMBER OF PREVIOUS LIVE BIRTHS**
**30. NUMBER OF OTHER PREGNANCY OUTCOMES**
**31. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY**
**32. DATE LAST NORMAL MENSES BEGAN**
**33. PLURALITY**
**34. IF NOT SINGLE BIRTH**
**35. MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY**
**36. RISK FACTORS IN THIS PREGNANCY**

**37. INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY**

**38. METHOD OF DELIVERY**

**39. MATERNAL MORBIDITY**

**40. CONGENITAL ANOMALIES OF THE FETUS**

# Appendix A

## U.S. Standard Certificate of Death

U.S. STANDARD CERTIFICATE OF DEATH

**LOCAL FILE NO.** **STATE FILE NO.**

For use by physician or institution

**To Be Completed/Verified By: FUNERAL DIRECTOR**

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last): John Leonard Palmer
2. SEX: Male
3. SOCIAL SECURITY NUMBER: 123-45-6789
4a. AGE-Last Birthday (Years): 92
4b. UNDER 1 YEAR: Months
4c. UNDER 1 DAY: Days, Hours, Minutes
5. DATE OF BIRTH (Mo/Day/Yr): April 23, 1911
6. BIRTHPLACE (City and State or Foreign Country): San Francisco, CA
7a. RESIDENCE-STATE: Maryland
7b. COUNTY: Frederick
7c. CITY OR TOWN: Thurmont
7d. STREET AND NUMBER: 245 Lone View Road
7e. APT. NO.:
7f. ZIP CODE: 20212-1234
7g. INSIDE CITY LIMITS? ☐ Yes ☒ No
8. EVER IN US ARMED FORCES? ☒ Yes ☐ No
9. MARITAL STATUS AT TIME OF DEATH: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown
10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage): Sheila Marie Sonner
11. FATHER'S NAME (First, Middle, Last): Stanley Leonard Palmer
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Lorraine Ellen Russell
13a. INFORMANT'S NAME: Sheila Marie Palmer
13b. RELATIONSHIP TO DECEDENT: Wife
13c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 245 Lone View Road, Thurmont, MD 20212-1234
14. PLACE OF DEATH (Check only one; see instructions)
IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify):
15. FACILITY NAME (If not institution, give street & number): Mountain Memorial Hospital
16. CITY OR TOWN, STATE, AND ZIP CODE: Frederick
17. COUNTY OF DEATH: Frederick
18. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify):
19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Wesley Memorial Cemetery
20. LOCATION-CITY, TOWN, AND STATE: Frederick
21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: Boone and Sons Funeral Home, 475 E. Main Street, Frederick, Maryland 20216-3456
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT: Robert J. Boone
23. LICENSE NUMBER (Of Licensee): 2569114

**To Be Completed By: MEDICAL CERTIFIER**

**ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH**
24. DATE PRONOUNCED DEAD (Mo/Day/Yr): June 20, 2003
25. TIME PRONOUNCED DEAD: 0310
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable): Julia R. Kovar, M.D.
27. LICENSE NUMBER: 624998075
28. DATE SIGNED (Mo/Day/Yr): June 20, 2003
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month): June 20, 2003
30. ACTUAL OR PRESUMED TIME OF DEATH: 0300
31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? ☐ Yes ☒ No

**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.

| | | Approximate interval: Onset to death |
|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition resulting in death) ---------> | a. Pulmonary embolism | Minutes |
| Due to (or as a consequence of): | | |
| 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. Congestive heart failure | 4 days |
| Due to (or as a consequence of): | | |
| | c. Acute myocardial infarction | 7 days |
| Due to (or as a consequence of): | | |
| | d. Chronic ischemic heart disease | 8 years |

**PART II.** Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.: Diabetes mellitus, Hypertension

33. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No
35. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown
36. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
37. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month):
39. TIME OF INJURY:
40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area):
41. INJURY AT WORK? ☐ Yes ☐ No
42. LOCATION OF INJURY: State: City or Town: Street & Number: Apartment No.: Zip Code:
43. DESCRIBE HOW INJURY OCCURRED:
44. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
45. CERTIFIER (Check only one):
☒ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
☐ 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.
Signature of certifier: Edward M. Stone, M.D.
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32): Edward Matthew Stone, M.D., 23 Porter Drive, Frederick, Maryland 29885-6789

| 47. TITLE OF CERTIFIER | 48. LICENSE NUMBER | 49. DATE CERTIFIED (Mo/Day/Yr) | 50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr) |
|---|---|---|---|
| M.D. | 1299654 | June 22, 2003 | June 23, 2003 |

**To Be Completed By: FUNERAL DIRECTOR**

51. DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death.

- ☐ 8th grade or less
- ☐ 9th - 12th grade; no diploma
- ☐ High school graduate or GED completed
- ☐ Some college credit, but no degree
- ☐ Associate degree (e.g., AA, AS)
- ■ Bachelor's degree (e.g., BA, AB, BS)
- ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

52. 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.

- ■ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latino

(Specify) _____

53. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)

- ■ White
- ☐ Black or African American
- ■ American Indian or Alaska Native

(Name of the enrolled or principal tribe) Cherokee

- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (Specify) _____
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (Specify) _____
- ☐ Other (Specify) _____

54. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED)

Public accountant

55. KIND OF BUSINESS/INDUSTRY

Self-employed

**MEDICAL CERTIFIER INSTRUCTIONS** for selected items on U.S. Standard Certificate of Death (See *Physicians' Handbook* or *Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting* for instructions on all items.)

**ITEMS ON WHEN DEATH OCCURRED**
Items 24–25 and 29–31 should always be completed. If the facility uses a separate pronouncer or other person to indicate that death has taken place with another person more familiar with the case completing the remainder of the medical portion of the death certificate, the pronouncer completes items 24–28. If a certifier completes items 24–25 as well as items 29–49, items 26–28 may be left blank.

**ITEMS 24–25, 29–30 DATE AND TIME OF DEATH**
Spell out the name of the month. If the exact date of death is unknown, enter the approximate date. If the date cannot be approximated, enter the date the body is found and identify as date found. Date pronounced and actual date may be the same. Enter the exact hour and minutes according to a 24-hour clock; estimates may be provided with ''Approx.'' placed before the time.

**ITEM 32–CAUSE OF DEATH** (See attached examples)
Take care to 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 in completing the cause of death section. **Do not abbreviate** conditions entered in 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.
- If the condition on Line (a) resulted from an underlying condition, put the underlying condition on Line (b) and so on, until the full sequence is reported. **ALWAYS** enter the **underlying cause of death** on the lowest used line in Part I.
- For each cause indicate the best estimate of the interval between the presumed onset and the date of death. The terms ''unknown'' or ''approximately'' may be used. General terms, such as minutes, hours, or 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 to you for line (a), then you must 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, and 5) part or lobe of organ affected. (For example, a 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 attached examples.
- 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.

## CHANGES TO CAUSE OF DEATH

Should additional medical information or autopsy findings become available that would change the cause of death originally reported, the original death certificate should be amended by the certifying physician by **immediately** reporting the revised cause of death to the State Vital Records Office.

**ITEMS 33–34–AUTOPSY**

- 33–Enter ''Yes'' if either a partial or full autopsy was performed. Otherwise enter ''No.''
- 34–Enter ''Yes'' if autopsy findings were available to complete the cause of death; otherwise enter ''No.'' Leave item blank if no autopsy was performed.

**ITEM 35–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 36–IF FEMALE, WAS DECEDENT PREGNANT AT TIME OF DEATH OR WITHIN PAST YEAR?**
*This information is important in determining pregnancy-related mortality.*

**ITEM 37–MANNER OF DEATH**

- Always check Manner of Death, which is important: 1) in determining accurate causes of death; 2) in processing insurance claims; and 3) in statistical studies of injuries and death.
- Indicate ''Pending investigation'' if the manner of death cannot be determined whether due to an accident, suicide, or homicide within the statutory time limit for filing the death certificate. This should be changed later to one of the other terms.
- Indicate ''Could not be determined'' **ONLY** when it is impossible to determine the manner of death.

**ITEMS 38–44–ACCIDENT OR INJURY**—to be filled out in all cases of deaths due to injury or poisoning.

- 38–Enter the exact month, day, and year of injury. Spell out the name of the month. **DO NOT** use a number for the month. (Remember, the date of injury may differ from the date of death.) Estimates may be provided with ''Approx.'' placed before the date.
- 39–Enter the exact hour and minutes of injury or use your best estimate. Use a 24-hour clock.
- 40–Enter the general place (such as restaurant, vacant lot, or home) where the injury occurred. **DO NOT** enter firm or organization names. (For example, enter ''factory,'' **not** ''Standard Manufacturing, Inc.'' )
- 41–Complete if anything other than natural disease is mentioned in Part I or Part II of the medical certification, including homicides, suicides, and accidents. This includes all motor vehicle deaths. The item **must** be completed for decedents ages 14 years or over and may be completed for those less than 14 years of age if warranted. 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/from business contacts | Working for self for no profit (mowing yard, repairing own roof, hobby) |
| | Commuting to or from work |

- 42–Enter the complete address where the injury occurred including ZIP Code.
- 43–Enter a brief but specific and clear description of how the injury occurred. Explain the circumstances or cause of the injury. Specify **type of gun** or **type of vehicle** (e.g., car, bulldozer, train, etc.) when relevant to circumstances. Indicate if more than one vehicle involved; specify type of vehicle decedent was in.
- 44–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, animal, or people attached to outside of vehicles (e.g. surfers).

Rationale: Motor vehicle accidents are a major cause of unintentional deaths; details will help determine effectiveness of current safety features and laws.

**REFERENCES**

For more information on how to complete the medical certification section of the death certificate, refer to tutorial at http://www.TheNAME.org and resources including instructions and handbooks available by request from NCHS, Room 7318, 3311 Toledo Road, Hyattsville, Maryland 20782 or at www.cdc.gov/nchs/about/major/dvs/handbk.htm.

## Cause-of-death – Background, Examples, and Common Problems

Accurate cause of death information is important
•to the public health community in evaluating and improving the health of all citizens, and
•often to the family, now and in the future, and to the person settling the decedent's estate.

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 used 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. **The cause-of-death information should be YOUR best medical OPINION.** A condition can be listed as "probable" even if it has not been definitively diagnosed.

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.

| | | Approximate interval: Onset to death |
|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition ---------> resulting in death) | a. Rupture of myocardium<br>Due to (or as a consequence of): | Minutes |
| Sequentially list conditions, if any, leading to the cause listed on line a. Enter the | b. Acute myocardial infarction<br>Due to (or as a consequence of): | 6 days |
| **UNDERLYING CAUSE** (disease or injury that initiated the events resulting | c. Coronary artery thrombosis<br>Due to (or as a consequence of): | 5 years |
| in death) **LAST** | d. Atherosclerotic coronary artery disease | 7 years |

**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

33. WAS AN AUTOPSY PERFORMED? ■ Yes ☐ No

34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ■ Yes ☐ No

35. DID TOBACCO USE CONTRIBUTE TO DEATH?
■ Yes ☐ Probably
☐ No ☐ Unknown

36. IF FEMALE:
■ Not pregnant within past year
☐ Pregnant at time of death
☐ Not pregnant, but pregnant within 42 days of death
☐ Not pregnant, but pregnant 43 days to 1 year before death
☐ Unknown if pregnant within the past year

37. MANNER OF DEATH
■ Natural ☐ Homicide
☐ Accident ☐ Pending Investigation
☐ Suicide ☐ Could not be determined

**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.

| | | Approximate interval: Onset to death |
|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition ---------> resulting in death) | a. Aspiration pneumonia<br>Due to (or as a consequence of): | 2 Days |
| Sequentially list conditions, if any, leading to the cause listed on line a. Enter the | b. Complications of coma<br>Due to (or as a consequence of): | 7 weeks |
| **UNDERLYING CAUSE** (disease or injury that initiated the events resulting | c. Blunt force injuries<br>Due to (or as a consequence of): | 7 weeks |
| in death) **LAST** | d. Motor vehicle accident | 7 weeks |

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

33. WAS AN AUTOPSY PERFORMED? ■ Yes ☐ No

34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ■ Yes ☐ No

35. DID TOBACCO USE CONTRIBUTE TO DEATH?
☐ Yes ☐ Probably
■ No ☐ Unknown

36. IF FEMALE:
☐ Not pregnant within past year
☐ Pregnant at time of death
☐ Not pregnant, but pregnant within 42 days of death
☐ Not pregnant, but pregnant 43 days to 1 year before death
☐ Unknown if pregnant within the past year

37. MANNER OF DEATH
☐ Natural ☐ Homicide
■ Accident ☐ Pending Investigation
☐ Suicide ☐ Could not be determined

38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)
August 15, 2003

39. TIME OF INJURY
Approx. 2320

40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)
road side near state highway

41. INJURY AT WORK?
☐ Yes ■ No

42. LOCATION OF INJURY: State: Missouri City or Town: near Alexandria
Street & Number: mile marker 17 on state route 46a Apartment No.: Zip Code:

43. DESCRIBE HOW INJURY OCCURRED:
Decedent driver of van, ran off road into tree

44. IF TRANSPORTATION INJURY, SPECIFY:
■ Driver/Operator
☐ Passenger
☐ Pedestrian
☐ Other (Specify)

### 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, 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. 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** 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 **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, clinical history is reviewed, and a complete autopsy is performed, then the death can be reported as Sudden Infant Death Syndrome.

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

| | | | | |
|---|---|---|---|---|
| Abscess | Carcinomatosis | Disseminated intra vascular coagulopathy | Hyponatremia | Pulmonary arrest |
| Abdominal hemorrhage | Cardiac arrest | Dysrhythmia | Hypotension | Pulmonary edema |
| Adhesions | Cardiac dysrhythmia | End-stage liver disease | Immunosuppression | Pulmonary embolism |
| Adult respiratory distress syndrome | Cardiomyopathy | End-stage renal disease | Increased intra cranial pressure | Pulmonary insufficiency |
| Acute myocardial infarction | Cardiopulmonary arrest | Epidural hematoma | Intra cranial hemorrhage | Renal failure |
| Altered mental status | Cellulitis | Exsanguination | Malnutrition | Respiratory arrest |
| Anemia | Cerebral edema | Failure to thrive | Metabolic encephalopathy | Seizures |
| Anoxia | Cerebrovascular accident | Fracture | Multi-organ failure | Sepsis |
| Anoxic encephalopathy | Cerebellar tonsillar herniation | Gangrene | Multi-system organ failure | Septic shock |
| Arrhythmia | Chronic bedridden state | Gastrointestinal hemorrhage | Myocardial infarction | Shock |
| Ascites | Cirrhosis | Heart failure | Necrotizing soft-tissue infection | Starvation |
| Aspiration | Coagulopathy | Hemothorax | Old age | Subdural hematoma |
| Atrial fibrillation | Compression fracture | Hepatic failure | Open (or closed) head injury | Subarachnoid hemorrhage |
| Bacteremia | Congestive heart failure | Hepatitis | Paralysis | Sudden death |
| Bedridden | Convulsions | Hepatorenal syndrome | Pancytopenia | Thrombocytopenia |
| Biliary obstruction | Decubiti | Hyperglycemia | Perforated gallbladder | Uncal herniation |
| Bowel obstruction | Dehydration | Hyperkalemia | Peritonitis | Urinary tract infection |
| Brain injury | Dementia (when not otherwise specified) | Hypovolemic shock | Pleural effusions | Ventricular fibrillation |
| Brain stem herniation | Diarrhea | | Pneumonia | Ventricular tachycardia |
| Carcinogenesis | | | | 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 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/coroner.

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

**FUNERAL DIRECTOR INSTRUCTIONS for selected items on U.S. Standard Certificate of Death**
(For additional information concerning all items on certificate see *Funeral Directors' Handbook on Death Registration & Fetal Death Reporting.*)

**ITEM 1. DECEDENT'S LEGAL NAME**
Include any other names used by decedent, if substantially different from the legal name, after the abbreviation AKA (also known as) (e.g., Samuel Langhorne Clemens AKA Mark Twain, **but not** Jonathon Doe AKA John Doe).

**ITEM 5. DATE OF BIRTH**
Enter the full name of the month (January, February, March, etc.) Do not use a number or abbreviation to designate the month.

**ITEM 7A–G. RESIDENCE OF DECEDENT (information divided into seven categories)**
Residence of decedent is the place where the decedent actually resided. The place of residence is not necessarily the same as ''home State'' or ''legal residence.'' Never enter a temporary residence such as one used during a visit, business trip, or vacation. Place of residence during a tour of military duty or during attendance at college is considered permanent and should be entered as the place of residence. If the decedent had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, report the location of that facility in item 7. If the decedent was an infant who never resided at home, the place of residence is that of the parent(s) or legal guardian. **Never** use an acute care hospital's location as the place of residence for any infant. If Canadian residence, please specify Province instead of State.

**ITEM 10. SURVIVING SPOUSE'S NAME**
If the decedent was married at the time of death, enter the full name of the surviving spouse. If the surviving spouse is the wife, enter her name prior to first marriage. This item is used in establishing proper insurance settlements and other survivor benefits.

**ITEM 12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE**
Enter the name used prior to first marriage, commonly known as the maiden name. This name is useful because it remains constant throughout life.

**ITEM 14. PLACE OF DEATH**
The place where death is pronounced should be considered the place where death occurred. If the place of death is unknown but the body is found in your State, the certificate of death should be completed and filed in accordance with the laws of your State. Enter the place where the body is found as the place of death.

**ITEM 51. DECEDENT'S EDUCATION** *(Check appropriate box on death certificate)*
Check the box that corresponds to the highest level of education that the decedent completed. **Information in this section will not appear on the certified copy of the death certificate. This information is used to study the relationship between mortality and education (which roughly corresponds with socioeconomic status). This information is valuable in medical studies of causes of death and in programs to prevent illness and death.**

**ITEM 52. WAS DECEDENT OF HISPANIC ORIGIN?** *(Check "No" or appropriate "Yes" box)*
Check ''No'' or check the ''Yes'' box that best corresponds with the decedent's ethnic Spanish identity as given by the informant. Note that ''Hispanic'' is not a race, and item 53 must also be completed. Do not leave this item blank. With respect to this item, ''Hispanic'' refers to people whose origins are from Spain, Mexico, or the Spanish-speaking Caribbean Islands or countries of Central or South America. Origin includes ancestry, nationality, and lineage. There is no set rule about how many generations are to be taken into account in determining Hispanic origin; it may be based on the country of origin of a parent, grandparent, or some far-removed ancestor. Although the prompts include the major Hispanic groups, other groups may be specified under ''other.'' ''Other'' may also be used for decedents of multiple Hispanic origin (e.g., Mexican-Puerto Rican). **Information in this section will not appear on the certified copy of the death certificate. This information is needed to identify health problems in a large minority population in the United States. Identifying health problems will make it possible to target public health resources to this important segment of our population.**

**ITEM 53. RACE** *(Check appropriate box or boxes on death certificate)*
Enter the race of the decedent as stated by the informant. Hispanic is not a race; information on Hispanic ethnicity is collected separately in item 52. American Indian and Alaska Native refer only to those native to North and South America (including Central America) and does not include Asian Indian. Please specify the name of enrolled or principal tribe (e.g., Navajo, Cheyenne, etc.) for the American Indian or Alaska Native. For Asians check Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or specify other Asian group; for Pacific Islanders check Guamanian or Chamorro, Samoan, or specify other Pacific Island group. If the decedent was of mixed race, enter each race (e.g., Samoan-Chinese-Filipino or White, American Indian). **Information in this section will not appear on the certified copy of the death certificate. Race is essential for identifying specific mortality patterns and leading causes of death among different racial groups. It is also used to determine if specific health programs are needed in particular areas and to make population estimates.**

**ITEMS 54 AND 55. OCCUPATION AND INDUSTRY**

Questions concerning occupation and industry must be completed for all decedents 14 years of age or older. This information is useful in studying deaths related to jobs and in identifying any new risks. For example, the link between lung disease and lung cancer and asbestos exposure in jobs such as shipbuilding or construction was made possible by this sort of information on death certificates. **Information in this section will not appear on the certified copy of the death certificate.**

**ITEM 54. DECEDENT'S USUAL OCCUPATION**

Enter the usual occupation of the decedent. This is not necessarily the last occupation of the decedent. Never enter ''retired.'' Give kind of work decedent did during most of his or her working life, such as claim adjuster, farmhand, coal miner, janitor, store manager, college professor, or civil engineer. If the decedent was a homemaker at the time of death but had worked outside the household during his or her working life, enter that occupation. If the decedent was a homemaker during most of his or her working life, and never worked outside the household, enter ''homemaker.'' Enter ''student'' if the decedent was a student at the time of death and was never regularly employed or employed full time during his or her working life. **Information in this section will not appear on the certified copy of the death certificate.**

**ITEM 55. KIND OF BUSINESS/INDUSTRY**

Enter the kind of business to which the occupation entered in item 54 is related, such as insurance, farming, coal mining, hardware store, retail clothing, university, or government. DO NOT enter firm or organization names. If decedent was a homemaker as indicated in item 54, then enter either ''own home'' or ''someone else's home'' as appropriate. If decedent was a student as indicated in item 54, then enter type of school, such as high school or college, in item 55. **Information in this section will not appear on the certified copy of the death certificate.**

# Appendix B
# Decedent's Educational Level Selection Card

**Decedent's Formal Education Level**

What was the highest degree or level of school the decedent COMPLETED? Choose only ONE. If the decedent is currently enrolled, mark the previous grade or highest degree received.

**A.** 8th grade or less
**B.** 9th–12th grade; no diploma
**C.** High school graduate or GED completed
**D.** Some college credit, but no degree
**E.** Associate degree (e.g., AA, AS)
**F.** Bachelor's degree (e.g., BA, AB, BS)
**G.** Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
**H.** Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

# Appendix C

# Race and Hispanic Origin Selection Cards

### Decedent's Hispanic Origin Selection Card

Please review all the responses below. Please pick the response that best describes whether the decedent is Spanish/Hispanic/Latino. Choose the NO response if the decedent is not Spanish/Hispanic/Latino.

**A.** No, Not Spanish/Hispanic/Latino
**B.** Yes, Mexican, Mexican American, Chicano
**C.** Yes, Puerto Rican
**D.** Yes, Cuban
**E.** Yes, Other Spanish/Hispanic/Latino
If your choice is E. (Other Spanish/Hispanic/Latino) please specify.

### Decedent's Race(s) Selection Card

#### Decedent's Race(s)

Which item(s) below best describe what race(s) the decedent considered himself/herself to be? Select all that apply.

**A.** White
**B.** Black or African American
**C.** American Indian or Alaska Native
(Name of the enrolled or principal tribe)
**D.** Asian Indian
**E.** Chinese
**F.** Filipino
**G.** Japanese
**H.** Korean
**I.** Vietnamese
**J.** Other Asian (Specify) _____
**K.** Native Hawaiian
**L.** Guamanian or Chamorro
**M.** Samoan
**N.** Other Pacific Islander (Specify) _____
**O.** Other (Specify) _____

# Appendix D

## U.S. Standard Report of Fetal Death

LOCAL FILE NO.

US STANDARD REPORT OF FETAL DEATH

STATE FILE NUMBER

**MOTHER**

1. NAME OF FETUS (optional at the discretion of the parents)
2. TIME OF DELIVERY (24hr)
3. SEX (M/F/Unk)
4. DATE OF DELIVERY (Mo/Day/Yr)

5a. CITY, TOWN, OR LOCATION OF DELIVERY

5b. ZIP CODE OF DELIVERY

5c. COUNTY OF DELIVERY

6. PLACE WHERE DELIVERY OCCURRED (Check one)
- ☐ Hospital
- ☐ Freestanding birthing center
- ☐ Home Delivery: Planned to deliver at home? ☐ Yes ☐ No
- ☐ Clinic/Doctor's office
- ☐ Other (Specify)

8. FACILITY NAME (if not institution, give street and number)

9. FACILITY ID. (HPI)

10a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)

10b. DATE OF BIRTH (Mo/Day/Yr)

10c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)

10d. BIRTHPLACE (State, Territory, or Foreign Country)

11a. RESIDENCE OF MOTHER-STATE

11b. COUNTY

11c. CITY, TOWN, OR LOCATION

11d. STREET AND NUMBER

11e. APT. NO.

11f. ZIP CODE

11g. INSIDE CITY LIMITS? ☐ Yes ☐ No

**FATHER**

12a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)

12b. DATE OF BIRTH (Mo/Day/Yr)

12c. BIRTHPLACE (State, Territory, or Foreign Country)

**DISPOSITION**

13. METHOD OF DISPOSITION
- ☐ Burial ☐ Cremation ☐ Hospital Disposition ☐ Donation ☐ Removal from State ☐ Other (Specify)

**ATTENDANT AND REGISTRATION INFORMATION**

14. ATTENDANT'S NAME, TITLE, AND NPI
- NAME
- NPI
- TITLE: ☐ MD ☐ DO ☐ DNM/CM ☐ OTHER MIDWIFE
- ☐ OTHER (Specify)

15. NAME AND TITLE OF PERSON COMPLETING REPORT
- Name
- Title

16. DATE REPORT COMPLETED (MM / DD / YYYY)

17. DATE RECEIVED BY REGISTRAR (MM / DD / YYYY)

**CAUSE OF FETAL DEATH**

## 18. CAUSE/CONDITIONS CONTRIBUTING TO FETAL DEATH

18a. INITIATING CAUSE/CONDITION

(AMONG THE CHOICES BELOW, PLEASE SELECT THE ONE WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)

Maternal Conditions/Diseases (Specify)

Complications of Placenta, Cord, or Membranes
- ☐ Rupture of membranes prior to onset of labor
- ☐ Abruptio placenta
- ☐ Placental insufficiency
- ☐ Prolapsed cord
- ☐ Chorioamnionitis
- ☐ Other (Specify)

Other Obstetrical or Pregnancy Complications (Specify)

Fetal Anomaly (Specify)

Fetal Injury (Specify)

Fetal Infection (Specify)

Other Fetal Conditions/Disorders (Specify)

☐ Unknown

18b. OTHER SIGNIFICANT CAUSE OR CONDITIONS

(SELECT OR SPECIFY ALL OTHER CONDITIONS CONTRIBUTING TO DEATH IN ITEM 18a)

Maternal Conditions/Diseases (Specify)

Complications of Placenta, Cord, or Membranes
- ☐ Rupture of membranes prior to onset of labor
- ☐ Abruptio placenta
- ☐ Placental insufficiency
- ☐ Prolapsed cord
- ☐ Chorioamnionitis
- ☐ Other (Specify)

Other Obstetrical or Pregnancy Complications (Specify)

Fetal Anomaly (Specify)

Fetal Injury (Specify)

Fetal Infection (Specify)

Other Fetal Conditions/Disorders (Specify)

☐ Unknown

18c. WEIGHT OF FETUS (grams preferred, specify unit)
- ☐ grams ☐ other

18d. OBSTETRIC ESTIMATE OF GESTATION AT DELIVERY
- ____ completed weeks

18e. ESTIMATED TIME OF FETAL DEATH
- ☐ Dead at time of first assessment, no labor ongoing
- ☐ Dead at time of first assessment, labor ongoing
- ☐ Died during labor, after first assessment
- ☐ Unknown time of fetal death

18f. WAS AN AUTOPSY PERFORMED? ☐ Yes ☐ No ☐ Planned

18g. WAS A HISTOLOGICAL PLACENTAL EXAMINATION PERFORMED? ☐ Yes ☐ No ☐ Planned

18h. WERE AUTOPSY OR HISTOLOGICAL PLACENTAL EXAMINATION RESULTS USED IN DETERMINING THE CAUSE OF FETAL DEATH? ☐ Yes ☐ No

Mother's Name _____

Mother's Medical Record No. _____

REV. 11/2003

## MOTHER

18. MOTHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)

- ☐ 8th grade or less
- ☐ 9th - 12th grade, no diploma
- ☐ High school graduate or GED completed
- ☐ Some college credit but no degree
- ☐ Associate degree (e.g., AA, AS)
- ☐ Bachelor's degree (e.g., BA, AB, BS)
- ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

19. MOTHER OF HISPANIC ORIGIN? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina)

- ☐ No, not Spanish/Hispanic/Latina
- ☐ Yes, Mexican, Mexican American, Chicana
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latina

Specify _____

21. MOTHER'S RACE (Check one or more races to indicate what the mother considers herself to be)

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (Name of tribe enrolled or principal tribe) _____
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (Specify) _____
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (Specify) _____
- ☐ Other (Specify) _____

22. MOTHER MARRIED? (At delivery, conception, or anytime between) ☐ Yes ☐ No

23a. DATE OF FIRST PRENATAL CARE VISIT ___/___/___ (MM DD YYYY) ☐ No Prenatal Care

23b. DATE OF LAST PRENATAL CARE VISIT ___/___/___ (MM DD YYYY)

24. TOTAL NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY _____ (Enter, enter "0")

25. MOTHER'S HEIGHT _____ (feet/inches)

26. MOTHER'S PREPREGNANCY WEIGHT _____ (pounds)

27. MOTHER'S WEIGHT AT DELIVERY _____ (pounds)

28. DID MOTHER GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY? ☐ Yes ☐ No

29. NUMBER OF PREVIOUS LIVE BIRTHS

30. NUMBER OF OTHER PREGNANCY OUTCOMES (spontaneous or induced losses to include ectopic pregnancies)

29a. Now Living: Number ____ ☐ None

29b. Now Dead: Number ____ ☐ None

30a. Other Outcomes: Number (Do not include this child) ____ ☐ None

31. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY

For each time period, enter either the number of cigarettes or the number of packs of cigarettes smoked. IF NONE, ENTER "0".

Average number of cigarettes or packs of cigarettes smoked per day

| | # of cigarettes | # of packs |
|---|---|---|
| Three Months Before Pregnancy | _____ | OR _____ |
| First Three Months of Pregnancy | _____ | OR _____ |
| Second Three Months of Pregnancy | _____ | OR _____ |
| Third Trimester of Pregnancy | | OR _____ |

32. DATE OF LAST LIVE BIRTH ___/___/___ (MM YYYY)

33. DATE OF LAST OTHER PREGNANCY OUTCOME ___/___/___ (MM YYYY)

34. DATE LAST REPORTED MENSES BEGAN ___/___/___ (MM DD YYYY)

35. PLURALITY - Single, Twin, Triplet, etc. (Specify) _____

36. IF NOT SINGLE BIRTH, Born First, Second, Third, etc. (Specify) _____

37. MOTHER TRANSFERRED FOR EXTERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY? ☐ Yes ☐ No

IF YES, ENTER NAME OF FACILITY MOTHER TRANSFERRED FROM _____

## MEDICAL AND HEALTH INFORMATION

38. RISK FACTORS IN THIS PREGNANCY (Check all that apply)

Diabetes
- ☐ Prepregnancy (Diagnosis prior to this pregnancy)
- ☐ Gestational (Diagnosis of this pregnancy)

Hypertension
- ☐ Prepregnancy (Chronic)
- ☐ Gestational (PIH, preeclampsia)
- ☐ Eclampsia

☐ Previous preterm birth

☐ Other previous poor pregnancy outcome (includes perinatal death, small-for-gestational age/intrauterine growth restricted births)

☐ Pregnancy resulted from infertility treatment (If yes, check all that apply)

- ☐ Fertility-enhancing drugs, artificial insemination or intrauterine insemination
- ☐ Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))

☐ Mother had a previous cesarean delivery
If yes, how many _____

☐ None of the above

39. INFECTIOUS PRESENT AND/OR TREATED DURING THIS PREGNANCY (Check all that apply)

- ☐ Gonorrhea
- ☐ Syphilis
- ☐ Chlamydia
- ☐ Listeria
- ☐ Group B Streptococcus
- ☐ Cytomegalovirus
- ☐ Parvovirus
- ☐ Toxoplasmosis
- ☐ None of the above
- ☐ Other (Specify) _____

40. METHOD OF DELIVERY

A. Was delivery with forceps attempted but unsuccessful?
☐ Yes ☐ No

B. Was delivery with vacuum extractor attempted but unsuccessful?
☐ Yes ☐ No

C. Fetal presentation at delivery
- ☐ Cephalic
- ☐ Breech
- ☐ Other

D. Final route and method of delivery (Check one)
- ☐ Vaginal/Spontaneous
- ☐ Vaginal/Forceps
- ☐ Vaginal/Vacuum
- ☐ Cesarean
  - If cesarean, was a trial of labor attempted?
  - ☐ Yes
  - ☐ No

E. Hysterectomy/Hysterectomy
☐ Yes ☐ No

41. MATERNAL MORBIDITY (Check all that apply) (Complications associated with labor and delivery)

- ☐ Maternal transfusion
- ☐ Third or fourth degree perineal laceration
- ☐ Ruptured uterus
- ☐ Unplanned hysterectomy
- ☐ Admission to intensive care unit
- ☐ Unplanned operating room procedure following delivery
- ☐ None of the above

42. CONGENITAL ANOMALIES OF THE FETUS (Check all that apply)

- ☐ Anencephalus
- ☐ Meningomyelocele/Spina bifida
- ☐ Cyanotic congenital heart disease
- ☐ Congenital diaphragmatic hernia
- ☐ Omphalocele
- ☐ Gastroschisis
- ☐ Limb reduction defect (excluding congenital amputation and deafferting syndromes)
- ☐ Cleft Lip with or without Cleft Palate
- ☐ Cleft Palate alone
- ☐ Down Syndrome
  - ☐ Karyotype confirmed
  - ☐ Karyotype pending
- ☐ Suspected chromosomal disorder
  - ☐ Karyotype confirmed
  - ☐ Karyotype pending
- ☐ Hydrocephalus
- ☐ None of the anomalies listed above

REV. 11/2003

NOTE: This recommended standard fetal death report is the result of an extensive evaluation process. Information on the process and resulting recommendations as well as plans for future activities is available on the Internet at http://www.cdc.gov/nchs/vital_certs_rev.htm

# Appendix E

# Definitions of Live Birth and Fetal Death

The following definitions have been adopted by the World Health Organization and are recommended for use in the United States.

## Live birth

Live birth is the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps.

## Fetal death

Fetal death is death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy and that is not an induced termination of pregnancy. The death is indicated by the fact that after such expulsion or extraction, the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps.

# Appendix F

## The Vital Statistics Registration System in the United States

The registration of births, deaths, fetal deaths, and other vital events in the United States is a State and local function.[1] The civil laws of every State provide for a continuous, permanent, and compulsory vital registration system. Each system depends to a very great extent upon the conscientious efforts of the physicians, hospital personnel, funeral directors, coroners, and medical examiners in preparing or certifying information needed to complete the original records. For a graphic presentation of the registration system, see the accompanying chart, ''The Vital Statistics Registration System in the United States.''

Most States are divided geographically into local registration districts or units to facilitate the collection of vital records. A district may be a township, village, town, city, county, or other geographic area or a combination of two or more of these areas. In some States, however, the law provides that records of birth, death, and/or fetal death be sent directly from the reporting source (hospital, physician, or funeral director) to the State vital statistics office. In this system, functions normally performed by a local registration official are assumed by the staff of the State office.

In States with a local registrar system, the local registrar collects the records of events occurring in his or her area and transmits them to the State vital statistics office. The local registrar is required to see that a complete certificate is filed for each event occurring in that district. In many States this official also has the duty of issuing burial-transit permits to authorize the disposition of dead human bodies. In many States this official is also required to keep a file of all events occurring within his or her district and, if authorized by State law and subject to the restrictions on issuance of copies as specified by the law, may be permitted to issue copies of these records.

---

[1]Vital events are defined as live births, deaths, fetal deaths, marriages, divorces, and induced terminations of pregnancy, together with any change in civil status that may occur during an individual's lifetime.

The State vital statistics office inspects each record for promptness of filing, completeness, and accuracy of information; queries for missing or inconsistent information; numbers the records; prepares indexes; processes the records; and stores the documents for permanent reference and safekeeping. Statistical information from the records is tabulated for use by State and local health departments, other governmental agencies, and various private and voluntary organizations. The data are used to evaluate health problems and to plan programs and services for the public. An important function of the State office is to issue certified copies of the certificates to individuals in need of such records and to verify the facts of birth and death for agencies requiring legal evidence of such facts.

The Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS) is vested with the authority for administering the vital statistics functions at the national level.[2] Electronic data files derived from individual records registered in the State offices or, in a few cases, copies of the individual records themselves are transmitted to NCHS. From these data, monthly, annual, and special statistical reports are prepared for the United States as a whole and for the component parts—cities, counties, States, and regions—by various characteristics such as sex, race, and cause of death. These statistics are essential in the fields of social welfare, public health, and demography. They are also used for various administrative purposes, in both business and government. NCHS serves as a focal point, exercising leadership in establishing uniform practices through model laws, standard certificate forms, handbooks, and other instructional materials for the continued improvement of the vital statistics system in the United States.

---

[2]Hetzel AM. History and organization of the vital statistics system. Hyattsville, MD: National Center for Health Statistics. 1997.

## The Vital Statistics Registration System in the United States

| ***Responsible Person or Agency*** | ***Birth Certificate*** | ***Death Certificate*** | ***Fetal Death Report*** |
|---|---|---|---|
| Hospital authority | 1. Completes entire certificate using mother and facility worksheets.<br>2. Files certificate with local office or State office per State law. | When death occurs in hospital, may initiate preparation of certificate: Completes information on name, date, and place of death; obtains certification of cause of death from physician; and gives certificate to funeral director.<br><br>NOTE: If the attending physician is unavailable to certify to the cause of death, some States allow a hospital physician to certify to only the fact and time of death. With legal pronouncement of the death and permission of the attending physician, the body can then be released to the funeral director. The attending physician still must complete the cause-of-death section prior to final disposition of the body. | 1. Completes entire report using patient and facility worksheets.<br>2. Obtains cause of fetal death from physician.<br>3. Obtains authorization for final disposition of fetus.<br>4. Files report with local office or State office per State law. |
| Funeral director | ⇓ | 1. Obtains personal facts about decedent and completes certificate.<br>2. Obtains certification of cause of death from attending physician or medical examiner or coroner.<br>3. Obtains authorization for final disposition per State law.<br>4. Files certificate with local office or State office per State law. | If fetus is to be buried, the funeral director is responsible for obtaining authorization for final disposition.<br><br>NOTE: In some States, the funeral director, or person acting as such, is responsible for all duties shown under hospital authority. |
| Physician or other professional attendant | For inhospital birth, verifies accuracy of medical information and signs certificate. For out-of-hospital birth, duties are same as those for hospital authority, shown above. | Completes certification of cause of death and signs certificate. | Provides cause of fetal death and information not available from the medical records. |

| | | | |
|---|---|---|---|
| Local office* (may be local registrar or city or county health department) | 1. Verifies completeness and accuracy of certificate and queries incomplete or inconsistent certificates.<br>2. If authorized by State law, makes copy or index for local use.<br>3. Sends certificates to State registrar. | 1. Verifies completeness and accuracy of certificate and queries incomplete or inconsistent certificates.<br>2. If authorized by State law, makes copy or index for local use.<br>3. If authorized by State law, issues authorization for final disposition on receipt of completed certificate.<br>4. Sends certificates to State registrar. | If State law requires routing of fetal death reports through local office, performs the same functions as shown for the birth and death certificate. |
| City and county health departments | 1. Use data derived from these records in allocating medical and nursing services.<br>2. Follow up on infectious diseases.<br>3. Plan programs.<br>4. Measure effectiveness of services.<br>5. Conduct research studies. | | |
| State registrar, office of vital statistics | 1. Queries incomplete or inconsistent information.<br>2. Maintains files for permanent reference and is the source of certified copies.<br>3. Develops vital statistics for use in planning, evaluating, and administering State and local health activities and for research studies.<br>4. Compiles health-related statistics for State and civil divisions of State for use of the health department and other agencies and groups interested in the fields of medical science, public health, demography, and social welfare.<br>5. Sends data for all events filed to the National Center for Health Statistics. | | |
| National Center for Health Statistics, Centers for Disease Control and Prevention | 1. Evaluates quality of State vital statistics data and works with States to assure quality.<br>2. Compiles national statistical data file and runs edits to fully process data.<br>3. Prepares and publishes national statistics of births, deaths, and fetal deaths; constructs the official U.S. life tables and related actuarial tables.<br>4. Conducts health and social research studies based on vital records and on sampling surveys linked to records.<br>5. Conducts research and methodological studies in vital statistics methods, including the technical, administrative, and legal aspects of vital records registration and administration.<br>6. Maintains a continuing technical assistance program to improve the quality and usefulness of vital statistics.<br>7. Provides leadership and coordination in the development of standard certificates and report and model laws. | | |

* Some States do not have local vital registration offices. In these States, the certificates or reports are transmitted directly to the State office of vital statistics.