



# MEDICAL EXAMINER JURISDICTION, CAUSE AND MANNER OF DEATH, AND DEATH CERTIFICATION

# Accuracy and Timeliness in Death Certification

- The death certificate must be completed before final disposition of the body; delay in completing and signing may interfere with funeral arrangements
- Significant implications in death benefits paid to families (for example, workers' compensation claims; double indemnity payments in cases of accidental death)
- The death certificate is the source of information for regional, state, and national mortality data, which in turn is used for funding and directing research and public health efforts

# Jurisdiction: Who Should Complete and Sign the Death Certificate?

- In most **natural** deaths, a treating physician is responsible for the medical certification of death, including deaths which occur outside of health care facilities or in which the physician is not physically present
- The medical certification of death is to be completed within 48 hours of death
- The medical examiner may assume jurisdiction only under certain circumstances
- Non-medical examiner cases will be signed by “the physician in charge of the patient’s care for the illness or condition that resulted in death...In the absence of the physician, the certificate may be completed and signed by another physician designated by the physician” (TCA 68-3-502)
- Certifier immune from civil suit if completed in good faith; failure to do so may result in discipline of medical license

# Medical Examiner Certification of Death

- The county medical examiner for the county in which the death occurred should be notified in “any case involving a homicide, a suspected homicide, a suicide, or a violent, unnatural, or suspicious death” (TCA 38-7-106)
- Examples include:
  - Deaths due or related to acute overdose of legal or illegal drugs and/or alcohol
  - Deaths due to drowning
  - Deaths due to thermal or chemical burns, or smoke inhalation
  - Death by disease, injury, or toxicity resulting from employment
  - Deaths due to hypo- or hyperthermia
- In such cases, the county medical examiner “shall investigate and certify the death certificate” (TCA 68-3-502-d)

# Medical Examiner Certification of Death: Delayed Non-natural Deaths

- If any external force or entity is related in any way to death, the manner of death cannot be considered natural
- All non-natural deaths fall under medical examiner jurisdiction
  - Jurisdiction is based on the county in which death was pronounced
- **The interval of time elapsed between injury and death is irrelevant**
- Examples of delayed deaths include:
  - An elderly person who dies months after becoming bedridden after a fall;
  - A person who dies of pneumonia due to paraplegia resulting from a car accident years before;
  - A person who dies a week after an anoxic brain injury caused by choking on food

# Other Deaths Which Should Be Reported to the Medical Examiner

- Deaths of prisoners or those in state custody
- Sudden, unexpected deaths of infants and children
- Deaths of adults lacking a medical diagnosis which could reasonably result in death
- Deaths due to hypo- or hyperthermia
- Death of a fetus greater than 20 weeks gestation or weighing at least 350 grams resulting from maternal trauma or acute drug use
- Deaths due to suspected abuse or neglect of residents of long-term care facilities
- Unidentified human remains

# Deaths Which Must Be Reported to the County Medical Examiner

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Deaths due to or related to any type of violence or trauma

Deaths due or related to acute overdose of legal or illegal drugs and/or alcohol

Sudden, unexpected deaths of infants and children

Deaths of adults lacking a medical diagnosis which could reasonably result in death

Deaths due to drowning

Deaths due to thermal or chemical burns, or smoke inhalation

Death by disease, injury, or toxicity resulting from employment

Deaths of prisoners

Deaths due to hypo- or hyperthermia

Death of a fetus greater than 20 weeks gestation or weighing at least 350 grams resulting from maternal trauma or acute drug use

Deaths due or related to any of the above or any other non-natural event, **regardless of the time elapsed between the injury and death. If death is related in any way to a discrete injury or poisoning event, the period of time between the non-natural event and the death is irrelevant.**

Examples of delayed deaths include:

- \* An elderly person who dies months after becoming bedridden from a fall
- \* A person who dies of urosepsis due to paraplegia following a car crash years before
- \* A person who develops pneumonia as the result of anoxic brain injury after choking on food

# Physician Certifiers

- One of the responsibilities of a primary care physician is to provide death certification for his or her patients who die of natural, diagnosed causes, even if the physician was not present at the time of death
  - If the patient has not been seen by the physician in the four months leading up to death, the physician may still certify the death, or may refer case to the county medical examiner
- Other physicians knowledgeable with patient history may also certify deaths
  - Examples: cardiologist, oncologist, emergency room physician



# When and Where Death Occurs

- T.C.A. 68-3-501 (Uniform Determination of Death Act): death occurs when either:
  - Irreversible cessation of cardiac and respiratory systems occurs; or
  - Irreversible cessation of function of entire brain occurs
- T.C.A. 68-3-502: when a body is discovered dead, the place, date, and time of death are when and where the body was found



TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT	1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)				2. SEX	3. DATE OF DEATH (Month, Day, Year)
	4. TIME OF DEATH (Approx.)	5a. AGE - Last Birthday (Years)	5b. UNDER 1 YEAR (Months, Days)	5c. UNDER 1 DAY (Hours, Minutes)	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
TYPE PRINT IN PERMANENT BLACK INK	8. PLACE OF DEATH (Check only one)					
	IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> D.O.A.			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other residence <input type="checkbox"/> Other (Specify) _____		
	9b. FACILITY NAME (if not institution, give street and number)			9c. CITY OR TOWN		9d. COUNTY OF DEATH
	9. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE (if wife, give name prior to first marriage)		11a. DECEDENT'S USUAL OCCUPATION	
12. SOCIAL SECURITY NUMBER		13a. RESIDENCE-STATE OR FOREIGN COUNTRY		13b. COUNTY		
13d. STREET AND NUMBER		13e. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE		
NAME OF DECEDENT (if or use by Physician or Institution)	15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)		16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)		17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)	
	<input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.D., JD) <input type="checkbox"/> Unknown		<input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____ <input type="checkbox"/> Unknown		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Vietnamese <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input checked="" type="checkbox"/> Other (Specify) _____ <input checked="" type="checkbox"/> Unknown	
PARENTS	18. FATHER'S NAME (First, Middle, Last)			19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)		
	20a. INFORANT'S NAME		20b. RELATIONSHIP TO DECEDENT		20c. MAILING ADDRESS (Street and Number, City, State, Zip Code)	
DISPOSITION	21a. METHOD OF DISPOSITION <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		21c. LOCATION - City or Town and State	
	22a. SIGNATURE OF FUNERAL DIRECTOR		22b. LICENSE NUMBER		22c. SIGNATURE OF EMBALMER	
REGISTRAR	23a. NAME AND ADDRESS OF FUNERAL HOME		23b. LICENSE NUMBER OF FUNERAL HOME		24. REGISTRAR'S SIGNATURE	
	24. REGISTRAR'S SIGNATURE				25. DATE FILED (Month, Day, Year)	
CERTIFIER	26a. <input type="checkbox"/> PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.					
	26b. <input type="checkbox"/> MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.					
PHYSICIAN OR MEDICAL EXAMINER EXERCISING EXERCISING CLINICAL OR PATHOLOGICAL DEANULIST COMPLETE AND SIGN WITHIN 48 HOURS	27a. SIGNATURE OF CERTIFIER		27b. LICENSE NUMBER		27c. DATE SIGNED (Month, Day, Year)	
	27a. SIGNATURE OF CERTIFIER		27d. NAME AND ADDRESS			
MEDICAL CERTIFICATION	28. 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. Enter only one cause on a line.					Approximate interval Onset to death
	IMMEDIATE CAUSE (Final disease or condition resulting in death) 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					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I					29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
					29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
30. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		31. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death		33. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Diver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____
34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		
34d. DESCRIBE HOW INJURY OCCURRED		34e. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. (Specify)				
		34f. LOCATION OF INJURY (Street and Number, City or Town, State)				



**CERTIFIER**

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH MUST COMPLETE AND SIGN WITHIN 48 HOURS.

**MEDICAL CERTIFICATION**

26. <b>CERTIFIER</b> (Check only one):					
26a. <input type="checkbox"/> <b>PHYSICIAN</b> -To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.					
26b. <input type="checkbox"/> <b>MEDICAL EXAMINER</b> - On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.					
27a. <b>SIGNATURE OF CERTIFIER</b>		27b. <b>LICENSE NUMBER</b>		27c. <b>DATE SIGNED</b> (Month, Day, Year)	
▶		27d. <b>NAME AND ADDRESS</b>			
28. <b>PART I.</b> Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.					Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. _____ Due to (or as a consequence of) _____					
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the <b>UNDERLYING CAUSE</b> (disease or injury that initiated the events resulting in death) <b>LAST</b> { b. _____ Due to (or as a consequence of): _____					
c. _____ Due to (or as a consequence of): _____					
d. _____ Due to (or as a consequence of): _____					
29. <b>PART II.</b> <u>Other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.				29a. <b>WAS AN AUTOPSY PERFORMED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
				29b. <b>WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
30. <b>MANNER OF DEATH</b>		31. <b>DID TOBACCO USE CONTRIBUTE TO DEATH?</b>		32. <b>IF FEMALE:</b>	
<input type="checkbox"/> Natural <input type="checkbox"/> Homicide		<input type="checkbox"/> Yes <input type="checkbox"/> Probably		<input type="checkbox"/> Not pregnant within past year	
<input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation		<input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Pregnant at time of death	
<input type="checkbox"/> Suicide <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	
33. <b>IF TRANSPORTATION INJURY, SPECIFY:</b>		34a. <b>DATE OF INJURY</b> (Month, Day, Year)	34b. <b>TIME OF INJURY</b>	34c. <b>INJURY AT WORK?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	34d. <b>PLACE OF INJURY</b> –at home, farm, street, factory, office, building, etc. (Specify)
<input type="checkbox"/> Driver/Operator		34e. <b>DESCRIBE HOW INJURY OCCURRED</b>			34f. <b>LOCATION OF INJURY</b> (Street and Number, City or Town, State)
<input type="checkbox"/> Passenger					
<input type="checkbox"/> Pedestrian					
<input type="checkbox"/> Other (Specify) _____					



# VRISM



## MAILING . ADDRESS

Tennessee Office of  
Vital Records

Andrew Johnson Tower, 1st Floor  
710 James Robertson Parkway  
Nashville, TN 37243

## PHONE

1-(855) -VRISMTN



## TENNESSEE VRISM





The purpose of the Tennessee VRISM system is to support the registration of Tennessee vital events for the Tennessee Department of Health and other users such as funeral directors, attending physicians, medical examiners and birthing facilities. This system may be used only for the purpose for which it is provided. Any attempt to file fraudulent certificates of live birth, death or reports of fetal death is punishable in accordance with Tennessee statutes.

By accessing this system, I agree to use this system only for the purpose of registering a Certificate of Live Birth, Certificate of Death or Report of Fetal Death for events occurring in the State of Tennessee.

I understand that failure to adhere to the above agreement will result in loss of access to the VRISM system. Any unauthorized access, misuse and/or disclosure of information may result in disciplinary action including, but not limited to, suspension or loss of individual or facility access privileges, an action for civil damages, or criminal charges.

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# Part I: Cause of Death Statement

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a.	<input type="text"/> 	<input type="text"/>
Due to (or as a consequence of)		
<b>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.</b>		
b.	<input type="text"/> 	<input type="text"/>
Due to (or as a consequence of)		
c.	<input type="text"/> 	<input type="text"/>
Due to (or as a consequence of)		
d.	<input type="text"/> 	<input type="text"/>

- All lines do not have to be used
- List, in sequential order, conditions responsible for death:
  - ONE CONDITION per line
  - AVOID ABBREVIATIONS
  - IMMEDIATE CAUSE OF DEATH FIRST, UNDERLYING CAUSE OF DEATH LAST: THE BOTTOM LINE IS THE BOTTOM LINE

# Cause of Death Statement

- Cause of death is defined as “the anatomic disease or injury that initiated the train of morbid events leading directly to death”
- The cause of death statement on the death certificate represents the *medical opinion* of the certifier
- *More likely than not*

# “To the best of my knowledge...”

- PHYSICIAN**-To the best of my knowledge, death occurred at the date, time, and place, and due to the cause(s) and manner stated.
- MEDICAL EXAMINER**-On the basis of examination, and/or investigation, in my opinion, death occurred at the date, time, and place, and due to the cause(s) and manner stated.

- Tennessee code grants civil immunity to certifying physicians acting in good faith (TCA 68-3-513)

# Cause of Death Statement: Examples





- 56 year old with hypertension suffers a hemorrhagic stroke

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a.	HEMORRHAGIC CEREBROVASCULAR ACCIDENT <span style="float: right;">ABC ✓</span>	<input type="text"/>
Due to (or as a consequence of)		
<b>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.</b>		
b.	ESSENTIAL HYPERTENSION <span style="float: right;">ABC ✓</span>	<input type="text"/>
Due to (or as a consequence of)		
c.	<input type="text"/> <span style="float: right;">ABC ✓</span>	<input type="text"/>
Due to (or as a consequence of)		
d.	<input type="text"/> <span style="float: right;">ABC ✓</span>	<input type="text"/>



# Cause of Death Statement: Examples

- 43 year old receives a bone marrow transplant and develops *C. difficile* colitis

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a.	<input type="text" value="CLOSTRIDIUM DIFFICILE COLITIS"/> 	<input type="text"/>
Due to (or as a consequence of)		
<b>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.</b>		
b.	<input type="text" value="IMMUNOSUPPRESSION"/> 	<input type="text"/>
Due to (or as a consequence of)		
c.	<input type="text" value="BONE MARROW TRANSPLANT"/> 	<input type="text"/>
Due to (or as a consequence of)		
d.	<input type="text" value="ACUTE MYELOGENOUS LEUKEMIA"/> 	<input type="text"/>





# Cause of Death Statement: Examples

- It may not be possible to identify the precise physiologic sequence (mechanism) leading up to death
- In such cases, the known diagnosis which could reasonably account for death should be listed as the cause
- Example: patient in hospice with metastatic lung cancer

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a.	<input type="text" value="ADENOCARCINOMA OF LUNG WITH METASTASES TO BRAIN"/> <small>ABC</small>	<input type="text"/>
Due to (or as a consequence of)		
<b>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.</b>		
b.	<input type="text"/> <small>ABC</small>	<input type="text"/>
Due to (or as a consequence of)		
c.	<input type="text"/> <small>ABC</small>	<input type="text"/>
Due to (or as a consequence of)		
d.	<input type="text"/> <small>ABC</small>	<input type="text"/>

# Cause of Death Statement: Examples

- It is acceptable to use the terms “probable”, “possible”, or “suspected”
- Example: 86 year-old with 7 cm abdominal aortic aneurysm found dead at home with distended abdomen

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a.	<input type="text" value="PROBABLE RUPTURED AORTIC ANEURYSM"/> <small>ABC</small> 	<input type="text"/>
Due to (or as a consequence of)		
<b>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.</b>		
b.	<input type="text" value="ATHEROSCLEROTIC CARDIOVASCULAR DISEASE"/> <small>ABC</small> 	<input type="text"/>
Due to (or as a consequence of)		
c.	<input type="text"/> <small>ABC</small> 	<input type="text"/>
Due to (or as a consequence of)		
d.	<input type="text"/> <small>ABC</small> 	<input type="text"/>

# Aspiration Pneumonia

- Most cases of aspiration pneumonia occur in neurologically compromised patients
- The underlying disease process causing the impairment should be listed as the cause of death

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a.	ASPIRATION PNEUMONIA Due to (or as a consequence of)	
<b>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.</b>		
b.	AMYOTROPHIC LATERAL SCLEROSIS Due to (or as a consequence of)	
c.		
d.		

# Interval: Onset to Death





- Underlying cause of death is listed last
- Shortest interval at top, longest at bottom, in sequential order

<b>IMMEDIATE CAUSE</b> (Final disease or condition resulting in death)		<b>APPROXIMATE INTERVAL:</b> Onset to death
a. <input type="text"/>	<input type="text"/>	<input type="text"/>
	Due to (or as a consequence of)	
<b>Sequentially list conditions, if any, leading to the cause listed on line a.</b> <b>Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.</b>		
b. <input type="text"/>	<input type="text"/>	<input type="text"/>
	Due to (or as a consequence of)	
c. <input type="text"/>	<input type="text"/>	<input type="text"/>
	Due to (or as a consequence of)	
d. <input type="text"/>	<input type="text"/>	<input type="text"/>

# Interval: Onset to Death: Examples

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a.	<input type="text" value="HYPERKALEMIA"/> <small>ABC</small> ✓	<input type="text" value="1 HOUR"/>
Due to (or as a consequence of)		
<b>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.</b>		
b.	<input type="text" value="END STAGE KIDNEY DISEASE"/> <small>ABC</small> ✓	<input type="text" value="6 MONTHS"/>
Due to (or as a consequence of)		
c.	<input type="text" value="MEMBRANOUS GLOMERULONEPHRITIS"/> <small>ABC</small> ✓	<input type="text" value="8 YEARS"/>
Due to (or as a consequence of)		
d.	<input type="text" value="SYSTEMIC LUPUS ERYTHEMATOSUS"/> <small>ABC</small> ✓	<input type="text" value="23 YEARS"/>

# Interval: Onset to Death: Examples

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a.	<input type="text" value="VENTRICULAR FIBRILLATION"/> 	<input type="text" value="SECONDS"/>
Due to (or as a consequence of)		
<b>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.</b>		
b.	<input type="text" value="MYOCARDIAL INFARCTION"/> 	<input type="text" value="HOURS"/>
Due to (or as a consequence of)		
c.	<input type="text" value="CORONARY ARTERY THROMBOSIS"/> 	<input type="text" value="HOURS"/>
Due to (or as a consequence of)		
d.	<input type="text" value="ATHEROSCLEROTIC CARDIOVASCULAR DISEASE"/> 	<input type="text" value="YEARS"/>

# Part II: Contributory Causes of Death

## 28. PART II.

Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.






Other Significant Conditions contributing to death





# Part II: Contributory Causes of Death





- Conditions which contributed to but did not directly lead to death
- May list more than one contributory cause of death
- 75 year-old with hypertension, diabetes, and chronic obstructive pulmonary disease found dead at home without antecedent complaints

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a.	<input type="text" value="HYPERTENSIVE CARDIOVASCULAR DISEASE"/> 	<input type="text"/>
Due to (or as a consequence of)		
<b>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.</b>		
b.	<input type="text"/> 	<input type="text"/>
Due to (or as a consequence of)		
c.	<input type="text"/> 	<input type="text"/>
Due to (or as a consequence of)		
d.	<input type="text"/> 	<input type="text"/>
<b>28. PART II.</b>		
<b>Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.</b>		
Other Significant Conditions contributing to death		
<input type="text" value="CHRONIC OBSTRUCTIVE PULMONARY DISEASE; DIABETES MELLITUS"/> 		

# Cause versus Mechanism of Death

- Recall that the *cause* of death is the *anatomic* disease or injury that initiated the train of events leading to death
- *Mechanisms* of death are non-specific *physiologic* processes
- Mechanisms of death should not be listed as the sole or underlying cause of death
- Examples: exsanguination, respiratory arrest, arrhythmia, asphyxia, anoxic brain injury, metabolic acidosis

# Non-specific Mechanisms of Death: Examples: More Information is Required

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a.	<input type="text" value="CARDIOPULMONARY ARREST"/> 	<input type="text"/>
Due to (or as a consequence of)		
<b>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.</b>		
b.	<input type="text"/> 	<input type="text"/>
Due to (or as a consequence of)		
c.	<input type="text"/> 	<input type="text"/>
Due to (or as a consequence of)		
d.	<input type="text"/> 	<input type="text"/>

# Non-specific Mechanisms of Death: Examples: More Information is Required

## Unlikely Underlying Cause

The condition you reported on the lowest box in Part I HYPERKALEMIA usually develops as a complication of another more specific condition.

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a.	LETHAL DYSRHYTHMIA <span>ABC</span>	<input type="text"/>
Due to (or as a consequence of)		
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.		
b.	VENTRICULAR FIBRILLATION <span>ABC</span>	<input type="text"/>
Due to (or as a consequence of)		
c.	HYPERKALEMIA <span>ABC</span>	<input type="text"/>
Due to (or as a consequence of)		
d.	<input type="text"/> <span>ABC</span>	<input type="text"/>

# CDC: Additional Information Required

Abscess	Cerebrovascular accident	Hepatic failure	Pulmonary edema
Abdominal hemorrhage	Cerebellar tonsillar herniation	Hepatitis	Pulmonary embolism
Adhesions	Chronic bedridden state	Hepatorenal syndrome	Pulmonary insufficiency
Adult respiratory distress syndrome	Cirrhosis	Hyperglycemia	Renal failure
Acute myocardial infarction	Coagulopathy	Hyperkalemia	Respiratory arrest
Altered mental status	Compression fracture	Hypovolemic shock	Seizures
Anemia	Congestive heart failure	Hyponatremia	Septic shock
Anoxia/anoxic encephalopathy	Convulsions	Hypotension	Shock
Arrhythmia	Decubiti	Immunosuppression	Starvation
Ascites	Dehydration	Increase intracranial pressure	Subdural hematoma
Aspiration	Dementia (when not otherwise specified)	Intracranial hemorrhage	Subarachnoid hemorrhage
Atrial fibrillation	Diarrhea	Malnutrition	Sudden death
Bacteremia	Disseminated intravascular coagulopathy	Metabolic encephalopathy	Thrombocytopenia
Bedridden	Dysrhythmia	Multiorgan failure	Uncal herniation
Biliary obstruction	End stage liver disease	Multisystem organ failure	Urinary tract infection
Bowel obstruction	End stage renal disease	Myocardial infarction	Ventricular fibrillation
Brain injury	Epidural hematoma	Necrotizing soft tissue infection	Ventricular tachycardia
Brain stem herniation	Exsanguination	Old age	Volume depletion
Carcinogenesis	Failure to thrive	Open (or closed) head injury	
Carcinomatosis	Fracture	Pancytopenia	
Cardiac arrest	Gangrene	Paralysis	
Cardiac dysrhythmia	Gastrointestinal hemorrhage	Perforated gallbladder	
Cardiomyopathy	Heart failure	Peritonitis	
Cardiopulmonary arrest	Hemothorax	Pleural effusions	
Cellulitis		Pneumonia	
Cerebral edema		Pulmonary arrest	

Source: CDC: Physicians' Handbook on Medical Certification of Death

# Manner of Death

30. Manner of Death  
Manner of death

31. Tobacco Use  
Did tobacco use contribute to death?

32. If Female  
If female, select one from list

- Natural
- Accident
- Suicide
- Homicide
- Pending Investigation
- Could not be determined

# Manners of Death: Natural

- If a discrete injury or poisoning event contributed *in any way* to death, *regardless of time elapsed between the event and death*, the manner of death cannot be considered to be natural
- All non-natural deaths are to be reported to the medical examiner of the county in which death occurred
- Only one manner of death may be selected
- **The non-medical examiner certifier of death is limited to “Natural” and “Pending” as choices for manner of death**

# Manners of Death: Pending

- “Pending” is reserved for those cases in which the cause and/or manner of death cannot be determined within the 48 hours after death, but further information or investigation is expected (e.g., autopsy results)
- An additional form, the Delayed Report of Diagnosis, with the definitive cause and manner of death must be completed and signed within six months

TENNESSEE DEPARTMENT OF HEALTH DELAYED REPORT OF DIAGNOSIS - DEATH			
STATE FILE NUMBER _____			
<small>TYPE/PRINT IN PERMANENT BLACK INK</small>	1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)		2. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
	3. DATE OF DEATH (Month, Day, Year)		
<small>A DELAYED REPORT OF DIAGNOSIS MAY BE FILED IF THE CAUSE OF DEATH CANNOT BE DETERMINED WITHIN 48 HOURS.</small>	5a. AGE-Last Birthday (Years)	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 DAY Hours _____ Minutes _____
	6. DATE OF BIRTH (Month, Day, Year)		
<small>ALL ITEMS ARE TO BE COMPLETE AND ACCURATE. ITEM NUMBERS ARE SKIPPED SO THAT NUMBERS ARE THE SAME AS ON CERTIFICATE OF DEATH.</small>	8b. FACILITY NAME (if not institution, give street and number)		8d. COUNTY OF DEATH
	9c. CITY OR TOWN		
24. REGISTRAR'S SIGNATURE		25. DATE FILED (Month, Day, Year)	
26. CERTIFIER (Check only one):			
26a. <input type="checkbox"/> PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated.			
26b. <input type="checkbox"/> MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.			
27a. SIGNATURE OF CERTIFIER		27b. LICENSE NUMBER	27c. DATE SIGNED (Month, Day, Year)
		27d. NAME AND ADDRESS	
28. 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 ventilator fibrillation without showing the etiology. Enter only one cause on a line.			Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)			
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. _____ 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.			
			29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No
			29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
30. MANNER OF DEATH		31. DID TOBACCO USE CONTRIBUTE TO DEATH?	
<input type="checkbox"/> Natural <input type="checkbox"/> Homicide		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<input type="checkbox"/> Accident <input type="checkbox"/> Could not be determined			
<input type="checkbox"/> Suicide			
32. IF FEMALE:		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death	
		<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	
33. IF TRANSPORTATION INJURY, SPECIFY:		34c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Driver/Operator			
<input type="checkbox"/> Passenger			
<input type="checkbox"/> Pedestrian			
<input type="checkbox"/> Other (Specify) _____			
34b. DATE OF INJURY (Month, Day, Year)		34d. PLACE OF INJURY—at home, farm, street, factory, office, building, etc. (Specify)	
34c. TIME OF INJURY			
34d. DESCRIBE HOW INJURY OCCURRED		34f. LOCATION OF INJURY (Street and Number, City or Town, State)	



# Manners of Death: Non-Natural; Reserved for County Medical Examiner

- **Accident:** death due to injury or poisoning without intent to cause harm
- **Homicide:** death resulting from a volitional act by another person intended to cause fear, harm, or death
- **Suicide:** death resulting from injury or poisoning as a result of an intentional self-inflicted act committed to cause self-harm
- **Could not be determined:** either too much or too little information to determine manner of death to a reasonable degree of medical certainty
- **The period of time elapsed between the injury and the death does not alter the manner of death**

# Manners of Death: Examples

- 83 year old falls at home; admitted to hospital for ORIF of left femur; hospital course complicated by pneumonia, MI, ARF; dies two months later with mucus plug of trach
  - Manner of death: accident; cause of death: complications of left femur fracture
  - Apply the “but-for” principle: “but-for” the fall, the above-listed complications would not have occurred
  - Time elapsed between injury and death is irrelevant
  - DID NOT RETURN TO PRE-INJURY LEVEL OF FUNCTION

# Manners of Death: Examples

- 53 year-old paraplegic dies of urosepsis
  - Paraplegia is due to ruptured spinal AVM: manner of death is natural
  - Paraplegia is due to injuries sustained in MVA ten years prior to death: manner of death is accident
  - Paraplegia is due to self-inflicted gunshot wound to chest three years prior to death: manner of death is suicide
  - Paraplegia is due to gunshot wound to spine after decedent discovered *in flagrante delicto* with a spouse not his own thirty years ago: manner of death is homicide

# Manners of Death: Therapy-Related Deaths

- Deaths occurring as the result of a foreseeable complication of accepted therapy for natural disease are classified as **natural**
  - Example: Stevens-Johnson syndrome after Bactrim therapy; bone marrow suppression due to chemotherapy
- Deaths occurring as the result of improper use of medical equipment or of equipment malfunction are classified as **accident**

# Other Required Fields

## ME Contacted

Was medical examiner contacted?

## 29 Autopsy

Was an autopsy performed?

Were autopsy findings available to complete the cause of death?

# Other Required Fields

30. Manner of Death

Manner of death

31. Tobacco Use

Did tobacco use contribute to death?

32. If Female

If female, select one from list

Not pregnant within past year  
Pregnant at time of death  
Not pregnant, but pregnant within 42 days of death  
Not pregnant, but pregnant 43 days to 1 year before death  
Unknown if pregnant within last year

# Other Required Fields

30. Manner of Death  
Manner of death

31. Tobacco Use  
Did tobacco use contribute to death?

32. If Female  
If female, select one from list

- Yes
- No
- Probably
- Unknown

# Scenario 1

An 80 year-old man was seen by a nurse practitioner two months ago for routine follow-up of his hypertension, diabetes mellitus, and chronic obstructive pulmonary disease. He was found dead at home without any signs of trauma, foul play, or drug overdose. Who should sign the death certificate?

- a. The nurse practitioner.
- b. The county medical examiner, as the death was unwitnessed.
- c. The county medical examiner, because the cause of death cannot be determined to a reasonable degree of medical certainty.
- d. The physician supervising the nurse practitioner.








# Scenario 1

Answer: d.

The physician supervising any health care extender providing the patient's care for the illness which results in death should sign the death certificate.

In this case, the cause of death in part I could be listed as "hypertensive cardiovascular disease", with diabetes mellitus and chronic obstructive pulmonary disease listed in part II as other significant conditions.

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a.	<input type="text" value="HYPERTENSIVE CARDIOVASCULAR DISEASE"/> 	<input type="text"/>
Due to (or as a consequence of)		
<b>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.</b>		
b.	<input type="text"/> 	<input type="text"/>
Due to (or as a consequence of)		
c.	<input type="text"/> 	<input type="text"/>
Due to (or as a consequence of)		
d.	<input type="text"/> 	<input type="text"/>
<b>28. PART II.</b>		
<b>Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.</b>		
Other Significant Conditions contributing to death		
<input type="text" value="DIABETES MELLITUS; CHRONIC OBSTRUCTIVE PULMONARY DISEASE"/> 		



# Scenario 2

An elderly person complained of left-sided chest pain and tightness shortly before collapsing. She was transported to the emergency department, where she was pronounced dead. Her family relates a history of multiple myocardial infarctions and high cholesterol, which were confirmed by the staff at her local physician's office. Who should sign the death certificate?

- a. The patient's primary care doctor.
- b. The emergency room physician.
- c. The patient's cardiologist.
- d. Any of the above.

## Scenario 2

Answer: d.

The emergency room doctor, the patient's regular physician, or another physician who has treated the patient for the illness causing death (for example, a cardiologist) may sign the death certificate.

If none of these does so, the chief medical officer of the institution in which death is pronounced is to sign the death certificate (TCA 68-3-502).

## Scenario 3

I am a primary care physician in a small rural community. One of my long-time patients, an elderly man with multiple medical problems, has been found dead at home. I have not seen the patient in eight months. Who will sign the death certificate?

- a. The primary care doctor, even though it has been more than four months since the patient was last seen.
- b. The county medical examiner, as the patient had not been seen by the primary care doctor within four months.
- c. Either a or b may sign.

# Scenario 3

Answer: c.

The primary care physician, as the person most familiar with the decedent's medical history, is the most appropriate person to complete the death certificate. A physician treating a patient for the disease process accounting for death is obligated by statute to complete and sign the death certificate if the patient has been seen within the four months prior to death.

However, if the treating physician has not seen the patient in the four months before death, and the death occurs outside of a health care facility, the case may be referred to the county medical examiner in the county in which death occurred. The county medical examiner may then review medical records and issue the death certificate.

# Scenario 4

I am a pediatrician. I cared for an 8 year-old with profound developmental delays requiring mechanical ventilation who was found dead at home a few days after I diagnosed her with pneumonia. Who should sign the death certificate?

- a. The county medical examiner, as the pneumonia should have been resolving with appropriate therapy.
- b. The pediatrician.
- c. The decedent's neurologist, as the pneumonia was the result of developmental delays requiring mechanical ventilation.
- d. It depends on the underlying cause of the developmental delays.

# Scenario 4

Answer: d. It depends.

If the developmental delay is the result of a natural cause (for example, birth asphyxia resulting from a nuchal cord), the pediatrician or another physician attending to the patient will sign the death certificate.

If the developmental delay is due to a non-natural event (for example, remote abusive head trauma), the county medical examiner should be notified, as such a death is properly classified as homicide.

# Scenario 5

I am the medical director of a nursing home. I will be out of the country for two weeks on a medical mission trip. How should death certificates be handled in my absence?

- a. Sign multiple blank death certificates and leave them with the chief of nursing to complete.
- b. Another physician should be designated as the responsible party for death certification in the absence of the medical director.
- c. Any deaths occurring during the absence of the medical director may be certified on his or her return to the country.



# Scenario 5

Answer: b.

Do not sign blank death certificates. Your signature on the death certificate avers, “To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated”. The medical certification of death is to be completed within 48 hours of death.

You must designate another physician to sign death certificates during your absence, just as you would for medical emergencies.

# Scenario 6

A patient was dependent on parenteral nutrition because of multiple enterocutaneous fistulae. She died in the intensive care unit after developing sepsis due to infection of an indwelling central venous catheter. Which cause of death certification is most appropriate?

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

a. SEPTIC SHOCK

Due to (or as a consequence of)

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**.

b. CENTRAL VENOUS CATHETER INFECTION

Due to (or as a consequence of)

c. DEPENDENCE ON PARENTERAL NUTRITION

Due to (or as a consequence of)

d. CROHN'S DISEASE

**-OR-**

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

a. HYPOTENSION

Due to (or as a consequence of)

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**.

b. SEPTIC SHOCK

Due to (or as a consequence of)

c. STAPHYLOCOCCUS AUREUS INFECTION

Due to (or as a consequence of)

d.

# Scenario 6

<b>IMMEDIATE CAUSE</b> (Final disease or condition resulting in death)	
a.	SEPTIC SHOCK
Due to (or as a consequence of)	
<b>Sequentially list conditions, if any, leading to the cause listed on line a.</b> <b>Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.</b>	
b.	CENTRAL VENOUS CATHETER INFECTION
Due to (or as a consequence of)	
c.	DEPENDENCE ON PARENTERAL NUTRITION
Due to (or as a consequence of)	
d.	CROHN'S DISEASE

The above classification of cause of death is precise, sequentially plausible, and lists a specific anatomic process, Crohn's disease, as the underlying cause of death.

"Hypotension due to septic shock due to Staphylococcus aureus infection" provides multiple mechanisms of death without listing a true cause of death.

# Scenario 7

Which of the following is an acceptable certification of death?

-OR-

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

APPROX  
Onset to

a. METABOLIC ACIDOSIS

ABC

Due to (or as a consequence of)

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**.

b. BLEEDING GASTROESOPHAGEAL VARICES

ABC

Due to (or as a consequence of)

c. CIRRHOSIS

ABC

Due to (or as a consequence of)

d. HEPATITIS B VIRUS INFECTION

ABC

## 28. PART II.

Enter other **significant conditions contributing to death** but not resulting in the underlying cause given in PART I.

Other Significant Conditions contributing to death

HYPERTENSIVE CARDIOVASCULAR DISEASE

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

a. HYPERTENSIVE CARDIOVASCULAR DISEASE

Due to (or as a consequence of)

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**.

b. METABOLIC ACIDOSIS

Due to (or as a consequence of)

c. BLEEDING GASTROESOPHAGEAL VARICES

# Scenario 7

IMMEDIATE CAUSE (Final disease or condition resulting in death)		APPROXIMATE INTERVAL: Onset to death
a. METABOLIC ACIDOSIS	<input type="checkbox"/> ABC	<input type="text"/>
Due to (or as a consequence of)		
<b>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.</b>		
b. BLEEDING GASTROESOPHAGEAL VARICES	<input type="checkbox"/> ABC	<input type="text"/>
Due to (or as a consequence of)		
c. CIRRHOSIS	<input type="checkbox"/> ABC	<input type="text"/>
Due to (or as a consequence of)		
d. HEPATITIS B VIRUS INFECTION	<input type="checkbox"/> ABC	<input type="text"/>
<b>28. PART II.</b>		
<b>Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.</b>		
Other Significant Conditions contributing to death		
HYPERTENSIVE CARDIOVASCULAR DISEASE		

The cause-of-death statement above follows a logical sequence, lists the underlying disease process responsible for death last, and includes hypertensive cardiovascular disease as a contributory cause of death.

The alternative example reads, from top to bottom, “Hypertensive cardiovascular disease due to metabolic acidosis due to bleeding gastroesophageal varices”, which implies that hypertension is the result of metabolic acidosis, and fails to indicate the etiology of the varices.

# Scenario 8

Which of the following is an acceptable certification of death?

28. **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. Enter only one cause on a line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. COMPLICATIONS OF MULTIPLE SCLEROSIS

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

b. \_\_\_\_\_ Due to (or as a consequence of):

c. \_\_\_\_\_ Due to (or as a consequence of):

d. \_\_\_\_\_ 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.

29a. WAS AN AUTOPSY PERFORMED?  Yes  No

29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?  Yes  No

30. MANNER OF DEATH  Natural  Homicide  Accident  Pending Investigation  Suicide  Could not be determined

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

32. IF FEMALE:  Not pregnant within past year  Not pregnant, but pregnant 43 days to 1 year before death  Pregnant at time of death  Not pregnant, but pregnant within 42 days of death

Approximate interval: Onset to death  
YEARS

28. **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. Enter only one cause on a line.

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

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

b. PARAPLEGIA Due to (or as a consequence of):

c. GUNSHOT WOUND TO TORSO, REMOTE Due to (or as a consequence of):

d. \_\_\_\_\_ 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.

29a. WAS AN AUTOPSY PERFORMED?  Yes  No

29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?  Yes  No

30. MANNER OF DEATH  Natural  Homicide  Accident  Pending Investigation  Suicide  Could not be determined

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

32. IF FEMALE:  Not pregnant within past year  Not pregnant, but pregnant 43 days to 1 year before death  Pregnant at time of death  Not pregnant, but pregnant within 42 days of death

Approximate interval: Onset to death  
DAYS  
32 YEARS  
32 YEARS

# Scenario 8

<p>28. <b>PART I.</b> Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.</p>		<p>Approximate interval: Onset to death</p>
<p><b>IMMEDIATE CAUSE</b> (Final disease or condition resulting in death)</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the <b>UNDERLYING CAUSE</b> (disease or injury that initiated the events resulting in death) <b>LAST</b></p>	<p>a. <u>COMPLICATIONS OF MULTIPLE SCLEROSIS</u> Due to (or as a consequence of)</p> <p>b. _____ Due to (or as a consequence of):</p> <p>c. _____ Due to (or as a consequence of):</p> <p>d. _____ Due to (or as a consequence of):</p>	<p>YEARS</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>PART II.</b> Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.</p>		<p>29a. <b>WAS AN AUTOPSY PERFORMED?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>29b. <b>WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>30. <b>MANNER OF DEATH</b></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>	<p>31. <b>DID TOBACCO USE CONTRIBUTE TO DEATH?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably  <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>32. <b>IF FEMALE</b></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</p> <p><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>

If the precise physiologic mechanism of death is unclear, it is acceptable to use the term “complications of” a known disease process which could reasonably account for death.

Although “urosepsis due to paraplegia due to gunshot wound to torso, remote”, is an accurate and specific cause of death, the manner of death cannot be considered natural, and the case should be referred to the county medical examiner. The interval of time elapsed between the injury and death does not affect or change the manner of death.



**THANK YOU**