

**Rhode Island
Department of Health**



**RI Death Certificate
Handbook for Physicians
2012**

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**This handbook has been adapted
for use in Rhode Island
by the Office of Vital Records
at the RI Department of Health**

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Importance of a Death Registration

A death certificate is a permanent record of the fact of death of an individual. It provides important information about the circumstances and cause of death, valuable to the family of the deceased, the state, and medical and health researchers.

- Completion of the death certificate is the final act of care given to a patient and provides closure to the family.
- Information from the death certificate, including the cause of death, is used to generate official mortality statistics, such as:
 - Life expectancy
 - Deaths and death rates by cause of death, geographic area and socio-demographic characteristics
 - Leading causes of death
 - Infant and maternal mortality rates
 - Track the progress of an pandemic, epidemic or endemic disease
 - Provide information for the Cancer Registry and similar groups.
- Mortality statistics generated from death certificates are used to:
 - Assess the general health of the population
 - Examine medical problems which may be found among specific groups of people
 - Indicate areas in which medical research may have the greatest impact on reducing mortality
 - Allocate medical services, funding and other resources

It is important that physicians, hospitals and nursing homes keep a supply of blank certificates on hand to initiate the process and complete the date of death, medical information, and Burial-Transit Permit sections in a timely manner for the benefit of the decedent's family. The Funeral Director will pick up the certificate after the physician fills in the shaded area and signs the document.

Determining Whether Death Must Be Referred to the Medical Examiner

(This list is also printed on the back of the Death Certificate)

The following types of deaths must be referred to the Medical Examiner's Office:

- Death is due to, or there is a suspicion of accident, homicide, suicide, or trauma of any nature
- Death is due to a hip fracture or other trauma in the elderly
- Death is sudden in a public place
- Death is from a drug or toxic substance
- Death is sudden and the patient has not been attended by a physician
- Death is from an infection capable of causing an epidemic
- Death is related to a job, work place or environment
- Death occurs within 24 hours of hospitalization or ER care
- Death occurs during or immediately after surgery or diagnostic or therapeutic procedure
- WHEN IN DOUBT, CALL THE MEDICAL EXAMINER'S OFFICE AT 222-5500 (WEEKDAYS) OR 222-2958 (NIGHTS AND WEEKENDS)

NOTE: If Medical Examiner takes jurisdiction of case, the Medical Examiner will fill out the death certificate and Burial-Transit Permit.

Frequently Asked Questions

How soon must a Death Certificate be completed.

Unless the death is referred to the Medical Examiner, a Death Certificate should be completed immediately with reasonable accommodation for review of the medical record.

Can I download a copy of the death certificate from a website?

No. Death Certificates are long-term paper records and must be printed on archival paper. They are kept on file at the Department of Health / Office of Vital Records for 50 years and are then sent to the State Archives. Hospitals order death certificates in bulk from the Department of Health. Physicians/ clinics / nursing homes may also request a supply of Death Certificates by calling 401-222-2813.

Who can fill out the shaded portion of a Death Certificate?

A physician, certified nurse practitioner or a physician's assistant under the supervision of a physician can fill out a Death Certificate.

Who should fill out the Death Certificate?

Each hospital has its own rules but usually the person who pronounces the death is responsible for completing and signing the Death Certificate.

As a resident with a limited license, can I complete and sign a death certificate for a clinic patient?

Your limited license allows you to complete and sign a death certificate. Ask your training coordinator if that is the practice at your hospital.

Who is responsible for the Death Certificate if one physician is cross covering for another?

Per a Department of Health ruling, when a physician is providing cross coverage, part of his or her duties is completing and signing the death certificate.

**Death Certificate for 2008:
Responsibility of Physician, Certified Nurse Practitioner,
Physician's Assistant practicing under the supervision of
a physician.**

ITEM	LOCATION
Name of Decedent	Left-hand margin
Date of Death	Item 3
Signature of Certifying Physician	Item 21 a
RI License Number	Item 21 b
Date of Signature	Item 21 c
Hour of Death	Item 21 d
Was Death referred to Medical Examiner?	Item 21 e
Certifier's Name & Address	Item 21 f
Hospital vs. Non-Hospital Death(Fill out one, not both)	Item 21 g or h
Attending Physician's Name & Address, if different from certifier	Item 21 i
Length of Attendance	Item 21 j
Cause of Death + Tobacco Use + Pregnancy Information	Items 23-32
Burial Transit Permit (sign and date)	Bottom section

NOTE: Latest version (5/2008) of Death Certificate and Burial-Transit Permit appear on the last two pages of this handbook.

Entering Cause of Death

- The certification should represent your best medical opinion
- Do not copy directly from the hospital record – primary diagnosis and underlying cause are not necessarily the same
- If others are more familiar with the case, consult with them on the cause of death
- Do not report mechanisms or modes of dying without etiology, such as
 - Cardiac or respiratory arrest
 - Cardio-pulmonary or cardio-respiratory arrest
 - Asystole
 - Electromechanical dissociation
- Be as specific as possible about the conditions reported
 - If information with regard to specificity, etiology or the cause of death is unknown, indicate explicitly that this is the case
 - Terms such as “probable” or “presumed” are OK
 - Avoid terms such as “old age”, “senescence” or “infirmity”
- If multiple morbid conditions are present and the underlying cause is uncertain
 - Construct a logical sequence for Item 23, Part I,
 - The immediate cause of death (the disease or complication which directly preceded death) must always be placed on Part 1, Line (a) (See figure 1)

	Approximate interval between onset and death
Immediate cause a. <u>Acute renal failure</u> Due to (or as a consequence of)	<u>5 days</u>
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	b. _____ Due to (or as a consequence of)
	c. _____ Due to (or as a consequence of)
	d. _____
	Part II. Other significant conditions contributing to death but not resulting in the underlying cause

Figure 1: Item 23 on Certificate of Death

- Events and conditions should be logically linked in terms of time, etiology and pathology.
- Underlying Cause – Disease or injury that initiated the events resulting in death should be on the last line in Part I (Figure 2).

		Approximate interval between onset and death
Immediate cause	a. <u>condition which directly preceded death</u> Due to (or as a consequence of)	_____
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	b. <u>antecedent conditions</u> Due to (or as a consequence of)	_____
	c. <u>underlying cause</u> Due to (or as a consequence of)	_____
	d. _____	_____
	Part II. Other significant conditions contributing to death but not resulting in the underlying cause	

Figure 2

- Item 23, Part II – Other significant conditions contributing to death but not resulting in the underlying cause of death
- Item 24, a & b Autopsy performed (Figure 3)
 - Autopsy findings available to complete the cause of death

23. PART II. Other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in Part I.	24a. AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No	24b. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No
25a. TOBACCO USE – DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	Probably <input type="checkbox"/> Unknown <input type="checkbox"/>	

Figure 3

Interval Between Onset and Death

- For each condition reported, give the interval between the presumed onset of the condition (not the date of diagnosis) and the date of death. (Figures 4, 5.)
- General terms such as minutes, hours, days or years are OK. (Figures 12,13,14.)
- Terms such as “unknown” or “approximately” are OK

Case 1

A 75-year-old female with 15 year history of non-insulin dependent diabetes and a 13-year history of mild hypertension, was admitted to the hospital unresponsive and severely dehydrated. Initial lab tests showed severe hyperglycemia, hyperosmolarity, azotemia and mild ketosis without acidosis leading to a diagnosis of hyperosmolar nonketotic coma. Despite treatment, she remained anuric with progressive azotemia. Attempts at renal dialysis over 5 days were unsuccessful and she died on the 8th hospital day in renal failure.

Antecedent causes - line 23 b		Approximate interval between onset and death
Immediate cause	a. <u>acute renal failure</u> Due to (or as a consequence of)	<u>5 days</u>
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	b. <u>hyperosmolar nonketotic coma</u> Due to (or as a consequence of)	<u>8 days</u>
	c. _____ Due to (or as a consequence of)	_____
	d. _____	_____
	Part II. Other significant conditions contributing to death but not resulting in the underlying cause	

Figure 4

Antecedent causes - line 23 c		Approximate interval between onset and death
Immediate cause	a. <u>acute renal failure</u> Due to (or as a consequence of)	<u>5 days</u>
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	b. <u>hyperosmolar nonketotic coma</u> Due to (or as a consequence of)	<u>8 days</u>
	c. <u>diabetes mellitus non-insulin dependent</u> Due to (or as a consequence of)	<u>15 years</u>
	d. _____	_____
	_____	_____
Part II. Other significant conditions contributing to death but not resulting in the underlying cause		

Figure 5 Diabetes mellitus, the underlying cause of death, could be listed on line c or line d.

Case 2

A 45-year-old male with a long history of alcohol abuse and 5 year history of ethanol-induced cirrhosis, developed portal hypertension. He was admitted to the hospital for upper gastrointestinal hemorrhage, which endoscopy proved to be due to esophageal varices. Hemorrhage could not be controlled; he became hypotensive, developed shock, cardiac arrest and died approximately 3 hours after admission. (Figure 6)

Antecedent causes - lines 23 a, b, c		Approximate interval between onset and death
Underlying causes of death - line 23 d		
Immediate cause	a. <u>upper gastrointestinal hemorrhage</u> Due to (or as a consequence of)	<u>3 hours</u>
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	b. <u>esophageal varices</u> Due to (or as a consequence of)	<u>approx. 3-5 years</u>
	c. <u>hepatic cirrhosis</u> Due to (or as a consequence of)	<u>5 years</u>
	d. <u>chronic alcoholism</u>	<u>more than 10 years</u>
	_____	_____
Part II. Other significant conditions contributing to death but not resulting in the underlying cause		

Figure 6

		Approximate interval between onset and death
Immediate cause	a. <u>pulmonary embolism</u> Due to (or as a consequence of)	<u>30 min.</u>
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	b. <u>acute iliofemoral deep venous thrombosis</u> Due to (or as a consequence of)	<u>5 days</u>
	c. <u>congestive heart failure</u> Due to (or as a consequence of)	<u>4 years</u>
	d. <u>old myocardial infarction</u>	<u>years</u>
	Part II. Other significant conditions contributing to death but not resulting in the underlying cause	
<u>poorly differentiated adenocarcinoma of the prostate, hypertension</u>		

Figure 9 In this case, the old myocardial infarction contributed to the congestive heart failure; the hypertension and the adenocarcinoma were present but had no direct role in the cause of death

		Approximate interval between onset and death
Immediate cause	a. <u>pulmonary embolism</u> Due to (or as a consequence of)	<u>30 min</u>
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	b. <u>acute iliofemoral deep venous thrombosis</u> Due to (or as a consequence of)	<u>5 days</u>
	c. <u>Poorly differentiated adenocarcinoma of prostate</u> Due to (or as a consequence of)	<u>years</u>
	d. _____	_____
	Part II. Other significant conditions contributing to death but not resulting in the underlying cause	
<u>congestive heart failure, old myocardial infarction, hypertension</u>		

Figure 10 In this case, the adenocarcinoma had a direct role in the cause of death; the congestive heart failure, old myocardial infarction and hypertension were present but were not a direct cause of death.

Non Specific Processes

- Non-Specific processes such as heart failure, renal failure, septicemia, hemorrhage, prematurity, etc. that have more than one possible cause, should not be reported as the underlying cause. (Figures 11, 12)

		Approximate interval between onset and death
Immediate cause	a. <u>subarachnoid hemorrhage</u> Due to (or as a consequence of)	<u>1 hour</u>
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	b. <u>ruptured cerebral artery berry aneurysm</u> Due to (or as a consequence of)	<u>1 hour</u>
	c. _____ Due to (or as a consequence of)	_____
	d. _____	_____
	Part II. Other significant conditions contributing to death but not resulting in the underlying cause	

Figure 11

		Approximate interval between onset and death
Immediate cause	a. <u>Pseudomonas aeruginosa sepsis</u> Due to (or as a consequence of)	<u>days</u>
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	b. <u>Pseudomonas aeruginosa urinary tract infection</u> Due to (or as a consequence of)	<u>days</u>
	c. <u>in-dwelling bladder catheter</u> Due to (or as a consequence of)	<u>6 months</u>
	d. <u>left hemiparesis</u>	<u>2 years</u>
	e. <u>old cerebrovascular accident</u>	<u>2 years</u>
	Part II. Other significant conditions contributing to death but not resulting in the underlying cause	

Figure 12

- Always report the etiology of these conditions, if known (Figures 13, 14)

		Approximate interval between onset and death
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	Immediate cause a. <u><i>gram negative sepsis</i></u> Due to (or as a consequence of)	<u><i>days</i></u>
	b. <u><i>biliary obstruction</i></u> Due to (or as a consequence of)	<u><i>days</i></u>
	c. <u><i>undetermined natural causes</i></u> Due to (or as a consequence of)	<u><i>unknown</i></u>
	d. _____	_____
Part II. Other significant conditions contributing to death but not resulting in the underlying cause		

Figure 13 The etiology of the obstruction was unknown but not caused by exterior trauma.

		Approximate interval between onset and death
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	Immediate cause a. <u><i>gram negative sepsis</i></u> Due to (or as a consequence of)	<u><i>days</i></u>
	b. <u><i>biliary obstruction</i></u> Due to (or as a consequence of)	<u><i>days</i></u>
	c. <u><i>probable choledocholithiasis</i></u> Due to (or as a consequence of)	<u><i>unknown</i></u>
	d. _____	_____
Part II. Other significant conditions contributing to death but not resulting in the underlying cause		

Figure 14 The etiology of the biliary obstruction was probably caused by choledocholithiasis.

Reporting Diabetes

- Always indicate type – type 1 or type 2 (insulin/noninsulin dependent) (Figure 15)
- Be specific about diabetic complications
 - Hyperosmolarity
 - Peripheral vascular complications
 - Renal complications
 - Ketoacidosis
 - Neuropathies

		Approximate interval between onset and death
Immediate cause	a. <u><i>Clostridial myonecrosis</i></u> Due to (or as a consequence of)	<u>2 days</u>
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	b. <u><i>peripheral vascular disease, right leg</i></u> Due to (or as a consequence of)	<u>4 years</u>
	c. <u><i>Type1, insulin dependent diabetes mellitus</i></u> Due to (or as a consequence of)	<u>18 years</u>
	d. _____	_____
	Part II. Other significant conditions contributing to death but not resulting in the underlying cause	

Figure 15

- Diabetes and cardiovascular diseases are common comorbid conditions. In these cases, it is not always obvious if diabetes gave rise to the cardiovascular disease or if it was a complicating factor. (Figure 16)

		Approximate interval between onset and death
Immediate cause	a. <u><i>Clostridial myonecrosis</i></u> Due to (or as a consequence of)	<u>2 days</u>
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	b. <u><i>peripheral vascular disease, right leg</i></u> Due to (or as a consequence of)	<u>4 years</u>
	c. <u><i>Type1, insulin dependent diabetes mellitus</i></u> Due to (or as a consequence of)	<u>18 years</u>
	d. _____	_____
	Part II. Other significant conditions contributing to death but not resulting in the underlying cause	

Figure 16 The immediate and antecedent cause of death was the result of long term diabetes mellitus. There were no other contributors or non-contributors.

		Approximate interval between onset and death
Immediate cause	a. <u><i>acute myocardial infarction</i></u> Due to (or as a consequence of)	<u><i>7 days</i></u>
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	b. <u><i>atherosclerotic coronary vascular disease</i></u> Due to (or as a consequence of)	<u><i>6 years</i></u>
	c. <u><i>non-insulin dependent diabetes mellitus</i></u> Due to (or as a consequence of)	<u><i>approx 15 years</i></u>
	d. _____	_____
	_____	_____
Part II. Other significant conditions contributing to death but not resulting in the underlying cause		
<u><i>obesity, hypertension</i></u>		

Figure 19 In this case, the diabetes mellitus contributed to the atherosclerotic coronary vascular disease but obesity and hypertension did not.

Reporting Malignant Neoplasms

- Primary site
- Metastases – primary and secondary sites should be clearly defined as such (Figure 20, 21)
- Cell type
- Grade
- Part of organ affected

		Approximate interval between onset and death
Immediate cause	a. <u><i>pulmonary embolism</i></u> Due to (or as a consequence of)	<u><i>30 min</i></u>
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	b. <u><i>deep venous thrombosis in left thigh</i></u> Due to (or as a consequence of)	<u><i>3 days</i></u>
	c. <u><i>acute hepatic failure</i></u> Due to (or as a consequence of)	<u><i>3 days</i></u>
	d. <u><i>moderately differentiated hepatocellular carcinoma</i></u>	<u><i>over 3 months</i></u>
	_____	_____
Part II. Other significant conditions contributing to death but not resulting in the underlying cause		

Figure 20

		Approximate interval between onset and death
Immediate cause	a. <u>pulmonary hemorrhage</u> Due to (or as a consequence of)	<u>2 hours</u>
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	b. <u>aortopulmonary fistula</u> Due to (or as a consequence of)	<u>6 days</u>
	c. <u>well-differentiated squamous cell carcinoma, lung left upper lobe</u> Due to (or as a consequence of)	<u>5 months</u>
	d. _____	_____
	d. _____	_____
Part II. Other significant conditions contributing to death but not resulting in the underlying cause		
<u>cigarette smoking, hypertension</u>		

Figure 21

- In each case, if important information is unknown, indicate explicitly that this is so (Figure 22, 23)

		Approximate interval between onset and death
Immediate cause	a. <u>Staphylococcus pneumonia</u> Due to (or as a consequence of)	<u>25 hours</u>
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	b. <u>carcinoma metastatic to both lungs</u> Due to (or as a consequence of)	<u>3 months</u>
	c. <u>poorly-differentiated adenocarcinoma</u> <u>unknown primary site</u> Due to (or as a consequence of)	<u>unknown</u>
	d. _____	_____
	d. _____	_____
Part II. Other significant conditions contributing to death but not resulting in the underlying cause		

Figure 22 The primary site of the adenocarcinoma is unknown.

		Approximate interval between onset and death
Immediate cause	a. <u>Staphylococcus pneumonia</u> Due to (or as a consequence of)	<u>25 hours</u>
Sequentially list antecedent causes, if any, leading to the immediate cause with underlying cause last	b. <u>carcinoma metastatic to both lungs</u> Due to (or as a consequence of)	<u>3 months</u>
	c. <u>poorly-differentiated adenocarcinoma</u> <u>probably colon primary</u> Due to (or as a consequence of)	<u>unknown</u>
	d. _____	_____
	d. _____	_____
Part II. Other significant conditions contributing to death but not resulting in the underlying cause		

Figure 23 The primary site of the carcinoma was probably the colon.

PHYSICIANS MUST COMPLETE
SHADED AREAS ONLY. FUNERAL
HOME MUST COMPLETE UNSHADED
AREAS

RHODE ISLAND DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

NAME OF DECEDENT - FOR USE BY PHYSICIAN OR INSTITUTION ONLY

DECEDENT		1. NAME - FIRST MIDDLE LAST		2. SEX	3. DATE OF DEATH (Month, day, year)	
TYPE OR PRINT IN BLACK INK.		4a. HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number)			4b. CITY, TOWN, OR LOCATION OF DEATH	
ADDITIONAL INSTRUCTIONS ON REVERSE SIDE		5a. AGE - LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR MTHS DAYS	5c. UNDER 1 DAY HOURS MIN.	6. DATE OF BIRTH (Month, day, year)	7. BIRTHPLACE (City and State or Foreign Country)
		8. EVER IN U.S. ARMED FORCES? (Specify Yes or No) NAME WAR		9a. HISPANIC ORIGIN (Yes or No. If Yes, Specify Origin)		9b. RACE (List all that apply)
		10. SOCIAL SECURITY NUMBER		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		12. SPOUSE (If wife, give maiden name)
		13a. USUAL OCCUPATION (Give kind of work done during most of working life, Do NOT use retired)			13b. KIND OF BUSINESS OR INDUSTRY	
		14a. RESIDENCE ADDRESS (House number and street name)			14b. CITY OR TOWN OF RESIDENCE, STATE & ZIP CODE	
		15. MAILING ADDRESS - If different from residence address in item above (P.O. Box, RFD Number, City/Town or Village, State, Zip Code)				
PARENTS		16. FATHER - FIRST NAME MIDDLE LAST			17. MOTHER - FIRST NAME MIDDLE MAIDEN NAME	
		18a. INFORMANT - NAME			18b. MAILING ADDRESS (Street or RFD Number, City or Town, State, Zip Code)	
DISPOSITION		19a. BURIAL CREMATION, DONATION, OTHER (Specify)		19b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) CITY OR TOWN STATE		
		20a. SIGNATURE OF FUNERAL HOME LICENSEE		20b. FUNERAL HOME - NAME		20c. FUNERAL HOME LICENSE NUMBER
		20d. FUNERAL HOME - ADDRESS (Street or RFD Number, City or Town, State, Zip Code)				
PHYSICIAN		21a. To the best of my knowledge, death occurred at the time, date and place and was due to the cause(s) stated. (Signature)			21b. R.I. LICENSE NUMBER	21c. DATE SIGNED (Mth, day, yr)
RI law requires the name of the physician and the cause of death to be PRINTED or TYPED in BLACK INK. Signatures must also be in BLACK INK.		21e. WAS DEATH REFERRED TO MEDICAL EXAMINER? <input type="checkbox"/> Yes <input type="checkbox"/> No			21f. NAME & ADDRESS OF CERTIFIER (Type or Print)	
		21g. HOSPITAL DEATH? <input type="checkbox"/> NO <input type="checkbox"/> Inpatient <input type="checkbox"/> Emer. Room/Outpatient <input type="checkbox"/> DOA		21h. NON-HOSPITAL DEATH? <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify):		
		21i. NAME AND ADDRESS OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER IN 21f (Type or Print)			21j. LENGTH OF ATTENDANCE (Specify days, wks, mths, yrs)	
REGISTRAR		22a. REGISTRAR (Signature)			22b. FILE DATE - DATE RECEIVED BY REGISTRAR (Mth, day, yr)	
CAUSE OF DEATH		23. PART I. Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac/respiratory arrest or ventricular fibrillation without showing the etiology.				Approximate Interval Between Onset & 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.		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. DUE TO (OR AS A CONSEQUENCE OF)				
		23. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			24a. AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No	24b. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No
		25a. TOBACCO USE - DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown				
		25b. PREGNANCY - IF FEMALE, THE DECEDENT WAS: <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"/> Not pregnant, but pregnant 43 days - 1 year before death <input type="checkbox"/> Unknown if pregnant within past year				
26. ACCIDENT <input type="checkbox"/> Yes <input type="checkbox"/> No		27. DATE OF INJURY? (month, day, year)	28. HOUR OF INJURY?	29. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	30. PLACE OF INJURY (e.g., decedent's home, construction site, wooded area, restaurant, etc.)	
31. LOCATION OF INJURY		STREET & HOUSE NUMBER		CITY/TOWN	STATE	ZIP CODE
32. DESCRIBE HOW INJURY OCCURRED						

VS-2
Rev. 5/2006

R.I. Law requires Funeral Director to file this certificate with the City or Town Clerk at the Place of Death within 7 days.

BURIAL - TRANSIT PERMIT RHODE ISLAND DEPARTMENT OF HEALTH

DECEASED - FIRST NAME MIDDLE LAST		SEX	Permit number
			DATE OF DEATH (Month, day, year)
RACE	AGE	PLACE OF DEATH (City or town, state)	
BURIAL, CREMATION, DONATION, OTHER (Specify)		PLACE OF DISPOSITION (Name of cemetery, crematory or other place) CITY OR TOWN STATE	
FUNERAL HOME - LICENSEE		FUNERAL HOME - Name and Address (Street or R.F.D. Number, City or Town, State, Zip Code)	
Signature			
CERTIFICATION: I certify that death occurred from natural causes, that (see Reverse Side) referral to the Medical Examiner is NOT required, and that permission is hereby granted to dispose of this body.			
Signature of Physician		Degree or title	Date signed
Authorized disposition as state above occurred on (Date)	Tomb	Lot	Signature of Sexton or Person in Charge of Place of Disposition

PERMIT MUST Accompany Remains to DESTINATION

SEXTON must return permit to City or Town Clerk at Place of Disposal on Fifth of Next Month

THIS PERMIT IS VALID ONLY IF SIGNED BOTH BY THE PHYSICIAN AND BY FUNERAL HOME LICENSEE

SEE OTHER SIDE

REVERSE SIDE OF DEATH CERTIFICATE

Note: All entries must be made in black permanent ink to ensure a clear microfilm or photocopy image

INSTRUCTIONS FOR CERTIFYING PHYSICIAN: COMPLETE SHADED ITEMS ONLY

Item 3 – Date of Death – Please be sure to complete this item, located in the upper right-hand corner.

Item 21b – R.I. License Number – Enter your R.I. license number. Except for physicians working for the federal government, a physician must be licensed in R.I. in order to sign a R.I. death certificate. A physician assistant may sign a R.I. death certificate only when the decedent died in a hospital that has credentialed the physician assistant to sign a death certificate and complete the cause of death

Item 21d – Hour of Death – List the time of death. If cannot be obtained, enter “Unknown”.

Item 21e – Was Death Referred to Medical Examiner? – The following types of deaths must be referred to the Medical Examiner’s Office:

- Death is due to, or there is a suspicion of accident, homicide, suicide, or trauma of any nature;
- Death is due to a hip fracture or other trauma in the elderly;
- Death is sudden in a public place;
- Death is from a drug or toxic substance;
- Death is sudden and a patient has not been attended by a physician;
- Death is from an infection capable of causing an epidemic;
- Death is related to a job, work place or environment;
- Death occurs within 24 hours of hospitalization or ER care;
- Death occurs during or immediately after surgery or diagnostic or therapeutic procedure.

Item 21g - Hospital Death – Indicate whether decedent status was Inpatient, Emergency Room/ Outpatient, or DOA or answer “No” if decedent did not die in hospital. A patient expiring in a Hospice bed located in a hospital is considered an Inpatient.

Item 21h – Non-Hospital Death – Indicate whether decedent expired in a licensed *non-hospital* Hospice Facility, Nursing Home, Decedent’s Home, or Other Place (Specify).

Item 21i – Name and Address of Attending Physician – If certifying physician was not the attending physician, print the name and address of the attending physician.

Item 23 – Cause of Death – Part I – The World Health Organization defines the underlying cause of death as the disease or injury that initiated the morbid chain of events leading up to the immediate cause of death. This system of mortality classification is used in the United States.

LINE (A) – Immediate Cause of Death - List the final disease or condition resulting in death. Do NOT enter terminal events such as cardiac/respiratory arrest or ventricular fibrillation without showing the etiology.

It is important to indicate the primary site of a malignancy or state the primary site as unknown. Tumors should be qualified as benign, malignant or unknown nature. The term “probably” may be used to qualify an unconfirmed disease or condition as the cause of death.

LINES B, C & D – Underlying Cause of Death – Sequentially list conditions, if any, leading to the cause listed on line (a). For example, if the decedent died of a pulmonary embolism caused by an acute myocardial infarction caused by chronic ischemic heart disease, you would list pulmonary embolism as the Immediate Cause, then list acute myocardial infarction on line b and chronic ischemic heart disease on line c. Cause of Death – Part II – Use this section to list significant conditions that contributed to death but not resulting in the underlying cause in Part I. In the example cited above where the decedent died of chronic ischemic heart disease, you would use Part II if the decedent had diabetes mellitus and was obese. Item 25a – Tobacco Use – Understanding that tobacco use may contribute to a wide variety of disease, this question is asking for your best medical opinion. Item 25b – Pregnancy – This question should be answered for female decedents only.