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DEATH CERTIFICATION TIPS

Below are some tips on death certification that I give to physicians to assist them to help keep Connecticut's Vital Statistics records accurate.

1. **The Underlying Cause:** Every death certificate needs a cause-specific disease for the underlying cause of death (Table 1). You do not need to fill out all three lines of the death certificate. As long as you list the etiologically-specific disease that started the chain of events that lead to death, you may list it on the first line. The rule is ONE cause of death per person. Please do not list a hodge-podge of diagnoses. Part 2 (other significant conditions) may be used for other conditions that contributed to death. For example, a person with diabetes who dies of a myocardial infarct to atherosclerotic cardiovascular disease: the cause of death may be listed as Atherosclerotic cardiovascular disease and part 2 can include diabetes mellitus. Please remember that the medicolegal standard for the certification of a natural death is a probability, that is, more likely than not. You are never required to be 100% certain about the cause of death. Table 2 shows conditions and disorders that are NOT etiologically specific. These CANNOT STAND BY THEMSELVES on the death certificate.

2. **Just Say NO to Injury deaths:** Only a medical examiner can certify a death in which trauma/injury played any recent or remote role. There is no time limit for the cause of death. As long as there is a continuous pathophysiologic connection with the death and underlying cause, it does not matter if the underlying cause started minutes or years before death. Deaths that need a medical examiner to certify include recent or remote complications of any injury including hip fractures, choking on food, or recent or delayed deaths due to drug intoxications. Table 3 lists words that should give you pause. If you see one of these terms, make sure that you are not be dealing with a death from an injury or delayed injury.

Example:

A 72 year old woman falls and fractures her hip. She undergoes surgery and postoperatively develops atrial fibrillation and is transferred to the medicine floor. She develops a bronchopneumonia and dies. This death must be reported to the OCME. Her death is likely the result of the hip fracture (an injury) and can only be certified by a medical examiner.

Table 1. Examples of ACCEPTABLE causes of death:

Hypertensive Cardiovascular Disease	Adenocarcinoma of Lung
Arteriosclerotic Cardiovascular Disease	Pneumonia Complicating Viral Influenza
Bronchial Asthma	Peptic Ulcer Disease
Pulmonary Emphysema	Cirrhosis due to Wilson Disease
Diabetes Mellitus	Gallstone Pancreatitis
Alzheimer-Type Dementia	Intracerebral hemorrhage due to Hypertensive Cardiovascular Disease
Sickle Cell Disease	

Table 2. Examples of Conditions that are UNACCEPTABLE TO STAND ALONE on a DC. For each of these, you should ask "What was this due to?" until you arrive at the cause-specific underlying disease:

Anemia	Compression fracture	Myocardial infarction
Anoxic encephalopathy	Congestive heart failure	Pulmonary arrest
Arrhythmia	Convulsions	Pulmonary edema
Ascites	Decubiti	Pulmonary embolism
Aspiration	Dehydration	Pulmonary insufficiency
Atrial fibrillation	Diarrhea	Renal failure
Bacteremia	End-stage liver disease	Respiratory arrest
Biliary obstruction	Exsanguination	Seizures
Bowel obstruction	Failure to thrive	Shock
Brain injury	Gangrene	Starvation
Brain stem herniation	Hepatorenal syndrome	Subarachnoid hemorrhage
Cardiac arrest	Hypovolemic shock	Subdural hematoma
Cardiac dysrhythmia	Hyponatremia	Sudden death
Cardiomyopathy	Hypotension	Ventricular fibrillation
Cardiopulmonary arrest	Immunosuppression	Ventricular tachycardia
Cerebral palsy	Intracranial hemorrhage	Volume depletion
Cirrhosis	Malnutrition	
Coagulopathy	Multi-system organ failure	

Table 3. BE WEARY OF THESE TERMS: they typically are the result of recent or remote trauma/injury:

Anaphylaxis	Exsanguination	Poisoning
Asphyxia	Fall	Post-traumatic
Bolus	Fracture	Seizure disorder
Choking	Hip fracture	Sepsis
Drug or alcohol overdose	Hyperthermia	Subarachnoid hemorrhage
Drug abuse	Hypothermia	Subdural hematoma
Epidural hematoma	Intoxication	Thermal/chemical burn
	Intracranial hemorrhage	