

# Medical Certifier's Guide for Completing Iowa's 2011 Certificate of Death

Items 24 – 49

Iowa Code Chapter 144

Iowa Department of Public Health, Bureau of Vital Records & Health Statistics

January 2011

STATE OF IOWA  
IOWA DEPARTMENT OF PUBLIC HEALTH  
**CERTIFICATE OF DEATH** 114-

**DECEASED**

1. DECEASED'S FULL NAME: FIRST, MIDDLE, LAST

2. SEX:  Male  Female

3a. AGE - LAST BIRTHDAY: MONTH, DAY, YEAR

3b. UNDER 1 YEAR: HOURS, MINUTES

4. DATE OF BIRTH (Mo, Day, Yr)

5. PLACE OF BIRTH (City & State, or foreign country)

6. COUNTY OF DEATH

7. SOCIAL SECURITY NUMBER

8. CITIES OF VITAL COUNTY?

9. EVER IN U.S. ARMED FORCES?  Yes  No

10a. MARITAL STATUS AT TIME OF DEATH:  Married  Married but separated  Widowed  Divorced  Never Married  Unknown

10b. DECEASED'S LAST MARRIAGE (Ever married)

11. SURVIVING SPOUSE (If name prior to any marriage)

12a. RESIDENCE STATE

12b. RESIDENCE COUNTY

13. RESIDENCE CITY OR TOWN

14. RESIDENCE STREET & NUMBER, ZIP CODE

15. INFORMANT'S NAME: FIRST, MIDDLE, LAST

16. INFORMANT'S MAILING ADDRESS (Street & Number, City, State, Zip Code)

17. MOTHER'S NAME PRIOR TO ANY MARRIAGE: FIRST, MIDDLE, LAST

18. RELIGION:  Yes  No

**PLACE**

19. DEATH OCCURRED IN A:  Private  Hospice  Other (Specify)

20. FACILITY (Name of institution, give level and name)

21. PLACE OF DEATH (Check only one)

22. DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:  Hospice Facility  Nursing Home/Long Term Care Facility  Decedent's Home  Other (Specify)

23. RELATIONSHIP TO DECEASED

**DISPOSITION**

24. METHOD OF DISPOSITION OR:  Burial  Cremation  Donation  Entombment  Removal from State

25. LOCATION OF DISPOSITION (City or town & state)

26. CEMETERY

27. PLACE OF DISPOSITION (Name of Cemetery, Crematorium, or other place)

28. FUNERAL DIRECTOR - Printed Name

29. FUNERAL DIRECTOR - Signature

**DATE**

30. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)

31. TITLE

32. LIC.#

33. DATE PRONOUNCED DEAD

34. TIME PRONOUNCED DEAD: AM, PM, Military

35. ACTUAL OR PRESUMED DATE OF DEATH (Specify time)

36. TIME OF DEATH (Specify time)

37. DATE SIGNED (Mo/Day/Yr)

**PART I - CAUSE OF DEATH**

38. IMMEDIATE CAUSE (Final disease or condition resulting in death)

39. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST

40. CAUSE OF DEATH (See instructions and examples)

41. MEDICAL EXAMINER CONTACTED?  Yes  No

42. AGREEMENT: Internal between issuer and death

**PART II - OTHER CAUSES**

43. IMMEDIATE CAUSE (Final disease or condition resulting in death) (Do not enter terminal events such as cardiac arrest, respiratory failure, or multiple organ failure without showing the etiology. DO NOT abbreviate. Enter only one cause or a line. Add additional lines if necessary.)

44. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) (Do not enter terminal events such as cardiac arrest, respiratory failure, or multiple organ failure without showing the etiology. DO NOT abbreviate. Enter only one cause or a line. Add additional lines if necessary.)

45. IMMEDIATE CAUSE (Final disease or condition resulting in death) (Do not enter terminal events such as cardiac arrest, respiratory failure, or multiple organ failure without showing the etiology. DO NOT abbreviate. Enter only one cause or a line. Add additional lines if necessary.)

46. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) (Do not enter terminal events such as cardiac arrest, respiratory failure, or multiple organ failure without showing the etiology. DO NOT abbreviate. Enter only one cause or a line. Add additional lines if necessary.)

**CERTIFIER**

47. CERTIFIER (Check only one):  Medical Physician  Medical Examiner  Other (Specify)

48. TIME & COMPLETE MAILING ADDRESS OF CERTIFIER (If physician, on medical examiner)

49. TITLE

50. DATE CERTIFIED (Mo/Day/Yr)

**FOR REGISTRAR ONLY - REGISTRAR SIGNATURE**

51. SIGNATURE

52. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)

**CONFIDENTIAL - FOR STATISTICAL AND PUBLIC HEALTH RESEARCH PURPOSES ONLY**

53. DECEASED'S EDUCATION: Check box that best describes the highest degree or level of school completed at time of death.

54. DECEASED'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be.

55. DECEASED'S ETHNICITY: Check one or more ethnicities to indicate what the decedent considered himself or herself to be.

# Development of the Revised Death Certificate 11<sup>th</sup> Revision

- The U.S. Standard Certificate of Death had 10 revisions during the 20th century.
- The revision process begins with a consensus from the States that a revision is needed. In 1998, the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC) assembled an expert panel to evaluate the current certificate and recommend changes.
- NCHS issued the specifications for the 2003 revision in 2001.

# Development of the Revised Death Certificate 11<sup>th</sup> Revision

Iowa's 2011 revision of the Certificate of Death is a reflection of the national standard developed by NCHS, pursuant to Iowa Code section 144.12 Forms Uniform.

- For U.S. standards, see [www.cdc.gov/nchs/nvss/vital\\_certificate\\_revisions](http://www.cdc.gov/nchs/nvss/vital_certificate_revisions)

# Development of the Revised Death Certificate 11<sup>th</sup> Revision

Iowa Code section 144.12 Forms Uniform. In order to promote and maintain uniformity in the system of vital records, the forms of certificates, reports, and other returns shall include at a minimum the items recommended by the federal agency responsible for national vital statistics, subject to the approval and modification by the department.

# The Data Collection Form

Only the form prescribed by the State Registrar may be used pursuant to Iowa Code section 144.12.

Effective with January 1, 2011, the 2011 Certificate of Death shall be used. According to national standards, 0000 (midnight) is the beginning of the new day.

The image shows a sample of the Iowa State Department of Public Health Certificate of Death form, form number 114. The form is titled "IOWA DEPARTMENT OF PUBLIC HEALTH CERTIFICATE OF DEATH" and includes sections for "DECEASED", "PLACE", "DEPOSITION", "DATE", "CAUSE OF DEATH", and "CERTIFIER". It contains various fields for personal information, medical history, and cause of death, along with checkboxes for different conditions and a section for "CONFIDENTIAL - FOR STATISTICAL AND PUBLIC HEALTH RESEARCH PURPOSES ONLY".

# Purpose of Death Certificate — the final word

The Certificate of Death is a permanent legal record that provides personal information about the decedent, the circumstances and cause of death, and final disposition. For survivors, it is needed to apply for insurance benefits, settle pension claims, transfer title of real and personal property, document the cause of death, and help provide a sense a closure.

# Purpose of Death Certificate — the final word

A certified copy of the Certificate of Death is considered prima facie evidence of the fact of death and can be introduced in a court of law as evidence if a question about the death arises.

# Purpose of Death Certificate — our final contribution

The death certificate is a vital source for state and national mortality statistics, and is used to determine which medical conditions receive research and development funding.



# Purpose of Death Certificate — our final contribution

Statistical data from death records are also used to identify public health problems and measure the results of programs established to alleviate these problems. Effective public health programs build on these data.

# Purpose of Death Certificate — our final contribution

Mortality data can be valuable to physicians indirectly by influencing funding that supports medical and health research that may alter clinical practice, and directly as a research tool.

# Purpose of Death Certificate — our final contribution

Research topics include identifying disease etiology, evaluating diagnostic and therapeutic techniques, examining medical or mental health problems found among specific groups of people, and indicating areas in which medical research can have the greatest impact on reducing mortality.

# Purpose of Death Certificate — our final contribution

In combination with natality statistics, mortality data are also used to estimate and project population sizes, which in turn are used to help forecast and plan health programs and services.

# Purpose of Death Certificate — our final contribution

When completed properly, the cause of death information should communicate the same essential information that a case history would.

# Purpose of Death Certificate — our final contribution

When not completed properly, missing information in the cause of death section may result in the reader not knowing why the condition entered on the lowest line developed.

# The Last Act

- Pursuant to Iowa code section 144.27, the funeral director who first assumes custody of a dead body shall file the death certificate, obtain the personal data from the next of kin or the best qualified person or source available, and ***obtain the medical certification of cause of death from the person responsible for completing the certification.*** When a person other than a funeral director assumes custody of a dead body, the person shall be responsible for carrying out these responsibilities.

# The Last Act

- The funeral director (or person who acts as such) is responsible for completing the personal information about the deceased, the place of death information, and the disposition information.
- The medical certifier is legally responsible for the medical certification portion (items 24-49) and for providing accurate information about the date and cause of death and certifying to the cause of death. (144.28 Medical Certification)



# The Basics

- Ensure that a medical examiner has been notified and has conducted an inquiry for any “non-natural,” direct or indirect, cause of death or any other death for which they have jurisdiction.

# The Basics

- Pursuant to Iowa Code section 144.28(1)(a), Unless there is a non-natural cause of death, the medical certification shall be *completed and signed by the physician in charge of the patient's care for the illness or condition which resulted in death.*
- The physician or medical examiner completing the medical certification attests to its accuracy by their original signature on the Certificate of Death.

# The Basics

- Type or legibly print all items not requiring signatures.
- Avoid abbreviations except those recommended in specific items.
- Avoid alterations, erasures, cross-outs and white-out.
- Review for completeness and accuracy, then return the death certificate promptly to the funeral director or individual who initially assumed custody of the body.

# The Basics

- The state vital records office may contact the certifying physician to verify information reported on the death certificate or to obtain additional information to clarify what was meant.
- When verifications are requested, it may not be because the original cause-of-death statement was wrong from a clinical standpoint, but simply because additional information is needed to assign codes for statistical purposes.

# The Basics

- If queried due to incomplete or insufficient information in the medical certification portion of the death record, assist by promptly correcting the information and returning the certificate to the funeral director for filing\*\*\* so the deceased's survivors can resolve legal and beneficiary issues.

\*\*\* or to the state vital records office if registration has already occurred.

# The Basics

- Submit a supplemental report of the cause of death to the state office of vital records when autopsy findings or further investigation reveals the cause of death to be different from what was originally reported.
- Supplemental reports are simply statements on the certifying physician's or medical examiner's business office letterhead.

# The Basics

- An associate physician may provide medical certification if the attending physician is not available IF the associate has access to medical history and has viewed the deceased at or after death AND death is from natural causes and not in the jurisdiction of the medical examiner.

# Assuming Custody

- Before assuming custody, the funeral director must be assured that the death is from natural causes and that the physician in charge of the patient's care for the illness or condition which resulted in death (144.28) will assume responsibility for certifying to the cause of death,

OR

- The funeral director must be advised that the case is within the jurisdiction of the medical examiner.



# Assuming Custody

- If a person other than a funeral director, medical examiner, or emergency medical service assumes custody of a body, that person shall secure a burial-transit permit before assuming custody.
- The burial-transit permit shall be issued by the county medical examiner, a funeral director, or the County Registrar of Vital Records in the county of death.
- A Certificate of Death shall be filed prior to issuing the burial-transit permit.

# Decedent's Information

## 5, 16 – 17c Place of Death

<b>PLACE</b>	<b>16. PLACE OF DEATH</b> (Check only one)		
	IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/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) _____	
	<b>17a.</b> FACILITY NAME (If not institution, give street and number)	<b>17b.</b> CITY, TOWN, OR LOCATION & ZIP CODE OF DEATH	<b>17c.</b> INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No

- Information on place of death is needed to determine who has jurisdiction for registration and for deaths that legally require investigation by a medical examiner.
- Place of death information is the responsibility of the funeral director. Physicians must ensure that the funeral director has accurate information for the death certificate.

# Medical Certification

The medical certifier is responsible for items 24—49:

- Pronouncement of death
- Date and time of death – both pronounced & actual
- If referred to Medical Examiner & if ME deferred
- Cause & manner of death
- Tobacco use
- Pregnancy status
- Injury information for cases involving injury
- Certifier information & signature

# Medical Certification

- Generally, the attending physician will both pronounce death and certify or report the cause of death.
- A different physician or professional will pronounce death only when the attending physician is unavailable at the time of death.
- If an inquiry is required, a medical examiner is responsible for determining the cause of death and providing the medical certification.

# Medical Certification

## 26.—28. Pronouncement of Death

- In Iowa, only MD and DO professions may pronounce death as well as certify to the cause of death.
- The following professions may pronounce death, but are NOT authorized to certify to the cause of death:
  - Physician Assistant (PA) 148C.4(1)
  - Licensed Practical Nurse (LPN) 152.1(6)(c)
  - Professional Registered Nurse (RN & ARNP) 152.1(6)(e)

# Medical Certification

## 26.—28. Pronouncement of Death

- Pursuant to the respective Code sections cited, these professions (PA, ARNP, RN, LPN) “may make pronouncement of death for a patient whose death is anticipated and death occurs in a licensed hospital, a licensed care facility, a Medicare-certified home health agency, a Medicare-certified hospice program or facility, an assisted living facility, or a residential care facility, with notice of the death to a physician and in accordance with the directions of a physician.”

# Medical Certification

## 26.—28. Pronouncement of Death

- Pursuant to the respective Code sections cited, these professions (PA, ARNP, RN, LPN) who meet the criteria to pronounce death are required to provide notice of the death to the physician.
- The death report should include the date and time the death was pronounced, as well as the pronouncer's name, professional title, and license number, in order for the physician or medical examiner to accurately complete those items on the death certificate.

# Medical Certification

- While the names, titles, and license numbers of the funeral director, pronouncing person, and physician or medical examiner appear on the face of the certificate on file, only professional titles are published in statistical data.
- The actual signature of the person pronouncing death, *if different than the certifier*, is NOT required – a modification by Iowa from the national standards, which initially specified “signature” instead of “name” of pronouncer.



# Medical Certification

- If different from the certifying physician, the information about the person *pronouncing* death is indicated in items 26—28, IF they meet the aforementioned legal qualifications.
- If the certifying physician or medical examiner pronounced death, items 26—28 are left blank.
- In all cases, the certifying physician or medical examiner completes the items based on the report of death from the pronouncing person, if different from themselves.

# Medical Certification

- A person who is authorized to pronounce death shall inform one of the persons authorized to request an autopsy (144.56, 144C.5) that an autopsy is required – IF the decedent was a public safety officer who may have died in the line of duty and an eligible beneficiary seeks to claim a federal public safety officer death benefit (144.57).

# Medical Certification

## 24.—25. and 29.—30. Date & Time of Death

<b>24. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell out month)</b>	<b>29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell out month)</b>
<b>25. TIME PRONOUNCED DEAD</b> TIME _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Military	<b>30. ACTUAL OR PRESUMED TIME OF DEATH</b> TIME _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Military

- Complete both the date and time “Pronounced” dead and the “Actual or presumed” date and time, even if both sets are the same.
- A death at Midnight belongs to the new day and is entered as 0000. Use the prevailing local time.
- Enter “Approx” before the time if the time of death is unknown.

# Medical Certification

## 31a.—31b. Medical Examiner Contacted

31. WAS MEDICAL EXAMINER CONTACTED?  Yes  No

- The county or state medical examiner shall be contacted for all non-natural deaths per 144.28 and deaths affecting the public's interest. 331.802(3)
- 31b. "If yes, did M.E. defer?" responses indicate that the ME was contacted, and either 'yes' is deferring certification back to the physician or 'no' is completing the medical certification.
- "Unknown" for Yes/No checkboxes is indicated by selecting both options.  Yes  No

# Medical Certification

## Non-Natural vs. Natural

- “*Non-Natural*” death means the death is a direct or indirect result of physical, chemical, thermal, or electrical trauma, or drug or alcohol intoxication or other poisoning. 144.28(1)(a)

# Medical Certification

## Natural Manner of Death

- Unless there is a “non-natural” cause of death, the medical certification shall be completed and signed by the physician in charge of the patient’s care for the illness or condition which resulted in death within 72 hours after receipt of the death certificate.  
144.28(1)(b)

# Medical Certification

## Non-Natural Manner of Death

- If there is a *“non-natural”* cause of death, the county or state medical examiner shall be notified and shall conduct an inquiry.  
144.28(1)(c)

# Medical Certification

## Natural vs. Non-Natural

- If the decedent was an infant or child and the cause of death is not known, the medical examiner's inquiry shall be conducted and an autopsy performed as necessary to exclude a non-natural cause of death. 144.28(1)(d)
- The medical examiner may defer certification to the attending physician if autopsy results indicate the death was from natural causes.



# Medical Certification

## Natural vs. Non-Natural

- If upon inquiry into a death, the county or state medical examiner determines that a pre-existing natural disease or condition was the likely cause of death and that the death does not affect the public health interest, the medical examiner may elect to defer to the physician in charge of the patient's pre-existing condition the certification of the cause of death. 144.28(1)(e)
- The medical examiner may defer certification to the attending physician if an inquiry indicates the death was from natural causes.

# Medical Certification

## Non-Natural Manner of Death

- When an inquiry is required by the county or state medical examiner, the medical examiner shall investigate the cause and manner of death and shall complete and sign the medical certification within 72 hours after determination of the cause and manner of death. 144.28(1)(f)

# Medical Certification

## Jurisdiction of a Medical Examiner

- Deaths that have an impact on the “public’s interest” are routinely investigated by County Medical Examiners under the guidance of the Iowa Office of the State Medical Examiner.
- Deaths affecting the public’s interest are:

Sudden	Violent	Unexpected
Suspicious	OR	Unattended

# Medical Certification

## Cause of Death

- The cause of death section of the death certificate follows the guidelines recommended by the World Health Organization and published by the National Center for Health Statistics (NCHS), a division of the Centers for Disease Control and Prevention (CDC).

# Medical Certification

## Cause of Death

- Cause of death data provides medical information that serves as a basis for describing trends in human health and mortality, for analyzing the conditions leading to death, including causes of death by age, race and sex, and research to help improve patient care.

# Medical Certification

## Cause of Death

- An important feature in the cause of death section is the reported underlying cause of death, defined as:
  - a) The disease or injury that initiated the train of morbid events leading directly to death, or
  - b) The circumstances of the accident or violence that produced the fatal injury.

# Medical Certification

## Cause of Death

- Causes of death on the death certificate represent a medical opinion that might vary among individual physicians.
- A properly completed cause of death section, however, provides an etiologic explanation of the order, type, and association of events resulting in death.

# Medical Certification

## Cause of Death

- The initial condition that starts the etiologic sequence is specific if it does not leave any doubt as to why it developed.
- E.g., Sepsis is not specific because a number of different conditions may have resulted in sepsis, whereas human immunodeficiency virus syndrome is specific.



# Medical Certification

## Cause of Death

- The conditions at the time of death may be completely unrelated, arising independently of each other; OR
- They may be causally related to each other; OR
- Death may result from the combined effect of two or more conditions.

# Medical Certification

## 32. Cause of Death

- Part I reports the event or the chain of events leading directly to death, beginning with the immediate cause and followed by any underlying cause(s) that initiated the chain of events.
- The immediate cause is not the mechanism of death or terminal event (such as cardiac arrest or respiratory arrest).

# Medical Certification

## 32. Cause of Death

- Part II reports other significant diseases, conditions, or injuries that were present at the time of death and that may have contributed to death, but did not lead directly to the underlying cause of death or were not reported in the chain of events in Part I.
- As in indirect cause of death, may also fall within the jurisdiction of a medical examiner.

# Medical Certification

## 32. Cause of Death

- Report any disease, abnormality, injury, or poisoning if believed to have adversely affected the decedent and set in motion the chain of events that ultimately resulted in the death.

# Medical Certification

## 32. Cause of Death

- Report conditions believed to have contributed to death, including but not limited to:
  - Use of alcohol and/or other substances
  - Smoking history
  - A recent pregnancy
  - Injury
  - Surgery

# Medical Certification

## 32. Cause of Death

- In cases of doubt, use qualifying phrases in either Part I or Part II to reflect uncertainty as to which conditions led to death.
- Do not leave unanswered.

# Medical Certification

## 32. Cause of Death

- Certification of cause of death should not be deferred merely because 'all details' of a case are not available.

# Medical Certification

## 32. Cause of Death

- The physician or medical examiner may by affidavit amend the cause of death within 90 days following the date of death.
- After 90 days, a court order is required.
- At any point in time, however, submission of an autopsy report may amend the cause of death without an affidavit or court order.



# Medical Certification

## 32a. Part I Cause of Death

- Part I is for reporting the sequence of events leading to death, proceeding backwards from the final disease or condition.
- Each condition should have caused the condition listed above it.
- A specific cause of death should be reported in the last entry so there is no ambiguity about the etiology of this cause.

# Medical Certification

## 32a. Part I Cause of Death

- Every cause-of-death statement is coded and tabulated in the statistical offices according to the latest revision of the International Classification of Diseases (ICD).
- When there is a problem with the reported cause of death (e.g., a causal sequence is reported in reverse order), rules provide a consistent way to select the most likely underlying cause.

# Medical Certification

## 32a. Part I Cause of Death

- While all cause of death data is important and analyzed, mortality research focuses on the underlying cause of death because public health interventions seek to break the sequence of causally related medical conditions as early as possible.

# Medical Certification

## 32a. Part I Cause of Death

- A condition can be listed as “probable” if it has not been definitely diagnosed.
- However, the term “pending” is not intended to apply to cases in which the cause of death is in doubt and for which no further diagnostic procedure can be carried out.

# Medical Certification

## 32a. Part I Cause of Death

- If the cause of death IS known, but it is not known whether it was the result of an accident, suicide, or homicide, the death certificate that is filed should include the cause of death and show the manner of death (#37) as “Pending Investigation” and a supplemental report filed later.

# Medical Certification

## 32a. Part I Cause of Death

- In cases where death is known to be from an injury, but the circumstances surrounding the death are not yet established, the injury should be reported immediately.
- The circumstances of the injury should be noted as “Pending Investigation” in the manner of death (#37) and a supplemental report filed later with the state vital records office.

# Medical Certification

## 32a. Part I Cause of Death – Summary

- The immediate cause of death on line (a) is the final disease, injury, or complication directly causing the death.
- The immediate cause of death on line (a) may be the sole entry in the cause-of-death section if that condition is the only condition causing the death.

# Medical Certification

## 32a. Part I Cause of Death – Summary

- The immediate cause does not mean the *mechanism* of death or terminal event (e.g., cardiac or respiratory arrest) and is not reported as the immediate cause because it is a statement not specifically related to the disease process and merely attests to the fact of death, therefore, provides no additional information on the cause of death.



# Medical Certification

## 32a. Part I Cause of Death – Summary

- For as many conditions as are involved, write the full sequence, one condition per line, with the most recent condition at the top, and the underlying cause of death reported on the lowest line used in Part I.

# Medical Certification

## 32a. Part I Cause of Death – Summary

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

# Medical Certification

## 32a. Part I Cause of Death –Summary

- The words “due to (or as a consequence of),” which are printed between the lines of Part I, apply not only in sequences with an etiological or pathological basis and usually a chronological time ordering, but also to sequences in which an antecedent condition is believed to have prepared the way for a subsequent cause by damage to tissues or impairment of function.

# Medical Certification

## 32a. Part I Cause of Death –Summary

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

# Medical Certification

## 32a. Part I Cause of Death – Summary

- Report the etiology on the line(s) beneath it if an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as the cause of death.

Example:

Renal failure *due to* Type I diabetes mellitus

# Medical Certification

## 32a. Part I Cause of Death – Summary

- Include the following when indicating neoplasms as a cause of death:
  - 1) Primary site or that the primary site is unknown,
  - 2) Benign or malignant,
  - 3) Cell type or that the cell type is unknown, and
  - 4) Grade of neoplasm, and part or lobe of organ affected

Example: a primary well-differentiated squamous cell carcinoma, lung, left upper lobe

# Medical Certification

## 32a. Part I Cause of Death – Summary

- For each fatal injury . . .  
*(e.g., stab wound of chest),*  
always report the trauma . . .  
*(e.g., transection of subclavian vein),*  
and impairment of function . . .  
*(a.g., air embolism)*  
that contributed to death.

# Medical Certification

## 32b. Part I Interval

32b. Approximate  
interval between  
onset and death

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- For each cause, indicate in the space provided in 32b the approximate interval, if any, between the date of '*onset*' and the date of death. '*Onset*' is not necessarily the date of diagnosis.
- The terms "unknown" and "approximately" may be used.
- General terms such as minutes, hours, or days may be used.



# Medical Certification

## 32c. Part II Other Conditions

- Report all other significant diseases or conditions that were present at the time of death and that may have contributed to the death, but did not lead directly to the underlying cause of death listed in Part I or were not reported in the chain of events in Part I.

# Medical Certification

## 32c. Part II Other Conditions

- When there are two or more possible sequences resulting in death, or if two conditions seem to have added together, choose and report in Part I the sequence thought to have had the greatest impact. Other conditions or conditions from the other sequence(s) should be reported in Part II.

# Medical Certification

## 33. Autopsy Performed

33. WAS AN AUTOPSY PERFORMED?

Yes  No

- An autopsy gives additional insight into the conditions that lead to death and is important in arriving at the immediate and underlying causes when the cause is not immediately clear.
- Enter 'yes' if a partial or complete autopsy was performed.
- Do not leave unanswered.

# Medical Certification

## 34. Autopsy Results

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

- Gives insight into the quality of the cause-of-death data.
- If an autopsy was performed, select 'yes' if the findings were available at the time the cause of death was determined.
- Leave blank only if no autopsy was performed.

# Medical Certification

## 35. Tobacco

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

- Select the one option that best describes if tobacco use or exposure contributed to the cause of death – *in the physician's medical opinion*.
- Select 'yes' for deaths due to fires started by smoking or if tobacco use contributed to death.
- Do not leave unanswered.

# Medical Certification

## 36. If Female, Pregnant?

**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

- This information is important in determining the scale of mortality amongst the female population and will be of assistance with maternal mortality review programs.

# Medical Certification

## 36. If Female, Pregnant?

**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

- If the deceased is a female, select the one option that best describes if she was pregnant at the time of death or within the past year.
- To maintain consistency, answer this item for all decedent's who are female, regardless of age.

# Medical Certification

## 37. Manner of Death

### 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 |

- Manner of death is determined by the circumstances surrounding the death.
- Do not leave unanswered – complete for all deaths.



# Medical Certification

37. Manner of Death       Natural

- Identify deaths *not* due to external causes as “Natural.”
- “Natural” deaths are due solely or nearly totally to disease and/or the aging process, not an external cause.
- “Natural” deaths are usually the only types of deaths the physician will certify.

# Medical Certification

37. Manner of Death       Accident

- “Accidental” deaths are those where there is little or no evidence that the injury or poisoning occurred with intent to harm or cause death (i.e., the fatal outcome was unintentional).

# Medical Certification

## 37. Manner of Death Suicide

- “Suicide” deaths are from an injury or poisoning as a result of an intentional, self-inflicted act committed to do self-harm or cause death of one’s self.
- “Suicide” deaths have evidence that the death was self-inflicted, such as from pathological (autopsy), toxicology, investigatory, psychological, and/or statements of the decedent or witnesses.

# Medical Certification

37. Manner of Death       Suicide

- “Suicide” deaths have evidence (explicit and/or implicit) that at the time of injury the decedent intended to kill his or herself or wished to die and that the decedent understood the probable consequences of his or her actions.

# Medical Certification

37. Manner of Death       Homicide

- “Homicide” deaths are from an injury or poisoning, or from some other act by another person, to cause fear, harm or death. Intent to cause death is a common element, but is not required for classification as homicide.

# Medical Certification

## 37. Manner of Death Pending Investigation

- “Pending Investigation” is used when cause and/or manner of death cannot be determined without further information within the statutory time limit for filing the death certificate.
- The cause of death may be amended at any point after registration of the death certificate upon submission of a report of autopsy findings.
- Complete the medical certification and cause of death as much as possible.

# Medical Certification

## 37. Manner of Death Pending Investigation

- If the cause of death IS known, but it is not known whether it was the result of an accident, suicide, or homicide, the death certificate that is filed should include the cause of death and show the manner of death as "Pending Investigation."
- Certification of cause of death should not be deferred merely because all details of a case are not available.

# Medical Certification

37. Manner of Death       Pending Investigation

- The term “Pending” is intended to apply only to cases in which there is a reasonable expectation that an autopsy, other diagnostic procedure, or investigation may significantly change the diagnosis.



# Medical Certification

## 37. Manner of Death Pending Investigation

- In cases where death is known to be from an injury, but the circumstances surrounding the death are not yet established, the injury should be reported immediately. The circumstances of the injury should be noted as "Pending Investigation" and a supplemental report filed with the state vital records office.

# Medical Certification

## 37. Manner of Death

- The term “Pending” is NOT intended to apply to cases in which the cause of death is in doubt and for which no further diagnostic procedures can be carried out. In this case, enter the “probable” cause of death on the basis of the facts available and in the certifier’s best judgment.

# Medical Certification

37. Manner of Death       Could Not be Determined

- Indicate “Could not be Determined” *only* when it is impossible to determine the manner of death after an investigation has been pursued.
- “Could not be Determined” is used when the information pointing to one manner of death is no more compelling than one or more other competing manners of death when all available information is considered.

# Medical Certification

37. Manner of Death  Could Not be Determined

- If “Could not be Determined” must be selected, enter a phrase such as “Cause of death could not be determined at autopsy and toxicological examination” in the Cause of Death section rather than just entering the term “Unknown.”

# Medical Certification

## 38.—44. Injury

- Complete ALL injury items in all cases where injury directly caused or indirectly contributed to the death.
- Leave blank if the death was due to natural causes.
- All deaths due to external causes (i.e., *non-natural*) shall be referred to the medical examiner for inquiry.

# Medical Certification

## 38.—44. Injury

- If any kind of trauma is listed in item 32 Part I or II, injury items 38.—44. shall be completed.
- Complete item 41 Injury at Work for all decedents age 14 and over, and for those younger if warranted.

# Medical Certification

## 38. Date of Injury

38. DATE OF INJURY (Mo/Day/Yr)  
(Spell out month)

- Enter the exact month, day and year that the injury occurred. Spell out the month.
- The date and time of injury may not necessarily be the same as the date and time of death.
- Estimates may be provided with "Approx." entered before the date.

# Medical Certification

## 39. Time of Injury

39. TIME OF INJURY	<input type="checkbox"/> AM	<input type="checkbox"/> PM
TIME _____	<input type="checkbox"/> Military	

- Enter the exact time when the injury occurred according to the prevailing local time and select the time indicator.
- A death occurring at Midnight belongs to the start of the new day and is entered as 0000.
- Estimates may be provided with "Approx." entered before the time.



# Medical Certification

## 40. Place of Injury

40. PLACE OF INJURY (e.g., home, farm, street, roadway, etc.)

- Enter the general type of place where the injury occurred.

- Examples:

Restaurant  
Baseball field  
Office building  
Decedent's home  
Highway

Vacant lot  
Construction site  
Factory  
Residence  
Farm

# Medical Certification

41. Injury at work?

41. INJURY AT WORK?

Yes  No

- Complete the 'Injury at Work' item if anything other than natural disease is mentioned in Part I or Part II of the medical certification (item 32), including homicides, suicides and accidents, or if anything other than 'Natural' is selected for Manner of Death in item 37.

# Medical Certification

41. Injury at work?

41. INJURY AT WORK?

Yes  No

- An injury may occur at work regardless of whether the injury occurred in the course of the decedent's "usual" occupation.
- Includes all motor vehicle deaths if the injury occurred in the course of the decedent's occupation.

# Medical Certification

41. Injury at work?

41. INJURY AT WORK?

Yes  No

- Complete for decedents age 14 years and over, and may be completed for those less than age 14, if warranted.
- To indicate “Unknown”, select both the ‘Yes’ and the ‘No’ options.

Yes  No

# Medical Certification

## 41. Injury at work?

41. INJURY AT WORK?

Yes  No

Examples of injury at work:

- While working or in vocational training on job premises.
- While on break or at lunch or in parking lot on job premises.
- While working for pay or compensation, including at home.
- While working as a volunteer law enforcement official.
- While traveling on business, including to or from business contacts.

# Medical Certification

## 41. Injury at work?

41. INJURY AT WORK?

Yes  No

Examples of injury **NOT** at work:

- While engaged in personal recreational activity on job premises.
- While a visitor (not on official business) to job premises.
- Homemaker working on homemaking activities.
- Student in school.
- Working for self for no profit (e.g., mowing yard, repairing own roof, hobby, etc.).
- Commuting to or from work.

# Medical Certification

## 42. Location of Injury

42. LOCATION OF INJURY: (Complete physical address – Street & Number, Apt. #, City or Town, State, Zip Code)

- Enter the complete physical address where the injury took place.
- Include the nearest postal zip code for the physical location.

# Medical Certification

## 43. Transportation Injury

---

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

- Driver/Operator     Passenger     Pedestrian  
 Other (Specify) \_\_\_\_\_

- Details from this data help assign deaths to categories that may be used to assess trends and effectiveness of safety programs.



# Medical Certification

## 43. Transportation Injury

---

43. IF TRANSPORTATION INJURY, SPECIFY:

Driver/Operator     Passenger     Pedestrian  
 Other (Specify) \_\_\_\_\_

- Select the one option that best describes the role of the decedent in the traffic accident.
- Select "Driver/Operator" or "Passenger" for modes of transportation other than motor vehicles (e.g., bicycles).
- Select "Other" for modes of transportation such as watercraft, aircraft, animal, or people attached to outside of vehicle (e.g., "surfers").

# Medical Certification

## 44. Description of Injury

44. DESCRIBE HOW INJURY OCCURRED:

- Enter, in narrative form, a brief but specific and clear description of how the injury occurred.
- For motor vehicle accidents, indicate if more than one vehicle was involved.

# Medical Certification

## 44. Description of Injury

44. DESCRIBE HOW INJURY OCCURRED:

- Explain the circumstances or cause of the injury.

Examples:

*Fell off ladder while painting house.*

*Driver of car ran off roadway.*

*Passenger in car in car-truck collision.*

# Medical Certification

## 44. Description of Injury

44. DESCRIBE HOW INJURY OCCURRED:

- Specify the type of gun or type of vehicle when relevant to the circumstances.

Examples:

*Handgun*

*Car*

*Hunting rifle*

*Bulldozer*

*Train*

# Medical Certification

## 45.—49. Certifier Information

- Pursuant to Iowa Code section 144.28, the person responsible for completing the medical certification (items 24—49) is the “physician in charge of the patient’s care for the illness or condition which resulted in death” in the cases of natural death, or the county or state medical examiner in cases of non-natural death.

# Medical Certification

## 45. Certifier Information

- Select “Certifying Physician” and sign legibly for the MD or DO who determined the cause of death and is responsible for completing the medical certification portion of the death certificate for all “*natural*” causes of death.
- Select “Medical Examiner” and sign legibly for the MD or DO responsible when an inquiry or investigation is required to determine the cause of death and for all ‘*non-natural*’ causes of death.

# Medical Certification

## 45. Certifier Information

- Any death that is the result of a non-natural cause shall be certified by a County or State Medical Examiner. Just knowing of the incident is not sufficient.

# Medical Certification

## 45. Certifier Information

- If the cause of death is due to a natural disease or natural disease process, or is determined to be natural through an ME investigation, the Medical Examiner may either certify the death or elect to defer certification of the natural death to the decedent's primary care provider or family physician.



# Medical Certification

## 45.—49. Certifier

- Signatures must be original and in permanent black or dark blue ink.
- Complete all items, including the typed or printed name and mailing address of the physician or medical examiner. Neither the funeral director nor the County Recorder can legally complete any of these items for the physician or medical examiner.

# 2011 Revision Implementation

## GOAL

- Implementation of the 2011 revised certificate also put into force the directive to accept for registration only those records that have complied with national standards and are as accurate and complete as feasible.

# 2011 Revision Implementation

## GOAL

- In the past, typos and incomplete information caused innumerable problems statewide due to corrections and exchanges of certified copies on behalf of the surviving family.

# 2011 Revision Implementation

## GOAL

- Taking into consideration a learning curve, and with the assistance of data providers and county registrars, the goal is to improve the accuracy, consistency, and integrity of the data on Iowa's death certificates.

# Corrections to Medical Portion

Within 90 days from date of death:

- May only be made by the medical certifier.
- Mail or FAX to 515-281-0479, attn: Death Registration, notarized statement on business letterhead, including contact name/phone.
- Include decedent's name, date of death, county of death, item to be corrected, and corrected information.

# Corrections to Medical Portion

*After 90 days from date of death:*

- Requires court order.

*IF AUTOPSY:*

- With autopsy findings, may be corrected at any time without a court order.

# Online Tutorial for Completing Medical Certification & Cause of Death

- Go to:  
[www.TheName.org](http://www.TheName.org)  
*(National Association of Medical Examiners)*
- Under the Main Menu, select the page:  
[Death Certificate Completion](#)
- Select the category of tutorial

## Iowa Office of the State Medical Examiner:

2250 S. Ankeny Blvd.  
Ankeny, Iowa 50023-9093  
515-752-1400 (office)  
515-725-1414 (Fax)

[www.idph.state.ia.us/do/medical\\_examiner.asp](http://www.idph.state.ia.us/do/medical_examiner.asp)

From the home page of the Iowa Department of Public Health ([www.idph.state.ia.us](http://www.idph.state.ia.us)), select A-Z Index from the list of links, then scroll down to the M's and select Medical Examiner, State Office of to bring up the main page for the Iowa Office of the State Medical Examiner.

To see the list of County Medical Examiners and County Deputy Medical Examiners: from the main page of the Iowa Office of the State Medical Examiner, scroll down to "Additional Information" and select County Medical Examiner Contact Information, then County Medical Examiner Personnel.



## CONTACT:

Iowa Department of Public Health  
Bureau of Vital Records  
Lucas State Office Building, 1<sup>st</sup> floor  
321 E. 12<sup>th</sup> Street  
Des Moines, Iowa 50319-0075  
[www.idph.state.ia.us](http://www.idph.state.ia.us)

Jill France, Bureau Chief: 515-281-6762  
Victoria Hutton, Fraud Prevention & Security Program: 515-281-4956  
[Victoria.Hutton@idph.iowa.gov](mailto:Victoria.Hutton@idph.iowa.gov)  
FAX: 515-281-0479  
Bureau general operator: 515-281-4944  
Death registration: 515-281-5153

## INFORMATION:

<http://www.idph.state.ia.us/apl/vrportal.aspx>  
Select a Page: Death – Medical Certification  
Password: vr<sub>dm</sub>\_2011 (case-sensitive)