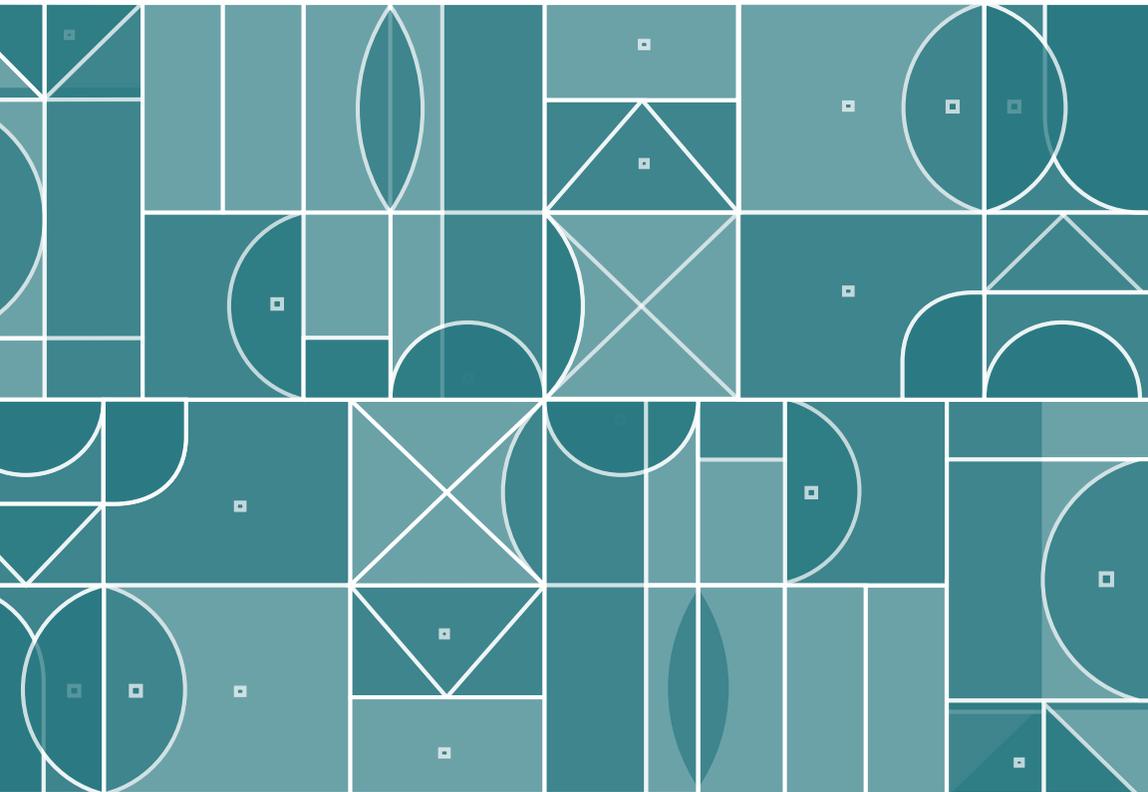


# Funeral Director's Handbook: Death Registration and Fetal Death Reporting

2019 Revision



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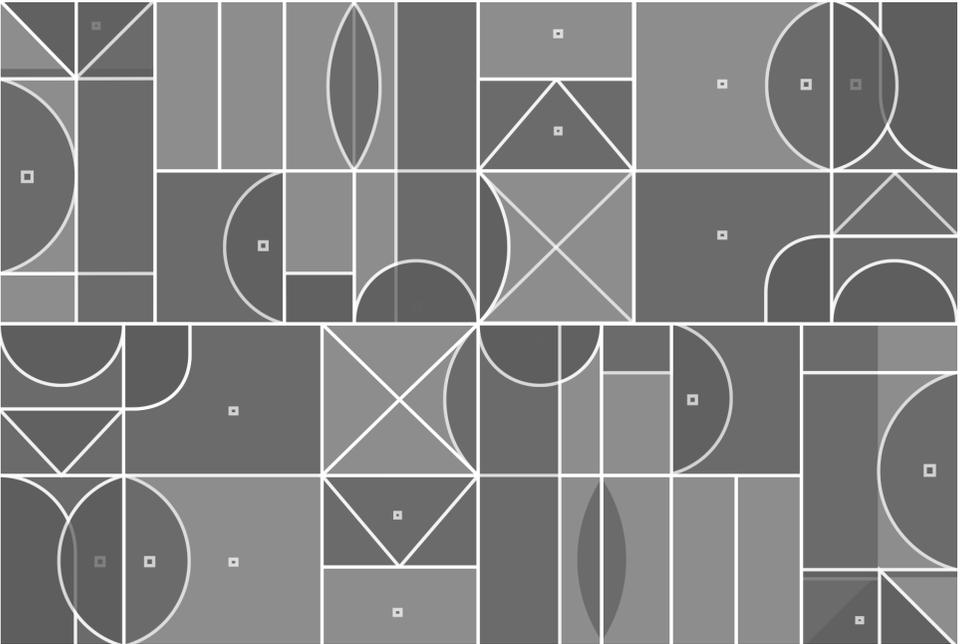
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# Funeral Director's Handbook: Death Registration and Fetal Death Reporting

2019 Revision



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

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# Preface

This handbook contains instructions for funeral directors on completing and filing records of death and fetal death. These instructions apply 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 as a model that can be adapted by any vital statistics registration area.

Note that 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 this handbook, the term “funeral director” includes all of these titles as they relate to persons who are responsible for the disposition of a body or fetus and for completing and filing death certificates and, in some states, fetal death reports.

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

- *Physician’s Handbook on Medical Certification of Death*
- *Medical Examiner’s and Coroner’s Handbook on Death Registration and Fetal Death Reporting*

**Keywords:** death certificate • guidelines

# Acknowledgments

This publication was originally prepared by staff of the Division of Vital Statistics, led by George Tolson of the Registration Methods Staff (RMS). Donna L. Hoyert, Ph.D., of the Mortality Statistics Branch (MSB) also contributed to this effort. Julia L. Kowaleski, formerly of RMS, reviewed and commented on the contents, and Charles J. Rothwell, former Director of the Division of Vital Statistics, provided input and review. This handbook updates the previous version (2003 revision). Information on electronic death registration has been added to this version, along with instructions for obtaining death certificate information in a culturally and linguistically sensitive manner. Sally C. Curtin, M.A., of MSB led the revision effort with contributions from George Tolson of RMS; Elizabeth Arias, Ph.D., of MSB; and Robert N. Anderson, Ph.D., MSB branch chief. This handbook was edited and produced by NCHS Office of Information Services, Information Design and Publishing Staff: Jane Sudol edited the publication, and typesetting was done by Simon McCann.

# Introduction

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. The responsibilities of the funeral director are detailed on managing these certificates and reports and obtaining proper authorization for final disposition of the body. Background information is included on the importance of these documents for legal and statistical purposes, as well as specific instructions for obtaining 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 ([Appendix I](#)) contains personal information about the decedent, medical certification, the signature of the physician or the medical examiner or coroner, and information on disposal of the remains. The fetal death report ([Appendix II](#)) contains information about the fetus and parents, the cause of fetal death, and other medical and health information relating to the pregnancy and delivery. [Appendixes III–VI](#) provide selection cards on certain death certificate items, definitions, and National Vital Statistics System information.

## Importance of death registration and fetal death reporting

The death certificate is a permanent legal record of the fact of death of a person. 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 (e.g., age, sex, race and ethnicity, education, date of death, names of parents, and, if married, name of 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 prima facie evidence of the fact of death and can be introduced in court as evidence when a question about the death arises. An accurate death record is the responsibility of the funeral director, both as a service to the decedent's family and as the cornerstone of the nation'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 physicians and 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.

Statistical data derived from death certificates can only be as accurate as the information provided on the certificate. All persons concerned with the registration of deaths must strive for:

- Accuracy
- Promptness in reporting
- Completeness

Furthermore, detailed information is of greater use 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 outcomes, and to examine the consequences of possible environmental and occupational exposures of the parents on the fetus. These data are also essential in planning and evaluating prenatal care services and obstetrical programs.

## **U.S. standard certificates and report**

The registration of deaths and fetal deaths is a state function supported by each state's 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 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 NVSS, NCHS provides leadership and coordination in the development of standard certificates and reports that the states then use as models. 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?

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

- 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 other person legally authorized to certify the death.
- Information about the cause of death.

See [Appendix I](#) for a copy of the U.S. Standard Certificate of Death.

Although the fetal death reports in use in this country differ somewhat from state to state, they all contain:

- Information about the mother and father.
- Information about the disposition of the body.
- Name and title of person completing the report.
- Information about the cause of death.

See [Appendix II](#) for a copy of the U.S. Standard Report of Fetal Death.

## **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, the majority of states restrict access to death certificates. Legal safeguards on the confidentiality of vital records have been strengthened over time in some states. After death records are received

by NCHS, confidentiality is protected by two laws: the Privacy Act (5 U.S.C. 552a), as well as Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).

## **Funeral director's responsibility**

Funeral directors are responsible for ensuring the completion of the death certificate.

## **Procedures for handling certificates of death**

In general, funeral directors' 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 the 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 limit specified by 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 the pronouncing or certifying physician or the police have already done so.
- 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.
- Where the place of death is unknown, complete and file the certificate of death in accordance with the laws of the state in which the body was found.

## **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 death certificate with all or part of the personal information about the decedent and the cause-of-death section completed. The funeral director is responsible for verifying the personal information with the family, obtaining and entering any information that has not been completed, and filing 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 jurisdictions, 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 funeral director must file the certificate 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 medicolegal officers in his or her area. If a death appears to be a medicolegal 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 of 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 ethnicity, 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 a death prior to the complete expulsion or extraction of a product of human conception from its mother, unrelated to 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.

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 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 the reporting of fetal deaths weighing 350 grams or more, or at 20 completed weeks or more of gestation. 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 the funeral director should provide information on disposition of the fetus as required on the form in use in a particular state. The report is to be filed with the registration official where the fetal death occurred within the time limit specified in the state's laws.

# Information about disposition of body

The death certificate contains certain information about the disposition of the body (shown below). The funeral director needs to complete all items in this section before filing the certificate with the appropriate registration official.

18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	
20. LOCATION-CITY, TOWN, AND STATE		21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT		23. LICENSE NUMBER (Of Licensee)	

# Authorization for final disposition of 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 body or fetus.

## Form of authorization

The form of authorization for final disposition varies by 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 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 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 body or fetus, a properly completed death certificate or fetal death report is a prerequisite for obtaining such authorization. The funeral director is responsible for knowing from whom the authorization is to be obtained and under what circumstances such authorization is required, and for obtaining such authorization.

The authorization accompanies the 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 state's laws, 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 no one is in charge of the place where the body or fetus is disposed of, the funeral director is responsible for returning the authorization to the proper official.

## **Cremation**

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

## **Disinterment and reinterment of body**

All states require that proper authorization be obtained prior to disinterring and reintering 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 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. Attaining maximum accuracy and completeness is important for the benefit of the decedent's family and 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 serving in that role is responsible for completing and filing the death certificate. He or she shall obtain the necessary personal information from the best-qualified person and the medical certification from the person responsible for it. 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 persons can be the informant and are listed in order of preference: spouse, parent, child of the decedent, another relative, or other person who has knowledge of the facts.

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

Preparing certificates and reports as permanent durable records is essential. Follow these guidelines when completing a death certificate:

- Use the current form designated by the state, including electronic forms in electronic death registration systems (EDRS).
- Complete each item, following the specific instructions for that item.
- When using paper forms, make the entry legible. Use a computer printer with high resolution, a typewriter with a 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, and so on).
- 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 the 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 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 ([Appendix I](#)).

## Electronic death registration systems

Many jurisdictions have replaced paper forms with EDRS. These typically are secure Web-based systems for electronically registering deaths. They are designed to simplify the data collection process and enhance communication between health care providers and medical certifiers, medical examiners or coroners, funeral directors, and local registrars as they work together to register deaths. Funeral directors should adhere to the EDRS standards and procedures in their areas. The following instructions pertaining to individual items on the death certificate are the same whether using paper forms or an EDRS for death registration.

## Culture and language sensitivity

In collecting the information for input into the death certificate, especially from next of kin and informants, funeral directors should try to collect the information in a way that is sensitive to the culture and language of the decedent and informant. Doing so will usually result in a more positive experience for the informant and better cooperation and higher-quality data for input into the death certificate.

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

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

The left 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 AKA’s if any) (First, Middle, Last)**

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. Many names can have alternate

spellings, and it is critical for the family to have the name spelled correctly. Enter the full first, middle, and last names of the decedent. Do not abbreviate. Do not copy any name from the left 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 “also known as” [AKA] names such as AKA Smith) that 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 no other names are 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."

## **2. SEX**

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

## **3. SOCIAL SECURITY NUMBER**

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

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 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."

## **AGE (4a–c)**

Information from items 4a–c is used to study differences in age-specific mortality and in planning and evaluating public health programs. 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 age 1 year, 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)**

If the infant was under age 1 month, enter the age in completed days.

If the infant was aged 1–11 months inclusive, enter the age in completed months. For responses such as “almost 4 months,” enter “3” in the Months box.

If the infant was over 1 year or under age 1 day, leave this item blank.

### **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 was under age 1 hour, enter the age in minutes.

If the infant lived 1–23 hours inclusive, enter the age in completed hours.

If the infant was over age 1 day, 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 question mark (“?”) in the appropriate unit box.

If the informant does not know and cannot obtain the age, record “Unknown” in box 4a.

## **5. DATE OF BIRTH (Month/Day/Year)**

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

Enter the full name of the month (January, February, March, and so on), 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.

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

This item is used to match birth and death certificates of a deceased person. 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.

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 regardless of whether 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."

## **RESIDENCE OF DECEDENT (7a–g)**

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.

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 the home state, voting residence, mailing address, or legal residence.

Do not enter addresses that are post office boxes or rural route numbers. Obtain 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 when they also own their own residence, 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 a person usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, 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–g.

### 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 persons 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 where 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.

## **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 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 the decedent was a 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. 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. 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. 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. APT. NO.**

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

**7f. 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 nine-digit zip code is preferred over the five-digit zip code. If only the five-digit zip code is known, enter the five-digit code.

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

**7g. 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 whether the residence is inside the city or town limits, enter “Unknown.”

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

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

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.

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

- Married    Married, but separated    Widowed    Divorced  
 Never Married    Unknown

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

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 according to how the previous marriage ended (“Widowed” or “Divorced”). “Common law marriage” is considered “Married.” “Indian marriage” is considered “Married.”

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

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

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). The maiden name is given at birth or adoption, not as a name acquired by marriage. This name is useful because it remains constant throughout life.

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

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

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

If more than one spelling of any name appears to be 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)

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.

Enter the name (first, middle, and last) of the mother of the decedent that was 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.

## INFORMANT (13a–c)

### 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)

The name and mailing address of the informant are used to contact the informant when questions arise about the accuracy or completeness of any items on the death certificate.

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

## PLACE OF DEATH (14–17)

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.

14. PLACE OF DEATH (Check only one: see instructions)		
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival	IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):	
15. FACILITY NAME (if not institution, give street & number)	16. CITY OR TOWN, STATE, AND ZIP CODE	17. COUNTY OF DEATH

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

The place where death is pronounced should be considered the place where death occurred. Check the box as shown to indicate the type of place where the decedent was pronounced dead.

If the place of death is unknown, the certificate of death should be completed and filed in accordance with the laws of the state in which the body was found.

#### **IF DEATH OCCURRED IN A HOSPITAL:**

Inpatient     Emergency Room/Outpatient     Dead on Arrival

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

#### **IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:**

Hospice facility     Nursing home/Long term care facility     Decedent's home  
 Other (Specify):

If the decedent was pronounced dead somewhere other than a hospital, enter whether the 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 facility offering housing and custodial care but not patient care (e.g., board and care home, group home, custodial care facility, or foster home), enter "Other (Specify)." If "Other (Specify)" is entered, specify where death was legally pronounced, such as prison ward, physician's office, highway where a traffic accident occurred, vessel, orphanage, group home, or work.

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

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

### Institutional 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 are 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 a 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, and the 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, enter as the place of death the county 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 county/state, but enter the actual place of death to the extent that it can be determined.

## **DISPOSITION (18–20)**

Items 18–20 indicate whether the body was properly disposed of as required by law. This information also serves 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.

### **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.

### **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 a 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 a 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.

## **FUNERAL FACILITY (21–23)**

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.

### **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 person possesses no license at all, enter “None.”

## **Items to be completed by medical certifier (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, 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, *Physician’s Handbook on Medical Certification of Death* and *Medical Examiner’s and Coroner’s 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, MD 20782. They also can be accessed from: <https://www.cdc.gov/nchs/nvss/handbooks-and-guides.htm>.

### **24. DATE PRONOUNCED DEAD (Month/Day/Year)**

### **25. TIME PRONOUNCED DEAD**

- 26. SIGNATURE OF PERSON PRONOUNCING DEATH (only when applicable)**
- 27. LICENSE NUMBER**
- 28. DATE SIGNED (Month/Day/Year)**
- 29. ACTUAL OR PRESUMED DATE OF DEATH (Month/Day/Year, spell month)**
- 30. ACTUAL OR PRESUMED TIME OF DEATH**
- 31. WAS MEDICAL EXAMINER OR CORONER CONTACTED?**  
 Yes  No
- 32. CAUSE OF DEATH— PART I and PART II**
- 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  No  Probably  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 (Month/Day/Year) (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**

**43. DESCRIBE HOW INJURY OCCURRED**

**44. IF TRANSPORTATION INJURY, SPECIFY:**

**Driver/Operator**

**Passenger**

**Pedestrian**

**Other (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 (Month/Day/Year)**

**Item to be completed by registrar (50)**

**50. FOR REGISTRAR ONLY—DATE FILED (Month/Day/Year)**

**Additional items to be completed or verified by funeral director (51–55)**

**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)

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.

Show the informant the education level categories on a card ([Appendix III](#)) 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. Do not leave this item blank.

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 had a degree that is not listed on the card, enter “Not classifiable.”

**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.**

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

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

“Hispanic” is not a race, and a decedent of Hispanic origin may be of any race.

“Hispanic” is a self-designated classification for people whose origins are from Spain, Spanish-speaking countries of Central or South America, Caribbean, or who identify 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.

In 1997, the Office of Management and Budget (OMB) mandated the use of specific guidelines in collecting information on race and ethnicity, separating the ethnicity item from the race item. Thus, the Hispanic origin (item 52) and Race (item 53) items should be asked independently. Do not leave item 52 blank. Based on the informant’s response,

check the box (see card in [Appendix IV](#)) 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.

Enter the informant's response even if it is not a Hispanic origin.

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.

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

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

If informant refuses, enter "Refused."

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

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. In 1997, OMB mandated the

use of specific guidelines in collecting information on race and ethnicity and provided an opportunity for persons to choose more than one racial category.

The Race (item 53) and Hispanic origin (item 52) questions should be asked independently. Do not leave item 53 blank.

Ask the informant to look at the card ([Appendix IV](#)) 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.

If no checkbox corresponds to the informant's response for one or more race, check the "Other (Specify)" box and enter the informant's literal (verbal or written) response in the blank, even if the response is not a race or race(s).

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

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

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

If there is no informant or other reliable source for this information, enter "Not obtainable."

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

If the respondent refuses, enter "Refused."

## **USUAL OCCUPATION AND INDUSTRY OF DECEDENT (54 and 55)**

Items 54 and 55 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) has questions about what classification to use for a decedent's industry, refer to the handbook titled, *Guidelines for Reporting Occupation and Industry on Death Certificates*. These items are to be completed for all decedents aged 14 years and over. Enter the information even if the decedent was retired, disabled, or institutionalized at the time of death.

**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 is the type of job the person 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 be 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 of the home, enter “homemaker.” 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.”



# Part III. Completing Report of Fetal Death

These instructions pertain to the 2003 U.S. Standard Report of Fetal Death ([Appendix II](#)).

## Items pertaining to fetus (1–4)

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

Enter the full name given to the fetus if the parents agree.

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

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

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

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 delivery 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 has been provided as a guide:

<b>24-hour clock</b>	<b>12-hour clock</b>
0000 (medical facilities) 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.

### **3. SEX (Male/Female/Unknown)**

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.

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.

### **4. DATE OF DELIVERY (Month/Day/Year)**

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

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

Enter the full name of the month—January, February, March, and so on. 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 delivery attendant considers otherwise.

## **Items pertaining to place of delivery (5–9)**

Items 5a and 5b and 6–9 identify the place of delivery, which is used to study relationships of hospital and nonhospital fetal deaths. 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.

### **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 the place of fetal death is unknown, the fetal death should be registered in the state where the fetus was found.

### **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 airspace, 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 (i.e., 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 (National Provider Identification)

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

## Items pertaining to mother (10 and 11)

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

The mother's name is important for identifying the record.

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

**10b. DATE OF BIRTH (Month/Day/Year)**

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 outcomes.

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

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

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

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.

Enter the name (first, middle, and surname) that 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.

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

This item is useful in obtaining place of birth information for recent immigrant groups. Including this item also provides information on the differences in childbearing patterns between foreign- and U.S.-born women.

Enter the name of the state or territory in which the mother was born. U.S. territories are Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, and Northern Marianas.

If the mother was born outside of the United States, enter the name of the country in which she was born.

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.”

**RESIDENCE OF MOTHER (11a–g)**

Statistics on fetal deaths are tabulated by place of residence of the mother (11a–g). 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 in environmental impact studies for small geographic areas.

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 entered 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 a person 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. RESIDENCE OF MOTHER—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.”

## **Items pertaining to father (12a–c)**

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

The father’s name is important for identifying the record.

State laws vary, but 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.

### **12b. DATE OF BIRTH (Month/Day/Year)**

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.

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

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

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

This item is useful in obtaining information on country of origin for recent immigrant groups.

Enter the name of the U.S. state or territory in which the father was born. U.S. territories are Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, and Northern Marianas.

If the father was born outside of the United States, enter the name of the country in which he was born.

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.)

# Item pertaining to disposition of fetus (13)

## 13. METHOD OF DISPOSITION:

- Burial    Cremation    Hospital Disposition    Donation  
 Removal from State    Other (Specify) \_\_\_\_\_

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

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.

**NOTE: Items 14–16, 18, and 23–40 are not completed by the funeral director. For further information, see the last section below titled, “Items pertaining to medical and health information (14–16, 18, and 23–40).”**

# Item to be completed by registrar (17)

## 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.

# Item pertaining to education of mother (19)

## 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)

This information is used to study the relationship between fertility, health practices, and pregnancy outcomes and education (which roughly corresponds with socioeconomic status). This information is valuable in medical studies of causes of fetal death.

Show the mother the education level categories on a card ([Appendix III](#)) and ask her to choose the category that describes the highest education level she has completed. Do not leave this item blank.

If she is currently enrolled, mark the previous grade or highest degree received.

If she refuses, enter “Refused.”

If she indicates that she has a degree that is not listed on the card, enter “Not classifiable.”

## Item pertaining to Hispanic origin of mother (20)

**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) \_\_\_\_\_

Hispanic persons comprise a substantial population group within this country. Reliable data are needed to identify and assess public health problems of Hispanic persons. Information from item 20 permits the production of fetal death data for the Hispanic community. Identifying health problems makes it possible to target public health resources to this important population segment.

Hispanic is not a race, and a mother who is of Hispanic origin may be of any race. Hispanic is a self-designated classification for people whose origins are from Spain, Spanish-speaking countries of Central or South America, Caribbean, or those who identify 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.

In 1997, the Office of Management and Budget (OMB) mandated the use of specific guidelines in collecting information on race and ethnicity, separating the ethnicity item from the race item. Thus, the Hispanic origin (item 20) and Race (item 21) questions should be asked independently. Do not leave item 20 blank. Based on the mother’s response, check the box (see card in [Appendix IV](#)) that best corresponds with the mother’s ethnic identity.

The mother is encouraged to select only one response. Enter the mother’s response even if it is not a Hispanic origin.

If the mother is unable to select a single response, mark all boxes that apply; for example, if the mother selects both “Mexican” and “Cuban,” enter both responses.

If the mother indicates an ethnic origin not on the list, it should be recorded in the “Specify” space.

If the mother refuses, enter “Refused.”

## **Item pertaining to race of mother (21)**

**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) \_\_\_\_\_

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 (e.g., perinatal mortality and birth weight).

In 1997, OMB mandated the use of specific guidelines in collecting information on race and ethnicity and provided an opportunity for persons to choose more than one racial category.

The Race (item 21) and Hispanic origin (item 20) questions should be asked independently. Do not leave item 21 blank. Ask the mother to look at the card (Appendix IV) and indicate the race or races that she considers herself to be.

Enter the race or races as stated by the mother.

If no checkbox corresponds to the mother's response for one or more race, check the "Other (Specify)" box and enter the mother's literal (verbal or written) response in the blank, even if the response is not a race or race(s). If more than one race is indicated, enter each race (e.g., Samoan–Chinese–Filipino or White–American Indian).

If the mother refuses, enter "Refused."

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

For Asian or Pacific Islander, enter the national origin of the mother. For Asian, check Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or specify "Other Asian" group. For Pacific Islander, check Hawaiian, Guamanian or Chamorro, Samoan, or specify "Other Pacific Islander." If more than one race is indicated, check each race (e.g., Samoan–Chinese–Filipino or White–American Indian).

## **Item pertaining to marital status of mother (22)**

### **22. MOTHER MARRIED? (At delivery, conception, or anytime between)**

Yes    No

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.

If the mother is currently married or married at the 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.

## Items pertaining to medical and health information (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 the fetus.
- Filing the report with the 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. Because 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, *Physician's Handbook on Medical Certification of Death* and *Medical Examiner's and Coroner's Handbook on Death Registration and Fetal Death Reporting*. These handbooks provide detailed instructions on completing the fetal death report and can be obtained from the National Center for Health Statistics, 3311 Toledo Road, Hyattsville, MD 20782. They also can be accessed from: <https://www.cdc.gov/nchs/nvss/handbooks-and-guides.htm>.

### **14. ATTENDANT'S NAME, TITLE, AND NATIONAL PROVIDER IDENTIFICATION (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 (grams preferred, specify unit)**

### **18d. OBSTETRIC ESTIMATE OF GESTATION AT DELIVERY**

### **18e. ESTIMATED 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

**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?**  Yes    No

**29. NUMBER OF PREVIOUS LIVE BIRTHS**

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

**31. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY**

**32. DATE LAST NORMAL MENSES BEGAN**

**33. PLURALITY—Single, Twin, Triplet, etc.**

**34. IF NOT SINGLE BIRTH—Born First, Second, Third, etc.**

**35. MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY?**  Yes    No

**IF YES, ENTER NAME OF FACILITY MOTHER TRANSFERRED FROM:** \_\_\_\_\_

**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 I. U.S. Standard Certificate of Death

LOCAL FILE NO.		U.S. STANDARD CERTIFICATE OF DEATH						STATE FILE NO.	
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)				2. SEX		3. SOCIAL SECURITY NUMBER			
4a. AGE-Last Birthday (Years)		4b. UNDER 1 YEAR		4c. UNDER 1 DAY		5. DATE OF BIRTH (Mo/Day/Yr)		6. BIRTHPLACE (City and State or Foreign Country)	
7a. RESIDENCE-STATE		7b. COUNTY				7c. CITY OR TOWN			
7d. STREET AND NUMBER				7e. APT. NO.		7f. ZIP CODE		7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)					
11. FATHER'S NAME (First, Middle, Last)				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)					
13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)					
14. PLACE OF DEATH (Check only one: see instructions)									
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival					IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):				
15. FACILITY NAME (If not institution, give street & number)				16. CITY OR TOWN, STATE, AND ZIP CODE				17. COUNTY OF DEATH	
18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):				19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)					
20. LOCATION-CITY, TOWN, AND STATE				21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY					
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT						23. LICENSE NUMBER (Of Licensee)			
<b>ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH</b>				24. DATE PRONOUNCED DEAD (Mo/Day/Yr)		25. TIME PRONOUNCED DEAD			
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)				27. LICENSE NUMBER		28. DATE SIGNED (Mo/Day/Yr)			
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month)			30. ACTUAL OR PRESUMED TIME OF DEATH			31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>CAUSE OF DEATH (See instructions and examples)</b>									Approximate interval: Onset to death
32. <b>PART I.</b> Enter the <u>chain of events</u> —diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.									
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. _____ Due to (or as a consequence of): _____									
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the <b>UNDERLYING CAUSE</b> (disease or injury that initiated the events resulting in death) <b>LAST</b> d. _____ Due to (or as a consequence of): _____									
33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No						34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year			37. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined			
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
45. CERTIFIER (Check only one): <input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> 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. <input type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature of 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 (Mo/Day/Yr)		50. <b>FOR REGISTRAR ONLY</b> - DATE FILED (Mo/Day/Yr)			

# Appendix I. U.S. Standard Certificate of Death—Con.

To Be Completed By: FUNERAL DIRECTOR	<p>51. DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death.</p> <p><input type="checkbox"/> 8th grade or less</p> <p><input type="checkbox"/> 9th - 12th grade; no diploma</p> <p><input type="checkbox"/> High school graduate or GED completed</p> <p><input type="checkbox"/> Some college credit, but no degree</p> <p><input type="checkbox"/> Associate degree (e.g., AA, AS)</p> <p><input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)</p> <p><input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)</p> <p><input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)</p>	<p>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.</p> <p><input type="checkbox"/> No, not Spanish/Hispanic/Latino</p> <p><input type="checkbox"/> Yes, Mexican, Mexican American, Chicano</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____</p>	<p>53. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____</p> <p><input type="checkbox"/> Asian Indian</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian (Specify) _____</p> <p><input type="checkbox"/> Native Hawaiian</p> <p><input type="checkbox"/> Guamanian or Chamorro</p> <p><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Other Pacific Islander (Specify) _____</p> <p><input type="checkbox"/> Other (Specify) _____</p>
	54. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED).		
	55. KIND OF BUSINESS/INDUSTRY		

The online version of the U.S. Standard Certificate of Death is available from:  
<https://www.cdc.gov/nchs/data/dvs/DEATH11-03final-ACC.pdf>.

# Appendix II. 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		7. PLACE WHERE DELIVERY OCCURRED (Check one)		8. FACILITY NAME (if not institution, give street and number)				
	5b. ZIP CODE OF DELIVERY		<input type="checkbox"/> Hospital <input type="checkbox"/> Freestanding birthing center <input type="checkbox"/> Home Delivery: Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	6. COUNTY OF DELIVERY		<input type="checkbox"/> Clinic/Doctor's office <input type="checkbox"/> Other (Specify) _____		9. FACILITY ID. (NPI)				
	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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	12a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)			12b. DATE OF BIRTH (Mo/Day/Yr)	12c. BIRTHPLACE (State, Territory, or Foreign Country)				
	FATHER								
DISPOSITION									
13. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Hospital Disposition <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____									
ATTENDANT AND REGISTRATION INFORMATION		14. ATTENDANT'S NAME, TITLE, AND NPI NAME: _____ NPI: _____ TITLE: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> 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 <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other (Specify) _____  Other Obstetrical or Pregnancy Complications (Specify) _____  Fetal Anomaly (Specify) _____  Fetal Injury (Specify) _____  Fetal Infection (Specify) _____  Other Fetal Conditions/Disorders (Specify) _____  <input type="checkbox"/> Unknown			18b. OTHER SIGNIFICANT CAUSES OR CONDITIONS (SELECT OR SPECIFY ALL OTHER CONDITIONS CONTRIBUTING TO DEATH IN ITEM 18b)  Maternal Conditions/Diseases (Specify) _____  Complications of Placenta, Cord, or Membranes <input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other (Specify) _____  Other Obstetrical or Pregnancy Complications (Specify) _____  Fetal Anomaly (Specify) _____  Fetal Injury (Specify) _____  Fetal Infection (Specify) _____  Other Fetal Conditions/Disorders (Specify) _____  <input type="checkbox"/> Unknown						
18c. WEIGHT OF FETUS (grams preferred, specify unit)  <input type="checkbox"/> grams <input type="checkbox"/> lb/oz		18e. ESTIMATED TIME OF FETAL DEATH <input type="checkbox"/> Dead at time of first assessment, no labor ongoing <input type="checkbox"/> Dead at time of first assessment, labor ongoing <input type="checkbox"/> Died during labor, after first assessment <input type="checkbox"/> Unknown time of fetal death		18f. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Planned					
18d. OBSTETRIC ESTIMATE OF GESTATION AT DELIVERY _____ (completed weeks)				18g. WAS A HISTOLOGICAL PLACENTAL EXAMINATION PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Planned					
				18h. WERE AUTOPSY OR HISTOLOGICAL PLACENTAL EXAMINATION RESULTS USED IN DETERMINING THE CAUSE OF FETAL DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Mother's Name \_\_\_\_\_  
 Mother's Medical Record No. \_\_\_\_\_

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# Appendix II. U.S. Standard Report of Fetal Death—Con.

<b>MOTHER</b>	<b>19. MOTHER'S EDUCATION</b> (Check the box that best describes the highest degree or level of school completed at the time of delivery) <ul style="list-style-type: none"> <li><input type="checkbox"/> 8th grade or less</li> <li><input type="checkbox"/> 9th - 12th grade, no diploma</li> <li><input type="checkbox"/> High school graduate or GED completed</li> <li><input type="checkbox"/> Some college credit but no degree</li> <li><input type="checkbox"/> Associate degree (e.g., AA, AS)</li> <li><input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)</li> <li><input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MSW, MEdA)</li> <li><input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)</li> </ul>		<b>20. MOTHER OF HISPANIC ORIGIN?</b> (Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina) <ul style="list-style-type: none"> <li><input type="checkbox"/> No, not Spanish/Hispanic/Latina</li> <li><input type="checkbox"/> Yes, Mexican, Mexican American, Chicana</li> <li><input type="checkbox"/> Yes, Puerto Rican</li> <li><input type="checkbox"/> Yes, Cuban</li> <li><input type="checkbox"/> Yes, other Spanish/Hispanic/Latina (Specify) _____</li> </ul>		<b>21. MOTHER'S RACE</b> (Check one or more races to indicate what the mother considers herself to be) <ul style="list-style-type: none"> <li><input type="checkbox"/> White</li> <li><input type="checkbox"/> Black or African American</li> <li><input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____</li> <li><input type="checkbox"/> Asian Indian</li> <li><input type="checkbox"/> Chinese</li> <li><input type="checkbox"/> Filipino</li> <li><input type="checkbox"/> Japanese</li> <li><input type="checkbox"/> Korean</li> <li><input type="checkbox"/> Vietnamese</li> <li><input type="checkbox"/> Other Asian (Specify) _____</li> <li><input type="checkbox"/> Native Hawaiian</li> <li><input type="checkbox"/> Guamanian or Chamorro</li> <li><input type="checkbox"/> Samoan</li> <li><input type="checkbox"/> Other Pacific Islander (Specify) _____</li> <li><input type="checkbox"/> Other (Specify) _____</li> </ul>	
	<b>22. MOTHER MARRIED?</b> (At delivery, conception, or anytime between) <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>23a. DATE OF FIRST PRENATAL CARE VISIT</b> _____ M M / D D / YYYY <input type="checkbox"/> No Prenatal Care		<b>23b. DATE OF LAST PRENATAL CARE VISIT</b> _____ M M / D D / YYYY	
<b>25. MOTHER'S HEIGHT</b> _____ (feet/inches)		<b>26. MOTHER'S PREPREGNANCY WEIGHT</b> _____ (pounds)		<b>27. MOTHER'S WEIGHT AT DELIVERY</b> _____ (pounds)		
<b>29. NUMBER OF PREVIOUS LIVE BIRTHS</b>		<b>30. NUMBER OF OTHER PREGNANCY OUTCOMES</b> (spontaneous or induced losses or ectopic pregnancies)		<b>31. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY</b> For each time period, enter either the number of cigarettes or the number of packs of cigarettes smoked. IF NONE, ENTER "0".		
<b>29a. Now Living</b> _____ <input type="checkbox"/> None		<b>29b. Now Dead</b> _____ <input type="checkbox"/> None		Average number of cigarettes or packs of cigarettes smoked per day, _____ # of packs Three Months Before Pregnancy _____ OR _____ First Three Months of Pregnancy _____ OR _____ Second Three Months of Pregnancy _____ OR _____ Third Trimester of Pregnancy _____ OR _____		
<b>29c. DATE OF LAST LIVE BIRTH</b> _____ MM / YYYY		<b>30b. DATE OF LAST OTHER PREGNANCY OUTCOME</b> _____ MM / YYYY		<b>32. DATE LAST NORMAL MENSTRUATION BEGAN</b> _____ MM / D D / YYYY		
<b>33. PLURALITY - Single, Twin, Triplet, etc.</b> (Specify) _____		<b>34. IF NOT SINGLE BIRTH:</b> Born First, Second, Third, etc. (Specify) _____		<b>35. MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, ENTER NAME OF FACILITY MOTHER TRANSFERRED FROM: _____		
<b>MEDICAL AND HEALTH INFORMATION</b>	<b>36. RISK FACTORS IN THIS PREGNANCY</b> (Check all that apply): <ul style="list-style-type: none"> <li><input type="checkbox"/> Diabetes                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Prepregnancy (Diagnosis prior to this pregnancy)</li> <li><input type="checkbox"/> Gestational (Diagnosis in this pregnancy)</li> </ul> </li> <li><input type="checkbox"/> Hypertension                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Prepregnancy (Chronic)</li> <li><input type="checkbox"/> Gestational (PIH, preeclampsia)</li> <li><input type="checkbox"/> Eclampsia</li> </ul> </li> <li><input type="checkbox"/> Previous preterm birth</li> <li><input type="checkbox"/> Other previous poor pregnancy outcome (Includes perinatal death, small-for-gestational age/intrauterine growth restricted birth)</li> <li><input type="checkbox"/> Pregnancy resulted from infertility treatment-If yes, check all that apply:                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Fertility-enhancing drugs, Artificial insemination or Intrauterine insemination</li> <li><input type="checkbox"/> Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))</li> </ul> </li> <li><input type="checkbox"/> Mother had a previous cesarean delivery                      If yes, how many _____</li> <li><input type="checkbox"/> None of the above</li> </ul>				<b>37. INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY</b> (Check all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> Gonorrhea</li> <li><input type="checkbox"/> Syphilis</li> <li><input type="checkbox"/> Chlamydia</li> <li><input type="checkbox"/> Listeria</li> <li><input type="checkbox"/> Group B Streptococcus</li> <li><input type="checkbox"/> Cytomegalovirus</li> <li><input type="checkbox"/> Parvovirus</li> <li><input type="checkbox"/> Toxoplasmosis</li> <li><input type="checkbox"/> None of the above</li> <li><input type="checkbox"/> Other (Specify) _____</li> </ul>	
	<b>38. METHOD OF DELIVERY</b> <ul style="list-style-type: none"> <li><b>A. Was delivery with forceps attempted but unsuccessful?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li><b>B. Was delivery with vacuum extraction attempted but unsuccessful?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li><b>C. Fetal presentation at delivery</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cephalic</li> <li><input type="checkbox"/> Breech</li> <li><input type="checkbox"/> Other</li> </ul> </li> <li><b>D. Final route and method of delivery</b> (Check one)                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Vaginal/Spontaneous</li> <li><input type="checkbox"/> Vaginal/Forceps</li> <li><input type="checkbox"/> Vaginal/Vacuum</li> <li><input type="checkbox"/> Cesarean                             <ul style="list-style-type: none"> <li>If cesarean, was a trial of labor attempted?  <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> </li> </ul> </li> <li><b>E. Hysterotomy/Hysterectomy</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>		<b>39. MATERNAL MORBIDITY</b> (Check all that apply) (Complications associated with labor and delivery) <ul style="list-style-type: none"> <li><input type="checkbox"/> Maternal transfusion</li> <li><input type="checkbox"/> Third or fourth degree perineal laceration</li> <li><input type="checkbox"/> Ruptured uterus</li> <li><input type="checkbox"/> Unplanned hysterectomy</li> <li><input type="checkbox"/> Admission to intensive care unit</li> <li><input type="checkbox"/> Unplanned operating room procedure following delivery</li> <li><input type="checkbox"/> None of the above</li> </ul>		<b>40. CONGENITAL ANOMALIES OF THE FETUS</b> (Check all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> Anencephaly</li> <li><input type="checkbox"/> Meningocele/Spina bifida</li> <li><input type="checkbox"/> Cyanotic congenital heart disease</li> <li><input type="checkbox"/> Congenital diaphragmatic hernia</li> <li><input type="checkbox"/> Omphalocele</li> <li><input type="checkbox"/> Gastrochisis</li> <li><input type="checkbox"/> Limb reduction defect (excluding congenital amputation and dwarfing syndromes)</li> <li><input type="checkbox"/> Cleft Lip with or without Cleft Palate</li> <li><input type="checkbox"/> Cleft Palate alone</li> <li><input type="checkbox"/> Down Syndrome                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Karyotype confirmed</li> <li><input type="checkbox"/> Karyotype pending</li> </ul> </li> <li><input type="checkbox"/> Suspected chromosomal disorder                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Karyotype confirmed</li> <li><input type="checkbox"/> Karyotype pending</li> </ul> </li> <li><input type="checkbox"/> Hypospadias</li> <li><input type="checkbox"/> None of the anomalies listed above</li> </ul>	

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**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](http://www.cdc.gov/nchs/vital_certs_rev.htm).

The online version of the U.S. Standard Report of Fetal Death is available from: <https://www.cdc.gov/nchs/data/dvs/FDEATH11-03finalACC.pdf>.

## Appendix III. Decedent's Formal Education Level

### 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. 8<sup>th</sup> grade or less
- B. 9<sup>th</sup>–12<sup>th</sup> 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 IV. Race and Hispanic-origin Selection Cards

### DECEDENT'S HISPANIC ORIGIN SELECTION CARD

Please review all 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.
- F. If your choice is E. (Spanish/Hispanic/Latino) please specify.

### DECEDENT'S RACES(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 American
- L. Guamanian or Chamorro
- M. Samoan
- N. Other Pacific Islander (Specify)\_\_\_\_\_
- O. Other (Specify)\_\_\_\_\_

## Appendix V. 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*—The complete expulsion or extraction from its mother of a product of human conception (regardless of the duration of pregnancy) that, 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), regardless of whether the umbilical cord has been cut or the placenta is attached. Heartbeats are to be distinguished from transient cardiac contractions, and respirations are to be distinguished from fleeting respiratory efforts or gasps.

*Fetal death*—Death prior to the complete expulsion or extraction from its mother of a product of human conception (regardless of the duration of pregnancy) that is not an induced termination of pregnancy. 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, and respirations are to be distinguished from fleeting respiratory efforts or gasps.

# Appendix VI. U.S. Vital Statistics Registration System

The registration of births, deaths, fetal deaths, and other vital events in the United States is a state and local function. Vital events are live births, deaths, fetal deaths, marriages, divorces, and induced terminations of pregnancy, together with any change in civil status that may occur during a person’s lifetime.

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 following [chart](#).

<b>Table. The Vital Statistics Registration System in the United States</b>			
<b>Responsible person or agency</b>	<b>Birth certificate</b>	<b>Death certificate</b>	<b>Fetal death report</b>
Hospital authority	<ol style="list-style-type: none"> <li>1. Completes entire certificate using mother and facility worksheets.</li> <li>2. Files certificate with local office or state office per state law.</li> </ol>	<p>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.</p> <p>NOTE: If the attending physician is unavailable to certify to the cause of death, some states allow a hospital physician to certify only to 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.</p>	<ol style="list-style-type: none"> <li>1. Completes entire report using patient and facility worksheets.</li> <li>2. Obtains cause of fetal death from physician.</li> <li>3. Obtains authorization for final disposition of fetus.</li> <li>4. Files report with local office or state office per state law.</li> </ol>
Funeral director	Not applicable	<ol style="list-style-type: none"> <li>1. Obtains personal facts about decedent and completes certificate.</li> <li>2. Obtains certification of cause of death from attending physician or medical examiner or coroner.</li> <li>3. Obtains authorization for final disposition per state law.</li> <li>4. Files certificate with local office or state office per state law.</li> </ol>	<p>If fetus is to be buried, obtains authorization for final disposition.</p> <p>NOTE: In some states, the funeral director, or person acting as such, is responsible for all duties shown under hospital authority.</p>

**Table. The Vital Statistics Registration System in the United States—Con.**

<b>Responsible person or agency</b>	<b>Birth certificate</b>	<b>Death certificate</b>	<b>Fetal death report</b>
Physician or other professional present	For in-hospital 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 (local registrar or city or county health department)	<ol style="list-style-type: none"> <li>1. Verifies completeness and accuracy of certificate and queries incomplete or inconsistent certificates.</li> <li>2. If authorized by state law, makes copy or index for local use.</li> <li>3. Sends certificate to state registrar.</li> </ol>	<ol style="list-style-type: none"> <li>1. Verifies completeness and accuracy of certificate and queries incomplete or inconsistent certificates.</li> <li>2. If authorized by state law, makes copy or index for local use.</li> <li>3. If authorized by state law, issues authorization for final disposition on receipt of completed certificate.</li> <li>4. Sends certificate to state registrar.</li> </ol>	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	<ol style="list-style-type: none"> <li>1. Use data derived from these records in allocating medical and nursing services.</li> <li>2. Follow up on infectious diseases.</li> <li>3. Plan programs.</li> <li>4. Measure effectiveness of services.</li> <li>5. Conduct research studies.</li> </ol>		
State registrar or office of vital statistics	<ol style="list-style-type: none"> <li>1. Queries incomplete or inconsistent information.</li> <li>2. Maintains files for permanent reference and is the source of certified copies.</li> <li>3. Develops vital statistics for use in planning, evaluating, and administering state and local health activities and for research studies.</li> <li>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.</li> <li>5. Sends data for all events filed to the National Center for Health Statistics.</li> </ol>		

**Table. The Vital Statistics Registration System in the United States—Con.**

<b>Responsible person or agency</b>	<b>Birth certificate</b>	<b>Death certificate</b>	<b>Fetal death report</b>
National Center for Health Statistics, Centers for Disease Control and Prevention	<ol style="list-style-type: none"><li>1. Evaluates quality of state vital statistics data and works with states to assure quality.</li><li>2. Compiles national statistical data file and runs edits to fully process data.</li><li>3. Prepares and publishes national statistics of births, deaths, and fetal deaths; constructs the official U.S. life tables and related actuarial tables.</li><li>4. Conducts health and social research studies based on vital records and on sampling surveys linked to records.</li><li>5. Conducts research and methodological studies in vital statistics methods, including the technical, administrative, and legal aspects of vital records registration and administration.</li><li>6. Maintains a continuing technical assistance program to improve the quality and usefulness of vital statistics.</li><li>7. Provides leadership and coordination in the development of standard certificates and report and model laws.</li></ol>		

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, 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 state office staff.

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 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.

The state vital statistics office inspects each record for promptness of filing, completeness, and accuracy of information; makes 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 persons in need of such records and to verify the facts of birth and death for agencies requiring legal evidence of such facts.

The National Center for Health Statistics (NCHS) is vested with the authority for administering the vital statistics functions at the national level (see Ventura SJ. The U.S. National Vital Statistics System: Transitioning Into the 21st century, 1990–2017. National Center for Health Statistics. Vital Health Stat 1[62]. 2018.). 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.

