

Death Certificate Basics

Created with consensus of the Georgia
Association of Medical Examiners



Some important updates to the Georgia Code in May 2024:

- Advance practice nurses and physician assistants may sign death certificates with a natural cause of death
 - Important note: no clinical providers should ever sign a death certificate with anything other than a natural cause of death
- The law further states that if the provider signs a death certificate in good faith, they are immune from civil liability. This means you cannot be sued for your medical opinion on a death certificate!
- A provider that refuses to complete a death certificate when appropriate may be reported to their licensing board for disciplinary action
- Death certificates must be signed out within 72 hours* of the time of death

*Some institutional policies require a death certificate be signed in less than 72 hours. Some use a *preliminary* death certificate as a placeholder pending autopsy findings. If questions arise, contact the hospital Decedent Affairs Office.



Let's get legal...

- Pursuant to Georgia law (O.C.G.A. 31-10-15(c)) it is the responsibility of the clinician overseeing a patient's care to complete the death certificate in cases where the cause of death is related to the natural diseases or illnesses they were managing.
- Clinicians have 30 days after the death to complete, sign, and return the medical certification.
- The same law directs funeral homes to report clinicians who do not sign within the 30 days to the Georgia Composite Medical Board for disciplinary action.



Knowledge
Check



Why are death certificates important?

- A. A death certificate is the last thing that you can do for your patient and is considered patient care
- B. It provides closure for families of deceased patients
- C. A death certificate is used for: funeral home arrangements, government morbidity and mortality reports, public health disease surveillance, and closure of the decedent's estate
- D. All of the above

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Answer D : All the above are reasons why death certification is important!



What degree of certainty is required to sign a death certificate?

- A. 75%
- B. 51%
- C. 99%
- D. 99.9%



What degree of certainty is required to sign a death certificate?

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- B. 51%**
- C. 99%
- D. 99.9%

Answer: B

“Medical degree of certainty” is defined as 51%.

Who can fill out a death certificate with a natural manner of death?

- In the hospital, a provider in charge of the patient's care for the fatal illness or condition that resulted in death should sign the death certificate
- In the outpatient setting, a provider who provides primary care or treatment of a significant illness within the last 60 days should sign the death certificate.
 - This was recently decreased from 180 days.



Let's define our terms.

- **Manner of death (MOD):** A classification of death (homicide, suicide, accident, undetermined, or natural)
 - **You will only ever sign a natural manner of death**
- **Cause of death (COD):** The underlying disease or injury that leads to death; you can use the “but for” model to assess cause of death (see below for examples)
- **Other significant conditions (OSC):** Disease or injury that contributes to death but does not cause death

Mechanism of death

cause of death ≠ mechanism of death

- **Mechanism of death (terminal event):** Metabolic and physiologic derangements that occur during all deaths and are not considered cause of death
 - Cardiac arrest
 - Acute respiratory failure
 - Cardiopulmonary failure
 - Hypoxemia
 - Ventricular fibrillation

MECHANISMS OF DEATH SHOULD NOT BE LISTED ON A DEATH CERTIFICATE

THEY ARE TERMINAL EVENTS EXPERIENCED BY ALL DURING THE DYING
PROCESS

Think about it this way; cardiac arrest is how we all die. Think instead about the disease or injury that led to the cardiac arrest. (And if it's an injury, then it is not a natural cause of death!)

A	Most recent diagnosis	Immediate cause
	Due to, or as a consequence of	
B	Why?	Immediate cause
	Due to, or as a consequence of	
C	Why?	Underlying cause
	Due to, or as a consequence of	
D		



Consider **why** the patient experienced this derangement. This can be done by saying to yourself “**but for** x, the patient would not be dead”.



For example: a patient with SUDDEN CARDIAC DEATH may have experienced a fatal cardiac arrhythmia due to underlying hypertension. **But for** the hypertension, the patient would not have had a cardiac arrhythmia. The underlying cause of death is hypertension.

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graph TD; A[A patient with RESPIRATORY FAILURE may have acute bronchopneumonia. But why does she have acute bronchopneumonia?] --> B[If she developed acute bronchopneumonia due to complications of Diffuse Large B-Cell Lymphoma or Colorectal Cancer, the underlying cause of death is the malignant diagnosis (Diffuse Large B-Cell Lymphoma, Colorectal Cancer).]; B --> C[But for the cancer, the patient would not have respiratory failure.];
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A patient with RESPIRATORY FAILURE may have acute bronchopneumonia. But why does she have acute bronchopneumonia?

If she developed acute bronchopneumonia due to complications of Diffuse Large B-Cell Lymphoma or Colorectal Cancer, the underlying cause of death is the malignant diagnosis (Diffuse Large B-Cell Lymphoma, Colorectal Cancer).

But for the cancer, the patient would not have respiratory failure.



Time intervals

- Time intervals should be listed as seconds, minutes, hours, days, weeks, months, years.
- Time intervals guide a certifier to order events from most recent to underlying cause of death.

Gastrointestinal hemorrhage	Minutes
Ruptured esophageal varices	Minutes
Cirrhosis	Years
Alcohol use disorder	Years





Tips and tricks

- It is ok to use “Complications of” underlying disease
 - Complications of diabetes mellitus; complications of clear cell renal cell carcinoma; complications of alcohol use disorder
- It is ok to use “Probable”, “Suspected”, or “Presumed”
 - Probable atherosclerotic cardiovascular disease
- The cause of death is an opinion
- Instead of “failure to thrive” consider:
 - Senescence or old age
 - Debility and inanition
- A patient who smokes, has hypertension, malignancy, or COPD is not “in good health”! If you are an outpatient provider and you are asked to sign a death certificate for your patient with chronic disease, remember that chronic diseases still cause death!
- Do not use abbreviations
 - HTN or DM - write out Hypertension or Diabetes Mellitus
 - The death certificate is a legal document, not a note in a patient’s chart.
- Time of death may be cardiac death or brain death (review your institutional policies)
- If any external force or entity is related in any way to the death, then the manner is not natural
 - This includes weather! Hypothermia or hyperthermia are not natural deaths.
- The interval of time elapsed between injury and death is irrelevant.
 - Even remote injuries are important! (i.e. paraplegic from motor vehicle crash or gun shot wound)
 - Manner of death NOT natural □ Medical Examiner/Coroner referral required



Tips and tricks

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Let’s take a closer look at a few of these points...



Tips and tricks

Cause of death is an opinion

- A cause of death requires a reasonable degree of medical certainty (51% certainty)
- A medical certifier cannot be sued for cause of death opinion in the state of Georgia, as long as the opinion was made in good faith
- It is ok to use “Probable”, “Suspected”, or “Presumed”

To determine COD... Ask, “What is the underlying disease that leads to death?”



Tips and tricks

The interval of time elapsed between injury and death is irrelevant:

- Remote injuries may determine manner of death:
- A 65-year-old person who accidentally ingests lye as a toddler and has a lifelong history of esophageal problems with strictures which culminate with esophageal cancer would be best certified as an “accidental” death using the “but for” test.
- A 43-year-old person with bronchopneumonia due to paraplegia due to an intentionally self-inflicted gunshot wound of the chest with resultant spinal cord injury would be a suicide, regardless of the time interval.
- In cases like these... CALL THE MEDICAL EXAMINER OR CORONER.

Complications of a suicidal, accidental, or homicidal injury may lead to death days, months, years, or decades later...



Knowledge
Check



You work in the emergency department. Law enforcement brings in a 50-year-old male who collapsed in the police car after he was arrested. There is no known medical history for this individual; you work him for 30 minutes after his arrival but are unable to resuscitate him. You are asked to sign the death certificate. You:

- A. Sign the certificate as COD: cardiac arrest MOD: natural
- B. Call the local coroner or medical examiner because this patient was in the custody of law enforcement at the time of death
- C. Call the local coroner or medical examiner because this patient died without regaining consciousness in the ED
- D. Refuse to sign the death certificate because Emergency Department providers do not sign death certificates.

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- B. Call the local coroner or medical examiner because this patient was in the custody of law enforcement at the time of death**
- C. Call the local coroner or medical examiner because this patient died without regaining consciousness in the ED**
- D. Refuse to sign the death certificate because Emergency Department providers do not sign death certificates.

Answers B and C are both valid answers!

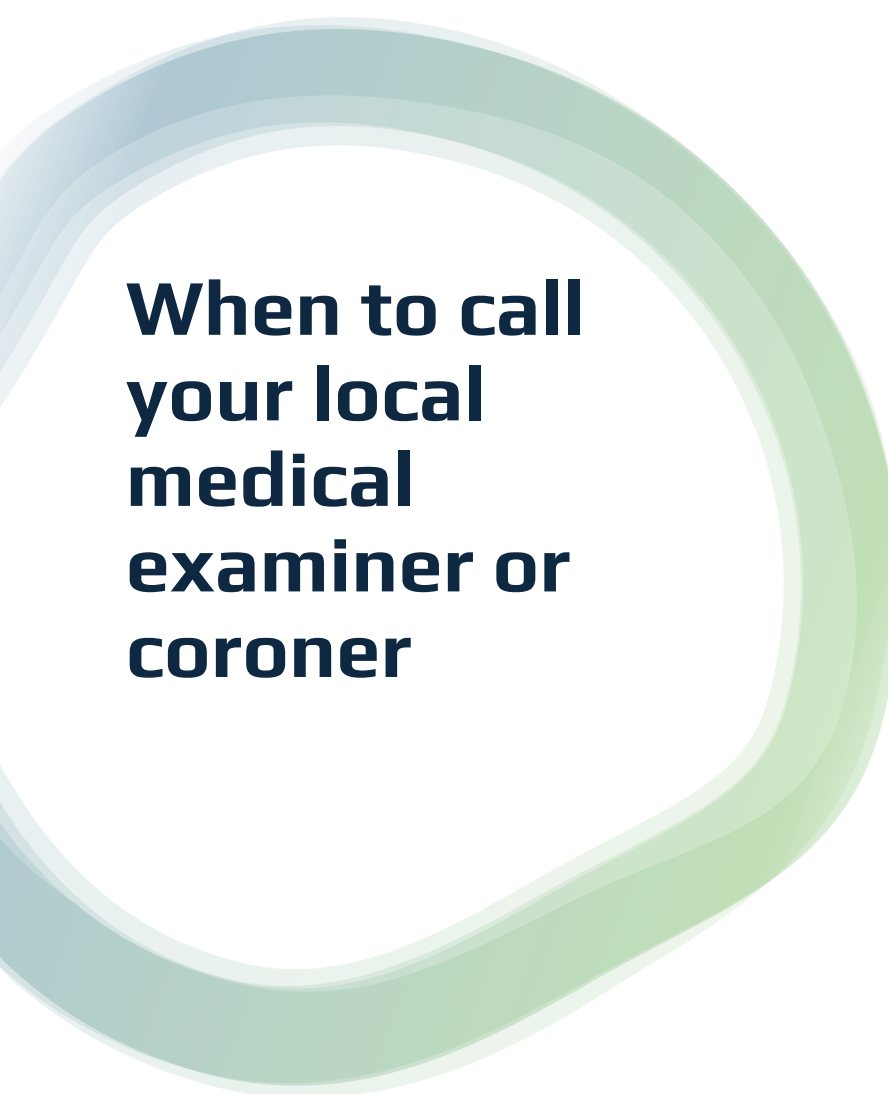
You are a pediatrician. One of your patients is a 6-year-old with profound developmental delays requiring a tracheostomy and mechanical ventilation. She is found dead at home 4 days after you diagnosed them with pneumonia. Who should sign the death certificate?

- A. The medical examiner or coroner, since the pneumonia was being treated and was not expected to be fatal
- B. You as the pediatrician
- C. The child's neurologist, since the child died due to the neurologic condition diagnosed and treated by neurology.
- D. It depends on the underlying cause of the developmental delay

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- B. You as the pediatrician
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- D. It depends on the underlying cause of the developmental delay

For example, was there prior non-accidental trauma (child abuse) which caused the developmental delay? A genetic mutation? A birth-related event?



When to call your local medical examiner or coroner

- Death due to violence, suicide, or accidental injury
 - Including death from a recent injury such as a SUBDURAL HEMORRHAGE from a ground level fall
- Death due to apparent overdose
 - Do not include history of drug use in other significant conditions if the drug use does not contribute to death
- In any suspicious or unusual circumstance, with particular attention to those persons 16 years of age and under
- Sudden death, when in apparent good health, or when unattended by a physician or advanced practice provider
- After having been admitted to a hospital in an unconscious state and without having regained consciousness within 24 hours of admission.
- Pediatric deaths:
 - After birth, but before 7 years of age if the death is unexpected or unexplained.
 - These cases are discussed at county and state child fatality interdisciplinary review committee meetings

Special circumstances

- In custody deaths:
 - As a result of execution carried out pursuant to imposition of the death penalty under Georgia law.
 - An inmate of a State Hospital or a State or County Penal Institute
 - Any death where there is law enforcement involvement
- Pregnancy associated deaths:
 - A pregnant female or a female who was pregnant within 365 days prior to such female's death.
 - A medical examiner or coroner may investigate the case without performing an autopsy or accepting jurisdiction.



Vignettes



A WITNESSED COLLAPSE

A 75-year-old man with a history of hypertension, high cholesterol, gout, and smoking clutched his chest and collapsed in front of his wife. No autopsy was performed.

All of the following variations are appropriate. A witnessed collapse is often due to a cardiac event:

PLACE OF DEATH	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EVOP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
	104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
CAUSE OF DEATH	107. CAUSE OF DEATH <small>Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.</small>				Time Interval Between Death and Death (H) _____ (M) _____ (S) _____	
	IMMEDIATE CAUSE (A) Atherosclerotic and hypertensive cardiovascular disease				108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	(B) _____				109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	(C) _____				110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	(D) _____				111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107						
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)						
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since _____ Decedent Last Seen Alive _____				115. SIGNATURE AND TITLE OF CERTIFIER _____ 116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
	117. DATE _____				118. LICENSE NUMBER _____	

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	104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
CAUSE OF DEATH	107. CAUSE OF DEATH <small>Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.</small>				108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	IMMEDIATE CAUSE (A) Probable myocardial infarction				Time Interval Between Death and Death <input type="checkbox"/> minutes	
	(B) Atherosclerotic cardiovascular disease				(B) <input type="checkbox"/> years <input type="checkbox"/> NO	
	(C)				(C) 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	(D) Hypertension				(D) 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107						
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)						
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED: Decedent Attended Since Decedent Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
	(A) mm/dd/yyyy (B) mm/dd/yyyy		117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE mm/dd/yyyy	

FOUND UNRESPONSIVE

A 75-year-old man with a history of hypertension, high cholesterol, gout, and smoking was found unresponsive by his wife when she came home from grocery shopping. MEO declined jurisdiction.

All the following variations are still appropriate given his known medical history:

PLACE OF DEATH	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EVOP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
	104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)			106. CITY	
CAUSE OF DEATH	107. CAUSE OF DEATH <small>Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.</small>				Time Interval Between Death and Death	
	IMMEDIATE CAUSE (A) (Final disease or condition resulting in death)				108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Atherosclerotic and hypertensive cardiovascular disease				years	
	Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
					110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO						
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107						
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)						
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK						
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since _____ Decedent Last Seen Alive _____		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	117. DATE
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					

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PLACE OF DEATH	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EPOC <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/ALTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
	104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
CAUSE OF DEATH	107. CAUSE OF DEATH <small>Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.</small>				Time Interval Between Onset and Death	
	(A) IMMEDIATE CAUSE <small>(If final disease or condition resulting in death)</small>				(A)	108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input type="checkbox"/> NO
	(B) Probable myocardial infarction				(B)	minutes
	(C) Atherosclerotic cardiovascular disease				(C)	years
	(D) Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				(D)	109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO
PHYSICIAN'S CERTIFICATION	110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107				111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Hypertension				112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date.)				113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since _____ Decedent Last Seen Alive _____				115. SIGNATURE AND TITLE OF CERTIFIER _____ 116. LICENSE NUMBER _____ 117. DATE mm/dd/yyyy	

Shortness of breath

A 55-year-old woman presents to the Emergency Department with shortness of breath...

...and is found to have pulmonary thromboemboli in the setting of obesity. Her death is pronounced.

PLACE OF DEATH	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/ICU <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
	104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)			106. CITY	
CAUSE OF DEATH	107. CAUSE OF DEATH <small>Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.</small>				Time Interval Between Onset and Death	
	IMMEDIATE CAUSE (A) Pulmonary thromboembolism				108. DEATH REPORTED TO CORONER? (A) <input type="checkbox"/> YES <input type="checkbox"/> NO	
	(B) Probable deep vein thrombosis				(B) <input type="checkbox"/> YES <input type="checkbox"/> NO	
	(C)				(C) <input type="checkbox"/> YES <input type="checkbox"/> NO	
	(D) Obesity				(D) <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107						
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)						
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: (A) mm/dd/yyyy (B) mm/dd/yyyy Decedent Last Seen Alive: (A) mm/dd/yyyy (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER ▶		116. LICENSE NUMBER	
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE mm/dd/yyyy		119. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	

Shortness of breath

A 55-year-old woman presents to the Emergency Department with shortness of breath...

...and is found to have pulmonary thromboemboli in the setting of a ground level fall and fractured femur. Her death is pronounced.

PLACE OF DEATH	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EICOP <input type="checkbox"/> OOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
	104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY		
CAUSE OF DEATH	107. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.				108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)				109. BODILY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Sequitally, but conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107				111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)				113. IF FEMALE, PRESENT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
	117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE			

Shortness of breath

A 55-year-old woman presents to the Emergency Department with shortness of breath...

...and is found to have pulmonary thromboemboli in the setting of paralysis and remote gunshot wound. Her death is pronounced.

PLACE OF DEATH	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EICP <input type="checkbox"/> OOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
	104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY		
CAUSE OF DEATH	107. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.				108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)				109. BODILY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Sequitentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107				111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)				113. IF FEMALE, PRESENT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
	117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE			

Shortness of breath

A 55-year-old woman presents to the Emergency Department with shortness of breath...

...and is found to have pulmonary thromboemboli in the setting of metastatic breast cancer. Her death is pronounced.

PLACE OF DEATH	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EICOP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
	104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
CAUSE OF DEATH	107. CAUSE OF DEATH <small>Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.</small>				Time Interval Between Death and Death <input type="checkbox"/> YES <input type="checkbox"/> NO	
	IMMEDIATE CAUSE (A) (Final disease or condition resulting in death)				(P) <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Complications of metastatic adenocarcinoma of the breast				Years	
	Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				(B) <input type="checkbox"/> YES <input type="checkbox"/> NO	
					(C) <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107						
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)						
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.						
PHYSICIAN'S CERTIFICATION	Decedent Attended Since		Decedent Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER	
	(A) mm/dd/yyyy	(B) mm/dd/yyyy			116. LICENSE NUMBER 117. DATE mm/dd/yyyy	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE						

Shortness of breath

A 55-year-old woman presents to the Emergency Department with shortness of breath...

...and is found to have pulmonary thromboemboli in the setting of metastatic breast cancer. Her death is pronounced.

Alternative sign out option:

PLACE OF DEATH	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EVOP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
	104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
CAUSE OF DEATH	107. CAUSE OF DEATH Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.				108. DEATH REPORTED TO CORONER? Time Interval Between Death and Death	
	IMMEDIATE CAUSE (A) (Final disease or condition resulting in death)				Seconds	
	Sequently, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				Hours to days	
					Months to years	
PHYSICIAN'S CERTIFICATION	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)					
	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive				115. SIGNATURE AND TITLE OF CERTIFIER	
	116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE				117. DATE	

Shortness of breath

A 55-year-old woman presents to the Emergency Department with shortness of breath...

...her death is pronounced. Her daughter tells you that she has smoked 2 packs of cigarettes per day for 35 years.

PLACE OF DEATH	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EPOC <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
	104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)			106. CITY	
CAUSE OF DEATH	107. CAUSE OF DEATH <small>Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.</small>				Time Interval Between Onset and Death <input type="checkbox"/> YES <input type="checkbox"/> NO	
	IMMEDIATE CAUSE (A) Probable atherosclerotic cardiovascular disease				108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	(B) disease				109. BOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	(C)				110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	(D) CAUSE diseases or injury that initiated the events resulting in death LAST				111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PHYSICIAN'S CERTIFICATION	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)					
	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive				115. SIGNATURE AND TITLE OF CERTIFIER	
	(A) mm/dd/yyyy (B) mm/dd/yyyy				116. LICENSE NUMBER 117. DATE mm/dd/yyyy	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE						

Advanced age

A 95-year-old woman who is reportedly “in good health” is found dead in bed.

PLACE OF DEATH	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EVOP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
	104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
	107. CAUSE OF DEATH Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate. IMMEDIATE CAUSE (A) Senescence (B) Years (C) (D) Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		108. DEATH REPORTED TO CORONER? (Street and Death) <input type="checkbox"/> YES <input type="checkbox"/> NO (R) Years		109. BICOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CAUSE OF DEATH	110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107	
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since (A) mm/dd/yyyy (B) Decedent Last Seen Alive (B) mm/dd/yyyy	
	115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE mm/dd/yyyy	
PHYSICIAN'S CERTIFICATION	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					

Advanced age

A 95-year-old woman who is reportedly “in good health” is found dead in bed
... with a history of dementia. Her adult grandchild says she has Alzheimer’s disease.

PLACE OF DEATH	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EVOP <input type="checkbox"/> DDA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
	104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY		
CAUSE OF DEATH	107. CAUSE OF DEATH <small>Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.</small>				108. DEATH REPORTED TO CORONER? <small>(If yes, include number)</small>	
	IMMEDIATE CAUSE (A) (Final disease or condition resulting in death)				Time Interval Between Death and Death <input type="checkbox"/> YES <input type="checkbox"/> NO	
	→ Complications of dementia, probably Alzheimer's disease				Years	
	Sequitally, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
					110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO						
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 Advanced age						
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)						
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
	Decedent Attended Since (A) mm/dd/yyyy (B) mm/dd/yyyy		Decedent Last Seen Alive mm/dd/yyyy		117. DATE mm/dd/yyyy	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE						

Advanced age

A 95-year-old woman who is reportedly “in good health” is found dead in bed

... with a history of dementia. Her adult grandchild says she has Alzheimer’s disease

... after falling out of bed 2 days prior to death.

101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE					
		<input type="checkbox"/> IP	<input type="checkbox"/> SNOP	<input type="checkbox"/> DCA	<input type="checkbox"/> Hospice	<input type="checkbox"/> Nursing Home/LTC	<input type="checkbox"/> Decedent's Home	<input type="checkbox"/> Other	
104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)					106. CITY			
107. CAUSE OF DEATH		Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or circulatory fluctuation without showing the etiology. DO NOT ASSOCIATE.					Time Interval Between Death and Death		108. DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE (Final disease or condition resulting in death)		(A)					(B)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Sequitantly, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		(C)					(D)		109. EXOPHY PERFORMED?
									<input type="checkbox"/> YES <input type="checkbox"/> NO
									110. AUTOPSY PERFORMED?
									<input type="checkbox"/> YES <input type="checkbox"/> NO
									111. USED IN DETERMINING CAUSE?
									<input type="checkbox"/> YES <input type="checkbox"/> NO
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107									
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)									
113A. IF FEMALE, PRESENT IN LAST YEAR?									
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN									
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE ENTERED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER					116. LICENSE NUMBER		117. DATE
Decedent Attended Since		Decedent Last Seen Alive							
(A) mm/dd/yyyy		(B) mm/dd/yyyy							
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE									

Advanced age

A 95-year-old woman who is reportedly “in good health” is found dead in bed
...who has never been the same since she broke her hip 6 months ago.

101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> SVOP <input type="checkbox"/> OOA <input type="checkbox"/>		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)			106. CITY	
107. CAUSE OF DEATH <small>Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ASSUMATE.</small>		108. DEATH REPORTED TO CORONER? <small>Time Interval Between Death and Death</small> <input type="checkbox"/> YES <input type="checkbox"/> NO <small>Reference Number</small>			
IMMEDIATE CAUSE (A) <input type="checkbox"/>		109. EXOPHY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
(B) <input type="checkbox"/>		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
(C) <input type="checkbox"/>		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
(D) <input type="checkbox"/>					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)		113A. IF FEMALE, PRESENT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE ENTERED FROM THE CAUSES STATED. <small>Decedent Absent Since</small> (A) <input type="checkbox"/> <small>Decedent Last Seen Alive</small> (B) <input type="checkbox"/>		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
(A) <input type="checkbox"/> (B) <input type="checkbox"/>		117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE <input type="checkbox"/>	

Therapeutic complication

A 48-year-old male with Acute Myeloid Leukemia had a bone marrow transplant 2 months ago and is now hospitalized with clostridium difficile infection.

Learning point: foreseeable complications of therapy are natural. Improper use of equipment or therapy is accident.

PLACE OF DEATH	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EVOP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
	104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)				106. CITY
CAUSE OF DEATH	107. CAUSE OF DEATH <small>Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.</small>					108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IMMEDIATE CAUSE (A) Complications of acute myeloid leukemia					Time interval between Onset and Death (B) months
	(B)					109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (C)					110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO
	(C)					111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
PHYSICIAN'S CERTIFICATION	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)					113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
	115. SIGNATURE AND TITLE OF CERTIFIER					116. LICENSE NUMBER 117. DATE mm/dd/yyyy
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					

No time limits on homicides

A 40-year-old female paraplegic dies at home on hospice due to aspiration pneumonia. Paraplegia was due to a gunshot wound that occurred 34 years ago.

PLACE OF DEATH	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> SVOP <input type="checkbox"/> OCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
	104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)			106. CITY	
	107. CAUSE OF DEATH Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or circulatory fluctuation without showing the etiology. DO NOT ABBREVIATE.					108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input type="checkbox"/> NO Reference number
CAUSE OF DEATH	IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) →					(B)
	Sequitantly, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (C)					(D)
	109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO					(E)
	110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO					(F)
PHYSICIAN'S CERTIFICATION	111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)					113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE ENTERED FROM THE CAUSES STATED. Decedent Attended Since (A) mm/dd/yyyy Decedent Last Seen Alive (B) mm/dd/yyyy					115. SIGNATURE AND TITLE OF CERTIFIER 116. LICENSE NUMBER 117. DATE mm/dd/yyyy
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE						



Knowledge
Check



You are a primary care physician. You are alerted that your 75-year-old patient has died at home. You check your notes and see that your last visit with her was 3 weeks ago; at that time, you had seen her for her longstanding hypertension, diabetes mellitus, and arthritis. There are no concerns for foul play and no trauma is noted to the body. What do you do?

- A. Tell the coroner you cannot sign the death certificate since you were not present at the time of death
- B. Sign the death certificate as follows: COD Hypertensive cardiovascular disease, OSC diabetes mellitus, MOD Natural
- C. Refuse to sign the death certificate because you don't know if someone poisoned her
- D. Sign the death certificate as follows: COD Cardiac Arrest, MOD Natural

You are a primary care physician. You are alerted that your 75-year-old patient has died at home. You check your notes and see that your last visit with her was 3 weeks ago; at that time, you had seen her for her longstanding hypertension, diabetes mellitus, and arthritis. There are no concerns for foul play and no trauma is noted to the body. What do you do?

- A. Tell the coroner you cannot sign the death certificate since you were not present at the time of death
- B. Sign the death certificate as follows: COD Hypertensive cardiovascular disease, OSC diabetes mellitus, MOD Natural**
- C. Refuse to sign the death certificate because you don't know if someone poisoned her
- D. Sign the death certificate as follows: COD Cardiac Arrest, MOD Natural



HELPFUL LINKS

- [Fulton County "What Primary Care Physicians Need to Know"](#)
- [Cause of Death Statements and Certification of Natural and Unnatural Deaths by Dr. Randy Hanzlick](#)
- [CDC Physician's Handbook on Medical Certification of Death, 2023 Revision](#)
- [Emory University Pathology eLearning Portal: Georgia Death Certificate Training](#)

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Dr. Marina Mosunjac, Associate Professor and Residency Training Program Co-Director, Department of Pathology and Laboratory Medicine

Gwinnet County Medical Examiner's Office

Dr. Carol A. Terry, Chief Medical Examiner

Cobb County Medical Examiner's Office

Dr. Robert A. Smith, Chief Medical Examiner



Thank you for completing this continuing education video. Please do not hesitate to contact your local coroner, medical examiner, or Georgia Bureau of Investigation Medical Examiner's Office for assistance with signing death certificates in the state of Georgia.