

**Commonwealth of Pennsylvania  
Department of Health  
Bureau of Health Statistics & Research**

**2012 Death Certificate Registration  
Manual**

**Revised December 31, 2012**

# **Commonwealth of Pennsylvania**

## **Death Certificate Registration Manual**

### **INTRODUCTION**

#### **Purpose**

The death certificate is the legal record of the fact of death of an individual. As a permanent legal record, the death certificate is extremely important to the decedent's family. It is also needed for a variety of medical and health-related research efforts. The death certificate provides important information about the decedent, such as age, sex, race, date of death, his or her parents, and, if married, the name of the spouse; information on circumstances and cause of death; and final disposition. This information is used in the application for insurance benefits, settlement of pension claims, and transfer of title of real and personal property. The certificate is considered to be prima facie evidence of the fact of death. It can therefore be introduced in court as evidence when a question about the death arises.

Statistical data from death certificates are used to identify public health problems and measure the results of programs established to alleviate these problems. This data is a necessary foundation on which to base effective public health programs. Health departments could not perform their duties without such data. Mortality statistics are of considerable value to individual physicians and to medical science because they can be used to identify disease etiology and evaluate diagnostic techniques. Demographers use mortality statistics in combination with natality statistics to estimate and project population sizes, which are important in forecasting and program planning.

#### **Specific Responsibilities**

##### **Funeral Director**

Pennsylvania regulations allow for someone other than a funeral director to be in charge of disposition of the body; all funeral director references in this manual also apply to other person in charge of interment.

Funeral directors are responsible for getting the death certificate completed. In general, their duties are to:

- Complete, or have completed, all items on the death certificate.
- Obtain the cause-of-death information and certification statement from the attending physician, certified registered nurse practitioner, medical examiner or coroner.
- Secure all necessary signatures on the certificate and proofread the certificate for completeness and accuracy before filing with the Local Registrar.

- Filing the Certificate of Death within ninety-six (96) hours after the death or within ninety-six (96) hours of the finding of a dead body.
- Notify the medical examiner or coroner of any death that is believed to have been due to an accident, suicide or homicide or to have occurred without medical attendance, unless this has already been done by the pronouncing or certifying physician or the police.
- If unable to obtain the certifying physician's or certified registered nurse practitioner's signature, a temporary death certificate may be filed with the local registrar. This allows the local registrar to release a disposition permit so funeral arrangements can proceed. Cremation is permitted on a temporary certificate with proper authorization. The authorization does not necessarily make it "final" due to pending manner or if it's a natural death still under investigation.
- Obtain and use all necessary permits and other forms associated with the death registration program.
- Cooperate with state or local registrars concerning queries on certificate entries.
- Cooperate with pathologists in cases involving postmortem examinations.
- Be thoroughly familiar with all laws, rules and regulations governing the vital records process.
- Call on the Division of Vital Records for advice and assistance when necessary at 1-877-724-3258 or 724-656-3100.

**Facility (Hospital, Nursing Hospital or Hospice)**

The responsibility of a facility where a death was pronounced is to complete the following items only:

- Enter the name of the decedent and any aliases used in the **left margin only** (do not complete Item 1). Item 1 is to be completed by Funeral Director, Medical Examiner or Coroner.
- The Facility shall leave items 1.22b for the Funeral Director to Complete.
- The death certificate states that items 23a-23d must be completed by person who pronounces or certifies death. However, this is a typo and should read items 23a-25.

- Items 23a through 25 must be completed by the person who pronounces (may be a Registered Nurse, RN) or certifies death (must be a Licensed Physician, Medical Examiner or Coroner). A Registered Nurse may only pronounce the death, they cannot certify.
- Items 23a – 39c should be check for completeness prior to distribution to the Funeral Director. Resolve any incomplete items before distribution to the Funeral Director.
- **It is the responsibility of the facility to proofread the document after certifier completion to assure completeness, particularly sections 39a-39c. If any of these areas are incomplete, please address with the physician prior to distribution to the funeral director.**

### **Physician/Certified Registered Nurse Practitioner**

The physician's principal responsibility in death registration is to complete the medical part of the death certificate, items 23a through 39c. The physician or certified registered nurse practitioner is to:

- Enter or verify the date of death (month, day, and year).
- Enter or verify the date pronounced dead (month, day, and year).
- Enter or verify the time of death.
- Enter or verify whether the case was referred to the medical examiner or coroner.
- Complete the cause of death section (attending physician is to complete this section). Please refrain from use of abbreviations whenever possible.
- Complete the certifier section. Please refrain from using a stamp to complete item 39b.
- Deliver the signed death certificate to the funeral director promptly so that the funeral director can file it with the local registrar within 96 hours.
- Be familiar with state and local regulations on medical certifications for deaths without medical attendance or involving external causes that may require the physician to report the case to a medical examiner or coroner.
- Assist the state or local registrar by answering inquiries promptly.
- Deliver a replacement certificate to the Vital Records Office when autopsy findings or further investigation reveals the cause of death to be different from what was originally reported.

## **Medical Examiner or Coroner**

The medical examiner or coroner's principal responsibility in death registration is to complete the medical part of the death certificate. Before delivering the death certificate to the funeral director, he or she may add some personal items for proper identification, such as name, residence, race and sex. Under certain circumstances and in some jurisdictions, he or she may provide all the information, medical and personal, required on the certificate.

The funeral director, or other person in charge of interment, will otherwise complete those parts of the death certificate that call for personal information about the decedent. He or she is also responsible for filing the certificate with the registrar. In general, the duties of the medical examiner or coroner are to:

- Enter or verify the date of death (month, day, and year).
- Enter or verify the time of death.
- Complete the cause-of-death section.
- Complete the certifier section.
- Deliver the signed certificate to the funeral director promptly so that the funeral director can file it with the local registrar within 96 hours.
- Cooperate with the state and local registrar by responding promptly to any queries concerning any entries on the death certificate.
- Deliver a replacement certificate to the Vital Records Office when autopsy findings or further investigation reveal the cause of death to be different from that originally reported.

When the cause of death cannot be determined within the statutory time limit, a death certificate should be filed with the notation that the report of the cause of death is "pending investigation." A permit to authorize disposal or removal of the body can then be obtained.

If there are other reasons for a delay in completing the medical portion of the certificate, the registrar should be given written notice of the reason of the delay by the person causing the delay. When the circumstances of death (accident, suicide or homicide) cannot be determined within the statutory time limit, the cause-of-death section should be completed and the manner of death should be shown as "pending investigation."

As soon as the cause of death or manner of death is determined, a FINAL certificate should be filed with the registrar, or the current death certificate should be corrected or amended, according to state and local regulations regarding this procedure.

When a body has been found after a long period of time, the date and time of death should be estimated as accurately as possible. If an estimate is made, the information should be entered as “APPROX-date” and/or “APPROX-time.” If an estimate cannot be made, the information should be entered as “DATE FOUND-date” and/or “TIME FOUND-time.”

Please proofread the document for completeness and accuracy before release to the Funeral Director or Local Registrar.

### **Authorization for Final Disposition of Dead Body or Fetus**

The funeral director must secure explicit authorization before he or she may remove, bury, cremate, entomb, disinter, reinter or otherwise dispose of a dead body.

### **Form of Authorization (Disposition/Transit Permit)**

The authorization accompanies the dead body to its place of final disposition, where it is presented to the person in charge of the place of disposition. He or she is then required to return the authorization to the registration official who issued the authorization. The funeral director should be familiar with the Commonwealth’s requirements and inform the person in charge of the place of disposition where to return the authorization.

## **GENERAL INSTRUCTIONS**

**Dead body (Death)** – A lifeless human body or such parts of a human body as permit a reasonable inference that death occurred.

- A death certificate should be completed for any live birth that expires.
  - A live birth is defined as “the expulsion or extraction from its mother of a product of conception, irrespective of the period of gestation, which shows any evidence of life at any moment after such expulsion or extraction”.
- A fetal death certificate should be completed for any stillborn sixteen weeks or greater.
  - A fetal death is defined as “the expulsion or extraction from its mother of a product of conception after sixteen (16) weeks gestation, which shows no evidence of life after such expulsion or extraction”.

The data necessary for preparing the death certificates are obtained from the following persons:

- Informant; in order of preference, the spouse, one of the parents, one of the children of the decedent, another relative or other person (ie. Executor, Executrix, POA), who has knowledge of the facts. If the funeral is pre-arranged, the funeral director is the informant.
- Pronouncing physician, certifying physician, pronouncing/certifying physician or medical examiner or coroner.

- Facility or physician records
- It is essential that the certificates be prepared as permanent legal records.
- File the original certificate with the registrar. Reproductions or duplicates are not acceptable.
- Avoid abbreviations, except those recommended in the specific item instructions.
- Verify the spelling of names with the informant. Be especially careful with names that can have different spellings (Smith or Smyth, Gail or Gayle and Wolf or Wolfe).
- Refer problems not covered in this instruction manual to the Division of Vital Records.
- Use the current form designated by the Commonwealth.
- If not using the Electronic Death Registration System (EDRS) or a typewriter, please print legibly in permanent black ink. Ink must be heat-resistant to assure accuracy in our numbering process. **Do not use erasable ink or gel based pens.**
- Complete each item, following the specific instruction for that item.
- Do not make alterations, scratch outs, white outs, or write-overs.
- Obtain all signatures. Signature of certifier must be an original entry (photocopied, typed, printed, stamped, or carbon copied signature is not acceptable) unless authorization to utilize an electronic signature format has been granted.
- The Certificate of Death may be folded to accommodate storage in file cabinets. The document must be folded **from the bottom up** to 8 ½ x 11 inch size (letter size).

## **Maternal Death**

A report of maternal death must be filed with the Pennsylvania Department of Health, Division of Statistical Registries, 555 Walnut Street, 6<sup>th</sup> Floor, Harrisburg, PA 17101, when a death occurs in Pennsylvania arising from pregnancy, childbirth or intentional abortion.

A **maternal death** is defined as “the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes”.

- Reports are due within **15 days** of the end of the month of occurrence.
- Any questions regarding a report of maternal death should be directed to the Division of Statistical Registries at 717-783-2548.

## **SPECIFIC INSTRUCTIONS**

### **MARGIN ITEM**

(Upper-right corner)

STATE FILE NUMBER

This space should always be left blank to allow a State File Number (SFN) to be assigned by the Division of Vital Records. No writing is permitted in the top margin of the certificate.

**MARGIN ITEM** (Left side-bottom) NAME OF DECEDENT

(Left side-top)  
ALIAS USED

The left-hand margin of the certificate contains a line where the physician or facility can write in the name of the decedent and any known aliases in order to assist in the completion of the death certificate before the body is removed by the funeral director. Physicians should enter the alias used and the name of the decedent in this margin item. **The funeral directors will then enter the full legal name in Item 1 since they are responsible for completing the decedent's personal information.**

### **MARGIN ITEM**

(Bottom)

DISPOSITION PERMIT NO.

This item is to be completed by the registrar.

### **ITEM 1**

DECEDENT'S LEGAL NAME

Type or print the full first, middle, last name and suffix of the decedent. **Do not abbreviate or list the alias of the decedent.** Aliases should **only** be listed in the space provided in the margin.

### **ITEM 2**

SEX

Enter male or female. If sex cannot be determined after verification with medical records, inspection of the body or other sources, enter "Unknown." Do not leave this item blank.

### **ITEM 3**

SOCIAL SECURITY NUMBER

Enter the social security number of the decedent. If unknown enter "Unknown", if the decedent doesn't have a social security number enter "None". Do not leave this item blank.

### **ITEM 4**

DATE OF DEATH

Enter the exact month, day and year that death occurred. Month should be spelled out.

Consider a death at midnight to have occurred at the end of one day rather than the beginning of the next.

*Example:*

*The date for a death that occurs at midnight on December 31 should be recorded as December 31.*

If the exact date of death is unknown, it should be approximated by the person completing the medical certification, e.g., “Date Found” or “Approx.”

**ITEM 5a**  
AGE – LAST BIRTHDAY  
(Yrs)

Enter the decedent’s exact age in years at his or her last birthday. If the decedent was under one year of age, leave this space blank

**ITEM 5b**  
UNDER ONE YEAR

Enter the exact age in either months or days at time of death for infants surviving at least one month.

If the infant was 1 to 11 months of age inclusive, enter the age in completed months.

If the infant was less than one month old, enter the age in completed days.

If the infant was over one year or less than one day of age, leave this space blank.

**ITEM 5c**  
UNDER ONE DAY

Enter the exact number of hours or minutes the infant lived for infants who did not survive an entire day.

If the infant lived 1 to 23 hours inclusive, enter the age in completed hours.

If the infant was less than one hour old, enter the age in minutes. If the infant was more than one day old, leave this space blank.

**ITEM 6**  
DATE OF BIRTH  
(MO/DAY/YEAR)

Enter the exact month, day and year that the decedent was born. Month should be spelled out.

If exact date is unknown, the data provider should record the information that is known.

*Examples:*

*February 1941*

*1943*

**ITEM 7a**  
BIRTHPLACE  
(City & State or Foreign  
Country)

Enter the city and state or foreign country where decedent was born. If specific information is unknown, a partial entry is acceptable (e.g., “U.S. – unknown” or “Foreign – unknown”)

“**Unknown**” is acceptable if no information is available.

If the decedent was not born in the United States, enter the name of the country of birth on line 7a whether or not the decedent was a U.S. citizen at the time of death. Leave 7b blank.

**ITEM 7b**  
**BIRTHPLACE**  
(County)

Enter the county, in Pennsylvania or another state, where decedent was born.

*Example:*

*Allegheny, Pennsylvania or Atlantic, New Jersey*

**ITEM 8a-e**  
**RESIDENCE**

The residence should represent the place where the decedent actually lived most of the time.

If the decedent had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary or hospital for the chronically ill, the location of the facility should be entered.

Place of residence during a tour of military duty or during attendance at college should be entered.

In the case of an infant who never resided at home, residence of the parent or guardian should be entered.

A **temporary residence**, such as one used during a visit, business trip, or vacation should **not** be entered.

**ITEM 8a**  
**RESIDENCE**  
(State or Foreign Country)

Enter the name of the State in which the decedent lived. If the decedent was not a resident of the United States, enter the name of the country and the name of the unit of government that is the nearest equivalent of a State.

**ITEM 8b**  
**RESIDENCE**  
(Street & Number – include Apt No.)

Enter the decedent's street address (or Post Office Box or route number). Include street name, number, street designator, pre/post directional, and apartment number.

*Example:*

*555 East State Street, Apt 9*

**ITEM 8c**  
**DID DECEDENT LIVE IN A TOWNSHIP?**

Yes, decedent lived in \_\_ twp.

Check "Yes" box if decedent lived in a township, and enter the name of the township. This name will almost always differ from the "city" in the mailing address.

*Example:*

*Resident city/boro, twp – West Manchester*

*Mailing city/boro, twp – York*

No, decedent lived within limits of \_\_city/boro.

Check "No" box if decedent lived in a city or borough and enter the name of the city or borough.

**ITEM 8d**  
RESIDENCE  
(County)

Enter the name of the county in which the decedent lived.

**ITEM 8e**  
RESIDENCE  
(Zip Code)

Enter the zip code where the decedent lived.

**ITEM 9**  
EVER IN US ARMED  
FORCES?

If the decedent was an active or inactive member of the U.S. Armed Forces, check "Yes." If not, check "No." If you cannot determine whether the decedent served in the U.S. Armed Forces, check "Unknown." Do not leave this item blank.

**ITEM 10**  
MARITAL STATUS AT TIME  
OF DEATH

Check the marital status for the decedent; married, widowed, divorced, never married, unknown.

If the decedent was married at time of death, check "Married. A person is considered legally married even if separated at the time of death. A person is no longer legally married when the divorce papers are signed by a judge.

If decedent's spouse is deceased, check "Widowed".

If the decedent was divorced, check "Divorced".

If the decedent was never married, check "Never Married".

If the marital status cannot be determined, enter "Unknown." Do not leave this item blank.

**ITEM 11**  
SURVIVING SPOUSE'S NAME  
(If wife, give name prior to first  
marriage)

If Item 10 indicates married, the name of spouse should be listed in Item 11, only if still living.

If the wife is the surviving spouse, her complete maiden name should be recorded. A person is considered legally married even if separated at the time of death. A person is no longer legally married when the divorce papers are signed by a judge. Common law marriages are recognized prior to January 2, 2005.

When a married couple is involved in an accident, the spouse who is not pronounced dead first is listed as the surviving spouse.

The name of partner or companion is **not acceptable**.

**ITEM 12**  
FATHER'S NAME  
(First, Middle, Last, Suffix)

Enter the name of decedent's father.

**ITEM 13**  
MOTHER'S NAME PRIOR TO  
FIRST MARRIAGE  
(First, Middle, Last)

Enter the mother's name prior to first marriage.

**ITEM 14a**  
INFORMANT'S NAME

Enter the full name of person who provided the decedent's personal information.

**ITEM 14b**  
RELATIONSHIP TO  
DECEDENT

Enter the informant's relationship with the decedent.

**ITEM 14c**  
INFORMANT'S MAILING  
ADDRESS  
(Street & Number, City, State,  
Zip Code)

Enter the complete mailing address of the informant whose name appears in Item 14a.

**ITEM 15a**  
PLACE OF DEATH  
(Check only one)

Check the appropriate box indicating the exact location where the decedent was pronounced dead. Place of death must agree with Items 15b, 15c, and 15d.

If death occurred in a hospital, check the box indicating the decedent's status at the hospital: Inpatient, Emergency Room/Outpatient, or Dead on Arrival.

If death occurred somewhere other than a hospital, check the box indicating whether pronouncement occurred at a Hospice Facility, Decedent's Home, Nursing Home/Long-Term Care Facility, or Other (Specify) and specify the location. If death was pronounced at a licensed long-term care facility that is not a hospital (for example, nursing home, convalescent home or old age home), check the box that indicates nursing home/license long-term care facility. If death was pronounced at a licensed ambulatory/surgical center or birthing center, check "Other (Specify)." If "Other (Specify)" is checked, specify in item 15b where death was legally pronounced, such as a physician's office, the highway where a traffic accident occurred, a vessel or at work. If the decedent's body was found, the place where the body was found should be entered as the place of death.

**ITEM 15b**  
FACILITY NAME  
(If not institution, give street & number)

If death occurred in a facility, enter the full name of facility. If death occurred en route to or on arrival, enter the full name of the facility. Deaths that occur in an ambulance or emergency vehicle en route to a facility also fall into this category.

If death did not occur in a facility, enter the complete street address or the name of the exact location where the death occurred. If the death occurred on a moving conveyance, enter the name of the carrier; for example, "Southwest Airlines flight 296 (in flight)."

**ITEM 15c**  
CITY OR TOWN, STATE, &  
ZIP CODE

Enter the city, boro, or township, state and zip code where the death occurred. If the death occurred on a moving conveyance, item 15c should reflect the city, boro or township where the body was first removed from the moving conveyance.

**ITEM 15d**  
COUNTY OF DEATH

Enter the name of the county where the death occurred.

**ITEM 16a**  
METHOD OF DISPOSITION

Check the box corresponding to the method of disposition of the decedent's body. If "Other (Specify)" is checked, enter the method of disposition on the line provided (for example, "entombment").

If the body was removed from state to be buried, select "Removal from State". Do not pick both Burial and Removal from State.

If the body is to be used by a hospital or a medical or mortuary school for scientific or educational purposes, enter "Donation" and specify the place of disposition (name of cemetery, crematory, or other place) in Item 16c. "Donation" refers only to the entire body, not to individual organs.

**ITEM 16b**  
DATE OF DISPOSITION

Enter the exact date of burial, cremation, removal from state, donation or other disposition of the body. When the exact date of disposition cannot be determined, enter the date of funeral service.

**ITEM 16c**  
PLACE OF DISPOSITION  
(Name of cemetery, crematory,  
or other place)

Enter the exact name of the place of disposition. If burial at sea, list appropriate body of water.

**ITEM 16d**  
LOCATION OF DISPOSITION  
(City or Town, State, and Zip)

Enter the exact name of the city or town, state, and zip code where the place of disposition is located.

**ITEM 17a**  
SIGNATURE OF FUNERAL  
SERVICE LICENSEE OR  
PERSON IN CHARGE OF  
INTERMENT

The funeral service licensee or person in charge of interment should sign the certificate. Rubber stamps, electronic or facsimile signatures are **not** permitted.

**ITEM 17b**  
LICENSE NUMBER

Enter the license number of the funeral service licensee. If some other person who is not a licensed funeral director assumes custody of the body, identify the category of license and corresponding license number, or, if the individual possesses no license at all, enter "None."

**ITEM 17c**  
NAME AND COMPLETE  
ADDRESS OF FUNERAL  
FACILITY

Enter the name and complete address of the funeral facility handling the disposition.

**ITEM 18**  
DECEDENT'S EDUCATION

Check the box that best describes the highest degree or level of school completed at the time of death. College education does not include technical, trade or business school.

If the decedent is an infant do not leave this blank. Check 8<sup>th</sup> grade or less.

**ITEM 19**  
DECEDENT OF HISPANIC  
ORIGIN

Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. If Hispanic origin is unknown, specify unknown on the line provided, do not leave this item blank.

For the purposes of this item, "Hispanic" refers to people whose origins are from Spain, Mexico or the Spanish-speaking countries of Central or South America. Origin can be viewed as the ancestry, nationality, lineage or country in which the person or their ancestors were born before their arrival in the United States.

There is no set rule as to how many generations are to be taken into account in determining Hispanic origin. A person's Hispanic origin may be reported based on the country of origin of a parent, a grandparent or some far-

removed ancestor. The response should reflect what the decedent considered himself or herself to be and should not be based on percentages of ancestry. If the decedent was a child, the parent(s) should determine the Hispanic origin based on their own origin.

**ITEM 20**  
DECEDENT'S RACE

Check **ONE OR MORE** races to indicate what the decedent considered himself or herself to be. If the information indicates that the decedent was of mixed race, check all appropriate boxes. For Asians and Pacific Islanders, check the national origin of the decedent, such as Chinese, Japanese, Korean, Filipino or Hawaiian. If the informant doesn't know or is not sure of the decedent's race, check "Other" and specify unknown on the line provided, do not leave this item blank.

**ITEM 21**  
DECEDENT'S SINGLE RACE  
SELF-DESIGNATION

Check **ONLY ONE** race which indicates the race the decedent most considered himself or herself to be. If "Other" is checked, specify the race the decedent most considered himself or herself to be on the line provided. If the informant is unsure of the decedent's single race self-designation, check don't know/not sure, or if the informant refuses to answer, check refused, do not leave this item blank.

**ITEM 22a**  
DECEDENT'S USUAL  
OCCUPATION

Indicate type of work done during most of decedent's working life. This is not necessarily the last occupation of the decedent. "Usual occupation" is the kind of work the decedent did during most of his or her working life, such as a claim adjuster, farmhand, coal miner, janitor, store manager, college professor or civil engineer. **DO NOT USE RETIRED.**

If the decedent was a homemaker at the time of death, but had worked outside the household during his or her working life, enter that occupation. If the decedent was a homemaker during most of his or her working life and never worked outside the household, enter "Homemaker."

Enter "Student" if the decedent was a student at the time of death and was never regularly employed or employed full time during his or her working life.

If unknown specify "unknown" in the space provided, do **not** leave this item blank.

For more information please refer to:  
<http://www.cdc.gov/niosh/docs/2012-149/>

**ITEM 22b** KIND OF  
BUSINESS/INDUSTRY

Enter the kind of business or industry to which the occupation listed in 22a is related, such as insurance, farming, coal mining, hardware store, retail clothing, university or government. Do **not** enter firm or organization names.

If the decedent was a homemaker during his or her working life, and is entered as the decedent's usual occupation, enter "Own home" or "Someone else's home," whichever is appropriate.

If the decedent was a student at the time of death and "Student" is entered as the decedent's usual occupation enter the type of school, such as high school or college.

If unknown specify "unknown" in the space provided, do **not** leave this item blank.

**ITEM 23a-d**  
PRONOUNCING

**Must be completed by person who pronounces or certifies death.**

In Pennsylvania, The Vital Statistics Law of 1953 §450.507 permits Registered Nurses to pronounce.

In isolated cases, when a family provides date of death information, it may differ from the date of pronouncement.

**ITEM 23a**  
DATE PRONOUNCED DEAD  
(MO/DAY/YR)

Enter the exact month, day and year the decedent was pronounced dead

**ITEM 23b**  
SIGNATURE OF PERSON  
PRONOUNCING DEATH  
(Only when applicable)

Obtain the signature of the person pronouncing the death. Rubber stamps or facsimile signatures are **NOT** permitted.

**ITEM 23c**  
LICENSE NUMBER

Enter the license number of the person pronouncing the death.

**ITEM 23d**  
DATE SIGNED  
(MO/DAY/YR)

Enter the exact month, day and year the person pronouncing signs the certificate.

**ITEM 24**  
TIME OF DEATH

Enter the exact time of death (hours and minutes) according to local time. Enter 12 noon as "12 noon." One minute after 12 noon is entered as "12:01 p.m." Enter 12 midnight as "12 midnight." A death that occurs at 12 midnight occurred on the previous day, not the start of the next day.

One minute after 12 midnight is entered as “12:01 a.m.”

If the exact time of death is unknown, it may be approximated by the medical examiner/coroner. **Time Found** or **Approx.** may be included. Time of death should not be left blank.

**ITEM 25**  
WAS MEDICAL EXAMINER  
OR CORONER CONTACTED

In cases of accident, suicide or homicide, the medical examiner or coroner **must** be notified.

Check “Yes” if the medical examiner or coroner was contacted in reference to the cause of death, otherwise check “No.” Do not leave this item blank.

**ITEM 26**  
CAUSE OF 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 etiology. DO NOT ABBREVIATE. Enter only **one** cause on each line. Add additional lines if necessary.

IMMEDIATE CAUSE--Line (a)--(Final disease or condition resulting in death).

Sequentially list conditions, if any, leading to the cause listed on line (a). Enter the **UNDERLYING CAUSE** (disease or injury that initiated the events resulting in death) **LAST**. For each cause indicate best estimate of interval between presumed onset and date of death. “Unknown” or “Approximately” may be used. General terms, e.g., minutes, hours, days, are acceptable, if necessary. **DO NOT** leave blank.

The terminal event (for example, cardiac arrest or respiratory arrest) should not be used. If a mechanism of death seems most appropriate for line (a), then always list its cause(s) on the line(s) below it (for example, 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 (for example, renal failure due to Type 1 diabetes mellitus).

When indicating neoplasm 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; 5) Part of lobe of organ affected.

*Example:*

*Primary well-differentiated squamous cell carcinoma,*

*lung, upper left lobe.*

Always report the fatal injury, the trauma, and impairment of function.

*Example:*

*Stab wound of chest, transection of subclavian vein, air embolism.*

**ITEM 26**  
CAUSE OF DEATH  
PART II

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

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.

**ITEM 27**  
WAS AN AUTOPSY  
PERFORMED

Check “Yes” or “No”. Do not leave this item blank.

**ITEM 28**  
WERE AUTOPSY FINDING  
AVAILABLE TO COMPLETE  
THE CAUSE OF DEATH

Check “Yes” or “No”.

If “Yes” is checked in Item 27, an entry must appear in Item 28 indicating if autopsy findings were available prior to the completion of the cause of death.

**ITEM 29**  
IF FEMALE

**Pregnancy status.** Check the appropriate box regarding the pregnancy status of a female decedent.

If “Pregnant at time of death” or “Not pregnant, but pregnant within 42 days of death” a Report of Maternal Death must be completed. (See General Instructions for additional guidance).

**ITEM 30**  
DID TOBACCO USE  
CONTRIBUTE TO DEATH

Check “Yes” if, in the physician’s (or other certifier’s) opinion, any use of tobacco or tobacco exposure contributed to this particular death. For example, tobacco use may contribute to deaths due to emphysema or lung cancer. Tobacco use also may contribute to some heart disease and cancers of the head and neck. Tobacco use should also be reported in deaths due to fires started by smoking. Check “No” if, in the physician’s (or other certifier’s) opinion, the use of tobacco did not contribute to death. Check “Probably” if, in the certifier’s opinion, the use of tobacco probably contributed to death. Check “Unknown” if it is unknown whether tobacco use contributed to death.

**ITEM 31**  
MANNER OF DEATH

Complete this item for all deaths. Check the box corresponding to the manner of death. Deaths not due to external causes should be identified as “Natural.” Usually these are the only types of deaths a physician will certify. “Pending Investigation” and “Could Not Be Determined” refer to medical examiner or coroner cases only.

**All deaths due to external causes must be referred to the medical examiner or coroner.** If the manner of death checked in Item 31 was anything other than natural, items 32-38 must be completed by a medical examiner or coroner.

**ITEM 32**  
DATE OF INJURY  
(MO/DAY/YR)

Enter the exact month, day and year that the injury occurred. SPELL MONTH – January, February, March, etc. Do not use a number to designate the month. The date of injury may not necessarily be the same as the date of death.

**ITEM 33**  
TIME OF INJURY

Enter the exact time (hours and minutes) that the injury occurred. Use prevailing local time. In cases in which the exact time is impossible to determine, it should be approximated. Specify in item 33, “APPROX-time”. If the time of injury is unknown, specify unknown. Be sure to indicate whether the time of injury was a.m. or p.m.

**ITEM 34**  
PLACE OF INJURY

Enter the type of place where the injury occurred, e.g., home; construction site; farm; school. Do not enter firm or organization names.

**ITEM 35**  
LOCATION OF INJURY  
(Street & Number, City, State,  
Zip Code)

Enter the complete address where the injury occurred. If street address is unknown the location may be entered (e.g., Mile marker 75 on Interstate 79, Pittsburgh, PA 15201).

**ITEM 36**  
INJURY AT WORK

Check “Yes” or “No”. Do not leave this item blank.

**ITEM 37**  
IF TRANSPORTATION  
INJURY, SPECIFY

If transportation injury, specify, “Driver/Operator”, “Passenger”, “Pedestrian”, “Other”. “Other” applies to watercraft, aircraft, animal or people attached to outside of vehicles (e.g., “surfers”), but are not bona fide passengers or drivers.

**ITEM 38**  
DESCRIBE HOW INJURY  
OCCURED

**ITEM 39a**  
CERTIFIER

Enter a precise description of how the injury occurred.

CHECK ONLY ONE. The signature of the certifier, title of the certifier and license number are also required in Item 39a. The original signature of certifier should be completed in black ink. A photocopied, typed, printed, stamped, facsimile or carbon copied signature is **not acceptable** unless authorization to utilize an electronic signature format has been granted.

The physician or certified registered nurse practitioner in attendance during the last illness of the decedent is responsible for signing this item. If a physician was not in attendance or when circumstances suggest that the death was the result of something other than natural causes, sudden or violent, or of a suspicious nature, the funeral director or local registrar must refer the case to the medical examiner/coroner.

Certificate must be signed by a Pennsylvania licensed physician unless the out-of-state physician is on staff at a Veteran's Administration (VA) hospital. If signed by an out-of-state physician, except in the case of VA hospitals, request the funeral director to obtain a "Replacement" certificate signed by a Pennsylvania licensed physician. If this is not possible, the case must be referred to a medical examiner/coroner.

The **license number** of the certifying physician or certified registered nurse practitioner should be listed. Pennsylvania physicians' license numbers begin with one of the following: MD, DO, MT, OS or OT.

The only exception is a staff physician at a Veteran's Administration hospital or medical examiner/coroner.

Doctor of Nursing Practice (DNP cannot sign as the certifier.

**ITEM 39b**  
NAME, ADDRESS & ZIP  
CODE OF PERSON  
COMPLETING CAUSE OF  
DEATH  
(ITEM 26)

Enter the name and complete address of the person completing cause of death. It is possible that an out-of-state address may be recorded; provided the physician is licensed in Pennsylvania. **A stamped address is unacceptable.**

**ITEM 39c**  
DATE SIGNED  
(MO/DAY/YR)

Enter the exact month, day and year that the certifier signed the certificate.

**ITEM 40-42**  
REGISTRAR

Items 40 through 42 are the Registrar's responsibility and should only be completed by the Registrar.

**ITEM 43**  
(AMENDMENTS)

Item 43 is for STATE USE ONLY.