

**INSTRUCTIONS FOR MEDICAL EXAMINERS
COMPLETING THE MEDICAL PORTION OF THE
CERTIFICATE OF DEATH**

**The 2004 version of the death certificate
Last Revised March 1, 2004**

These instructions are intended to inform medical examiners and their staff on the proper completion of the certificate of death that has been adopted for use in recording deaths which occur in or after 2004. The 2004 version of the certificate should be used for deaths that occur on and after January 1, 2004.

Those deaths that occurred during 2003 which remain to be reported in 2004 should be reported on the previous version of the death certificate. All pre-2004 forms will become obsolete and should be destroyed on December 31, 2004 which is the last day that a 2003 death could be routinely recorded.

The 2004 version of the death certificate is identified by form number DCH-0483 and a revision date of 10/03 or later indicated in the lower left margin of the form. These forms are 8 1/2 inches by 11 inches with a 3 inch tear-off instructional stub.

General Information

The proper preparation of a death certificate is an important function of the medical examiner. The medical examiner may become involved with a case following referral from a number of individuals and agencies including police agencies, hospital personnel, emergency medical personnel, a decedent's physician, a funeral director or by the local or state registrar. If the medical examiner determines that the case does not require his/her certification of the facts regarding the death, it is not necessary for the medical examiner to be involved in the completion of the death certificate. If the medical examiner does certify to the death facts, it is his/her responsibility to complete certain portions of the death certificate. The prompt preparation of the death certificate in these situations is essential to the proper registration of the death.

In completing this form it is important to follow the rules below.

- 1) Complete all items that are appropriate. The items that are the responsibility of a certifying medical examiner are:

If certifying to the death as a medical examiner case the following items are the responsibility of the medical examiner:

Item 4	- date of death
Item 7a, 7b, 7c	- location of death
Items 27-32,36-41	- medical and certification sections

- 2) Prepare the certificate on a typewriter with a black ribbon and clean keys or legibly print the information on the form in black permanent ink.
- 3) Sign the certificate in item 27a within 48 hours after taking charge of the case. This must be an original signature. Rubber stamp signatures or other facsimiles are not acceptable.
- 4) When entering a date, spell out or abbreviate the month. Do not use a number. This is especially important if entering the date of death.
- 5) Do not correct an error in completion by use of erasure, strike over, cross out or coverup powder or fluid.

Reporting Pending Cases

For those cases that are determined to require investigation and certification by the medical examiner, it is quite common to be unable to complete the investigation and supply the medical information and other facts until long after the death certificate must be filed. The medical examiner is required, in these instances, to complete items of information that remain undetermined as pending. It is important that this be done in a timely fashion to permit a recording of the death, thereby providing a means of establishing the death for various legal purposes.

In some local offices and in the state office those deaths that are reported as pending are held in a separate file. Though they are available for certification locally, these separate filings have proven to expedite the updating of the certificate upon receipt of the conclusions from the medical examiner who initially certified to the death or from the chief medical examiner for the county where death occurred.

Upon concluding the investigation, the determinations of the medical examiner can be officially recorded through the completion and forwarding of a death certificate correction form. This form (departmental form number DCH-0620) permits the medical examiner to supply or to change any of the pertinent items of information on the certificate. Such changes to the document should be sufficient to permit the final registration of the death. The medical examiner is not restricted, however, from changing the information on the record at a later date should new information become available. Please note that the statutory fees for changes to registered death certificates are waived when changes are requested by the medical examiner in the course of completing a death certificate.

The expeditious filing of pending records and the subsequent completion of those records eases the handling of the decedent's affairs while providing for an accurate accounting for the death.

Specific Instructions on the Completion of Individual Items

Item 4 Date of Death

This item is usually completed by the funeral director. However, the medical examiner is responsible for the accuracy of the item. If this item has been completed, review the entry for accuracy. If it is incorrect, notify the funeral director so that he/she may correct the error. If the item has not been completed, enter the exact date of death (month, day, year). If the date of death is not exactly determinable, enter an approximate date (i.e., on/after January 5, 2005). The month portion of the date must be spelled out (do not use numbers). You may abbreviate.

Do not enter unknown.

Items 7(a-c)

These items refer to the place where the decedent was formally pronounced dead. The medical examiner is responsible for the accuracy of these items. If these items have been completed, review the entries for accuracy. If these entries are incorrect, notify the funeral director so that he/she may correct it.

If the items have not been completed it is permissible to complete these items.

Enter the county in which the decedent was pronounced dead in item 7c.

In item 7a enter the name of the hospital or institution (nursing home, hospice, extended care facility, prison) where the decedent was officially pronounced dead. If the decedent was pronounced dead en route to or on arrival at a hospital or institution, enter the name of the hospital or institution.

If the decedent was not pronounced dead in a hospital or other institution, enter the number, street and zip code of the locality where the decedent was pronounced dead. This item must agree with items 7b and 7c.

In Item 7b enter the name of the city, town, village or location where death occurred.

Item 27a Certifier

The first box should be checked if the case is determined not to be a medical examiner's case and the physician is certifying to the death facts. The certifying physician must sign and enter his/her degree, title or position in this space.

The second box should be checked if this is determined to be a medical examiner's case and the medical examiner or his/her authorized representative certifies to the medical information on the death certificate. The medical examiner or his/her authorized representative must sign and enter his/her degree, title or position in this space.

If the second box is checked the authorized representative must be a physician deputized as a medical examiner.

Item 27b Date Signed

The month, day and year the certifier signed the certificate must appear here. The month the certifier signed the certificate should appear in full or in standard abbreviation (Jan., Feb., March, etc). The year should also be complete such as 2004 instead of '04.

Item 27c License Number

Enter the state license number of the physician or medical examiner who signs the certificate as the certifier of the medical facts (item 27a).

Item 28a Actual or Presumed Time of Death

The actual or presumed time of death (hours and minutes) should appear in this item. If the exact time of death is unknown, enter the approximate time. If the time of death cannot be approximated, this item may be indicated as 'unknown'.

Item 28b Pronounced Dead On

The month, day and year the decedent was pronounced dead should appear here.

Item 28c Time Pronounced Dead

The time the decedent was pronounced dead (hours and minutes) should appear in this item.

Item 29 Was Medical Examiner Contacted?

Indicate whether the medical examiner was contacted in reference to this case. The medical examiner should be contacted when a death: involves violence, is accidental, is unexpected, is due to abortion, is to a prisoner, has no known cause of death, is unattended or is to someone who has not seen a doctor in more than ten days. It may be necessary to check with the medical examiner's office in the county where the death occurred to determine whether a particular death should be referred to his/her office.

This item should not be left blank.

Item 30 Place of Death

A categorical description of the place where death was **pronounced**, as listed in item 7, should appear in this item.

This item should not be left blank.

Note: The actual place of death, which was collected prior to 2003 is no longer recorded.

Item 31 If Hospital

If the description of the place pronounced dead in item 30 is a hospital, an entry specifying inpatient, outpatient, emergency room patient or dead on arrival, must appear here.

If the decedent was pronounced dead in a nursing home or in any place other than a hospital, this item may be left blank.

Item 32 Medical Examiner's Case Number

The medical examiner's case number should be completed when a number has been assigned by the medical examiner. A medical examiner's case number may be entered in this field even if the case is determined not to be a medical examiner's case.

Item 33 Name of Attending Physician if Other than Certifier

The name of the attending physician if other than the certifier should appear here. If the certifier is the attending physician, no entry is required.

Entering the name of the attendant in item 33, when the death is a medical examiners case, is encouraged.

Item 34 Certification of the Physician

The complete name and address of the medical certifier (physician or medical examiner) should appear here. It should be typed in black or printed legibly in black ink.

Item 36 Cause of Death

A cause of death is a disease, abnormality, injury or poisoning that contributed directly or indirectly to death. A death often results from the combined effect of two or more conditions. These conditions may be completely unrelated, arising independently of each other; or they may be causally related to each other, that is, one condition may lead to another which in turn leads to a third condition, etc. The cause of death section of the Michigan certificate of death is designed to elicit the opinion of the medical certifier as to the immediate cause of death and the antecedent causes, as well as the contributing causes of death.

If the cause of death is pending investigation at the time the certificate is originally prepared, enter "pending" on line 36a of the certificate near the left margin of the cause of death section. This will facilitate insertion of the cause(s) of death at a later date by the local or state registrar. "Pending" may be entered only if it is a medical examiner's case and a medical examiner is certifying to the medical information. Upon completion of the investigation the cause of death must be supplied to the local registrar and/or Michigan Department of Community Health for amendment of the record. Completion of an Application to Correct a Certificate of Death (DCH-0620) by the certifier or the chief medical examiner is required. This should be submitted as soon as possible after the cause of death has been determined.

If, after investigating the death, the cause of death remains unknown, the death must be reported in one of the following two ways.

For an instantaneous death that is witnessed but unexplained:

Sudden death

Based upon autopsy, toxicology and a thorough investigation of the circumstances a cause of death can not be determined.

For unexpected and unwitnessed deaths:

Found body

Based upon autopsy, toxicology and a thorough investigation of the circumstances a cause of death can not be determined.

Part I Cause of Death

The conditions which caused the death of the individual are to be entered in this section. The entries in the section must be ordered etiologically so as to imply the

underlying cause of the death. The underlying cause of death is the disease or injury responsible for initiating the lethal sequence of events. This underlying cause of death is the condition that started the sequence of events between normal health and the immediate cause of death.

The mode of dying (e.g., cardiac arrhythmia, cardiac or respiratory arrest, renal failure, heart failure, asphyxia) should not be stated at all since it is no more than a symptom of the fact that death occurred and provides no useful information. These mechanisms of death lack any etiologic specificity and are reflections of the effects of the conditions which led to the death but do not serve to identify the causes of the death.

Only one cause is to be entered on each line of Part I.

The underlying cause of death should be entered on the lowest line used in Part I.

Line a. Immediate Cause

The direct or immediate cause of death is reported on line a. This is the disease, injury or complication that directly preceded death. It can be the sole entry in the cause of death statement if only one condition was present at death. There must always be an entry on line "a."

In the case of a violent death, enter the result of the external cause (e.g., fracture of vault to skull, crushed chest).

Line b. Due to or as a Consequence of

The disease, injury or complication, if any, which gave rise to the direct or immediate cause of death is reported on line "b." This condition must be considered to have been antecedent to the immediate cause, both with respect to time and etiological or pathological relationship. If it is believed to have prepared the way for the immediate cause, a condition can be considered as antecedent to the immediate cause even though a long interval of time has elapsed since its onset.

In case of injury, the form of external violence, poisoning or accident is antecedent to an injury entered on line "a" and should be entered on line "b" although the two events are almost simultaneous (e.g., automobile accident, fallen on by tree).

Line c. Due to or as a Consequence of

The condition, if any, which gave rise to the antecedent condition on line "b" is reported on line "c." This condition must be considered to have been antecedent to the cause entered on line "b", both with respect to time and etiology or pathological relationship. This condition can be antecedent to the cause entered on line "b" even though a long interval of time has elapsed since its onset.

In case of injury, the form of external violence or accident is antecedent to an injury entered on line "b" although the two events are almost simultaneous.

Line d. Due to or as a Consequence of

The condition, if any, which gave rise to the antecedent condition on line "c" is

reported on line "d." This condition must be considered to have been antecedent to the cause entered on line "c", both with respect to time and etiology or pathological relationship. This condition can, be antecedent to the cause entered on line "c" even though a long interval of time has elapsed since its onset.

In case of injury, the form of external violence or accident is antecedent to an injury entered on line "c" although the two events are almost simultaneous.

If the decedent had more than four causally related conditions leading to death, lines "e", "f", etc. should be added by the certifier so all conditions related to the immediate cause of death are entered in Part I with only one condition to a line.

Interval Between Onset and Death

Space is provided at the end of lines "a", "b" and "c" for recording the interval between onset and death for the immediate cause, antecedent condition, if any, and underlying cause.

These intervals usually are established by the medical examiner on the basis of information available. The time of onset may be obscure or entirely unknown, in which case the medical examiner can state that the interval is "unknown."

DO NOT LEAVE THE INTERVAL BLANK.

Part II Other Significant Conditions

Any other important disease or condition that was present at the time of death which may have contributed to death but which was not related to the immediate cause of death listed on line (a) should be recorded on this line. For example, a patient who died of metastasis from carcinoma of the breast may also have had a hypertensive heart disease that contributed to the death. In this case, the hypertensive heart disease would be entered in Part II as a significant condition.

This item may be left blank, if appropriate.

Item 37 Did Tobacco Use Contribute to Death?

Choose 'yes' if, in your opinion, any use of tobacco or tobacco exposure contributed to the death of the decedent. For example, tobacco use may contribute to deaths due to emphysema or lung cancer. Tobacco use also may contribute to some heart disease and cancers of the head or neck. Tobacco use should also be reported in deaths due to fires due to smoking.

Check 'yes' if in the medical examiner's clinical judgement, tobacco use contributed to this particular death.

Check 'probably' if tobacco use may have contributed to the death.

Check 'no' if, in the medical examiner's opinion, the use of tobacco did not contribute to death.

Unknown may be selected if the medical examiner has no knowledge of tobacco exposure or use by the decedent.

Item 38 If Female

If the decedent is a female, check the appropriate box. If the decedent is a male, leave the item blank. If the female is either too old or too young to be fecund, check the not pregnant within the last year box.

Item 39 Manner of Death

Complete this item for all deaths. Deaths not due to external causes should be identified as 'natural'. Indicate 'Pending' if the manner of death cannot be determined to be accident, homicide or suicide within the statutory time limit for filing the death certificate. This should be changed later to one of the other terms. If anything other than natural appears in this item, entries should appear in items 41a through 41g.

Should a determination on the manner of death not be made at the time the certificate is originally prepared "pending" may be indicated. When the cause of death is also "pending" it is recommended that item 39 be left blank. When the cause(s) of death are known but the manner of death is not yet determined, "pending" may be indicated by simply circling or underlining the "pending" in the label for item 39.

Where "pending" is entered as the manner of death, upon completion of the investigation, the determined manner of death must be supplied to the local registrar or Michigan Department of Community Health for amendment of the record. Completion of an Application to Correct a Certificate of Death (form DCH-0620) by the certifier or the chief medical examiner is required. This should be submitted immediately upon determination of the manner of death, usually within 60 days.

If the manner of death is by means other than natural, items 41a through 41g must be completed even though it may be a reiteration of information already on the certificate. It is recommended that items 41a through 41g be completed when the manner of death is pending, the death was clearly due to an external cause and the facts on the injury are available.

If the manner of death is natural, no entry is required in items 41a through 41g.

"Indeterminable" or "not determinable" may be entered only if, after investigation, the manner of death cannot be determined.

Item 40a Was an Autopsy Performed?

Enter "yes" if a partial or complete autopsy was performed. Autopsy should involve both external and internal (organ dissection) examination of the body. If no autopsy was performed, enter "no."

Item 40b Were Autopsy Findings Available Prior to Completion Of Cause Of Death?

Enter "yes" if the autopsy findings were available and used to determine the cause of death. Otherwise, enter "no."

If no autopsy was performed, leave this item blank.

Item 41a Date of Injury

The exact date of the injury including month, day and year should appear here.

Spelling or abbreviating the month portion of the date is recommended.

If the exact date is not known, an estimate must be provided.

If no estimate is possible, unknown may be entered.

Note: Injury may be any harm to a person causing death to occur the source of which is external or foreign.

Item 41b Time of Injury

The time in hours and minutes that the injury occurred should appear here. In cases where the exact time is not possible to determine, an estimate may be made.

Unknown may be entered if the hour of injury could not be determined.

Item 41c Describe How Injury Occurred

A concise statement describing how the injury occurred, such as "fell off ladder while painting house" should appear here.

Unknown may be entered if it cannot be determined how the injury occurred.

Item 41d Injury At Work

Complete if anything other than natural disease is mentioned in Part I or Part II of the medical certification (item 36), including homicides, suicides, and accidents, or if anything other than natural is indicated for manner of death (item 39). This includes all motor vehicle deaths. The item must be completed for decedents 14 years or over and may be completed for those less than 14 years of age, if warranted.

"Yes" should appear here if injury occurred at work. If injury did not occur at work, "no" should appear in this item.

Unknown may be entered if it cannot be determined whether or not injury occurred at work.

Item 41e Place of Injury

The general category describing where injury occurred must appear here. Examples of the general category are: at home, farm, street, factory, office building, etc.

Unknown may be entered if place of injury is unknown.

Item 41f If Transportation Injury

Specify role of decedent (e.g., driver, passenger) in the transportation accident. Driver/operator and passenger should be designated for modes other than motor vehicles such as bicycles. "Other" applies to watercraft, aircraft, animals, or people attached to outside of vehicles (e.g., surfers) who are not bonafide passengers or drivers.

If the role of the decedent is unknown, enter 'unknown'.

Item 41g Location

The complete address (street or RFD number; city, village or township; and state) where the injury occurred should appear here.

A geographical description of the location may appear if the location can only be described geographically.