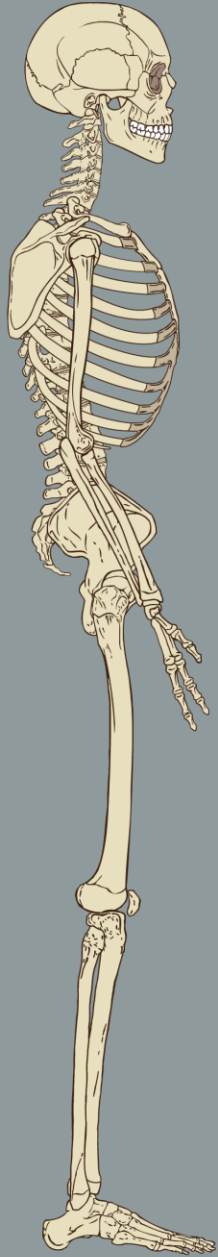


Death Certification

From the Perspective of the Oklahoma OCME



Ross Miller, M.D.

Forensic Pathologist
Forensic Fellowship
Director

State of Oklahoma Office of the Chief Medical Examiner

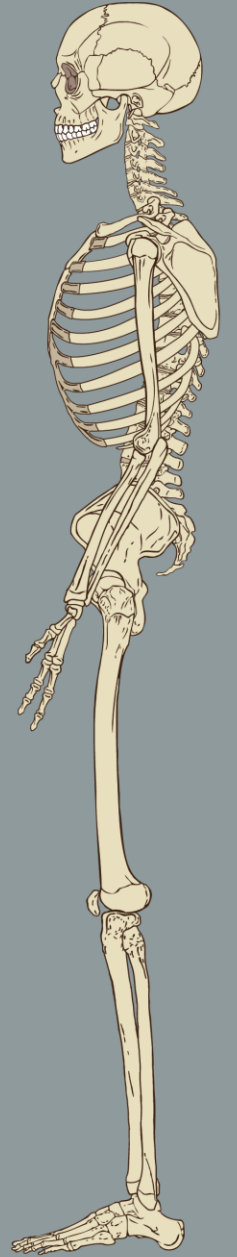
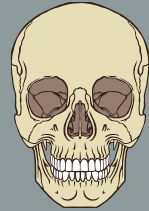
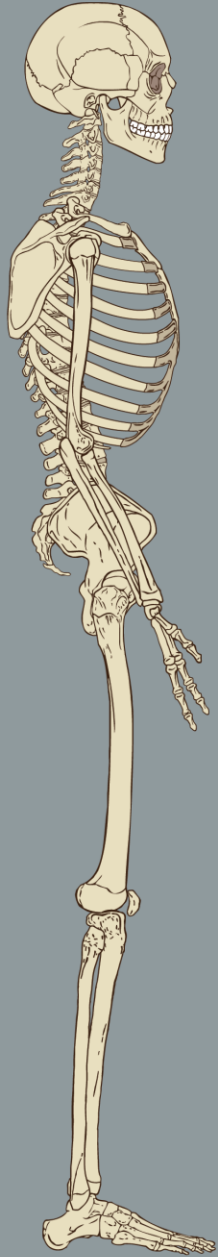
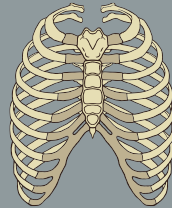


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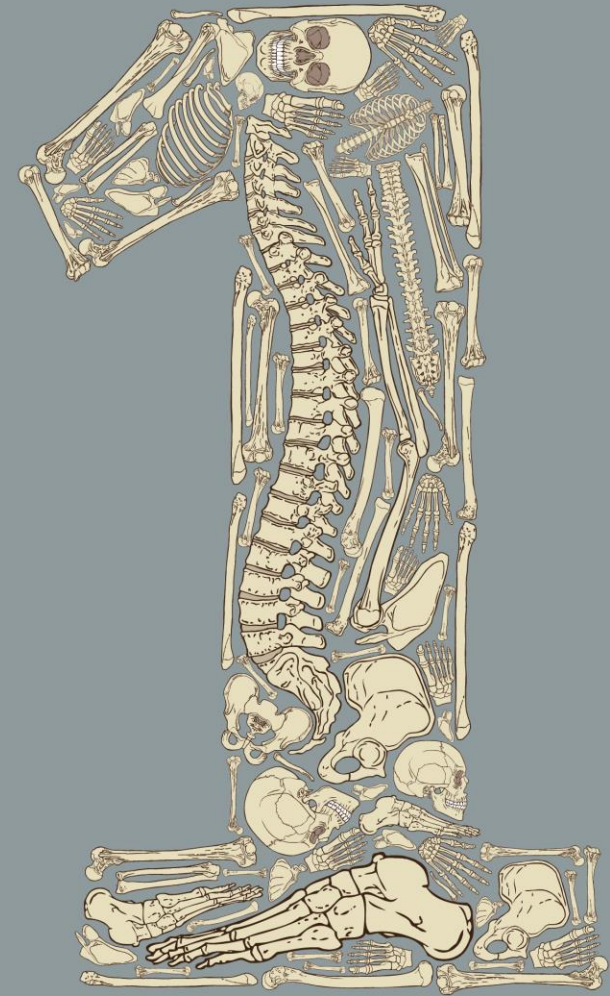
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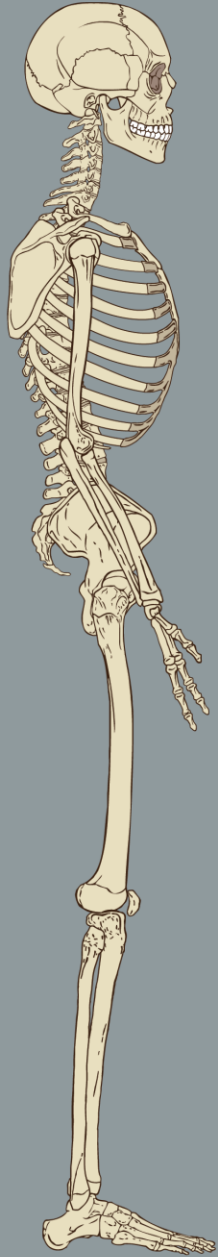
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Death Occurs

What's Next?



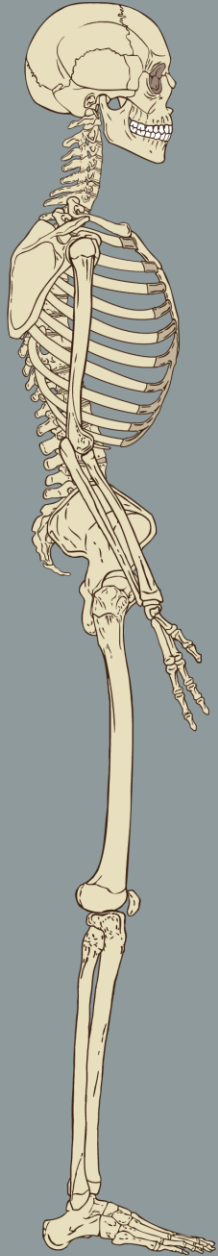


MDs/DOs/PAs/NPs versus Forensic Pathologists

- The above providers can all fill out and certify/sign a death certificate, the question is, who does it?
- The first question needs to be, do I need to report this death to the OCME?
 - In the State of Oklahoma, a certifier who is not employed by the OCME can only certify a death if the manner of death is natural.
- OCME jurisdiction is based on standards published by the National Association of Medical Examiners (NAME) and Oklahoma State Law.



NAME Standards



Forensic Autopsy Standards

Standard A2 Initial Inquiry

Medicolegal death investigators assess each death reported to the office to determine whether it falls under their jurisdiction as outlined by statutes, rules, and regulations. The categories below are those which should receive further investigations to protect the public safety and health, and determine the cause and manner of death.

The forensic pathologist or representative shall investigate all:

A2.1 deaths due to violence.

A2.2 known or suspected non-natural deaths.

A2.3 unexpected or unexplained deaths when in apparent good health.

A2.4 unexpected or unexplained deaths of infants and children.

A2.5 deaths occurring under unusual or suspicious circumstances.

A2.6 deaths of persons in custody.

A2.7 deaths known or suspected to be caused by diseases constituting a threat to public health.

A2.8 deaths of persons not under the care of a physician.



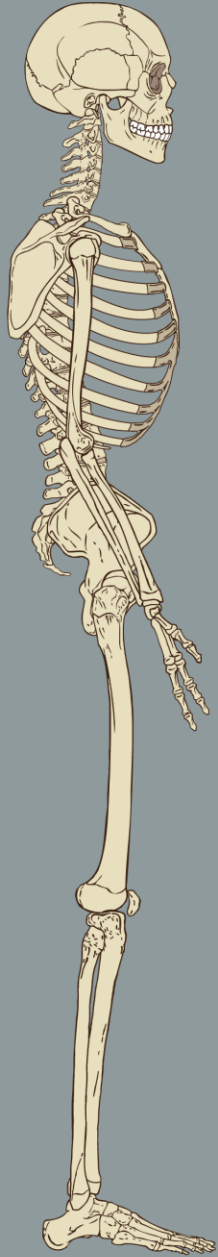


Oklahoma State Law

- Violent deaths, whether apparently homicidal, suicidal or accidental including but not limited to deaths due to thermal, chemical, electrical or radiation injury and deaths due to criminal abortions, whether self-induced or not.
- Deaths under suspicious, unusual, or unnatural means.
- Deaths related to disease which might constitute a threat to public health.
- Deaths unattended by a licensed medical or osteopathic physician for fatal or potentially fatal illness. Deaths of persons after unexplained coma.
- Deaths that are medically unexpected and that occur during a therapeutic procedure.
- Deaths of any inmate occurring in any place of penal incarceration.
- Deaths of persons whose bodies are to be cremated, buried at sea, transported out of state or otherwise made ultimately unavailable for pathological study.



Oklahoma State Statute §63-938



Helpful List from OCME Investigators

OFFICE OF THE CHIEF MEDICAL EXAMINER BOARD OF MEDICOLEGAL INVESTIGATIONS

If the answer to ANY of the following questions is YES, you are legally obligated to call the Office of the Chief Medical Examiner pursuant to Oklahoma State Statute §63-938 to report the death.

Is the death related to violence or trauma, including but not limited to assault, drowning, thermal injury, electrocution, blunt or sharp force trauma, motor vehicle accident, or gunshot wound, regardless of the length of time that has passed between the injury and death?

YES / NO

Example: Patient dies of status epilepticus. Seizures began after a head injury several years ago. Death is related to injury even though injury was several years ago. Death falls under the jurisdiction of the Office of the Chief Medical Examiner.

Example: Patient is paraplegic and wheelchair-bound due to gunshot wound of back received years ago, develops pneumonia and sepsis and expires. Death is related to injury even though injury was several years ago. Death falls under the jurisdiction of the Office of the Chief Medical Examiner.

Is the death under suspicious, unusual or unnatural means?

YES / NO

Does the decedent have a history of falls with subsequent fractures and/or traumatic intracranial hemorrhage, including subdural hematoma?

YES / NO

Is the death related to an intoxication, overdose, or poisoning?

YES / NO

Is the death related to a seizure disorder that is due to a traumatic head injury?

YES / NO

Is the death related to suspected disease which might constitute a threat to public health?

YES / NO

Is the death related to complications of paraplegia or quadriplegia resulting from trauma?

YES / NO

Is the death after unexplained coma?

YES / NO

Was the death medically unexpected and occurred during a therapeutic procedure?

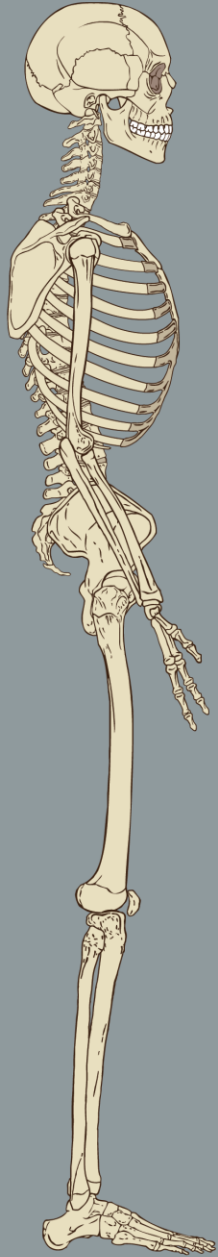
YES / NO

Is the death of an inmate in the hospital?

YES / NO



When the OCME is Not Needed, Who is Responsible for Filing a Death Certificate?



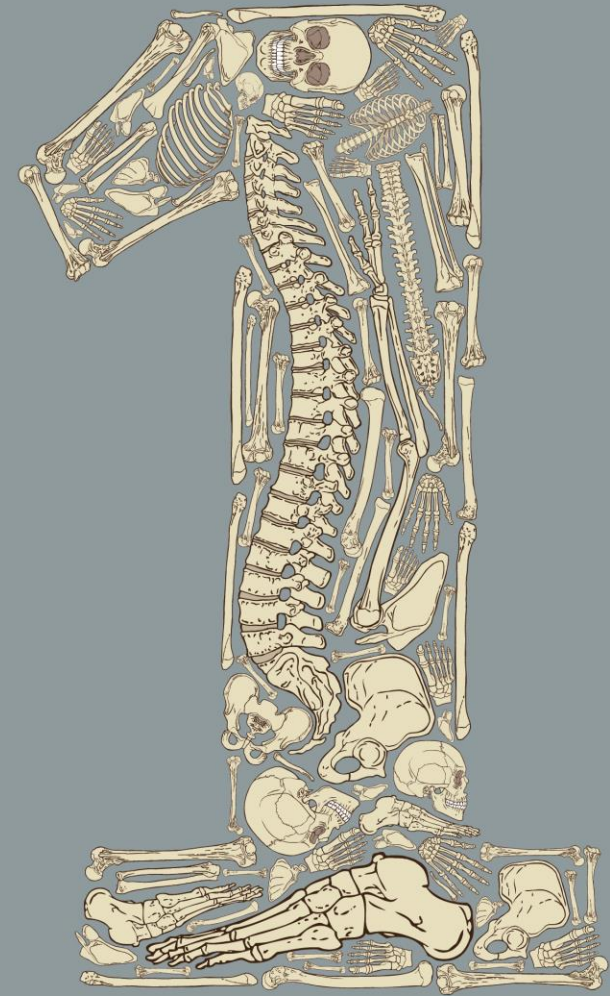
- It is the responsibility of the funeral director to obtain personal information from the next of kin or the best-qualified source available. Once that is complete, the funeral director will provide the record to the physician to complete the cause of death information. Once that is complete, the funeral director has the final responsibility to file the record with the State Registrar.
- Families receive completed death certificates from the funeral homes.

<https://oklahoma.gov/health/services/birth-and-death-certificates/death-certificates.html>



The Document

Causes, Mechanisms, and
Manners of Death



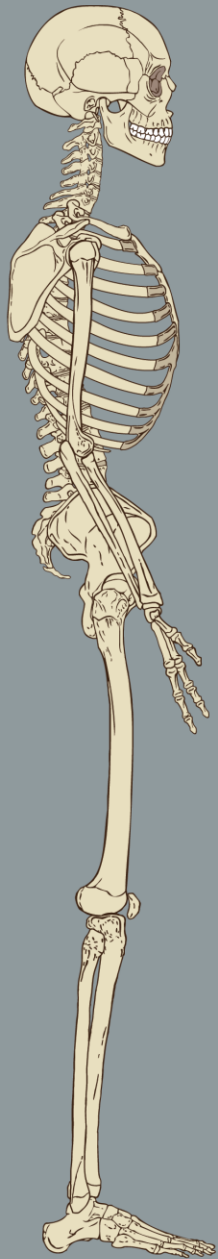


Causes of Death

The natural disease or injurious process which, in a natural or unbroken sequence, produced death, and without which death would not have occurred

- Hypertensive atherosclerotic cardiovascular disease
- Gunshot wound of the head
- Cardiac tamponade DUE TO hemopericardium DUE TO a ruptured dissection of the ascending aorta DUE TO hypertensive atherosclerotic cardiovascular disease
- Acute bronchopneumonia DUE TO complications of quadriplegia DUE TO spinal cord laceration DUE TO blunt force trauma of the torso





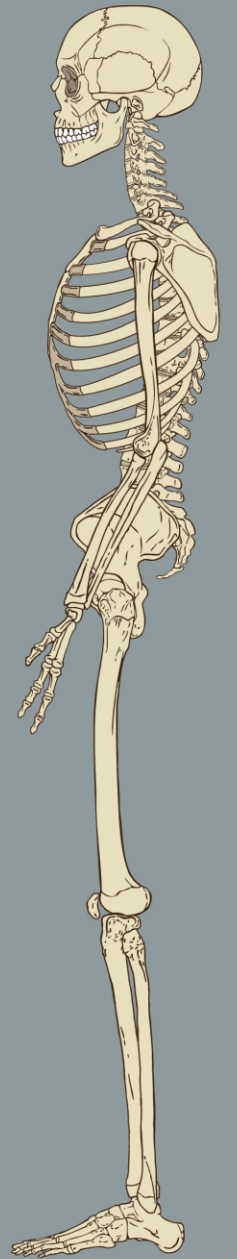
Mechanisms of Death (Not Needed on a Death Certificate)

Mechanisms of death include **terminal events and nonspecific physiologic derangements** that all result from an underlying cause of death; it is different from and not synonymous with a cause of death.

- Cardiopulmonary arrest, asystole, cardiac arrest, respiratory arrest, acute hypoxic respiratory failure, congestive heart failure, hyperkalemia, hypoglycemia, exsanguination, etc.

Mechanisms of death cannot be used by themselves as a cause of death opinion. If used, an underlying DUE TO statement must be used to refer to an underlying cause of death

- Exsanguination DUE TO a ruptured aortic aneurysm
- Cardiorespiratory arrest DUE TO a myocardial infarction DUE TO atherosclerotic cardiovascular disease





Manners of Death

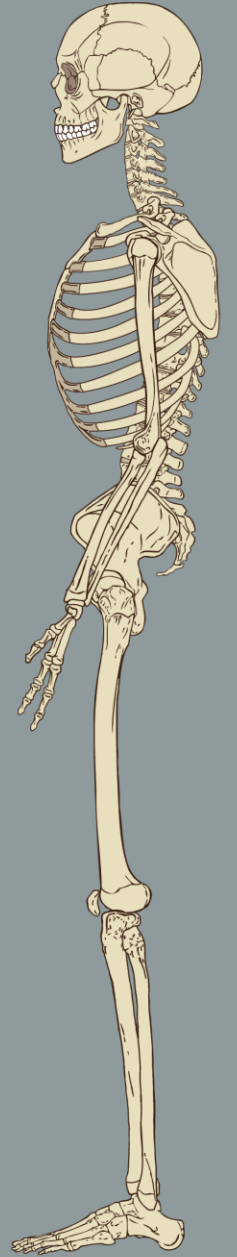
NATURAL

ACCIDENT: Injury or poisoning causes death and there is little or no evidence that it occurred with intent to harm or cause death (the fatal unnatural outcome was unintentional)

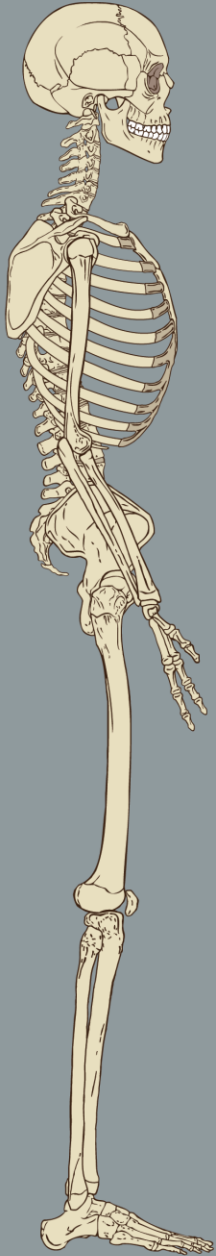
SUICIDE: Injury or poisoning as a result of an intentional, self-inflicted act committed to do self harm or cause the death of one's self

HOMICIDE: Death at the hands of another; a volitional act meant to cause fear, harm, death, or a volitional act showing a disregard for human life

UNDETERMINED: Relatively equal weight of information pointing to more than one possible manner



Proper Completion of a Death Certificate



Part 1 – PROBABLE Cause of Death

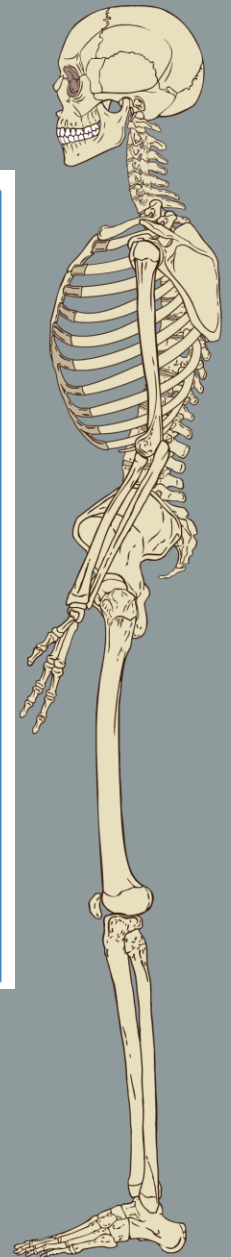
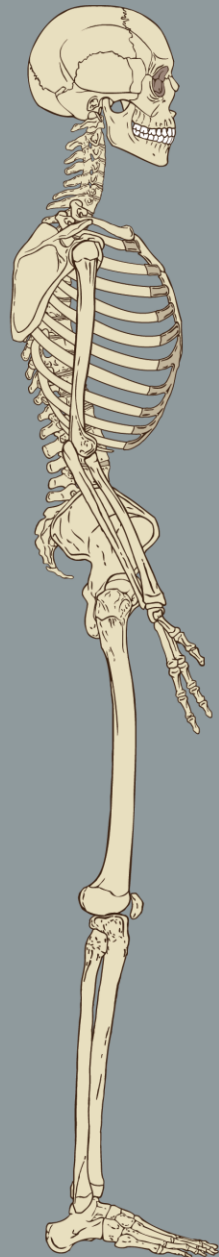
- Most immediate cause on **Line a**
- Underlying causes on successive Lines (if applicable)
- *ALL lines do NOT need to be completed*
- Time intervals are estimates

Part 2 – Other Significant Conditions that CONTRIBUTED to death but did not result in the underlying Cause of Death listed in Part 1

- All deaths resulting from injury **must be reported** to the medical examiner, who decides whether to assume jurisdiction and certify the cause of death, or allow the attending physician to certify, **even if the injury is listed in Part 2.**
- For example, Grandma falls and breaks her leg and never returns to baseline. She dies in her nursing home 2 months later. The blunt force injury with fracture should be listed on the death certificate. This will make her manner of death NOT NATURAL. Her death should be reported to the OCME.



Example Death Certificate from the College of American Pathologists (CAP)

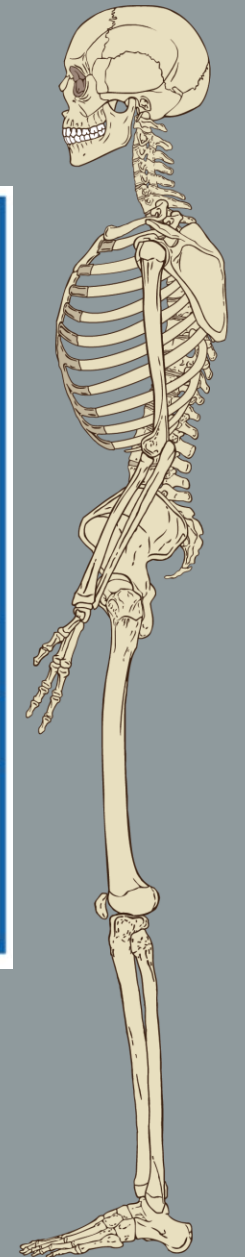
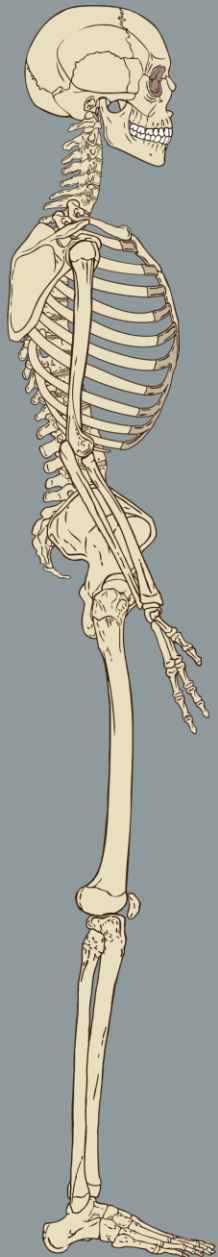


CAUSE OF DEATH (See instructions and examples)		
<p>32. PART I. Enter the <u>chain of events</u>—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Rupture of myocardium</u></p> <p>Due to (or as a consequence of):</p> <p>b. <u>Acute myocardial infarction</u></p> <p>Due to (or as a consequence of):</p> <p>c. <u>Coronary artery thrombosis</u></p> <p>Due to (or as a consequence of):</p> <p>d. <u>Atherosclerotic coronary artery disease</u></p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST</p>		<p>Approximate interval: Onset to death</p> <p><u>Minutes</u></p> <p><u>6 days</u></p> <p><u>5 years</u></p> <p><u>7 years</u></p>
<p>PART II. Enter <u>other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.</p> <p><u>Diabetes, Chronic obstructive pulmonary disease, smoking</u></p>		<p>33. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>35. DID TOBACCO USE CONTRIBUTE TO DEATH?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown</p>	<p>36. IF FEMALE:</p> <p><input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year</p>	<p>37. MANNER OF DEATH</p> <p><input checked="" 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</p>

Think of the causes of death as **NOUNS** whereas mechanisms of death are **VERBS**

- I think of myocardial ruptures and infarctions as verbs, the question that still needs to be answered is why did these events occur – in this case, underlying ASCVD

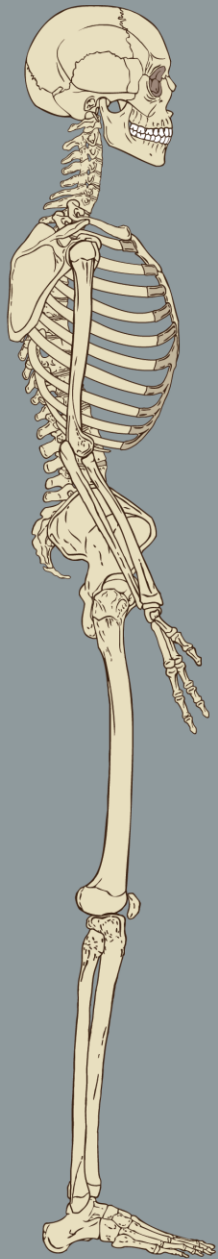
Example Death Certificate from the College of American Pathologists (CAP)



CAUSE OF DEATH (See instructions and examples)		Approximate interval: Onset to death
<p>32. PART I. Enter the <u>chain of events</u>—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Acute renal failure</u> Due to (or as a consequence of):</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST</p> <p>b. <u>Hyperosmolar nonketotic coma</u> Due to (or as a consequence of):</p> <p>c. <u>Diabetes mellitus, noninsulin dependent</u> Due to (or as a consequence of):</p> <p>d. _____</p>		<p><u>5 days</u></p> <p><u>8 weeks</u></p> <p><u>15 years</u></p>
<p>PART II. Enter <u>other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.</p>		<p>33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown</p>		<p>34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>36. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year</p>		<p>37. MANNER OF DEATH <input checked="" 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</p>

Similarly, acute renal failure (acute kidney injury) and hyperosmolar nonketotic coma are organ system failures/mechanisms of death and need an etiology on the lines beneath them

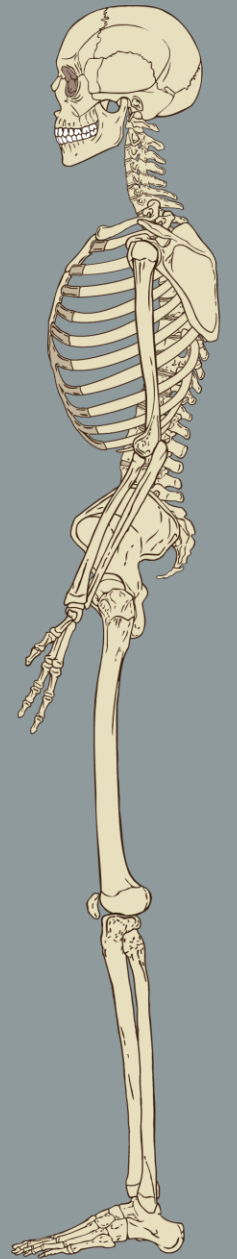
- Other examples: CHF due to aortic stenosis and HCVD or end-stage liver disease due to Hepatitis C viral infection



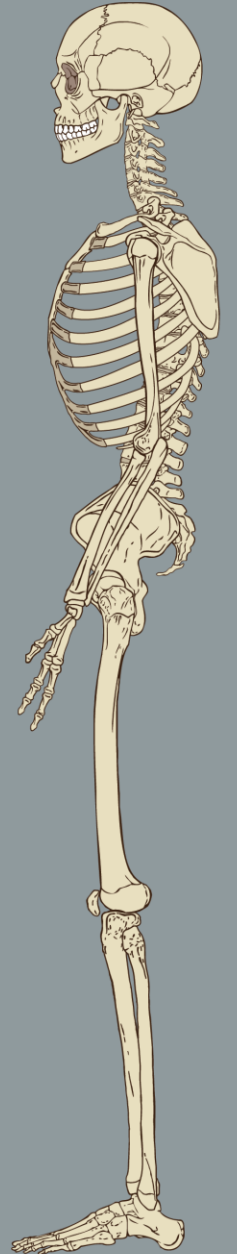
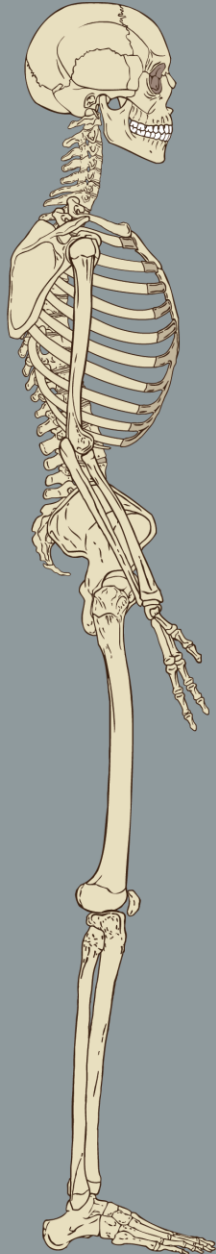
State of Oklahoma Death Certificate

All parts of the Death Certificate are listed below. Most of the information is not filled out by those giving opinions in regard to the Cause and Manner of Death

1. Name
2. Sex
3. S.S. number
4. Armed Forces Status
5. Age (note that stillborns have their own death certificate)
6. Date of Birth
7. Birthplace
8. Residence
9. Marital Status
10. Surviving Spouse's Name
11. Father's Name
12. Mother's Name
13. Hispanic Origin?
14. Race
15. Education
- 16-17. Occupation Information
18. Informant Information
- 19-21. Disposition information
- 22-24. Funeral Home Information
- 25-30. Death Information (where and when)
31. Medical Examiner Contacted?
- 32-33. Autopsy Performed?
34. Cause of Death
35. Other Significant Conditions
36. Manner of Death
37. If Female...
38. Tobacco?
- 39-45. Injury Information
- 46-49. Certifier Information
- 50-52. State Registrar Boxes



State of Oklahoma Death Certificate



Type or print with black, permanent ink

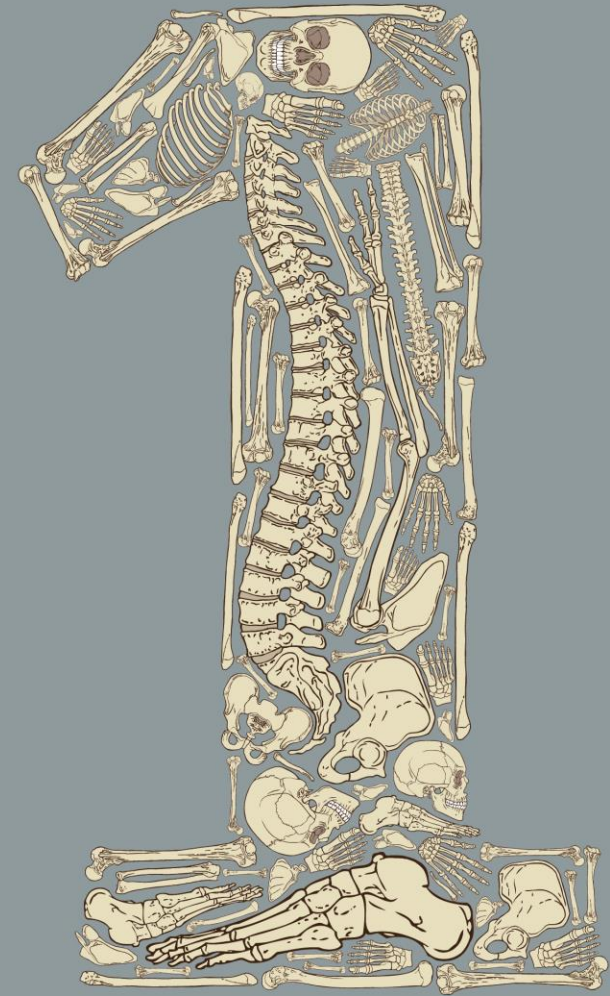
Note to the Attending Physician:
Do not sign unless the death occurred due to a natural disease process.
Unnatural deaths are the responsibility of the Medical Examiner.

24. FH ESTABLISHMENT LICENSE #			
25. PLACE OF DEATH (Check only one; see instructions)			
IF DEATH OCCURRED IN A HOSPITAL:		IF DEATH OCCURRED OTHER THAN IN A HOSPITAL:	
<input type="checkbox"/> Inpatient	<input type="checkbox"/> Emergency Room/Outpatient	<input type="checkbox"/> Dead on Arrival	<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home or Long Term Care Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)
26. FACILITY NAME (If not institution, give street & number)		27. CITY OR TOWN STATE AND ZIP CODE OF LOCATION OF DEATH	
28. COUNTY OF DEATH			
29. DATE OF DEATH (Mo/Day/Yr)	30. TIME OF DEATH	31. WAS MEDICAL EXAMINER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	32. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No
			33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
CAUSE OF DEATH (See Instructions and Examples)			
34. PART I. Enter the <u>chain of events</u> - diseases, injuries, or complications- that directly caused the death. DO NOT enter terminal events such as cardiac arrest or respiratory arrest, ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.			Approximate Interval: Onset to death.
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. PENDING Due to (or as a consequence of):			Undetermined
Sequentially list conditions, if any, leading to immediate cause listed on line a. b. Due to (or as a consequence of):			
Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. c. Due to (or as a consequence of):			
1705959 d.			
36. MANNER OF DEATH		37. IF FEMALE:	
<input type="checkbox"/> Natural	<input type="checkbox"/> Homicide	<input type="checkbox"/> Accident	<input type="checkbox"/> Suicide
<input checked="" type="checkbox"/> Pending Investigation	<input type="checkbox"/> Could not be determined	<input type="checkbox"/> Not pregnant within past year	<input type="checkbox"/> Pregnant at time of death
		<input type="checkbox"/> Not pregnant, but pregnant within 42 days of death	<input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death
		<input type="checkbox"/> Unknown if pregnant within the past year	
38. DID TOBACCO USE CONTRIBUTE TO DEATH?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown			
39. DATE OF INJURY (Mo/Day/Yr)	40. TIME OF INJURY	41. PLACE OF INJURY (e.g. Decedent's home; construction site; wooded area)	42. DESCRIBE HOW INJURY OCCURRED
			43. INJURY AT WORK <input type="checkbox"/> Yes <input type="checkbox"/> No
44. LOCATION OF INJURY: State:		City or Town:	Zip Code:
Street & Number:		Apartment Number:	45. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (specify)
46. CERTIFIER (Check only one): ATTENDING PHYSICIAN <input type="checkbox"/> Physician in charge of the patient's care <input type="checkbox"/> Physician in attendance at time of death only. To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input checked="" type="checkbox"/> MEDICAL EXAMINER: On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.			47. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34)
Signature of Certifier: _____			48. LICENSE NUMBER
50. REGISTRAR'S SIGNATURE (Local)			49. DATE CERTIFIED (Mo/Day/Yr)
51. DATE RECEIVED BY LOCAL REGISTRAR		52. DATE RECEIVED BY STATE REGISTRAR	

To be completed by the Attending Physician or Medical Examiner

Example Scenarios

Is this my problem or the OCME's
problem?





Example Scenario #1

A 48-year-old man with an extensive history of coronary artery disease status post coronary artery bypass surgery(ies) and Diabetes Mellitus presents to an ED with chest pain. While in the ED, he suddenly collapses. Cardiopulmonary resuscitation efforts begin; an ECG shows ventricular fibrillation and suggests an acute anterior-lateral wall myocardial infarction. Resuscitative efforts are eventually successful with a return of spontaneous circulation. However, he remains encephalopathic (anoxic) and is eventually made comfort care only and transferred into hospice care. There is no history of drug or alcohol abuse. No trauma is noted.

What is your opinion in regard to the cause and manner of death?

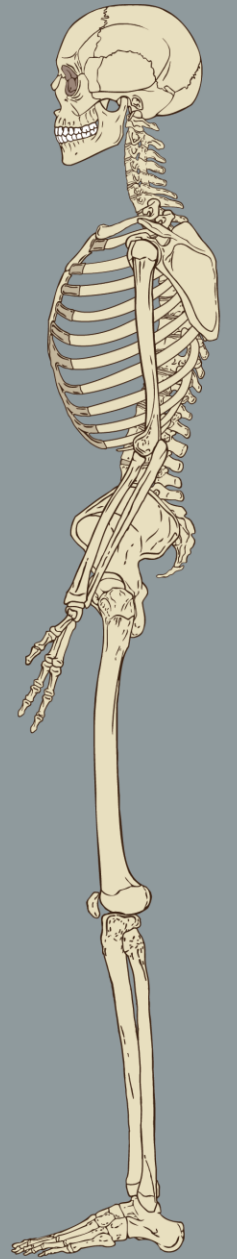
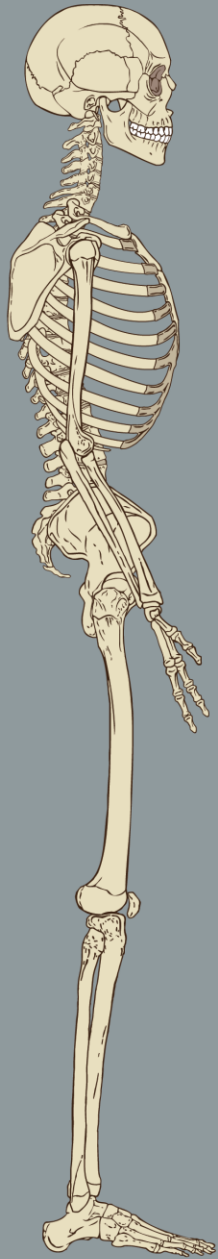
Do you need to notify the Medical Examiner?



Example Scenario #2

A 12-year-old boy died while in hospice care after a 6-month stay in a hospital. During that hospitalization, he fought several episodes of hospital-acquired pneumonia, developed multisystem organ failure, and was declared clinically brain dead, following his initial admission for a motor vehicle accident. He had been a passenger in the rear seat of a vehicle that was struck from behind and was admitted as unresponsive.

Cause of Death? Manner of Death?
Notify Medical Examiner?



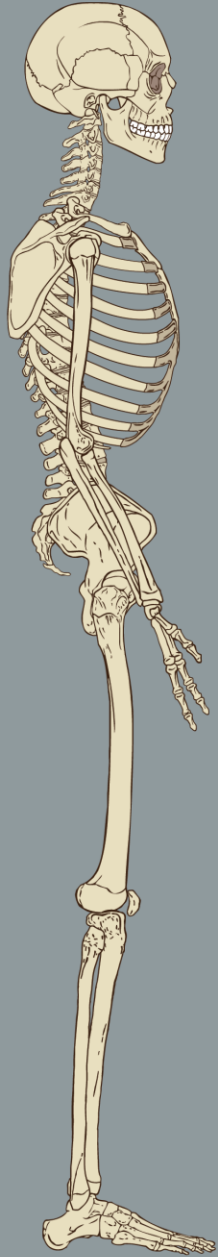


Example Scenario #3

A 65-year-old man with an extensive history of hypertension and coronary artery disease presents to an ED with chest pain. A urinary toxicology screen is positive for amphetamines. While in the ED, he suddenly collapses. Cardiopulmonary resuscitation begins; an ECG shows ventricular fibrillation and suggests an acute anterior-lateral wall myocardial infarction. Resuscitative efforts are eventually successful with a return of spontaneous circulation. Although he is able to be weaned off mechanical ventilation, he remains encephalopathic and is diagnosed with a persistent vegetative state. He is transferred into hospice care and dies two months later.

Cause of Death? Manner of Death?
Notify Medical Examiner?

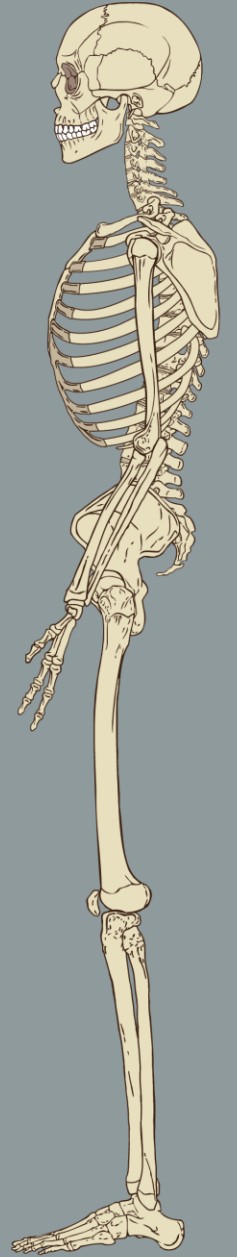




Example Scenario #4

Three years ago a 34-year-old female was found unresponsive at home approximately 3 hours after she was last known alive. Medical history included hypertension and epilepsy, with frequent seizures since birth, including multiple hospitalizations for status epilepticus. Her clinical condition stabilized, but she was unable to perform activities of daily living. She was transferred to a skilled nursing facility where she remained for 10 years. Eventually, she was placed into hospice care for the last 3 months of her life. There is no history of drug or alcohol abuse. No trauma is noted (acute, subacute, or remote).

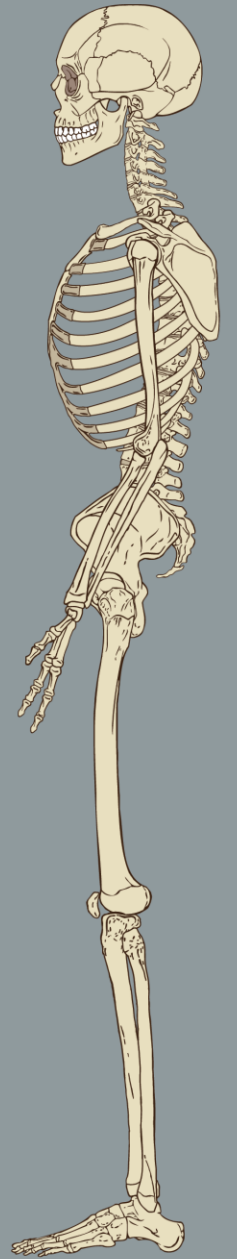
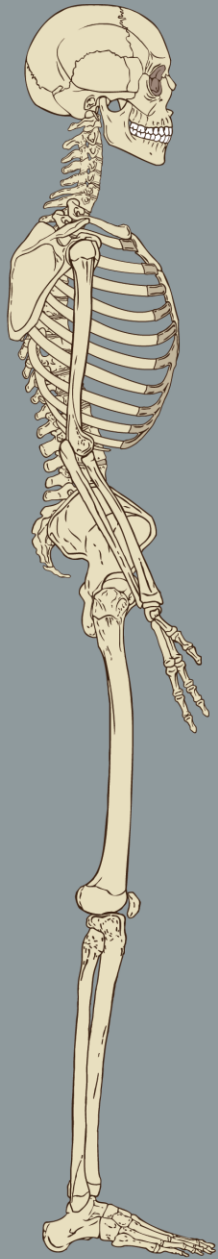
Cause of Death? Manner of Death?
Notify Medical Examiner?



Example Scenario #5

An 84-year-old female is in inpatient hospice care for dementia. She is mobile by walker and wheelchair. She is found collapsed by her bed and a mobile x-ray finds a left femoral neck fracture (left hip fracture). She is evaluated and conservative management is decided as the best course of action. She never returns to baseline health status, is bedbound, and clinically declines over the next several months until she is pronounced deceased.

Cause of Death? Manner of Death?
Notify Medical Examiner?





Example Scenario #6

A 23-year-old woman died from complications of pneumonia at home while on hospice care after a long-term decline. She came from a nursing home where her discharge diagnosis was anoxic brain injury status post cardiopulmonary arrest with resuscitation. She had been found unresponsive at home 3 years ago. No other information is currently known/available.

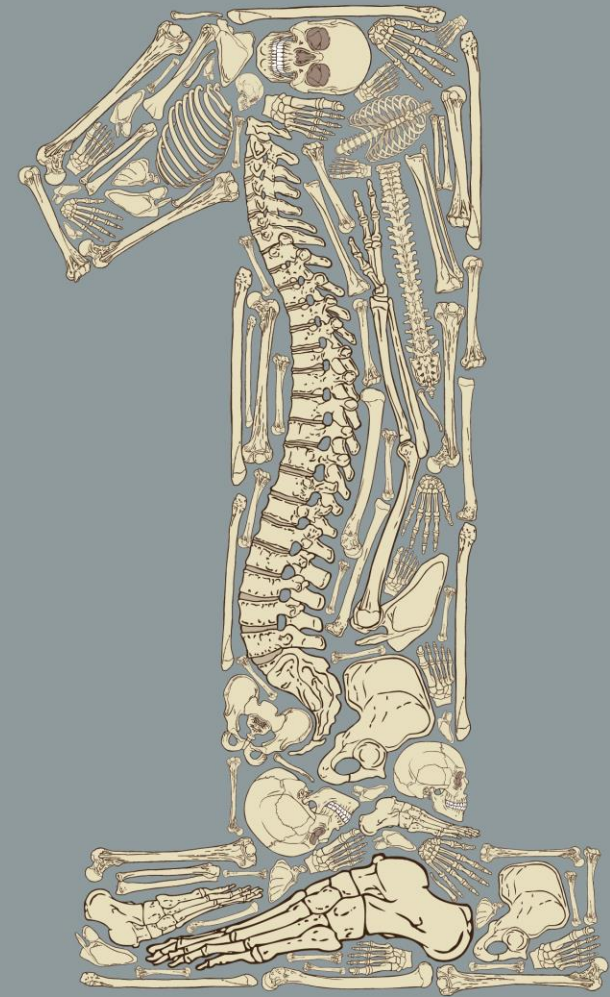
Would certifying a Death Certificate as COD: Pneumonia and MOD: Natural be correct?

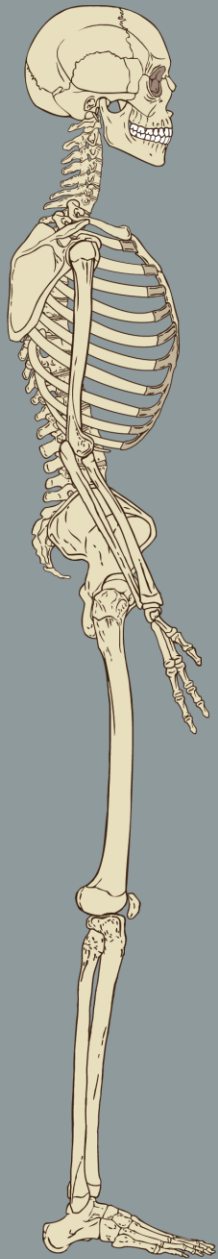
What else needs to be known before deciding this and whether to notify the OCME or not?



Death Certificate Walk of Shame

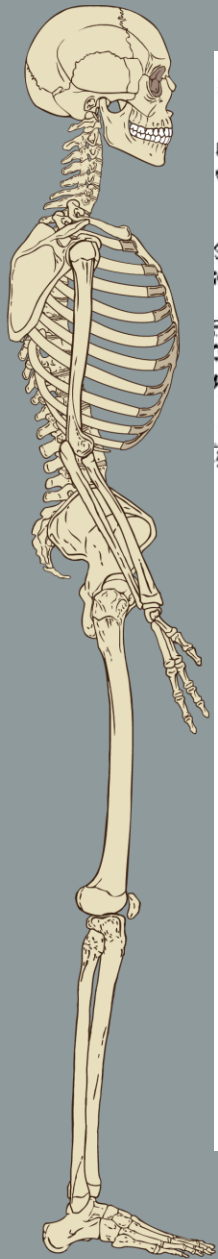
How NOT to fill out a death
certificate





Name of Decedent	ITEMS 28-32 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH OR ME/CORONER	28. DATE PRONOUNCED DEAD (Mo/Day/Yr)
		30. NAME / TITLE OF PERSON PRONOUNCING DEATH (Only wh
	33. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month): 06/25/2014 June	34. A 1
	36. CAUSE OF DEATH (See instructions & examples)-PART I. Enter the chain of events-dise such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology.	
	IMMEDIATE CAUSE (Final disease or condition resulting in death →)	ischemic feet
	Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(a) DUE TO OR AS A CONSEQUENCE OF: (b) DUE TO OR AS A CONSEQUENCE OF: (c) DUE TO OR AS A CONSEQUENCE OF: (d)
	PART II Enter other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not result	
	dementia, pelvic fracture	
	39. DID TOBACCO USE	40. IF FEMALE





CAUSE OF DEATH (See instructions and examples)		Approximate interval Or date to death	35 PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I
34 PART I Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.			
IMMEDIATE CAUSE (final disease or condition resulting in death) → a	Fall closed head injury - CONCUSSION <small>Due to (or as a consequence of):</small>	2 days	
Sequentially list conditions, if any, leading to the causal listed on line a b	Skull fracture, subdural hematoma <small>Due to (or as a consequence of):</small>	2 days	
Enter the UNDERLYING CAUSE (a disease or injury that started the events resulting in death) LAST. c	Metabolic Acidosis <small>Due to (or as a consequence of):</small>	2 days	
d	Upper Gastrointestinal bleeding	2 days	

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35. MANNER OF DEATH

35. MANNER OF DEATH

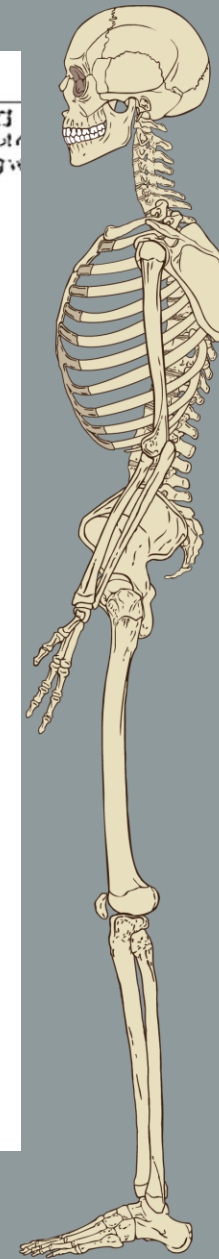
- Natural Homicide Accident Suicide
 Pending investigation Could not be determined

Part I. Box 34.

Line a. Blunt impact to head with skull fracture and subdural hematoma

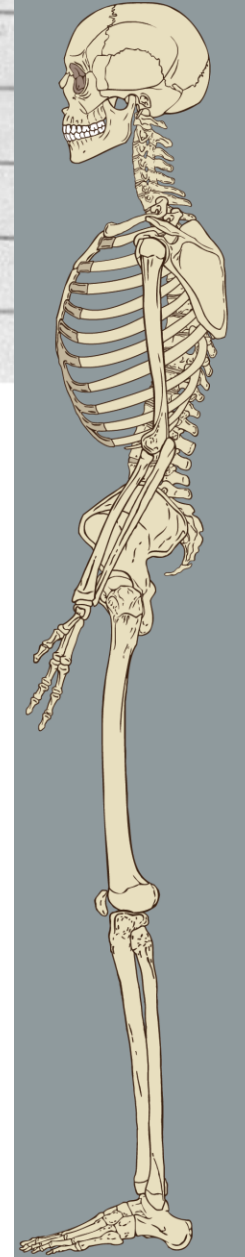
Part II. Box 35.

Metabolic acidosis, Spontaneous upper gastrointestinal hemorrhage





PART I		APPROXIMATE INTERVAL ONSET TO DEATH
a. IMMEDIATE CAUSE	Cardiopulmonary Failure	Unknown
b. DUE TO OR AS A CONSEQUENCE OF	Third Degree Burn	Unknown
c. DUE TO OR AS A CONSEQUENCE OF	Congestive Heart Failure	Unknown
d. DUE TO OR AS A CONSEQUENCE OF	Alzheimer's Disease	Unknown
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given in Part I. Include operation information.		
26a. Was an autopsy performed? [] Yes [] No		



Part I.

Line a. Complications of thermal injuries

Part II.

Congestive heart failure DUE TO ???

Alzheimer Disease

Manner of Death – ACCIDENT vs HOMICIDE vs SUICIDE

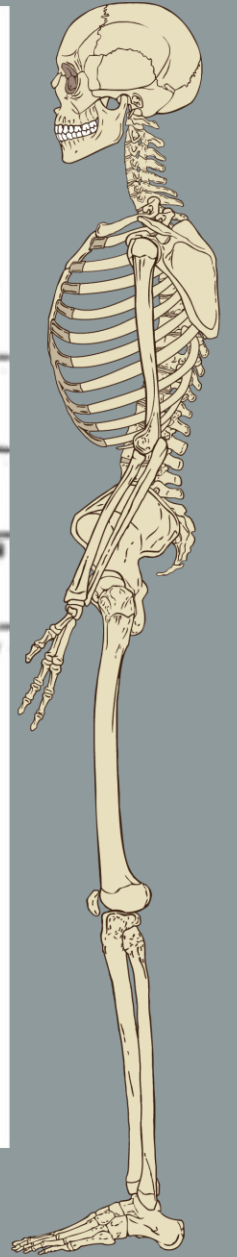


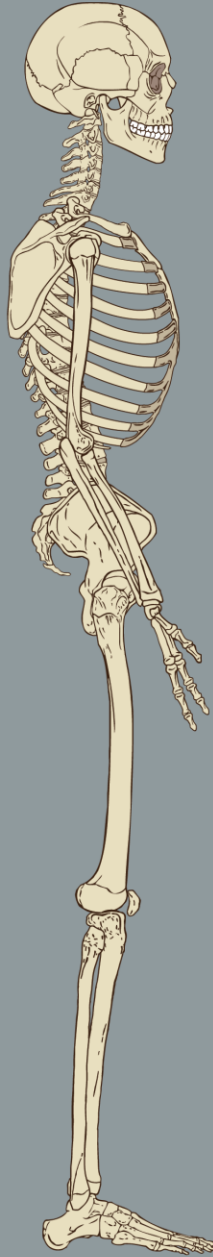
Truck driver who was killed when his truck wrecked -
presumably he fell asleep?

(a) <i>Natural Causes -</i> DUE TO, OR AS A CONSEQUENCE OF:				
(b) <i>went to sleep -</i> DUE TO, OR AS A CONSEQUENCE OF:				
(c) <i>Sudden</i>				
SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO) 19a. <i>No</i>	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.	WAS THERE A PREGNANCY IN LAST SIX MONTHS (YES, NO, UNK.) 19c.
DATE OF INJURY: MONTH DAY YEAR HOUR		HOW INJURY OCCURRED: STATE NATURE OF INJURY IN PART I OR PART II, ITEM 19d		

Part I.
Line a. Multiple blunt impact injuries

Manner of Death - ACCIDENT





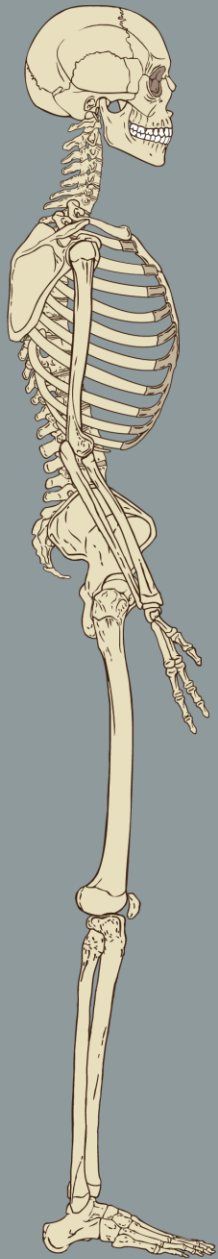
CAUSE OF DEATH (See instructions and examples)		Approximate Interval: Onset to Death	35. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I
34. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. <u>Failure to Thrive - Adults</u>	<u>12 mos</u>	
Sequentially list conditions, if any, resulting to the cause listed on line a.	b. <u>Pt willed herself to die. Wanting</u>		
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	c. <u>to go to heaven. Failed antidepressants</u>		
	d. <u>Hip fxr</u>	<u>9 mos,</u>	
36. MANNER OF DEATH		37. IF FEMALE:	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Suicide		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death	
<input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. DATE OF INJURY	40. TIME OF INJURY	41. PLACE OF INJURY (e.g., Decedent's home, construction site, wooded area)	42. DESCRIBE HOW INJURY OCCURRED:
(Mo/Day/Yr)			
44. LOCATION OF INJURY: State: _____ City or Town: _____ Zip Code: _____		43. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street & Number: _____ Apartment Number: _____		45. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver / Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (specify) _____	
46. CERTIFIER (Check only one)		47. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34)	



Part I.
Line a. Adult failure to thrive

Part II.
Blunt impact to hip with femur fracture

Manner of Death - ACCIDENT



36. CAUSE OF DEATH (See instructions & examples)-PART I. Enter the chain of events-diseases, injuries, or complications-that directly caused the death. DO NOT enter such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if needed.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → (a) **Unknown**

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

DUE TO OR AS A CONSEQUENCE OF: (b)

DUE TO OR AS A CONSEQUENCE OF: (c)

DUE TO OR AS A CONSEQUENCE OF: (d)

PART II. Enter other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given in PART I.

COPD, lung cancer

37. WAS AN AL... Yes

38. WERE AUTO COMPLETE CA...

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

40. IF FEMALE Not pregnant within past year Pregnant at time of death Unknown if pregnant within the past year

Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant 43 days to 1 yr before death Not pregnant, but diagnosed within past yr (time unknown)

41. MANNER OF DEATH Natural Accident Suicide

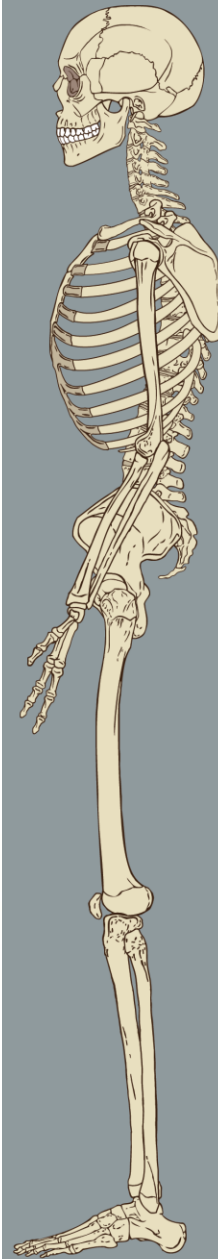
42. DATE OF INJURY (MM/DD/YYYY) 43. TIME OF INJURY 44. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area)

45. LOCATION OF INJURY: Street Address: Apartment No: City or Town: State: Zip Code:

46. DESCRIBE HOW INJURY OCCURRED: **sleeping - not clear what happened**

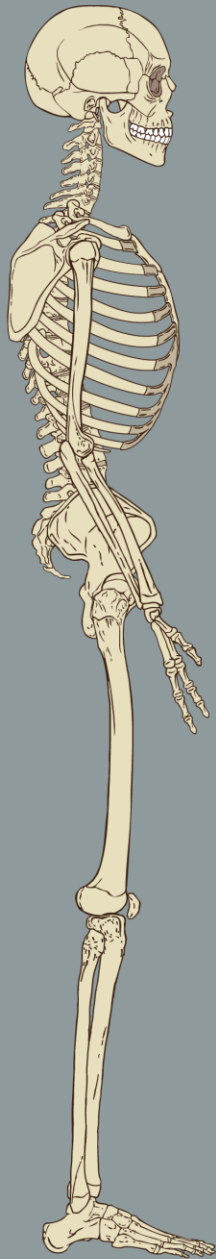
47. TRANSPORTATION Driven Pedestrian

48. CERTIFIER (Check only one): Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Medical Examiner/Coroner-On the basis of the information, further examinations, or my official duties, I certify the time, date, and place, and due to the



COD: Malignant neoplasm of lung

OSC: Chronic obstructive pulmonary disease



26 PART I Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying, such as card failure. List only one cause on each line.

IMMEDIATE CAUSE (final disease or condition resulting in death) →

Sequentially list contributors if any leading to immediate cause from UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST

A FOUND DEAD
DUE TO THIS AS A CONSEQUENCE OF:

B UNKNOWN
DUE TO THIS AS A CONSEQUENCE OF:

C METASTATIC CARCINOMA
DUE TO THIS AS A CONSEQUENCE OF:

PART II Other significant conditions contributing to death, but not resulting in the underlying cause given in Part I. **JULY 97: INVASIVE G III**

CARCINOMA OF BLADDER
LAD SIP CABG, ULI BLEED, DM

27a WAS AN AUTOPSY PERFORMED? (Yes or No)
NO

28 IS SUBJECT A PREGNANT IN THE PAST 3 MONTHS? YES NO

29 PERMISIBLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined

UNDETERMINED

30a DATE OF DEATH (Month Day Year)

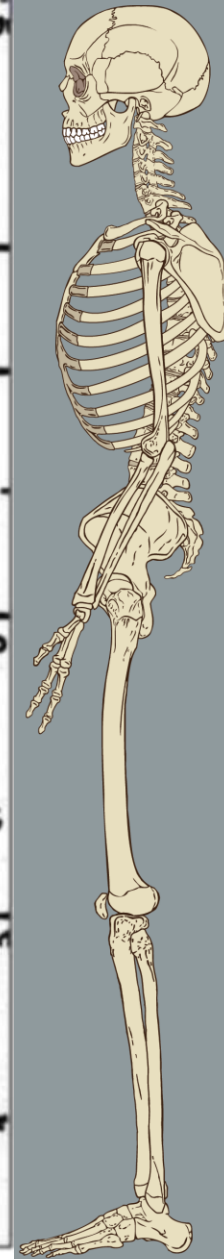
30b TIME OF DEATH (Specify)

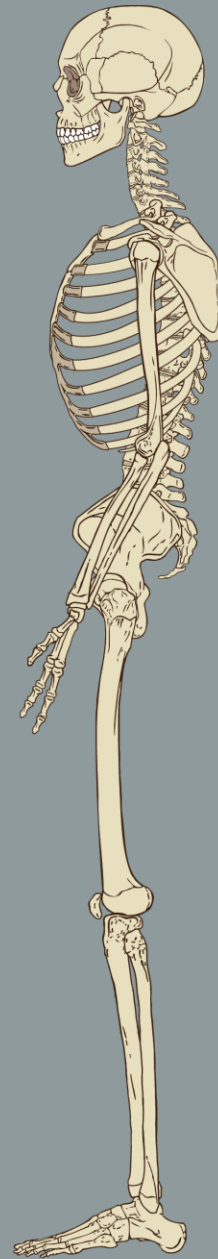
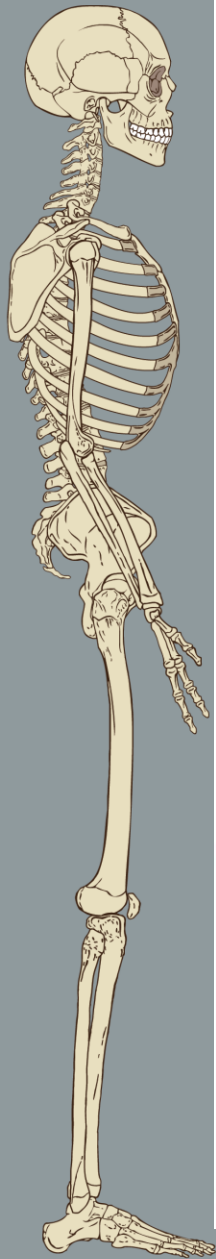
30c INJURY AT WORK? (Yes or No)

30d PLACE OF INJURY - At home (with street factory etc) (Specify)

HOM-LE

31 LOCATION, Street and Number





26. PART I. Enter the disease, injury, or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → Ventilatory Failure.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

a. DUE TO (OR AS A CONSEQUENCE OF): Hot dog chocking.

b. DUE TO (OR AS A CONSEQUENCE OF):

c. DUE TO (OR AS A CONSEQUENCE OF):

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

27a. WAS AN AUTOPSY PERFORMED? (Yes or No) No

27b. WERE USE OF C

29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? YES NO

30a. IF SURGERY IS MENTIONED IN PART I or II ENTER CONDITION FOR WHICH IT WAS PERFORMED

31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined.

Natural

32a. DATE OF INJURY (Month, Day, Year)

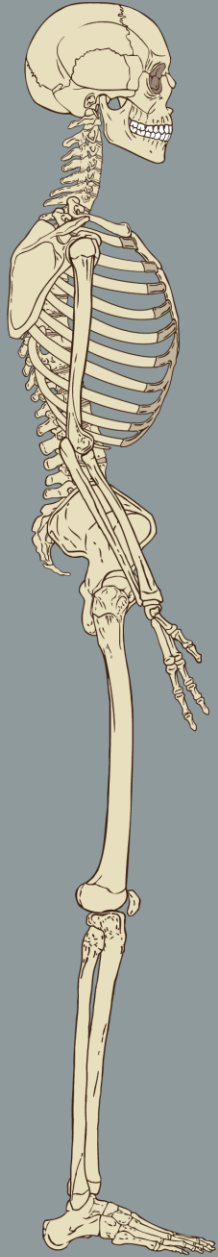
32b. TIME OF INJURY

32c. INJURY AT WORK? (Yes or No)

32d. DESC

32e. PLACE OF INJURY -- At home, farm, street, factory, etc. (Specify)

32f. LOCATION (Street and Number or Rural)



26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) →

a. PNEUMONIA
DUE TO (OR AS A CONSEQUENCE OF):

b. ACQUIRED IMMUNO DEFECTIVITY SYNDROME
DUE TO (OR AS A CONSEQUENCE OF):

c. _____
DUE TO (OR AS A CONSEQUENCE OF):

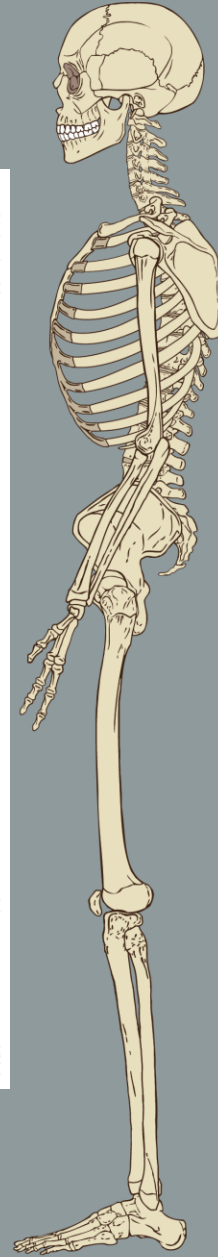
d. _____
DUE TO (OR AS A CONSEQUENCE OF):

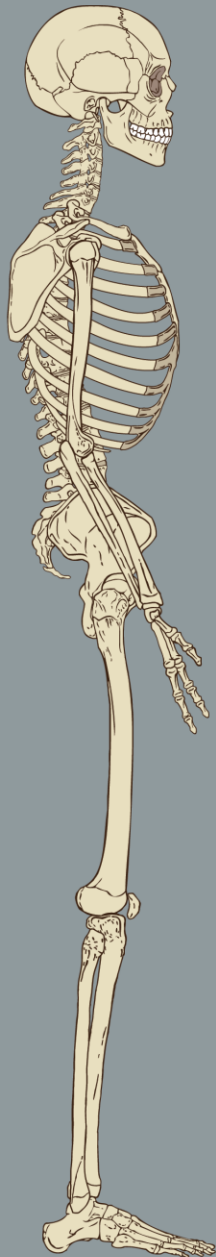
Sequentially list conditions, if any, leading to immediate cause. Enter **UNDERLYING CAUSE** (Disease or injury that initiated events resulting in death) **LAST**.

CAUSE OF DEATH BY CERTIFIER

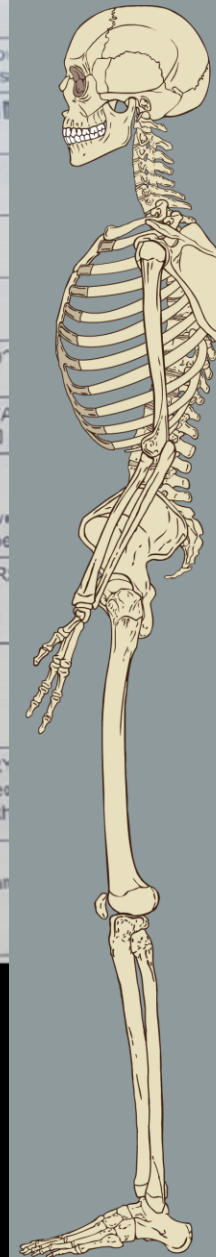
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I:

27a. WAS AN AUTOPSY PERFORMED? (Yes or No)	27b. WERE USED OF DE
---	----------------------





33. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month): 02/10/2016 February		34. ACTUAL OR PRESUMED TIME OF DEATH 08:35 PM		35. WAS ME/CORONER CON <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36. CAUSE OF DEATH (See instructions & examples)-PART I. Enter the chain of events-diseases, injuries, or complications-that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.				App Ons	
IMMEDIATE CAUSE (Final disease or condition resulting in death →)		POSSIBLE CARDIOPULMONARY ARREST			
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		(a)			
		DUE TO OR AS A CONSEQUENCE OF:			
		(b)			
		DUE TO OR AS A CONSEQUENCE OF:			
		(c)			
		DUE TO OR AS A CONSEQUENCE OF:			
		(d)			
PART II. Enter other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given in PART I. H/O NECROTISING FACIITIS, ESRD, UNCONTROLLED DM, OSTEOMYELITIS				37. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				38. WERE AUTOPSY FINDINGS A COMPLETE CAUSE OF DEATH? <input type="checkbox"/>	
39. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		40. IF FEMALE <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 yr before death <input type="checkbox"/> Not pregnant, but pregnant within past yr (time unknown)	
42. DATE OF INJURY (Mo/Day/Yr)		43. TIME OF INJURY		44. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area)	
				45. INJURY <input type="checkbox"/> Yes	
46. LOCATION OF INJURY: Street Address:				Apartment No:	
City or Town:				State:	
				Zip Code:	
47. DESCRIBE HOW INJURY OCCURRED:				48. TRANSPORTATION INJURY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Ped <input type="checkbox"/> Passenger <input type="checkbox"/> Oth	
49. CERTIFIER (Check only one):		Certifying physician-To the best of my knowledge, death occurred at the time date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner-On the basis of the examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and man			
		SIGNATURE OF CERTIFIER:			



COD: End stage renal disease due to diabetes mellitus

OSC: Necrotising faciitis, Osteomyelitis



Thank you!
Questions!

