

# STATE OF NEVADA

## ELECTRONIC DEATH REGISTRATION SYSTEM (EDRS)

# DEATH CERTIFICATES



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Division of Public and Behavioral Health  
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# State of Nevada Certificate of Death

The death certificate is paper, but Nevada is one of the first states in America to fully process a death record using **EDRS**. This reduces processing time and data entry errors. This training will focus on the proper way to document and complete the death record using **EDRS**.

# Importance of Death Certificates:

The death certificate is a permanent record of the facts of death and is required for a burial permit in the State of Nevada. A burial permit cannot be issued until the Physician / APRN properly completes and signs the record.

The death certificate establishes the date of death and provides important personal information about the decedent and about the circumstances and causes of their death. This information has many uses related to the settlement of the estate.

**The death certificate is the source for State and Federal mortality statistics and is used:**

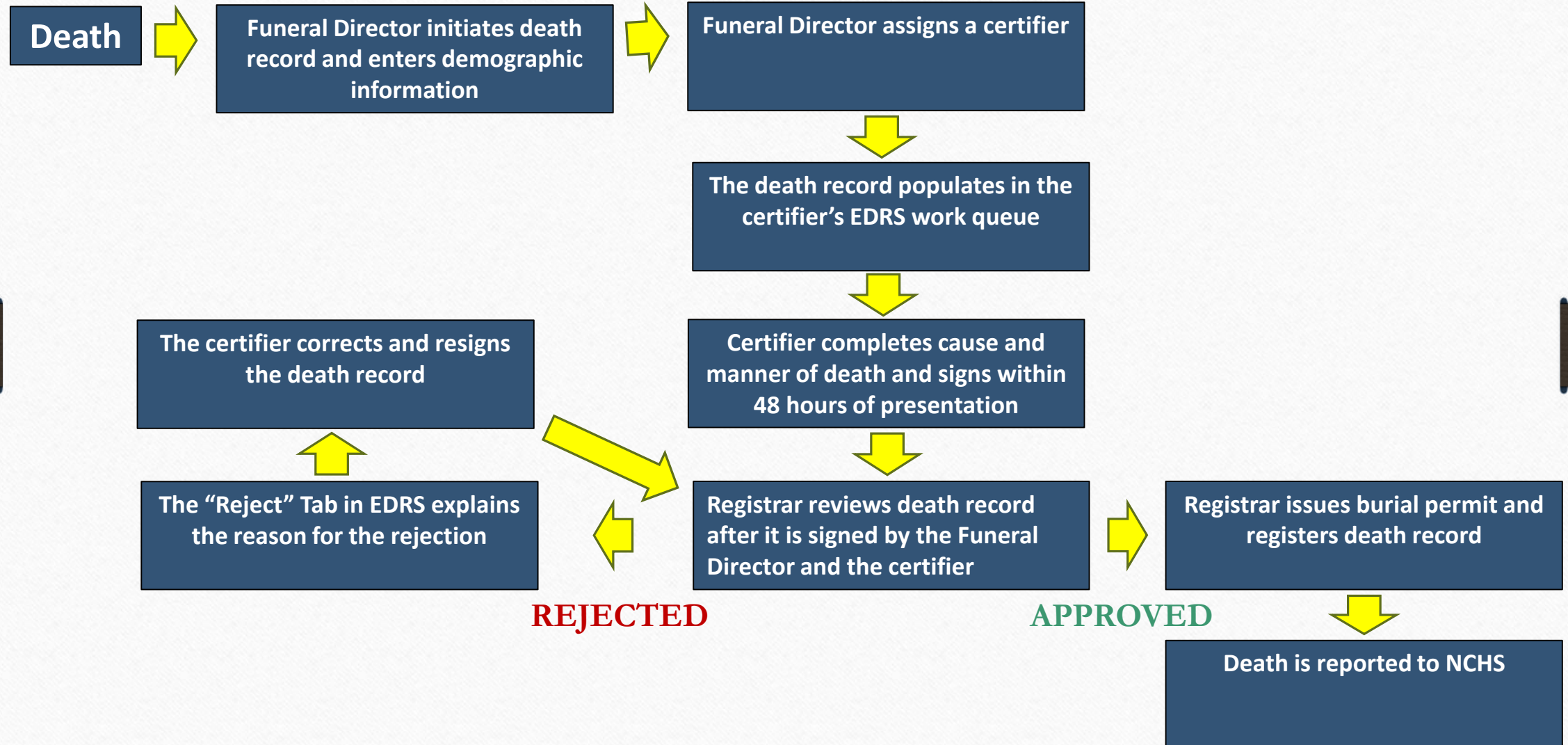
- **To determine which medical conditions receive research and development funding**
- **To set public health goals**
- **To measure health status at local, state, federal, and international levels.**

**The Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS) publishes summary mortality data which is available online at [www.cdc.gov/nchs/publications](http://www.cdc.gov/nchs/publications)**

**This mortality data is valuable to medical professionals indirectly by influencing funding that supports medical and health research that may alter clinical practice and directly as a research tool. Research topics include:**

- **Identifying disease etiology**
- **Evaluating diagnostic & therapeutic techniques**
- **Examining medical or mental health problems that may be found among specific groups of people**
- **Indicating areas in which medical research can have the greatest impact on reducing mortality**

# DEATH REGISTRATION FLOWCHART





## Certifier of Death in Nevada:

- The ***Cause of Death*** section must be completed and signed electronically by the Physician or Advanced Practice Registered Nurse (APRN) last in attendance at the time of death, the Medical Examiner or Coroner; or pursuant to regulations adopted by the Board, it may be completed and signed by the attending physician's associate physician, the Chief Medical Officer of the hospital or institution in which the death occurred, or the pathologist who performed an autopsy upon the deceased. (NRS 440.380) & (NAC 440.165)
- The person required to complete the cause of death and certify the record shall complete these portions within 48 hours after being assigned as the certifier. If the death was attended by a Physician / APRN who will not be available within 48 hours after the death, the certificate must be presented to the Chief Medical Officer of the institution, or an associate Physician / APRN who has access to the medical files on the deceased. The Chief Medical Officer or associate Physician / APRN shall complete and return the death certificate within 48 hours of such presentation. (NAC 440.160)
- **The cause of death portion should reflect his/her best medical opinion.**

Impact on reducing mortality

# Physicians/APRN Responsibility

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- **Date of Death**
- **Time of Death**
- **Social Security Number**
- **Cause of Death, including approximate intervals**
- **Death due to communicable disease?**
- **Did tobacco use contribute to death?**
- **'If Female' section**

# Attendance at Death

## A death shall be considered attended by a physician if:

- The deceased had been examined or treated, including, without limitation, having been prescribed medications or provided care by the Physician / APRN for an acute or chronic condition within 180 days preceding death;
- Was pronounced dead by a Registered Nurse or Physician Assistant pursuant to NRS 440.415; or
- Was diagnosed by a Physician / APRN as having an anticipated life expectancy of not more than 6 months. (NAC 440.170)

## Death not attended

- If the deceased had been under Physician's / APRN's care under the conditions set forth in NAC 440.170, but the cause of death was unrelated to the purpose for which the deceased consulted the Physician / APRN, the death shall not be considered to have been attended and must be referred to the County Coroner or Medical Examiner for review. (NAC 440.180)





# **Welcome to EDRS**

Electronic Death Registry System

# **The Basics**



## Nevada Vital Records

EBRS/EDRS  
LIVE database  
Nevada

### MESSAGE OF THE DAY

#### CORONERS & MEDICAL EXAMINERS

Effective January 1, 2018, Coroners and Medical Examiners are required to sign off on Pending Investigation death records within 10 days from the date of death. A burial permit cannot be issued until the death record is completed.

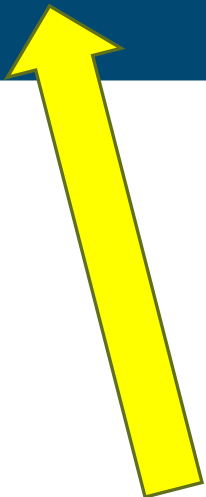
- ▶ This is the EDRS HOME SCREEN.
- ▶ Be sure to note the “MESSAGE OF THE DAY” in the left corner for the latest update.

Get Work Queues...



## Nevada Vital Records

EBRS/EDRS  
LIVE database  
Nevada



### MESSAGE OF THE DAY

#### CORONERS & MEDICAL EXAMINERS

Effective January 1, 2018, Coroners and Medical Examiners are required to sign off on Pending Investigation death records within 10 days from the date of death. A burial permit cannot be issued until the death record is completed.

- ▶ Select "Work Queue" at the top left of the screen.
- ▶ Select "Get Work Queues".
- ▶ The "Work Queue" box will appear.





## Nevada Vital Records

EBRS/EDRS

## Work Queues

| Work Queue Name              | Count |
|------------------------------|-------|
| Location Medical in Progress | 0     |
| Messages                     | 0     |
| Personal Medical in Progress | 0     |
| Physician - Fetal Death      | 0     |
| Physician Ready to Sign      | 0     |
| Physician Reject/Re-assign   | 0     |

Refresh Count

Go!

Close

## Work Queues

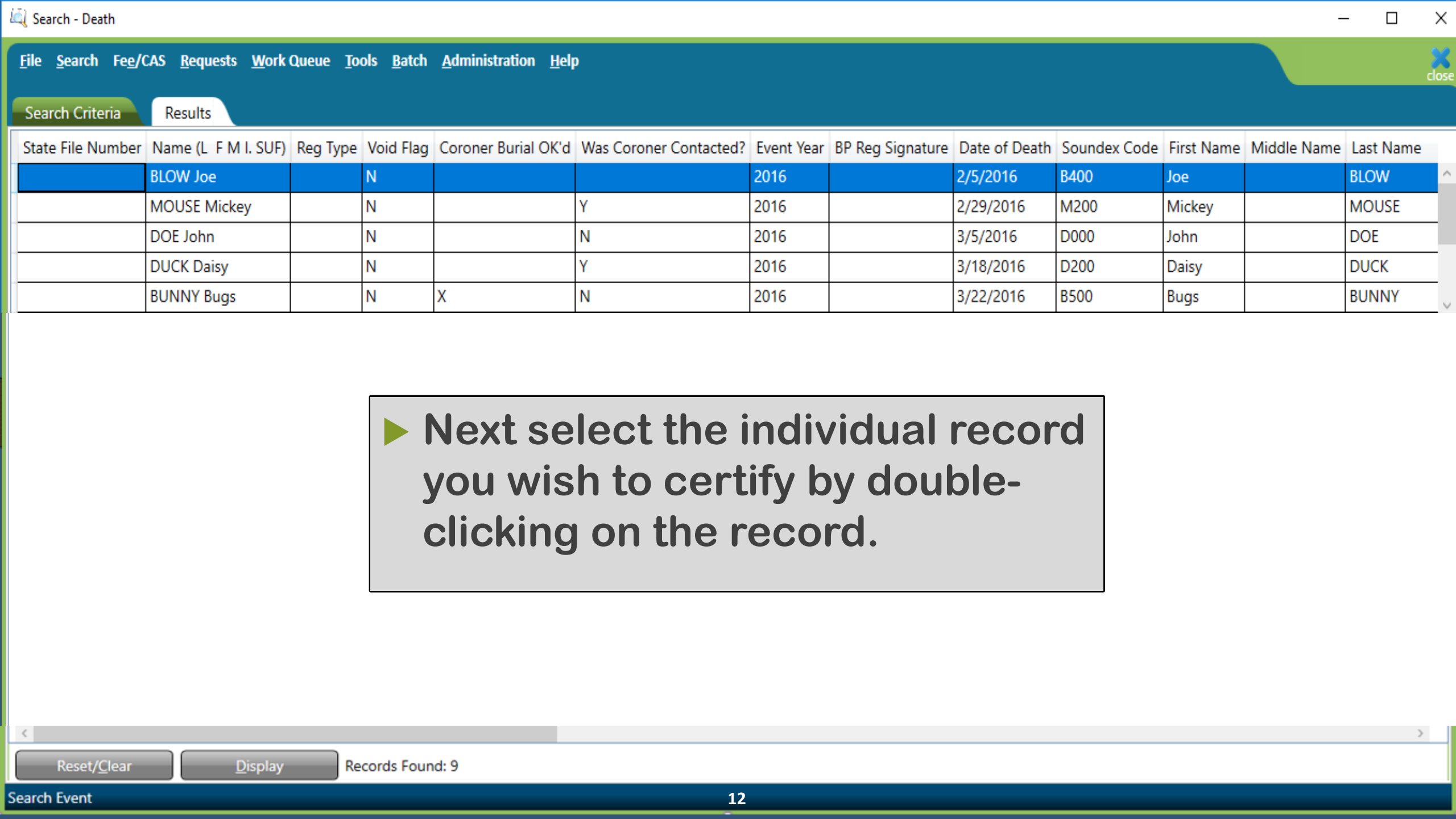
| Work Queue Name              | Count |
|------------------------------|-------|
| APRN - Fetal Death           | 0     |
| APRN Ready to Sign           | 0     |
| APRN Reject/Re-assign        | 0     |
| Location Medical in Progress | 8     |
| Personal Medical in Progress | 0     |

Refresh Count

Go!

Close

- ▶ These are the **WORK QUEUES MENUS**.
- ▶ “Personal Medical in Progress” – This is each Physician’s / APRN’s personal work queue for records assigned to only him or her.
- ▶ “Location Medical in Progress”- These are all the records for the selected location for the Physician / APRN.



| State File Number | Name (L F M I. SUF) | Reg Type | Void Flag | Coroner Burial OK'd | Was Coroner Contacted? | Event Year | BP Reg Signature | Date of Death | Soundex Code | First Name | Middle Name | Last Name |
|-------------------|---------------------|----------|-----------|---------------------|------------------------|------------|------------------|---------------|--------------|------------|-------------|-----------|
|                   | BLOW Joe            |          | N         |                     |                        | 2016       |                  | 2/5/2016      | B400         | Joe        |             | BLOW      |
|                   | MOUSE Mickey        |          | N         |                     | Y                      | 2016       |                  | 2/29/2016     | M200         | Mickey     |             | MOUSE     |
|                   | DOE John            |          | N         |                     | N                      | 2016       |                  | 3/5/2016      | D000         | John       |             | DOE       |
|                   | DUCK Daisy          |          | N         |                     | Y                      | 2016       |                  | 3/18/2016     | D200         | Daisy      |             | DUCK      |
|                   | BUNNY Bugs          |          | N         | X                   | N                      | 2016       |                  | 3/22/2016     | B500         | Bugs       |             | BUNNY     |

▶ Next select the individual record you wish to certify by double-clicking on the record.

Death (Event Year = 2017)

File Search Fee/CAS Requests Actions Work Queue Linking Tools Administration Help

Decedent Dec History Dec History2 Disposition Trade Call Court Ordered Certifier Cause of Death Cause of Death(cont) Reject Signatures Registrar Flags Supermicar

System

State File Number Out of State File Number Case File Number Reg Type Paper or Electronic Filing?

Drop to Paper Printed Drop to Paper Print Date

Overall Record Status Record Status for Personal Info Record Status for Medical Info

Changes to death record pending? Alias Names? Case Started by

Deceased

1. First Name Middle Name Last Name Suffix

Name (LAST FIRST MIDDLE I. SUFFIX)

2. Date of Death Is this an approximate date?

MCI Event

3. Place of Death

State - OOS State 3a. County of Death

3b. City, Town, or Location of Death Zip Code

County FIPS City FIPS

3e. Place of Death

Was there a Hospice Care Program? Hospice Care Program

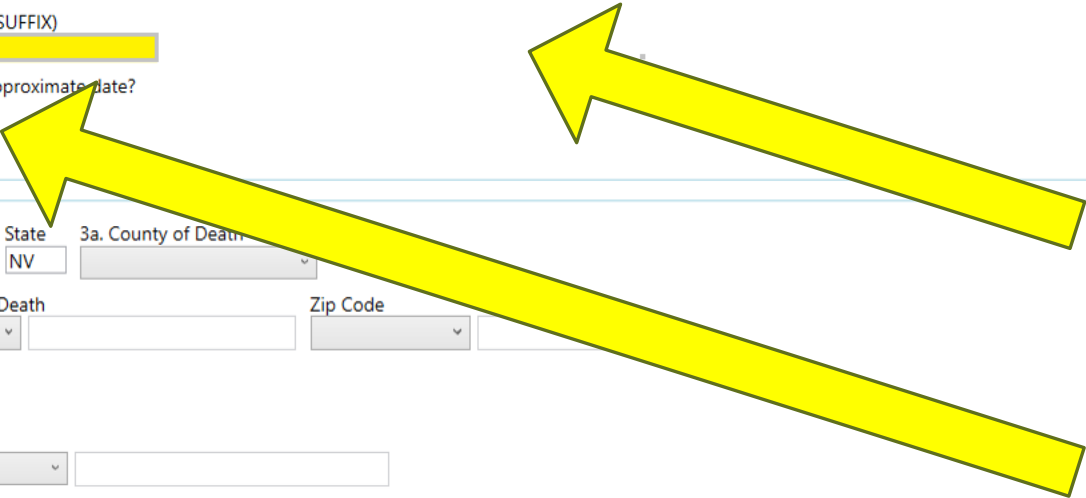
3c. Hospital or Other Institution

Address Medical Record Number

# Initial Display Screen

The certifying Physician / APRN should double check to ensure the following are correct:

- ▶ Decedent's Full Name
- ▶ Date of Death



Assigned To

21a. / 22a. Certifier Type  23a. Name  Certifier Associated Facility

E-Mail Certifier

Certifier

Title  Degree  23b. License Number

Address

State  City  Zip Code

Email Address  Administrative Assistant Email

Attending Physician, if other than Certifier

Full Name  Title  Attending ID

21. Certifier

Military Time of Death  Is this TIME approximate?  21c. Time of Death

22. Coroner

Coroner Case Number  22d. Pronounced Dead  Military Time Pronounced  22e. Time Pronounced

# Certifier Tab

- ▶ The name in 23a must match the person who is logged in before the record can be signed.
- ▶ The “Attending Physician” must be completed, if the name in 23a is not the Physician / APRN in attendance at the time of death. This person is either an Associate Physician, APRN or the Chief Medical Officer of the hospital or institution.
- ▶ “Military Time of Death” and “Is this Time Approximate” are mandatory fields. This must be entered and confirmed.

Pending Investigation  Death due to communicable disease? 

# Cause of Death Tab

Cause of Death (Part 1) Enter the chain of events that directly caused death.

a. Immediate Cause (Final disease or condition resulting in Death)

Approx. Interval - Onset to Death

Views 2

List Conditions leading to the cause on line A.

b. Due to or as a Consequence of

Approx. Interval - Onset to

c. Due to or as a Consequence of

Approx. Interval - Onset to

d. Due to or as a Consequence of

Approx. Interval - Onset to

Cause of Death (Part 2)

Other significant conditions contributing to death.

Autopsy?  Were Autopsy Findings Used?  Did Tobacco Use Contribute to Death? 

If Female

Was Coroner Contacted?  Coroner Contacted Reason

- ▶ **“Pending Investigation” is a required field. This field is completed with a “Y” for yes or a “N” for no. “Y” typically applies to coroner cases.**
- ▶ **“Death Due to Communicable Disease” is a required field. This field is completed with a “Y” for yes or a “N” for no or a “U” for unknown.**
- ▶ **The “Immediate Cause” is a required field.**
- ▶ **The “Due to or as a Consequence of” may be required depending on the immediate cause.**
- ▶ **The “Approx. Interval – Onset of Death” is not required, but it is preferred.**
- ▶ **“Autopsy” is a required field. This field is completed with a “Y” for yes or a “N” for no.**
- ▶ **“Did Tobacco Use Contribute to Death” is a required field. This field is completed with a “Y” for yes, a “N” for no, a “U” for unknown, or a “P” for probable.**
- ▶ **“If female” is a required field. This field will open up if the decedent is a female.**



## Cause of Death (cont)

28a. Manner of Death  Edit Counter

Injury

28b. Date of Injury Is this DATE approximate?  28c. Time of Injury  9999

28d. Describe how Injury occurred

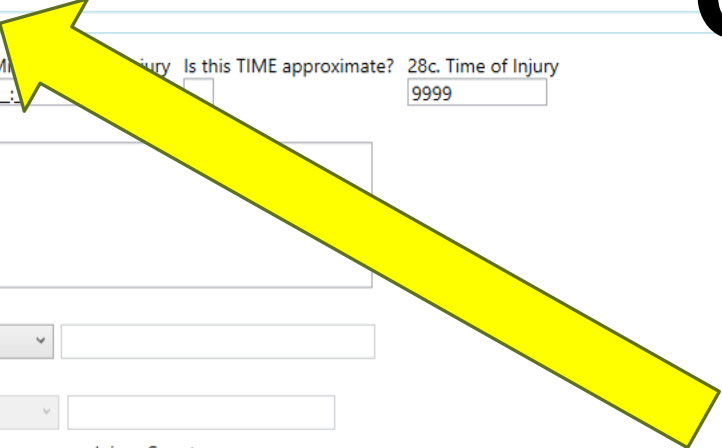
Injury at work?  28f. Place of Injury

Transportation Injury?  Specify

State  Injury County

City  Zipcode

28g. Location Street Address



# Cause of Death (cont.)

- ▶ Manner of Death is a required field. Update with the appropriate response from the drop down menu.
- ▶ If manner of death is due to anything other than “Natural Causes,” the “Injury” section must be completed.

## Burial Permit

County Coroner Name  Coroner Signature  Date Coroner Signed  Completed By

County of Death Registrar Name

Registrar Signature  Registrar Approval Date  Completed by

Burial Permit Number  Permit Print Date

## Facility

Facility Complete? (Y,N,R)  Complete Date  Completed by

## Funeral Home

Personal Info Complete (Y/N/R)?  Complete Date  Completed by

Director Signed?  Date Signed  Funeral Director Name

## Physician Signing Certificate

Medical Info Complete (Y/N/R)?  Complete Date  Completed by

Physician Signed?  Date Signed

## Coroner Signing Certificate

Medical Info Complete (Y/N/R)?  Complete Date  Completed by

Coroner Signed?  Date Signed

# Signatures Tab

- ▶ “Medical Info Complete” is a required field. This field is completed with a “Y” for yes. If there is a “R” in this field, the record has been rejected and you can replace it with a “Y”.
- ▶ “Complete Date” and “Completed By” is automatically populated when you tab after entering a “Y” in the “Medical Info Complete” field.
- ▶ “Physician Signed” is a required field. It auto-populates with “N”. This field is completed with a “Y” for yes. If there is an “R” in this field, the record has been rejected and you can replace it with a “Y”.
- ▶ “Date Signed” is automatically populated when you tab after entering a “Y” in the “Physician Signed” field.

## Burial Permit

County Coroner Name  Coroner Signature  Date Coroner Signed  Completed By

County of Death Registrar Name

Registrar Signature  Registrar Approval Date  Completed by

Burial Permit Number  Permit Print Date

## Facility

Facility Complete? (Y,N,R)  Complete Date  Completed by

## Funeral Home

Personal Info Complete (Y/N/R)?  Complete Date  Completed by

Director Signed?  Date Signed  Funeral Director Name

## Physician Signing Certificate

Medical Info Complete (Y/N/R)?  Complete Date  Completed by

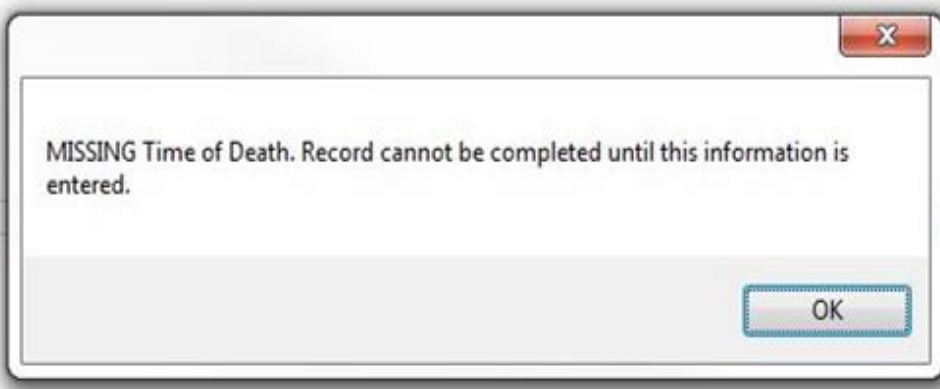
Physician Signed?  Date Signed

## Coroner Signing Certificate

Medical Info Complete (Y/N/R)?  Complete Date  Completed by

Coroner Signed?  Date Signed

# Missing Information



- ▶ A notification box will appear when a “Y” is entered in “Medical Info Complete” and there is required information missing.
- ▶ Click “OK” and it should return you to the specific field for completion.
- ▶ After the information is entered, return to the “Signatures Tab” and attempt to complete the signature portion again.

## Burial Permit

County Coroner Name  Coroner Signature  Date Coroner Signed  Completed By

County of Death Registrar Name

Registrar Signature  Registrar Approval Date  Completed by

Burial Permit Number  Permit Print Date

## Facility

Facility Complete? (Y,N,R)  Complete Date  Completed by

## Funeral Home

Personal Info Complete (Y/N/R)?  Complete Date  Completed by

Director Signed?  Date Signed  Funeral Director Name

## Physician Signing Certificate

Medical Info Complete (Y/N/R)?  Complete Date  Completed by

Physician Signed?  Date Signed

## Coroner Signing Certificate

Medical Info Complete (Y/N/R)?  Complete Date  Completed by

Coroner Signed?  Date Signed

# Date & Time Confirmation

## Yes or No

Date of death is: 10/1/2015. Please confirm.

Yes

No

## Yes or No

Time of death is: 11:05 AM. Please confirm.

Yes

No

- ▶ A notification box will appear when a “Y” is entered in “Physician Signed”. You will be prompted to confirm the date of death and the time of death. Click “Yes” if the information is correct.
- ▶ If you select “No” to either notification, you will be redirected to that field to correct the information.
- ▶ After correcting or completing missing information, you will need to re-enter the “Y” in “Medical Info Complete”.

## Burial Permit

County Coroner Name  Coroner Signature  Date Coroner Signed  Completed By

County of Death Registrar Name

Registrar Signature  Registrar Approval Date  Completed by

Burial Permit Number  Permit Print Date

## Facility

Facility Complete? (Y,N,R)  Complete Date  Completed by

## Funeral Home

Personal Info Complete (Y/N/R)?  Complete Date  Completed by

Director Signed?  Date Signed  Funeral Director Name

## Physician Signing Certificate

Medical Info Complete (Y/N/R)?  Complete Date  Completed by

Physician Signed?  Date Signed

## Coroner Signing Certificate

Medical Info Complete (Y/N/R)?  Complete Date  Completed by

Coroner Signed?  Date Signed

# Signature Confirmation

## Physician Signed

You have signed this record and it will be submitted for completion.

OK

- ▶ This box will appear confirming that you have signed the record. Click "OK".
- ▶ Then click "SAVE" in the top right corner.

Reject

|                                     |              |               |                        |
|-------------------------------------|--------------|---------------|------------------------|
| Rejected?                           | Rejected By  | Rejected Date | Rejected From To       |
| <input checked="" type="checkbox"/> | Lewis, Jason | 01/30/2018    | Registrar to Physician |

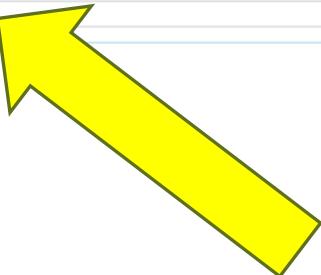
Short Comments - Additional Available in Notes

The Cause Of Death Requires Additional Etiology

Rejected Reason

Ill-defined Cause of Death

Reject Notice Sent To



# REJECTIONS

- ▶ The State Registrar or Local Registrar (Clark and Washoe County) may reject a record back to the certifier. A rejection for cause of death does not mean the statement is wrong from a clinical standpoint, but may lack information for statistical purposes.
- ▶ The certifier should receive an email notifying them of the rejection which explains the reason for the rejection.
- ▶ The record will show up in the Physician / APRN Reject / Re-Assign work queue.
- ▶ The reject tab in the record should indicate the reason for the rejection.
- ▶ Rejections will clear signatures. When corrected, the record will need to be re-signed.

**Burial Permit**

County Coroner Name  Coroner Signature  Date Coroner Signed  Completed By

County of Death Registrar Name

Registrar Signature  Registrar Approval Date  Completed by

Burial Permit Number  Permit Print Date

**Facility**

Facility Complete? (Y,N,R)  Complete Date

**Funeral Home**

Personal Info Complete (Y/N/R)?  Complete Date

Director Signed?  Date Signed  Funeral Dir

**Physician Signing Certificate**

Medical Info Complete (Y/N/R)?  Complete Date

Physician Signed?  Date Signed

# “Data Entry Exception” or Query Message

Data Entry Exception

You must complete the minimum information to save this record. Complete these fields, Decedent First and Last Name, Date of Death, Sex, Social Security Number, County of Death, County and Zipcode of Residence, before going on.

|                 |                     |
|-----------------|---------------------|
| Field Name:     | D3_CASE_FILE_NUMBER |
| Field Label:    | Case File Number    |
| Tab Section:    | Decedent            |
| Paragraph:      | System              |
| Edit Number:    | 10                  |
| Query Location: |                     |

**Bypass Variable Values**

Queried and Verified - 1

Queried - Not Verified - 2

Review Needed - 3

Query Needed - 4

**Missing Variable Values**

Query Location

Re-Key Override Query Field Skip


► This box will appear for skipped fields or to verify questionable information.

# Data Entry Exception Box Options


Re-Key

Clicking the “Re-Key” button will take you right to the field that needs to be completed.


Override

Clicking the “Override” button will bypass that field so that you can continue trying to save the record, and it will turn it an aqua color:  Choose this option only if you do not intend to enter any information in that field because it is not applicable.

Query Field

Clicking the “Query Field” allows you to save the record without entering the information, but it assumes you want to fill it in later. It will turn the field a yellow color:  Click “Query Field” if you intend to enter the information later, but just don’t have it at the moment.

Skip

Clicking the “Skip” button will skip the field for now and will let you come back to it later. It will turn the field a green color:  You will be prompted to enter this information again before the record can be saved.



Death (Event Year = 2017)

File Search Fee/CAS Requests Actions Work Queue Linking Tools Administration Help

Decedent Dec History Dec History2 Disposition Trade Call Court Ordered Certifier Cause of Death Cause of Death(cont) Reject Signatures Registrar Flags Supermicar

Pending Investigation  Death due to communicable disease?

Cause of Death (Part 1) Enter the chain of events that directly caused death.

a. Immediate Cause (Final disease or condition resulting in Death)  Approx. Interval - Onset to Death  Views 2

List Conditions leading to the cause on line A.

b. Due to or as a Consequence of  Approx. Interval - Onset to Death

c. Due to or as a Consequence of  Approx. Interval - Onset to Death

d. Due to or as a Consequence of  Approx. Interval - Onset to Death

Cause of Death (Part 2)

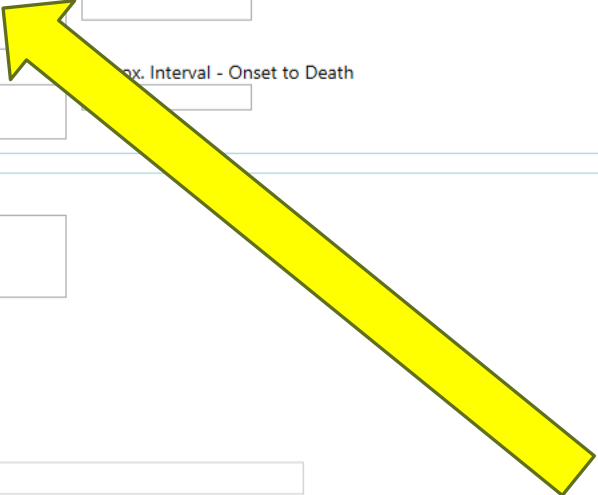
Other significant conditions contributing to death.

Autopsy?  Were Autopsy Findings Used?  Did Tobacco Use Contribute to Death?

If Female

Was Coroner Contacted?  Coroner Contacted Reason

# Highlighted Green Field

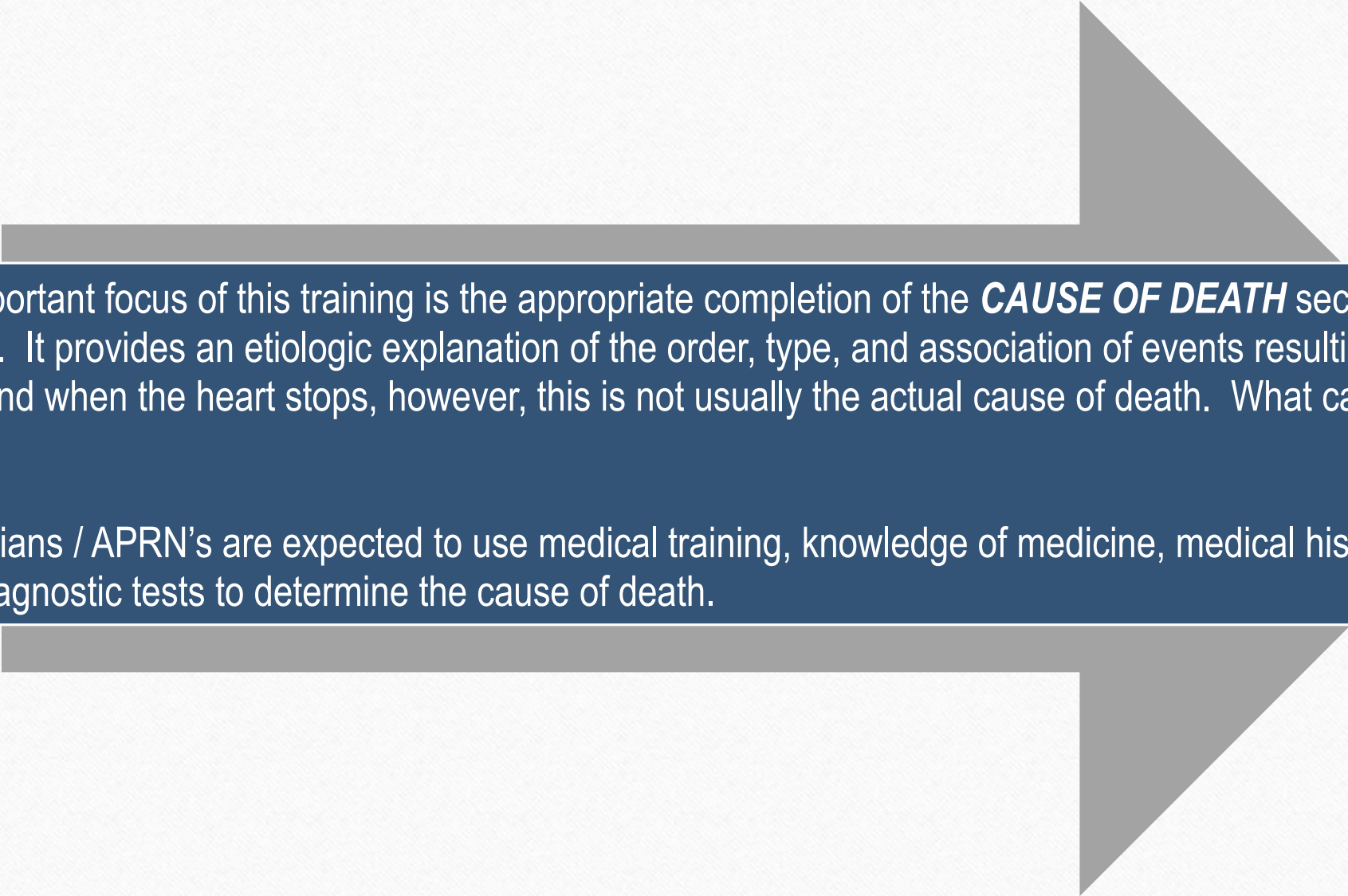


► If a field is highlighted in green, this indicates the field was skipped, but it is a required field. The field must be completed prior to signing the record.

# **Welcome to EDRS**

Electronic Death Registry System

# **Cause of Death**



An important focus of this training is the appropriate completion of the **CAUSE OF DEATH** section of the death record. It provides an etiologic explanation of the order, type, and association of events resulting in death. All lives end when the heart stops, however, this is not usually the actual cause of death. What caused the heart to stop?

Physicians / APRN's are expected to use medical training, knowledge of medicine, medical history, symptoms, and diagnostic tests to determine the cause of death.

# Cause of Death Tab

Pending Investigation  Death due to communicable disease?

Cause of Death (Part 1) Enter the chain of events that directly caused death.

a. Immediate Cause (Final disease or condition resulting in Death)

b. Due to or as a Consequence of

c. Due to or as a Consequence of

d. Due to or as a Consequence of

Other significant conditions contributing to death.

Autopsy? Were Autopsy Findings Used? Did Tobacco Use Contribute

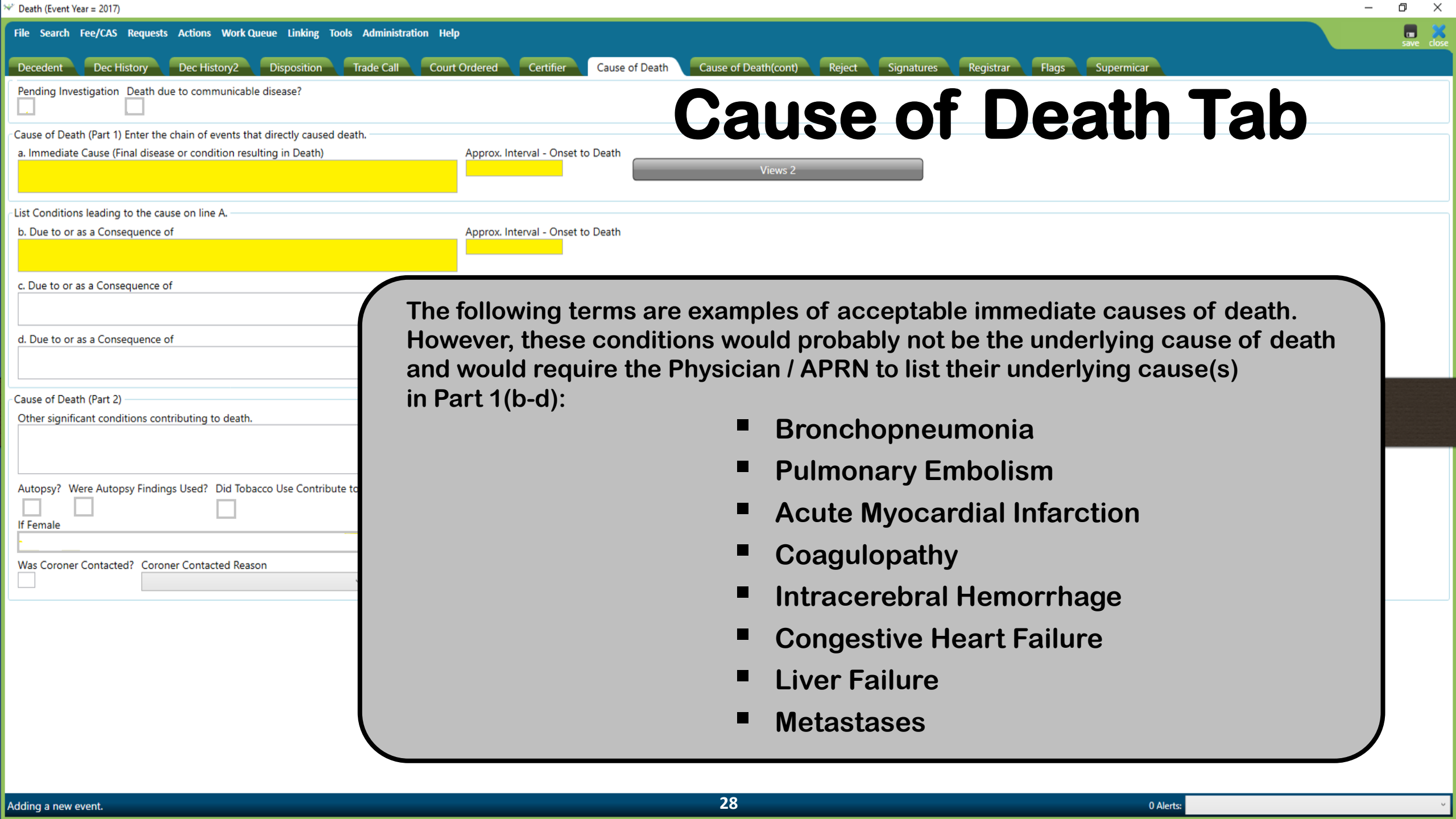
If Female

Was Coroner Contacted? Coroner Contacted Reason

Report the immediate cause of death in Part 1(a). This should be the final disease or complication directly causing the death. This condition should NOT only indicate the mode of dying, which merely attests to the fact of death and is not specifically related to the disease process. The following are examples of modes of dying which should NOT be listed as the immediate cause of death:

- Cardiac Arrest
- Cardiopulmonary Arrest
- Respiratory Arrest
- Respiratory Failure
- Failure to Thrive
- Multiple Organ/System Failure

The purpose of the “List Conditions leading to the cause on line A” section is for the Physician / APRN to indicate what the underlying cause of death was and what intervening conditions, if any, led to the immediate cause of death. The last entry in part one should list the specific cause of death. Enter only one disease or condition in each field of this section and do not use abbreviations. For each condition, you will also need to indicate the approximate interval between the date of onset and the date of death.



# Cause of Death Tab

The following terms are examples of acceptable immediate causes of death. However, these conditions would probably not be the underlying cause of death and would require the Physician / APRN to list their underlying cause(s) in Part 1(b-d):

- Bronchopneumonia
- Pulmonary Embolism
- Acute Myocardial Infarction
- Coagulopathy
- Intracerebral Hemorrhage
- Congestive Heart Failure
- Liver Failure
- Metastases



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention  
National Center for Health Statistics



## Instructions for Completing the Cause-of-Death Section of the Death Certificate

Accurate cause-of-death information is important:

- To the public health community in evaluating and improving the health of all citizens, and
- Often to the family, now and in the future, and to the person settling the decedent's estate.

The cause-of-death section consists of two parts. **Part I** is for reporting a chain of events leading directly to death, with the **immediate cause** of death (the final disease, injury, or complication directly causing death) on **Line a** and the **underlying cause** of death (the disease or injury that initiated the chain of morbid events that led directly and inevitably to death) on the lowest used line. **Part II** is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in **Part I**. The **cause-of-death information should be YOUR best medical OPINION**. A condition can be listed as "probable" even if it has not been definitively diagnosed.

### Examples of properly completed medical certifications

| CAUSE OF DEATH (See instructions and examples)   |  |  |
|--|--|--|
| <p>32. <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. 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 <b>UNDERLYING CAUSE</b> (disease or injury that initiated the events resulting in death) <b>LAST</b></p> |  | <p>Approximate interval:<br/>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><b>PART II.</b> 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</p> <p><input type="checkbox"/> Probably <input type="checkbox"/> Unknown</p>   | <p>36. IF FEMALE:</p> <p><input checked="" type="checkbox"/> Not pregnant within past year</p> <p><input type="checkbox"/> Pregnant at time of death</p> <p><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</p> <p><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</p> <p><input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation</p> <p><input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p> |

| <b>CAUSE OF DEATH (See instructions and examples)</b>  |  | Approximate interval:<br>Onset to death  |
|--|--|--|
| <p>32. <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. 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) →</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>Acute renal failure</u><br/>Due to (or as a consequence of): _____</p> <p>b. <u>Hyperosmolar nonketotic coma</u><br/>Due to (or as a consequence of): _____</p> <p>c. <u>Diabetes mellitus, noninsulin dependent</u><br/>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><b>PART II.</b> 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?<br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>   |
| <p>34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>   |  |  |
| <p>35. DID TOBACCO USE CONTRIBUTE TO DEATH?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Probably <input type="checkbox"/> Unknown</p>   | <p>36. IF FEMALE:</p> <p><input checked="" type="checkbox"/> Not pregnant within past year</p> <p><input type="checkbox"/> Pregnant at time of death</p> <p><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</p> <p><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</p> <p><input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation</p> <p><input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p> |

**ITEM 32 - CAUSE OF DEATH**

Take care to make the entry legible. Use a computer printer with high resolution, typewriter with good black ribbon and clean keys, or print legibly using permanent black ink in completing the cause-of-death section. Do not abbreviate conditions entered in section.

**Part I (Chain of events leading directly to death)**

- Only **one** cause should be entered on each line. Line a **MUST ALWAYS** have an entry. **DO NOT** leave blank. Additional lines may be added if necessary.
- If the condition on Line a resulted from an underlying condition, put the underlying condition on Line b, and so on, until the full sequence is reported. **ALWAYS** enter the **underlying cause of death** on the lowest used line in Part I.
- For each cause indicate the best estimate of the interval between the presumed onset and the date of death. The terms “unknown” or “approximately” may be used. General terms, such as minutes, hours, or days, are acceptable, if necessary. **DO NOT** leave blank.

- The terminal event (e.g., cardiac arrest or respiratory arrest) should not be used. If a mechanism of death seems most appropriate to you for Line a, then you must always list its cause(s) on the line(s) below it (e.g., cardiac arrest **due to** coronary artery atherosclerosis *or* cardiac arrest **due to** blunt impact to chest).
- If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause of death, always report its etiology on the line(s) beneath it (e.g., renal failure **due to** Type I diabetes mellitus).
- When indicating neoplasms as a cause of death, include the following: 1) primary site *or* that the primary site is unknown, 2) benign or malignant, 3) cell type *or* that the cell type is unknown, 4) grade of neoplasm, and 5) part or lobe of organ affected. Example: a primary well-differentiated squamous cell carcinoma, lung, left upper lobe.

#### Part II (Other significant conditions)

- Enter all diseases or conditions contributing to death that were not reported in the chain of events in Part I and that did not result in the **underlying cause of death**. See examples.
- If two or more possible sequences resulted in death, or if two conditions seem to have added together, report in Part I the one that, in your opinion, most directly caused death. Report in Part II the other conditions or diseases.

#### CHANGES TO CAUSE OF DEATH

If additional medical information or autopsy findings become available that would change the cause of death originally reported, the original death certificate should be amended by the certifying physician by **immediately** reporting the revised cause of death to the State Vital Records Office.

#### ITEMS 33 and 34 - AUTOPSY

- 33 - Enter "Yes" if either a partial or full autopsy was performed. Otherwise enter "No."
- 34 - Enter "Yes" if autopsy findings were available to complete the cause of death; otherwise enter "No." Leave item blank if no autopsy was performed.

#### ITEM 35 - DID TOBACCO USE CONTRIBUTE TO DEATH?

Check "Yes" if, in your opinion, the use of tobacco contributed to death. Tobacco use may contribute to deaths due to a wide variety of diseases; for example, tobacco use contributes to many deaths due to emphysema or lung cancer and some heart disease and cancers of the head and neck. Check "No" if, in your clinical judgment, tobacco use did not contribute to this particular death.

#### ITEM 36 - IF FEMALE, WAS DECEDENT PREGNANT AT TIME OF DEATH OR WITHIN PAST YEAR?

If the decedent is a female, check the appropriate box. If the female is either too old or too young to be fecund, check the "Not pregnant within past year" box. If the decedent is a male, leave the item blank. This information is important in determining pregnancy-related mortality.

#### ITEM 37 - MANNER OF DEATH

- Always check Manner of Death, which is important: 1) in determining accurate causes of death, 2) in processing insurance claims, and 3) in statistical studies of injuries and death.
- Indicate "Could not be determined" **ONLY** when it is impossible to determine the manner of death.

#### Common problems in death certification

The **elderly decedent** should have a clear and distinct etiological sequence for cause of death, if possible. Terms such as senescence, infirmity, old age, and advanced age have little value for public health or medical research. Age is recorded elsewhere on the certificate. When a number of conditions resulted in death, the physician should choose the single sequence that, in his or her opinion, best describes the process leading to death, and place any other pertinent conditions in Part II. If after careful consideration the physician cannot determine a sequence that ends in death, then the medical examiner or coroner should be consulted about conducting an investigation or providing assistance in completing the cause of death.



The **infant decedent** should have a clear and distinct etiological sequence for cause of death, if possible. "Prematurity" should not be entered without explaining the etiology of prematurity. Maternal conditions may have initiated or affected the sequence that resulted in infant death, and such maternal causes should be reported in addition to the infant causes on the infant's death certificate (e.g., Hyaline membrane disease **due to** prematurity, 28 weeks **due to** placental abruption **due to** blunt trauma to mother's abdomen).

**When processes such as the following are reported, additional information about the etiology should be reported:**

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

If the certifier is unable to determine the etiology of a process such as those shown above, the process must be qualified as being of an unknown, undetermined, probable, presumed, or unspecified etiology so it is clear that a distinct etiology was not inadvertently or carelessly omitted.

The following conditions and types of death might seem to be specific or natural but when the medical history is examined further may be found to be complications of an injury or poisoning (possibly occurring long ago). Such cases should be reported to the medical examiner/coroner.

|  |                   |                            |                         |                              |
|--|-------------------|----------------------------|-------------------------|------------------------------|
| Asphyxia                                       | Epidural hematoma | Hip fracture               | Pulmonary emboli        | Subdural hematoma            |
| Bolus  | Exsanguination    | Hyperthermia               | Seizure disorder        | Surgery                      |
| Choking  | Fall              | Hypothermia                | Sepsis                  | Thermal burns/chemical burns |
| Drug or alcohol overdose/drug or alcohol abuse | Fracture          | Open reduction of fracture | Subarachnoid hemorrhage |                              |

**REFERENCES**

For more information on how to complete the medical certification section of the death certificate, refer to tutorial at <http://www.TheNAME.org> and resources including instructions and handbooks available by request from NCHS, Room 7318, 3311 Toledo Road, Hyattsville, Maryland 20782 or at [www.cdc.gov/nchs/about/major/dvs/handbk.htm](http://www.cdc.gov/nchs/about/major/dvs/handbk.htm).

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04-0377 (8/04)



**EXAMPLES OF  
APPROPRIATE  
CAUSE OF DEATH  
CERTIFICATIONS**

## Case History #1

Shortly after dinner on the day prior to admission to the hospital, this 48-year-old male developed a cramping, epigastric pain, which radiated to his back, followed by nausea and vomiting. The pain was not relieved by positional changes or antacids. The pain persisted, and 24 hours after its onset, the patient sought medical attention. He had a 10-year history of excessive alcohol consumption and a 2-year history of frequent episodes of similar epigastric pain. The patient denied diarrhea, constipation, hematemesis, or melena. The patient was admitted to the hospital with a diagnosis of an acute exacerbation of chronic pancreatitis. Radiological findings included a duodenal ileus and pancreatic calcification. Serum amylase was 4,032 units per liter. The day after admission, the patient seemed to improve. However, that evening he became disoriented, restless, and hypotensive. Despite intravenous fluids and vasopressors, the patient remained hypotensive and died. Autopsy findings revealed many areas of fibrosis in the pancreas with the remaining areas showing multiple foci of acute inflammation and necrosis.

:Physicians' Handbook on Medical Certification of Death, 2003 Revision; Hyattsville, Maryland, April 2003; DHHS Publication No. (PHS) 2003-1108

# How to complete CAUSE OF DEATH

Death (Event Year = 2017)

File Search Fee/CAS Requests Actions Work Queue Linking Tools Administration Help

Decedent Dec History Dec History2 Disposition Trade Call Court Ordered Certifier Cause of Death

Pending Investigation  Death due to communicable disease?

Cause of Death (Part 1) Enter the chain of events that directly caused death.

a. Immediate Cause (Final disease or condition resulting in Death)  Approx. Interval - Onset to Death

List Conditions leading to the cause on line A.

b. Due to or as a Consequence of  Approx. Interval - Onset to Death

c. Due to or as a Consequence of  Approx. Interval - Onset to Death

d. Due to or as a Consequence of  Approx. Interval - Onset to Death

Cause of Death (Part 2)

Other significant conditions contributing to death.

Autopsy?  Were Autopsy Findings Used?  Did Tobacco Use Contribute to Death?

If Female

Was Coroner Contacted?  Coroner Contacted Reason

Note: Duodenal ileus and pancreatic calcification are nonspecific processes and neither should be listed as an underlying cause of death.

## Case History #2

A 68-year-old male was admitted to the hospital with progressive right lower quadrant pain of several weeks' duration. The patient had lost approximately 40 pounds, with progressive weakness and malaise. On physical examination, the patient had an enlarged liver span that was four finger breadths below the right costal margin. Rectal examination was normal and stool was negative for occult blood. Routine laboratory studies were within normal limits. A chest x-ray and barium enema were negative. His EKG showed a right bundle branch block. CT scan showed numerous masses within both lobes of the liver. A needle biopsy of the liver was diagnostic of moderately differentiated hepatocellular carcinoma, and the patient was started on chemotherapy. Three months after the diagnosis, the patient developed sharp diminution of liver function as well as a deep venous thrombosis of his left thigh, and he was admitted to the hospital. On his third day, the patient developed a pulmonary embolism and died 30 minutes later.

:Physicians' Handbook on Medical Certification of Death, 2003 Revision; Hyattsville, Maryland, April 2003; DHHS Publication No. (PHS) 2003-1108

# How to complete CAUSE OF DEATH

Death (Event Year = 2017)

File Search Fee/CAS Requests Actions Work Queue Linking Tools Administration Help

Decedent Dec History Dec History2 Disposition Trade Call Court Ordered Certifier Cause of Death

Pending Investigation  Death due to communicable disease?

Cause of Death (Part 1) Enter the chain of events that directly caused death.

a. Immediate Cause (Final disease or condition resulting in Death) Approx. Interval - Onset to Death

Pulmonary Embolism 30 Minutes

List Conditions leading to the cause on line A.

b. Due to or as a Consequence of Approx. Interval - Onset to Death

Deep Venous Thrombosis In Left Thigh 3 Days

c. Due to or as a Consequence of Approx. Interval - Onset to Death

Acute Hepatic Failure 3 Days

d. Due to or as a Consequence of Approx. Interval - Onset to Death

Moderately Differentiated Hepatocellular Carcinoma Over 3 Months

Cause of Death (Part 2)

Other significant conditions contributing to death.

Autopsy?  Were Autopsy Findings Used?  Did Tobacco Use Contribute to Death?

If Female

# Most Queried Causes

- Atrial Fibrillation
- Ventricular Fibrillation
- Pneumonia
- Aspiration Pneumonia
- Myocardial Infarction
- Multi Organ Failure
- Intracranial Hemorrhage
- Liver Failure
- Renal Failure / End Stage Renal Failure
- Sepsis / Bacteremia
- Adult Respiratory Distress Syndrome



# What does Nevada Revised Statutes (NRS) say about language that should NOT be used on a death certificate?

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- **NRS 440.400**

Use of indefinite or unsatisfactory terms. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit. Any certificate containing only such terms as defined by the State Board of Health shall be returned to the physician for correction and more definite statement.



# Common Problems Resulting in the Rejection of a Death Record

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- More than one cause per line (If more than four lines are needed, writing “due to” between conditions on the same line is acceptable)
- Abbreviations used
- Not including intervals
- Failure to specify a valid underlying cause of death
- Medically improbable sequence of conditions leading to death
- Not stating cause of death clearly and concisely
- Misspellings
- Written in shorthand
- All capital letters

## Common Problems (continued)

- Often several acceptable ways of entering the cause of death exist. Optimally, a certifier will be able to provide a simple description of the process leading to death that is etiologically clear and be confident that this is the correct sequence of causes. However, realistically, description of the process is sometimes difficult because the certifier is not certain.
- In this case, the certifier should think through the causes about which he / she is confident and what possible etiologies could have resulted in these conditions. If the initiating condition reported on the death certificate could have arisen from a pre-existing condition, but the certifier cannot determine the etiology, he / she should state that it is unknown etiology, undetermined etiology, or unspecified etiology, so it is clear that the certifier did not have enough information to provide even a qualified etiology. This should only happen after all efforts have been made to determine the cause of death. If possible, an autopsy should be performed. *NOTE: Reporting a cause of death as simply “Unknown” will be rejected.*
- It is permissible for a certifier to qualify a cause of death as “probable” or “presumed” even if the cause has not been definitively diagnosed. NAC 440.165 3(c)

## Common Problems (continued)

- An elderly decedent should have a clear and distinct etiological sequence for cause of death, if possible. Terms such as senescence, infirmity, old age, and advanced age have little value for public health or medical research. Age is recorded elsewhere on the certificate. When a number of conditions resulted in death, the Physician / APRN should choose the single sequence that, in his or her opinion, best describes the process leading to death, and place any other pertinent conditions in Part 2. “Multiple system failure” could be included in Part 2, but the systems need to be specified to ensure that the information is captured. If after careful consideration, the Physician / APRN cannot determine a sequence that ends in death, then the medical examiner or coroner should be consulted about conducting an investigation or providing assistance in completing the cause of death.

## Common Problems (continued)

- An infant decedent should have a clear and distinct etiological sequence for cause of death, if possible. “Prematurity” should not be entered without explaining the etiology of prematurity. Maternal conditions may have initiated or affected the sequence that resulted in the infant death, and such maternal causes should be reported in addition to the causes on the infant’s death certificate (e.g., hyaline membrane disease due to prematurity, 28 weeks due to placental abruption due to blunt trauma to mother’s abdomen).
- When Sudden Infant Death Syndrome (SIDS) is suspected, a complete investigation should be conducted, typically by a medical examiner or coroner. The death then can be reported as SIDS if: the infant is under one year of age, no cause of death is determined after scene investigation, a clinical history has been reviewed, and a complete autopsy.
- Most certifiers will find themselves, at some point, in the circumstance in which they are unable to provide a simple description of the process of death. In this situation, the certifier should try to provide a clear sequence, qualify the causes about which he / she is uncertain, and be able to explain the certification chosen.

# 7 Manners of Death

Natural Causes

Accident

Suicide

Pending Investigation

Natural w/Injury

Homicide

Could not be Determined

**NRS 440.410 Manner of defining cause of death.** Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, the means of injury shall be stated, and whether (probably) accidental, suicidal or homicidal. [Part 7:199:1911; A 1941, 381; 1931 NCL § 5241]

**Natural Causes:** Death exclusively by disease; i.e. Chronic Obstructive Pulmonary Disease, HIV / AIDS, Tuberculosis, Lung Cancer, etc.

**Accident:** Death due to non-intentional trauma

**Suicide:** Death by act of decedent with intent to kill oneself

**Pending Investigation:** Cause of death still under investigation

**Natural w/Injury:** Death by injury due to disease

**Homicide:** Death due to intentional, volitional act meant to cause harm, fear, or death

**Could not be Determined:** When reasonable classification is not possible



# Chronic Use vs. Overdose

1. Did the long term use lead to a progressive / natural disease process?

**Yes = Physician / APRN will sign**

2. Are there lethal amounts in their system?

**Yes = Refer to Coroner**

# What Causes Renal Failure?

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## Natural

- Kidney disease
- Malignant hypertension
- Diabetes
- Obesity
- Liver disease

## Possible Trauma

- Burns
- Dehydration
- Hemorrhage
- Injury
- Septic shock
- Surgery



# Pneumonia

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- Pneumonia is a common complication of surgery and is also a common complication of injuries.
- Pneumonia can be a complication of many diseases or conditions. Especially conditions that decrease mobility.
- Pneumonia may exist without an underlying condition. In this case list “primary pneumonia”. This term rules out other contributing causes.

# Acceptable Reporting of Pneumonia

---

## Example 1:

- Pneumonia 4 days
- Metastatic Lung Carcinoma 2 years

## Example 2:

- Primary Streptococcal Pneumonia 5 days

# Fractures

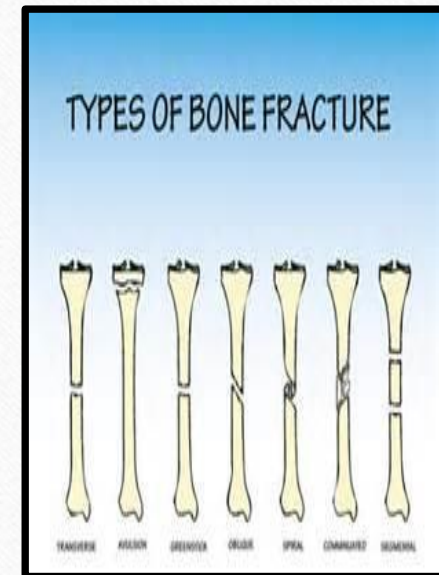
1. Is it a pathological fracture?

- Osteoporosis
- Cancer

**Yes = Physician / APRN will sign**

2. Is the fracture a result of trauma or injury?

**Yes = Refer to Coroner**



# Falls

1. Was the fall a witnessed collapse due to a medical event?

- Myocardial Infarction of natural etiology
- Stroke

**Yes = If trauma was NOT sustained by the fall, Physician / APRN will sign**

2. Was the fall from trauma or accident?

**Yes= Refer to Coroner**



# Contact Coroner

(This list is not all inclusive.)

- Asphyxia
- Bolus
- Burn (Thermal / Chemical)
- Choking
- Drug or Alcohol Overdose / Abuse
- Epidural (Hematoma)
- Exsanguinations
- Fall
- Fracture
- Hematoma
- Hemorrhage
- Suspicious Hyperthermia
- Hypothermia
- Open Reduction / Internal Fixation
- Pulmonary Embolism
- Seizures / Seizure Disorder
- Subarachnoid (Hemorrhage)
- Subdural (Hematoma)
- Surgery
- Trauma
- Under 18 Years of Age
- Unlawful / Suspicious
- Virulent Disease, such as Anthrax & Smallpox
- Motor Vehicle Accident
- Injury
- No Medical Attendance

# Questions? We are here for you!



**Contact the EDRS HELP DESK if  
you need technical assistance:**

**(775)684-4166**

**OVRHelp@health.nv.gov**

**Clark County (702)759-0626\***

\*Physician & APRN exclusive line. Please do not share with public!

**Washoe County (775)328-2455**

**Helping People. It's who we are and what we do.**

**Thank you.**