



Death Certification Training

What is a death certificate?

- An official statement, signed by a physician, of the cause, date, and place of a person's death.
- Permanent legal document stating the fact(s) of death

What are Vital Records?

Permanent legal records of vital events:



Births

Deaths

Fetal deaths

Marriages

Divorces

Major Uses of Vital Records

Public health
statistics/research



Legal and
administrative



What is a death certificate?

Statistically

- Provides personal information about the decedent
- Provides a record of the disposition of the decedent
- Source of State and national mortality statistics
 - Used to understand trends of disease and mortality
 - Used to prioritize and allocate research funding
 - Education and awareness
 - Prevention

Legal and Administrative Purposes

I. Establishing the fact and date of death:

- Claiming life insurance benefits
- Claiming pensions
- Settling estates



II. Establishing certain facts about decedent:

- Cause and circumstances of death
- Death and place of interment
- Evidence of age, gender, and race
- Parentage
- Citizenship



Did You Know?

- A death certificate attesting to the cause of death must be accepted and signed by the Southern Nevada Health District Vital Statistics Registrar before the family can move forward with burial, cremation or removal of the body from Nevada.



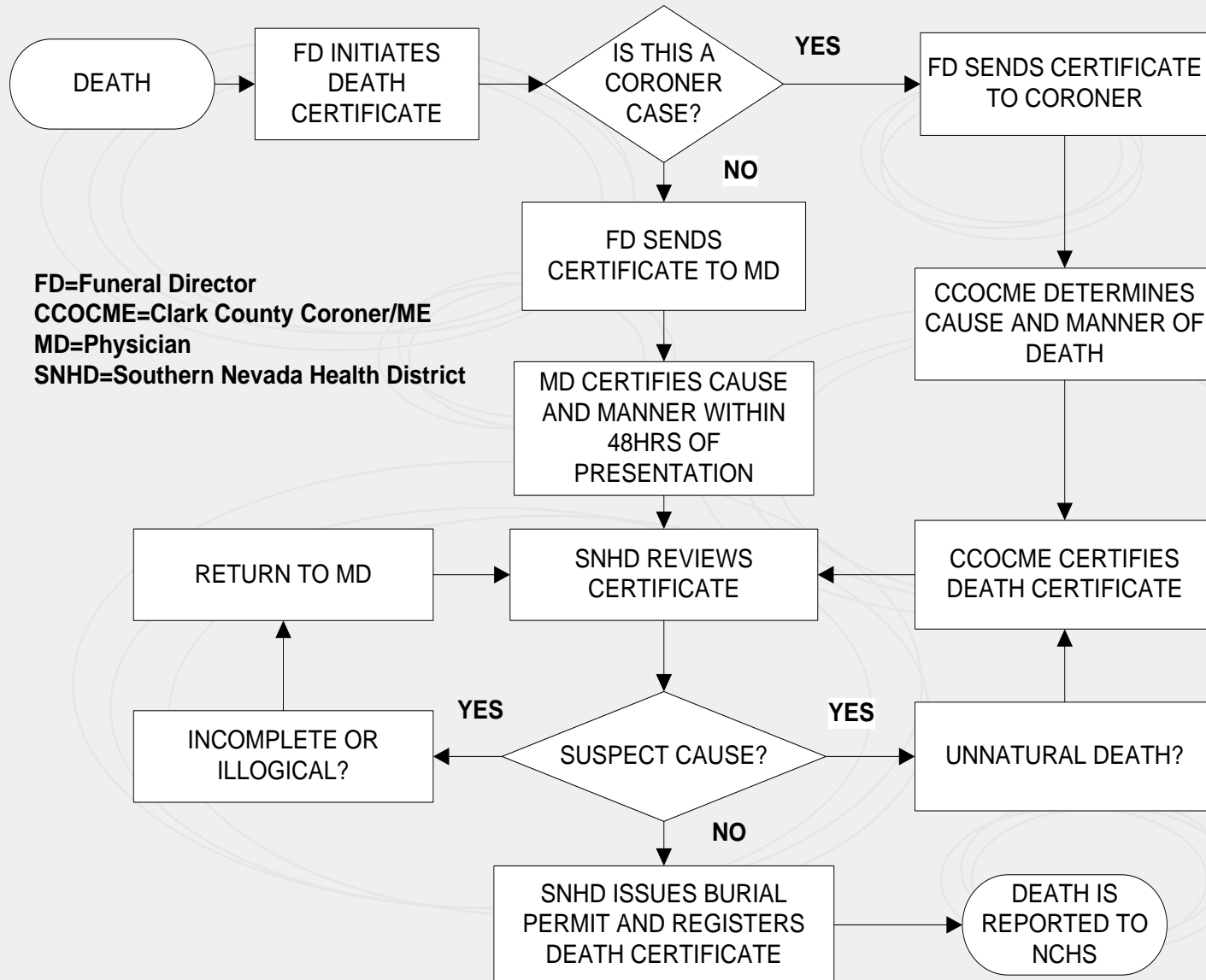
Types of Death Certificates

- Fetal Death-

must be completed for all fetal deaths of 20 weeks gestation or more, in which the child shows no evidence of life after complete birth. NRS 440.070.

- Death Certificate

DEATH REGISTRATION WORK FLOW





Certifier of Death

The cause of death section must be completed by the attending or certifying physician, the Medical Examiner, or the Coroner.

- Legal and ethical obligation of the physician
- Should be completed within 48 hours after presentation of the record.
- Cause of death portion should reflect his/her best medical opinion. This may vary between physicians.

Preliminary Steps

Determine whether the death is reportable to the Coroner or Medical Examiner.

- If it is reportable, verify that it has been reported.
- If you are in doubt, report it.
- If the Coroner/ME accepts jurisdiction, you will not sign the death certificate.

When to Contact Coroner

- Violent death, including homicidal, suicidal or accidental death
- Death caused by thermal, chemical, electrical or radiation injury
- Death caused by criminal abortion, including self-induced abortion
- Death that has occurred unexpectedly or from an unexplained cause
- Death of a person confined in a prison, jail or correctional institution
- Unattended deaths
- Death of a person where the identity of the deceased is unknown
- Without exception, all deaths of person under the age of 18 years
- Death caused by drug overdose or which is believed to be caused by drug overdose
- When a stillborn fetus is delivered and the cause of the demise is medically believed to be from the use by the mother of any controlled substance
- Deaths known or suspected as resulting in whole or in part from or related to accident or injury occurring within one year
- Deaths under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another, medical misadventure or any death reported by other persons having knowledge of death for inquiry
- All hospice related deaths are to be reviewed by the Clark County Coroner's Office.



CONTACT CORONER

This list is not all inclusive

- Asphyxia
- Bolus
- Burn
- Choking
- Drug or alcohol overdose/drug or alcohol abuse
- Epidural (hematoma)
- Exsanguinations
- Fall
- Fracture
- Hematoma
- Hemorrhage
- Hematuria
- Motor Vehicle Accident
- Hip fracture
- Hyperthermia
- Hypothermia
- Injury
- Open reduction/internal fixation (ORIF)
- Pulmonary embolism
- Seizures/seizure disorder
- Subarachnoid (hemorrhage)
- Subdural (hematoma)
- Surgery
- Trauma/traumatic
- Thermal/chemical burns

Important Tips to Remember

- Do not use abbreviations
- Do not alter the document –no white out or cross outs.
- Complete all required fields
- Provide clear and concise information
- Avoid using mechanisms of death
(e.g., cardiopulmonary arrest, respiratory failure)
- Use time intervals

NAC 440.165, NRS 440.120, 44.380, 440.410

DEATH CERTIFICATE



- When completed properly, the cause of death information should communicate the same essential information that a case history would.
- A properly completed cause of death section, provides an etiologic explanation of the order, type, and association of events resulting in death.

CAUSE OF DEATH

Cause → Produces → Effect

The mode or mechanism of dying (effect), should not be reported as the immediate cause of death without showing the underlying cause of death (cause).



Mechanisms of Death

- Mechanisms of Death
 - “Causes” listed that are not specifically related to the disease process or terminal event but merely attest to the fact of death
 - Should not be listed as the immediate cause of death
 - Examples
 - Cardiac arrest
 - Cardiopulmonary arrest
 - Pulmonary arrest
 - Respiratory arrest
 - Renal Failure
 - Multiorgan Failure

Standard format for reporting cause of death

Example of incomplete record

Part I. Diseases, injuries, or complications that caused the death

25. Immediate Cause

Intervals

Effect

(a) **Septic Shock**

Due to (or as a consequence of)

(b) **Pneumonia**

Due to (or as a consequence of)

**Ventilator dependent respiratory
(c) failure**

Due to (or as a consequence of)

Renal failure

(d)

Underlying
Cause



What Causes Renal Failure?

Natural

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

Possible trauma

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

Most Queried Questionable Causes

- Atrial fibrillation
- Ventricular fibrillation
- Pneumonia
- Aspiration pneumonia
- Myocardial Infarction
- Multiorgan Failure
- Intracranial hemorrhage
- Liver failure
- Renal failure or E/S renal failure
- Sepsis/Bacteremia
- Adult Respiratory Distress Syndrome (ARDS)



80 Year Old Inpatient

Example of certificate with only “modes” listed

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death
PART I		
(a)	acute brain injury	12 days
	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
(b)	cardiogenic shock	12 days
	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
(c)	cardiac arrest	12 days
	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
(d)		

When not completed properly, missing information in the cause of death section may result in the reader not knowing why the condition entered on the lowest line developed.

Standard Format for Reporting Cause of Death

Part I. Diseases, injuries, or complications that caused the death

25. Immediate Cause

Intervals

Effect→

(a) **Anoxic Brain Injury**

12 days

Due to (or as a consequence of)

Cardiogenic Shock

(b)

12 days

Due to (or as a consequence of)

Cardiac Arrest

(c)

12 days

Due to (or as a consequence of)

SUSPECTED/PRESUMED

Coronary Artery Disease

(d)

2 years

Underlying
Cause→



Underlying Cause of Death

- The disease that initiated the chain of morbid events leading directly to death

Or

- The circumstances of the accident or violence that produced the fatal injury.

Standard Format for Reporting Cause of Death

Part I. Diseases, injuries, or complications that caused the death

25. Immediate Cause

Intervals

Effect→



Underlying

Cause→

(a) Blunt force head trauma

Due to (or as a consequence of)

(b) Motor vehicle accident

Due to (or as a consequence of)

(c)

Due to (or as a consequence of)

(d)

49 Year Old Inpatient

Initially presented to Vital Statistics

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death
PART I	(a) <u>Unknown Etiology</u>	
{	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
	(b)	
	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
	(c)	

Second Attempt

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death
PART I	(a) <u>Respiratory failure secondary to pneumonia</u>	
{	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
	(b) <u>Metastatic breast cancer</u>	
	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
	(c)	

Standard Format for Reporting Cause of Death

Part I. Diseases, injuries, or complications that caused the death

25. Immediate Cause

(one cause per line)

Intervals

Effect →



Produces



Cause →

(a) Respiratory Failure
~~secondary to pneumonia~~

Minutes

Due to (or as a consequence of)
Pneumonia

3 Days

(b) ~~Metastatic Breast Cancer~~

Due to (or as a consequence of)

Metastatic Breast Cancer

5 Years

(c)

Due to (or as a consequence of)

(d)

Standard format for reporting cause of death

Part I. Diseases, injuries, or complications that caused the death

25. Immediate Cause

Intervals

Effect

(a) Cardiorespiratory arrest

Immediate

Due to (or as a consequence of)

(b) Septic shock

2 days

Due to (or as a consequence of)

(c) Pneumonia

1 week

Due to (or as a consequence of)

(d) Acute myocardial infarction

2 weeks

Cause

Part II-

OSC: Quadriplegia, renal failure



Other Significant Cause:
Quadriplegia, renal failure

Death certificate queried:
What caused the quadriplegia?

Standard Format for Reporting Cause of Death

Part I. Diseases, injuries, or complications that caused the death

25. Immediate Cause

Intervals

Effect



Cause →

A. Bronchopneumonia

2 weeks

Due to (or as a consequence of)

Quadriplegia

B.

3 years

Due to (or as a consequence of)

Gunshot wound of the neck

C.

3 years

Due to (or as a consequence of)

HOMICIDE

PART II OSC: Dilated cardiomyopathy

Approximate number of Deaths for Clark County In 2014

Clark County Registered:	15,617
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•Full Coroner Cases:	3,582
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•Deaths Reviewed by Coroner:	8,795
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