

MEDICAL CERTIFICATION INSTRUCTIONS

(Revised 7/10) KENTUCKY CERTIFICATE OF DEATH

Item 30. Must be completed by the person who pronounces death. Spell out the exact month, day, and four-digit year (i.e. May 22, 2010) that the decedent was pronounced dead. Do not use a number or an abbreviation to designate the month. Complete this item even when it is the same as the actual or presumed date (item 3).

30. DATE PRONOUNCED DEAD (Mo/Day/Yr)

Item 31. Must be completed by the person who pronounces death. Enter the exact time using a 24-hour clock according to local time.

31. ACTUAL OR PRESUMED TIME OF DEATH

Item 32. M.E. or coroner must be contacted in certain cases such as accident, suicide or homicide. Do Not leave this blank.

32. WAS MEDICAL EXAMINER OR CORONER CONTACTED?
 Yes No

Item 33. Only one cause should be entered on a line. The cause of death means the disease, abnormality, injury, or poisoning that caused the death.

Part I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. Do Not enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Do not abbreviate. Provide the best estimate of the interval between the onset of each condition and death. An entry is required for the intervals. If unknown, specify as unknown.

Line a) The immediate cause of death (final disease or condition resulting in death).

Line b) Conditions giving rise to the cause

Line c) Conditions giving rise to the cause

Line d) The underlying cause (disease or injury that initiated events resulting in death) should be reported on the last line used in Part I.

Note: No entries are required on lines b, c and d if the immediate cause of death on 'line a' describes completely the sequence of events.

CAUSE OF DEATH	Approximate Interval Between Onset and Death
33. PART I. Enter the <u>chain of events</u> - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on each line.	
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.	
b. _____ DUE TO (OR AS A CONSEQUENCE OF):	
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	
c. _____ DUE TO (OR AS A CONSEQUENCE OF):	
d. _____	

Part II. Enter other significant diseases or conditions contributing to death but not resulting in the underlying cause given in Part I. All conditions reported are important and are analyzed by the National Center for Health Statistics (NCHS).

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

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Item 34. Complete this item for all deaths. Deaths not due to external causes should be identified as “Natural.” All deaths due to external causes must be referred to the medical examiner or coroner. If the manner of death checked in Item 34 was anything other than natural, Items 39 – 45 must be completed.

34. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined
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Item 35. Check “Yes” if a partial or complete autopsy was performed. Otherwise check “No.”

35. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No

Item 36. Check “Yes” if autopsy findings were available at the time the cause of death was determined. Otherwise, check “No.” Leave this item blank if an autopsy was not performed.

36. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Item 37. Check “Yes” if, **in the physician’s opinion**, any use of tobacco or tobacco exposure contributed to death. (“Yes” should be checked in deaths due to fires started by smoking.) Otherwise, check “No.”

37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown

Item 38. If the decedent is a female, check the appropriate box. If the decedent is a male, leave the item blank. If the female is either too old or too young to be fecund, check “Not pregnant within the past year.” *This information is important in determining the scale of mortality amongst this population and will be of assistance with maternal mortality review programs.*

38. 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 <input type="checkbox"/> Unknown if pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death
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Item 39. Spell out the exact month, day and year the injury occurred. Enter the full name of the month, i.e. January, February, March, etc. Do not use a number or abbreviation to designate the month. Estimates may be provided with “Approx” placed before the date.

39. DATE OF INJURY (Mo/Day/Yr) (Spell Month)

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Item 40. Enter the exact time using a 24-hour clock according to local time. If the exact time of death is unknown, the time should be recorded using "Approx" placed before the time.

40. TIME OF INJURY

Item 41. Complete if anything other than natural disease is mentioned in Part I or Part II of the medical certification, including homicides, suicides, and accidents or if anything other than "Natural is checked for manner of death. The item must be completed for decedents aged 14 years or over and may be completed for those less than 14 years of age, if warranted. Enter "Yes" if the injury occurred at work. Otherwise enter "No." An injury may occur at work regardless of whether the injury occurred in the course of the decedent's "usual" occupation.

41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No

Item 42. Enter the general type of place (such as restaurant, vacant lot, baseball field, construction site, office building, wooded area or decedent's home) where the injury occurred. Do not enter firm or organization names. (For example, enter "factory;" Not "Standard Manufacturing, Inc.")

42. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)
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Item 43. Check the appropriate box. "Other" applies to watercraft, aircraft, animal, or people attached to outside of vehicles (e.g., "surfers") but are not bona fide passengers or drivers.

43. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____

Item 44. Enter, in narrative form, a brief but specific and clear description of how the injury occurred. Include circumstances or cause of the injury, such as "fell off ladder while painting house," "driver of car ran off roadway." Specify type of gun, such as hand gun or hunting rifle. Specify type of vehicle such as car, bulldozer, train, etc.

44. DESCRIBE HOW INJURY OCCURRED:

Item 45. Enter the complete address where the injury took place, including ZIP code. Fill in as many items as is known.

45. LOCATION OF INJURY (Street and Number, City or Town, State, Zip Code)

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Item 46. The certifying physician is the person who determines the cause of death (Item 33). The physician who certifies to the cause of death signs the certificate in permanent blue or black ink. Medical certifiers authenticated in the KY-EDRS may electronically sign the death certificate pursuant to KRS 369.107 & KRS 369.118.

46. TO BE COMPLETED BY CERTIFIER: To the best of my knowledge, death occurred at the time, date, and place, and due to cause(s) and manner stated. SIGNATURE _____ <small>(Must Use Blue/Black Ink) Electronic signature is legally acceptable pursuant to KRS 369.107 & KRS 369.118</small>
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Item 47. Spell out the exact month, day, and four-digit year (i.e. May 22, 2010) that the certifier signed the death certificate. Do not use a number or an abbreviation to designate the month.

47. DATE CERTIFIED (Mo/Day/Yr)

Item 48. Enter the State license number of the physician who signs or authenticates the certificate in Item 46.

48. LICENSE NUMBER

Item 49. The degree or title of the medical certifier should be indicated.

49. TITLE OF CERTIFIER

Item 50. Type or print the address of the person whose signature or authentication appears in Item 46.

50. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (ITEM 33)
