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#### HISTORY AND BACKGROUND

The National Center for Health Statistics (NCHS) is responsible for the compilation and annual publication of national statistics on causes of death based upon information reported on death certificates filed for each death occurring in the United States. Since 1968, NCHS has used the International Classification of Diseases (ICD) to manually code all causes of death reported on each death certificate. These multiple cause codes then serve as input data for the Automated Classification of Medical Entities (ACME) computer program which assigns an underlying cause of death code for each death in accordance with internationally agreed upon rules.

The rules for manually coding multiple causes of death are in the Part 2b of the Vital Statistic Instruction Manual Series. The rules are complicated and require a lengthy training period coupled with long-term on-the-job experience to acquire proficiency. In July of 1983, NCHS staff began development of a computer system to replace the manual system. This system is called MICAR for Mortality Medical Indexing Classification and Retrieval.

Data entry under PC-MICAR required that the user enter the full text in standardized nomenclature, an abbreviation, or a numeric code for each disease, injury, and external cause reported on a death certificate. PC-MICAR significantly reduced the complexity of manual multiple cause-of-death coding; however, terms had to be translated into a format acceptable to PC MICAR.

SuperMICAR is an enhanced version of PC-MICAR. The main purpose of this improved version of MICAR is to allow users to enter the cause of death information as it is literally reported. With essentially no translation or standardization of the input required, training is minimal. A literal entry system is essential to the development of an electronic death certificate system.

Specified non-medical items (e.g., age, sex) that may impact on the classification of the reported conditions are also captured in coded form.

This manual documents: (1) creation of a SuperMICAR file, (2) instructions for machine entry of selected data from the demographic portion of a death certificate, and (3) entry of the information reported in the Medical Certification Section into machine-acceptable language. It is to be used in conjunction with the special rules booklet<sup>1</sup> for a given State. Training in medical terminology and anatomy are suggested as a means to help read the many variations in reporting of a medical term. For additional information about SuperMICAR features, see the MMDS help document.

The ICD is not needed by the operator. MICAR internally performs all conversions to ICD multiple cause codes based on the data input and its "knowledge" of the coding rules contained in Part 2b of the Vital Statistics Instruction Manual Series. In addition, MICAR permanently retains entity reference numbers for each term reported on a death certificate for use in retrieval of data for specific disease research.

Questions encountered during actual data entry of death records should be resolved as follows in the order indicated:

- 1. Refer to Table of Contents of this manual
- 2. Refer to MMDS Help document
- 3. Refer question to supervisor
- Refer question to NCHS staff State Specialist first Then email: <a href="mailto:lCD10@cdc.gov">lCD10@cdc.gov</a>

<sup>1</sup>A document that describes certificate format variations unique to each State along with any special rules for handling these variations in the coding process.

In the United States, the certificate of death is a legal document used to establish the fact of death for insurance purposes and for other legal matters. Much of the information reported on the certificate is also used for statistical purposes and is recorded, compiled for analysis, and published by the NCHS. (See Illustration 2.1, page 5.)

The items to be entered from the death certificate as input to the MICAR system can be classified into two basic groups: (1) those that are primarily non-medical in nature and (2) those that are primarily medical in nature. The former includes sex of the decedent (Item 2), age of the decedent (Item 4), and date of death (Item 29), as well as control information (e.g., year, State, and State file number) needed to either identify a particular certificate or a given batch of certificates. Chapter IV of this document provides instructions for entering data for non-medical items. The U.S. Standard Certificate of Death provides space for the certifier to record information concerning the diseases and/or injuries which either resulted in or contributed to death, as well as, the circumstances of the injuries. Each of these is defined as a cause of death; that is, a morbid condition or disease process, abnormality, injury, or poisoning leading directly or indirectly to death.

The medical certification portion of the death certificate (Item 32) is designed to obtain the opinion of the certifier on the relationship and relative significance of the causes that are reported. The certifier is requested to report in Part I on line (a) the immediate cause of death and the antecedent conditions on lines (b), (c), and (d) which gave rise to the cause reported on line (a). The underlying cause, the disease or injury, which initiated the train of events leading to death or the circumstances that produced the fatal injury, is stated lowest in the sequence of events. Any other significant condition which unfavorably influenced the course of the morbid process and thus contributed to the fatal outcome, but was not related to the immediate cause of death, is entered in Part II.

_	OCAL FILE NO					STATE	FILE NO				
	1. DECEDENT'S LEGAL N	AME (Include AKA	's if any) (First, Middle,	Last)			2. SEX	3. SOCIAL SI	ECURITY NUMBER		
	4a. AGE-Last Birthday (Years)	4b. UNDER 1	YEAR 4c.	UNDER 1 DAY	5. DATE O	F BIRTH (Mo/Day/	ro 6. BIRTHPL	ACE (City and St	tate or Foreign Country		
	(Years)	Months	Days Hou	irs Minute:	1						
	7a. RESIDENCE-STATE		7b. COUNTY			7c. CITY OR TO	wn	3274 760			
	7d. STREET AND NUMBER	8			7e. APT. NO.	7f. ZIP CODE			7g. INSIDE CITY LIMITS?		
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OR G	ARMED FORCES?		Married, but separated		liu sonvivino si	COSE S NAME	in white, great hand	phor to mat ma	mayo,		
	□ Yes □ No	□ Divorced □	Never Married  Unkn								
ed/Verified DIRECTOR	11. FATHER'S NAME (Firs	it, Middle, Last)			12. MOTHER'S N	AME PRIOR TO F	IRST MARRIAGE	(First, Middle, L	.ast)		
	13a. INFORMANT'S NAME		13b. RELATIO	NSHIP TO DECEDE	NT 13c. M	AILING ADDRESS	(Street and Num	ber, City, State,	Zip Code)		
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-	I THOILE THOILE (II TO	i monitorio, givo on		1				1			
	18. METHOD OF DISPOSI			19. PLACE	OF DISPOSITION (N	lame of cemetery,	crematory, other	place)	<u> </u>		
	☐ Donation ☐ Entembr ☐ Other (Specify):	ment 🗆 Removal fr	om State	*. <b>!</b>							
	20. LOCATION-CITY, TO	WN, AND STATE		21. NAME AND	COMPLETE ADDRES	S OF FUNERAL	FACILITY				
	A	TON STOWARTS	SPURPE OR OVUES A					LIGHTAN	140EB (011		
	22. SIGNATURE OF FUNE	ERAL SERVICE LIC	SENSEE OR OTHER AC	GENT			2	3. LICENSE NU	IMBER (Of Licensee)		
	ITEMS 24-28 MUST	BE COMPLE	TED BY PERSO	N 24. DATE P	RONOUNCED DEAD	(Mo/Day/Yr)	25	TIME PRONO	UNCED DEAD		
	WHO PRONOUNC										
	26. SIGNATURE OF PERS	SON PRONOUNCE	NG DEATH (Only when	applicable)	27. LICEN	SE NUMBER	28. DATE SIG	NED (Mo/Day/Yr	)		
			. Series Tr.				<u>.</u>				
	29. ACTUAL OR PRESUMED DATE OF DEATH  30. ACTUAL OR PRESUMED TIME OF DEATH  31. WAS MEDICAL E										
٠,	(Mo/Day/Yr) (Spell Month) CORONER CONTAI										
	necessary.			success. So no n	caused the death. D BBREVIATE. Enter of	nly one cause on	a line. Add additi	onal lines if			
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#### **CHAPTER II**

In the following example, there are three causes reported. On line (c) the underlying cause is entered—congenital heart disease. Congenital heart disease gave rise to congestive heart failure (line b) which in turn led to a myocardial infarction (line a)--the immediate cause of death.

- I (a) Myocardial infarction
  - (b) Congestive heart failure
  - (c) Congenital heart disease
  - (d)

Ш

As demonstrated by the following example, the certifier may list more than one cause per line.

- (a) Myocardial infarction and pulmonary embolism with congestive heart failure
  - (b)
  - (c)
  - (d)

Ш

Likewise, the causes may not be reported in an acceptable sequence. In the following example, cancer is reported as due to diabetes.

- I (a) Cancer
  - (b) Diabetes
  - (c)
  - (d)

To date, the causes of the majority of cancers are still unknown so the causal relationship tables stored in the NCHS computer preclude the assumption that diabetes caused the cancer. Cancer is selected as the underlying cause of death from this certification for statistical purposes. However, the selection of the underlying cause of death is not relevant for this manual. For data entry purposes, the order and position of each cause of death reported on the death certificate must be interpreted accurately so

the computer software can then determine the correct underlying cause of death.

There is an average of three causes listed per certificate. Approximately 20 percent of certificates have only one cause of death and 45 percent have three or more causes. Frequently, a cause will be reported on line (a) in Part I and a cause in Part II with no other reported causes. For other records, several causes may all be reported on a single line of the certificate or they may be entered on several lines in Part I. Rarely, the only cause(s) reported may be in Part II. Representative examples follow:

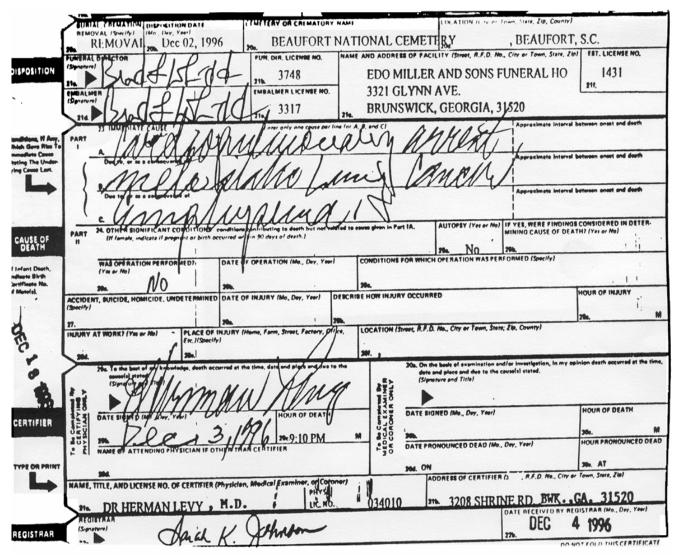
1. I II	<ul><li>(a) Pneumonia</li><li>(b)</li><li>(c)</li><li>(d)</li><li>Diabetes</li></ul>	2. I II	<ul><li>(a) Cancer</li><li>(b)</li><li>(c)</li><li>(d)</li></ul>
3. I II	(a) (b) (c) (d) Diabetes	4. I	<ul><li>(a)</li><li>(b) Acute myocardial infarction</li><li>(c)</li><li>(d)</li><li>Renal disease</li></ul>

- 5. I (a) AMI, renal disease, pulmonary embolism
  - (b)
  - (c)
  - (d)

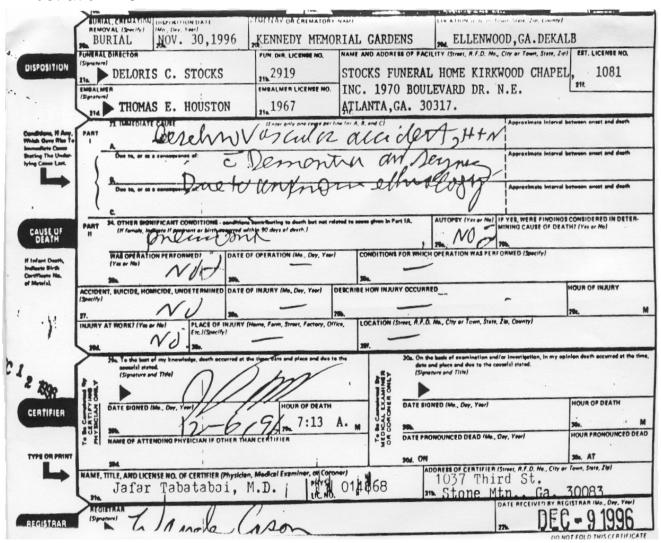
The medical certification section of the death certificate is standard on most state certificates. However, not all states used the exact format of the U.S. Standard Certificate of Death. Therefore, Special Rules Booklet for each State has been developed to determine if any special format considerations are applicable.

#### **Exercise 1: Reading Death Certificates**

One of the most difficult tasks for SuperMICAR entry staff is reading the certifiers handwriting. The following certificates are an example of how challenging this task can be.



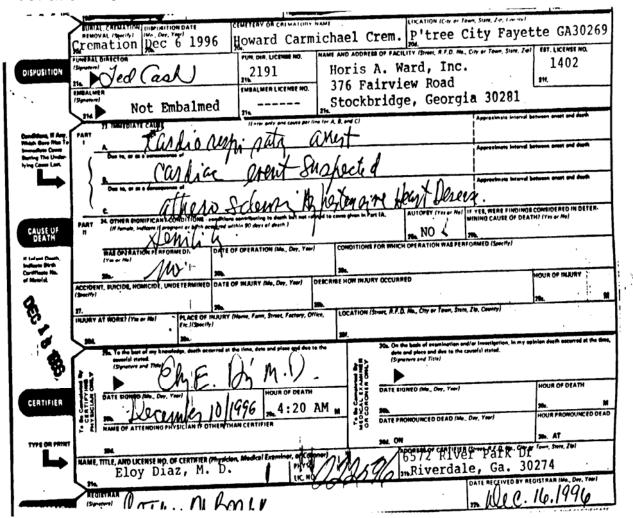
- a) Cardiopulmonary arrest
- b) Metastatic lung cancer
- c) Emphysema



- a) Cerebrovascular accident, HTN
- b) with Dementia and seizures
- c) Due to unknown etiology
- II Pneumonia

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REGISTRAR		0	AUSA	100/7	1.0							221	ULLU	0 1000	_

- a) Cerebrovascular accident
- b) Intracerebral/Posterior fossa hemorrhage
- c) ASPVD/HTN
- II ASHD/CABG/HTN/AT.Fib/Diabetes mellitus



- a) Cardiorespiratory arrest
- b) Cardiac event suspected
- c) Atherosclerosis Hypertensive Heart Disease II Senility

## THE DEATH CERTIFICATE

### Illustration 2.6

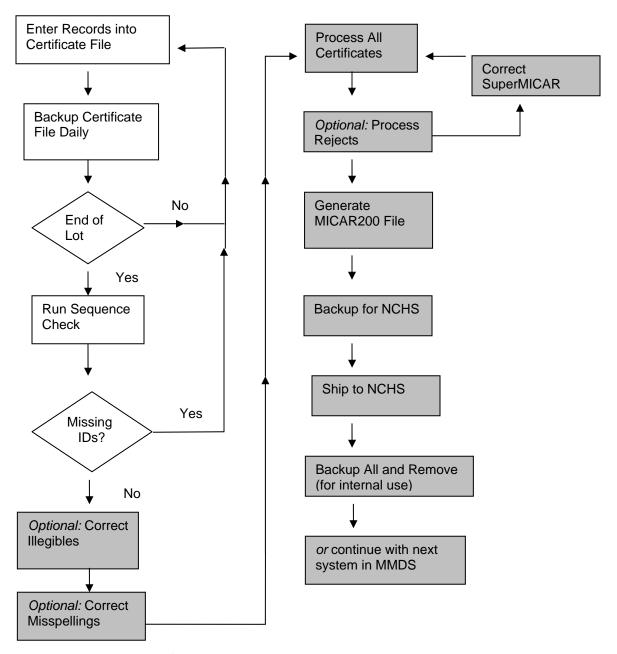
01	Donation Dother (Specify) Scenic Hills Memor	ial Park	Ashland, Or	egon					
- 10	218 SIGNATURE OF FUNERAL SERVICE LICENSEE OR 216 LICENSE NUMBER	R 22 NAME, ADDRESS	AND ZIP OF FACILITY						
154	Year Xenses 3360		- Simonsen F and St. Ashl						
REGISTRAR	23 DATE FILED (Monin Day Year) OCT 1 0 1995	24 REGISTRAR S SIG		Cohin					
(	25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? DY	YES [ NO DAVA	26 WAS GIFT MADE?	YES I NO TONIA					
	<b>\</b>								
	TO BE COMPLETED BY CERTIFYING PHYSICIAN	TO BE O	COMPLETED ONLY BY MEDI	CAL EXAMINER					
	27 TIME OF DEATH   26 WAS MEDICAL EXAMINER NOTIFIED?	31a TIME OF DEATH	310 DATE PRONOUNCED	DEAD (Month, Day, Year, Hou					
9139	10:20 P.M. M								
CERTIFIER	29 To the besric'r, knowledge death occurred at the time, date, place and due to the causers, and manner stated  (Signature, / // / )	32 On the basis of examat the time, date, plant (Signature)	mination and/or investigation ace and due to the cause(s)	in my opinion death occurre and manner stated.					
2552	30 DATE SIGNED IMO-1. Day Year,	33 DATE SIGNED (Mont	in, Day, Year)	COUNTY					
	34 NAME TITLE AUDITES AND ZIP OF CERTIFIERMEDICAL EXAMINER (Type or Print)		Aablai	d, OR 97520					
	William Sager, MD 472 Scenic Drive 35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		Asnian	d, OK 97520					
CONDITIONS	S HAME O' ALLEGO HAME								
WHICH GAVE RISE TO SMMEDIATE	36 IMMEDIATE CAUSE IENTER ONLY ONE CAUSE PER LINE FOR IOL (D), AND ICU DO POI OF	nter mode of dying, e.g. Co	Idiac or Respiratory Arrest.	interval between on: and death					
CAUSE STATING THE UNDERLYING CAUSE LAST	DUE TO. OF AS A PONSEOUENCE OF								
	DUE TO, OR AS A CONSEQUENCE OF			interval between on and death					
CAUSE OF BEATH	PAFT (C)  OTHER SIGNIFICANT CONDITIONS	37 Did tobacco use c	ontribute 38 AUTOPS	Y 39 If YES were findings cor					
	Condition/contributing to death bullion resulting in the underlying cause given in PART I		robably linknown	in determining cause of destr					
	40 MANNER OF DEATH 418 DATE OF INJURY 410 TIME OF NJURY AT WOR (Month, Dey, Year)	URY 41d DESCRIRE HOW IN HIRY OCCURRED							
	Accident Dundetermined . M Dives X								
	Manner Legal   Memicide   Legal   Intervention   Manner   Legal   Building etc. (Specify)	office 411. LOCATION (Stre	et and Number or Rural Ro	ute Number, City or Town,					
	RESERVED FOR REGISTRAR S USE								

- a) Suffocation sec to aspiration of oral secretions
- **Immediate** 10 years

b) Amyotrophic lateral sclerosis Severe malnutrition

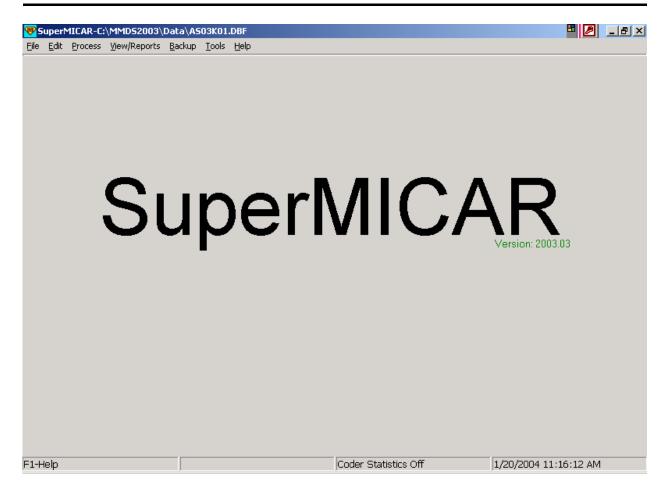
Ш

The following flowchart indicates the primary steps used within SuperMICAR:



The major emphasis of this manual is to provide data entry instruction. Explanations of the processing steps are discussed later in the manual.

After data entry is completed for a batch of records, the first step is to run a sequence check to determine if the file is complete.

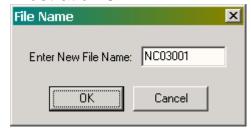


#### A. Creating a New SuperMICAR File

Before data can be entered into a certificate file, a file must be created and opened. To create a new certificate file:

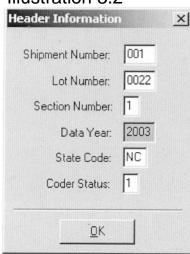
- 1. From the main screen, press {Alt+F} to select the **File** Menu Option.
- 2. Use the up and down arrow keys to highlight the **New** File Function and press {ENTER}.
- 3. If a file is currently open, a message window will be displayed.
  - a. To close the currently open file and open a new one, press {Y} and go on to step 4.
  - b. To cancel opening a new file and keep using the currently open file, press {N}. The main screen will be re-displayed. Continue using SuperMICAR normally.
- 4. A window will be displayed requesting a filename. Type in the desired 7-character filename (without the extension) and press {ENTER}. If a file with that name already exists in the data directory, a message will prompt that a different name be chosen. A filename MUST be 7 characters with no file extension (Example: NC03001). Refer to MMDS help document, File Naming Conventions for information on suggested file name conventions.

Illustration 3.1



- 5. To accept the name for the new file, press "OK." A second window will then be displayed asking to confirm the name for the new file. To accept this name for the new file, press {Y} and the Edit Header Information Screen will be displayed. To reject this name, press {N} to return to the File Name dialog box.6.
- 6. The Specify Header Information screen will be displayed (the header information will be the same for each record in the file). After filling out all of the fields on the Header Information Screen, press {OK} to create the new file, or {ESC} to cancel creation of the file. For specifics on the Header Information fields, see below.





#### **CHAPTER III**

#### **BASIC DATA ENTRY INSTRUCTIONS**

**Shipment -** Three characters to identify the batch when the

file is sent to NCHS. The first character can be either alpha or numeric; the second and third

characters must be numeric.

**Lot # -** A number from 1-9999.

**Section # -** A number from 0-9. This may prove very useful

when dividing batches.

**Data Year -** Four-digit year from the death certificate.

**State Code -** A two-letter abbreviation identifying the state from which

the death certificate originates. (For a full list of these codes, see Appendix C). If the program does not

recognize the code, it will display an error message and then show a pick-list of states. Entering a question mark {?} in this field will also cause the pick-list of states to be

displayed.

Coder Status - A number from 0-9 used to identify the status of

the coder.

Example: Codes for a batch of certificates being processed for

data year 2004, from the State of Alaska, with

shipment number U03, lot 0002, and coder status 1

would have the following entries:

Shipment U03

**Lot #** 0002

Section 5

Data Year 2004

State Code AK

Coder Status 1

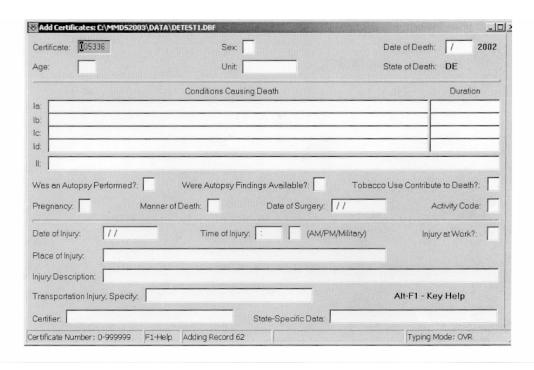
### **BASIC DATA ENTRY INSTRUCTIONS**

- 7. To save the header information and open the database file for use, press {ENTER}. The main screen will now show the new filename at the top.
- 8. If {ESC} is pressed, a pop-up menu is displayed with the message that no file was created. All files must have complete header information.

## **B. Entering and Saving Certificate Data**

Illustration 3.3

SuperMICAR Certificate Entry Screen



The SuperMICAR screen is designed to approximate the medical certification section from the US standard death certificate.

## C. Adding Certificates Using SuperMICAR

In order to add certificates, the following actions must have already been performed:

Opening a file (New Certificate File or Open an Existing File) - Adding certificates to a file is the primary data entry function. Use the instructions below to add the certificates to an open file.

- 1. From the main screen, press {Alt+E} to select the **Edit** Menu Option.
- 2. Use the up and down arrow keys to highlight the **Certificate** Function and press {ENTER}.
- 3. The Certificate Information Screen will be displayed. See Appendix A, the SuperMICAR Hotkey List, as a useful reference for editing shortcuts.
- 4. Enter the certificate information in the corresponding fields on the screen. NCHS rules on entering the data entered have been provided with each field description (displayed on the leftmost panel of the status bar, or "hover" the mouse over the field). Remember, the {TAB} and {SHIFT+TAB} keys can be used to move from field to field.

**Certificate** - Enter the certificate number. The certificate number is usually in the upper right hand corner of the death certificate. It is also called the State File Number on the certificate.

**Note**: If a user tries to create a duplicate certificate number (certificate already exists in current file), a message window will be displayed informing the user of the problem. In this case, the window will ask whether to overwrite the original record or not.

**Sex** - Type M for Male, F for Female, or U for Unknown. If Sex is not stated on the certificate, determine sex by name. If the sex cannot be determined, enter a U for Unknown. The numeric codes for sex may also be entered here (e.g., "1" for male or "2" for female).

**Date of Death** - The date of the decedent's death as reported on the death certificate. Enter it in the following format: MM/DD, where MM = the month (01-12, 99) and DD = the day of the month (01-31, 99). The year will be automatically supplied from the header information. Dates after the current date will not be accepted. If any element of the date of death is unknown, enter "99." For example, enter "99/99" for a totally unknown date of death.

**Age: Number of Units** - Enter the number for age of the decedent. The units of time (years, months, minutes, etc) will be entered in the Unit field (Example: For 27 years old, type 27; for 3 days, type 3).

**Age: Unit** - The units of time for the Age: Number of Units field. Units will be given in minutes, hours, days, months, or years. Type {?} and press {ENTER} to obtain a list of valid units. Highlight the desired unit name with the arrow keys and press {ENTER} to select it. If this field is left blank, the age unit will default to YEARS.

- a. Age Field The age field holds the age of the decedent. The unit of measurement for age is reported in a separate field (the Unit field). If the age is unknown, enter 999 for Unknown. Age is a required field coders MUST enter an age.
  - For example: If the certificate reports age as "few minutes," leave the Age (Number of Units) field blank (system will insert 999) and type MINUTES in the UNIT field.
- b. If age is not reported on the certificate, derive the decedent's age from the Date of Birth and Date of Death entries on the certificate.

- c. If age is not stated and date of birth and date of death are the same consider decedent under 1 day old, leave the Age (Number of Units) field on the screen blank and type HOURS in the UNIT field.
- d. If Age and the Date of Birth entries on the certificate are blank, leave the Age (Number of Units) field blank on the screen. Enter the UNIT as indicated on the certificate or type UNKNOWN if units are not indicated.
- e. If age cannot be determined from the certificate, but entries of "newborn," "infant," etc., indicate an age of less than 1 year old, leave the Age (Number of Units) field on the screen blank and type HOURS in the UNIT field.
- f. Disregard fractions reported in the number of units for age on the certificate.
- g. If the number of units on the certificate is reported with "approximately," "about," etc., enter the number only.

**Part I, Cause of Death** - Type in the cause of death exactly as it appears on the death certificate. Do not make any alterations. If any word or words in the Cause of Death are illegible, type ILLEGIBLE in place of the illegible words. All other legible words should still be entered.

<u>Appendix D</u> contains a list of symbols which cannot be easily entered using a PC keyboard. Refer to this appendix to enter the correct text.

Certifiers may include abbreviations for medical conditions. It is correct to enter these abbreviations as they are reported. In addition, SuperMICAR users may use abbreviations given in <a href="Appendix E">Appendix E</a>. These are the ONLY acceptable abbreviations that can be used by the coder to <a href="shorten">shorten</a> entries. When one of these abbreviations is used, a semi-colon (;) must be entered after the abbreviation if it is a complete condition. Enter abbreviations that are not on this list <a href="only">only</a> when this information is reported on the record by the certifier.

Read the reported conditions carefully and accurately. Use abbreviations only when certain that it is correct to do so. For example, HEM is an acceptable abbreviation for Hemorrhage but never for Hemorrhagic. If in doubt, it is best to enter full text. Abbreviations should be used to conserve time and increase production, and should not bog down work and prove more time consuming than full text.

**Duration** - Type in the interval between the onset of the condition and death <u>exactly</u> as it appears on the death certificate. Do not make any alterations. Example: 3-4 WEEKS, 2 1/2 MONTHS, etc.

- a. Duration may be reported using units of time (YEARS, MONTHS, WEEKS, DAYS, HOURS, etc.) or with words such as BRIEF, CHRONIC, CONGENITAL, MOMENTS, NEWBORN, etc.
- Some of the special symbols listed under Cause of Death, Part I also apply to the Duration field. See Special Symbols in SuperMICAR.
- c. If a number other than a "1" or a "2" appears with a degree symbol (Example: 8°) in the Duration, ignore the number and symbol. Do not enter the number and symbol.

**Part II, Cause of Death** - Type in any other significant conditions that are listed in the Cause of Death section of the death certificate in the order as reported.

If more than one entry for Part II is listed on the certificate, enter the information in the order it appears on the certificate. Try to duplicate the information exactly as it is reported, using whatever punctuation is used on the certificate.

All abbreviations and symbols listed in Special Symbols (Appendix D) in SuperMICAR also apply to Cause of Death, Part II.

Was an Autopsy Performed? – Enter the single-character code for whether an autopsy was performed or not. Typing a question mark {?} will display the following pick-list of valid choices:

- N No
- Y Yes
- U Unknown Blank

Use the arrow keys to highlight the desired entry and press {ENTER} to select it.

**Were Autopsy Findings Available?** – Enter the single-character code for whether any autopsy findings were available. Typing a question mark {?} will display the following pick-list of valid choices:

- N No
- Y Yes
- U Unknown Blank

Use the arrow keys to highlight the desired entry and press {ENTER} to select it.

**Tobacco Use Contribute to Death?** – Enter the single-character code for whether or not tobacco use contributed to death. Typing a question mark {?} will display the following pick-list of valid choices:

- N No
- Y Yes
- P Probably
- U Unknown
- C Not on certificate Blank

Use the arrow keys to highlight the desired entry and press {ENTER} to select it.

**Pregnancy:** – Enter the single-character code for any conditions of pregnancy of the decedent. Typing a question mark {?} will display the following pick-list of valid choices: Use the arrow key to highlight the desired entry and press {ENTER} to select it.

- 1 Not pregnant within past year
- 2 Pregnant at time of death
- 3 Not pregnant, but pregnant within 42 days of death
- 4 Not pregnant, but pregnant 43 days to 1 year before death
- 7 Not on certificate
- 8 Not applicable
- 9 Unknown if pregnant within last year Blank

**Manner of Death** - Type in the code for the Manner of Death listed on the certificate. Type a question mark {?} and press {ENTER} to display the following pick-list of valid manner of death codes:

N Natural
A Accident
S Suicide
H Homicide
P Pending Investigation
C Could Not Be Determined
Blank

Use the arrow keys to highlight the desired entry and press {ENTER} to select it. Blanks are acceptable. If no manner of death is reported, leave field blank. Do not assume natural. Any entry in this item that is not listed as a manner of death should be entered as the last entry in Part II.

**Date of Surgery** - Used only by states that have a specific surgery item on the certificate. If the certificate states that the date of surgery is unknown, then enter "99/99/9999" for the year. If a date is given, enter MM/DD/YYYY where MM = two-digit month, DD = two-digit day, and YYYY = four-digit year. A blank for date of surgery is valid. If more than one surgery date is specified, enter the most current date.

- a. If "yes" is entered in the "Was operation performed" item on the certificate and no Date of Surgery is specified, type SURGERY as the last condition in Part II. Separate SURGERY from any other items in Part II with a semicolon (;). For example, if "yes" is entered, the certificate data should be entered as follows:
  - I (a) CARDIAC ARREST
    - (b) BREAST CANCER
    - (c)
    - (d)
  - II PNEUMONIA; SURGERY

#### **BASIC DATA ENTRY INSTRUCTIONS**

- b. If "yes" is entered in the "Was operation performed" item on the certificate and surgery (or a named type of surgery) is recorded elsewhere on the certificate, <u>do not</u> add SURGERY to Cause of Death, Part II. For example, if "yes" is entered with a specific type of surgery already named, the certificate data would be entered as follows:
  - I (a) CARDIAC ARREST
    - (b) BREAST CANCER; MASTECTOMY
    - (c)
    - (d)
  - II PNEUMONIA
- c. If "yes" and a date of surgery are entered in the "Was operation performed" item on the certificate, do not enter SURGERY in Cause of Death, Part I or II. Enter the date of the surgery in the Date of Surgery field.
- d. If diseases, injuries, or named surgeries are reported in the "Was operation performed" block, enter these diseases, injuries, or named surgeries as the last entry in Cause of Death, Part II.
- e. The date of surgery cannot be after the date of death. SuperMICAR will not allow such an entry.

Activity Code (Optional) – Beginning with ICD-10, WHO provided for a single-digit code for the activity that the decedent was undertaking when death occurred. NCHS has not implemented the coding of this information; however, the SuperMICAR screen includes a field for collection of the data. Use of this field is optional. Typing a question mark {?} will display the following pick-list of valid activity codes:

- 0 While Engaged in Sports Activity
- 1 While Engaged in Leisure Activity
- While Engaged for Income
- While Engaged in Other Types of Work
- While Resting, Sleeping, Eating, or engaging in other vital activities
- 8 While Engaged in Other Specified Activity
- 9 During Unspecified Activity

Blank Blank

Use the arrow keys to highlight the desired entry and press {ENTER} to select it.

**Date of Injury** – Month (01-12, blank), day (01-31, blank), and year (0000-current year, 9999, blank) injury occurred (Ex: 01/01/2004). If the certificate reports the date of injury as unknown, then enter '99/99/9999'.

- a. If the date of an injury or external cause appears anywhere on the certificate except the Duration section of Part I, enter the date of that injury or external cause here.
- b. If a span of time is reported for month, day, or year for the injury, enter the earlier date. Example: January 1-7, 2004 would be typed in as 01/01/2004.
- c. The date of injury cannot be after the date of death; so SuperMICAR will not allow such an entry.

**Time of Injury** - This field holds 4 digits that compromise a valid time (00:00, blank) plus the unit of time field immediately following. All four characters must be filled. If the certificate reports the time of injury as "unknown", then enter 99:99. Leave AM/PM blank. If a time or "unknown" is not stated, leave blank. If no unit of time is entered, DO NOT enter a unit. DO NOT assume that it is military time. The unit of time MUST be entered as reported. For 6:30 AM enter **06:30A**.

Α	AM	Valid values shown in message if
Р	PM	a value other than what is shown
M	Military Time Blank	on the screen (AM/PM/Military) is displayed

Use the arrow keys to highlight the desired pick-list entry and press {ENTER} to select it.

**Injury at Work** - Type the appropriate code according to what was reported on the death certificate.

Y Yes N No U Unknown Blank

**Place of Injury** - Type the full text in the Place of Injury field as it appears on the death certificate. After validation of this field, the code assigned to this entry will be displayed to the right of the field in parentheses.

**Injury Description** - Type in the description <u>exactly</u> as it appears on the death certificate.

#### **BASIC DATA ENTRY INSTRUCTIONS**

**Transportation Injury** - This field can hold up to thirty (30) characters. Typing a question mark {?} and pressing {Enter} will display the following pick-list of valid Transportation codes:

DR Driver/Operator

PA Passenger

PE Pedestrian

Enter the full text or use the arrow keys to highlight the desired entry and press {ENTER} to select it.

**Certifier** - This field can hold up to thirty (30) characters. Typing a question mark {?} and pressing {Enter} will display the following list of Certifier codes:

- D Certifying Physician
- P Pronouncing & Certifying Physician
- M Medical Examiner/Coroner

Type in full text for an individual legally allowed to certify, or use one of the standard codes for the certifier by typing in the code (this field has a **display** box only, not a pick-list). After viewing the display list, select the "OK" button with the mouse or press {Esc} to close the display list box.

**State Specific Data** – Optional (for use by the states). This field can hold up to 30 characters of state-specific data. Consult with the System Manager for details on how to use the State-Specific Data field.

5. When all data for this certificate has been entered, press {PgDown}. The certificate will be saved and a blank screen for a new record will be displayed.

- 6. The Add Certificate Information screen will be re-displayed with all but one of the fields blank (the certificate number field will contain data). The certificate number will be automatically incremented by the program. Go to step 4 above to enter field information for another certificate.
- 7. To exit the Add or Edit Certificate Function, either press the {ESC} key or press Alt-F9. If {ESC} or {Alt-F9} is selected from a certificate screen that contains unsaved data, a message box will ask whether you want to save the certificate information before leaving Add or Edit mode.
- 8. The main screen will be displayed.

### D. Exercise 2: Entering Information from Death Certificates

In the exercise, create a new file and enter the following records. After the records have been entered, do a sequence check to determine that all 16 have been entered. (See page 48 - 50)

File Name: TEST002

Header Information:

Shipment Number: 002 Lot Number; 0002

Section Number: 1
Data Year: 2006

State Code: AL (or post office abbreviation for any

state)

Coder Status: 1

Enter today's date as the date of death on all examples.

## CHAPTER III

## **BASIC DATA ENTRY INSTRUCTIONS**

Exercise 2

DRAF	T 07/	08/2002		U.S. ST	ANDAR	CERTIFIC	CATE OF	DEATH				
	L	OCAL FILE NO		if any) (First Mid	(de Lest)			STAT		E NO.	0 C	OOOO /
												- CONTINUENT
		4a. AGE-Last Birthday (Years)	46. UNDER 1 Y		4c. UNDER 1		5. DATE C	OF BIRTH (Mo/C	Day(Yr) 6.	BIRTHPLA	CE (City and St	ate or Foreign Country)
		68	Months	Days	riours	Minutes	1	I7c. CITY OR	TOWN			
		RESIDENCE-STATE		7b. COUNTY	and trace			DE CHTOR				
		7d. STREET AND NUMBER				- 1'	e. APT. NO.	71. ZIP CODE			1	g. INSIDE CITY LIMITS?
	By:	8. EVER IN US	9. MARITAL STA	TUS AT TIME OF	DEATH	J10. :	SURVIVING SI	POUSE'S NAM	E (If wife,	give name	prior to first man	O Yes O No
	iệ C	ARMED FORCES?	☐ Married ☐ Ma			wed						
	ed/Verified DIRECTOR	11. FATHER'S NAME (First,		To mando - C	January	12.	MOTHER'S N	AME PRIOR TO	O FIRST M	ARRIAGE	(First, Middle, L	ast)
		13a. INFORMANT'S NAME		13b. REL/	ATIONSHIP TO	DECEDENT	13c. M.	AILING ADDRI	ESS (Street	and Numb	per, City, State,	Zip Code)
	O Comple		TIPOTO PIL		14 PLACE	OF DEATH (CM	ck only one: s	ee instructions	)	TAL.		
	8 [	IF DEATH OCCURRED IN A D Inpatient C Emergency R	oom/Outpatient	Dead on Arrival	□ Hosp	pice facility D No	ursing home/Lo	ong term care f				
ᇊ	٩	15. FACILITY NAME (If not i	nstitution, give stree	et & number)		CITY OR YOW						17. COUNTY OF DEATH
NAME OF DECEDENT		18. METHOD OF DISPOSITI  Di Donation Di Entombre  Other (Specify):			19	PLACE OF DE	SPOSITION (N	lame of cemete	ery, cremato	ory, other p	lace)	
		20. LOCATION-CITY, TOW	N, AND STATE		21. NA	ME AND COMP	LETE ADDRES	SS OF FUNER	AL FACILIT	Y		
		22. SIGNATURE OF FUNE	AL SERVICE LICE	NSEE OR OTHE	RAGENT					23.	LICENSE NUI	MBER (Of Licensee)
		ITEMS 24-28 MUST I WHO PRONOUNCE			SON 24.	DATE PRONOL	INCED DEAD	(Mo/Day/Yr)		25.	TIME PRONOL	UNCED DEAD
		26. SIGNATURE OF PERSO	ON PRONOUNCING	DEATH (Only w	hen applicable	0)	27. LICENS	SE NUMBER	28. D	ATE SIGN	ED (Mo/Day/Yr)	
		29. ACTUAL OR PRESUME (Mo/Day/Yr) (Spell Month)	D DATE OF DEATH			30. ACTUAL	OR PRESUME	D TIME OF DE	ATH		AS MEDICAL E	XAMINER OR ACTED?
			7 c	AUSE OF D	EATH (Se	e instruction	ns and exa	amples)				Approximate interval: Onset to death
		32. PART I. Enter the <u>chairespiratory arrest</u> , or venecessary.	n of events—disease intricular fibrillation	es, injuries, or co without showing (	mplicationsth the etiology. D	at directly caused O NOT ABBREV	d the death. D VATE. Enter o	o NOT enter to nly one cause	on a line.	nts such a Add additio	cardiac arrest, nal lines if	
		IMMEDIATE CAUSE (Final disease or condition	. Ce	rebra	L +h	romk	0515					$7 \mu Ks$
		resulting in death) Sequentially list conditions,	. Re			a consequence of						4 wKs
		if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that		eumor	Due to (pras a	a consequence of						IWK
		initiated the events resulting in death) LAST	ـــــه •									_
		PART II. Enter other significa	nt conditions contri	buting to death b	ut not resulting	in the underlying	cause given i	in PART I.	33.		AUTOPSY PER	FORMED?
	뜻谎									WERE A		NGS AVAILABLE TO COMPLE
	eRTIFIER			-							OF DEATH?	Yes U No
	ξO	DEATH?	ON TRIBUTE TO	36. IF FEM.	ALE: regnant within	past year			MANNER			
	SE	Yes D Probably	,		ant at time of o	death egnant within 42	days of death		Natural Accident	□ Homic	ide ng Investigation	
	m o	O No O Unknow	•	□ Not pr	regnant, but pr	egnant 43 days k	o 1 year before		3 Suicide	□ Could	not be determin	ed
	오핗		т.			t within the past y			Investiga elle		t wooded area	41. INJURY AT WORK?
		38. DATE OF INJURY (Mo/Day/Yr) (Spell Mont	n)  3	9. TIME OF INJU	JRY  40. PU	ACE OF INJURY	(e.g., Deceden	k's nome; cons	aruction site	e; restaurar	u; wooded area;	□ Yes □ No
		42. LOCATION OF INJURY:	State:		Cit	y or Town:						
		Street & Number: 43. DESCRIBE HOW INJUR	Y OCCURRED:				Apr	artment No.:	-	44. IF	Zip Code: TRANSPORTA	TION INJURY, SPECIFY:
										□ Pas □ Pec	er/Operator senger lestrien er (Specify)	
		45. CERTIFIER (Check only	one):							1000	a (opean))	18
		Certifying physician-To	the best of my know	wiedge, death occ	curred due to the	he cause(s) and r	nanner stated.	ace, and due to	the cause	(a) and ma	oner stated.	
		☐ Pronouncing & Certifyle ☐ Medical Examiner/Coro	ner-On the basis of	examination and		on, in my opinion,	death occurre	d at the time, d	late, and pl	ace, and d	e to the cause(	s) and manner stated.
		Signature of certifier:	ZIP CODE OF PER		ING CAUSE O	F DEATH (flom 3	2)					
						-						
		TITLE OF CERTIFIER	46. LICENSE	NUMBER 567		49. DATE CE	RTIFIED (Mo/C	Day/Yr1	50. F	OR REGIS	TRAR ONLY- D	ATE FILED (Mo/Day/YY)
		IN INSTITUTE										

# **BASIC DATA ENTRY INSTRUCTIONS**

Exercise 2

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

		NAME (Include AKA)						M	3. SOCIAL	Homoen
	4a. AGE-Last Birthday (Years)	46. UNDER 1	YEAR	4c. UND	ER 1 DAY	5. DATE O	F BIRTH (Mo/Day/Yr)	6. BIRTI	IPLACE (City and	State or Foreign Countr
	34	Months	Days	Hours	Minutes			1		
	7a. RESIDENCE-STATE		76. COUNTY		-		7c. CITY OR TOW	N .	44.5	State and
	7d. STREET AND NUMBE	R				76. APT. NO.	7f. ZIP CODE			79. INSIDE CITY
By:										LIMITS?
۾ ۾	8. EVER IN US ARMED FORCES?	9. MARITAL STA	TUS AT TIME O	FDEATH	10	SURVIVING SP	OUSE'S NAME (IF	wife, give n	ame prior to first r	
€ E	□ Yes □ No	☐ Married ☐ M ☐ Divorced ☐ N			idowed					
ed/Verified DIRECTOR	11). FATHER'S NAME (Fir		-	-	1	2. MOTHER'S NA	ME PRIOR TO FIR	ST MARRIA	GE (First, Middle	, Last)
Completed/Verified NE DIRECTOR	13a INFORMANT'S NAM	F	II3h REI	ATIONSHI	P TO DECEDENT	113c M/	AILING ADDRESS (	Street and h	≉ lumber City Stat	a Zin Codel
Ē.,						•				
ķΨ	IF DEATH OCCURRED I	IN A HOSPITAL:				Check only one: se	ee instructions) E OTHER THAN A	HOSPITAL		
	O Inpatient O Emergence	y Room/Outpatient	Dead on Arriva		tospice facility	Nursing home/Lo	ng term care facility			
	15. FACILITY NAME (If no	ot institution, give stre	et & number)		16. CITY OR TO	WN, STATE, AND	ZIP CODE			17. COUNTY OF DE
	18. METHOD OF DISPOS	ITION: D Burial C	Cremation		19. PLACE OF	DISPOSITION (N	ame of cemelery, cr	remalory, of	ner place)	•
	☐ Donation ☐ Entomb									
	20. LOCATION-CITY, TO	OWN, AND STATE		21.	NAME AND CO	MPLETE ADDRES	S OF FUNERAL FA	CILITY		
	22. SIGNATURE OF FUN		NISTE OF AVE	ER ACENY					193 INCHES	NUMBER (Of Licensee)
	ZZ. SIGNATURE OF FUN	ENAL SERVICE LICI	ENGEE UK UTH	ER AGENT					23. LICENSE	NUMBER (UI LICENSES)
	ITEMS 24-28 MUST	T BE COMPLE	TED BY PER	RSON	24. DATE PROP	IOUNCED DEAD	(Mo/Day/Yr)		25. TIME PRON	IOUNCED DEAD
	WHO PRONOUNC								1	
	26. SIGNATURE OF PER	RSON PRONOUNCIN	G DEATH (Only	when applic	cubie)	27. LICENS	E NUMBER	28. DATE S	SIGNED (Mo/Day/	Yr)
	29. ACTUAL OR PRESUI	MED DATE OF DEAT	ч		30 ACT:	N OB BBESIE	D TIME OF DEATH	1-	I. WAS MEDICA	EXAMINED OF
*	(Mo/Day/Yr) (Spell Mon		" )		Jau. ACTU	L UR FRESUME	, IME OF DEATH	3		NTACTED? DYes
71	JAN	01,2	003						35	
	32. PART L Enter the ci	hain of eventsdisea	CAUSE OF ( ses, injuries, or o	JEATH ( omplication	See Instruct sthat directly cau	ions and exa	mples) 3 NOT enter termin	al events su	ch as cardiac arre	Approximate inter Onset to death
	32. PART I. Enter the di respiratory arrest, or necessary.	r ventricular fibrillation	without showing	the etiolog	y. DO NOT ABBR	EVIATE. Enter or	ily one cause on a l	line. Add ad	iditional lines if	
	IMMEDIATE CAUSE (Fir	nal /	DNA	£57	ti VE	BEAR	+ FAI	lues	٤	1
	resulting in death)		120	Due to for	as a consequence	(a):	111	enin	444	36
	Sequentially list condition if any, leading to the cau- listed on line a. Enter the	use		Due to (or	as a consequence	e of):	76.76			
				Due to (or	as a consequenc	e of):		-	<del>,</del>	
	UNDERLYING CAUSE						4.6			
	UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST	ding								
	UNDERLYING CAUSE (disease or injury that initiated the events resul	dificant conditions cont	ributing to death	but not resu	lting in the under	ying cause given i	n PART I.	33. WAS	AN AUTOPSY P	ERFORMED?
:: A:	UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST  PART II. Enter other signi	dificant conditions cont	N FAR	ctio	illing in the underl	ying cause given in	F BREAS	+	O Yes O	No .
d By: IFIER	UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST  PART II. Enter other signi	dificant conditions cont	N FAR	ctio	N) CAN	CEL O	PBREAS	34. WEF	O Yes O	No IDINGS AVAILABLE TO
leted By: ERTIFIER	UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST  PART II. Enter other signi	dial officers continued to the second	N FAR	ctio. ISU P	N) CAN	ying cause given i LEL 0 ENC Y	f Blens	34. WEF	O Yes OF RE AUTOPSY FIN ISE OF DEATH?	No IDINGS AVAILABLE TO
empleted By: L CERTIFIER	UNDERLYING CAUSE (disease or injury that initiated the events result indeath) LAST  PART B. Enter other significant of the control of the con	dial officers continued to the second	N FAR	CTIO ISUP MLE: pregnant wi	H, CAN  fici.  thin past year	CEL O	BREAS,	34. WEF THE CAL	O Yes O P RE AUTOPSY FIN ISE OF DEATH?	No IDINGS AVAILABLE TO
Completed By:	UNDERLYING CAUSE (disease or injury that initiated the events result indeath) LAST  PART B. Enter other significant of the control of the con	ificant conditions cont dia dia di LIA for CONTRIBUTE TO	N FAR	CT1'01 ISUJ AALE: pregnant wi mant at time	H, CAN  Fici.  thin past year of death	CEL O ENCY	FBREAS,	34. WEF THE CAL INER OF DE	O Yes O P RE AUTOPSY FIN USE OF DEATH? EATH	NO IDINGS AVAILABLE TO ID Yes ID No
Be Completed By: EDICAL CERTIFIER	UNDERLYING CAUSE (disease or injury that initiated the events result indeath) LAST  PART B. Enter other significant of the control of the con	difficant conditions cont AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	N FAR	CTI'O SUT MALE: pregnant with mant at time pregnant, by	Hich fici thin past year of death ut pregnant within	CEL O ENCY	A BREAS	34. WEF THE CAL INER OF DE Jural D H	O Yes O P RE AUTOPSY FIN ISE OF DEATH?	NO
To Be Completed By: MEDICAL CERTIFIER	UNDERLYING CAUSE (disease or injury that initiated the events result indeath) LAST  PART B. Enter other significant of the control of the con	Illicant conditions cont A A A A A LE I A A A A A E CONTRIBUTE TO A BOOM	N FAR.  9. TA  36. IF FEI  0 Not   0 Not   0 Not   0 Unit	CT'O, ISU P MALE: pregnant wi mant at time pregnant, be pregnant, be pregnant, be pregnant, be	thin past year of death ut pregnant within the pagnant within the pagn	ENC 9  42 days of death rs to 1 year before	37. MAN Mail Mail Gaze Gaze Gaze	34. WEF THE CAL INER OF DE lural D H	O Yes O PRE AUTOPSY FINISE OF DEATH?  EATH  comicide  ending Investigationald not be determined.	NO DINGS AVAILABLE TO ( Yes   No
To Be Completed By: MEDICAL CERTIFIER	UNDERLYING CAUSE (disease or injury that initiated the events result indeath) LAST  PART B. Enter other significant of the control of the con	Illicant conditions cont A A A A A LE I A A A A A E CONTRIBUTE TO A BOOM	N FAR.  9. TA  36. IF FEI  0 Not   0 Not   0 Not   0 Unit	CT'O, ISU P MALE: pregnant wi mant at time pregnant, be pregnant, be pregnant, be pregnant, be	thin past year of death ut pregnant within the pagnant within the pagn	ENC 9  42 days of death rs to 1 year before	37. MAN Mail Mail Gaze Gaze Gaze	34. WEF THE CAL INER OF DE lural D H	O Yes O PRE AUTOPSY FINISE OF DEATH?  EATH  comicide  ending Investigationald not be determined.	NO
To Be Completed By: MEDICAL CERTIFIER	UNDERLYING CAUSE (disease or injury that initiated the events result indestruction of the events result in the events res	Illicant conditions cont A A A A A LE I A A A A A E CONTRIBUTE TO A BOOM	N FAR.  9. TA  36. IF FEI  0 Not   0 Not   0 Not   0 Unit	CT'O, ISU P MALE: pregnant wi mant at time pregnant, be pregnant, be pregnant, be pregnant, be	thin past year of death ut pregnant within the pagnant within the pagn	ENC 9  42 days of death rs to 1 year before	37. MAN Mail Mail Gaze Gaze Gaze	34. WEF THE CAL INER OF DE lural D H	O Yes O PRE AUTOPSY FINISE OF DEATH?  EATH  comicide  ending Investigationald not be determined.	NO
To Be Completed By: MEDICAL CERTIFIER	UNDERLYING CAUSE (disease or injury that initiated the events result indestruction of the events result in the events res	Ilicant conditions cont A A A A A A LA A A A A A A A A A A A A A A A A A A	N FAR.  9. TA  36. IF FEI  0 Not   0 Not   0 Not   0 Unit	CT'O, ISU P MALE: pregnant wi mant at time pregnant, be pregnant, be pregnant, be pregnant, be	thin past year of death ut pregnant within the pagnant within the pagn	ENC 9  42 days of death rs to 1 year before	37. MAN Mail Mail Gaze Gaze Gaze	34. WEF THE CAL INER OF DE lural D H	O Yes O PRE AUTOPSY FINISE OF DEATH?  EATH  comicide  ending Investigationald not be determined.	NO
To Be Completed By: MEDICAL CERTIFIER	UNDERLYING CAUSE (disease or injury that initiated the events result indestruction of the events result in the events res	Internations control of the control	N FAR.  9. TA  36. IF FEI  0 Not   0 Not   0 Not   0 Unit	CT'O, ISU P MALE: pregnant wi mant at time pregnant, be pregnant, be pregnant, be pregnant, be	thin past year of death of death of the program 43 day pnant within the pa	ENC 9  42 days of death rs to 1 year before sit year  RY (e.g., Decedent	37. MAN Mail Mail Gaze Gaze Gaze	34. WEF THE CAL INER OF DE Jurial D H ciden D P cide D C	C Yes C P RE AUTOPSY FIN USE OF DEATH? EATH Omicide ending Investigationald not be deten surant; wooded as Zip Code:	IDINGS AVAILABLE TO (  OYes ONe  No  No  No  No  No  No  No  No  No
To Be Completed By: MEDICAL CERTIFIER	UNDERLYING CAUSE (disease or injury that initiated the events result indest) LAST  PART B. Enter other significant of the events result indest) LAST  35. DID TOBACCO USE DEATH?  Yes   Proba   No   Under    36. DATE OF INJURY (Mo/Dey/Yr) (Spell Mo/Dey/Yr) (Spell Mo	Internations control of the control	N FAR.  9. TA  36. IF FEI  0 Not   0 Not   0 Not   0 Unit	CT'O, ISU P MALE: pregnant wi mant at time pregnant, be pregnant, be pregnant, be pregnant, be	thin past year of death of death of the program 43 day pnant within the pa	ENC 9  42 days of death rs to 1 year before sit year  RY (e.g., Decedent	A BRENS	34. WEF THE CAL INER OF DE lural D H cide D C	C Yes C I I  RE AUTOPSY FIN USE OF DEATH?  EATH  omicide  ending investigati  ould not be deten  aurant; wooded as  Zip Code:  IF TRANSPOR  Drives/Operator	NO
To Be Completed By: MEDICAL CERTIFIER	UNDERLYING CAUSE (disease or injury that initiated the events result indestruction of the events result in the events res	Internations control of the control	N FAR.  9. TA  36. IF FEI  0 Not   0 Not   0 Not   0 Unit	CT'O, ISU P MALE: pregnant wi mant at time pregnant, be pregnant, be pregnant, be pregnant, be	thin past year of death of death of the program 43 day pnant within the pa	ENC 9  42 days of death rs to 1 year before sit year  RY (e.g., Decedent	A BRENS	34. WEF THE CAL INER OF DE tural D R cident D R cident D C	CI Yes CI II  RE AUTOPSY FIN USE OF DEATH?  EATH  conicide ending Investigati outd not be deten  zip Code:  Zip Code:  IF TRANSPOR Driver/Operator Passenger Pedestrian	NO DINGS AVAILABLE TO DINGS AVAILABLE TO DINGS ON DINGS O
To Be Completed By: MEDICAL CERTIFIER	UNDERLYING CAUSE (disease or injury that initiated the events result indestruction of the events result in the events res	Incant conditions cont  A A A A A A  LA A A A A A  E CONTRIBUTE TO  Subly  Conth)  RY: State:  JURY OCCURRED:	N FAR.  9. TA  36. IF FEI  0 Not   0 Not   0 Not   0 Unit	CT'O, ISU P MALE: pregnant wi mant at time pregnant, be pregnant, be pregnant, be pregnant, be	thin past year of death of death of the program 43 day pnant within the pa	ENC 9  42 days of death rs to 1 year before sit year  RY (e.g., Decedent	A BRENS	34. WEF THE CAL INER OF DE tural D R cident D R cident D C	C Yes C I PER AUTOPSY FIN USE OF DEATH?  EATH  Omicide  ending Investigati ould not be deten  uurant; wooded ar  Zip Code:  IF TRANSPOR  Driver(Operator Passenger Passenger	NO DINGS AVAILABLE TO DINGS AVAILABLE TO DINGS ON DINGS O
To Be Completed By: MEDICAL CERTIFIER	UNDERLYING CAUSE (disease or injury that initiated the events result indesthy LAST  PART B. Enter other significant indesthy LAST  35. DID TOBACCO USE DEATH?  Yes   Proba   Proba   Death?  36. DATE OF INJURY (Mo/Dey/Yr) (Spell Mo/Dey/Yr) (Spell M	Ilicant conditions cont  A A A A A  LA A A A A  CONTRIBUTE TO  subly own  RY: State:  JURY OCCURRED:	DA FARA  30. IF FEI  1 Not   1 Prop  1 Not   1 Unit	CTION  JSU  MALE:  pregnant with mant at time pregnant, brown if pregn	ithin past year of death of death of the county of the cou	ENC 9  42 days of death rs to 1 year before sit year  Applied  App	death 37. MAN  Atal  According to Suite Statement No.:	34. WEF THE CAL INER OF DE lural D H cident D P cide D C	C Yes C I I  RE AUTOPSY FIN USE OF DEATH?  EATH  omicide  ending Investigati  ould not be deten  zip Code:  IF TRANSPOR  Drives/Operator Pedestrian  Other (Specity)	NO DINGS AVAILABLE TO DINGS AVAILABLE TO DINGS ON DINGS O
To Be Completed By: MEDICAL CERTIFIER	UNDERLYING CAUSE (disease or injury that initiated the events result indesthy LAST  PART B. Enter other significant indesthy LAST  35. DID TOBACCO USE DEATH?  Yes   Proba   Proba   Death?  36. DATE OF INJURY (Mo/Dey/Yr) (Spell Mo/Dey/Yr) (Spell M	Ilicant conditions cont  A A A A A  LA A A A A  CONTRIBUTE TO  subly own  RY: State:  JURY OCCURRED:	DA FARA  30. IF FEI  1 Not   1 Prop  1 Not   1 Unit	CTION  JSU  MALE:  pregnant with mant at time pregnant, brown if pregn	ithin past year of death of death of the county of the cou	ENC 9  42 days of death rs to 1 year before sit year  Applied  App	death 37. MAN  Atal  According to Suite Statement No.:	34. WEF THE CAL INER OF DE lural D H cident D P cide D C	C Yes C I I  RE AUTOPSY FIN USE OF DEATH?  EATH  omicide  ending Investigati  ould not be deten  zip Code:  IF TRANSPOR  Drives/Operator Pedestrian  Other (Specity)	IDINGS AVAILABLE TO DEPART OF THE PROPERTY OF
To Be Completed By: MEDICAL CERTIFIER	UNDERLYING CAUSE (disease or injury that initiated the events result indistinct of the events result in the event of	Ilicant conditions cont  A A A A A A A A A A A A A A A A A A A	DA FARA  30. IF FEI  1 Not   1 Prop  1 Not   1 Unit	CTION  JSU  MALE:  pregnant with mant at time pregnant, brown if pregn	ithin past year of death of death of the county of the cou	ENC 9  42 days of death rs to 1 year before sit year  Applied  App	death 37. MAN  Atal  According to Suite Statement No.:	34. WEF THE CAL INER OF DE lural D H cident D P cide D C	C Yes C I I  RE AUTOPSY FIN USE OF DEATH?  EATH  omicide  ending Investigati  ould not be deten  zip Code:  IF TRANSPOR  Drives/Operator Pedestrian  Other (Specity)	NO DINGS AVAILABLE TO DINGS AVAILABLE TO DINGS ON DINGS O
To Be Completed By: MEDICAL CERTIFIER	UNDERLYING CAUSE (disease or injury that initiated the events result indistinct of the events result in the event indistinct of the event indi	International Control of the Control	DA FARM  DA IF FEI  D Not    D Not    D Unix  SO TIME OF IN.	CTTO O	thin past year of death of pregnant within the past year of death of pregnant 43 day name within the part of the cause (s) are to the cause (s) are to secon, in one of the past year.	42 days of death is to 1 year before st year April Manner stated. If the day, and plate the day, death occurrent and manner stated.	death 37. MAN  Atal  According to Suite Statement No.:	34. WEF THE CAL INER OF DE lural D H cident D P cide D C	C Yes C I I  RE AUTOPSY FIN USE OF DEATH?  EATH  omicide  ending Investigati  ould not be deten  zip Code:  IF TRANSPOR  Drives/Operator Pedestrian  Other (Specity)	IDINGS AVAILABLE TO DEPART OF THE PROPERTY OF

### **BASIC DATA ENTRY INSTRUCTIONS**

Exercise 2

**DRAFT 07/08/2002 U.S. STANDARD CERTIFICATE OF DEATH** STATE FILE NO. ODOOO LOCAL FILE NO. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) b. UNDER 1 YEAR 7a. RESIDENCE-STATE 6 COUNTY 7c CITY OR TOW 7d STREET AND NUMBER APT NO 76 ZIP CODE g. INSIDE CITY LIMITS? □ Yes EVER IN US ARMED FORCES? MARITAL STATUS AT TIME OF DEATH SURVIVING SPOUSE'S NAME (If wife e Completed/Verified FUNERAL O Married O Married, but separated O Divorced O Never Married O Unkn ted DW O Yes O No 11. FATHER'S NAME (First Middle Last) 12 MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) 13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) PLACE OF DEATH (Check only one: see instructions)
 IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: IF DEATH OCCURRED IN A HOSPITAL ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify):

[16. CITY OR TOWN, STATE, AND ZIP CODE ] 17. COUNTY OF DEAT NAME OF DECEDENT 19. PLACE OF DISPOSITION (Name of ce 18. METHOD OF DISPOSITION: 

Burial Crema

Constion Control Property Control

Burial Control

Crema ☐ Donation ☐ Ent 20. LOCATION-CITY, TOWN, AND STATE NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY 23 LICENSE NUMBER (Of Licenses 22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT 24. DATE PRONOUNCED DEAD (Mo/Day/Yr) 25. TIME PRONOUNCED DEAD ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH 28. DATE SIGNED (Mo/Day/Yr) 27. LICENSE NUMBER 29. ACTUAL OR PRESUMED DATE OF DEATH 30. ACTUAL OR PRESUMED TIME OF DEATH 31. WAS MEDICAL EXAMINER OR (MorDay/Yr) (Spell Month) CORONER CONTACTED? D Yes D No CAUSE OF DEATH (See instructions and examples) " pulmonary edema " nyocaralal " nyoriction Our to for as a consequence of: EDIATE CAUSE (Final acuti 3-mo Sequentially list conditions if any, leading to the caus listed on line a. Enter the UNDERLYING CAUSE arterioscleration heart disease ART II. Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I. 33. WAS AN AUTOPSY PERFORMED? O Yes O No To Be Completed By: MEDICAL CERTIFIER IF FEMALE: Not pregnant within past year D Pregnant at time of death NER OF DEATH DEATH? ☐ Homicide ☐ Yes ☐ Probably ☐ Not pregnant, but pregnant within 42 days of death O Accident O Pending In **%**™ Unknown O Not pregnant, but pregnant 43 days to 1 year before ☐ Suicide ☐ Could not be dete on if pregnant within the past year 38. DATE OF INJURY (Mo/Day/Yr) (Spell Month) 39. TIME OF INJURY 140. PLACE OF INJURY (e.g., Decede □ Yes □ No 42. LOCATION OF INJURY: State: City or Town: 43 DESCRIBE WOW IN HIRY OCCURRED 4. IF TRANSPORTATION INJURY, SPECIFY: 45. CERTIFIER (Check only one): Modical Examinar/Coroner-On the basis of exa lignature of certifier: Call

16. NAME, ADDRESS, AND ZIP CODE OF PERSO alson)

SO. FOR REGISTRAR ONLY-DATE FILED (Mo/Day/Yr)

49. DATE CERTIFIED (Mo/Day/Yr)

47. TITLE OF CERTIFIER

48. LICENSE NUMBER

MEHO

### **BASIC DATA ENTRY INSTRUCTIONS**

Exercise 2

U.S. STANDARD CERTIFICATE OF DEATH DRAFT 07/08/2002 STATE FILE NO. OOO LOCAL FILE NO. I. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Lest) M BIRTHPLACE (City and State or Foreign Country) th UNDER 1 YEAR DATE OF BIRTH (Mo/D a AGE-Last Richte C UNDER 1 DAY c. CITY OR TOW 7d. STREET AND NUMBER Be Completed/Verified By: FUNERAL DIRECTOR o No 8. EVER IN US 9 MARITAL STATUS AT TIME OF DEATH SURVIVING SPOUSE'S NAME (If wife, give name prior to first ARMED FORCES? ☐ Married ☐ Married, but separated ☐ Widowed DYes D No □ Divorced □ Never Married □ Unknown 12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) 11 FATHER'S NAME (First Middle, Last) I3c. MAILING ADDRESS (Street and Number, City, State, Zip Code) PLACE OF DEATH (Check only one: see instructions)

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: IF DEATH OCCURRED IN A HOSPITAL □ Inpatient □ Emergency Room/Outpatient □ Dead on Arriv 15. FACILITY NAME (If not institution, give street & number) spice facility D Nursing home/Long term care facility Decedent's home OOther (Specify):

8. CITY OR TOWN, STATE, AND ZIP CODE 17. COUNTY OF DEATH NAME OF DECEDENT 19. PLACE OF DISPOSITION (Name of cametery, crematory, other place 18. METHOD OF DISPOSITION: 

□ Buriel □ Crem

□ Donation □ Entombrent □ Removal from Stat

□ Other (Specify): 20. LOCATION-CITY, TOWN, AND STATE NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY 23. LICENSE NUMBER (Of License 22 SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGEN 24. DATE PRONOUNCED DEAD (Mo/Day/Yr) TEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH 26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when ap 28. DATE SIGNED (Mo/Day/Yr) 31. WAS MEDICAL EXAMINER OR 29. ACTUAL OR PRESUMED DATE OF DEATH 30. ACTUAL OR PRESUMED TIME OF DEATH (Mo/Day/Yr) (Spell Month 2003 Jan **CAUSE OF DEATH (See instructions and examples)** 32. PART L Enter the chain of ever respiratory arrest, or ventricular ases, injuries, or complications—that directly caused the death. DO NOT enter in without showing the etiology. DO NOT ABBREVIATE. Enter only one caus IMMEDIATE CAUSE (Final Broncho Druemonia C abocesso gastric ulcero" Buck WKnow arthritis ons contributing to death but not re Wideoperead Carainma of Lung □Yes □No To Be Completed By: MEDICAL CERTIFIER THE CAUSE OF DEATH? 12 Yes 12 No 37. MANNER OF DEATH DID TOBACCO USE CONTRIBUTE TO 36. IF FEMALE: O Not preg DEATH? Natural D Homicide C Pregnant at time of death ☐ Yes ☐ Probably D Accident D Pending Investigation O Not pregnant, but pregnant within 42 days of death C Unk O Not pregnant, but pregnant 43 days to 1 year before ☐ Suicide ☐ Could not be deter O Unknown if pregnant within the past year 38. DATE OF INJURY (Mo/Day/Yr) (Spell Month) ME OF INJURY 40. PLACE OF INJURY (e.g., De 41. INJURY AT WORK? O Yes O No 42. LOCATION OF INJURY: State: City or Town: Zip Co Street & Number: Apartment No.: 44. IF TRANSPORTATION INJURY, SPECIFY:

Diver/Operator 43. DESCRIBE HOW INJURY OCCURRED: 45. CERTIFIER (Check only one): death occurred due to the cause(s) and manner stated.

I my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

I my knowledge, death occurred at the time, date, and place, and due to the cause(s) and due to the cause(s). ☐ Certifying physician-To the best of my kr NAME ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Ham 32) 47 TITLE OF CERTIFIER 50. FOR REGISTRAR ONLY-DATE FILED (Mo/Day/Yr) 49. DATE CERTIFIED (Mo/Day/Yr) 48. LICENSE NUMBER ana

# **BASIC DATA ENTRY INSTRUCTIONS**

#### Exercise 2

FT 07/	/08/2002		U.S. 9	STAND	ARD CERT	TIFICATE O				
	LOCAL FILE NO		/A's if soul (First	Water Lea	-15		STATE	FILE NO.	00	CURITY NUMBER
1	1. DECEDENT & LEGAL	NAME (INCIDES A)	CAS II any) (First,	, MIOGIE, LEI	a()			Ł.	3. SOCIAL SE	CURITY NUMBER
	4a. AGE-Last Birthday (Years) -	4b. UNDER	R 1 YEAR	4c. UN	IDER 1 DAY	5. DATE	OF BIRTH (Mo/Day)	MO 6. BIRTHPL	VCE (City and Sta	ite or Foreign Country)
	56	Months	Days	Hours	Minutes					
Ι.	7a, RESIDENCE-STATE		7b. COUNT	Y			7c. CITY OR TO	WN .	Visit Sec.	
	7d. STREET AND NUMBE	R		-		7e. APT. NO.	71. ZIP CODE	. 1990	70	9. INSIDE CITY LIMITS?
Ä	A EVER IN US	I O MADITAL C	STATUS AT TIME	AL DEATH		EN CHEVANING C	POUSE'S NAME	// wife sive come		D Yes D No
S S	ARMED FORCES?		Married, but seg			III. SURVIVING S	POOSE & RAME	(ii wiio, give riailie	prior to instillati	age)
bed/Verified DIRECTOR	11. FATHER'S NAME (Fire	□ Divorced □	Never Married			12 MOTHER'S N	AME PRIOR TO F	IRST MARRIAGE	(First Middle La	et)
를 줄										
Completed/Verified By: JNERAL DIRECTOR	13a. INFORMANT'S NAM		136. F	PELATIONS	HIP TO DECEDE	NT 13c. M	IAILING ADDRESS	S (Street and Num	per, City, State, Z	ip Code)
e Complet	IF DEATH OCCURRED I	N A UASBITAL:		14. F	PLACE OF DEATH	(Check only one: s	see instructions)	A HOSPITAL:		
1180 —	O Inpatient O Emergency	Room/Outpatient		ival C	Hospice facility	☐ Nursing home/L	ong term care facil			
٩	15. FACILITY NAME (If no	t institution, give t	street & number)		16. CITY OR	TOWN, STATE, AN	D ZIP CODE		1	7. COUNTY OF DEAT
۴	18. METHOD OF DISPOSI				19. PLACE	OF DISPOSITION (F	Name of cemetery,	crematory, other p	lace)	
	☐ Donation ☐ Entomb	ment D Removal	from State	_						
1	20. LOCATION-CITY, TO	WN, AND STATE		12	1. NAME AND C	OMPLETE ADDRE	SS OF FUNERAL	FACILITY		
1	22. SIGNATURE OF FUN	ERAL SERVICE L	ICENSEE OR OT	HER AGEN	ır			23	LICENSE NUM	IBER (Of Licensee)
_					h					
1	WHO PRONOUNC				24. DATE PR	ONOUNCED DEAD	(Mo/Day/Yr)	25.	TIME PRONOU	NCED DEAD
	26. SIGNATURE OF PER				plicable)	27. LICENS	SE NUMBER	28. DATE SIGN	ED (Mo/Day/Yr)	
1					I 20 407	UAL OR PRESUME	D THE OF DEAT	1 12 4	AS MEDICAL EX	AMINED OD
	29. ACTUAL OR PRESUM (Mo/Day/Yr) (Spell Mont	h) (			_	UAL OR PRESUME	D TIME OF DEAT	1		CTED? OYes O!
1		Janua		2003		ctions and ex				Approximate interval
	Sequentially list condition if any, leading to the cau listed on line a. Enter the UNDERLYING CAUSE (disease or injury that	. ALS	stiD	Due to (	or as a conseque					-
١.	initiated the events result in death) LAST	țing d								-
	PART II. Enter other signifi	icant conditions co	ontributing to deal	th but not re	sulting in the und	erlying cause given	in PART I.		AUTOPSY PERF	ORMED?
CAL CERTIFIER									UTOPSY FINDIN	GS AVAILABLE TO CO
E E								THE CAUSE	OF DEATH?	Yes O No
불병	35. DID TOBACCO USE DEATH?	CONTRIBUTE TO			within past year		37. W	WINER OF DEATH	1	-
S 4	D Yes D Probat	aly		egnant at tin			\X'	latural O Homic	ide	
Be Con	□ No 5€ Unkno	-				in 42 days of death lays to 1 year before	4	ccident Pendi		_
S. ≅	1			-	egnant within the		us.	uicide Li Could	not be determine	•
	38. DATE OF INJURY (Mo/Day/Yr) (Spell Mo	nth)	39. TIME OF	NJURY 4	0. PLACE OF INJ	URY (e.g., Deceden	nt's home; construc	tion site; restaurar	it; wooded area)	41. INJURY AT WO
										□ Yes □ No
	42. LOCATION OF INJUR	Y State:			City or Town:		artment No.:		Zip Code:	
	43. DESCRIBE HOW INJU	URY OCCURRED	:			~~	arunera IVO.		TRANSPORTATI	ON INJURY, SPECIFY:
								C Pas	er/Operator senger	
1									estrian er (Specify)	
ľ	45. CERTIFIER (Check on									
	☐ Certifying physician-T ☐ Pronouncing & Certify	o the best of my k	nowledge, death the best of my kn	occurred du owledga_sti	ath occurred at the	and manner stated. e time. data, and pi	ace, and due to the	e cause(s) and ma	nner stated.	
	☐ Pronouncing & Certify  Medical Examiner/Co	///	UV	and/og wes	stigation, in my op	inion, death occurre	ed at the time, date	, and place, and d	ue to the cause(s)	and manner stated.
	Signature of certifier:  46. NAME, ADDRESS, AN	D ZIP CODE OF I		ETING CAL	SE OF DEATH (	tem 32)				-165
	Table Affair									- 10 may 1 mm
	47. TITLE OF CERTIFIER		NSE NUMBER	12	49. DAT	E CERTIFIED (Mo/	Day(Yr)	50. FOR REGIS	TRAR ONLY-DA	TE FILED (Mo/Dey/Yr)
	ME	1 50	601	126.0	. 9	91 1 1975				7. THE

# **BASIC DATA ENTRY INSTRUCTIONS**

Exercise 2

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

ı	OCAL FILE NO	).					STATE	FILE NO	. <i>000</i>	006
$\Box$	1. DECEDENT'S LEGAL NA		's if any) (First, M	iddle, Last)				2. SEX		CURITY NUMBER
	4a. AGE-Last Birthday	4b. UNDER 1	YEAR	4c. UNDER	1 DAY	15. DATE O	F BIRTH (Mo/Day/Y	6. BIRTHPI	ACE (City and Sta	te or Foreign Country)
1	50 (Years)	Months	Days	Hours	Minutes	الم		1	,, ,	
	7a. RESIDENCE-STATE		7b. COUNTY				7c. CITY OR TOW	N .		
l								•		
l	7d. STREET AND NUMBER				,	7e. APT. NO.	71. ZIP CODE		70	INSIDE CITY
ä	8. EVER IN US	19 MARITAL STA	ATUS AT TIME C	F DEATH	I10	SURVIVING SE	POUSE'S NAME (II	wife, give nam		D Yes D No
e Completed/Verified FUNERAL DIRECTOR	ARMED FORCES?	□ Married □ M					,			
S C	11. FATHER'S NAME (First,	□ Divorced □ N	Never Married O	Unknown		MOTUEPES N	AME PRIOR TO FIF	ST MADDIAG	F/First Middle La	
5 8	11. PAINER S NAME (FES,	micule, Cast)			"	. MOTHER S N	AME PRIOR TO FIR	SI MARRIAG	c (First, Middle, La	
를	13a. INFORMANT'S NAME		13b. RE	LATIONSHIP T	O DECEDENT	13c. M	AILING ADDRESS	Street and Nu	mber, City, State, Z	ip Code)
Ĕ				14. PLACE	OF DEATH (C	heck only one: s	ee instructions)			
8 5	IF DEATH OCCURRED IN		00	IF DE	ATH OCCURRE	D SOMEWHER	E OTHER THAN A			Secret A.
2	O Inpatient O Emergency F 15. FACILITY NAME (If not					Nursing home/Lo NN, STATE, ANI	ong term care facility D ZIP CODE	U Decedent		(Specify): 7. COUNTY OF DEAT
Ι.										
	18. METHOD OF DISPOSITI			19	PLACE OF	DISPOSITION (N	lame of cemetery, c	rematory, other	place)	
1	Other (Specify):									
	20. LOCATION-CITY, TOW	M, AND STATE		21. N	AME AND CON	PLETE ADDRES	SS OF FUNERAL F	ACILITY		
	22. SIGNATURE OF FUNE	RAL SERVICE LIC	ENSEE OR OTH	ER AGENT				12	3. LICENSE NUM	IBER (Of Licensee)
<u> </u>					0.25	WW.055 551-	##-P #**		Tue page	1050 OC40
	ITEMS 24-28 MUST I				. DATE PRON	DUNCED DEAD	(MO/Day/Yr)	2	5. TIME PRONOU	NCED DEAD
	26. SIGNATURE OF PERS				le)	27. LICENS	SE NUMBER	28. DATE SIG	SNED (Mo/Day/Yr)	
	29. ACTUAL OR PRESUME		ТН		30. ACTUA	OR PRESUME	D TIME OF DEATH	1	WAS MEDICAL EX	
	(Mo/Day/Yr) (Spell Month)	bruar	11,20	23	1			'	CORONER CONTA	CTED? TYes D
	Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that	•	wwe		a consequence	·0	varax L	njare	WOX.	
	initiated the events resulting in death) LAST	<sup>19</sup> d					Nersun Produ		a con gift i	
	PART II. Enter other significa	ant conditions cont	tributing to death	but not resultin	g in the underly	ing cause given i	in PART L	33. WAS A	N AUTOPSY PERF	ORMED?
<u>ن</u> ا	1		•						□Yes □No	GS AVAILABLE TO C
BE	Minnen	ha	rdach	40					E OF DEATH?	
Completed By:	35. DID TOBACCO USE C	ONTRIBUTE TO	36. IF FEI	WALE:			37. MAI	NER OF DEA	ТН	
IE'S	DEATH?			pregnant within mant at time of			O'Na	tural 🗆 Hon	nicide	
Be Cor	☐ Yes ☐ Probably	•				2 days of death			ding Investigation	
To B	No CUnknow	n	□ Not	pregnant, but p	regnant 43 days	to 1 year before			ld not be determine	ıd
ř					nt within the pas					144 MIRIOU AT 1111
	38. DATE OF INJURY (Mo/Day/Yr) (Spell Mon	th)	39. TIME OF IN	JURY   40. PL	AUE OF INJUR	T (e.g., Deceden	it's home; constructi	on site; restaur	ani; wooded area)	41. INJURY AT WO
				·						. Tes DNO
	42. LOCATION OF INJURY:	State:		a	ty or Town:				<b>T</b> - 0 - 4 - 1	
	Street & Number: 43. DESCRIBE HOW INJUI	RY OCCURRED:		-			arlment No.;	44. 1	Zip Code: F TRANSPORTAT	ON INJURY, SPECIF
						~;		00 00 00	river/Operator assenger edestrien ther (Specify)	
I	45. CERTIFIER (Check only	one):								
1	Certifying physician-To	ng physician-To the	e best of my know	wiedge, death o	ccurred at the ti	me, date, and pla	ace, and due to the	cause(s) and m	nanner stated.	
	I /		-f	nd/or investigati	on in my oninic	n. death occurre	d'et the time, date,	and place, and	due to the cause(s	) and manner stated.
1	☐ Medical Examiner/Coro		cxamphason, ar	N	100	111	15-46 A.J			
	Signature of certifier:	0810	ve_	1 Kis	2011	In	<u>)                                    </u>	189		
*		0810	ve_	1 Kis	2011	In	<u>)</u>	7	- 14 Mg	
	Signature of certifier:	ZIP CODE OF PE	ve_	1 Kis	OF DEATH (Non	In	<u>)</u>		2/5	

# **BASIC DATA ENTRY INSTRUCTIONS**

Exercise 2

	08/2002		U.S. ST	ANDAI	RD CERT	IFICATE OF			_	
	OCAL FILE NO	•	I any /First Mid	die Lest\			STATE	FILE NO	I3. SOCIAL	SECTION WILLIAMS
				, casy				m		OCCORTT NOMBER
1	4a. AGE-Last Birthday (Years)	4b. UNDER 1	YEAR	4c. UNDE	R 1 DAY	5. DATE C	F BIRTH (Mo/Dey/	YO 6. BIRTHPL	ACE (City and	State or Foreign Country)
	70	Months	Days	Hours	Minutes					A CAMPAGE TO STATE OF THE STATE
	7a. RESIDENCE-STATE		76. COUNTY				7c. CITY OR TO	WN		
	7d. STREET AND NUMBER			-	-	7e. APT. NO.	71. ZIP CODE	<u> </u>		7g. INSIDE CITY LIMITS?
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	8. EVER IN US	A MARINAL SY	TUS AT TIME OF	13-53-0		10. SURVIVING S	POLICE STATE			☐ Yes ☐ No
S e	ARMED FORCES?		larried, but separa			IU. SURVIVING S	POUSE'S NAME	(ii wile, give nam	prior to first r	namegej
ed/Verified DIRECTOR	11. FATHER'S NAME (First,	□ Divorced □ N	ever Married DU		- 1	12. MOTHER'S N	ALIE ODINO VA E	DO VADDIACE	(Size) Middle	Teo.
		middle, Casty								
Completed/Verified DIRECTOR	13a. INFORMANT'S NAME		13b. RELA	TIONSHIP	TO DECEDEN	13c. M	AILING ADDRESS	(Street and Num	ber, City, Stat	e, Zip Code)
	IF DEATH OCCURRED IN A	HOSPITAL:		14. PLA	CE OF DEATH DEATH OCCUR	(Check only one: s RED_SOMEWHER	ee instructions) RE OTHER THAN	A HOSPITAL:		
To Be	D Inpatient D Emergency R 15. FACILITY NAME (if not in	com/Outpatient C	Dead on Arrival	OH		□ Nursing home/Lo OWN, STATE, AN		ty Decedent's	home DO	her (Specify):
-	I TAOLIT TOUR (I TAO	Building Ste and								
10	18. METHOD OF DISPOSITION  Disposition Disposition  Disposition Disposition  Disposition Disposition  Disposi	ON: D Burial D	Cremation m State		19. PLACE O	F DISPOSITION (F	lame of cemetery,	crematory, other	place)	19 19 C
'	20. LOCATION-CITY, YOW	N, AND STATE		21.	NAME AND CO	OMPLETE ADDRES	SS OF FUNERAL	FACILITY		
	22. SIGNATURE OF FUNER		NSEE OR OTHER	AGENT				12	LICENSE	NUMBER (Of Licensee)
	22. GIOTOTOTO OF FORES	AL GENTIOL CO.	indee on onie	.,			-	- 1		
	ITEMS 24-28 MUST E			SON	24. DATE PRO	NOUNCED DEAD	(Mo/Day/Yr)	25	TIME PRON	OUNCED DEAD
	26. SIGNATURE OF PERSO	N PRONOUNCIN	G DEATH (Only w	hen applica	able)	27. LICENS	SE NUMBER	26. DATE SIG	NED (Mo/Day/	Yr)
	29. ACTUAL OR PRESUME	DATE OF DEAT	H	-	30. ACTI	JAL OR PRESUME	D TIME OF DEAT	H [31, V	VAS MEDICAL	L EXAMINER OR
	(Mo/Day/Yr) (Spell Month)	DAIL OF DEAT			100.00	on Pricoomi				NTACTED? DYes D
	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	tes. Ca	mine	Due to (or Due to (or	as a consequent	innen	ia	due	tor	n
	in death) LAST PART II. Enter other significa	a <u>Club</u>	Audeo to death b	nU	ion in the work	the court stars	in PART I.	133 WASAA	AUTOPSY P	ERECRIFO?
Completed By:	PART B. Eller other significa	nt conclusions cons	bound to death or	A 100 1000	any in the tribo	nymy cause great	erant.	34. WERE	Yes DN	
le R	35. DID TOBACCO USE CO	INTRIBUTE TO	36. IF FEMA		in past year		37. MA	NNER OF DEAT	н	
2 4	DEATH?		□ Pregna	ent at time	of death		ON.	atural D Homi		
	No 🗆 Unknown	1	□ Not pre	egnant, but	pregnant within	n 42 days of death	4		ing investigation	
오里	\ \\		C Unkno	wu it buedu	ant within the p	ast year	58	ulcide C Could	i not be deterr	mined
	38. DATE OF INJURY (Mo/Day/Yr) (Spell Monti		9. TIME OF INJU	RY 40.1	PLACE OF INJU	JRY (e.g., Deceder	l's home; construc	tion site; restaura	nt; wooded an	ea) 41, INJURY AT WO
	42. LOCATION OF INJURY:	State:			City or Town:					
	Street & Number:					Ap	artment No.:		Zip Code:	
	43. DESCRIBE HOW INJUR	Y OCCURRED:	•					D Dri	TRANSPORT ver/Operator ssenger destrian her (Specify)	TATION INJURY, SPECIFY
	45. CERTIFIER (Check only	one):						1500	(apacit)	7 7 7
	Certifying physician-To De Pronouncing & Certifying Medical Examiner/Coror Signature of certifier:	physician-To the	best of my knowle examination, and	dge, death for investig	occurred at the	time, date, and planting, death occurre	ace, and due to the	cause(s) and ma , and place, and c	nner stated. Ive to the caus	se(s) and manner stated.
	46. NAME, ADDRESS, AND	ZIP CODE OF PER								
્રેજ	47. TITLE OF CERTIFIER	48. LICENSE	NUMBER 0374		49. DATE	CERTIFIED (Mo/	Day/Yr)	50. FOR SEGIS	TRAR ONLY	DATE FILED (Mo/Day/Yr

# **BASIC DATA ENTRY INSTRUCTIONS**

Exercise 2

AFT 07/	08/2002		U.S. S	TANDARD	CERTI	FICATE OF				
1	LOCAL FILE NO						STATE	FILE NO	D. <i>D.D.</i>	0008
	1. DECEDENT'S LEGAL N	AME (Include AKA	s if any) (First, N	wddie, Last)				M	3. SOCIAL :	ECURALY NUMBER
	Aa. AGE-Last Birthday (Years)	4b. UNDER 1		4c. UNDER 1		5. DATE C	OF BIRTH (Mo/Day	6. BIRTH	LACE (City and S	itate or Foreign Country)
	7a. RESIDENCE-STATE	Months	7b. COUNTY	Hours	Minutes		Tra. CITY OR TO	OWN		
	•			- Laborer to Laborer						7g. INSIDE CITY
Ä	74. STREET AND NUMBER					76. APT. NO.	7f. ZIP CODE		선생루 보이 하는데	LIMITS?
1 8 8 8 8	8. EVER IN US ARMED FORCES?	9. MARITAL STA				O. SURVIVING S	POUSE'S NAME	(If wife, give nar	ne prior to first ma	uriage)
	□ Yes □ No	□ Divorced □ N		Unknown		2. MOTHER'S N	AME DOING TO		E /Circl Middle	aell
§ E	11. FATHER'S NAME (Fire									27 7 700000
Be Completed/Verified   FUNERAL DIRECTOR	13a. INFORMANT'S NAME		136. RE	LATIONSHIP TO	DECEDENT	13c. M	AILING ADDRES	S (Street and No	mber, City, State	, Zip Code)
S \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	IF DEATH OCCURRED IN	A HOSPITAL:		IF DEA	TH OCCURR	Check only one: s RED_SOMEWHER	E OTHER THAN			
11 =	□ Inpatient □ Emergency 15. FACILITY NAME (If no					Nursing home/Lo DWN, STATE, AN		lity Deceden	t's home Oth	or (Specify): 17. COUNTY OF DEATH
Toleran	18. METHOD OF DISPOSIT	DOM: C Buriel C	Comples	19	PLACE OF	DISPOSITION (F	Name of cemetery	crematory, other	er place)	
	□ Donation □ Entombr			_ [			•	•		
1	20. LOCATION-CITY, TO	WN, AND STATE		21. NA	ME AND CO	MPLETE ADDRES	SS OF FUNERAL	FACILITY		
	22. SIGNATURE OF FUNE	RAL SERVICE LIC	ENSEE OR OTH	ER AGENT					23. LICENSE N	JMBER (Of Licensee)
	ITEMS 24-28 MUST	DE COMPLE	TED BY BE	DEON 24	DATE PRO	NOUNCED DÉAD	(Mo/Day/Yr)		25. TIME PRONC	DUNCED DEAD
	WHO PRONOUNC				,		,			
	26. SIGNATURE OF PERS	SON PRONOUNCIN	IG DEATH (Only	when applicable	)	27. LICENS	SE NUMBER	28. DATE SI	GNED (Mo/Day/Y	n
	29. ACTUAL OR PRESUM		пн		30. ACTU	AL OR PRESUME	D TIME OF DEA	TH 31.	WAS MEDICAL	
	(Mo/Day/Yr) (Spell Monti	<u>"Lanua</u>	ry 1	2003					CORONER CON	Approximate interval:
	32. PART L. Enter the chrespiratory meet, or inconsularly.  IMMEDIATE CAUSE (Findings of the cause of the cau	. Co	n without showin	Duglo (or as a	Clar yconsequence U.L. consequence	+ far	lure	a line. Add add	as Carcus ares	4 yes 3 mes
	PART IL Enter other signifi	cant conditions con	ributing to death	but not resulting	in the under	lying cause given	in PART I.	33. WAS	AN AUTOPSY PE	
mpleted By: CERTIFIER								34. WERE	AUTOPSY FIND	INGS AVAILABLE TO COMPL
ag ag	35. DID TOBACCO USE		36. IF FE				- Pag 44	THE CAUS	E OF DEATH?	U Yes U No
Completed AL CERTIF	DEATH?	CONTRIBUTE TO	O Not	pregnant within				Natural O Ho		
		ly		gnant at time of o pregnant, but pre		42 days of death		•	nding Investigation	•
To B	U NO U UNIO			pregnant, but pre known if pregnan		ys to 1 year before ast year	death	Suicide 🗆 Co	uld not be determi	ined
	38. DATE OF INJURY (Mo/Day/Yr) (Spell Mo	oth)				RY (e.g., Deceder	nt's home; constru	ction sile; restau	rant; wooded are:	,
	(,(,									□ Yes □ No
	42. LOCATION OF INJURY Street & Number:	r: State:		Cit	y or Town:	Ap	artment No.:		Zip Code:	
	43. DESCRIBE HOW INJU	JRY OCCURRED:	1.40					00	Priver/Operator	TION INJURY, SPECIFY:
1								01	Passenger Pedestrian Other (Specify)	
1	45. CERTIFIER (Check on	y one):							Julier (Specify)	
	Certifying physician-T  Pronouncing & Certify  Medical Examiner/Cor	ing physician-To the	e best of my kno	wledge, death oc	curred at the	time, date, and pla	ace, and due to th	ne cause(s) and one, and place, and	manner stated. I due to the cause	(s) and manner stated.
	Signature of certifies:	D ZIP CODE OF PE	RSON COMPLE	ETING CAUSE O	F DEATH (ILE	m 32				
					/					
	47, TITLE OF CERTIFIER	Hu)	0007		49. DATE	CERTIFIED (Mo/	DayfYr]	50. FOR REC	SISTRAR ONLY-	DATE FILED (Mo/Day(Yr)
_	. , , , , , ,				-					

### **BASIC DATA ENTRY INSTRUCTIONS**

**Exercise 2** 

**DRAFT 07/08/2002 U.S. STANDARD CERTIFICATE OF DEATH** STATE FILE NO. 000009 LOCAL FILE NO. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) BIRTHPLACE (City and State or Foreign Country) 00 RESIDENCE-STATE b. COUNTY c. CITY OR TOW 7g. INSIDE CITY LIMITS? Pes D No 7d. STREET AND NUMBER 8 O Yes 9. MARITAL STATUS AT TIME OF DEATH To Be Completed/Verified FUNERAL DIRECTOR ARMED FORCES? O Married O Married, but se □ Yes □ No 11. FATHER'S NAME (First 12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) 13b. RELATIONSHIP TO DECEDENT 13c MAILING ADDRESS (Street and Number, City, State, Zip Code) 14. PLACE OF DEATH (Check only one: see instructions)

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL IF DEATH OCCURRED IN A HOSPITAL ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decede

16. CITY OR TOWN, STATE, AND ZIP CODE Other (Specify):

17. COUNTY OF DEATI NAME OF DECEDENT 18. METHOD OF DISPOSITION: 

© Buriel 

© Crema 

© Donation 
© Entombment 

© Removal from State 

© Other (Specify): 19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) O. LOCATION-CITY, TOWN, AND STATE NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY 22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGEN 23. LICENSE NUMBER (Of Licen 24. DATE PRONOUNCED DEAD (Mo/Day/Yr) 25. TIME PRONOUNCED DEAD ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH 26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when an 27. LICENSE NUMBER 28. DATE SIGNED (Mo/Day/Yr) 29. ACTUAL OR PRESUMED DATE OF DEATH 30. ACTUAL OR PRESUMED TIME OF DEATH 31 WAS MEDICAL EXAMINER OR Mo/Day/Yr) (Spell Month) CAUSE OF DEATH (See Instructions and examples) MEDIATE CAUSE (Fin Sequentially list condition if any, leading to the cau-listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events To pituitary gland . <u>mëtastasas</u> PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. 33. WAS AN AUTOPSY PERFORMED? ☐ Yes ☐ No To Be Completed By: MEDICAL CERTIFIER arcinoma 37. MANNER OF DEATH ☐ Not pregn DEATH? Natural - Homicide ☐ Yes ☐ Prob ent O Pending Investig ☐ Not pregnant, but pregnant within 42 days of deat O Unkno O Not pregnant, but pregnant 43 days to 1 years ☐ Suicide ☐ Could not be dete Unknown if pregnant within the past year IME OF INJURY 40. PLACE OF INJURY (e.g., D 41 INJURY AT WORK? 38. DATE OF INJURY (Mo/Day/Yr) (Spell Month) O Yes O No 42. LOCATION OF INJURY: State City or Yown: Apartment No.: Zip Code 44. IF TRANSPORTATION INJURY, SPECIFY: 43 DESCRIBE HOW INJURY OCCURRED ☐ Passenger
☐ Pedestrian
☐ Other (Spe 45. CERTIFIER (Check only one): Certifying physician-To the best of my k tilying physician-To the best of my knowled Corcher-On the basis of examination, and/o ☐ Pronouncing & Certifyin
☐ Medical Examiner/Corcu Ester AND NAME ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF 47. TITLE OF CERTIFIER

M

D 50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr) 49. DATE CERTIFIED (Mo/Day/Yr) 48. LICENSE NUMBER L01346

# **BASIC DATA ENTRY INSTRUCTIONS**

Exercise 2

TO EXCENSIVE LEGAL NAME (Include ACAY & MY   First, Modes, Late)  A CASC CAST BOTTOMS  A CAST CAST CAST CAST CAST CAST CAST CAS	L	OCAL FILE NO	).			S	TATE FIL	ENO. OC	0010
STATE A PRESENCE STATE  TO COUNTY  TO RECORD COUNTY  TO COUNTY  TO RECORD COUNTY  TO				's if any) (First, Middle,	Last)				
STATE A PRESENCE STATE  TO COUNTY  TO RECORD COUNTY  TO COUNTY  TO RECORD COUNTY  TO		4a AGE-Last Birthday	I4b. UNDER 1	YEAR I4c.	UNDER 1 DAY	15. DATE OF BIR	TH (Mg/Day(Yr) 6.	BIRTHPLACE (City and	State or Foreign Country)
THE STREET AND INCOMERS  S MODIFIED STATES TAKE (TO THIS DATE STANDS AT TAKE OF CENTH  Of the Committee of t		(Years)					(		out of the spirocounty)
The STREET AND HAMBER  TO A ST			moriuis		is iviii ido		OLTY OR TOWAL		
E-PORT NUE   SAMPLE A STATUS AT TIME OF DEATH   D. BURNING SPOSES NAME (If wile, give name prior to first mention)   D. BURNING SPOSES NAME (If wile, give name prior to first mention)   D. BURNING SPOSES NAME (If wile, give name prior to first mention)   D. BURNING SPOSES NAME (If wile, give name prior to first mention)   D. BURNING SPOSES NAME (If wile, give name prior to first mention)   D. BURNING SPOSES NAME (If wile, give name prior to first mention)   D. BURNING SPOSES NAME (If wile, give name prior to first mention)   D. BURNING SPOSES NAME (If wile, give name prior to first mention)   D. BURNING SPOSES NAME (If wile, give name prior to first mention)   D. BURNING SPOSES NAME (If wile, give name prior to first mention)   D. BURNING SPOSES NAME (If wile, give name prior to first mention)   D. BURNING SPOSES NAME (If wile, give name prior to first mention)   D. BURNING SPOSES NAME (If wile, give name prior to first mention)   D. BURNING SPOSES NAME (If wile, give name prior to first mention)   D. BURNING SPOSES NAME (If wile, give name prior to first mention)   D. BURNING SPOSES NAME (If wile, give name prior to first mention)   D. BURNING SPOSES NAME (If wile, give name prior to first mention)   D. BURNING SPOSES NAME (If wile, give name prior to first mention)   D. BURNING SPOSES NAME (If wile, give name prior to first mention)   D. BURNING SPOSES NAME (If wile, give name prior to first mention)   D. BURNING SPOSES NAME (If wile, give name prior to first mention)   D. BURNING SPOSES NAME (If wile, give name prior to first mention)   D. BURNING SPOSES NAME (If wile, give name prior to first mention)   D. BURNING SPOSES NAME (If wile, give name prior to first mention)   D. BURNING SPOSES NAME (If wile, give name prior to first mention)   D. BURNING SPOSES NAME (If wile, give name prior to first mention)   D. BURNING SPOSES NAME (If wile, give name prior to first mention)   D. BURNING SPOSES NAME (If wile, give name prior to first mention)   D. BURNING SPOSES NAME (If wile, give name prior to first mentio		74. RESIDENCE-STATE		7b. COONT		10.	SITT OR TOWN		
Description (Part State of Support Notes Continued to Manufact Description (Part State of Continued Description (Part Stat		7d. STREET AND NUMBER	1			7e. APT. NO. 7f. Z	IP CODE		7g. INSIDE CITY
AMAGE PROCESS  AMAGE	By:		To 1110/711 07	1 THE 1 THE 1 THE					□Yes □ No
TENSO OF DEPOSITION D Dated Commission  IN. ECTIVO OF DEPOSITION D Dated Commission  IN. MARK AND COMPLETE ADDRESS OF FUNERAL FACILITY  22. EXCHANGER OF FUNERAL SERVICE LICENSEE OR OTHER AGENT  TENS 24-28 MUST BE COMPLETED BY PERSON  IN. DATE PROMOUNCES OF FUNERAL SERVICE LICENSEE OR OTHER AGENT  TENS 24-28 MUST BE COMPLETED BY PERSON  IN. DATE PROMOUNCES DEATH  35. SURVIVER OF FUNERAL SERVICE LICENSEE OR OTHER AGENT  TENS 24-28 MUST BE COMPLETED BY PERSON  IN. DATE PROMOUNCES DEATH  36. ACTUAL OR PRESUMED DATE OF DEATH  37. LICENSE HUMBER  28. DATE SIGNED BANDON'S  TO PRINCIPLA OF PERSON PROMOUNCED DEATH (Croy when applicable)  29. ACTUAL OR PRESUMED DATE OF DEATH  20. ACTUAL OR PRESUMED DATE OF DEATH  21. LICENSE PROMOUNCED DEATH (So Instructions and examples)  CAUSE OF DEATH (See Inst	D. NO	ARMED FORCES?				10. SURVIVING SPOUS	E'S NAME (If wife,	give name prior to first m	arriage)
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18. FACILITY INME (If not institution, give streat & number)  19. LETTICO OF DEPORTITION D Dated Committed  19. LETTICO OF DEPORTITION D DATE COMMITTED TO DATE COMMITTED TO DATE (SOUTH OF THE PROPERTY)  20. LOCATION CITY TOWN AND STATE  21. INME AND COMPLETE D BY PERSON  22. LICENSE NUMBER (OF FUNERAL SERVICE LICENSE OR OTHER AGENT  23. LICENSE NUMBER (OF FUNERAL SERVICE LICENSE OR OTHER AGENT  24. LICENSE NUMBER (OF FUNERAL SERVICE LICENSE OR OTHER AGENT  25. LICENSE NUMBER (OF FUNERAL SERVICE LICENSE OR OTHER AGENT)  26. LICENSE NUMBER (OF SOUTH OF	E B								
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TALLETHOLOG DISPOSITION CO Burlet CO Commission Developed Processor Control Commission Comm	11 .							ecedent's home Oth	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT  12. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT  12. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT  13. SIGNATURE OF PERSON PROMOUNCES DEATH (Only when septimately)  25. TIME PROMOUNCES DEAD  26. SIGNATURE OF PERSON PROMOUNCES DEATH (Only when septimately)  27. LICENSE NAMEER  28. ACTUAL OR PRESIDENCE DATE OF DEATH  29. ACTUAL OR PRESIDENCE DATE OF DEATH (Only when septimately)  29. PART I. Sinut to a date of exests—discount of the company of the sidnary of the sidnar	2 1	15. FACILITY NAME (IF NO	institution, give stre	eet & number)	16. 01110	R TOWN, STATE, AND ZIP	CODE		17. COUNTY OF DEXIN
22. SIGNATURE OF FURRINAL SERVICE LICENSEE OR OTHER AGENT  12. SIGNATURE OF FURRINAL SERVICE LICENSEE OR OTHER AGENT  12. SIGNATURE OF FURRINAL SERVICE LICENSEE OR OTHER AGENT  13. SIGNATURE OF PERSON PROMOUNCED DEAD (MADDay/Y1)  25. TIME PROMOUNCED DEAD  26. SIGNATURE OF PERSON PROMOUNCED GEATH (City when applicable)  27. LICENSE RAMBER  28. ACTUAL OR PRESIDANE DATE OF DEATH  (MADDay/Y1) (Speak Month)  29. ACTUAL OR PRESIDANE DATE OF DEATH  (MADDay/Y1) (Speak Month)  20. ACTUAL OR PRESIDANE DATE OF DEATH  (MADDay/Y1) (Speak Month)  21. WAS MEDICAL SUMMER OF DEATH  (MADDAY/Y1) (Speak Month)  22. PART I. Sinut the data of ments—distance without showing the sidilogy. DO INDT ABBREMATE. Enter only one cause on a live. Add additional lines if negative respiratory areas, or varianced Richardson without showing the sidilogy. DO INDT ABBREMATE. Enter only one cause on a live. Add additional lines if negative data in sensity.  29. PART I. Sinut the data of ments—distance without showing the sidilogy. DO INDT ABBREMATE. Enter only one cause on a live. Add additional lines if negative data in sensity.  20. DO INDT ABBREMATE. CAUSE  (Masses or Inlay) that  20. DO INDT ABBREMATE. Sinut or inlay that  20. DO INDT ABBREMATE. Sinut or inlay that  20. DO INDT ABBREMATE. Sinut or inlay that  21. WAS ANALYDORY PERFORMED?  22. WAS ANALYDORY PERFORMED?  23. WAS ANALYDORY PERFORMED?  24. WAS ANALYDORY PERFORMED?  25. WAS ANALYDORY PERFORMED?  26. WERE AUTORY PERFORMED?  27. MANUAL ABBREMATE. DO IND.  28. DO INDT ABBREMATE AND SINUTE TO DO INDT ABBREMATE. Sinute of death  29. DO INDT ABBREMATE. Sinute or injury that data should be selected abbremate. Sinute or injury that data should be selected abbremate. Sinute or injury that data should be selected abbremate. Sinute or injury that data should be selected abbremate. Sinute or injury that data should be selected abbremate. Sinute or injury that data should be selected abbremate. Sinute or injury that data should be selected abbremate. Sinute or injury that data should be selected a	ב <u>ּ</u>	18. METHOD OF DISPOSIT	TON: D Burial (	Cremation	19. PLAC	OF DISPOSITION (Name of	of cemetery, cremate	ory, other place)	<u> </u>
22. SIGNATURE OF FURENAL SERVICE LICENSEE OR OTHER AGENT  12. SIGNATURE OF FURENAL SERVICE LICENSEE OR OTHER AGENT  12. SIGNATURE OF FURENAL SERVICE LICENSEE OR OTHER AGENT  13. SIGNATURE OF PERSON PROMOUNCED DEAD (MarDayYY)  25. THAE PROMOUNCED DEAD  26. SIGNATURE OF PERSON PROMOUNCED GEATH (City when applicable)  27. LICENSE RAMBER  28. SIGNATURE OF PERSON PROMOUNCED GEATH (City when applicable)  29. ACTUAL OR PRESIDENCE DATE OF DEATH  (MarDayYY) (Speld Month)  20. ACTUAL OR PRESIDENCE DATE OF DEATH  (MarDayYY) (Speld Month)  20. ACTUAL OR PRESIDENCE DATE OF DEATH  (MarDayYY) (Speld Month)  21. WAS MEDICAL SOMMER OR  CORNORS CONTACTED? D'Vs. O'R  CORNORS CONTACTED?  CORNORS C	일		nent D Removal fro	om State	1			•	
TITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH  28. SIGNATURE OF PRESON PRONOUNCES DEATH (Only when applicable) 29. ACTUAL OR PRESUMED PRONOUNCES DEATH (Only when applicable) 29. ACTUAL OR PRESUMED DATE OF DEATH (INDON/N) (Speal Month) ACTUAL OR PRESUMED DATE OF DEATH OF DEATH (INDON/N) (Speal Month) ACTUAL OR PRESUMED DATE OF DEATH	1		WN, AND STATE		121. NAME AND	COMPLETE ADDRESS OF	FUNERAL FACILIT	·	
ITEMS 24-28 MUST BE COMPLETED BY PERSON   24. DATE PRONOUNCED DEAD (MorDay/Yr)   25. TIME PRONOUNCED DEAD   WHO PRONOUNCES OR CERTIFIES DEATH   28. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)   27. LICENSE NUMBER   28. DATE SIGNED (BADDay/Yr)   29. ACTUAL OR PRESUMED DATE OF DEATH (Lose produced in the Complete of DEATH (Lose of DEATH (Lose of DEATH) (Lose of DEATH (Lose of DEATH (Lose of DEATH) (Lose of DEATH (Lose of DEAT								and the second	
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WHO PRONOUNCES OR CERTIFIES DEATH  25. SIGNATURE OF PERSON PRONOUNCHING DEATH (Only when applicable)  27. LICENSE NAMBER  28. ACTUAL OR PRESUMED DATE OF DEATH  (MorDyrly) (Speal Month)  CAUSE OF DEATH (See Instructions and examples)  29. PART I. Einer the glain of eventri-diseases, injuries, or complications—that directly caused the death. DO NOT refer ferrified events such as cardiac arrest, necessary.  MARCHITE CAUSE (Final examples)  29. PART I. Einer the glain of eventri-diseases, injuries, or complications—that directly caused the death. DO NOT refer ferrified events such as cardiac arrest, necessary.  MARCHITE CAUSE (Final examples)  29. PART I. Einer the glain of eventri-diseases, injuries, or complications—that directly caused the death. DO NOT refer ferrified events such as cardiac arrest, necessary.  MARCHITE CAUSE (Final examples)  20. DO TO REPORT (See Instructions and examples)  21. PART I. Einer the glain of eventri-diseases, injuries, or complications—that directly examples are not examples and the death of the death injuries of the cause injuries in the cause injuries are consequence of:  20. DO TO RECORD USE CONTREUTE TO  21. DO TO RECORD USE CONTREUTE TO  22. DO TO RECORD USE CONTREUTE TO  23. WAS AN AUTOPPY PERFORMED?  24. DO TO RECORD USE CONTREUTE TO  25. DO TORACCO USE CONTREUTE TO  26. DA VENER AUTOPPY PERFORMED?  27. MANNER OF DEATH?  28. DOT TORACCO USE CONTREUTE TO  29. DO TORACCO USE		ITEMS 24 20 MUST	DE COMPLE	TED BY BEREA	M DA DATE	RONOUNCED DEAD (Mo/D	)av/Yr)	25. TIME PRON	DUNCED DEAD
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29. ACTUAL OR PRESUMED DATE OF DEATH (NaCONYTY) (Squit Month)  CAUSE OF DEATH (See Instructions and examples)  32. PART L Enter thain of everte-diseases, liquides, or complications-thaid design, DO NOT enter terminal events such as cardiac served, respiratory areas, or variorizable fibrillation activities or complications-thaid design, DO NOT on the terminal events such as cardiac served, respiratory areas, or variorizable fibrillation activities, or complications-thaid design, DO NOT on the terminal events such as cardiac served, respiratory areas, or variorizable fibrillation activities, or complications that design, DO NOT on the terminal events such as cardiac served, respiratory areas, or variorizable fibrillation and the counts resulting in design).  Sequentially ist conditions, and the counts resulting in the cardial part of the cardiac served, resulting in design in design) LAST.  Due to (or as a consequence of):  Due to (or as a conseq					applicable)	27. LICENSE NU	MBER   28. C	ATE SIGNED (Mo/Day/)	11)
(MoDeyNY) (Speal Month)  CAUSE OF DEATH (See Instructions and examples)  22. PART I. Enter the ghain of synthet-diseases, instructions and examples.)  23. PART I. Enter the ghain of synthet-diseases, instructions are constitutions and examples.)  24. PART I. Enter the ghain of synthet-diseases, instructions are constitution and showing the existing. Do Broth (Passer) on a cause on a fine. Add editional fines if measures or condition.  25. PART I. Enter the ghain of synthet-diseases, instructions are constitution. The part of the existing in death)  Separately into conditions.  26. PART II. Enter confidence in the existing in the same UNDERLYNO CAUSE (Final diseases or condition).  26. PART II. Enter order significant conditions constituting in the sunderlying causes given in PART I.  27. PART II. Enter order significant conditions constituting in death but not resulting in the underlying causes given in PART I.  28. DID TOBACCO USE CONTRIBUTE TO DEATH?  29. DID to for as a consequence off:  29. DID to for				•				•	
CAUSE OF DEATH (See Instructions and examples)  22. PART L Enter the dute of events-desease. Injuries, or complications—find directly caused the death. OD NOT enter terminal events such as cardiac arread, consistency from the control of the death of the cause of the control of the cause of						CTUAL OR PRESUMED TIM	E OF DEATH		
Approximate intervet:  CAUSE OF DEATH (See instructions and examples)  2. PART I. Enter the chain of prosts—diseases, legists, or complications—that divotally caused the death. DO NOT enter territorinal events such as confisce arrest, consistency press, of ventrionals (Sections) and the consistency of the elicitory or D NOT ABBREVIATE Enter only one cause on a line. Add additional lines of seek to death  disease or condition.  Begunstably tall conditions.  Begunstably tall tall tall tall tall tall tall ta		(Mo/Day/Yr) (Spell Month	" bouar	u 1 <sup>s+</sup> i2α	3			CORONER CON	ITACTED? DYes DNo
initiated the events resulting in the underlying cause given in PART I.  233. WAS AN AUTOPSY PERFORMED?  245. CERTIFIER (Check only one):  256. IF FEMALE:  267. ON 34. WERE AUTOPSY FINDINGS ANALABLE TO COMMITTEE COMM		Sequentially list conditions if any, leading to the caus listed on line a. Enter the UNDERLYING CAUSE	se		to (or as a consequ	norrnage uence of:			
PART IL. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.  33. WAS AN AUTOPSY PERFORMED?  14. WERE AUTOPSY FINDINGS ANAILABLE TO COM  THE CAUSE OF DEATH?  15. DID TORACCO USE CONTRIBUTE TO  DEATH?  16. WE Probably  17. Pregnant at time of death  18. If FEMALE:  18. If Pemale is the of death  18. If Pemale is the office death  19. If It Is the office de		initiated the events result	ing	Due	to (or as a conseq	uence of):			
Compared to the control of the con		and the second s	a	ribution to death but no	d resulting in the u	vierbino cause chen in PAS	eri ba	WAS AN AUTODSY DE	DECIDINED?
38. DATE OF INJURY  39. TIME OF INJURY  30. TIME OF INJURY  30. TIME OF INJURY  30. TIME OF INJURY  30. TIME OF INJURY  40. PLACE OF INJURY (e.g., Decedent's home; construction sile; restaurant; wooded area)  41. INJURY AT WOR  (I yes (I No  42. LOCATION OF INJURY: State:  City or Town:  Street & Number:  43. DESCRIBE HOW INJURY OCCURRED:  44. IF TRANSPORTATION INJURY, SPECIFY:  (I) Christoperator  (I) Pronouncing & Certifying physicisn-To the best of my knowledge, death occurred due to the cause(s) and manner stated.  (I) Pronouncing & Certifying physicisn-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.  (I) Pronouncing & Certifying physicisn-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.  (I) Pronouncing & Certifying physicisn-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.  (I) Signature of certifier:  (I) ANAME, ADDRESS, AND ZIP DODE OF PEASON COMPLETING CAUSE OF DEATH (Item 32)	۔ ۔	PART IL EMOTORINA SIGNA	an concessors con	and and a death but no	. resource at the tr	nonlying cause green in 1770			
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38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)  39. TIME OF INJURY 40. PLACE OF INJURY (e.g., Decedent's home; construction sile; restaurant; wooded area) 41. INJURY AT WOR  (I Yes (I No  42. LOCATION OF INJURY: State:  City or Town:  Apartment No.:  Apartment No.:  Zip Code:  44. IF TRANSPORTATION INJURY, SPECIFY:  (I ChristOperator  (I Prosenger  (I Pedestrian  (I Other (Specify))  45. CERTIFIER (Check only one):  (I Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.  (I Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.  (I Medical Examination conner on the best of sandy investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.  Signature of certifier:  (MORITARY AT WOR  (I Yes (I No  (I Yes (I No  (I	혼						□ Suicide	COuld not be determ	ined
(Mo/DayNY) (Spell Month)  42. LOCATION OF INJURY: State:  Street & Number:  43. DESCRIBE HOW INJURY OCCURRED:  44. If TRANSPORTATION INJURY, SPECIFY:  □ ChiestOperator □ Passenger □ Pedestrian □ Other (Specify)  45. CERTIFIER (Check only one): □ Cortifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. □ Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. □ Medical Examinat/Conner on the best of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.  Signature of certifier:  MANULYN  MANULYN  46. NAME, ADDRESS, AND ZIP DODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)	1	38. DATE OF INJURY					ne: construction site	: restaurant: wooded are	a) 41. INJURY AT WOR
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Street & Number:  Apartment No.: Zip Code:  43. DESCRIBE HOW INJURY OCCURRED:  44. IF TRANSPORTATION INJURY, SPECIFY:  Other/Operator  Passenger  Podestran  Other (Specify)  45. CERTIFIER (Check only one):  Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.  Pronouncing & Cartifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.  Disconnection of the best of caramitation, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.  Signature of certifier:  MANNER, ADDRESS, AND ZIP DODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)		1000			1860		***************************************		
43. DESCRIBE HOW INJURY OCCURRED:  44. IF TRANSPORTATION INJURY, SPECIFY:  □ Critical Control	1		: State:		City or Town				
ChristOperator   Passager   Pedestrian   Other (Specify)		The state of the s	RY OCCURRED:			Apartmer	it No.:		ATION INJURY, SPECIFY:
45. CERTIFIER (Check only one):  C Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.  D Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.  D Medical Examination control on the best of examination, anglor investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.  Signature of certifier:  46. NAME, ADDRESS, AND ZIP DODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)	1							☐ Driver/Operator	
45. CERTIFIER (Check only one):  Cl Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.  Cl Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.  Cl Medical Examinationomer on the best of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.  Signature of certifier:  MANULYN  MONULYN  46. NAME, ADDRESS, AND ZIP DODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)	1							☐ Pedestrian	
C Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.  D Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.  D Medical Examinant/Conner On the best of examination, anglor investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.  Signature of certifier:  46. NAME, ADDRESS, AND ZIP DODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)	1	46 CERTIFIED (Charles						Other (Specify)	
□ Pronouncing & Certifying physicien-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.  □ Medical Examinet/Coroner-On the bests of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.  Signature of certifier:  46. NAME, ADDRESS, AND ZIP BODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)	1			udadaa daath aansaa	t due to the several	a) and manner stated			
Signature of certifier: 71 Willyn (STICA) 46. NAME, ADDRESS, AND ZIP BODE OF PEASON COMPLETING CAUSE OF DEATH (Item 32)		O Pronouncing & Certiful	ing physician. To the	best of my knowledge	death occurred at	the time, date, and place, as	nd due to the cause	(s) and manner stated.	
46. NAME, ADDRESS, AND ZIP DODE OF PERSON COMPLETING CAUSE OF DEATH (Ham 32)	- 3		MANIE	examination, and/or in	ovestigation, in my	opinion, death occurred at th	ne time, date, and pl	ace, and due to the caus	nay and marrier office.
					CAUSE OF DEATH	I (Item 32)		1. 1.	35 Total
AT TITLE OF CENTRESS AS LICENSE MINISTER AND PART CENTRESS BANGAMENT		SAGE SAGE		0					
	12.3	AT TITLE OF CERTIFIER	40 INCOM	E MINREP	149.00	TE CERTIFIED AND A	1 50 8	OR REGISTRAD ON V.	DATE FILED (MoDes)(M)

# **BASIC DATA ENTRY INSTRUCTIONS**

Exercise 2 DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

1	OCAL FILE NO		9 1 481 141					SIAIL	ILE NO	. 0	000 11
	1. DECEDENT'S LEGAL NA								2. SEX	3. SOCIAL	SECURITY NUMBER
	4a. AGE-Last Birthday (Years)	4b. UNDER 1 Y			ER 1 DAY		ATE OF BI	RTH (Mo/Day/Yr)	6. BIRTHPI	ACE (City and	State or Foreign Country)
	5.5	Months	Days	Hours	Minutes						
	7a. RESIDENCE-STATE		76. COUNTY				7c.	CITY OR TOW	'N		
	7d. STREET AND NUMBER					70. APT	NO. 71.	ZIP CODE			7g. INSIDE CITY LIMITS?
By	8. EVER IN US	9. MARITAL STAT	US AT TIME OF	DEATH		In SUBUN	ING SPOUR	SE'S NAME (IF	wife one cam	a orior to first a	☐ Yes ☐ No
Be Completed/Verified FUNERAL DIRECTOR	ARMED FORCES?	□ Married □ Mar	rried, but separa	ited DW	/idowed	33	Gr 00.	32 3 10 min (II	wile, give riali	e prior to max ii	annage,
ted/Ve	11. FATHER'S NAME (First,	Middle, Last)						PRIOR TO FIR		*	1
e Complet FUNERAL	13a. INFORMANT'S NAME		13b. REL		P TO DECEDER			ig address (	Street and Nur	nber, City, Stat	e, Zip Code)
S	IF DEATH OCCURRED IN	A HOSPITAL:		14. PU	ACE OF DEATH DEATH OCCUR	(Check only RRED SOME	one: see in WHERE O	structions) THER THAN A I	HOSPITAL:		
To Be	O Inpatient O Emergency R 15. FACILITY NAME (If not it				Hospice facility	□ Nursing h	me/Long te	erm care facility		shome OOt	er (Specify):
۲	15. PACILITY NAME (IF NOT	nsklubon, give street	a number)		ie. City or	IOWN, SIAI	E, ANU ZIP	CODE			17. COUNTY OF BEATH
	18. METHOD OF DISPOSITI  D Donation D Entombre  C Other (Specify):				19. PLACE C	OF DISPOSIT	ION (Name	of cemetery, cr	emalory, other	place)	
	20. LOCATION-CITY, TOW	N, AND STATE		21.	NAME AND C	OMPLETE A	DDRESS O	F FUNERAL FA	CILITY		
	22. SIGNATURE OF FUNER	AL SERVICE LICEN	ISEE OR OTHER	RAGENT	-		-		2	3. LICENSE N	IUMBER (Of Licensee)
	ITEMS 24-28 MUST	DE COMPI ETI	ED BY DED	SON	24. DATE PRO	ONOUNCED	DEAD (Mo/	Dav(Yr)	2	S. TIME PRON	OUNCED DEAD
	WHO PRONOUNCE					0110011025	,	,,	Γ	. TIME I NOT	0011000
	26. SIGNATURE OF PERSO	N PRONOUNCING	DEATH (Only w	hen applic	cable)	27. L	ICENSE N	JMBER	26. DATE SIG	NED (Mo/Day/	(1)
¥	29. ACTUAL OR PRESUME		Ī		30. ACT	UAL OR PRE	SUMÉD TI	ME OF DEATH	31.	WAS MEDICAL	EXAMINER OR
ⅉ	(Mo/Day/Yr), (Soell Month)		200	3					'	CORONER CO	TACTED? DYes DN
	52: PART L Enter the <u>chair</u> respiratory arrest, or ve necessary.	in of eventsdisease entricular fibrillation w	AUSE OF D is, injuries, or con without showing t	EATH ( molication: the etiolog	(See Instruction of the color o	ctions an caused the de BREVIATE. (	d examp ath. DO NO inter only o	oles) OT enter termina ne cause on a l	al events such ine. Add addit	as cardiac arre ional lines if	Approximate interval: Onset to death
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	- a			as a conseque	nce of	can.	11	-		
	Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE		esser.	Due to (or	as a conseque	nce of k	<i>w</i>	0, 40			
	(disease or injury that	• •		Due to (or	r as a conseque	nce of):					
	initiated the events resulting in death) LAST			ut not resu	dline in the unde	. 4 4 - 2	given in PA	RTL	33 WAS A	N AUTOPSY P	DECOMEDO
	initiated the events resulting in death) LAST  PART II. Enter other significations.	nt conditions contrib	outing to death be			enying cause /			P		
ted By: TTIFIER	in death) LAST	ent conditions contrib	outing to death b	ru	al d'a	onying cause	Ela		34. WERE	O Yes O N AUTOPSY FINI E OF DEATH?	O DINGS AVAILABLE TO COM
npleted By: CERTIFIER	endesth) LAST PART B. Enter other signification  Euclidad  35. DID TOBACCO USE CO	z Phr	36. IF FEM	ALE:	thin past year	enying cause	da	nage	34. WERE	AUTOPSY FINI E OF DEATH?	O DINGS AVAILABLE TO COM
Completed By:	PART B. Enter other signification of the control of	ONTRIBUTE TO	36. IF FEM.	ALE: regnant wit	thin past year			MAN	34. WERE THE CAUSI NER OF DEAT	AUTOPSY FINI E OF DEATH? TH	O DINGS AVAILABLE TO COM III Yes III No
Be Cor	In death) LAST PART B. Enter other signification  End Jag 35. DID TOBACCO USE CO DEATH?	ONTRIBUTE TO	36. IF FEM. Not pn Pregn. Not pn	ALE: regnant with regnant, but regnant, but	thin past year of death - ut pregnant with ut pregnant 43 d	in 42 days of	death	3" MAN	DA. WERE. THE CAUSI NER OF DEAT	AUTOPSY FIN E OF DEATH? TH	O ONGS AVAILABLE TO COM
	In death) LAST PART II. Enter other significat  Euclidady  35. DID TORACCO USE CI DEATH? Yes D Probath)	ONTRIBUTE TO	36. IF FEM. Not pn Pregn. Not pn	ALE: regnant wit ant at time regnant, but regnant, but regnant, but	thin past year of death- ut pregnant with	in 42 days of lays to 1 year past year	death before deat	3° MAN	34. WERE. THE CAUSI THE CAUSI NER OF DEAT	AUTOPSY FINI E OF DEATH? TH icide ding Investigation id not be determine	O O O O O O O O O O O O O O O O O O O
Be Cor	in death) LAST PART II. Enter other significat  Land Land St. DID TOBACCO USE CO DEATH? Yes   Probably   No   Unknown  36. DATE OF INJURY (Mo/Day/YY) (Spell Mont)	ONTRIBUTE TO	36. IF FEMV Not program O Not pro	ALE: regnant wit ant at time regnant, but regnant, but regnant, but	thin past year to of death- ut pregnant within ut pregnant 43 de pnant within the PLACE OF INJ	in 42 days of lays to 1 year past year	death before deat	3° MAN	34. WERE. THE CAUSI THE CAUSI NER OF DEAT	AUTOPSY FINI E OF DEATH? TH icide ding Investigation id not be determine	O O O O O O O O O O O O O O O O O O O
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Be Cor	in death) LAST PART II. Enter other signification  St. DID TORACCO USE CO DEATH? Yes   Probably   No   Unknown  36. DATE OF INJURY (MorDay/YY) (Spell Mont)  42. LOCATION OF INJURY: Street & Number:	ONTRIBUTE TO	36. IF FEMV Not program O Not pro	ALE: regnant wit ant at time regnant, but regnant, but regnant, but	thin past year to of death- ut pregnant within ut pregnant 43 de pnant within the PLACE OF INJ	in 42 days of lays to 1 year past year	death before deat scedent's ho	Nah O Accion Construction	DA. WERE THE CAUSI NER OF DEA! ural   Hom ident   Pen ided   Coul on site; restaur	ALTOPSY FINI C OF DEATH?  IH  icide  sing Investigatic  d not be determ  ant; wooded an  Zip Code:  FTRANSPORT  hear/Operator  sesenger  dedestrian	ODINGS AVAILABLE TO COM O Yes O No on on 11. INJURY AT WOR
Be Cor	in death) LAST PART II. Enter other signification  S. DID TOBACCO USE CO DEATH? Yes   Probably   No   Unknown  38. DATE OF INJURY (Mo/Day/YY) (Spell Mont)  42. LOCATION OF INJURY: Street & Mamber:  43. DESCRIBE HOW INJUR	ONTRIBUTE TO  State:  RY OCCURRED:	36. IF FEMV Not program O Not pro	ALE: regnant wit ant at time regnant, but regnant, but regnant, but	thin past year to of death- ut pregnant within ut pregnant 43 de pnant within the PLACE OF INJ	in 42 days of lays to 1 year past year	death before deat scedent's ho	Nah O Accion Construction	DA. WERE THE CAUSI NER OF DEA! ural   Hom ident   Pen ided   Coul on site; restaur	AUTOPSY FINITE OF DEATH?  I'll icide  ding Investigation of the determinant; wooded and the determinant; wooded and the determinant; wooded and the determinant; wooded and the determinant wooded and the determi	ODINGS AVAILABLE TO COM O Yes O No on on 11. INJURY AT WOR
Be Cor	in death) LAST PART II. Enter other signification  Second of the signification of the significant	ONTRIBUTE TO  State:  RY OCCURRED:  one): the best of my knowl g physician-To the b	36. IF FEMP Not pn Pregna O Not pn O Not pn O Not pn O University O Un	ALE: regnant with and at time regnant, bu	thin past year and death at pregnant within the pregnant within th	in 42 days of lays to 1 year past year lURY (e.g., Do	death before deat seedent's he Apartme	National No.:	DA. WERE THE CAUSI NER OF DEA! Ural   Hom ident   Pen ided   Cou on site; restaur  44. I   U   U   U   U   U   U   U   U   U   U	ALTOPSY FINI C OF DEATH?  I'll  icide  sing investigatic  d not be determ  ant; wooded an  Zip Code:  FTRANSPORT  theur(Operator  assenger  adeastrian ther (Specify)  anner stated.	ODINGS AVAILABLE TO COM DINGS AVAILABLE TO COM DINGS ON
Be Cor	in death) LAST PART II. Enter other signification  Standard Standa	ONTRIBUTE TO  State: RY OCCURRED: the best of my knowl g physician- To the b ner-On the besis of e	36. IF FEM Not pn Not pn Not pn Unknot Time OF INJO	ALE: regnant with the regnant, but the regnant the r	thin past year of death of pregnant visit of pre	in 42 days of lays to 1 year past year URY (e.g., De lays of manner to time, date, ninon, death of inion, death of	death before deat seedent's he Apartme	National No.:	DA. WERE THE CAUSI NER OF DEA! Ural   Hom ident   Pen ided   Cou on site; restaur  44. I   U   U   U   U   U   U   U   U   U   U	ALTOPSY FINI C OF DEATH?  I'll  icide  sing investigatic  d not be determ  ant; wooded an  Zip Code:  FTRANSPORT  theur(Operator  assenger  adeastrian ther (Specify)  anner stated.	ODINGS AVAILABLE TO COM DINGS AVAILABLE TO COM DINGS ON

# **BASIC DATA ENTRY INSTRUCTIONS**

Exercise 2

	8/2002		U.S. S	TANDA	ARD CE	RTIFICA					000	201	1
LC	DCAL FILE NO.	UE de aleda AVATA	Tana (Elect Midd	a Last\	WHITE			STATE	12. SI		000 13. SOCIAL S	SECURITY	NUMBER
1	. DECEDENT'S LEGAL NA	ME (include ANA's	ii any) (First, Midd	io, Lasty						F			
4:	a. AGE-Last Birthday	46. UNDER 1 Y	EAR 4	c. UNDER	1 DAY	5. 0	DATE OF B	BIRTH (Mo/D	sy/Yr) 6. B	RTHPLA	ACE (City and S	state or Fo	reign Country)
	(Years)	Months	Days F	lours #	Minutes	1	-1-	200	3				
7	a. RESIDENCE-STATE	_1	7b. COUNTY				70	CITY OR	OWN				
_	d. STREET AND NUMBER					17e. AP1	T. NO. 7f.	ZIP CODE				7g. INSIL	DECITY
	d. STREET AND NUMBER											☐ Yes	O No
S S B	EVER IN US ARMED FORCES?	9. MARITAL STAT			owed	10. SURVIV	VING SPO	USE'S NAM	E (If wife, g	ive nam	e prior to first m	namage)	
Be Completed/Verified By: FUNERAL DIRECTOR	□ Yes □ No	□ Divorced □ Ne			OWEG								
e Completed/Verified FUNERAL DIRECTOR	1. FATHER'S NAME (First,	Middle, Last)				12. MOTH	ER'S NAM	E PRIOR TO	FIRST MA	RRIAGE	(First, Middle,	Lasty	
A Pet	13a, INFORMANTS NAME		136. RELA	TIONSHIP	TO DECEDE	NT TA	13c, MAIL	ING ADDRE	SS (Street	and Nur	nber, City, State	e, Zip Cod	•)
E E				14 PLAC	E OF DEAT	H (Check only	y one; see	instructions	)				
E E	IF DEATH OCCURRED IN .	A HOSPITAL:	Deed on Arrival	TEN	- ATU ACCII	DDEN SOM	EWHERE	OTHER THA	NA HOSPI	TAL:	's home □ Ot	ther (Speci	y):
	15. FACILITY NAME (II not	natitution, give street	t & number)	ľ	e. CITY OR	TOWN, STA	TE, AND Z	IP CODE			's home □ Ot	17, 60	UNTY OF DEATH
_	TO OF DISPOSIT	ON DRIVE D	Cramation		19. PLACE	OF DISPOSI	TION (Nam	ne of cemete	ery, cremato	ry, other	place)		
1	B. METHOD OF DISPOSITION □ Donation □ Entomber □ Other (Specify):	nent - Removal fro	m State										
, ,	20. LOCATION-CITY, TOW	N, AND STATE		21.	NAME AND	COMPLETE	ADDRESS	OF FUNER	AL FACILIT	Y			as the state of
	22. SIGNATURE OF FUNE		NSEE OR OTHER	AGENT				-		12	3. LICENSE	NUMBER (	Of Licensee)
	ZZ. SIGNATURE OF FURE	JELLIOU EIGE									LESS CHEST		
1	ITEMS 24-28 MUST	BE COMPLETE	D BY PERSO	N :	24. DATE P	RONOUNCE	D DEAD (N	/lo/Day/Yr)		2	5. TIME PRON	OUNCED	DEAD
	WHO PRONOUNCES				£1-3	107	LICENSE	NUMBER	28 0	ATE SIG	SNED (Mo/Day/	(Yr)	
	26. SIGNATURE OF PERS	ON PRONOUNCING	G DEATH (Only W	nen applica	ibiej	2".	LICENSE	THOMBER	20.				
1	29. ACTUAL OR PRESUM		н		30. AC	CTUAL OR PR	RESUMED	TIME OF D	EATH	31.	WAS MEDICA		IER OR
	(Mo/Day/Yr) (Spell Month		3								CORONER CO		proximate interva
	IMMEDIATE CAUSE (Fina disease or condition resulting in death) Sequentially list condition if any, leading to the causisted on line a. Enter the UNDERLYING CAUSE (disease or injury that	s. b	erebr	Due to (or	as a consequence	moro of):	tha	ge/					
	(disease or injury that initiated the events result in death) LAST	d							las	MAC	AN AUTOPSY	DEBEORA	AED2
To Be Completed By: MEDICAL CERTIFIER	PART II. Enter other signifi	icant conditions con	tributing to death t	out not resu	ilting in the u	inderlying cau	ise given ir	n PARTI.	34	4. WER	Yes D E AUTOPSY FI TE THE CAUSE	No NDINGS A	VAILABLE TO
ERT	35. DID TOBACCO USE	CONTRIBUTE TO	38, IF FEM			-		37	7. MANNER	OF DE	ATH		
LC	DEATH?		□ Not p		thin past yea of death	•			Natural	□н	omicide		
C A	Yes Probal		☐ Not p	regnant, bu	it pregnant w	vithin 42 days		1	☐ Acciden	t OP	ending Investiga	ation	
To B MED	No Unkno	wn				3 days to 1 ye the past year		death	☐ Suicide	□ C	ould not be dete	ermined	
≥	38. DATE OF INJURY (Mo/Day/Yr) (Spell Mo	onth)	39. TIME OF INJ					r's home; co	nstruction s	ite; resta	urant; wooded	area) 4	I. INJURY AT W
	42. LOCATION OF INJUR	Y: State:			City or Town	n:	-			-	-		
	Street & Number.					- 12	Ap	artment No.:		- 100	Zip Code		HILIDY EDECIE
	43. DESCRIBE HOW INJ	JURY OCCURRED:								000	Driver/Operator Passenger Pedestrian Other (Specify	r	NJURY, SPECIF
	45. CERTIFIER (Check or							-					
	☐ Certifying physician- ☐ Pronouncing & Certi ☐ Medical Examiner/C Signature of certifier.	fying physician-To the oroner-On the basis	nowledge, death of the best of my know of examination, a	nd/or invest	to the caus ath occurred tigation, in m	e(s) and man at the time, d by opinion, de	ner stated. late, and pleath occurre	ace, and du ed at the tim	e to the cau e, date, and	se(s) an I place, a	d manner state and due to the c	d. cause(s) a	nd manner stated
	46. NAME ADDRESS, A	ND ZIP CODE OF F	ERSON COMPLE	TING CAU	SE OF DEA	TH (Item 32)				-1111		0.1077100	
	47. TITLE OF CERTIFIE	0. 9	INCLU ISE NUMBER		140 /	DATE CERTIF	FIED (Mo/	Dav/Yr)	Iso	FOR RI	EGISTRAR ON	LY- DATE	FILED (Mo/Day/
	TO E	10.000	256148		1.5.								

# **BASIC DATA ENTRY INSTRUCTIONS**

Exercise 2 DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

	LOCAL FILE N							E FILE		00	70.
	1. DECEDENT'S LEGAL	NAME (Include AK)	A's if any) (First,	Middle, Last		,		2. SE	- 1	SOCIAL S	ECURITY NUMBER
	4e. AGE-Last Birthday (Years)	4b. UNDER	1 YEAR	4c. UNC	ER 1 DAY	5. DATE	OF BIRTH (Mo/C	6. BIR	THPLAC	E (City and S	tate or Foreign Count
	58	Months	Days	Hours	Minutes	-					
	7a. RESIDENCE-STATE		7b. COUNT	V .			7c. CITY OR	TOWN			
	7d. STREET AND NUMBE			0.70000		174 ADT NO	76. ZIP CODE	-			7- INCIDE CITY
 	70. STREET AND NUMBE	K		1807		76. 271. 100.	71. 21 000				7g. INSIDE CITY LIMITS? Yes   No
ص ص	8. EVER IN US	9. MARITAL ST	TATUS AT TIME	OF DEATH		10. SURVIVING S	SPOUSE'S NAM	E (If wife, give	name pr	or to first ma	rriage)
흩은	ARMED FORCES?		Married, but sep		Vidowed	1					
ed/Verified DIRECTOR	11. FATHER'S NAME (Fire		Never Married	U Unknown		12. MOTHER'S	NAME PRIOR TO	FIRST MAR	RIAGE (F	rst, Middle, I	Lest)
<u> </u>	13a. INFORMANT'S NAM		H35 0	ELATIONEL	IP TO DECEDE	 NT   136 A	MAILING ADDRE	ne teest2) 22:	d Ni mba	City State	Tio Code)
ᇫ	130. Har Orangeri S recun		1	EDITION	10 00000		TILLING ADDING			, Cny, State,	Lt coat,
Be Completed/Verified FUNERAL DIRECTOR	IF DEATH OCCURRED II	N A UNCRITAL:		14. PL	ACE OF DEATH	H (Check only one:	see instructions	N A LINSPITA			
	□ Inpatient □ Emergency	Room/Outpatient			Hospice facility	O Nursing home/L	ong term care fa			me COthe	
2	15. FACILITY NAME (If no	x institution, give st	reet & number)		16. CITY OR	TOWN, STATE, AN	ID ZIP CODE				17. COUNTY OF DE
	18. METHOD OF DISPOS	ITION: D Burial	O Cremation		19. PLACE	OF DISPOSITION (	Name of cemete	ry, crematory,	other plac	<b>&gt;0)</b>	100
	□ Donation □ Entomb □ Other (Specify):	ment © Removal fr	rom State	_	1						
	20. LOCATION-CITY, TO	WN, AND STATE		21	. NAME AND	COMPLETE ADDRE	SS OF FUNER	L FACILITY			
	22. SIGNATURE OF FUN	EDAL SEDVICE IN	CENSEE OF OT	HED ACEN					123	ICENSE NI	IMBER (Of Licensee)
	22. SIGNATURE OF FOR	CIVE SERVICE ER	CENSEE ON O	nen Adem					1	LICENSE IN	mock (or course)
	ITEMS 24-28 MUST	BE COMPLE	TED BY PE	RSON	24. DATE PR	ONOUNCED DEAD	(Mo/Day/Yr)		25. T	ME PRONO	UNCED DEAD
	WHO PRONOUNC	ES OR CERT	IFIES DEAT	ГН		04-0	05-0	3			
	26. SIGNATURE OF PER	SON PRONOUNCE	ING DEATH (On	y when appli	icable)	27. LICEN	SE NUMBER	28. DAT	ESIGNED	(Mo/Day/Yr	)
	29. ACTUAL OR PRESUM		74		I 20. 40	TUAL OR PRESUM	ED TIME OF DE	-	24 14/40	MEDICAL	EXAMINER OR
	(Mo/Day/Yr) (Spell Mont		\\In	•	30. 20.	OAL OR PRESUM	ED TIME OF DE	^''			ACTED? DYes
	Sanua	N 3	200	<b>5</b> 3	1						
	PART L Enter the concessary.  IMMEDIATE CAUSE (Findsease or condition resulting in death)	a Fr	CAUSE OF ISSES, injuries, or on without showing the careful of the	complication ing the etiological complication in the etiological complex compl	ns-that directly gy. DO NOT AB	Cip	camples) DO NOT enter ic	/ -		ardiac arresi I lines if	Approximate inte Onset to death
	necessary.  IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list condition if any, leading to the cau- listed on line a. Enter the UNDERLYING CAUSE	$a \rightarrow a F_c$	cause of causes, or on without showing actual netain netai	Due to (o	gy. DO NOT AB	caused the death. It is is in the case of it is in the case of its in the case	camples) DO NOT enter te only one cause of	minal events on a line. Add		andiac arrest	
	necessary.  IMMEDIATE CAUSE (Fin disease or condition	$ \begin{array}{ccc} a & F_{C} \\ a & C_{C} \end{array} $	actu	Due to (o	ns that directly gy. DO NOT AB	caused the death. It is is in the case of it is in the case of its in the case	camples) DO NOT enter te only one cause of	/ -		ardiac arrest	
	necessary.  IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list condition if any, leading to the cau- listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result	al a Fr	ractu ractu refac execu	Due to (o	r as a conseque	caused the death. It IBREVIATE. Enter of State o	brea	bon	e	ardiac arrest	Onset to death
÷ 64	necessary.  IMMEDIATE CAUSE (Findesease or condition—resulting in death)  Sequentially list condition if any, leading to the causisted on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST  PART II. Enter other significance.	al a Fr	ractu ractu refac execu	Due to (o	r as a conseque	caused the death. It IBREVIATE. Enter of State o	brea	bon	Q AS AN AL	TOPSY PE	Onset to death
d By: IFIER	necessary.  IMMEDIATE CAUSE (Findesease or condition—resulting in death)  Sequentially list condition if any, leading to the causisted on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST  PART II. Enter other significance.	al a Fr	ractu ractu refac execu	Due to (o	r as a conseque	caused the death. It IBREVIATE. Enter of State o	brea	50n	Q AS AN AL C	TTOPSY PEI	Onset to death
leted By: ERTIFIER	necessary.  IMMEDIATE CAUSE (Findesease or condition—resulting in death)  Sequentially list condition if any, leading to the causisted on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST  PART II. Enter other significance.	a b man b ma	nitrouting to deal	Due to (c) Due to (c) Due to (c)	r as a conseque	caused the death. It IBREVIATE. Enter of State o	DO NOT enter te only one cause of the decay.	33. W	AS AN AL	TTOPSY PEI	Onset to death  PFORMED?
mpleted By: . CERTIFIER	necessary.  IMAEDIATE CAUSE (Findleasse or condition — resulting in death)  Sequentially list condition if any, leading to the caused on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resul indesth) LAST  PART B. Enter other signal  35. DID TOBACCO USE  DEATH?	a b man b ma	asses, injuries, or on without showing the fact of the	Pue to to Due to	or as a consequence of a consequence o	caused the death. It IBREVIATE. Enter of State o	DO NOT enter te only one cause of the decay.	33. W 34. W THE C	AS AN ALL  ERE AUT AUSE OF	TOPSY PEI Yes (No OPSY FIRDI DEATH?	Onset to death  PFORMED?
	necessary.  IMAEDIATE CAUSE (Findleasse or condition — resulting in death)  Sequentially list condition if any, leading to the caused on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resul indesth) LAST  PART B. Enter other signal  35. DID TOBACCO USE  DEATH?	a b man a b ma	asses, injuries, or on without showing the state of the s	Pue to to Due to (c	na—that directly.  gy. DO NOT AB  or as a conseque  or as a conseque  or as a conseque  utting in the unc	General the death. General to the control of the co	DO NOT enter te conty one cause of the cause	33. W 34. W THE C	AS AN AL  ERE AUT AUSE OF DEATH	TTOPSY PEI	Onset to death  Onset to death  PORMED?  REGRAMED?
	necessary.  IMAEDIATE CAUSE (Findleasse or condition — resulting in death)  Sequentially list condition if any, leading to the caused on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resul indesth) LAST  PART B. Enter other signal  35. DID TOBACCO USE  DEATH?	a b man a b ma	asses, injuries, or on without showing the same of the	Due to (c)	na—that directly, gy. DO NOT AS  or as a consequence as a	dented the death. I show the control of the control	DO NOT enter to only one cause of the part I.	33. W SA W THE C MANNER OF Natural C O Accident C	AS AN AL  ERE AUT AUSE OF  DEATH  Homicide Pending	TOPSY PEI Yes No OPSY FIRDI DEATH?	Onset to death  Onset to death
ខ្លួដ	necessary.  IMAEDIATE CAUSE (Findleasse or condition — resulting in death)  Sequentially list condition if any, leading to the caused on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resul indesth) LAST  PART B. Enter other signal  35. DID TOBACCO USE  DEATH?	a b man a b ma	asses, injuries, or on without showing the same of the	Due to (c)	na—that directly, gy. DO NOT AS  or as a consequence as a	General the death. General to the control of the co	DO NOT enter to only one cause of the part I.	33. W MANNER OF Hatural Co	AS AN AL  ERE AUT AUSE OF  DEATH  Homicide Pending	TTOPSY PEI	Onset to death  Onset to death
	necessary.  IMAEDIATE CAUSE (Findisease or condition re- resulting in death)  Sequentially list condition if any, leading to the caus  stated on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST  PART E. Enter other signal  35. DID TOBACCO USE  DEATH?  1 Yes Probal	al a from the first term of th	asses, injuries, or on without showing the same of the	Due to (o Due to	ma-that directly.  gy. DO NOT AB  or as a conseque  it as a conseque  tithin past year  of death  out pregnant with  ut pregnant within the  gnant within the	dented the death. I show the control of the control	DO NOT enter to only one cause of the part I.	33. W 34. W THE C MANNER OF Natural C Accident C D Suicide C	AS AN AL  ERE AUT AUSE OF DEATH Homicide Pending	TTOPSY PEI Yes No OPSY FIÑOI DEATH?	Onset to death  Profile to death  REFORMED?  NGS AVAILABLE TO D Yes D No
	necessary.  IMAEDIATE CAUSE (Findleasae or condition — resulting in death)  Sequentially list condition if any, leading to the causisted on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result indeath) LAST  PART B. Enter other signal PART B. Enter other signal United the events result in death) LAST  PART B. Enter other signal DEATH?  Yes Probal  No Unknown Probal  35. DATE OF INJURY (Mo/Dey/Yr) (Spell Mo/Dey/Yr) (Spell Mo/	al a from the first term of th	asses, injuries, or on without showing to deal and an analysis of the analysis	Due to (o Due to	ma-that directly.  gy. DO NOT AB  or as a conseque  it as a conseque  it as a conseque  it in past year  of death  out pregnant with  out pregnant	derlying cause given that 42 days of death days to 1 year before past year	DO NOT enter to only one cause of the part I.	33. W 34. W THE C MANNER OF Natural C Accident C D Suicide C	AS AN AL  ERE AUT AUSE OF DEATH Homicide Pending	TTOPSY PEI Yes No OPSY FIÑOI DEATH?	Onset to death  Profile to death  REFORMED?  NGS AVAILABLE TO D Yes D No
	necessary.  IMAEDIATE CAUSE (Findisease or condition re- resulting in death)  Sequentially list condition if any, leading to the caus  stated on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST  PART E. Enter other signal  35. DID TOBACCO USE  DEATH?  1 Yes Probal	is a b y see a c c c c c c c c c c c c c c c c c c	asses, injuries, or on without showing to deal and an analysis of the analysis	Due to (o Due to	ma-that directly.  gy. DO NOT AB  or as a conseque  it as a conseque  it as a conseque  it in past year  of death  out pregnant with  out pregnant	derlying cause given	DO NOT enter to only one cause of the part I.	33. W 34. W THE C MANNER OF Natural C Accident C D Suicide C	AS AN AL  ERE AUT AUSE OF DEATH Homicide Pending	TTOPSY PEI Yes No OPSY FIÑOI DEATH?	Onset to death  Profile to death  RFORMED?  NGS AVAILABLE TO D Yes D No
	necessary.  IMAEDIATE CAUSE (Findleasae or condition resulting in death)  Sequentially list condition if any, leading to the caused on the caused of the cau	CONTRIBUTE TO	36. IFFI ON INCOME ON THE OFTE  39. TIME OFTE  81.0	Due to (o Due to	in the uncertifying and in the uncertifying in the uncertified in the	design of death days to 1 year before past year JUNY (e.g., Deceded He death, E.g., Deceded He death,	DO NOT enter to only one cause of the part I.	33. W 34. W THE C MANNER OF Natural C Accident C D Suicide C	AS AN AL  COMPANY  DERE AUT  AUSE OF  DEATH  Homicide  Pending  Could no	TTOPSY PEI Yes No OPSY FIÑOI DEATH?	Onset to death  Profile to death  RFORMED?  NGS AVAILABLE TO D Yes D No
	necessary.  IMAEDIATE CAUSE (Findessary or condition resulting in death)  Sequentialing list condition if any, leading to the causissed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST  PART II. Enter other signal PART II. Enter other signal III.  35. DID TOBACCO USE DEATH?  1 Yes Probai  10 No Unamo  38. DATE OF INJURY (Mc/Day/Yr) (Spell Mo  39. DATE OF INJURY (Mc/Day/Yr) (Spell Mo  31. LOCATION OF INJURY Street & Number:	is by the second state of the second	asses, injuries, or on without showing to deal and an analysis of the analysis	Due to (o Due to	ithin past year of death out pregnant within the out pregnant within the cut p	dented the death. I person of the configuration of	breasing in PART I.  In PART I.	33. W 34. W THE C MANNER OF Natural C Accident C D Suicide C	AS AN AL OF THE PROPERTY OF T	TOPSY PEI Yes No OPSY FIÑDI DEATH? Investigation it be determinated wooded area	Onset to death  Profile to death  RFORMED?  NGS AVAILABLE TO D Yes D No
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	necessary.  IMAEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list condition if any, leading to the cause stated on line a. Enfort the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST  PART IL Enter other signal in death) LAST  DID TOBACCO USE  DEATH?  I Yes Probal  No Unknot U	interest of my king physician-To the	asses, injuries, or on without showing the state of my known to be state of my known to have the	Due to (complication on the etiology of the et	ithin past year or as a consequent as a conseq	description of the control of the co	breasing in PART I.  The death of the partment No.:	33. W 34. W THE C MANNER OF Natural C O Accident C O Suicide C O Suicide C Unuclion site; re	AS AN AI  ERRE AUTI AUSE OF  DEATH  Homicide  O Could no  Staurant;	ITOPSY PEI Yes M No OPSY FINDI DEATH?  Investigation A be determi mooded area  tip Code: (ANSPORTA Operator retain (Specify) or stated.	Onset to death  RFORMED?  RFORMED?  NGS AVAILABLE TO  Yes D No  10 Yes D No  THOM INJURY, SPEC
	necessary.  IMAEDIATE CAUSE (Findleasae or condition resulting in death)  Sequentially list condition if any, leading to the cause and cause of the	CONTRIBUTE TO  by  win  TY: State:  URY OCCURRED:  LT UR LL  dy one):  fo the best of my kn  fring physician-To th  roner-On the bests.	asses, injuries, or on without showing the state of the s	Due to	ithin past year a of death out pregnant within the L. PLACE OF IN.	description of the state of the	breasing in PART I.  The death of the partment No.:	33. W 34. W THE C MANNER OF Natural C O Accident C O Suicide C O Suicide C Unuclion site; re	AS AN AI  ERRE AUTI AUSE OF  DEATH  Homicide  O Could no  Staurant;	ITOPSY PEI Yes M No OPSY FINDI DEATH?  Investigation A be determi mooded area  tip Code: (ANSPORTA Operator retain (Specify) or stated.	Onset to death  RFORMED?  RFORMED?  NGS AVAILABLE TO  Yes D No  10 Yes D No  THOM INJURY, SPEC
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### **BASIC DATA ENTRY INSTRUCTIONS**

**Exercise 2** 

DRAFT 07/08/2002 U.S. STANDARD CERTIFICATE OF DEATH LOCAL FILE NO. STATE FILE NO. 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) F 74 7a. RESIDENCE-STATE 7d. STREET AND NUMBE 8 EVER IN US MARITAL STATUS AT TIME OF DEATH Be Completed/Verified FUNERAL □Yes □ No led OWi □ Divorced □ Never Married □ Unk 1. FATHER'S NAME (First, Middle, Last) 13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 113b. RELATIONSHIP TO DECEDENT PLACE OF DEATH (Check only one: see instructions)

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: IF DEATH OCCURRED IN A HOSPITAL: | Despite facility | Dispite facility | Decedent's home | Dother (Specify): | | 16. CITY OR TOWN, STATE, AND ZIP CODE | 17. COUNTY OF DEATH METHOD OF DISPOSITION: 

Buriel 
Crem
Donation 
Entombreat 
Removal from State
Other (Specify): 19. PLACE OF DISPOSITION (Name of cemetery, crematory, other 20. LOCATION-CITY, TOWN, AND STATE NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY 22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OT 24. DATE PRONOUNCED DEAD (Mo/Dav/Yr) ITEMS 24-28 MUST BE COMPLETED BY PERSON 5. TIME PRONOUNCED DEAD WHO PRONOUNCES OR CERTIFIES DEATH 26 SIGNATURE OF PERSON PRONOLINGING DEATH (Only w 27. LICENSE NUMBER 28. DATE SIGNED (Mo/Day/Yr) 29. ACTUAL OR PRESUMED DATE OF DEATH 30. ACTUAL OR PRESUMED TIME OF DEATH 31. WAS MEDICAL EXAMINER OR (Mo/Day/Yr) (Spell Month)
Jan 01, 2003 CORONER CONTACTED? - TYes Tho **CAUSE OF DEATH (See instructions and examples)** 32. PART I. Enter the chain of ever respiratory arrest, or ventricular s, injuries, or complications—that directly caused the death. DO NOT enter terminithout showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a MEDIATE CAUSE (Fin andiogenie Shock hacture of arm and leg

Due to (or as a consequence of):

Due to (or as a consequence of): Sequentially list conditions if any, leading to the caus listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST 33 WAS AN AUTOPSY PERFO ☐ Yes ☐ No ER. To Be Completed I 35. DID TOBACCO USE CONTRIBUTE TO 36 IE FEMALE 37 MANNER OF DEATH ☐ Not pregnar DEATH? O Natural O Ho ☐ Yes ☐ Probably Accident Pending Investigation ☐ Not pregnant, but pregnant within 42 days of dea □ No □ Unknown □ Not pregnant, but pregnant 43 days to 1 year before ☐ Suicide ☐ Could not be determin ant within the past year 38. DATE OF INJURY (Mo/Day/Yr) (Spell Month) ME OF INJURY 40. PLACE OF INJURY (e.g., De 41. INJURY AT WORK? Home TYes No 42. LOCATION OF INJURY: State Zip Code Street & Number Apartment No.: a 45. CERTIFIER (Check only ☐ Pronouncing & Certifying phy ☐ Medical Examiner/Coroner-C date, and pla Lawles NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH 50. FORREGISTRAR ONLY- DATE FILED (Mo/Day/Yr) 47. TITLE OF CERTIFIER 48. LICENSE NUMBER 49. DATE CERTIFIED (Mo/Day/Yr) LINKHOWN

# **BASIC DATA ENTRY INSTRUCTIONS**

#### Exercise 2

L	OCAL FILE NO							STA			0.00	100.	15
	1. DECEDENT'S LEGAL NA	ME (Include AKA's if a	iny) (First, Mi	iddle. Last)						2. SEX	3. SOCIA	L SECURITY N	UMBER
	4a. AGE-Last Birthday (Years)	Months IDa	iR Bys	4c UNDER	1 DAY Minutes	- St DA	ATE O	FBIRTH (M	o/DayYri	6. BIRTH	PLACE (City an	d State or Fore	gn Country)
	28 78. RESIDENCE-STATE		. COUNTY	Hours	Minutes	L	-	/c. CITY O	R TOWN				
1	7d STREET AND NUMBER					7e. APT.	NO.	71 ZIP COI	DE			7g. INSIDE	CITY
_	8. EVER IN US	9. MARITAL STATUS	<del></del>	e Keatu		L SUBJECT	NA 61	ALISE'S M	NAE /W.		me prior to first	LIMIT □ Yes	S?
Completed/Verified	ARMED FORCES?	☐ Married ☐ Marrie	ed, but separa	ated D Wide	Į	J. SURVIVII	NG SI	rouse s Ro	WIC (II W	ite, give na	nie prior to trasc	marnage)	
d/Ner	). FATHER'S NAME (First,	Divorced D Never Middle, Last)	Marned U	Unknown	11	2. MOTHER	R'S NA	ME PRIOR	TO FIRST	MARRIA	GE (First, Middl	e, Last)	
Plete	13a. INFORMANT'S NAME		13b. REL	ATIONSHIP	TO DECEDENT	113	Sc. M	AILING ADD	RESS (St	reet and No	umber. City. Sta	ite, Zip Code)	
e Complet				14 PLAC	E OF DEATH (C	Check only o	one: se	ee instructio	ns)	NEDITAL:			
m - 1	IF DEATH OCCURRED IN A  ☐ Inpatient ☐ Emergency R	oom/Outpatient De		□ Ho	spice facility D	Nursing ho	me/Lo	ng term care	facility		it's home □ O	ther (Specify):	TY OF DEAT
2	15. FACILITY NAME (If not if	nstitution, give street a	number)	Ï	6. CITTOR IO	WN, STATE	E, ANL	J ZIP CODE				17. 0001	TOP DEXI
	<ol> <li>METHOD OF DISPOSITK</li> <li>□ Donation □ Entombree</li> <li>□ Other (Specify):</li> </ol>			.	9. PLACE OF	DISPOSITIO	ON (N	ame of ceme	atery, cren	natory, othe	r place)		
	20. LOCATION-CITY, TOW	N, AND STATE		21. 1	NAME AND COM	MPLETE AD	DRES	S OF FUNE	RAL FAC	ILITY			
	22. SIGNATURE OF FUNER	AL SERVICE LICENS	EE OR OTHE	ER AGENT			-				23. LICENSE	NUMBER (OI L	icensee)
	ITEMS 24-28 MUST E WHO PRONOUNCE:				4. DATE PRON	OUNCED D	EAD	(Mo/Day/Yr)			5. TIME PROP	OUNCED DEA	Φ
	26. SIGNATURE OF PERSO	N PRONOUNCING DE	EATH (Only v	when applicab	He)	27. LK	CENS	E NUMBER	28	. DATE SI	GNED (Mo/Day	(Yr)	
	29. ACTUAL OR PRESUMED (MorDay/Yr) (Spell Month)	2003			30. ACTUA	L OR PRES	SUME	D TIME OF I	DEATH	1	WAS MEDICA CORONER CO	L EXAMINER (	
	necessary.  IMMEDIATE CAUSE (Final disease or condition ————————————————————————————————————	b	<u>nsho</u>	Due to (or as	wd H	of):	ad	<i></i>			-		
l	(disease or injury that initiated the events resulting in death) LAST	g 4		three to for a	s a consequenc	a oi):						_ _	
	PART II. Enter other significa	int conditions contribut	ing to death t	but not resulti	ng in the underly	ying cause g	given i	n PART I.		33, WAS	AN AUTOPSY		
Completed By:			_							34. WERE THE CAUS	AUTOPSY FINE OF DEATH?	IDINGS AVAIL	BLE TO CO
CER	35. DID TOBACCO USE CO	ONTRIBUTE TO	36. IF FEM.	ALE: regnant within	n past year			3	7. MANN	ER OF DEA	ATH		- 2
24	I □ Yes □ Probably		_	nant at time of						al DHo			
To Be Cor	D No D Unknown		O Not p	regnant, but p	regnant within 4	s to 1 year b		death			nding investiga uld not be dete		8
ĺ	38. DATE OF INJURY (Mo/Day/Yr) (Spell Month	39. 1			ACE OF INJUR		edent	's home; cor	nstruction	sile; restau	rant; wooded a	rea) 1. INJ	URY AT WO
	1											-	Yes DNo
Ì	42. LOCATION OF INJURY: Street & Number:	State:		c	ity or Town:		Ара	rtment No.:			Zip Code:	1.	`@`
	SELY-influ	ted, by	4 25	5 cal	ilver					. 0	IF TRANSPOR Driver/Operator Passenger Pedestrian		RY, SPECIFY
	te occupies to	hand g	us								Other (Specify)		·
	45. CERTIFIER (Check only  (Certifying physician-To  Pronouncing & Certifying  Medical Examiner/Corp	the hest of my knowled	ige, death oc d of fly know amination, an	curred due to dedge, death o kilor investiga	the cause(s) an occurred at the t	id manner st time, date, a cordeath or	lated. Ind pla	ace, and due	to the car	use(s) and d place, an	manner stated. d due to the car	use(s) and man	ner stated.
	Signature of certifier: 146. NAME, ADDRESS, AND	Land	an:	Some	-11	//	\ .	1.	-				* - *;*
100	L Lle	utus	The said	71	567	18 F	<i>5</i> 4	K					
	47. TITLE OF CERTIFIER	48. LICENSE N	MARCE		49 DATE	CERTIFIED	(Marie	Tana Carl	60	EOP OF	SISTRAP OUT	Y- DATE FILED	(Mo/Day/Vr

# **BASIC DATA ENTRY INSTRUCTIONS**

Exercise 2

	DECEDENTS LEGAL IN		is d arm) (feet	Maridia Last)		STATE F	ILE NO.	13 BOCH S	00/6
l							F		
1	43. AGE Last Bertitary	40 UNDER	YEAR	4C UNDER I DAY	5 DATE	OF BIRTH (MelDayrin)	S BERTHPL	CE (Cay and S	use or Fareign Country)
1	34	Morths	Claye	HOUS MOUSE					
1	TA RESIDENCE-STATE		75 COUNT	100 m	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CITY OR TOWN	•		
1	TE STREET AND NUMBER	R			70 APT NO	20 CODE	•		'g MSDE CITY
6	E EVER IN US	TO MAITAL ST	ATHE AT THE	OF DEATH	TO SHOUNING S	POUSE'S NAME IV		over to feet to	DYes D No
i S	ARMED FORCES	1		arales C W-sowes	30.444.03		,	PO 0 41 114	
N S	11 FATHER'S NAME IFFE	D Divorced C I	hever Married	C Une nown	13 MOTHER'S N	AME PRICE TO FIRE	TWADRIAGE	Fra Mode I	AV)
D G	134 INFORMANT S NAME			LATIONSHIP TO DECEDE					
Completed/Verified	133 MF (MIXAN 1 3 NAM)		125 7	LIATIONSHIP TO DECEDE	***   13c W	haling addiness is	Week and Num	DOF CAY, \$1810,	Zip Code)
• Comple	# DEATH OCCURRED #	N A HOSPITAL		14 PLACE OF DEAT	HICTORY ONE OF	RE OTHER THAN A H	OSPITAL		
To Be	D Ingelient D Emergency	Room/Outpatient		al C Hospice (acidy		ong term care facility		home DOtte	(Specify)
-	is recent home is no	reactor, greess		100	10mm, 21x12. 24	DIF COLE		- 1	17 COUNTY OF BEAT
	18. METHOD OF DISPOSE C Donason O Engrate			19 PLACE	OF DISPOSITION IN	tame of commenty, ore	malory, other p	NACO;	
1	C Other (Specify)		om State	-	·		-/		
•	20 LOCATION-CITY TO	WN AND STATE		21 NAME AND	COMPLETE AGORE	SS OF FUNERAL FA	CERTY		
	27 SKINATURE OF FUNE	TRAL SERVICE LIC	ENSEE DR OT	HER AGENT			23	LICENSE NU	MBER (Of Licensee)
$\vdash$	TEME 24 22 AUGT	. DE COMBI E	750 BY 05	DEON DA DATE PE	DAJO DISMUONOS	MAND and Vol.	34	TIME PRONO	INCED DEAD
	ITEMS 24-28 MUST WHO PRONOUNC						ľ		
1	26 SIGNATURE OF PER	SON PRONOUNCE	NG DEATH (DW	y when applicable)	27 LICENS	SE NUMBER 2	8 DATE SIGN	ED (Mo/Day/Y)	)
١.	29. ACTUAL OR PRESUM	# D DATE OF DEA	TH .	IX AC	TUAL OR PRESUME	D TIME OF DEATH	las w	AS MEDICAL E	ZAMMER OR
」∦	(Mo/Day/Yr) (Spet Mond		,200						ACTED? DYes G
- ' '	Janu	2171		DEATH (See Instru	ections and ex	amples)			Approximate interve
	disease or condison— resulting in death; Sequentially list condition if any, leading to the cau- liates on line a. Enter the UNDERLYING CAUSE (disease or they that			Due to (or as a conseque Due to (or as a conseque Due to (or as a conseque	ence of)	njucies			
	instated the events result in death) LAST	bing		to come					_
	PART E Enter other Month	KAN CONDITIONS CON	arthurng to dead	but not resulting in the unc	contract connex danes	m PART I		AUTOPSY PE	FORMED?
By:		kant conditions con	drowing to deal	but not resulting in the unc	oorhung cause girren	m PART I	W WEST A	DYes DNo	MGS AVALABLE TO CO
Ited By:	PART E Enter other <u>world</u>				oerlyeng Causes given	n PART I	W WEST A	DYes DNo	HGS AVABABLE TO CO
npleted By: CERTIFIER	PART E Enter other MONTE		<b>þ</b> 6. <b>e</b> rí		serlying cause given		W WEST A	D Yes D No UTDPSY FINDS OF DEATHP	MGS AVALABLE TO CO
Completed By:	PART E Enter other MONTE	CONTRIBUTE TO	St. U F	MALE prognant within post year ignant of time of douth		37. MAN	M WERE A THE CAUSE WER OF DEATH	D Yes D No UTOPSY FINDS OF DEATHP	PIGS AVALABLE TO CO
Be Completed By: EDICAL CERTIFIER	PART E Enter other MONTE	CONTRIBUTE TO	DK 6 77	MALE	han 42 days of death	37. Mas.	M WERE A THE CAUSE  WER OF DEATH  and D Home  dent D Pendi	D Yes D No UTOPSY FIND OF DEATHP	HGS AVALABLE TO CO
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### E. Generating a SuperMICAR Sequence Check

The Sequence Check Function creates a file (named filename.SSQ) containing a report showing content of a batch by certificate numbers in one of three different formats.

- A "standard report" will display all of the missing certificate numbers in ascending order between the first and last certificate number in the batch.
- A "series report" (the default choice) will display all of the missing certificate numbers in ascending order, grouped into series based on the first digit (e.g., all certificates beginning with "1" would be grouped together). This should be used for states that assign certificates with unique leading digits.
- An "actual report" is a report showing all certificates <u>actually</u> <u>present</u> in the database. Rather than being a missing certificates report (like the standard report), the actual report shows the certificates that are actually present in the database. This should be used for files that do not contain sequential certificates.

Together, these reports can reveal if there are missing and/or extra, certificates in the database file. The Sequence Check can be used only when a file is currently open. To use the sequence check:

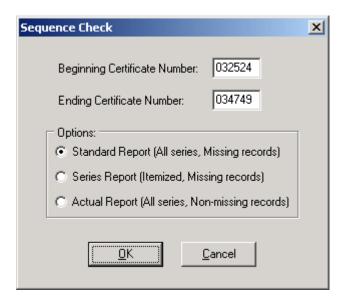
- 1. From the main screen, press {Alt+T} to select the Tools Menu Option.
- 2. Use the up and down arrow keys to highlight the Sequence Check Function Press {ENTER}.

#### **BASIC DATA ENTRY INSTRUCTIONS**

3. A window will be displayed requesting a beginning certificate number and an ending certificate number. SuperMICAR automatically fills in the first and last certificate numbers for the current file.

If a standard report is selected, the beginning and ending certificate numbers can be changed as follows:

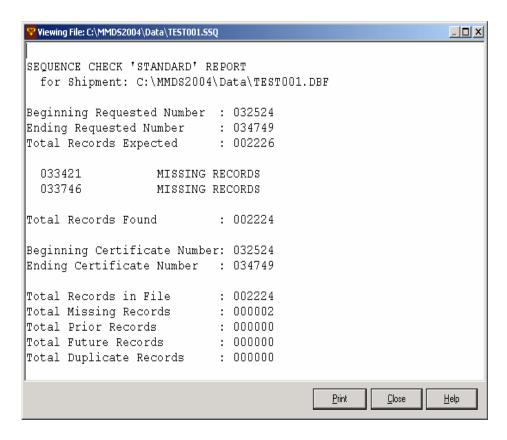
- a. Use the {TAB} key to place the cursor in the desired field.
- b. Type in the beginning certificate number (the starting certificate number for the sequence check), the ending certificate number (the ending certificate number for the sequence check), or both. Click "OK."



Choose the type of report to be generated (standard, series, or actual) in the options box. Series report is the default.

#### **BASIC DATA ENTRY INSTRUCTIONS**

4. The output of the sequence check (filename.SSQ) will then be displayed. Use the up and down arrow keys to scroll through the output (or {Page Up} and {Page Down}). Press the {ESC} key to close the output window. Click the Print button to print the report.



The following counts are only included with the standard report:

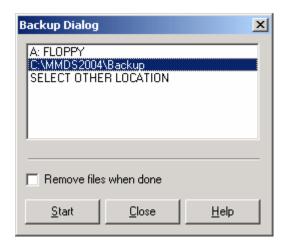
"Total Prior Records" = the number of records in the file BEFORE the Beginning Certificate Number.

"Total Future Records" = the number of records in the file AFTER the Ending Certificate Number.

### F. SuperMICAR Backups

A backup should be made of the files that have been used and generated by SuperMICAR. All of the data and the associated files will be backed up. It is also recommended to run a backup at the end of each day. To create SuperMICAR backups:

- 1. From the main screen, press {Alt+B} to select the Backup menu option.
- 2. Use the up and down arrow keys to highlight the Backup All Files Function and press {ENTER}.
- 3. A Backup Dialog box will appear with a display box containing the Backup Directory, any drives on your computer, and an option to choose another location. Click to select one of those destinations.



4. Once your destination is selected, you may Click on the Start button to begin the backup, the Close button to abort the Backup or the Help button to use the online help system.

**Note:** This Backup Dialog box contains a checkbox to "Remove files when done." Checking this box will cause the current data file and associated files to be backed up (into your <Backup> directory) and then REMOVED from your <Data> directory (see

#### **BASIC DATA ENTRY INSTRUCTIONS**

Setting SuperMICAR Options). Once the files are removed from your <Data> directory, you cannot open them using SuperMICAR without first restoring them.

- 5. Clicking on the Start button will begin the backup process (filename.SBK). If a previous backup exists, you will be prompted to either abort the backup or replace the previous backup. If you choose to replace the previous backup, that prior backup file will be renamed before the current backup is performed (filename.SB\$); Thus one accidental "replace" during backup can still be recovered While the backup is underway, the title of the dialog box will change to "Working." When the backup is complete a "Backup Successful" message will appear.
- 6. The main screen and Menu Bar will be re-displayed.

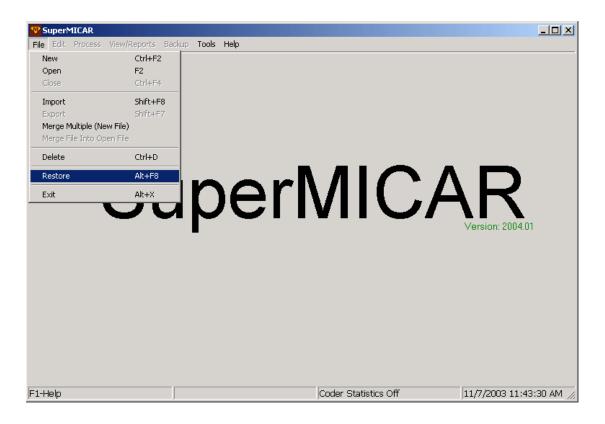
### **Restoring from SuperMICAR Backups**

At some point it may be necessary to restore a data file from a backup (see Creating SuperMICAR Backups). For the Restore from Backup function to be active, you cannot have a file currently open (see Closing a SuperMICAR File). To use SuperMICAR's Restore function to retrieve data from a backup file:

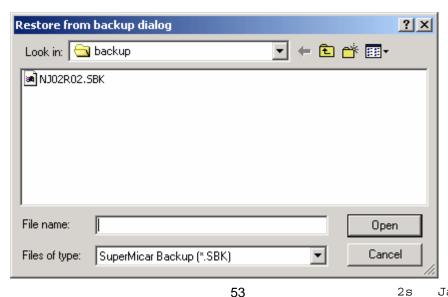
"Restore From Backup" restores files from the backup (or other chosen) directory to the current data directory. Therefore, it is advisable to verify the current data path before you move through the steps for restoring a file. See Setting SuperMICAR Options to verify (or change) current path settings.

1. From the main screen, press {Alt+F} to select the File Menu Option.

2. Use the up and down arrow keys to highlight the Restore function and press {ENTER}.



3. A dialog box for Restoring From Backup will be displayed. This is similar to the dialog for Open File and works the same way.



#### **BASIC DATA ENTRY INSTRUCTIONS**

4. Choose the backup file (a file with a .SBK extension) to restore from. You can change the selection in the "Files Of Type" field to choose from among types of valid backup files (e.g., .SBK, .SUP, .SB\$, SU\$). The available files will be listed in the List of Files. Once the desired file is highlighted, press {ENTER}. The available files will be listed in the List of Files. Once the desired file is highlighted, press {ENTER}.

<u>Note</u>: If the file you are restoring already exists, a cautionary message will be displayed. If you proceed further, the files currently on your hard drive will be replaced with those from the backup. Restoring over previous files should be rare, usually only occurring when a file has become corrupted. Exercise caution as data loss can result from errors in this step.

- 5. A Restore dialog box will appear and its title will change to "Working" while the restore is underway.
- 6. After the restore is complete, the main screen and Menu Bar will be re-displayed.

# G. Closing a SuperMICAR File

A certificate file will normally be closed when the user is ready to start on a new batch of certificates (which involves creating a new certificate file, as described in Creating a New SuperMICAR File. At other times SuperMICAR will require that the certificate file be closed to perform some of the menu functions. In any case, closing a SuperMICAR file is very easy:

- 1. From the main screen, press {Alt+F} to select the **File** Menu Option.
- 2. Use the arrow keys to highlight the **Close** File Function and press {ENTER} (or press {Ctrl-F4}).
- The currently open file will be closed. The filename will disappear from the top of the screen. SuperMICAR is now ready to open another file for processing.

## H. Exiting SuperMICAR

There are numerous ways to exit SuperMICAR. For shortcut keys such as {Alt+X} and {ESC}, see the Master Hotkey List (Appendix A).

To exit SuperMICAR through the File Menu:

- 1. From the menu screen, press {Alt+F} to select the **File** menu Option.
- 2. Use the up and down arrow keys to highlight the **Exit** SuperMICAR Function and press {ENTER}.
- 3. A message window will be displayed.
  - a. To exit SuperMICAR, press {Y}. The SuperMICAR program will close.
  - b. To cancel the exit, press {N}. The main SuperMICAR screen will be re-displayed.

Appendix B provides basic instructions for using SuperMICAR.

### A. Formatting Guidelines for Interpretation of Formats

Certifiers will sometimes "modify" the format of the Medical Certification Section to meet their own needs or because the format is too restrictive in certain situations. The following paragraphs and examples list the most common deviations in format and give the proper interpretation of each.

1. Use of more lines than are provided on death certificates.

Four lines, (a), (b), (c), and (d), have been provided in Part I of the death certificate for reporting conditions involved in the sequence of events leading directly to death and to indicate the causal relationship of the reported conditions. In cases where the decedent had more than four causally related conditions leading to death, certifiers should report all of these conditions. They usually add lines (e), (f), etc., to indicate the relationship of the conditions.

In Part II, the certificate provides for only one line. Enter the entries in Part II in the order the entries are reported. Begin with the entry reported uppermost in Part II and work downward from left to right if there is more than one entry on the same line.

#### 2. Condition(s) entered above line I(a)

When a condition(s) is reported on the certificate above line I(a), enter this condition(s) on I(a). Enter the condition(s) reported on I(a) on line I(b) and enter the condition(s) reported on each of the remaining lines in Part I as though they had been reported on succeeding lines.

#### Example:

Myocardial infarction

- I (a) Pulmonary embolism
  - (b) Congestive heart failure
  - (c) Congenital heart disease
  - (d)

#### Enter as:

- I a Myocardial infarction
- b Pulmonary embolism
- c Congestive heart failure
- d Congenital heart disease

Treat the condition(s) reported above I(a) as on I(a). Move the condition(s) reported on I(a) to line I(b) and move the condition(s) reported on (b) and (c) downward.

3. Condition(s) reported between lines in Part I.

When a condition(s) is reported between the lines in Part I without a connecting word, enter this condition(s) on the next lower line. Enter the condition(s) reported on each of the remaining lines in Part I as though they had been reported on succeeding lines.

#### Example:

- I (a) Pneumonia Bronchitis
  - (b) Emphysema
  - (c) Lung cancer
  - (d)

#### Enter as:

- I a Pneumonia
  - b Bronchitis
  - c Emphysema
  - d Lung cancer

Move the condition reported between lines I(a) and I(b) to the next "due to" position, and move the condition(s) reported on lines I(b) and I(c) downward.

4. Condition(s) entered between lines causing use of extra lines.

When a condition(s) is placed between the lines results in the use of more than four lines, enter the words "due to" on the preceding line followed by the extra term. This will format the record as it has been certified.

#### Example:

- I (a) Respiratory failure
  - (b) Cardiac arrest
  - (c) Coronary occlusion ASHD
  - (d) Hypertension

#### Enter as:

- I a Respiratory failure
- I b Cardiac Arrest
- I c Coronary occlusion due to ASHD
- I d Hypertension

Thus the condition(s) between lines (c) and (d) is actually entered on line "(c)".

5. Use of "arrow" or other symbol to indicate format

When the certifier indicates by an "arrow" or some other symbol that a condition(s) should be moved to another position on the certificate, enter the condition(s) in the position indicated by the symbol. If there is more than one condition on the line, move all of the conditions on the line.

### Example:

- I(a) Gangrene  $\overline{c}$  sepsis
- (b) ASCVD
- (c) > Senile dementia; peptic (d) ulcer

(a) · ·

#### Enter as:

- I(a) Gangrene with Sepsis
- (b) ASCVD
- (c)

II \* Senile dementia; peptic ulcer

#### 6. Deletion of "due to" on the death certificate

The certifier will sometimes indicate that conditions in Part I are not causally related by marking through items I(a), I(b), I(c), and/or I(d), or through all or part of the printed "due to, or as a consequence of" which appears below items I(a), I(b), and I(c) on the death certificate. In such cases use "ALT D." This command must be entered before entering the data on each line that has been marked through. This only applies to the line marked through. Then continue all other entries on the lines as reported.

Example: I(a) Heart disease

(b) Malignant hypertension

(c) Chronic nephritis

(d) Renal failure

II Kidney cancer

Enter as: I a Heart disease

Malignant hypertension

Chronic nephritis

Renal failure

II Kidney cancer

Example: I(a) Heart block

(b) Degenerative myocarditis

(c) Cerebral hemorrhage

(d)

II Bronchopneumonia

Enter as: a Heart block

b Degenerative myocarditis

Cerebral hemorrhage

d

II Bronchopneumonia

Example: I(a) Cardiac arrest

(b) Cirrhosis of liver

(c) Alcoholism

(d)

Enter as: I a Cardiac arrest

Cirrhosis of liver

c Alcoholism

d

#### 7. Deletion of "Part II" on the death certificate

Use the "Alt D" command to remove the II symbol and enter conditions on Part II line as reported.

### Example:

- I(a) M.I.
- (b) Uremia
- (c) Arteriosclerosis
- (d) Diabetes Mellitus
- H Nephritis

### Enter as:

- Ia M.I.
  - b Uremia
  - c Arteriosclerosis
  - d Diabetes Mellitus

Nephritis

#### 8. Numbering of causes

When the certifier has numbered all or part of the causes or lines in the medical certification (Part I and Part II), e.g., 1, 2, 3, etc., enter exactly what the certifier has certified.

#### Example:

- I(a) 1. Bronchopneumonia
- (b) 2. Cancer of stomach
- (c) Chronic nephritis
- (d)

#### Enter as:

- I a 1. Bronchopneumonia
- b 2. Cancer of stomach
- c Chronic nephritis
- d

### Example:

- I(a) Congestive heart failure
- (b) Pneumonia
- (c) Influenza
- (d) 1. Pulmonary emphysema
- II 2. Lung cancer

### Enter as:

- I a Congestive heart failure
  - b Pneumonia
  - c Influenza
  - d 1. Pulmonary emphysema
- II 2. Lung Cancer

When the causes in Part I are numbered and an entry is stated or implied as "due to" another, enter as stated.

#### Example:

- I (a) 1. Bronchopneumonia due to
  - (b) Influenza
  - (c) 2. Pulmonary fibrosis
  - (d) 3. Bronchitis

#### Enter as:

- I a 1.Bronchopneumonia due to
  - b Influenza
  - c 2. Pulmonary fibrosis
  - d 3. Bronchitis

#### Example:

- I(a) 1. Pneumonia
- (b) M.I.
- (c) 2. ASHD
- (d) 3. Arteriosclerosis

### Enter as:

- Ta 1. Pneumonia
  - b M.I.
  - c 2. ASHD
  - d 3. Arteriosclerosis

# B. Exercise 3: Entering Information from Death Certificates with Special Format Issues

In this exercise, create a new file and enter the following records. After records have been entered, do a sequence check to determine that all 6 have been entered.

File Name: TEST003

**Header Information:** 

Shipment Number: 003 Lot Number: 0003 Section Number: 1

Data Year: 2006

State Code: AL (or post office abbreviation for any state)

Coder Status: 1

Enter today's date as the date of death on all examples.

# **EXERCISE 3**

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**CHAPTER IV** 

**FORMAT** 

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Department of Emergency Round/Outpelland   Deated on Anthrow   Department   Depar	충류							THER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)					
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Department of Emergency Round/Outpelland   Deated on Anthrow   Department   Depar	E 5												
Department of Emergency Round/Outpelland   Deated on Anthrow   Department   Depar	Š Z	IF DEATH OCCURRED IN	A HOSPITAL:		IF	DEATH OCCUR	RED SOMEWHER	E OTHER TH	AN A HOSPIT				
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22. PART I. Eiter the chain of events—diseades, injeries, or complications—that diseath; Do NOT enter terminal events such as cardiac arrest, preparatory arrest, or ventriculal formitation without showing me elidopry. Do NOT ABBREVIATE. Enter only one gause on a line, Add additional lines if necessary.  IMMEDIATE CAUSE (Final disease or condition necessary).  IMMEDIATE CAUSE (Final disease or condition necessary).  IMMEDIATE CAUSE (Final disease or condition)  Sequentially sits conditions, if any, heading to the cause INDERLYING CAUSE (disease or rejury that included the events resulting in death)  Due to (or as a consequence of):  UNDERLYING CAUSE (disease or rejury that included the events resulting in death plant of the cause (disease or rejury that included the events resulting in death plant of the cause (disease or rejury that included the events resulting in death plant of the cause (disease or rejury that included the events resulting in death plant of the cause (disease or rejury that included the events resulting in death plant of the cause (disease or rejury that included the events resulting in death plant of the cause (disease or rejury that include the events resulting in death plant of the cause (disease or rejury that included the events resulting in death plant of the cause (disease or rejury that included the events resulting in death plant of the cause (disease or rejury that the cause (disea										CORO	NER CONTA		
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PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.  33. WAS AN AUTOPSY PERFORMED?  UYS ON  34. WERE AUTOPSY FINDINGS AVAILABLE TO THE CAUSE OF DEATH?  O Not pregnant within past year  O Not pregnant, but pregnant within 42 days of death O Not pregnant, but pregnant within 12 days of death O Not pregnant, but pregnant within 12 days of death O Not pregnant, but pregnant within 12 days of death O Not pregnant, but pregnant within 12 days of death O Not pregnant, but pregnant within 12 days of death O Not pregnant, but pregnant within 12 days of death O Not pregnant, but pregnant within 12 days of death O Not pregnant, but pregnant within 14 past year  35. DATE OF INJURY  No O Unknown  36. F FEMALE: O Not pregnant within 12 days of death O Not pregnant within 14 past year  O Not pregnant, but pregnant within 14 past year  37. MANNER OF DEATH O Natural O Hondide O Could not be determined O Suicide O Could not be determined O Suicide O Could not be determined O Yes C  42. LOCATION OF INJURY: State: City or Town:  Street & Number:  43. DESCRIBE HOW INJURY: State: City or Town:  Apartment No:  Zip Code:  44. If TRANSPORTATION INJURY, SPE O Pressenger O Pr		resulting in death)  Sequentially list conditions if any, leading to the caus listed on line a. Enter the	e								0.7 10.0 C-V-0.7 - 4.0		
Comparison   Control   C		resulting in death) Sequentially list conditions if any, leading to the caus listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulti	e		Due to (o	r as a consequen	ce of):						
Pregnant at time of death   Not pregnant, but pregnant within 42 days of death   Not pregnant, but pregnant, but pregnant 43 days to 1 year before death   Suicide   Could not be determined   Unknown if pregnant within the past year    38. DATE OF INJURY   Spell Month   Not pregnant within the past year   Apartment No.:   Sireet & Number:   Apartment No.:   Zip Code:    42. LOCATION OF INJURY: State:   City or Town:   Apartment No.:   Zip Code:    43. DESCRIBE HOW INJURY OCCURRED:   Apartment No.:   Zip Code:   Apartment No.:		resulting in death) Sequentially list conditions if any, leading to the caus listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST	c ing d	tribuling to death	Due to (o	r as a consequen	ce of):	in PART I.	33.	VAS AN AUT	IOPSY PERF	FORMED?	
O Not pregnant, but pregnant within 42 days of death O Not pregnant, but pregnant 43 days to 1 year before death O Unknown if pregnant within the past year  38. DATE OF INJURY (Mo/Day/YY) (Spell Month)  39. TIME OF INJURY 40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area) 41. INJURY A: O Yes C  42. LOCATION OF INJURY: State: City or Town: Street & Number: Apartment No.: Zip Code: 43. DESCRIBE HOW INJURY OCCURRED:  44. IF TRANSPORTATION INJURY, SPE O Driver(Operator Passenger Padestrian Other (Specify)  45. CERTIFIER (Check only one): Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. O Medical Examiner. Coroner-On the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature of certifier: 46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)	eted By:	resulting in death) Sequentially list conditions if any, leading to the caus listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initialed the events result in death) LAST PART II. Enter other signific	eing dcant conditions cont		Due to (o	r as a consequen	ce of):		34. \ THE	VERE AUTO	es D No PSY FINDIN	GS AVAILABLE TO	
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38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)  39. TIME OF INJURY  40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)  41. INJURY A:  42. LOCATION OF INJURY: State:  City or Town:  Apartment No.:  Zip Code:  44. IF TRANSPORTATION INJURY, SPE  Driver(Operator  Passenger  Padeastrian  Other (Specify)  45. CERTIFIER (Check only one):  Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.  Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.  Medical Examiner: Coroner-On the basis of rexamination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.  Medical Examiner: Coroner-On the basis of rexamination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.  All INJURY A:  I Yes C	Completed By:	resulting in death) Sequentially list conditions if any, leading to the caus listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST  PART II. Enter other signific	cant conditions cond	36. IF FEI O Not O Pres	Due to (o Due to (o but not res MALE: pregnant with grant at time	r as a consequent or as a consequent uiting in the under	ce of): ce of): rlying cause given	37.	34. V THE MANNER O	VERE AUTO CAUSE OF C F DEATH	es O No PSY FINDIN DEATH? O	GS AVAILABLE TO	
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Street & Number:  Apartment No.:  Apartment No.:  Apartment No.:  Apartment No.:  DiverToperator  Passenger  Passenger  Passenger  Podestrian  Other (Specify)  As CERTIFIER (Check only one):  Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.  Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.  Medical Examiner. Corner-On the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.  Signature of certifier.  Signature of certifier.  Apartment No.:  Zip Code:  44. IF TRANSPORTATION INJURY, SPE  Passenger	3e Cor	resulting in death) Sequentially list conditions if any, leading to the caus listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST  PART II. Enter other signific	cant conditions cond	36. SF FEI O Not O Prej O Not	Due to (o  Due to (o  but not res  MALE: pregnant w gnant at tim pregnant, b pregnant, b pregnant, b pregnant, b pregnant, b pregnant, b	r as a consequent or as a consequent of the under the un	ce of):  rlying cause given  1 42 days of death hys to 1 year before ast year	37.	MANNER OF Natural  Accident  Suicide	PACE AUTO CAUSE OF C F DEATH Homicide Deending In	PSY FINDIN DEATH? D evestigation	GS AVAILABLE TO ( Yes O No	
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Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.    Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.    Medical Examiner. Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.    Signature of certifier.	3e Cor	resulting in death) Sequentially list conditions if any, leading to the caus tisted on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST  PART II. Enter other signific  35. DID TOBACCO USE C DEATH?  U Yes   Probab  No   Unknow  38. DATE OF INJURY (Mo/Day/Yr) (Spell Mor  42. LOCATION OF INJURY Street & Number:	cing dcontinues continues	36. IF FEI O Not O Preç O Not O Not	Due to (o  Due to (o  but not res  MALE: pregnant w gnant at tim pregnant, b pregnant, b pregnant, b pregnant, b pregnant, b pregnant, b	r as a consequent or as a consequent ulting in the under	ce of): riying cause given 1 42 days of death	a death	MANNER OF Natural  Accident  Suicide	P Y NERE AUTO CAUSE OF I F DEATH Homicide Could not estaurant; w	es D No PSY FINDIN DEATH? D  evestigation be determine coded area)  p Code: NSPORTATI	GS AVAILABLE TO G Yes D No d	
☐ Pronouncing & Certifying physician—To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.  ☐ Medical Examiner. Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.  Signature of certifier.  46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (florm 32)	3e Cor	resulting in death) Sequentially list conditions if any, leading to the caus tisted on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST  PART II. Enter other signific  35. DID TOBACCO USE C DEATH?  U Yes   Probab  No   Unknow  38. DATE OF INJURY (Mo/Day/Yr) (Spell Mor  42. LOCATION OF INJURY Street & Number:	cing dcontinues continues	36. IF FEI O Not O Preç O Not O Not	Due to (o  Due to (o  but not res  MALE: pregnant w gnant at tim pregnant, b pregnant, b pregnant, b pregnant, b pregnant, b pregnant, b	r as a consequent or as a consequent ulting in the under	ce of): riying cause given 1 42 days of death	a death	MANNER OF Natural  Accident  Suicide	Pessential	es D No PSY FINDIN DEATH? D  Investigation be determine pooded area)  P Code: INSPORTATi perator per	GS AVAILABLE TO G Yes D No d 41. INJURY AT W	
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Norm 32)	3e Cor	resulting in death) Sequentially list conditions if any, leading to the caus tisted on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST  PART II. Enter other signific  39. DID TOBACCO USE C DEATH?  Yes Probab  You Unknow  30. DATE OF INJURY (Mo/Day/Yr) (Spell Mor  42. LOCATION OF INJURY Street & Number:  43. DESCRIBE HOW INJU  45. CERTIFIER (Check onle	c	36. IF FEI O Not O Not O Unit	Due to (o  Due to (o	r as a consequent of as a consequent of as a consequent of a c	ce of):  rlying cause given  1 42 days of death hys to 1 year before last year  IRY (e.g., Deceder	ariment No.:	MANNER OF Natural  Accident  Suicide	Pessential	es D No PSY FINDIN DEATH? D  Investigation be determine pooded area)  P Code: INSPORTATi perator per	GS AVAILABLE TO G Yes D No d	
	36 Col	resulting in death) Sequentially list conditions if any, leading to the caust listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST  PART II. Enter other signification of the events result in death) LAST  PART II. Enter other signification of the events result in death) LAST  PART II. Enter other signification of the events result in death) LAST  DEATH?  I Yes Probab  No Unknow  38. DATE OF INJURY (Mo/Day/Yr) (Spell Mor Vinor)  42. LOCATION OF INJURY Street & Number:  43. DESCRIBE HOW INJURY  45. CERTIFIER (Check only for Certifying physician-Tip Pronouncing & Certify Medical Examine: Cor	cant conditions condit	36. IF FEI ONOT ON NOT	Due to (o  Due to (o	r as a consequent of as a consequent of as a consequent of as a consequent of	ce of):  rlying cause given  1 42 days of death hays to 1 year before lest year  IRY (e.g., Deceder  Ap	37. In death It's home; continues the same of the same	MANNER OF DISTRIBUTION STATES THE CONTROL OF THE CO	PROPERTY OF CAUSE OF	es D No PSY FINDIN DEATH? D  Investigation De determine Dodded area)  P Code: INSPORTATi perator per per per per per per per per per pe	GS AVAILABLE TO C Yes D No d 41. INJURY AT V D Yes D N	
	3e Cor	resulting in death) Sequentially list conditions if any, leading to the cause issed on line a. Enter the UNDERLY INNO CAUSE (disease or injury that initiated the events result in death) LAST  PART II. Enter other signification of the events result in death) LAST  DEATH?  135. DID TOBACCO USE (DEATH?  145. Very consultation of the events resulting the events of the	contribute to the best of my kinding physician-To the best of my kinding physician-To the conceron the best of my kinding physician-To the concern the concern that the concern the concern that the concern th	36. IF FEI    Not     Pref     Not     Not     Unit     Sa. TIME OF IN	Due to (c  Due to (c	r as a consequent of as a consequent of as a consequent of as a consequent of the co	ce of):  Ityling cause given  142 days of death hys to 1 year before ast year  IRY (e.g., Deceder  Ap  and manner stated, sime, date, and princin, death occurrent	37. In death It's home; continues the same of the same	MANNER OF DISTRIBUTION STATES THE CONTROL OF THE CO	PROPERTY OF CAUSE OF	es D No PSY FINDIN DEATH? D  Investigation De determine Dodded area)  P Code: INSPORTATi perator per per per per per per per per per pe	GS AVAILABLE TO C Yes D No d 41. INJURY AT V D Yes D N	

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	1. DECEDENT S LEGAL NO	ME (INCUDE ARA	s ir any) (Pirst, Mi	,	2. SE					3.	SOCIAL SE	CURITY NUMBER	
	4a. AGE-Last Birthday (Years)	DER 1 DAY		5. DATE O	F BIRTH (N	Ao/Day/Yr)	6. BIRTH	IPLACE (	City and Sta	te or Foreign Country)			
	78	Days	Hours	Minutes	-								
	7a. RESIDENCE-STATE		7b. COUNTY					7c. CITY	OR TOWN	<del></del>	100		
	7d. STREET AND NUMBER		-			-		7/ 3/8 88					
K	70. STREET AND HUMBER					120.	APT. NO.	n. Zip CC	JUE			ľ	LIMITS?
	8. EVER IN US	9. MARITAL STA		10. SU	RVIVING SE	OUSE'S N	AME (If w	rife, give n	ame prior	to first marr	iage)		
	ARMED FORCES?												
\$₩	11. FATHER'S NAME (First, Middle, Last)												
e Completed/Verified FUNERAL DIRECTOR	13a. INFORMANT'S NAME 13b. RELATIONSHIP TO DECEDENT 13c. MAILING ADDRESS (Street and										Number, C	ity, State, Z	ip Code)
퉛필	14. PLACE OF DEATH (Check only one: see instructions)												
8 2	IF DEATH OCCURRED IN A HOSPITAL: IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:											(Specific):	
٥	□ Inpatient □ Emergency Room/Outpatient □ Dead on Arrival □ Hospice facility □ Nursing home/Long term care facility □ Decedent's home □ Other (Specify): □ 15. FACILITY NAME (If not institution, give street & number) □ 16. CITY OR TOWN, STATE, AND ZIP CODE □ 17. COUNTY OF DE												
	18. METHOD OF DISPOSITION: D Burlal D Cremation												
	☐ Donation ☐ Entombree ☐ Other (Specify):												
	20. LOCATION-CITY, TOWN	, AND STATE		21	. NAME AND C	OMPLET	E ADDRES	S OF FUNE	ERAL FAC	ILITY			
	22. SIGNATURE OF FUNERA	AL SERVICE LICE	ENSEE OR OTHE	R AGENT			_		-		23. LIC	ENSE NUM	IBER (Of Licensee)
					24. DATE PR	01101111	ED DEAD	(Mar (Day Av)			25 7345	- DOONOU	NCED DEAD
	ITEMS 24-28 MUST B WHO PRONOUNCES				24. DATE PR	OHOOH	er bend	(more ayr 11)	,		20. 1	FRONOU	1020 00-0
	26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)  27. LICENSE NUMBER  28. DATE SIGNED (MorDay/Yr)												
1	29. ACTUAL OR PRESUMED DATE OF DEATH 30. ACTUAL OR PRESUM							D TIME OF	DEATH	31	. WAS M	EDICAL EX	AMINER OR
1	(Mo/Day/Yr) (Spell Month)		CORON					ER CONTA	CTED? DYes D				
	32. PART I. Enter the <u>chain</u> respiratory arrest, or ver necessary.		CAUSE OF D ses, injuries, or co without showing						er terminal se on a lin	events su e. Add ad	ch as card Iditional lin	fiac arrest, res if	Approximate interve Onset to death
	IMMEDIATE CAUSE (Final disease or condition	• •_Cc	ardia	0	arres	st				-			1
ı	resulting in death) Sequentially list conditions,	· HP	patic	Due to (o	as a conseque	nce of):							1
	if any, leading to the cause Help of in Due (diggs a consequence of):										-		1
	Issted on line a. Enter the UNDERLYING CAUSE (disease or injury that Due to (or as a consequence of):												-
	initiated the events resulting in death) LAST	· La_Ca_	ocer o	O£		ea	5						_
	PART II. Enter other significan	nt conditions cont	ributing to death t	out not res	ulting in the und	lerlying ca	use given l	n PART I.		33. WAS	AN AUT	OPSY PERI	FORMED?
By:											A CANCELL STATE	s ONo	
P E										THE CAL	USE OF D	EATH?	IGS AVAILABLE TO C
Completed AL CERTIF	35. DID TOBACCO USE CO	NTRIBUTE TO	36. IF FEM	WLE:					37. MANN	ER OF DE	EATH		
E S	DEATH?								) (Matu	. DH	omicide		
ک∢	Yes Probably										,	restigation	
<u>a</u> ∪	O No O Unknown				out pregnant 43 o			1 .			-	ed .	
88			□ Unkr	own if pre	gnant within the	past year	·						
ř			39. TIME OF INJ	URY 40	). PLACE OF IN.	JURY (e.g	, Decedeni	l's home; co	onstruction	n site; resti	aurant; wo	oded area)	41. INJURY AT W
ř	38. DATE OF INJURY (Mo/Day/Yr) (Spell Month	,		- 1									Section 1
¥	38. DATE OF INJURY (Mo/Day/Yr) (Spell Month				City or Town:								
¥	42. LOCATION OF INJURY: Street & Number:	State:			City or Town:		Apa	arlment No.:				Code:	
¥	42. LOCATION OF INJURY:	State:			City or Town:		Apa	artment No.:				NSPORTAT	ION INJURY, SPECIF
¥	42. LOCATION OF INJURY: Street & Number:	State:	N. A.		City or Town:		Apa	artment No.:		. 8	Driver/Op	NSPORTAT perator er	ION INJURY, SPECIF
¥	42. LOCATION OF INJURY: Street & Number: 43. DESCRIBE HOW INJURY	State:			City or Town:		Apa	artment No.:	:		Driver/Op	NSPORTAT perator er an	ION INJURY, SPECIFY
¥	42. LOCATION OF INJURY: Street & Number: 43. DESCRIBE HOW INJURY 45. CERTIFIER (Check only of	State: Y OCCURRED:						artment No.	:		Driver/Op Passenge Pedestria	NSPORTAT perator er an	ION INJURY, SPECIF
¥	42. LOCATION OF INJURY: Street & Number: 43. DESCRIBE HOW INJURY 45. CERTIFIER (Check only ) Cogglishing physician-To Intercolonicing & Certifying	State: Y OCCURRED: one): the best of my kno	best of my know	ledge, dea	n to the cause(s)	ne time, d	ner slated.	ice, and du	e to the ca		Driver/Op Passeng Pedestria Other (Sp	NSPORTAT perator er an pecify)	
¥	42. LOCATION OF INJURY: Street & Number: 43. DESCRIBE HOW INJUR 45. CERTIFIER (Check only o	State: Y OCCURRED: one): the best of my kno	best of my know f examination, an	ledge, dea	n to the cause(s)	ne time, d	ner slated.	ice, and du	e to the ca		Driver/Op Passeng Pedestria Other (Sp	NSPORTAT perator er an pecify)	ion injury, specifi

50. FOR REGISTRAR ONLY-DATE FILED (Mo/Day/Y/)

# CHAPTER IV EXERCISE 3

# **FORMAT**

FT 07/	08/2002		U.S. STA	NDARD	CERTIF	ICATE OF						
L	OCAL FILE NO	-					STATE	FILE N	vo. /	000	004	
	1. DECEDENT'S LEGAL NA	ME (Include AKA's if	any) (First, Middl	e, Last)				2 SEX		1. SECURI	TY NUMBER	
1	49. AGE-Last Birthday (Years)	40. UNDER 1 YE		c. UNDER 1	Minutes	5. DATE C	F BIRTH (Mo/Day	Mr) 6. BIRT	THPLACE (City an	d State or I	Foreign Country)	
	7.5		b. COUNTY		Minutes		7c. CITY OR TO	OWN				
١.	7d. STREET AND NUMBER					7s. APT. NO.	71. ZIP CODE			I7a IN	SIDE CITY	
 										□ Ye	LIMITS?	
E 8	ARMED FORCES?	9. MARITAL STATU			10.	SURVIVING SI	POUSE'S NAME	(If wife, give	name prior to first	marriaga)		
E S	11. FATHER'S NAME (First	□ Divorced □ Neve				MOTHER'S N	AME PRIOR TO	IRST MARR	IAGE (First, Middl	e (ast)		
eted	13a. INFORMANT'S NAME		135 DELAT	IONSHIP TO					Number, City, Sta		da)	
Be Completed/Verified FUNERAL DIRECTOR	Tod. III ONIVATI O TODIC								2			
lå ₹	IF DEATH OCCURRED IN			IF DEAT	HOCCURRE		E OTHER THAN				***	
( <u>e</u>	15. FACILITY NAME (If not			16.	CITY OR TOV	VN, STATE, AND	D ZIP CODE	iny O Deced	dent's home GO	17. Co	OUNTY OF DEATH	
	18. METHOD OF DISPOSIT			10.	PLACE OF C	DISPOSITION (N	lame of cemetery	, crematory, c	other place)			
10	D Donation D Entombro D Other (Specify):	ent D Removal from S	State									
	20. LOCATION-CITY, TOW	IN, AND STATE		21. NAJ	ME AND COM	PLETE ADDRES	SS OF FUNERAL	FACILITY				
	22. SIGNATURE OF FUNE	RAL SERVICE LICENS	SEE OR OTHER?	AGENT					23. LICENSE	NUMBER	(Of Licensee)	
-	ITEMS 24-28 MUST	BE COMPLETE	D BY PERS	ON 24.	DATE PRONG	OUNCED DEAD	(Mo/Day/Yr)		25. TIME PRO	NOUNCED	DEAD	
	WHO PRONOUNCE							I				
	26. SIGNATURE OF PERS	ON PRONOUNCING D	DEATH (Only whe	en applicable)		27. LICENS	SE NUMBER	28. DATE	SIGNED (Mo/Da)	(MI)		
	29. ACTUAL OR PRESUME (Mo/Day/Yr) (Spell Month)		0 4 5 6		30. ACTUAL	OR PRESUME	D TIME OF DEA	TH :	31. WAS MEDICA		IEROR	
	Janua	IFY !	USE OF DE		Ļ				CORONER CO		proximate interval	
ē.	32. PART I. Enter the che respiratory arrest. Or vinecessary.  IMMEDIATE CAUSE (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 resultin	entricular fibrillation wi	onge 25H	SHU Ve to (or as a	consequence consequence	eart	Fai	luro	additional lines if	-		
	in death) LAST d								S AN AUTOPSY	PERFORM	ED?	
:: E									Yes INO			
Ed E	120	euma	nia					THE CA	USE OF DEATH?	O Yes	O No	
CAL CERTIFIER	35. DID TOBACCO USE C DEATH?	ONTRIBUTE TO	36. IF FEMAL D Not preg	E: Inant within p	ast year		37. M	ANNER OF E	DEATH			
8 8	Yes D Probably	,	1 '	t at time of de		2 days of death	10		Homicide Pending Investigal	tion		
To Be Col	□ Na □ Unknow	n	☐ Not preg	nant, but pre	gnant 43 days	to 1 year before	da-15		Could not be deter			
<b>←</b> ≥	38. DATE OF INJURY	139.			Within the past		l's home; constru	ction site; res	taurant; wooded a	rea) 41.	. INJURY AT WOR	
	(Mo/Day/Yr) (Spell Mon								,		□ Yes □ No	
	42. LOCATION OF INJURY: State: City or Town:											
	Street & Number: 43. DESCRIBE HOW INJUS	RY OCCURRED:				Арг	artment No.:				UURY, SPECIFY:	
								- 1	□ Driver/Operator □ Passenger □ Pedestrian			
									Other (Specify)			
	45. CERTIFIER (Check only  Certifying physician-To  Pronouncing & Certifyin  Medical Examiner/Coro	the best of my knowle ng physician-To the be ner-On the basis of ex	ist of my knowleds camination, and/or	ge, death occ	urred at the tir n, in my opipjo	ne, date, and pla	ice, and due to th	e cause(s) ar s, and place, a	nd manner stated. and due to the car	use(s) and	menner stated.	
	Signature of certifier:  46. NAME. ADDRESS. AND	ZIP GODE OF PERSO		G CAUSE OF							33.5	
	[											
1	47 THTLE OF CERTIFIER	48 LICENSE N			49. DATE CE	RTIFIED (Mo/C	Day/Yr)	50. FOR	EGISTRAR ONLY	- DATE FI	LED (Mo/Day/Yr)	

# CHAPTER IV EXERCISE 3

# **FORMAT**

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

4a. AGE-Last Birthday (Years) 7a. RESIDENCE-STATE 7d. STREET AND NUMBER 8. EVER IN US ARMED FORCES? UYES UN0 11. FATHER'S NAME (FIRE)	Months		tours Minutes	5. DATE O	F BIRTH (Mo/Day/Yr)	B. BIRTHPLACE (City and	State or Foreign Country			
7a. RESIDENCE-STATE 7d. STREET AND NUMBER 8. EVER IN US ARMED FORCES? U Yes D No	Months	Days								
7d. STREET AND NUMBER  8. EVER IN US  ARMED FORCES?  D Yes D No						90 - 100 - 1	CRA NORTH SERVICE CONTRACTOR			
7d. STREET AND NUMBER  8. EVER IN US  ARMED FORCES?  D Yes D No		rs. COUNTY			TA CITY OF TOUR		140.70.70.70.70.70.70.70.70.70.70.70.70.70			
8. EVER IN US ARMED FORCES? D Yes D No		Miles Annabaran Carlo			7c. CITY OR TOWN					
ARMED FORCES?	,			7e. APT. NO.	7f. ZIP CODE	32.5	7g. INSIDE CITY LIMITS?			
ARMED FORCES?	LY MARITAL CTAT	TUS AT TIME OF I	DEATH	TIO SURVIVING SE	POUSE'S NAME (If will	e, give name prior to first m	□ Yes □ No			
	9. MARTIAL STA			O. SOLVINIO SI	COOL O LOWING (II WIII	prior to making				
II. FAIHER S NAME (FIRST,	□ Divorced □ Ne			12 MOTUEO'S M	ME PRIOR TO EIRET	MARRIAGE (First, Middle,	Last			
	middle, CBSI)					• • • • • • • • • • • • • • • • • • • •	CONTRACTOR OF THE			
13a. INFORMANT'S NAME		13b. RELAT	TIONSHIP TO DECEDE	NT 13c M	AILING ADDRESS (SIN	eet and Number, City, State	, Zip Code)			
			14. PLACE OF DEATH	H (Check only one: s	ee instructions)	*				
		Dead on Arrival	☐ Hospice facility	☐ Nursing home/Lo	ong term care facility		er (Specify):			
			16. CITY OR	TOWN, STATE, AND	D ZIP CODE		17. COUNTY OF DEA			
10 METHOD OF DISPOSE	ON: Dowiel C	Cramation	19. PLACE	OF DISPOSITION (N	lame of cemetery, crem	natory, other place)	I			
□ Donation □ Entombre				,						
	N. AND STATE		21. NAME AND O	COMPLETE ADDRES	SS OF FUNERAL FACI	LITY				
							IIIMBED (OLL INDEED)			
22. SIGNATURE OF FUNE	RAL SERVICE LICE	NSEE OR OTHER	AGENT			23. LICENSE N	IUMBER (Of Licensee)			
ITEMS 24-28 MUST	BE COMPLET	ED BY PERS	ON 24. DATE PR	ONOUNCED DEAD	(Mo/Day/Yr)	25. TIME PRON	OUNCED DEAD			
26. SIGNATURE OF PERS	ON PRONOUNCING	DEATH (Only wh	nen applicable)	27. LICENS	SE NUMBER 28.	DATE SIGNED (Mo/Day/	rr)			
20 ACTUAL OD DOCCUM	O DATE OF DEAT		130 AC	TUAL OR PRESUME	D TIME OF DEATH	31. WAS MEDICAL	EXAMINER OR			
		0~~	2	ONL ON PRESUME	OF DEATH	CORONER CON				
disease or condition resulting in death) Sequentially list conditions if any, leading to the causilisted on line a. Enter the UNDERLYING CAUSE (disease or injury that		Chre	oye to (or as a consequent	ence of):  ne phri	ension His	•				
in death) LAST	ه									
PART II. Enter other signific	ant conditions contr	ibuting to death bu	t not resulting in the und	derlying cause given	in PART I.	· ·				
(AN	CER	of L.	dNE9			34. WERE AUTOPSY FINDINGS AVAILABLE TO C				
			_							
DEATH?		O Not pre	egnant within past year							
☐ Yes ☐ Probabl	y			hin 42 days of death						
□ No □ Unknow	n		•			//				
38. DATE OF INJURY (Mo/Day/Yr) (Spell Mon	th)	9. TIME OF INJU	RY 40. PLACE OF IN	JURY (e.g., Deceder	nt's home; construction	site; restaurant; wooded ar	es) 41. INJURY AT V			
		77-26-41-28-								
	: State:		City or Town:		partment No.:	Zip Code:				
	RY OCCURRED:					44. IF TRANSPORT	TATION INJURY, SPECI			
						O Passenger	•			
						Other (Specify)	<u>.</u>			
						use(s) and manner stated.				
☐ Medical Examiner/Core	oner-On the basis of	examination, and	for investigation, in my o	pinion, death occur	ed at the time, date, and	d place, and due to the cau	se(s) and manner stated.			
Signature of certifier:		RSON COMPLETI		(Item 32)						
46 NAME ADDRESS AND	I CIP COUR OF PE									
46. NAME, ADDRESS, AND	ZIP CODE OF PE	TOOK COMPLETI		_						
	O Inpatient □ Emergency F 15. FACILITY NAME (If not in the content of the conten	15. FACILITY NAME (If not institution, give stress  18. METHOD OF DISPOSITION:   Burial     Donation   Entombment   Removal from     Donation   Entombment   Removal from     Donation   Entombment   Removal from     Donation   Entombment   Removal from     Color   Color   Color     Color   Color   Color     Color   Color   Color     Co	O Inpatient □ Emergency Room/Outpatient □ Dead on Arrival 15. FACILITY NAME (if not institution, give street & number) 16. METHOD OF DISPOSITION: □ Burial □ Cremation □ Donation □ Entonbment □ Removal from State □ Other (Specify): 20. LOCATION-CITY, TOWN, AND STATE  22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER  17. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER  28. SIGNATURE OF PERSON PRONOUNCING DEATH (Only with the state of the state	Dispatient   Emergency Room/Outpatient   Dead on Arrival   Dead on Dea	Inpatient C Emergency Room/Outpatient   Dead on Arrival   Dead on Arrival   16. CITY OR TOWN, STATE, AN   15. FACILITY NAME (if not institution, give street & number)   16. CITY OR TOWN, STATE, AN   16. CITY OR TOWN, STATE, AN   17. METHOD OF DISPOSITION:   Deutal   Occentation   Donation   Deltombment   Removal from State     19. PLACE OF DISPOSITION (N   19. P	Disposition   Disposition   Dead on Arrival   Disposition   Dispositio	Deposited   Emergency Room/Outpatient   Dead on Anival			

# **CHAPTER IV**

# **FORMAT**

EX	ER	CI	SE	3

	1. DECEDENT 3 LEGAL IV	ME (Include AK	A's if any) (First,	Middle, Las	1)			2. \$	NO.	SOCIAL SECU	JRITY NUMBER
	4a. AGE-Last Birthday   4b. UNDER 1 YEAR			4c. UNDER 1 DAY 5. DATE OF BIR			OF BIRTH (Mo	(Day(Yr) 6. B	IRTHPLACE (	City and State	or Foreign Country)
	(Years)	Months	Days	Hours	Minutes	-					
	7a. RESIDENCE-STATE		7b. COUNT	V-		-	Pe. CITY OF	RTOWN	2.7		Land of A
	7d. STREET AND NUMBER					17e. APT. NO.	71. ZIP COD	E	10000073	17g.	INSIDE CITY
<u>.</u>	. STREET AND NUMBER	1 1 2 4 h	400 시간 100 L보안함시								LIMITS?  Yes  No
d By	8. EVER IN US ARMED FORCES?	9. MARITAL S	TATUS AT TIME	OF DEATH	10	SURVIVING S	POUSE'S NA	ME (If wife, g	ive name prior	to first marria	ge)
불	□ Yes □ No		Married, but sep Never Married								The state of the s
충분	11. FATHER'S NAME (First	, Middle, Last)			1	2. MOTHER'S N	NAME PRIOR	TO FIRST MA	RRIAGE (Firs	t, Middle, Last	)
F e	13a. INFORMANT'S NAME		13b. R	RELATIONS	HIP TO DECEDENT	13c. N	MAILING ADDF	RESS (Street	and Number, (	City, State, Zip	Code)
e Completed/Verified FUNERAL DIRECTOR				14 0	LACE OF DEATH (	Check only one:	see instruction	is)			
<b>.</b> ₹	IF DEATH OCCURRED IN			- 1	F DEATH OCCURR	ED SOMEWHE	RE OTHER TH	IAN A HOSPI	TAL:	Other (S	necify):
ם	□ Inpatient □ Emergency  15. FACILITY NAME (if not	institution, give s	treet & number)	vai [L	16. CITY OR TO	WN, STATE, AN	ND ZIP CODE	leasing 5 or	COOCIN O MONE	17.	COUNTY OF DEAT
					19. PLACE OF	NICEACITION (	Name of come	decy cremator	ny other place		
	18. METHOD OF DISPOSIT  O Donation  O Entombri				19. PLACE OF	DISPOSITION	Marile Of Cellio	iory, Cromato	y, 00.00 p.000		
	Other (Specify):	AND STATE		<del>-</del>	1. NAME AND COR	MPLETE ADDRE	SS OF FUNE	RAL FACILITY	,		
										CENCE MUNIC	ER (Of Licensee)
	22. SIGNATURE OF FUNE	RAL SERVICE L	ICENSEE OR OT	THER AGEN	п				23. Li	CENSE NUMB	EK (Or Licensee)
	ITEMS 24-28 MUST	BE COMPL	ETED BY P	ERSON	24. DATE PRON	OUNCED DEAD	(Mo/Day/Yr)		25. TIM	E PRONOUN	CED DEAD
	WHO PRONOUNCE							_			
	26. SIGNATURE OF PERS	ON PRONOUNC	CING DEATH (Or	nly when app	olicable)	27. LICEN	ISE NUMBER	28. D	ATE SIGNED (	(Mo/Day/Yr)	
	29. ACTUAL OR PRESUM	ED DATE OF DE	ATH		30. ACTU/	AL OR PRESUM	ED TIME OF C	DEATH	31. WAS	MEDICAL EXA	MINER OR
	(Mo/Day/Yr) (Spell Month	_ /	200	23					CORO	NER CONTAC	TED? O Yes O
	IMMEDIATE CAUSE (Final disease or condition		tion without show	or complication of the etion of	ons-that directly cat ogy. DO NOT ABBR	rest	DO NOT enter only one caus	(	nts such as ca dd additional I	rdiac arrest, lines if	Onset to death
	necessary.  IMMEDIATE CAUSE (Find disease or condition resulting in death)  Sequentially list condition if any, leading to the cau listed on line a. Enter the UNDERLYING CAUSE	±	clion without show	Due to	ons-that directly cau ogy. DO NOT ABBR	red the death. REVIATE. Enter  REST	DO NOT enter only one caus	(	nts such as ca dd additional i	rdiac arrest, inos if	Onset to death
	immediate from the cause of the cause or condition resulting in death)  Sequentially list condition if any, leading to the cause listed on line a. Enter the		Cu Y	Due to	ons—that directly callogy. DO NOT ABBR	red the death. REVIATE. Enter  REST	DO NOT enter only one caus	(	nts such as ca dd additional i	rdiac errest, ines if	Onset to death
,	necessary.  IMMEDIATE CAUSE (Find disease or condition resulting in death)  Sequentially list condition if any, leading to the causisted on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result	al as, b	Cu Al	Due to	ons-that directly case ogy. DO NOT ABBR  (or as a consequenc	e of):	DO NOT enter only one caus	n (	WAS AN AU	TOPSY PERFO	
By:	necessary.  IMMEDIATE CAUSE (Find disease or condition —resulting in death)  Sequentially list condition if any, leading to the causisted on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST  PART IL Enter other signific	al as, b	Cu Al	Due to	ons-that directly case ogy. DO NOT ABBR  (or as a consequenc	e of):	DO NOT enter only one caus	33.	WAS AN AU	TOPSY PERF(	DRMED?
ed By: TIFIER	necessary.  IMMEDIATE CAUSE (Find disease or condition —resulting in death)  Sequentially list condition if any, leading to the causisted on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST  PART IL Enter other signific	al as, b	Cu Al	Due to	ons-that directly case ogy. DO NOT ABBR  (or as a consequenc	e of):	DO NOT enter only one caus	33.	WAS AN AU	TOPSY PERFO	ORMED?
pleted By:	necessary.  IMMEDIATE CAUSE (Find disease or condition —resulting in death)  Sequentially list condition if any, leading to the causisted on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST  PART IL Enter other signific	s, be c	C C C C C C C C C C C C C C C C C C C	Due to  But not not not not not not not not not no	ons-that directly cas ogy. DO NOT ABBR  (or as a consequence)	e of):	DO NOT enter only one cause	33.	WAS AN AUTO	TOPSY PERFO	ORMED?
Completed By:	necessary.  IMAEDATE CAUSE (Find disease or condition resulting in death)  Sequentially list condition if any, leading to the causissed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST  PART II. Enter other significations of the causing disease or injury that initiated the events result in death) LAST  PART II. Enter other significant in death) LAST  PART II. Enter other significant in death) LAST	s, be c	A (	Due to	ons-that directly case ogy. DO NOT ABBR  (or as a consequenc	e of):	DO NOT enter only one cause	33. 34. TH	WAS AN AUTOMORPHICATION OF DEATH	TOPSY PERFO (es O No PSY FINDING DEATH? O	ORMED?
Be Completed By: DICAL CERTIFIER	necessary.  IMAEDATE CAUSE (Find disease or condition resulting in death)  Sequentially list condition if any, leading to the causissed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST  PART II. Enter other significations of the causing disease or injury that initiated the events result in death) LAST  PART II. Enter other significant in death) LAST  PART II. Enter other significant in death) LAST	s, be c	Ontributing to dea	Due to	ons-that directly case ogy. DO NOT ABBF  CL. C.  (or as a consequenc  (or as a consequenc  (or as a consequenc  (or as a consequenc  within past year  me of death  but pregnant within	sed the death. REVIATE. Enter Control of the off:  De off:  De off:  Se off:  All days of death	DO NOT enter on only one cause only one only one cause only one	33. 34. THI 7. MANNER O	WAS AN AUT WERE AUTC E CAUSE OF I OF DEATH  I Homicide I Pending Is	TOPSY PERFORM ON NO. 10 PERFOR	ORMED?  SS AVAILABLE TO C
To Be Completed By: MEDICAL CERTIFIER	necessary.  IMAEDIATE CAUSE (Find disease or condition — resulting in death)  Sequentially list condition If any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST  PART II. Enter other signification of the cause of the c	s, be c	Ontributing to dea	Due to Du	ons-that directly cas ogy. DO NOT ABBR  GC	sed the death. REVIATE. Enter to e of):  2 e of):  2 e of):  2 of):  42 days of death ys to 1 year before the death.	DO NOT enter on only one cause only one only one cause only one	33. 34. THI 7. MANNER O	WAS AN AUTOMORPHICATION OF DEATH	TOPSY PERFORM ON NO. 10 PERFOR	ORMED?  SS AVAILABLE TO C
Be Co	necessary.  IMAEDIATE CAUSE (Find disease or condition resulting in death)  Sequentially list condition if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST  PART II. Enter other signification of the cause of the cau	s, be c	Ontributing to dea	Due to  Due to	ons-that directly cas ogy. DO NOT ABBF  CL. C. C. Or as a consequenc Or as a consequence Or as a cons	sed the death. REVIATE. Enter the off:  to off:  to off:  to off:  42 days of death ys to 1 year beforest year	DO NOT enter only one cause only one cause only one cause only one cause only one one only one only one one one only one	33. 34. TH 7. MANNER ( Accident	WAS AN AUT WERE AUTOE E CAUSE OF ID OF DEATH  Homicide Pending Is	TOPSY PERFORM OF TOPSY FINDING DEATH?	ORMED?  SS AVAILABLE TO C  Yes D No
Be Co	necessary.  IMAEDATE CAUSE (Find disease or condition — resulting in death sease or condition or sease or condition in the sease or condition if any, leading to the causisted on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST  PART II. Enter other signification or injury that initiated the events result in death) LAST  PART II. Enter other signification or injury that initiated the events result in death) LAST  PART II. Enter other signification or injury that initiated the events result in death) LAST  PART II. Enter other signification or injury that initiated the events result in death in the control of the events of the ev	s, be c	Ontributing to des	Due to  Due to	ons-that directly case ogy. DO NOT ABBR  Or as a consequence (or as a consequence) (or as a consequence) (or as a consequence) within past year me of death, but pregnant within the pregnant within the purency.	sed the death. REVIATE. Enter the off:  to off:  to off:  to off:  42 days of death ys to 1 year beforest year	DO NOT enter only one cause only one cause only one cause only one cause only one one only one only one one one only one	33. 34. TH 7. MANNER ( Accident	WAS AN AUT WERE AUTOE E CAUSE OF ID OF DEATH  Homicide Pending Is	TOPSY PERFORM OF TOPSY FINDING DEATH?	ORMED?  SS AVAILABLE TO C  Yes D No
Be Co	necessary.  IMAEDIATE CAUSE (Find disease or condition resulting in death)  Sequentially list condition if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST  PART II. Enter other signification of the cause of the cau	a a a a a a a a a a a a a a a a a a a	Ontributing to des	Due to  Due to	ons-that directly case ogy. DO NOT ABBR  Or as a consequence (or as a consequence) (or as a consequence) (or as a consequence) within past year me of death, but pregnant within the pregnant within the purency.	sed the death.  REVIATE. Enter  e of):  te of):  tying cause gives  42 days of death ys to 1 year beforest year  RY (e.g., Deceded)	DO NOT enter only one cause on cause on cause only one cause on cause only one cause only one cause on cause on cause on cause	33. 34. THI 7. MANNER ( Natural O Accident D Suicide	WAS AN AUT WERE AUTOE CAUSE OF I DOF DEATH U Homicide Pending I Could not r; restaurant; w	TOPSY PERF.  (SE O No  PSY FINDING  DEATH? O  myestigation  be determined  moded area)	ORMED?  SS AVAILABLE TO C  Yes D No
Be Co	Incossary.  IMAEDIATE CAUSE (Find disease or condition	contribute to	O 36. IF I ON	Due to  Due to	ons-that directly case ogy. DO NOT ABBR COLD TO NOT ABBR	sed the death.  REVIATE. Enter  e of):  te of):  tying cause gives  42 days of death ys to 1 year beforest year  RY (e.g., Deceded)	DO NOT enter only one cause only one cause only one cause only one cause only one one only one only one one one only one	33. 34. THI 7. MANNER ( Natural O Accident D Suicide	WAS AN AUT WERE AUTO E CAUSE OF I D PEATH D Homicide D Pending I Could not restaurant; w	TOPSY PERFORM  TOPSY PINDING  TOPSY PINDING  TOPSY PINDING  TOPSY PINDING  TOPSY PINDING  TOPSY PINDING  TOPSY PERFORM  TOPSY	ORMED?  SS AVAILABLE TO C  Yes D No
Be Co	necessary.  IMAEDATE CAUSE (Find disease or condition resulting in death)  Sequentiality list condition if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST  PART II. Enter other signification or injury that initiated the events result in death) LAST  PART II. Enter other signification or injury that initiated the events result in death) LAST  PART II. Enter other signification or injury that initiated the events result in death) LAST  PART II. Enter other signification or injury that initiated the events result in death) LAST  PART II. Enter other signification or injury that initiated the events result in death) LAST  25. DID TOBACCO USE: DEATH?    Ves	contribute to	O 36. IF I ON	Due to  Due to	ons-that directly case ogy. DO NOT ABBR COLD TO NOT ABBR	sed the death.  REVIATE. Enter  e of):  te of):  tying cause gives  42 days of death ys to 1 year beforest year  RY (e.g., Deceded)	DO NOT enter only one cause on cause on cause only one cause on cause only one cause only one cause on cause on cause on cause	33. 34. THI 7. MANNER ( Natural O Accident D Suicide	WAS AN AUTO WERE AUTO E CAUSE OF! OF DEATH  I Homicide Pending Is Could not r; restaurant; w	TOPSY PERF( es O No DPSY FINDING DEATH? O  Investigation be determined proded area)  Ip Code: ANSPORTATIO Operator Ger Inian	ORMED?  SS AVAILABLE TO C  Yes D No  41. INJURY AT W  U Yes D No
Be Co	Incossary.  IMAEDIATE CAUSE (Find disease or condition	cant conditions of contribute to contribute	O 36. IF I ON	Due to  Due to	ons-that directly case ogy. DO NOT ABBR COLD TO NOT ABBR	sed the death.  REVIATE. Enter  e of):  te of):  tying cause gives  42 days of death ys to 1 year beforest year  RY (e.g., Deceded)	DO NOT enter only one cause on cause on cause only one cause on cause only one cause only one cause on cause on cause on cause	33. 34. THI 7. MANNER ( Natural O Accident D Suicide	WAS AN AUT WERE AUTOE E CAUSE OF I OF DEATH  Homicide Pending I Could not restaurant; w	TOPSY PERF( es O No DPSY FINDING DEATH? O  Investigation be determined proded area)  Ip Code: ANSPORTATIO Operator Ger Inian	ORMED?  SS AVAILABLE TO C  Yes D No  41. INJURY AT W  U Yes D No
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Be Co	Indecessary.  IMAMEDIATE CAUSE (Find disease or condition — resulting in death)  Sequentially list condition if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST  PART II. Enter other signification in death LAST  DEATH?  J. Yes Probat  No Unknown  38. DATE OF INJURY (Mo/Day/Yr) (Spell Mo  42. LOCATION OF INJURY Street & Number:  43. DESCRIBE HOW INJ	cant conditions of the control of th	Ontributing to dea	pue to Due to Du	ons-that directly case only. DO NOT ABBR CALL ALL CALL CALL CALL CALL CALL CALL	sed the death. REVIATE. Enter 6 of:  e of:  te of:  ying cause giver  42 days of death ys to 1 year beforest year  RY (e.g., Decedent and manner state lime, date, and join, death occur	n in PART I.  3 h h re death ent's home; co	33. 34. TH. AANNER (  Accident  D Suicide Instruction site	WAS AN AUT WERE AUTO DE CAUSE OF I DE Homicide Dending is Could not restaurant; w  Z  44. [F TR Dedest Dedest Dedest Dedest	TOPSY PERF(  'es   DNo  PPSY FINDING  DEATH?   D  Investigation  be determined  rooded area)  ip Code:  NNSPORTATI  Operator  ger  rian  Specify)	ORMED?  SS AVAILABLE TO C  Yes □ No  41. INJURY AT W  □ Yes □ No

Historically, additional information is defined as information gathered as a result of queries to the physician, results of investigations by coroners or other officials, traffic accident reports, etc. The SuperMICAR Additional Information screen is used for these and other types of data.

Al includes any information or changes of information made to the original certificate. Preserving the original death certificate information is important; therefore, any changes to that information is made on the Additional Information Screen. These changes can be made in several different places for several different reasons.

It is important to remember that SuperMICAR will process only the information on the A.I. screen if an A.I. entry for a particular certificate exists. This means for any certificate that has both original information and additional information, changes to the original certificate will have no effect on SuperMICAR's attempts to match causes of death to their medical entity reference numbers. Only those changes made on the A.I. certificate will be processed. For certificates with no A.I., the data on the original certificate is processed.

# **Accessing the Additional Information Screen**

Each record in a SuperMICAR file can have two separate screens of information associated with it. The first screen, the Certificate Information screen, should contain the cause of death data as it appeared on the death certificate. Theoretically, certified copies of the death certificate information could be taken from this screen. The second screen, the Additional Information (A.I.) screen, contains the overriding information that will be processed by SuperMICAR.

To access A.I. an screen, first navigate to the associated record/certificate. From there, press {F9} to view A.I. the` screen associated with that certificate. Even from the A.I. view, it is not possible to jump directly to a new A.I. record - to find a different A.I. record. First, close any currently-open A.I. screen by pressing {Esc} and then navigate to the desired certificate in normal edit view or use {F3} to go to the next original certificate that has an A.I. record. Press {F9} to see the associated A.I. screen for that certificate. In standard edit certificate view, if a particular certificate has associated A.I., a red indicator will appear in the status bar along the bottom of the screen,

The information on the A.I. screen may be different than that on the Certificate Information screen in cases where information needs to be added to the record as the result of queries. Changes in the record may also be required to assist the SuperMICAR processor in assigning Entity Reference Numbers to the medical conditions on the record. For most records, SuperMICAR will process the original information as it appears on the Certificate Information screen. When the A.I. screen is first invoked, the information from the original screen is copied onto the new screen. After this, the A.I. screen will always retain the changes made to it separately from the Certificate Information Screen.

**NOTE:** Once a record has an associated A.I. certificate, changes cannot be made to the original certificate. SuperMICAR will not allow it.

#### **Adding Certificates with AI**

- 1. Access the Certificate Information Screen for the desired certificate.
- 2. Press {F9}. "Edit Certificates Additional Information" will appear in the title bar at the top of this new screen. When the Additional Information Screen initially appears, the data from the Certificate Information Screen will be copied onto the A.I. Screen.
- 3. Enter additional information. The parameters for field data are the same for A.I. records as for original certificate records. See Appendix A, SuperMICAR Hotkey List for keys used on the A.I SCREEN and their functions.
  - a. If "pneumoconiosis" is listed on the death certificate and the decedent's occupation is "coal worker" "or coal miner," or "miner," enter COAL WORKERS PNEUMOCONIOSIS.

- Additional information (A.I.) may be attached to the death certificate.
  - 1. If the A.I. states the underlying cause of a specific disease in Part I, the A.I. is considered to be reported on the line below the indicated disease. Adjust all other reported conditions accordingly. For example:
    - I (a) Congestive heart failure
      - (b) Arteriosclerosis
      - (c)
    - (d)
    - Al: The underlying cause of the congestive heart failure was ASHD.

The above should be entered into SuperMICAR as:

- I (a) CONGESTIVE HEART FAILURE
  - (b) ASHD
  - (c) ARTERIOSCLEROSIS
- II<sup>(d)</sup>
- 2. If a disease is modified by A.I., treat the disease as modified by the A.I. where the disease is first reported. For example:

Pneumonia

Al: Lobar pneumonia

The above should be entered into SuperMICAR as:

LOBAR PNEUMONIA

c. If an "amended certificate" is submitted, enter the data on the amended certificate only.

d. When the A.I. indicates the condition for which surgery was performed, enter this condition on the next lower line (in a "due to" position) to the surgery:

#### Example:

- I (a) Coronary occlusion
  - (b) Gastrectomy
  - (c)
- (d)

Ш

Al: Gastrectomy done for Gastric ulcer

#### Enter as:

- I (a) Coronary occlusion
  - (b) Gastrectomy
  - (c) Gastric ulcer
  - (d)
- **II**`
- e. If the surgery is reported in Part II enter the A.I. following the surgery:

# Example:

- I (a) Respiratory arrest
  - (b) Pneumonia
  - (c)
  - (d)

II Úremia, cholecystectomy

AI: Surgery for gallstones

#### Enter as:

- I (a) Respiratory arrest
  - (b) Pneumonia
  - (c)
  - (d)

II Úremia, cholecystectomy for gallstones

f. When A.I. states a specified condition is the underlying cause (U.C.) of death, enter this condition in Part I on the next lower line following the last entry in Part I (in a "due" to position) to the conditions reported on the original death record.

### Example:

- I (a) Cardiac arrest
  - (b) M.I.
  - (c) ASHD
  - (d)

Ш

AI: U.C. was diabetes

#### Enter as:

- I a Cardiac arrest
  - b M.I.
  - c ASHD
  - d Diabetes

 $\parallel$ 

g. When A.I. states the primary site of a malignant neoplasm, enter this condition in a "due to" position to the other malignant neoplasms reported in Part I.

# Example: I (a) Cancer of liver (b) (c) (d) II AI: Colon was primary Enter as:

I a Cancer of liver

b Primary colon cancer

С

d

Ш

## Example:

- I (a) Carcinomatosis
  - (b)
  - (c)
  - (d)

Ш

Al: Prostate was the primary site

# Enter as:

- I a Carcinomatosis
  - b Primary site prostate carcinomatosis

С

d

Ш

h. When the A.I. <u>does not modify</u> a condition on the certificate or <u>does not state</u> this condition is the underlying cause, enter the A.I. as the last condition(s) in Part II.

#### Example:

- I (a) Coronary thrombosis
  - (b) HASCVD
  - (c)
  - (d)
- II Hypertension
- AI: Arteriosclerosis, CVA, old M.I.

#### Enter as:

- I a Coronary thrombosis
  - b HASCVD
  - С
  - d
- II Hypertension; Arteriosclerosis, CVA; OLD MI

### Example:

- I (a) Hip fracture
  - (b)
  - (c)
  - (d)
- II ASHD, dehydration
- AI: Fell at nursing home

# Enter as:

- I a Hip fracture
  - b
  - С
  - d
- II ASHD; dehydration; Fell at nursing home

#### Example:

- I (a) Respiratory failure
  - (b) RDS
  - (c)
  - (d)

Al Twin B

#### Enter as:

I a Respiratory failure

b RDS

С

d

II Twin B

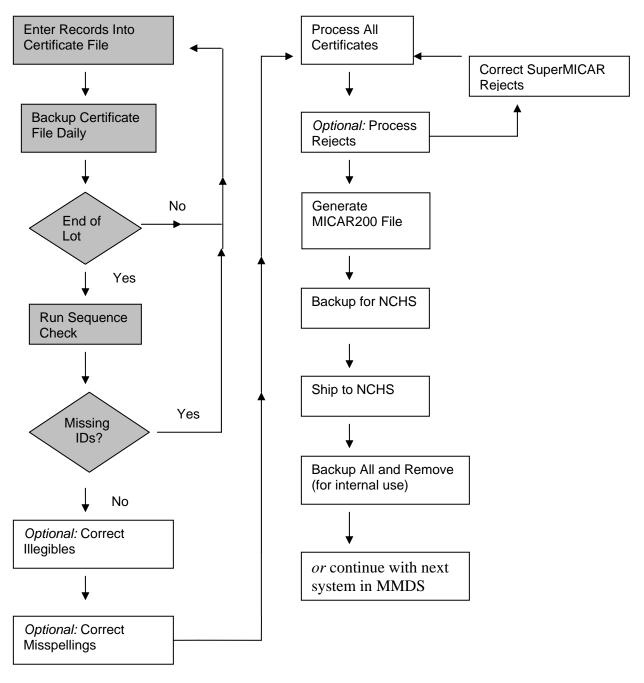
Information on multiple births may appear in the "Name" block or on the side of certificate. Enter as last entry in Part II.

When all of the changes have been made:

- Press {CTRL+ENTER} to save the information, or
- Press {ESC} or {PageDown} to return to the standard certificate view.
   A message box will prompt for saving the AI

After changes have been made and saved on the A.I. SCREEN, subsequent viewing of the A.I. SCREEN will show the additional information.

After data entry is completed, the batch must be processed before the next part of the automated system can be used.



# A. Correcting Illegibles in SuperMICAR

Certificates may fail to process because they contain words that were entered as ILLEGIBLE during data entry. This can be corrected through the use of SuperMICAR's illegibles function. The Illegibles function checks for the word "Illegible(s)" or "Unintelligible(s)" in the cause fields (including Part II), duration fields, and the injury description field. The Illegibles function displays and permits corrections to those records in which illegible words were found. This process should be done by someone more familiar with reading and interpreting cause of death information, e.g., a trained underlying cause of death coder.

- 1. From the main screen, press (Alt+T) to select the **Tools** Menu Option.
- 2. Use the up and down arrow keys to highlight the Illegibles function. Press (ENTER).
- 3. A window will be displayed:
  - a. To check illegibles, press {C}. After checking the illegibles, SuperMICAR will display a report window showing the certificates that contained illegibles. Press {Alt-P} to print this report or {Alt-C} to close the form without printing.
  - b. To edit illegibles, press (E). The edit certificates screen will be displayed for each certificate that contained illegibles. Edit those records to correct the illegible. After the final illegible has been edited, a message box will indicate that the illegibles check is completed. Press (ENTER) to continue.
- 4. The main SuperMICAR screen will be re-displayed.

# **B. Correcting Misspellings in SuperMICAR**

As fields in the certificate edit screen are filled, SuperMICAR automatically checks the spelling of terms and other appropriate fields. If SuperMICAR detects a potential misspelling, the spelling check box is displayed, showing the misspelled word along with a list of the most likely correct word spellings. At that point, there are three choices:

- 1. Press {Accept} to accept the current word as is, with no changes.
- Retype the word in the box and press {Enter} to have SuperMICAR check the new word against the correct word list.
- 3. Choose the correct word spelling from the list of potential matches offered by SuperMICAR.

The spellcheck routine can be run at anytime to check the spelling on EVERY certificate in the current file. To access the spellchecker, first close the Edit Certificate screen by pressing {Esc}, then follow the directions below. When searching for misspellings, SuperMICAR checks the words in the Cause of Death fields Part I, Part II, and the injury description field. To use the SuperMICAR spelling function:

- 1. From the main screen, press (Alt+T) to select the **Tools** Menu Option.
- 2. Use the up and down arrow keys to highlight the Spelling function. Press (ENTER).

- 3. A spelling check box displays each misspelled word and, in the background, the certificate edit screen for that record. The certificate edit screen is shown only to provide a context for the spelling error; all spelling changes must be made in the Spelling Check box itself. For each misspelled word, there are three choices:
  - a. Press {ENTER} to accept the current word as is, with no changes.
  - Retype the word in the box and press {Enter} to have SuperMICAR check the new word against the correct word list.
  - c. Choose the correct word spelling from the list of potential matches offered by SuperMICAR.
- 4. After the final misspelling, a message box will indicate that the spelling check is completed. Press {ENTER} to continue.
- 5. The main SuperMICAR screen will be re-displayed.

# C. Processing Records using SuperMICAR

Processing is how SuperMICAR converts the entered cause of death information into NCHS's Entity Reference Numbers (ERNs). There are two phases of processing in SuperMICAR: Record Processing and Reject Processing. It is intended these two processing operations be performed to insure that the certificate data is processed correctly. The two operations are:

# Record Processing

The first phase of SuperMICAR processing produces output for all certificates in the databases that are perfectly correct. It marks the certificates containing errors as rejects. This process runs in batch mode without user interaction.

#### Reject Processing

The second phase of SuperMICAR processing is an interactive session in which only the rejects from Record Processing are run. A trained MICAR coder can help SuperMICAR processing by changing the data on the certificate using MICAR data entry rules, making additions on the AI screen, or selecting external cause codes from the External Cause prompts. The results of Reject Processing are merged with the results of Record Processing to produce a complete MICAR file. **NOTE:** Proper use of the External Cause Prompts requires special training. If the user has not been trained, the External Cause Prompts should not be used.

Before records can be processed using SuperMICAR, the following actions must have already been performed:

Opening a file (**New** Certificate File or **Open** an Existing File). **Note:** The file must have certificates in it to process.

The user does not need to do anything while the processing is occurring. After the processing is finished, the user can generate a batch error listing and then perform any editing needed to process the rejects.

To process all the records in a file:

- 1. From the main screen, press {Alt+P} to select the Process Menu option.
- 2. Use the up and down arrow keys to highlight the Process All Records function and press {ENTER}.
- 3. A progress bar will be displayed on the screen showing what percentage of the data file has been processed.
- 4. The certificate number for the certificate currently being processed is displayed in the progress dialog box.
- 5. No other activity is needed during processing.
- When the processing is complete, a Processing Results report will be displayed.
  - A. To print out a copy of the Processing Results report, click on the "Yes" button.
  - B. To continue without printing, click on the "No" button or press {ESC}.
- 7. The main screen will be re-displayed.

# **Correcting SuperMICAR Rejects**

Note: Correcting SuperMICAR rejects is an optional step in the process of using SuperMICAR. Correcting rejects requires training - more than just an understanding of basic medical terminology. Correcting SuperMICAR rejects should generally be done by a trained underlying cause coder.

SuperMICAR may reject a record for several reasons. A word may be misspelled, two separate conditions may be listed on a single line with no punctuation between them, or an external cause may be embedded in the record. Unlike ACME, SuperMICAR does not generate messages corresponding to the reason for processing failure. This section provides some general instructions for correcting SuperMICAR records during processing.

#### Two Terms on a Line

If two separate terms appear on a single line with no divider to separate them (a divider can be a punctuation mark or any of several words that indicate a division, such as AND or WITH), they may be processed as a single term and thus produce a reject. In this case, place a semicolon (;) between the two terms and save the certificate. This will solve most problems of this variety.

Example: II. DIABETES MELLITUS END STAGE RENAL DISEASE Enter: DIABETES MELLITUS; END STAGE RENAL DISEASE;

# Misspelling/Unrecognized Terms, Extraneous Information

If a misspelled or unknown term appears on a record, simply type over the old term (toggle between insert and overwrite mode by pressing the {Insert} key) to give the certificate the correct spelling for the term. In other cases, a word may appear that has no significance to a death certificate - such as a person's name or the name of a hospital or city. In these cases, access the Additional Information (AI) screen and delete the unnecessary information. SuperMICAR will process the AI information instead of the original certificate data.

Example: Ib. ARTERIOSCLEROTIC HRT DX

Enter: ARTERIOSCLEROTIC HEART DISEASE or ASHD

#### **Dates and Times**

Under most circumstances, SuperMICAR will automatically pull dates and times from a line and will, under certain circumstances, use them to generate a proper duration for the term. Since dates and times can be written in so many ways, SuperMICAR will sometimes miss a date or time. If this occurs, access the additional information screen for the certificate and remove the date or time from the line. If appropriate, use the deleted date to supply a duration code for the term (if one is not already provided).

Example: II. DIED 25 DAYS AFTER MITRAL REPAIR AND CORONARY

BYPASS SURGERY

Enter: MITRAL REPAIR; CORONARY BYPASS SURGERY

Example: Ib. ESSENTIAL HYPERTENSION 4 YRS

Enter: ESSENTIAL HYPERTENSION and in DURATION block: 4 YRS

### **External Causes**

See Chapter VII for instruction on using prompts.

#### **Multi-Line Terms**

Many certificates contain terms that flow from one line to the next. SuperMICAR makes an attempt to identify these terms and bring them together, but sometimes it fails to recognize the condition. In that case, access the Edit screen for the certificate, position the cursor on the line that should be connected with the previous line, and press {Alt+D} to delete the line number for that line, indicating that the two lines should be considered as one for the purpose of processing it.

# **Two Lines Connected Together**

Because SuperMICAR attempts to connect lines together, it will from time to time connect two lines together that should be left separate. This often occurs when a line is improperly formatted, perhaps ending with a modifier that should be applied to a prior lead term. In these cases, access the Additional Information screen and re-format the first line, putting modifiers preceding the terms they modify. Another situation that may cause lines to run together improperly occurs when the last character on a line is a punctuation mark, such as a comma, semicolon, or period. To correct errors of this variety, simply remove the punctuation mark. (This often occurs when periods are used to divide the letters in an abbreviated term, such as C.O.P.D. The periods are not necessary and can be deleted.)

# **Processing SuperMICAR Rejects**

Before records can be processed, the following actions must have already been performed:

Opening a file (New Certificate File, or Open an Existing File).

The file must have been processed already (see SuperMICAR Processing: An Overview).

Please note that the file must have certificates in it to process.

**Note**: Processing SuperMICAR rejects is an <u>OPTIONAL</u> step of SuperMICAR processing, and should not be performed by anyone who is not at least a trained UC (Underlying Cause) coder.

In Processing Rejects, SuperMICAR will stop the processing whenever a term that it cannot translate is encountered. At the user's option, the user may edit the cause of death information and process the rejected record again.

NOTE: This function cannot be used until the Process All Records Function has been used. See Correcting SuperMICAR Rejects for more details. The details of Processing Rejects are as follows:

- 1. From the main screen, press {Alt+P} to select the Process menu option.
- 2. Use the up and down arrow keys to highlight the Process Rejects Function and press {ENTER}.

- 3. A progress bar will be displayed on the screen showing what percentage of the data file has been processed.
  - a. When SuperMICAR finds a mismatch or an error, a message window will be displayed. To make a correction, press {Y}. To accept the error as correct and continue with the processing, press {N}. To cancel editing of the error and return to processing, press {ESC}. To exit without any further processing, press {Y}.
  - b. If the {Y} key is pressed to make corrections, the user will be returned to the Certificate Information screen (refer to <u>Adding</u> <u>Certificates</u>, for a description of the Certificate Information screen) or the Additional Information Screen, whichever is most appropriate. Refer to <u>Editing Additional Information</u> for a description of the Al screen. SuperMICAR will fill the fields on the screen with certificate information. Make changes to the fields as described in <u>ENTERING</u> AND SAVING CERTIFICATE DATA.
  - c. When {F6} is pressed after a {Y}, a Processed Output screen will be displayed (if the reject is found on a certificate with no AI). Press {ESC} to return to the Enter Certificate Information screen.

# A. INSTRUCTIONS FOR IDENTIFYING, STANDARDIZING AND ENTERING EXTERNAL CAUSES (PROMPTS)

External causes include deaths involving motor and other vehicles, boats, aircraft, falls, fires, natural and environmental factors, firearms and machinery. Typically, when an injury is reported on a certificate or when accident, suicide or homicide is indicated, a separate description of the circumstances causing the injury (external cause) will be found.

Because of the difficulty of interpreting external causes, Appendix H is organized in the form of programmed instruction tutorials, referred to as "prompts," that lead the SuperMICAR data entry operator to include and to arrange properly only the information relevant to MICAR. Reference numbers are provided for each component of the external cause phrase and when strung together, uniquely identify the combination of components for a given external cause. External cause information may be reported in Part I, Part II, and/or in the space provided for "How injury Occurred." The prompts are entered in the data entry position corresponding to the location where the information regarding the external cause is first mentioned.

The following example illustrates a certificate that requires the use of prompts:

- I (a) Crushed skull
  - (b) Fracture of arm
  - (c) Car hit bridge

Place of Injury: highway

### How injury occurred:

Driver lost control and passenger thrown from the car and killed when car hit bridge.

The external cause information relevant to the MICAR system is that a car hit an object on the highway and that the victim was a passenger. This information combines the entry reported in Section I on line (c) and the data reported in "How Injury Occurred" block. This entry will be made on the AI screen using {F9}. Prompts can only be entered on the AI screen.

The ">" (greater than) symbol is used to indicate the beginning of the prompt. If the data entry operator is using the SuperMICAR Data Entry System, entering ">>" will call the prompts to the screen. After all questions pertinent to the specific prompt have been entered, the PC will return to the original screen. If the prompts are being used manually, the data entry operator will turn to the first page of Appendix H in this manual after entering the ">" and follow the instructions given there. The word "STOP" will indicate that all pertinent information has been entered.

In the above illustration, the external cause information is first reported on line (c) (or line 3) in Part I; therefore, ">" or ">>" is entered at this position of the MICAR input record. The first information to be determined is the type of external cause involved, which is "TRANSPORTS" based upon the information "car hit bridge." If the prompts are being used manually, the data entry operator is instructed to refer to Appendix H.

#### TRANSPORT: B

1. Type of vehicle:

Motor Vehicle Designed Primarily for On-road Use:

Enter **01** Automobile (car, minivan, minibus)

2. Location of transport at the time of the accident:

Enter **01 On highway** (Being driven on, left, ran off: highway, street, road, military reservation, alley, Route #, roadway)

3. Had a collision with:

3a. Collision with

Enter 66: Object normally on highway (Tree, bridge,

abutment, overpass, ditch, post, guardrail, mailbox,

weight station, welcome center)

3b. Location of transport at time of collision

Enter 01 ON HIGHWAY

4. Other circumstances

4a. Involving vehicle

Enter 01 LOSS OF CONTROL OF VEHICLE

(DERAILMENT, OVERTURNED, SKIDDED, RAN

OFF ROAD)

4b. Involving victim

Enter **08** THROWN FROM

5. Decedent Information:

5a. Status of decedent

Enter **02 PASSENGER** 

5b. Decedent was occupant of which vehicle

Enter **01** Automobile (car, minivan, minibus)

The correct entry in standardized MICAR nomenclature will look like:

>B0101660101080201.

When using prompts, note the following:

The set of reference numbers for the external cause must be preceded by the ">" symbol and the category letter, e.g. >M0104," or by entering ">>" and using the drop down menu. Enter the symbol for that category and follow questions for that category.

- 2. The prompt must be entered on the AI screen, {F9}, where the first mention of the external cause is reported, whether in Part I, Part II or in the space provided for "How Injury Occurred."
- 3. All information used in the prompt must be deleted from the Al certificate. Terms that imply both injury and external cause are listed in Appendix G. These terms should not be deleted.

Example: I (a) Pneumonia

(b) Hip Fracture

(c)

(d)

II How injury occurred: Fall on Stairs, Fracture

Go to Al Screen (F9)

Add Prompt in How injury occurred block and delete external information.

I a Pneumonia

b Hip Fracture

С

d

II How Injury Occurred: >002; Fracture

4. Prompts may be entered during initial data entry or during SuperMICAR reject processing. Since the system does utilize some prompts (gunshots, falls, and drownings), adding prompts during reject review will lessen the number of prompts required.

Example

I (a) Hip Fracture, Contusion

(b) Fall

How injury occurred: Fell down stairs, Head Injury

Go to Al Screen (F9)

I a Hip Fracture, Contusion

b >002

How injury occurred: Head Injury

5. If an injury is reported with no description of the circumstances surrounding it, or if the circumstances of the external cause are <u>fully described</u> in the injury (i.e. insect bite), then there is no need to access the external cause prompts.

If uncertain whether a term under consideration should be treated as an injury or external cause, first check Appendix G. If the term is repeated on other lines or in Part II or How injury Occurred, repeat in the position reported. When these terms are the only reported entry or are reported with diseases, with no detailed description of circumstances no reference to the prompts is necessary. If any additional information is mentioned anywhere on the record, a prompt must be used

Examples of terms in Appendix G.

- 1. I (a) Drowning
  - (b)
  - (c)
  - (d)

- 2. I (a) Suffocation
  - (b)
  - (c)
  - (d)
  - II Hypertension, Diabetes

## **B. SUPERMICAR PROMPTS**

The following chart presents the number of questions which are required to generate a complete prompt for each of the 18 categories and the total number of numeric digits that will be in each prompt.

	Content	Questions	Digits
Α	Cataclysmic Events causing any Accident or Injury	1	2
В	Transports	8	16
С	Fire and Flames	6	12
D	Explosions	1	2
Е	Excessive Exposure to Natural and Environmental Factors	1	2
F	Bites, Stings, Poisoning, Reactions to, Other injuries by Animals and Plants	2	4
G	Hot Substance or Object, Caustic or Corrosive Material and Steam	1	2
Н	Electrical Current	1	2
I	Firearms	Do not use I	prompt
J	Exposure to Radiation	1	2
K	Drowning or Submersion with Activities in Water	Do not use K	(prompt
L	Circumstances Involving Suffocation, Strangulation, Obstruction, Aspiration, Choking or Asphyxiation	Do not use L	. prompt
М	Tools, Appliances and Sharp Objects (Includes Lawn Mowers.)	2	4
N	Machinery in Operation	1	2
0	Falling, Diving, Jumping, Pushed	Do not use C	) prompt
Р	Abuse, Assault, Abandonment, Neglect	2	4
Q	Legal Interventions and Operations of War	1	2
R	Other	1	2

s January 2008

#### C. EXAMPLES OF SELECTED PROMPTS

# **Prompt - Transports**

#### **Example 1**

- I (a) Blunt Impact of head
  - (b)
  - (c)
  - (d)

Ш

How injury occurred: Bicyclist struck by a motor vehicle Place of injury: Street

- 1. Enter as stated on certificate without prompt
- 2. Change to Al screen {F9}
- 3. Screen will appear red by default (can be changed in options) with already entered information
- 4. Add prompt using ">>" and the drop down menu or ">" and the prompt from Appendix H, where external cause is first stated.
- 5. Use all information on certificate to enter prompt
- 6. Delete any information used in prompt (See list of terms not to be deleted in Appendix G)

Note: For all certificates with prompts repeat Steps 1 - 6

Completed AI Certificate will read:

- I (a) Blunt impact to head
  - (b)
  - (c)
  - (d)

Ш

How injury occurred: >B5701060199069957

#### **Example 2**

- I (a) Pneumonia
  - (b) Fractures of Pelvis and femur
  - (c) MVA
  - (d)

II Intra-abdominal injuries

How injury occurred: Hit by truck while walking across the roadway.

Completed AI Certificate will read:

- I a Pneumonia
  - b Fractures of pelvis and femur
  - c >B02016503990607SS

d

II Intra-abdominal Injuries

How injury occurred:

### **Example 3**

- I a Multiple Fractures and Lacerations
  - b Blunt trauma of head, torso, extremities
  - c Motor Vehicle collision with tree

d

How injury occurred: Driver of jeep which left road

Completed AI certificate will read:

- I (a) Multiple fractures and Lacerations
  - (b) Blunt trauma of head, torso, extremities
  - (c) >B0101660201990101
  - (d)

How injury occurred:

#### **Example 4**

- I (a) Multiple fractures and visceral injuries
  - (b) Blunt impact injuries of head, neck and chest
  - (c) Auto versus tractor trailer accident
- II Subdural Hematoma

How injury occurred: Driver of car in collision, crushed

Place of Injury: Route 66

Completed AI certificate will read:

- I a Multiple fractures and visceral injuries
  - b Blunt impact injuries of head, neck and chest
  - c >B0101040199990101
- II Subdural hematoma

How injury occurred: Crushed

# **Prompt - Fire and Flame**

# **Example 5**

- I (a) Smoke Inhalation
  - (b)
  - (c)
  - (d)

II Third degree burns of body

How injury Occurred: House fire (Space heater ignited chair)

Completed AI certificate will read:

- I a Smoke Inhalation
  - b
  - С
  - O

II Third degree burns of body

How injury occurred: >C55SS01019930

#### **Example 6**

- I (a) Asphyxia
  - (b) Smoke Inhalation
  - (c) Third degree burns
  - (d) Clothing caught fire; Third Degree Burns

How injury occurred: Caught fire from standing too close to a candle

Place of injury: Home

Completed AI certificate will read:

- I a Asphyxia
  - b Smoke Inhalation
  - c Third degree burns
  - d >C20SS01022330; Third Degree Burns

How injury occurred:

# **Prompt – Others**

# Example 7

- I (a) Crushed chest
  - (b) Car fell on him
  - (c)
  - (d)

How injury occurred: Car fell on him while he was working under it.

Completed AI certificate will read:

- I a Crushed chest
  - b >R01

## **Example 8**

- I (a) Cardiac arrest
  - (b) Head wound
  - (c) Struck by falling tree
- II Fractured skull

How injury occurred: Struck by tree limb while trimming tree.

Completed AI certificate will read:

- I. a. Cardiac arrest
  - b. Head wound
  - c. >R01
- II. Fractured skull

# **Multiple Prompts On One Certificate**

It is possible to have more than one prompt on a record; however, this is the exception rather than the rule. To determine which prompt to use when it appears more than one prompt is reported, always check the excludes/includes notes under each of the prompts.

#### A. CATACLYSMIC EVENTS CAUSING ANY ACCIDENT OR INJURY

(Cataclysmic event <u>must</u> <u>be</u> in progress at time of accident and be a direct cause of the injury)

**Excludes**: (1) An injury caused by fall of tree or other object, caused by lightning. Reselect R.

- (2) Lightning resulting in fire. Reselect C.
- (3) A transport accident involving a collision with landslide or avalanche. Reselect B.

**Includes**: A transport washed off the road by storm

#### C. FIRE AND FLAMES

**Excludes:** Fire caused by transport accident. Reselect B.

**D. EXPLOSIONS** (Burned by, blistered by, knocked down by, fell because of)

**Excludes:** (1) An explosion involving a transport. Reselect B.

(2) An explosion involving machinery. Reselect N.

# F. BITES, STINGS, POISONING, REACTIONS TO, OTHER INJURIES BY ANIMALS AND PLANTS

**Includes:** Butted by, gored by, pecked by, stung by, bitten by, run over by, stepped on by, fallen on by, kicked by.

G. HOT SUBSTANCE OR OBJECT, CAUSTIC OR CORROSIVE MATERIAL, AND STEAM (Scalded by, burned by, fell onto)

**Excludes:** Heat caused by a fire. Reselect C.

**H. ELECTRICAL CURRENT** (Burn, cardiac fibrillation, convulsion, electric shock, electrocution, puncture wound, respiratory paralysis)

**Includes:** (1) Transport accidents where victim is clear of vehicle

(2) Machinery contacting electrical current

**J. EXPOSURE TO RADIATION** (Overexposure to, exposure to, burns from, blistering, burning)

**Excludes:** Medical procedures, medical therapy, radiation therapy, etc. Follow

general MICAR data entry rules.

#### K. DROWNING OR SUBMERSION WITH ACTIVITIES IN WATER

(SPORTS, COMMERCE, RESCUE, BATHING) (fell, walked in, while in)

**Excludes:** (1) Accidents involving transports. Reselect B.

(2) Accidents involving machinery. Reselect N.

## M. TOOLS, APPLIANCES, AND SHARP OBJECTS

**Excludes:** (1) Accidents involving broken glass caused by EXPLOSION.

Reselect D.

(2) Accidents involving broken glass caused by discharge of

FIREARM. Reselect I.

**Includes:** Accidents involving lawn mower, powered or unpowered

**N. MACHINERY IN OPERATION** (Overturned, ran over, fell in, fell on, crushed, pinned under, cut by)

**Excludes:** Machinery on traffic way. Reselect B

- **O. FALLING, DIVING, JUMPING, PUSHED** (Fell, fall, dove, diving, jumped, was pushed)
  - **Excludes:** (1) Fall involving vehicles. Reselect B.
    - (2) Fall into fire. Reselect C.
    - (3) Fall onto/into hot liquid or hot object. Reselect G.
    - (4) Fall involving drowning. Reselect K.
    - (5) Fall onto/into sharp objects or broken glass. Reselect M.
    - (6) Fall involving Machinery. Reselect N.
    - (7) Tripping or stumbling without mention of fall. Reselect R.

# P. ABUSE, ASSAULT, ABANDONMENT, NEGLECT

**Excludes:** Transports. Reselect B.

#### R. Other

# **Example 9**

- I (a) Drown (b) (c)
  - (d)

II.

How injury occurred: Fell into river while white water rafting

Completed AI certificate will read:

- I (a) Drown
  - (b)
  - (c)
  - (d)

Ш

How injury occurred: >B3008SSSS99099930
This record has one prompt only. Both the K prompt and the O prompt exclude accidents involving transports (white water rafting is a type of transport).

# **Example 10**

- I (a) Hemorrhagic Shock
  - (b) Internal Hemorrhage, massive
  - (c) Stab wounds of Left chest and abdomen
  - (d)
- II None

How injury occurred: Beaten and Stabbed by assailants

Completed AI certificate will read:

- I a Hemorrhagic Shock
  - b Internal Hemorrhage, massive
  - c Stab wounds of left chest and abdomen

d

II None

How injury occurred: >P0399; stabbed

# **Example 11**

- I (a) Hemorrhagic shock
  - (b) Hemothorax right side of heart
  - (c) GSW of chest
  - (d)
- II None

How injury occurred: Shot with revolver in chest during attack with knife by burglar. Stabbed

Completed AI certificate will read:

- I a Hemorrhagic shock
  - b Hemothorax right side of heart
  - c GSW of chest
- II None

How injury occurred: Shot; >I0505; >M0104; Stabbed

# D. Exercise 4: Entering External Cause Prompts

In the exercise, create a new file and enter the following records. After the records have been entered, do a sequence check to determine that all 42 have been entered (See page 110-151).

File Name: TEST004

Header Information:

Shipment Number: 004
Lot Number; 0004
Section Number: 1

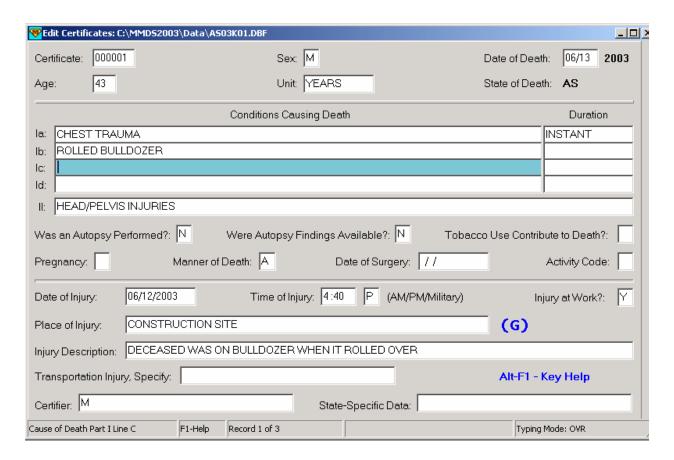
Data Year: 2006

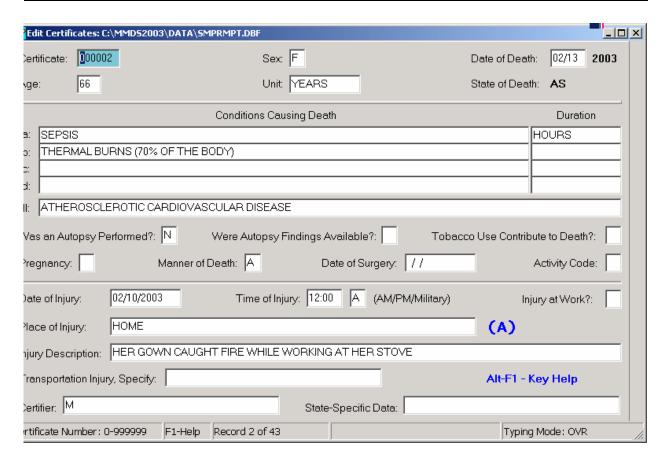
State Code: AL (or post office abbreviation for any

state)

Coder Status: 1

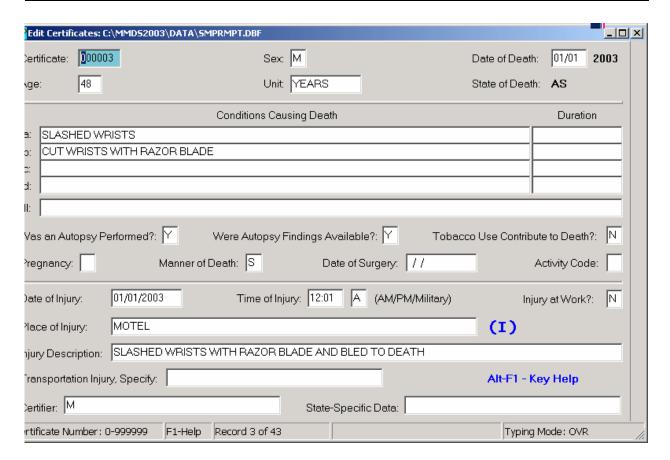
<u>Use current date and year for date of death and date of injury for all certificates</u>

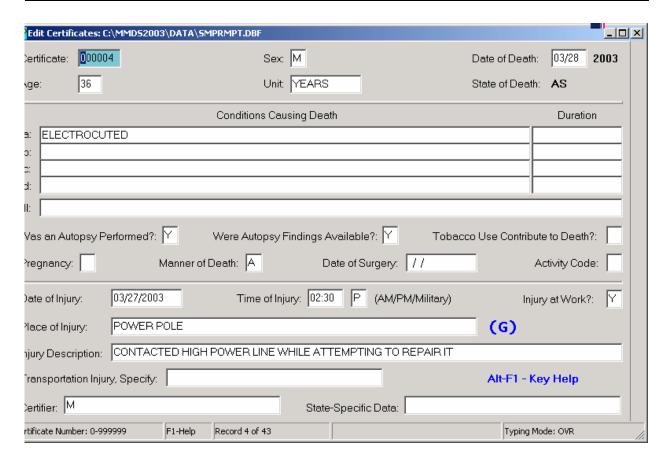


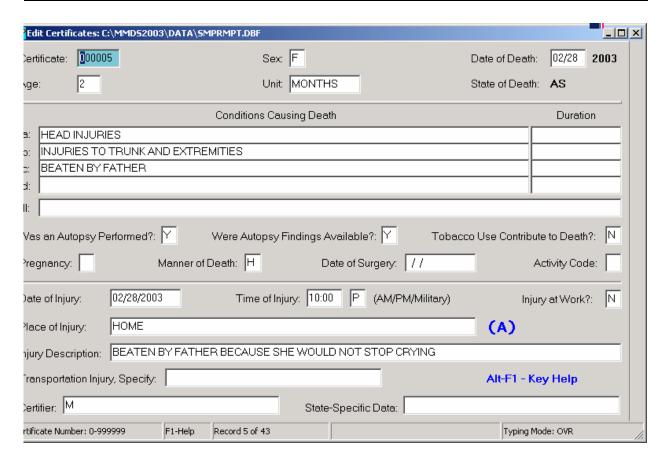


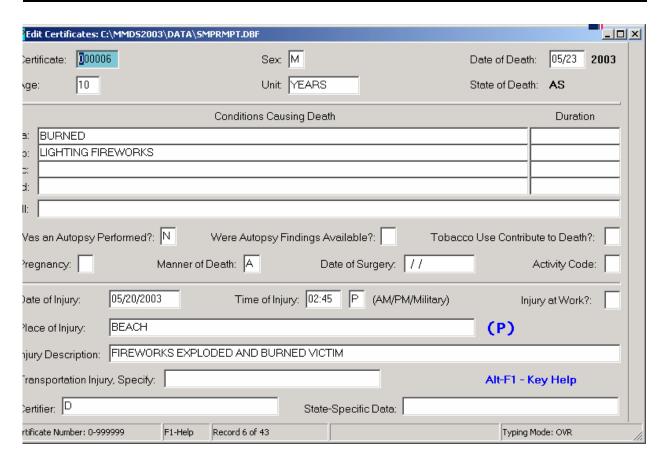
#### **Certificate 2**

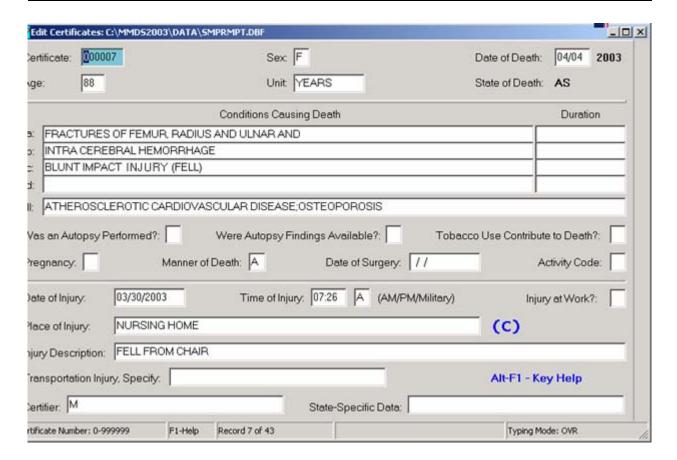
2s





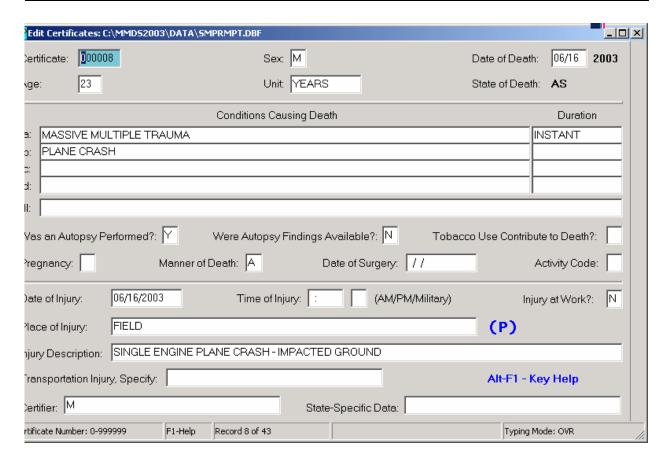


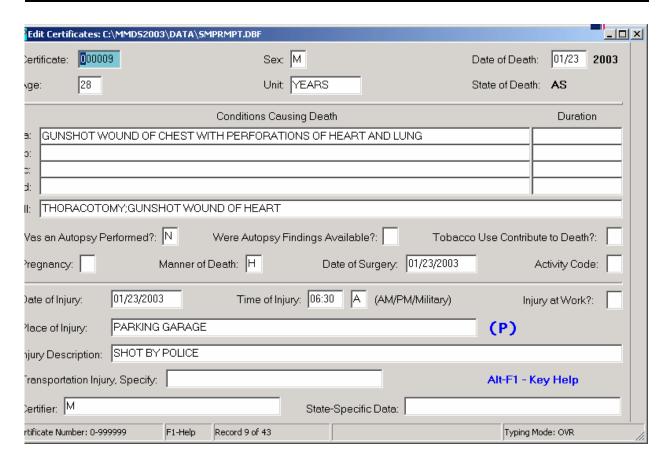


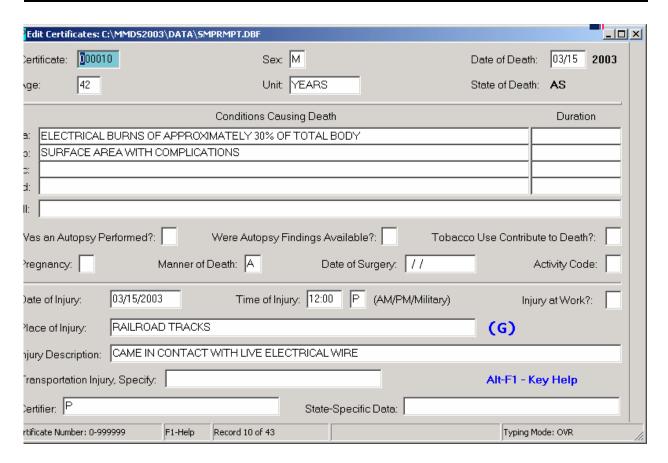


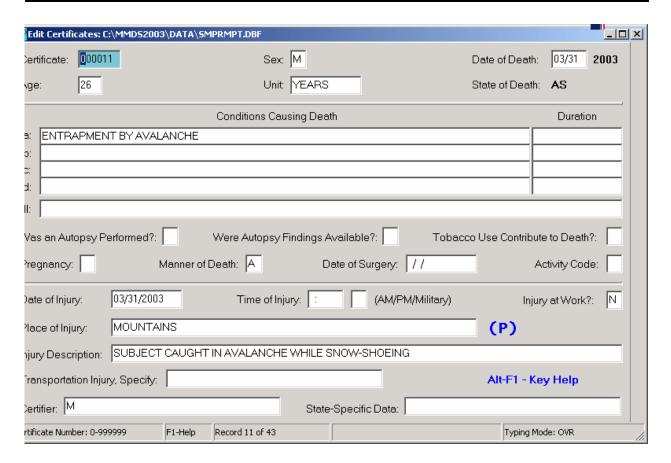
#### **Certificate 7**

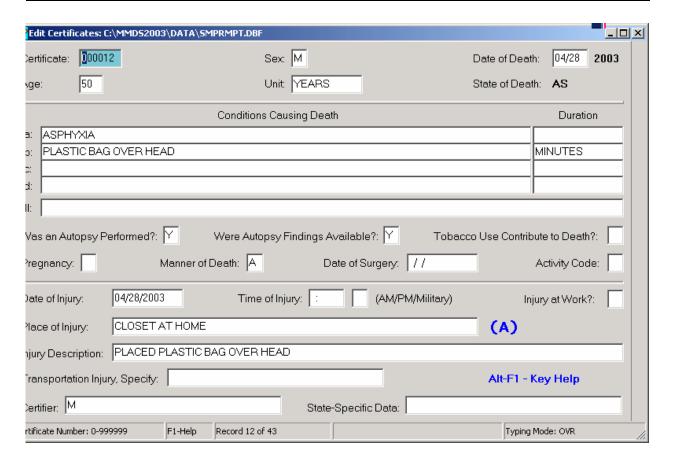
2s

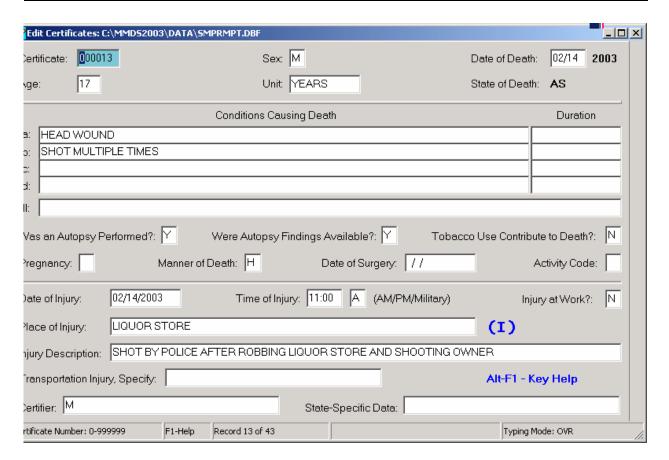


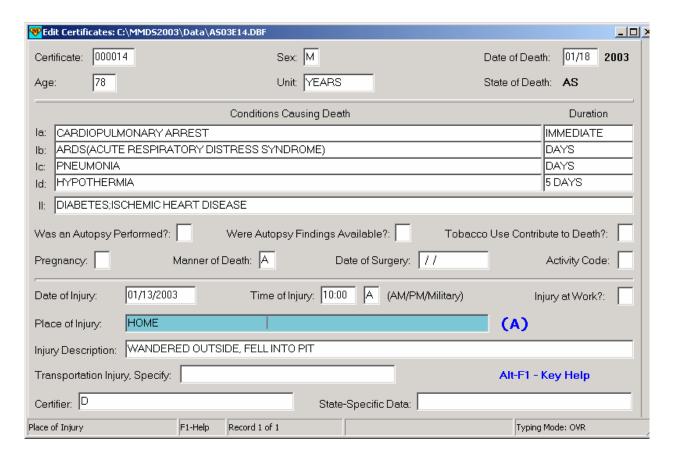


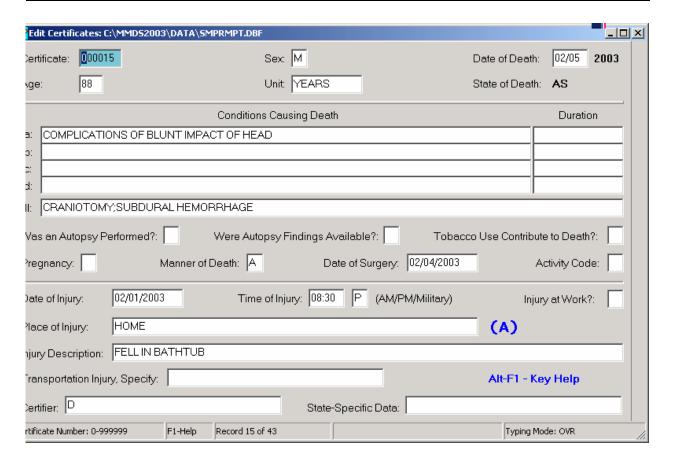


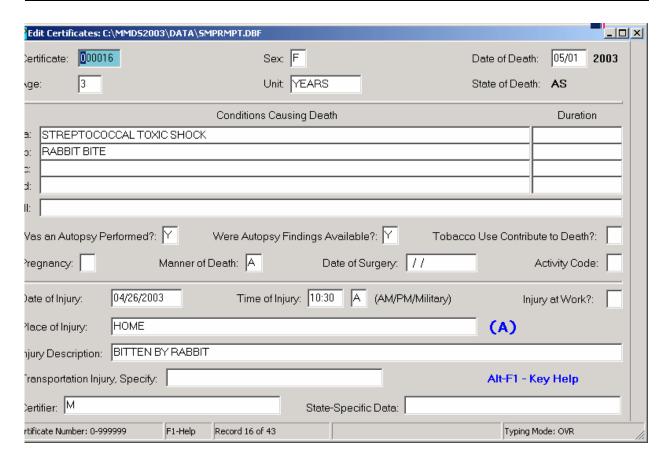


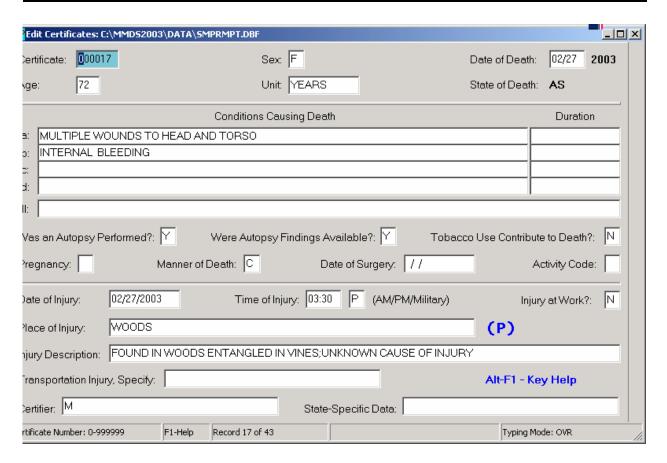


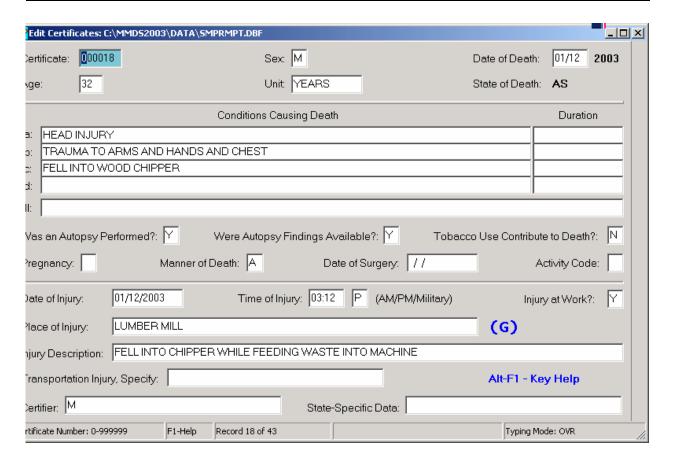


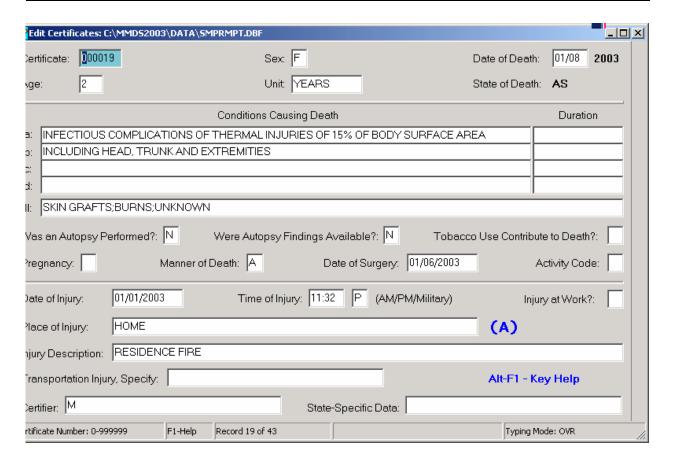


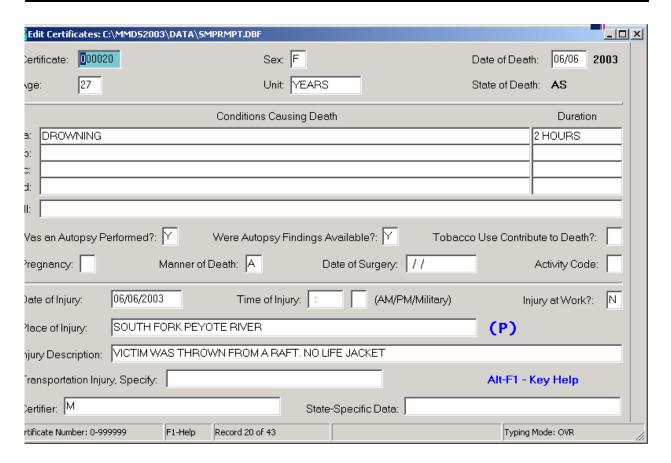


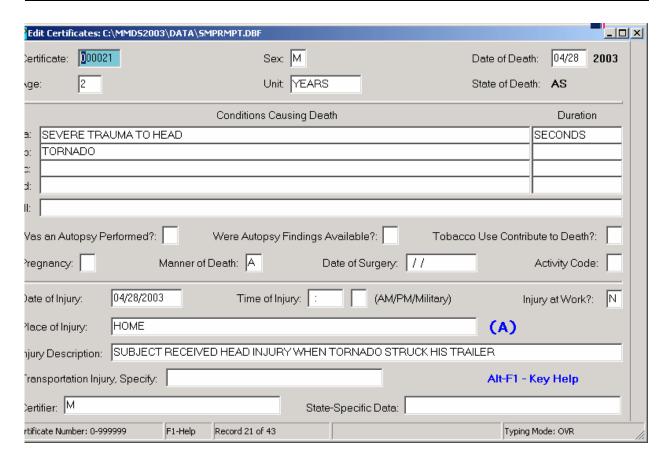


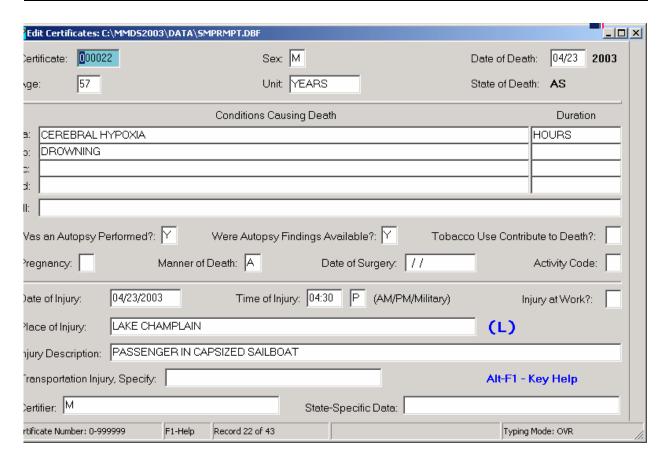


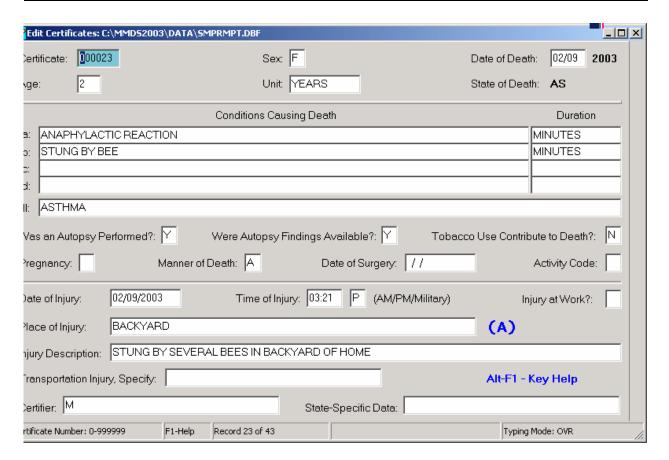


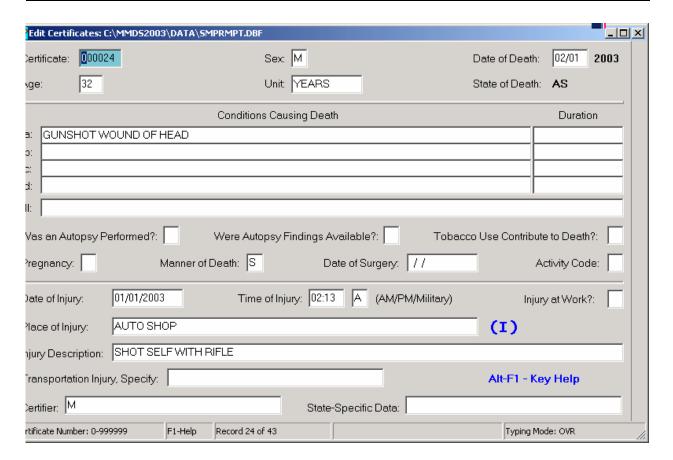


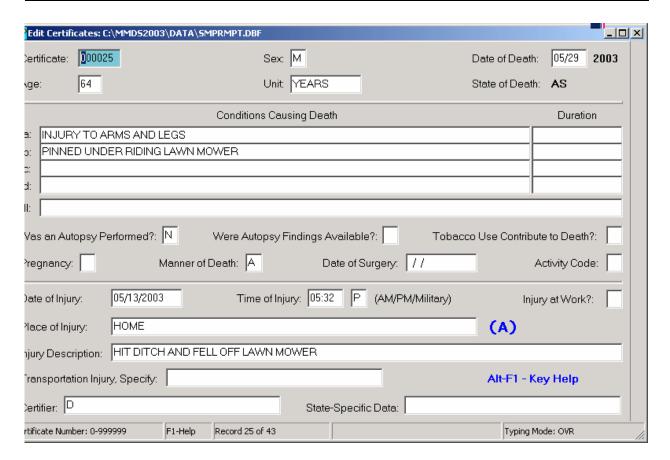


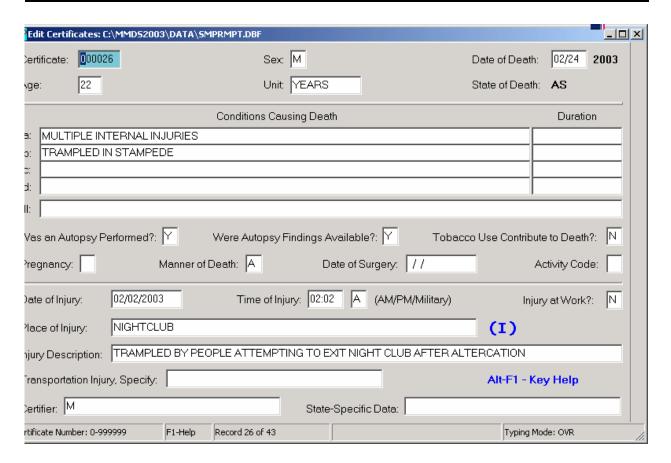


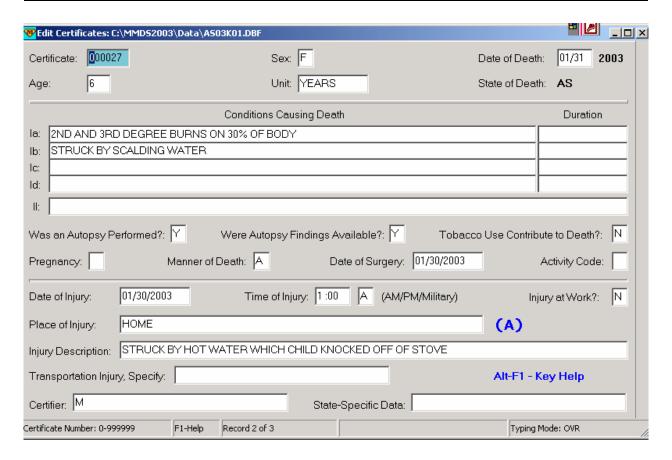


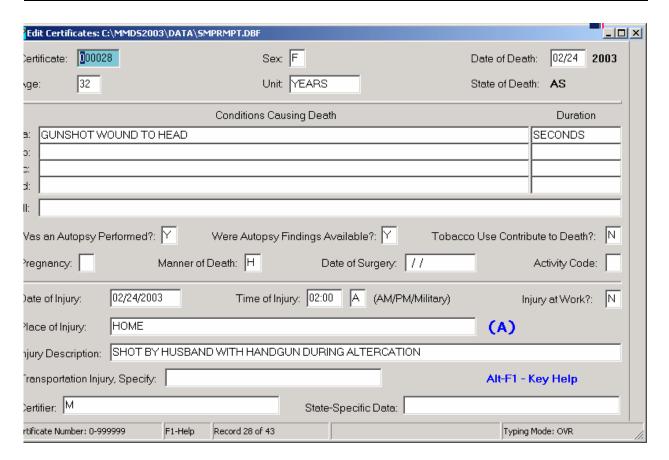


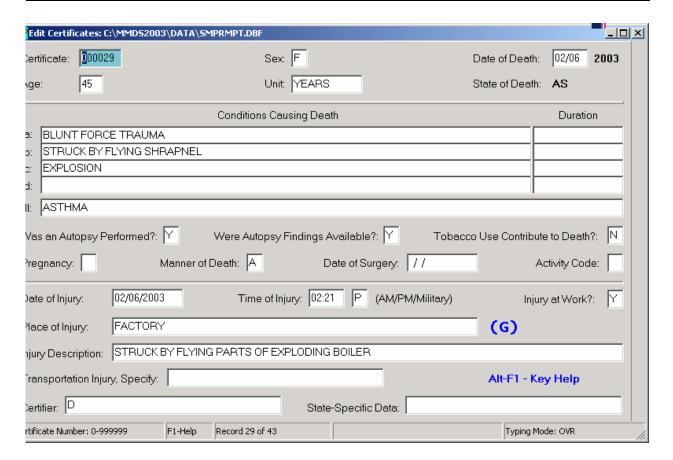


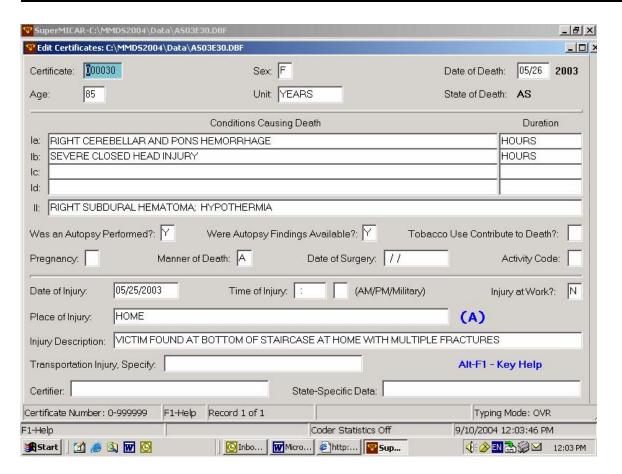


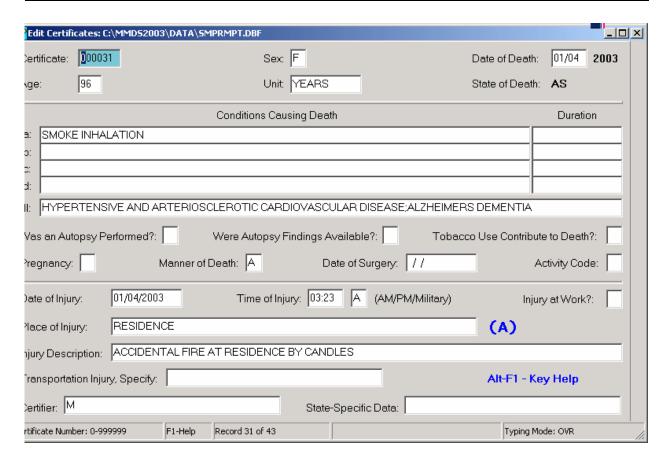


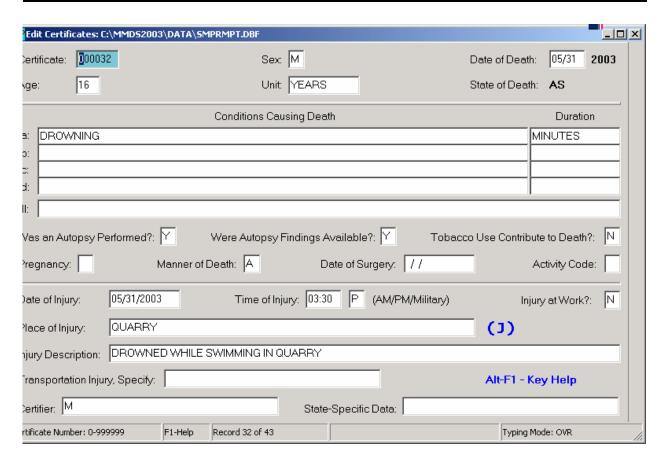


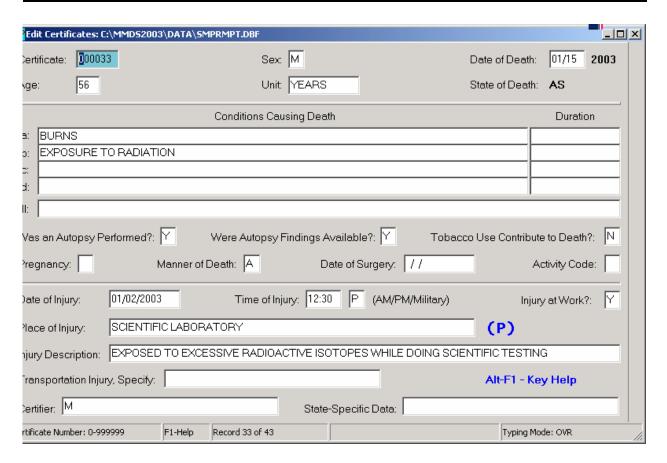


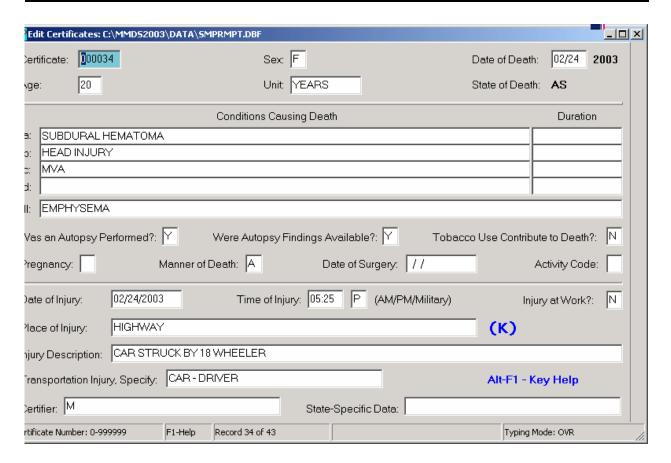


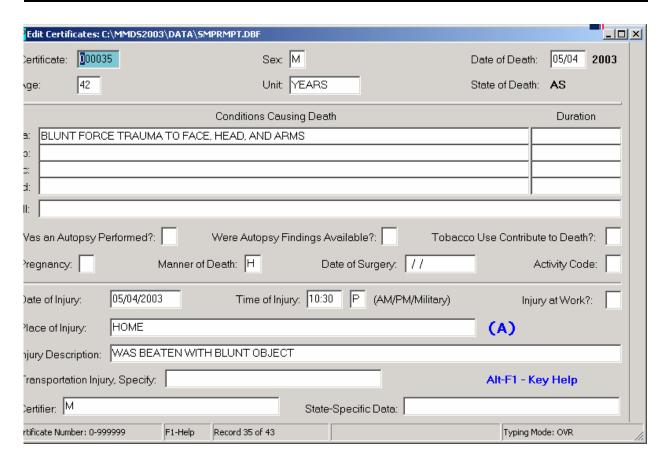


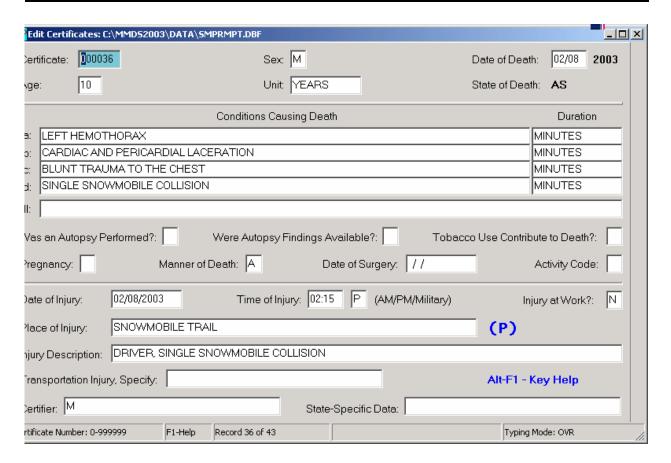


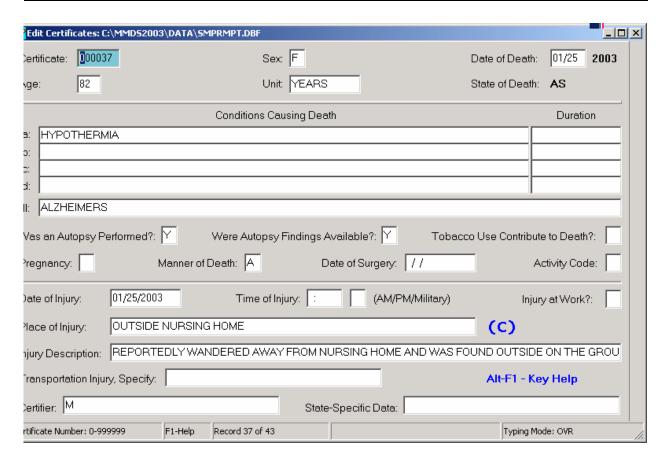


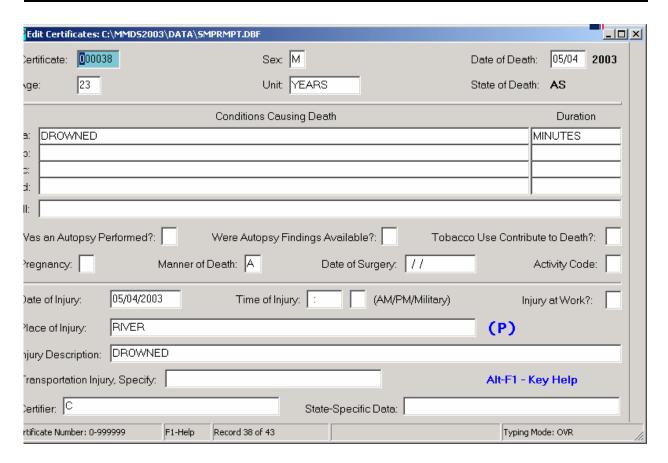


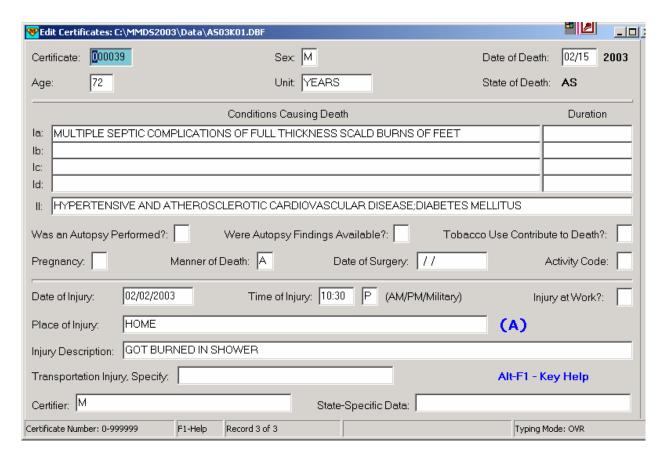


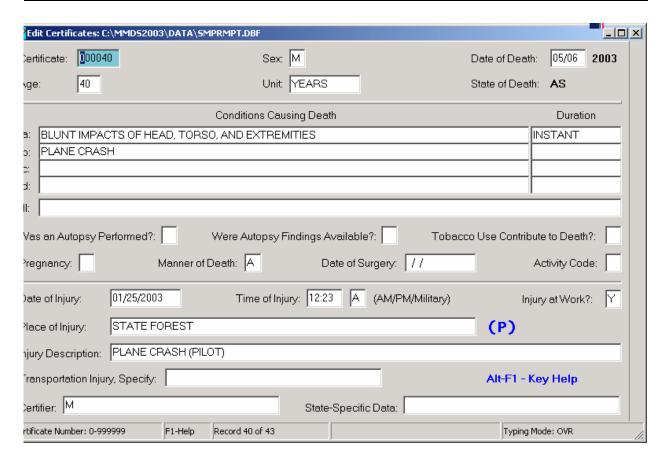




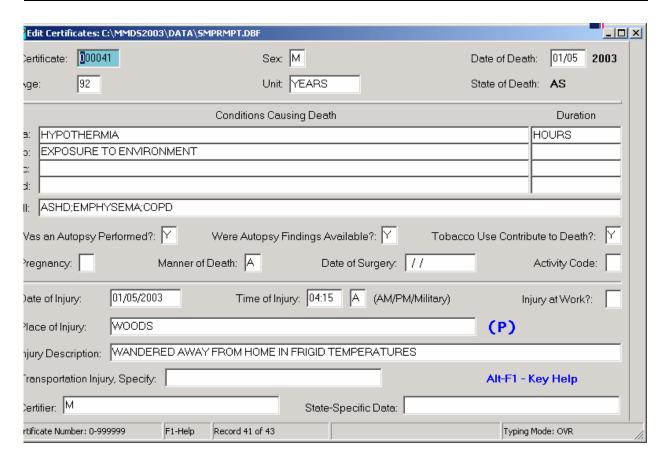


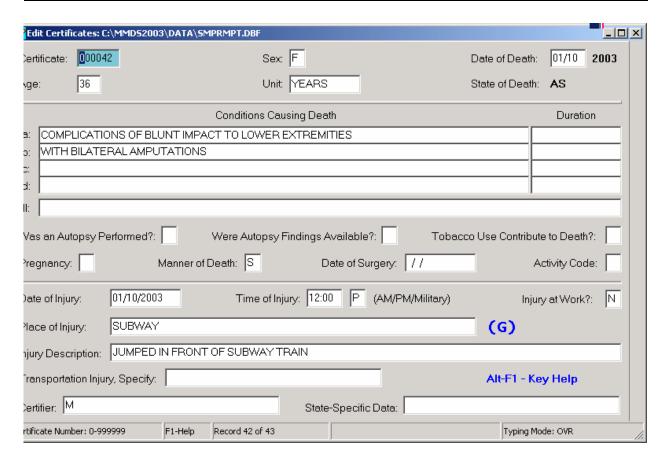






150





APPENDIX A HOT KEY LIST

# **Hotkeys Accessible from Main Screen**

File: New Ctrl + F2

Open F2

Close Ctrl + F4
Import Shift + F8
Export Shift +F7
Delete Ctrl + D
Restore Alt + F8
Exit Alt + X

Edit: Certificates F4

Delete Certificate F8

Process: All Records Ctrl + P

View/Reports: Print All Certificates F7

Al Certificate Listing Ctrl + A

Backup: All Alt + F7

Tools: Sequence Check Ctrl + S

Filter Ctrl + FBuild ARJ File Ctrl + AChange Certificate Digits Ctrl + CCreate QC Sample with AIN File Ctrl + Q APPENDIX A HOT KEY LIST

# **Hotkeys Accessible from Certificate Edit Screen**

Help (context) F1 Function Key List Alt + F1Next AI Certificate F3 Find Certificate F5 Show Processed Info F6 **Print Certificate** F7 F8 **Delete Certificate** Additional Information (AI) F9 Go to Part I Alt + 1Go to Part II Alt + 2Go to State-Specific Data Alt + SGo to Certifier Field Alt + C Mark Out (Due To) Alt + DIncomplete Alt + IWipe Field Alt + W End Editing/Adding Alt + F9End Editing/Adding Esc Beginning of Field Home End of Field End

Next Field Tab, *or* Enter, *or* Down Arrow

Previous Field Shift + Tab, or Up Arrow

First Field Ctrl + Home
Last Field Ctrl + End
Next Record Page Down
Previous Record Page Up

First Record Ctrl + Page Up
Last Record Ctrl + Page Down

# APPENDIX B QUICK START FOR SuperMICAR DATA ENTRY

## 1. SuperMICAR

Tools, Options Verify Data and Backup Paths

Data: C:\2003MMDS\DATA
Table: C:\2003MMDS\TABLE
Backup: C:\2003MMDS\BACKUP

• File, New Enter File name, must be exactly 7 characters

long. Click on OK after name is entered.

Click on YES to create the file.

## **Supply Header Information**

Shipment Number: ----- 3 alpha-numeric characters (alpha in

first position only)

Lot Number: ----- 4-digit numeric

Section Number: ----- 1 digit numeric

Data Year: Year of death, 4 characters

State Code: State code – alpha abbreviation FL,

MO, DC, etc.

Code Status: ----- Single digit

Click OK when all information is entered.

## **APPENDIX B**

# QUICK START FOR SuperMICAR DATA ENTRY

• File, Certificates ----- Enter information from each

certificate. After entering first

certificate number, the number will increment by one each subsequent

certificate.

Tools, Sequence Check Determine completeness of file. If

records are missing, return to date

entry for correction.

Tools, Illegible Select CHECK

Must have original document to

make corrections.

{Page-Down} to move to next record

after correction.

• Tools, Spelling Use original document to make

corrections.

Process all records. Close information screen when complete (no need to print).

Process, Generate MICAR200 File Select <u>All</u> (Not edited)

Select OK if message appears that file already

exists

File, close

• File, exit (Or use {ESC} key)

Answer YES to exit

program

# **GEOGRAPHIC JURISDICTION CODES**

State	<u>Alpha</u>	<u>State</u>	<u>Alpha</u>
Alabama	AL	Nebraska	NE
Alaska	AK	Nevada	NV
Arizona	AZ	New Hampshire	NH
Arkansas	AR	New Jersey	NJ
California	CA	New Mexico	NM
Colorado	CO	New York	NY
Connecticut	CT	New York City	YC
Delaware	DE	North Carolina	NC
District of Columbia	DC	North Dakota	ND
Florida	FL	Ohio	OH
Georgia	GA	Oklahoma	OK
Hawaii	HI	Oregon	OR
Idaho	ID	Pennsylvania	PA
Illinois	IL	Puerto Rico	PR
Indiana	IN	Rhode Island	RI
Iowa	IA	South Carolina	SC
Kansas	KS	South Dakota	SD
Kentucky	KY	Tennessee	TN
Louisiana	LA	Texas	TX
Maine	ME	Utah	UT
Maryland	MD	Vermont	VT
Massachusetts	MA	Virginia	VA
Michigan	MI	Virgin Islands	VI
Minnesota	MN	Washington	WA
Mississippi	MS	West Virginia	WV
Missouri	MO	Wisconsin	WI
Montana	MT	Wyoming	WY
American Samoa	AS		
Guam	GU		
Northern Mariana Islands	MP		
Puerto Rico	PR		
Virgin Islands (US)	VI		

Following is a list of symbols and their meanings commonly used in the Cause of Death sections of a death certificate. This list is for use with **Adding Certificates**, pg. 26

- # "Fracture." Substitute for the word "fracture." Example: For "Leg #," type "LEG FRACTURE."
- Uecreased." Substitute for the word "decreased." Example: For "
  ↓ blood pressure," type "DECREASED BLOOD PRESSURE."
- 1 "Increased." Substitute for the word "increased." Example: For "1 hemorrhaging," type "INCREASED HEMORRHAGING."
- 01 "Hour." Substitute for the word "Hour." Example: For " 0/1 type "1 HOUR."
- "Secondary to." Substitute for the words "secondary to."
   Example: For "Pneumonia 00/11 Gunshot wound," type
   "PNEUMONIA SECONDARY TO GUNSHOT WOUND."
- 1° "Primary." Substitute for the word "primary." Example: For "1° colon cancer," type "PRIMARY COLON CANCER."
- 2° "Secondary to." Substitute for the words "secondary to."
  Example: For "Pneumonia 2° cardiorespiratory infection," type
  "PNEUMONIA SECONDARY TO CARDIORESPIRATORY
  INFECTION."
- "With." Substitute for the word "with." Example: For "Heat stroke c Myocardial infarction," type "HEAT STROKE WITH MYOCARDIAL INFARCTION."
- "After." Substitute for the word "after." Example: For "Spontaneous bleeding p tracheal tube removal," type "SPONTANEOUS BLEEDING AFTER TRACHEAL TUBE REMOVAL."

- "Without." Substitute for the word "without." Example: For "Three weeks s taking medication," type "THREE WEEKS WITHOUT TAKING MEDICATION."
- w/ "With." Substitute for the word "with." Example: For "Heat stroke w/ myocardial infarction," type "HEAT STROKE WITH MYOCARDIAL INFARCTION."

If this <b>TERM</b> is on a certificate k	ey this <b>ABBREVIATION</b>
Abdominal aortic aneurysm	AAA
Above Knee Amputation	
Acquired Immunodeficiency Syndrome	
Acquired Immune Deficiency Sy	
Acquired Immunity Deficiency S	
Acute Myocardial Infarction	<del>-</del>
Acute Renal Failure	
Adenocarcinoma	ACA
Adult Onset Diabetes Mellitus	
Adult Respiratory Distress Syndrome	
Alcohol	
Alcoholism	
Alzheimer's type senile dementia	SDAT
Amyotrophic Lateral Sclerosis	
Arteriosclerosis	AS
Arteriosclerosis Obliterans	ASO
Arteriosclerotic Cardiovascular Disease	ASCVD
Arteriosclerotic Cardiovascular Renal Diseas	se ASCVRD
Arteriosclerotic Coronary Artery Disease	ASCAD
Arteriosclerotic Coronary Disease	ASCD
Arteriosclerotic Coronary Heart Disease	
Arteriosclerotic Heart Disease	
Arteriosclerotic Hypertensive Cardiovascular	Disease ASHCVD
Arteriosclerotic Hypertensive Heart Disease.	ASHD
Arteriosclerotic Hypertensive Vascular Disea	se AHVD
Arteriosclerotic Peripheral Vascular Disease	ASPVD
Arteriosclerotic Vascular Disease	ASVD
Arteriosclerotic Vascular Heart Disease	ASVHD
Asphyxiation	ASPH
Aspiration	ASPIR
Atherosclerosis	AT
Atherosclerotic Cardiovascular Disease	ATCVD
Atherosclerotic Coronary Artery Disease	ATCAD
Atherosclerotic Heart Disease	ATHD
Atherosclerotic Vascular Disease	ATVD

If this <b>TERM</b> is on a certificate	key this ABBREVIATION
Atrial Fibrillation	AF
Below Knee Amputation	
Benign Prostatic Hypertrophy	
Breast Adenocarcinoma	
Breast Carcinoma	
Bronchogenic Carcinoma	
Bronchopneumonia	
Bundle Branch Block	
Cancer	CA
Carcinomatosis	CSS
Cardiac Arrest (this can never be Carcino	ma) CAR
Cardiac Arrhythmia	· ·
Cardiac Failure	CFA
Cardiomyopathy	CMY
Cardiopulmonary Arrest	CPAR
Cardiopulmonary Failure	CPFA
Cardiorespiratory Arrest	CRAR
Cardiorespiratory Failure	CRFA
Central Nervous System	CNS
Cerebral Hemorrhage	CERHEM
Cerebral Infarction	CERI
Cerebral Thrombosis	CERT
Cerebrovascular	CERV
Cerebrovascular Disease	CERVD
Chronic Brain Syndrome	CBS
Chronic Obstructive Airway Disease	COAD
Chronic Obstructive Lung Disease	COLD
Chronic Obstructive Pulmonary Disease .	COPD
Chronic Obstructive Pulmonary Emphyser	ma COPE
Chronic Organic Brain Syndrome	COBS
Chronic Renal Failure	
Coal Worker's Pneumoconiosis	CWP
Colon or Colonic Adenocarcinoma	CADENO
Colon Carcinoma	COLCAR
Congestive Heart Failure	CHF
Coronary Arteriosclerosis	CORAS

key this ARREVIATION

If this <b>TERM</b> is on a certificate	key this ABBREVIATION
Coronary Artery Bypass Graft	CABG
Coronary Artery Bypass Surgery	
Coronary Artery Disease	
Coronary Heart Disease	
Cytomegalovirus	
Decubitus Ulcer	
Deep Vein Thrombosis	
Dehydration	
Delirium Tremens	
Diabetes	
Diabetes Mellitus	DM
Disseminated Intravascular Coagulation	DIC
Disease	
Edema	ED
Electromechanical Dissociation	EMD
Emphysema	
End Stage Renal Disease	
Fever Unknown Origin	FUO
Fracture	FX
Gastric Hemorrhage	GHEM
Gastrointestinal	GI
Gastrointestinal Hemorrhage	GIHEM
Gastroesophageal	GE
Generalized	
Gunshot Wound	GSW
Heart Failure	HFA
Hemorrhage (Never for Hemorrhagic!)	
High Blood Pressure	
Human Immunodeficiency Virus	
Hyaline Membrane Disease	
Hypertension	
Hypertensive Arteriosclerotic Cardiovascu	
Hypertensive Arteriosclerotic Heart Diseas	
Hypertensive Arteriosclerotic Vascular Dis	
Hypertensive Heart Disease	
Hypertensive Vascular Disease	HVD

If this TERM is on a certificate .....key this ABBREVIATION

Influenza	. FLU
Insufficiency	. INSUF
Insulin Dependent Diabetes	. IDDI
Insulin Dependent Diabetes Mellitus	. IDDM
Intraventricular Hemorrhage	. IVH
Ischemic Heart Disease	
Left	. LT
Left Bundle Branch Block	. LBBB
Left Lower Lobe	. LLL
Left Middle Lobe	. LML
Left Upper lobe	. LUL
Liver Cancer	. LIVCA
Liver Carcinoma	. LIVCAR
Liver Cirrhosis	. LIVCIR
Lower Lobe	. LL
Lung Adenocarcinoma	. LADENO
Lung Cancer	. LCA
Lung Carcinoma	. LCAR
Lupus Erythematosus	. LE
Malignant	
Malignant Hypertension	. MALHTN
Malnutrition	
Metastatic (this is the <u>only</u> acceptable abbreviation for this)	
Metastases (this is the only acceptable abbreviation for this)	
Metastasis (this is the only acceptable abbreviation for this)	
Metastatic Adenocarcinoma	
Metastatic Breast Carcinoma	
Metastatic Bronchogenic Carcinoma	
Metastatic Cancer	
Metastatic Carcinoma	
Metastatic Lung Cancer	
Metastatic Lung Carcinoma	
Metastatic Prostate (or Prostatic) Carcinoma	
Mycobacterium Avium Intracellulare	
Myocardial Infarction	
Negative	. NEG

If this <i>TERM</i> is on a certificatekey this <i>ABBREVIATION</i>
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Non Insulin Dependent Diabetes (Also- NIDD)	NIDDI
Non Insulin Dependent Diabetes Mellitus	NIDDM
Open Reduction Internal Fixation	
Organic Brain Syndrome	
Ovarian Carcinoma	
Pancreatic Carcinoma	PANCAR
Patent Ductus Arteriosus	. PDA
Peripheral Vascular Disease	PVD
Pneumonia	
Post Operative	.PO
Prematurity	PREM
Prolonged Prothrombin Time	. PPT
Prostatic Cancer	
Prostatic Carcinoma	PRCAR
Pulmonary	PUL
Pulmonary Embolism	PULEM
Renal Failure	
Respiratory	RESP
Respiratory Arrest	
Respiratory Distress Syndrome	RDS
Respiratory Failure	RFA
Rheumatic Heart Disease	RHD
Right	.RT
Right Bundle Branch Block	RBBB
Right Lower Lobe	RLL
Right Middle Lobe	RML
Right Upper Lobe	RUL
Ruptured Abdominal Aortic Aneurysm	RAAA
Septicemia	SEPT
Sick Sinus Syndrome	SSS
Small Bowel Obstruction	SBO
Stab Wound	SW
Staphylococcal, Staphylococcus	STAPH
Status Post	
Stomach Carcinoma	STCAR
Streptococcal, Streptococcus	STREP

# If this TERM is on a certificate .....key this ABBREVIATION

Sudden Infant Death	
Sudden Infant Death Syndrome	
Syndrome of Inappropriate Diuretic Hormone	SIADH
Systemic Lupus Erythematosus	SLE
Transient Ischemic Attack	TIA
Transitional Cell Carcinoma	TCC
Transurethral Resection	TUR
Transurethral Resection Prostate	TURP
Tuberculosis (Note- also TBC)	TB
Unknown	UNK
Upper Gastrointestinal	
Upper Lobe	UL
Urinary Tract Infection	
Venereal Disease	VD
Ventricular Fibrillation	VF
Week or Weeks	WK

A - ABSTINENCE

ABDOMEN ABUSE ABDOMINAL ABUSED ABDOMINALGIA ABUSER

ABDOMINALIS ACANTHOLYSIS
ABDOMINIS ACANTHOSIS
ABDOMINOCENTESIS ACCELERATED

ABDOMINOPERINEAL ACCESS
ABDOMINORECTAL ACCESSORY
ABDOMINOSIGMOIDAL ACCRETA
ABDOMINOTHORACIC ACCRETIO
ABDOMINOVESICAL ACEPHALIA
ABDUCTION ACEPHALIC
ABERRANT ACCEPHALISM

ABERRATION ACEPHALUS
ABLATIO ACEPHALY
ABLATION ACETABULAR
ABNORMAL ACETABULUM

ABNORMALITIES ACETAMINOPHEN

ABNORMALITY ACETONE
ABORTION ACETONEMIA
ABORTUS ACETYLENE

ABOVE ACETYLSALICYLIC

ABRASION ACHALASIA

ABRASIONS ACHLORHYDRIC
ABRUPTIO ACHONDROPLASIA
ABRUPTION ACHONDROPLASTIC

ABS ACHYLIA ABSCESS ACID

ABSCESSED **ACIDEMIA ABSCESSES** ACIDITY ABSENCE ACIDOPHIL **ABSENT** ACIDOSIS ABSINTHE **ACNITIS** ABSINTHEMIA **ACOUSTIC ACQUIRED** ABSINTHISM **ABSORPTION ACRANIA** 

ACROCEPHALY ACRODERMATITIS

ACROMEGALIA ADENOSQUAMOUS

ACROMEGALY
ACROMIAL
ACROMICRIA
ACROMICRIA
ACROMIOCLAVICULAR
ACROMION
ACROMION
ACROPATHY
ACROSCLERODERMA
ADENOVIRAL
ADHERNT
ADHESION
ADHESIONS
ADHESIVE
ADIPOSIS
ADIPOSITY

ACROSCLEROSIS ADMINISTRATION

ACTERYL ADNEXA ACTINIC ADRENAL

ACTINOBACTER ADRENALECTOMY
ACTINOBACTERIAL ADRENALITIS
ACTINOMYCOSIS ADRENITIS

ACTINOMYCOTIC ADRENOCORTICAL

ACTION ADRENOCORTICOTROPHIC

ACTIVE ADRENOGENITAL

ACTIVITY ADRIAMYCIN

ACTUALLY ADULT

ACUTE ADVANCED
ADAIR ADVENTITIAL
ADAMS ADVERSE

ADDICTION ADVIL ADDISON ADVIL

ADDISON ADYNAMIC
ADDISONIAN AERATION
ADDISONS AEROBACTER

ADENITIS AEROBIC

ADENOCANCER AEROGENES
ADENOCARCINOMA AEROSOL

ADENOCARCINOMATOSIS AERUGINOSA

ADENOCYSTIC AFFAIR

ADENOFIBROMA AFFECTING
ADENOID AFFECTIVE
ADENOIDECTOMY AFFERENT

ADENOIDS AFIBRINOGENEMIA

ADENOMA AGE ADENOMATOID AGED

ADENOMATOUS AGENESIS

ADENOPATHY ADENOSARCOMA

AGALACTIA AGAMMAGLOBULINEMIA

AGANGLIONIC ALKASE

AGANGLIONOSIS

AGENT AGGLUTININ AGGRAVATED

AGGRESSIVE

AGING AGITANS AGITATION AGNOGENIC AGONAL

AGORAPHOBIA

AGRANULOCYTIC

AGRANULOCYTOSIS

AGYRIA
AILMENT
AIRWAY
AIRWAYS
AKINETIC
ALACTASIA
ALACTASIS

ALBA ALBERS ALBERTINI

**ALBICANS** 

**ALBRIGHT** 

ALBUMIN ALCOHOL ALCOHOLIC ALCOHOLISM

ALDRICH ALEUKEMIC

ALEXANDERS

ALIMENTARY ALIMENTATION ALKALEMIA

ALKALI

ALKALINE ALKALOSIS

ALKASELTZER

ALKERAN ALLERGIC ALLERGY ALLOGRAFT ALOPECIA ALPHA

ALPORTS ALTERED ALUMINUM ALVAREZ ALVEOLAR

ALVEOLARCAPILLARY

ALVEOLI
ALVEOLITIS
ALVEOLUS
ALZHEIMER
ALZHEIMERS
AMANTADINE
AMAUROSIS
AMAUROTIC
AMBLYOPIA
AMBULATE

AMEBIC AMELOBLASTOMA

**AMERICAN** 

AMINOGLYCOSIDE AMINOPHYLLINE AMIODARONE AMITRIPTYLINE

AMMONIA AMNESIA

**AMNIOCENTESIS** 

AMNION AMNIONITIS AMNIOTIC

AMOBARBITAL

AMOXAPINE ANDERSENS AMOXICILLIN ANDERSONS

AMPHETAMINE ANEMIA AMPICILLIN ANEMIC

AMPULLA
AMPULLARY
AMPUTATED
AMPUTATION
AMPUTATIONS
AMPUTATIONS
AMPUTEE
AMPUTEE
ANENCEPHALY
ANENCEPHALY
ANESTHESIA
AMPUTEE
ANESTHETIC

AMYELENCEPHALUS ANEURYSM AMYELIA ANEURYSMAL

AMYLOID ANEURYSMECTOMY

AMYLOIDOSIS ANEURYSMS
AMYOPLASIA ANGIITIS
AMYOTONIC ANGINA
AMYOTROPHIA ANGINAL

AMYOTROPHIC ANGIOBLASTIC
AMYOTROPHY ANGIOBLASTOMA
ANAEROBIC ANGIODYSPLASIA
ANAFRANIL ANGIOEDEMA

ANAL ANGIOENDOTHELIOMATOSIS

ANALBUMINEMIA ANGIOGRAM ANALGESIA ANGIOGRAPHY

ANALGESIC ANGIOIMMUNOBLASTIC

ANALGESICS ANGIOMA

ANALYSES ANGIOMATOSIS

ANALYSIS ANGIOMYOSARCOMA

ANAPHYLACTIC ANGIONEUROSIS
ANAPHYLACTOID ANGIONEUROTIC
ANAPHYLAXIS ANGIOPATHY

ANAPHYLAXIS
ANGIOPATHY
ANAPLASTIC
ANGIOPATHY

ANASARCA ANGIOSPASM ANASTOMIC ANGIOSPASTIC

ANASTOMOSIS ANGLE

ANASTOMOTIC ANGULATION ANCIENT ANHYDRATION

ANHYDREMIA ANTICOAGULANTS
ANICTERIC ANTICOAGULATION
ANITRATUM ANTICONVULSANT
ANKLE ANTIDEPRESSANT
ANKLES ANTIDEPRESSANTS

ANKYLOPOIETICA ANTIDIURETIC ANKYLOSED ANTIFREEZE ANKYLOSING ANTIGEN

ANKYLOSIS ANTIHISTAMINE

ANNULAR ANTIINFLAMMATORY
ANNULOPLASTY ANTINEOPLASTIC
ANNULUS ANTITHROMBIN

ANOMALIES ANTITOXIN
ANOMALOUS ANTITRYPSIN
ANOMALY ANTITUMOR
ANORECTAL ANTONS

ANORECTUM ANTRAL
ANOREXIA ANTRECTOMY

ANOXEMIA ANTRITIS

ANOXEMIC ANTROGASTRIC

ANOXIA ANTRUM
ANOXIC ANURIA
ANTAGONIST ANURIC
ANTECUBITAL ANUS
ANTEPARTUM ANXIETY

ANTERIOLATERAL AORTA
ANTERIOR AORTAILIAC

ANTERIOSEPTAL AORTIC

ANTERO AORTICOPULMONARY

ANTEROLATERAL AORTITIS
ANTEROSEPTAL AORTO

ANTEVERSION AORTOBIFEMORAL

ANTHONYS AORTOCAVAL

ANTHRACOSILICOSIS
ANTHRACOSIS
ANTIBIOTIC
ANTIBODIES
AORTOCORONARY
AORTOCUTANEOUS
AORTOCEMORAL

ANTIBODIES AORTOFEMORAL ANTIBODY AORTOGRAM ANTICOAGULANT AORTOILIAC

AORTOJEJUNAL ARACHNITIS

AORTOPLASTY ARACHNODACTYLY

AORTOPOPLITEAL ARACHNOID

AORTOPULMONARY ARACHNOIDITIS

AORTORENAL ARCH AORTOSAPHENOUS AREA

APATHETIC AREGENERATIVE

APEPSIA AREOLA

APERTA ARHINENCEPHALY

APERTS ARIAS APERTURES ARM

APEX ARMENIAN

APGAR
APHAGIA
APHASIA
APHASIC
APHEMIA
APHONIA
APHONIA
ARRHYTHMIC
ARRHYTHMIC

APICAL ARRILLAGA
APLASIA ARSENIC
APLASTIC ARSENICAL
APNEA ARSENISM

APNEIC ARTERIAL

APOCRINE ARTERIECTASIS

APONEUROSIS ARTERIES
APOPLECTIC ARTERIO

APOPLECTIFORM ARTERIOCAPILLARY

APOPLEXIA ARTERIOCARDIORENAL APOPLEXY ARTERIOFIBROSIS

APPENDAGE ARTERIOGRAM
APPENDAGE ARTERIOGRAPHY

APPENDECTOMY ARTERIOGRAPHY
APPENDICEAL ARTERIOLAR

APPENDICITIS ARTERIOLES
APPENDIX ARTERIOLITIS

APPETITE ARTERIOLONEPHROSCLEROSIS

APPREHENSION ARTERIOLOSCLEROSIS
APPREHENSIVE ARTERIOMESENTERIC

APRAXIA ARTERIONEPHROSCLEROSIS

AQUEDUCT ARTERIOOCCLUSIVE

ARTERIOPATHIC ASPHYXIATING
ARTERIOPATHY ASPHYXIATION
ARTERIORENAL ASPIRATED
ARTERIOSCLEROSIS ASPIRATION
ARTERIOSCLEROTIC ASPIRATIONAL

ARTERIOSOLEROTIO

ARTERIOSOLEROTIO

ARTERIOSEPTAL

ASPIRIN

ASPLENIA

ASTLENIA

ASTLENIA

ARTERIOVASCULAR

ARTERIOVENOUS

ARTERIOVENTRICULAR

ARTERIOVENTRICULAR

ASTHMATICULAR

ARTERITIS
ARTERY
ASTROBLASTOMA
ARTHRITIC
ARTHROFIBROSIS
ARTHROPATHY
ARTHROPIA STY
ASYMMETRIC
ASYMMETRICAL

ARTHROPLASTY ASYNERGIA
ARTHROSIS ASYNERGY
ARTHUS ASYSTOLE
ARTIFICIAL ASYSTOLIC
ARYTENOID ATAXIA

ASBESTOS

ASBESTOSIS
ASCARIASIS
ASCENDING
ASCHOFFS
ATELOCARDIA
ATELOMYELIA
ATHEROGENESIS

ASCITES ATHEROMA

ASCITIC ATHEROMATOSIS
ASEPTIC ATHEROMATOUS
ASIAN ATHEROSCLEROSIS
ASIDEROTIC ATHEROSCLEROTIC

ASPERGILLOMA
ASPERGILLOSIS
ASPERGILLUS
ASPHYXIA
ASPHYXIAL
ASPHYXIAL
ASPHYXIAL
ASPHYXIATED
ATHETOSIS
ATHLETES
ATHLETES
ATHYREA
ATHYROIDISM
ATHANTO

**ATAXIC** 

ATLANTOAXIAL AUTODIGESTION

ATLANTOOCCIPITAL AUTOERYTHROCYTE

ATLAS AUTOHEMOLYSIS
ATONIA AUTOIMMUNE
ATONIC AUTOINFECTION

ATONY AUTOINTOXICATION

ATOPIC AUTOLYSIS
ATRANSFERRINEMIA AUTOMATISM
ATRESIA AUTONOMIC
ATRIAL AUTOPSY

ATRIOVENTRICAL AUTOSENSITIVITY

ATRIOVENTRICULAR AUTOSOMAL ATRIOVENTRICULARE AUTOSOMES

ATRIUM AUTOTOPAGNOSIA
ATROPHIA AUTOTOXEMIA

ATROPHIC AVASCULAR ATROPHODERMIA AVELLIS

ATROPHODERWIA

AVELLIS

AVELLIS

AVELLIS

AVELLIS

AVIAN

AVELLIS

AVIAN

ATTACKS AVIUM ATTEMPT AVULSION

ATTEMPTED AXIAL
ATTENDANCE AXIALIS
ATTENDING AXILLA
ATTENTION AXILLARY
ATTRITION AXILLO

ATYPICAL AXILLOFEMORAL

AUDITORY AXIS
AURA AXON
AUREUS AYALAS
AURICLE AYERZA
AURICLES AYERZAS
AURICULAR AZOTEMIA

AURICULOVENTRICULAR AZYGOS

AUSTIN
AUSTRALIA
B -

AUTISM BABINSKI BABINSKIS

F-8

BABY BASOPHIL
BACILLI BASOPHILISM
BACILLUS BATHYCEPHALY

BACK BATTEN
BACTEREMIA BATTENS
BACTEREMIC BATTERED
BACTERIA BATTEY

BACTERIAL BAUMGARTEN

BACTERIOIDES BEATS

BACTERIUM BECHTEREW

BACTERIURIA BECK

BACTEROIDES
BAD
BEDFAST
BAG
BEDREST
BALANCE
BALL
BALL
BALL
BEDSORE
BALLOON
BEDSORES

BAND
BEE
BANDING
BEER
BANDS
BEHCETS
BANTIS
BELLADONNA

BAR
BARBITAL
BARBITURATE
BARDET
BARBILIM
BELLS
BELLY
BELOW
BENEDIKTS
BENEDIKTS

BARIUM BENIGN
BARRE BENNETTS
BARRETT BENZOCAINE

BARRETTS BENZODIAZEPINE

BARSONY BERNARD BERNHEIMS

BARTHOLINS BERRY
BARTONS BESNIER
BARTTERS BETA

BASAL BEVERAGE
BASALNUCLEAR BIBASILAR
BASE BICUSPID

BASEMENT BIEDL

BASILAR BIELSCHOWSKY

BIEMONDS
BLEACH
BIERMERS
BIFASCICULAR
BIFEMORAL
BIFIDA
BIFIDUM
BLEEDING
BLEEDING
BLEEDING

BIFRONTAL BLIND

BIFURCATION BLINDNESS
BILATERAL BLOCH
BILATERALLY BLOCK
BILE BLOCKAGE
BILIARY BLOCKED

BILIOUS BLOCKING
BILIRUBINEMIA BLOOD

BILLROTH BLOODSTREAM

BILLROTHS BLOODY
BILOBAR BLOOM
BING BLOWOUT

BIOPROSTHETIC BLUNT

BIOPSY
BIPOLAR
BIRTH
BODIES
BIRTH
BODIES

BIRTHWEIGHT BODILY
BITE BODY
BITEMPORAL BOECK
BIVENTRICULAR BOECKS

BJORK BOERHAAVES BLACK BOGAERTS

BLACKFAN BONE
BLADDER BONES
BLADE BONNEVIE
BLALOCK BONY

BLALOCK-TAUSSIG BORDERLINE BLAND BORDETELLA

BLAST BORN
BLASTIC BOTALLI
BLASTOMA BOTH

BLASTOMYCOSIS BOTULISM BLASTOMYCOTIC BOUND

BOUT BROKE
BOUVERET BROKEN
BOUVERETS BRONCHI
BOVINE BRONCHIAL

BOVIS
BOWEL
BOYDII
BRACHIAL
BRACHYCARDIA
BRACHYCEPHALY
BRONCHIOLE
BRONCHIOLE
BRONCHIOLE
BRONCHIOLE
BRONCHIOLITIS

BRADY BRONCHITIS
BRADYARRHYTHMIA BRONCHO

BRADYCARDIA BRONCHOALVEOLAR
BRADYPNEA BRONCHOALVEOLITIS
BRADYTACHYARRHYTHMIA BRONCHOCUTANEOUS
BRAILSFORD BRONCHOESOPHAGEAL

BRAIN BRONCHOGENIC

BRAINSTEM BRONCHOMEDIASTINAL BRONCHOPLEURAL

BRANHAMELLA BRONCHOPLEUROMEDIASTINAL

BRAVAIS BRONCHOPNEUMONIA
BRAZILIAN BRONCHOPNEUMONITIS
BREAKDOWN BRONCHOPULMONARY

BREAST BRONCHOSCOPE
BREASTS BRONCHOSCOPY
BREATH BRONCHOSPASM
BREATHE BRONCHOSPASTIC
BREATHING BRONCHOSTATIC
BREATHLESSNESS BRONCHOSTENOSIS

BREECH BRONCHUS

BRENNEMANNS
BRIGHT
BRONZED
BRIGHTS
BROW
BRITTLE
BROWN
BROAD
BROCAS
BROCAS
BRUGSCHS
BROCK

BROCKS BRUISED BRUISES

BRUISING CAESAREAN

BUBBLY CAFE

BUCCAL CAFFEINE
BUDD CAFFEYS
BUERGERS CAGE

BULB CALCANEUS
BULBAR CALCAREOUS
BULBOURETHRAL CALCEMIA

BULIMIA CALCIFIC

BULLA CALCIFICATION
BULLAE CALCIFIED
BULLOSA CALCINOSIS
BULLOSUM CALCIUM

BULLOUS CALCIURIA
BUNDLE CALCULI
BURDEN CALCULOUS
BURKITTS CALCULUS

BURN CALF

BURNED CALLOSUM
BURNETTS CALORIC
BURNING CALORIE
BURNS CALVARIUM

BURNT CALYX

BURR CAMPYLOBACTER

BURSA CANAL

BURST CANAVANS
BURSTED CANCER
BUSULFAN CANCEROUS

BUTABARBITAL CANDIDA
BUTANE CANDIDAL
BUTTERFLY CANDIDEMIA

BUTTOCK CANDIDIASIS
BUTTOCKS CANNULATION

BYPASS CANTHUS
BYPASSES CAPILLARIES

C - CAPILLARY CAPITELLUM

CACHEXIA CAPLAN CAPOTEN

CAPSULAR CARDIOSCLEROSIS
CAPSULATUS CARDIOSPASM

CAPSULE CARDIOTOMY
CAPSULITIS CARDIOTONIC

CARBAMAZEPINE CARDIOVASCULAR CARBOHYDRATE CARDIOVERSION

CARBON CARDITIS
CARBOXYHEMOGLOBIN CARDIZEM
CARBOXYHEMOGLOBINEMIA CARIES
CARCINOID CARINA

CARCINOMA CARINATUM

CARCINOMATOSIS
CARCINOMATOUS
CARCINOSARCOMA
CAROTID
CARDIA
CARDIAC
CARDIAC
CAROTIDS
CARPAL

CARDIACPULMONARY CARPENTER CARDIALGIA CARPENTERS

CARDIECTASIS CARPUS

CARDIO CARTILAGE CASEOUS CARDIOAUDITORY CARDIOCEREBRAL CASTLEMANS CARDIOCHALASIA CATABOLISM CARDIOCIRCULATORY CATALEPSY CARDIOESOPHAGEAL CATARACT CARDIOESOPHAGUS CATARRHAL CARDIOGENIC CATARRHALIS

CARDIOGENIC CATARRHALIS
CARDIOMALACIA CATASTROPHE
CARDIOMEGALIA CATASTROPHIC
CARDIOMYOPATHY CATATONIA

CARDIONEPHRITIS CATATONIC CARDIONEPHROPATHY CATHETER

CARDIONEPHROSIS CATHETERIZATION

CARDIOPATHY CATTAN

CARDIOPULMONARY CAUDA
CARDIORENAL CAUSE
CARDIORENOVASCULAR CAUSES
CARDIORESPIRATORY CAUSTIC

CAVA CEREBELLUM CEREBRAL

CAVERNOSUM CEREBRALVASCULAR

CAVERNOUS CEREBRI CAVITARY CEREBRITIS CAVITATION CEREBRO

CAVITY CEREBROCEREBELLAR CAZENAVES CEREBROCRANIAL

CEBOCEPHALY CEREBROEMBOLUS

CECAL CEREBROHEPATORENAL

CECECTOMY
CECITIS
CEREBROMACULAR
CECOSIGMOIDAL
CECOSTOMY
CEREBROMENINGEAL
CEREBRORETINAL

CECUM CEREBRORHINORRHEA

CELIAC CEREBROSPINAL

CELIOTOMY CEREBROVASCULAR

CELL CEREBRUM
CELLS CEROID
CELLULAR CELLULARITY CERVICAL

CELLULITIS CERVICODORSAL
CEMENTED CERVICOSIGMOIDAL
CENTER CERVICOTHORACIC
CENTERS CERVICOVESICAL

CENTRAL CERVIX
CENTRIACINAR CESAREAN
CENTRILOBULAR CESSATION
CENTROLOBAR CESTANS
CEPACIA CHAIN
CEPHALGIA CHALASIA
CEPHALHEMATOMA CHAMBER

CEPHALHEMATOMA CHAMBER CEPHALIC CHANGE **CEPHALITIS** CHANGES CEPHALOCELE CHANNEL CEPHALOMALACIA CHARCOAL CEREBELLAR CHARCOT CEREBELLI CHARCOTS CEREBELLOPONTINE **CHARRED** 

CHAUFFARD CHOLANGITIC CHOLANGITIS

CHEEK CHOLECYSTDOCHOLITHIASIS

CHELONEI CHOLECYSTECTOMY

CHEMICAL CHOLECYSTIC CHEMISTRY CHOLECYSTITIS

CHEMODECTOMA CHOLECYSTOCOLONIC CHEMOTHERAPEUTIC CHOLECYSTOLITHIASIS CHOLECYSTOTOMY

CHEST CHOLECTSTOTOR
CHEYNE CHOLEDOCHITIS

CHIARI CHOLEDOCHODUODENAL

CHIARIS CHOLEDOCHODUODENOSTOMY
CHIASMA CHOLEDOCHOJEJUNOSTOMY

CHICKEN CHOLEDOCHOLITH

CHILD CHOLEDOCHOLITHIASIS
CHILDBIRTH CHOLEDOCHOSTOMY

CHILDHOOD CHOLELITHIASIS

CHILLS CHOLELITHOTOMY
CHIN CHOLEMIA

CHLORAL CHOLEMIC CHOLERA CHOLERA

CHLORINE CHOLESTASIS
CHLOROFORM CHOLESTATIC
CHLOROMA CHOLESTEREMIA
CHLOROMAS CHOLESTEROL

CHLOROTIC CHOLESTEROLEMIA
CHLORPHENIRAMINE CHONDROCALCINOSIS
CHLORPROMAZINE CHONDRODYSPLASIA

CHLORPROMAZINE CHONDRODYSPLASIA
CHOANAL CHONDRODYSTROPHIA
CHOKED CHONDRODYSTROPHY

CHOLANGIECTASIS
CHONDROLYSIS
CHOLANGIOCARCINOMA
CHOLANGIOCARCINONA
CHONDROMATOSIS
CHONDROSARCOMA

CHOLANGIOHEPATOMA CHORDAE
CHOLANGIOLITIC CHORDOMA
CHOLANGIOLITIS CHORDOTOMY

CHOLANGIOMA CHOREA

CHOREIFORM CLAUDICATION

CHOREOATHETOSIS CLAVICLE CHORIOAMNIONITIS CLAVICULAR

CHORIOCARCINOMA
CHORIOEPITHELIOMA
CHORIONIC
CHORIORETINITIS
CLEAR
CLIP

CHOROID CLIPPING
CHOROIDAL CLITORIS
CHRISTIAN CLOACA
CHROMATE CLOACAE
CHROMATES CLOACAL

CHROMOGENIC CLOACOGENIC CHROMOPHOBE CLOMIPRAMINE

CHROMOSOMAL CLONIC
CHROMOSOME CLOROX
CHROMOSOMES CLOSE
CHRONIC CLOSED
CHRONICA CLOSTRIDIA

CHURG CLOSTRIDIAL CHYLOTHORAX CLOSTRIDIUM

CHYLOUS CLOSURE CICATRIX CLOSURES

CIGARETTE CLOT
CIGARETTES CLOTS
CILIARY CLOTTED
CIRCLE CLOTTING
CIRCULATION CLOVERLEAF

CIRCULATION CLUBFOOT
CIRCULATORY CLUMSINESS
CIRCUMFERENTIAL COAGULATION

CIRCUMFLEX COAGULOPATHY

CIRCUMSCRIBED COAL

CIRRHOSIS COALWORKERS
CIRRHOTIC COARCTATION

CITROBACTER COBALT
CLAMPING COCAINE
CLASSICAL COCAINISM

CLAUDE COCCI

COCCIDIODOMYCOSIS COLUMN COCCIDIOIDAL COMA

COCCIDIOIDOMYCOSIS
COCCYGEAL
COCCYX
COCKAYNE
COCKAYNES
COCKAYNES
COMBINED
COMBS

COIL COMBUSTIFORMIS COMBUSTION

COLCHICINE COMMANDO-PROCEDURE

COLECTOMY COMMISSURE

COLI COMMISSUROTOMY

COLIC COMMODE COLIFORM COMMON COLITIS COMMUNE

COLLAGEN COMMUNICATING

COLLAPSE COMMUNIS

COLLAPSED COMPENSATION COLLAR COMPENSATORY

COLLECTING COMPLETE
COLLES COMPLETION
COLLIERS COMPLEX

COLLINS COMPLICATING
COLLIQUATIVE COMPLICATIONS
COMPLICATIONS

COLLOID COMPLICATIONS
COLOCUTANEOUS COMPOSITE
COLOENTERIC COMPOUND

COLOENTERITIS COMPRESSED
COLOMBIAN COMPRESSION
COLON COMPRESSIONAL

COLONIC COMPROMISE
COLONOSCOPE COMPROMISED
COLONOSCOPY COMPULSIVE

COLOR COMPUTER

COLORECTAL COMPUTERIZED COLOSTOMY CONCEALED

COLOVAGINAL CONCENTRATION

COLOVESICAL CONCENTRIC

CONCEPTION CONTRACTED
CONCHA CONTRACTION
CONCUSSION CONTRACTURE
CONDITION CONTRACTURES
CONDUCTION CONTRALATERAL

CONDUIT CONTRAST
CONFIRMATION CONTRECOUP
CONFLUENT CONTROL
CONFUSED CONTROLLED
CONFUSION CONTUSED
CONFUSIONAL CONTUSION
CONGENITA CONTUSIONS

CONGENITAL CONUS

CONGENITALLY
CONVALESCENT
CONGESTED
CONVULSION
CONGESTIVE
CONGLOMERATE
CONJOINED
CONJUNCTIVA
CONGESTIVE
CONJUNCTIVA
CONVULSIVE
COOPERS

CONJUNCTIVAL COPPER CONJUNCTIVITIS COR CONNECTION CORAS CONNECTIVE CORD CONSCIOUS CORDIS

CONSCIOUSNESS CORDOTOMY

CONSEQUENT CORDS

CONSOLIDATION CORKSCREW
CONSTIPATION CORNEAL
CONSTITUTIONAL CORONAL
CONSTRICTION CORONARIES
CONSUMPTION CORPUS
CONSUMPTIVE CORRECT

CONTACT CORRECTED
CONTENTS CORRECTION
CONTINUA CORROSIVE
CONTINUAL CORTEX
CONTRACEPTIVE CORTICAL

CORTICOADRENAL CREVELD

CORTICOSTEROID CRICOARYTENOID

CORTICOSTEROIDS CRICOID
CORTICOSTRIATAL CRIPPLE
CORTISONE CRIPPLED
COSTAL CRIPPLING

COSTOCHONDRAL **CRISIS** COTTON **CROHNS** COTWIN **CROSS** COUGH **CROUP** COUGHING **CRST** COUMADIN CRURAL COUMARIN CRURIS COUNT CRUSH CRUSHED COWPERS

COXSACKIE

CRACK
CRADLE
CRADLE
CRAMP
CRAMP
CRYOGLOBULINEMIA
CRAMP

**CRUSHING** 

CRAMPS CRYOGLOBULINEMIC CRANIAL CRYPTOCOCCAL

CRANIECTOMY CRYPTOCOCCIC
CRANIO CRYPTOCOCCOSIS
CRANIOCARPOTARSAL CRYPTOCOCCUS
CRANIOCEREBRAL CRYPTOGENETIC

CRANIOCERVICAL CRYPTOGENIC

CRANIOCLASIS CRYPTOSPORIDIOSIS

CRANIOENCEPHALON CURETTAGE CRANIOFACIAL CURLINGS

CRANIOMETAPHYSEAL CURSE

CRANIOPHARYNGEAL CURVATURE CRANIOPHARYNGIOMA CUSHING

CRANIOTOMY CUSHINGOID

CRANIOVASCULAR CUSHINGS
CRANIUM CUSHION
CREATION CUSP

CREMATION CUSPS CREUTZFELDT CUT

CUTANEA DANCE CUTANEOUS DANDY CUTIS DANLOS CUTS DARIER CYANIDE **DARLINGS CYANOSIS** DARVOCET **CYANOTIC** DARVON CYCLE **DAWSONS** 

CYCLOPHOSPHAMIDE DEAD CYCLOPS DEAF

CYLINDRICAL DEAFMUTISM
CYLINDROMA DEAFNESS
CYST DEATH

CYSTADENOCARCINOMA DEBANDING
CYSTADENOMA DEBILITATED
CYSTECTOMY DEBILITATING
CYSTIC DEBILITATION
CYSTICA DEBILITY

CYSTITIS
CYSTOCELE
CYSTOIDES
CYSTOLITHIASIS
CYSTOPROSTATOURETHRECTOMY
CYSTOPYELITIS
DEBRIBEMENT
DEBRIDEMENT
DECADRON
DECAPITATION
DECEREBRATE
DECEREBRATION

CYSTOSARCOMA DECLINE

CYSTOSCOPY DECOMPENSATED
CYSTOSTOMY DECOMPENSATION

CYSTOURETHRITIS DECOMPOSED
CYSTOURETHROCELE DECOMPOSING
CYSTS DECOMPOSITION
CYTOMA DECOMPRESSION
CYTOMEGALIC DECOMPRESSIVE

CYTOMEGALOVIRAL DECREASED
CYTOMEGALOVIRUS DECUBITAL
CYTOXAN DECUBITI
D - DECUBITUS

DACTYLITIS DEEP
DALMANE DEFECT
DAMAGE DEFECTIVE

**DEFECTS** DEPENDENCY DEFENSE DEPENDENT **DEFERENS** DEPLETED **DEFERENTITIS** DEPLETION **DEFERRED DEPRAVED DEFIBRINATION DEPRESSANT DEFICIENCY DEPRESSED** DEFICIENT **DEPRESSION DEFICIT DEPRESSIVE DEFORMANS DEPRIVATION DEFORMED** DERANGEMENT **DEFORMING DERANGEMENTS** 

DEFORMITIES DERMA

DEFORMITY DERMATITIS

DEGENERATION DERMATOFIBROMA

DEGENERATIVE DERMATOFIBROSARCOMA

DEGLUTITION DERMATOMYOSITIS
DEGOS DERMATOSCLEROSIS

DEGREE DERMATOSIS
DEHISCENCE DERMOID
DEHYDRATION DESCENDING

DEJERINE DESERT

DELAYED DESIPRAMINE DELETION DESPONDENCY **DELIRIOUS** DESPONDENT **DELIRIUM DESQUAMATIVE** DELIVERED DESTRUCTION **DELIVERY** DESTRUCTIVE **DELUSIONS DETACHED DETACHMENT** DEMENTIA

DEMEROL DETERIORATION
DEMYELINATING DETERMINED

DEMYELINATION DEVASCULARIZATION

DEMYELINIZATION DEVELOPING
DENATURED DEVELOPMENT
DENSITY DEVELOPMENTAL

DENTAL DEVICE DENVER DEXTRA

DEPENDENCE DEXTROCARDIA

DEXTROVERSION DIMINISHED
DIABETES DIMITRI
DIABETIC DIMORPHIC
DIABETICORUM DIOXIDE

DIAGNOSIS DIPHENHYDRAMINE DIAGNOSTIC DIPHENYLHYDANTOIN

DIALYSIS DIPHTHERIA DIAMOND DIPLEGIA DIAPHRAGM DIPLEGIC

DIAPHRAGMATIC DIPLOCOCCAL
DIARRHEA DIPLOCOCCI
DIARRHEAL DIPLOCOCCUS

DIASTOLIC DIRECT DISABILITY

DIATHESIS DISACCHARIDASE
DIAZEPAM DISACCHARIDE
DIED DISARTICULATION

DIENCEPHALIC DISASTER

DISC

DIETARY DISCHARGE
DIETETIC DISCITIS
DIFFERENTIATED DISCOGENIC

DIFFICELE DISCOID

DIFFICILE DISCONNECTED DIFFICULT DISEASE

DIFFICULTY DISEASED
DIFFUSA DISKITIS

DIFFUSE DISLOCATED
DIFFUSELY DISLOCATION
DIGESTIVE DISLOCATIONS
DIGHTON DISLODGED

DIGITALIS DISLODGEMENT
DIGITOXIN DISLODGMENT
DIGOXIN DISMEMBERMENT
DILANTIN DISOPYRAMIDE

DILATATION DISORDER

DILATED DISORIENTATION

DILATION DISPLACED

DILUTIONAL DISPLACEMENT

DISRUPTION DOXYLAMINE

DISSECTED DRAGER

DISSECTING DRAIN DISSECTION DRAINAGE DISSEMINATED DRAINING DISSOCIATION DRANK

DISSOCIATIVE **DRESSERS** DISTAL DRESSLERS

DISTANT DRINK

DISTENSION **DRINKERS** DISTILLATE DRINKING DISTORTION DROMEDARY **DISTRESS** DROPPED DISTRIBUTION DROPSY DISTURBANCE **DROWN** DISTURBED DROWNED

DIURETIC DROWNING **DIVERSION DROWSINESS** DIVERTICULA DRUG

**DIVERTICULAR** DRUGS

DIVERTICULECTOMY **DRUNKENNESS** 

**DIVERTICULI** DRY **DIVERTICULITIS** DUBIN

**DIVERTICULOSIS DUCHENNE** DIVERTICULUM **DUCHENNES** 

**DIVERTING** DUCT DIZZINESS DUCTAL **DOLENS DUCTS DOMESTIC DUCTUS DUKES DOMINANT** DORIDEN DUMPING DORMANT DUODENAL

DORSAL DUODENECTOMY

**DORSALIS DUODENITIS** 

**DUODENOCHOLANGITIS** DOUBLE

**DOUGLAS** DUODENUM

DOULOUREUX DURA **DOWNS** DURAL

**DOXEPIN DURATION** 

DUST E DWARF EAGLE
DWARFISM EALES
DYAZIDE EAR

DYE EARLOBE

DYING EAT

DYKE EATING

DYSARTHRIA EATON

DYSAUTONOMIC EBSTEINS

DYSCRASIA ECCHYMO

DYSCRASIA ECCHYMOSIS
DYSENTERY ECHINOCOCCUS

DYSERYTHROPOIETIC ECLAMPSIA
DYSFUNCTION ECLAMPTIC
DYSFUNCTIONAL ECTASIA
DYSGAMMAGLOBULINEMIA ECTASIS

DYSGENESIS ECTOCARDIA DYSGERMINOMA ECTODERMAL

**ECTOPIA** DYSHEMATOPOIETIC DYSKARYOSIS **ECTOPIC** DYSKINESIA **ECTOPICS** DYSKINETIC **ECTOPY** DYSLIPIDEMIA **ECTROPION** DYSMATURITY **ECZEMA** DYSMOTILITY **EDDOWES** DYSMYELOPOETIC **EDEMA** 

DYSMYELOPOIETIC EDEMATOUS
DYSPEPSIA EDWARDS
DYSPHAGIA EFFECT
DYSPHASIA EFFECTS
DYSPLASIA EFFERENT
DYSPNEA EFFORT

DYSPRAXIA EFFUSION DYSRHYTHMIA EHLERS

DYSTACHYCARDIA EISENMENGER
DYSTONIA EISENMENGERS
DYSTROPHY EJACULATORY

DYSURIA ELASTOMYOFIBROSIS

ELAVIL ELBOW

ELDERLY EMOTIONAL ELECTIVE EMPHYSEMA

ELECTRIC EMPHYSEMATOUS

ELECTRICAL EMPTY
ELECTROCARDIOGRAM EMPYEMA

ELECTROCONVULSIVE ENCEPHALITIC ELECTROCUTED ENCEPHALITIS ELECTROCUTION ENCEPHALOCELE

ELECTROENCEPHALOGRAM ENCEPHALOCUTANEOUS
ELECTROLYTE ENCEPHALOMALACIA
ELECTROLYTES ENCEPHALOMENINGITIS
ELECTROMECHANICAI ENCEPHALOMENINGOMYELITI

ELECTROMECHANICAL ENCEPHALOMENINGOMYELITIS ELECTROMYOGRAM ENCEPHALOMENINGOPATHY

ELECTRONIC ENCEPHALOMYELITIS ENCEPHALOMYELOCELE

ELEMENTS ENCEPHALOMYELOMENINGITIS ENCEPHALOMYELONEUROPATHY

ELEVATED ENCEPHALOMYELOPATHY

ELEVATION ENCEPHALOMYELORADICULONEURITIS

ELLIS ENCEPHALOMYELORADICULOPATHY
ELLISON ENCEPHALOPATHY
ELONGATED ENCHONDROSES

ELONGATED ENDARTERECTOMY
ELUCIDATED ENDARTERIAL
EMACIATION ENDARTERITIS

EMBARRASSMENT ENDMETRIOD
EMBOLECTOMY ENDOBRONCHIAL
EMBOLI ENDOCARDIAL
EMBOLIC ENDOCARDITIS
EMBOLISM ENDOCARDIUM

EMBOLISMS ENDOCERVICAL EMBOLIZATION ENDOCERVIX EMBOLUS ENDOCRINE

EMBRYOMA ENDOCRINOPATHIES

EMBRYONAL ENDODERMAL ENDOGENOUS EMESIS ENDOMETRIAL EMINENCE ENDOMETRITIS

ENDOMETRIUM ENTEROPERINEAL
ENDOMYOCARDIAL ENTERORRHAPHY
ENDOMYOCARDITIS ENTEROSTOMY
ENDOMYOMETRITIS ENTEROVAGINAL
ENDOPERICARDITIS ENTEROVESICAL
ENDOPROSTHESIS ENTEROVESICULAR

ENDOSCOPIC ENTEROVIRAL ENDOSCOPY ENTEROVIRUS

ENDOSEPTIC ENTIRE

ENDOTHELIAL ENTRAPMENT ENDOTOXEMIA ENUCLEATED ENDOTOXIC ENUCLEATION ENDOTOXICOSIS ENURESIS

ENDOTOXIOUSIS ENVIRONMENT
ENDOTRACHEAL ENVIRONMENTAL

ENDSCOPIC ENZYMATIC ENDSTAGE ENZYME EOSINOPHIL

ENGELMANNS EOSINOPHIL
ENGELMANNS EOSINOPHILIA
ENGORGEMENT EOSINOPHILIC
ENLARGED EPENDYMITIS

ENLARGEMENT EPENDYMOBLASTOMA

ENTERCOLITIS EPENDYMOMA ENTERECTOMY EPHEDRINE ENTERIC EPICARDIAL ENTERITIS EPICARDITIS

ENTERITIS EPICARDITIS
ENTERO EPICARDIUM
ENTEROBACTER EPICYSTITIS
ENTEROBACTERIAL EPIDEMIC
ENTEROCELE EPIDERMAL

ENTEROCOCCAL EPIDERMIDIS
ENTEROCOCCI EPIDERMOID
ENTEROCOCCUS EPIDERMOLYSIS

ENTEROCOLIC EPIDIDYMIS ENTEROCOLITICA EPIDIDYMITIS

ENTEROCOLITIS EPIDIDYMOORCHITIS

ENTEROCUTANEOUS EPIDURA ENTEROGASTRITIS EPIDURAL ENTEROPATHY EPIGASTRIC

EPIGASTRITIS ERYTHEMATOSIS
EPIGASTRIUM ERYTHEMATOSUS
EPIGASTROCELE ERYTHEMATOUS
EPIGLOTTIC ERYTHREMIA
EPIGLOTTIDITIS ERYTHREMIC

EPIGLOTTIS ERYTHROBLASTIC

EPIGLOTTITIS ERYTHROBLASTOPHTHISIS

EPIGNATHUS ERYTHROBLASTOSIS

EPILEPSIA ERYTHROCYTE
EPILEPSY ERYTHROCYTES
EPILEPTIC ERYTHROCYTHEMIA
EPILEPTICUS ERYTHROCYTIC
EPILEPTIFORM ERYTHRODERMA

EPILOIA ERYTHROID

**EPILEPTOID** 

EPIPHARYNGITIS ERYTHROLEUKEMIA

EPIPHYSEAL ERYTHROMEGALOCARYOCYTIC

**ERYTHROGENESIS** 

EPIPLOIC ERYTHROPHAGOCYTOSIS

EPISODE ESCAPE EPISODES ESCAPED

EPISODIC ESCHAROTOMIES
EPISPLENITIS ESCHAROTOMY
EPISTAXIS ESCHERICHIA
EPITHELIAL ESOPHAGEAL

EPITHELIOID ESOPHAGECTASIS
EPITHELIOMA ESOPHAGECTOMY
EPSTEINS ESOPHAGISMUS
EQUANIL ESOPHAGITIS

EQUINA ESOPHAGOBRONCHIAL EQUIVALENT ESOPHAGOGASTRECTOMY

ERDHEIMS ESOPHAGOGASTRIC ESOPHAGOGASTRITIS

EROSION ESOPHAGOGASTRODUODENOSCOPY

EROSIVE ESOPHAGOGASTROSTOMY ESOPHAGOJEJUNOSTOMY

ERUPTED ESOPHAGOMALACIA ESOPHAGOSCOPY ERYTHEMA ESOPHAGOTRACHEAL

ERYTHEMATODES ESOPHAGUS

ESSENTIAL EXENTERATION

ESTROGEN EXERCISE
ETHANOL EXFOLIATIVE
ETHANOLIC EXHAUST
ETHANOLISM EXHAUSTION
ETHCHLORVYNOL EXOGENOUS
ETHER EXOMPHALOS
ETHMOID EXOPHTHALMIC

ETHMOIDAL EXOPHTHALMOS
ETHYL EXPANDING
ETHYLENE EXPANSION
ETHYLISM EXPLORATION

ETIOLOGY EXPLORATORY
EUROPEAN EXPOSED
EUSTACHIAN EXPOSURE
EVACUATE EXPRESSIVE

EVACUATED EXSANGUINATED EXSANGUINATING EVANS EXSANGUINATION

EVENT EXTENDED
EVENTRATION EXTENSION
EVERSION EXTENSIVE
EVISCERATION EXTERNAL

EWING EXTRA

EWINGS EXTRACORTICAL EXACERBATION EXTRACORTICALIS EXAGGERATED EXTRACRANIAL

EXAGGERATED EXTRACRANIAL EXTRACTION

EXAM EXTRACTION
EXAMINATION EXTRADURAL
EXCAVATUM EXTRAHEPATIC
EXCESS EXTRAPLEURAL
EXCESSIVE EXTRAPLEURAL

EXCESSIVE EXTRAPYRAMIDAL EXCESSIVELY EXTRASYSTOLES EXCHANGE EXTRASYSTOLIC EXCISED EXTRAVADED

EXCISION EXTRAVASATION

EXCISIONAL EXTREME
EXCITATION EXTREMELY
EXENCEPHALUS EXTREMITIES

EXTREMITY FANCONI
EXTRINSIC FANCONIS
EXTROPHY FARMERS
EXTROVERSION FASCIA
EXTRUSION FASCIAL
EXTUBATED FASCIITIS

EXTUBATION FASCIOTOMY
EXUDATE FASCITIS
EXUDATIVE FAST

EYE FAT
EYEBALL FATAL
EYEBROW FATIGUE
EYELID FATIGUED

EYELID FATIGUED FATINESS

FATTY
F- FAUCES
FABERS FAUCITIS
FABRYS FEATURES
FACE FEBRILE
FACIAL FEBRILIS

FACIOCEPHALALGIA FECAL
FACIOSCAPULOHUMERAL FECALITH

FACTOR FED
FACTORS FEEBLE
FAECALIS FEED
FAILED FEEDER
FAILURE FEEDING
FAINTING FEEDINGS

FALCIFORM FEET
FALCIPARUM FEICHTIGER

FALLOPIAN FEIL

FALLOT FEINMESSERS

FALLOTS FELTYS
FALLOUT FEMALE
FALSE FEMORAL
FALX FEMUR
FAMILIAL FEMURS

FAMILY FENESTRATION FERMENTATION

FETAL FIBROTHORAX

**FETALIS FIBROTIC FETOMATERNAL FIBROUS FETUS FIBULA FEVER FIBULAR FIBEROPTIC FIEDLERS FIELD FIBRILLARY FIBRILLATION FILLING FIBRINOGEN FINAL FIBRINOGENOLYSIS** FINE **FIBRINOGENOPENIA FINGER FIBRINOLYSIS FIORINAL FIBRINOLYTIC FISHERS FIBRINOPENIA FISSURE** 

FIBRINOPURULENT FISTULA FIBRINOUS FISTULAE FIBROCALCIFIC FISTULOUS

FIBROCASEOUS FIT

FIBROCYSTIC FIXATION
FIBROELASTOSIS FLACCID
FIBROEMPHYSEMA FLAIL
FIBROHISTIOCYTOMA FLAILED
FIBROID FLAJANIS
FIBROIDS FLANK

FIBROLIPOMA FLAT

FIBROLIPOSARCOMA FLATULENCE FIBROMA FLETCHER FIBROMATOSIS FLEXION FIBROMUSCULAR FLEXURE

FIBROMYOMA FLOATING
FIBROMYOSARCOMA FLOOR
FIBROMYOSITIS FLOPPY
FIBROMYXOLIPOMA FLORIAL
FIBROMYXOSARCOMA FLORID
FIBRONODULAR FLOW

FIBROPURULENT FLUCTUATING

FIBROSARCOMA FLUID FIBROSING FLUIDS

FIBROSIS FLURAZEPAM

FLUTTER FREDRICKSONS

FOCAL FREEZING
FOGARTY FRENULUM
FOLATE FREON
FOLD FRICTION

FOLDS FRIDERICHSEN
FOLEY FRIEDLANDER
FOLIC FRIEDLANDERS
FOLLICLIS FRIEDREICHS
FOLLICULAR FROHLICHS
FONTAN FROINS

FONTAIN FROINS
FOOD FRONT
FOOT FRONTAL
FORAMEN FRONTO

FORBES FRONTONASAL
FORCEPS FRONTOOCCIPITAL
FOREARM FRONTOPARIETAL
FOREFOOT FRONTOTEMPORAL

FOREGUT FROSTBITE
FOREHEAD FROZE
FOREIGN FROZEN
FORELEG FRUCTOSE
FOREQUARTER FULGURATION

FORMATION FULL

FORMER FULMINANT FOSSA FULMINATING

FOURNIERS
FOVILLES
FRACTIONAL
FRACTURE
FRACTURE
FUNCTIONAL
FRACTURED
FUNCTIONING

FRACTURES FUNDAL

FRAGILIS FUNDOPLICATION

FRAGILITY FUNDUS
FRAGMENTATION FUNGAL
FRANCESCHETTI FUNGEMIA
FRANKLINS FUNGOIDES
FRANKS FUNGOUS
FREDRICKSON FUNGUS

F-31 2s

January 2008

FUNICULITIS GARGOYLISM
FUNNEL GARRES
FURTHER GARTNERS
FURUNCLE GASES
FUSION GASOLINE

GASTRALGIA
G-GASTRECTASIS
GAGGASTRECTOMY
GAISBOCKSGASTRIC
GALACTOPHORITISGASTRICA
GALACTOSEGASTRINOMA

GALACTOSE GASTRINOMA GALACTOSEMIA GASTRITIS GALACTOSURIA GASTRO

GALEN GASTROCARCINOMA GALL GASTROCOLIC

GALLBLADDER GASTROCOLITIS
GALLDUCT GASTROCUTANEOUS
GALLOP GASTRODUODENAL
GALLOPING GASTRODUODENITIS

GALLSTONE GASTRODOODENITIS
GALLSTONE GASTRODOODENITIS
GASTRODOODENITIS
GASTRODOODENITIS
GASTRODOODENITIS

GAMMA GASTROENTEROCOLIC GAMMOGLOBULINOPATHY GASTROENTEROCOLITIS

GAMMOPATHY

GASTROENTEROPATHY

CAMBIAS

CASTROENTEROPTOSIS

GAMNAS GASTROENTEROPTOSIS
GANDY GASTROENTEROSTOMY
GANGLIA GASTROESOPHAGEAL

GANGLIA GASTROESOFHAGLAL
GANGLIOMA GASTROESOPHAGITIS
GANGLION GASTROESPHAGEAL

GANGLIONITIS GASTROINTESTINAL
GANGLIOSIDOSIS GASTROJEJUNAL
GANGRENE GASTROJEJUNITIS

GANGRENOUS GASTROJEJUNOCOLIC
GANNISTER GASTROJEJUNOCOLIC
GANNISTER GASTROJEJUNOSTOMY

GANONG GASTROLITHS
GANSERS GASTROPARESIS
GANTZ GASTROPATHY
GANZ GASTROPEXY

GARDNERS GASTROPLASTY

GASTROSCHISIS GLIOBLASTOMA

GASTROSCOPIC GLIOMA

GASTROSCOPY GLIOMATOSIS
GASTROSPASM GLIOSARCOMA

GASTROSTAXIS
GASTROSTOMY
GASTROTOMY
GAUCHERS
GEHRIG
GLOSIS
GLISSONS
GLOBAL
GLOBINURIA
GLOBINURIA

GEHRIGS GLOBUS
GENERAL GLOMANGIOMA

GENERALIZED GLOMERULAR
GENES GLOMERULITIS
GENETIC GLOMERULO

GENICULATE GLOMERULONEPHRITIS

GENITAL GLOMERULONEPHROSCLEROSIS

GENITALIA GLOMERULOSCLEROSIS

GENITOURINARY GLOMUS GEOPHAGIA GLOSSAL

GEORGES GLOSSECTOMY

GERBODES GLOSSOPHARYNGEAL

GERHARDTS GLOTTIC
GERM GLOTTIS
GESTATION GLUCOSE
GESTATIONAL GLUCURONYL

GIANT GLUE
GIANTISM GLUTEAL
GIDDINESS GLUTEN

GIGANTISM GLUTETHIMIDE

GILBERTS
GILFORD
GINGIVA
GINGIVA
GINGIVAL
GINGIVOSTOMATITIS
GLUTEUS
GLYCOGEN
GLYCOGENIC
GLYCOGENICA
GLYCOGENOSIS

GIRDLE GLYCOL
GLAND GLYCOLIPID
GLANDS GLYCOPENIA
GLANDULAR GLYCOSURIA

GLAUCOMA GOATS

GOITER GREENSTICK

GOLDBLATT GRIPPE GOLDBLATTS GROIN

GOLDFLAM GROSONG
GOLTZ GROSS
GONADAL GROUP

GONADOBLASTOMA GROWTH
GONOCOCCAL GRUBERS
GOODPASTURES GUBLER

GOODPASTURES GUBLER

GORE GUERIN

GORLIN GUGLIELMOS
GORTEX GUILLAIN
GOUT GULLET

GOUTY GULLS
GOWERS GUM
GRADE GUMMA
GRADUAL GUNNS
GRAFT GUNSHOT

GRAFTING GUT

GRAFTS GUTTMAN

GRAM GVH

GRAMS GYNECOLOGIC GRAN GYNECOLOGICAL

GRAND GYRI

GRANITE GRANULAR **H** -

GRANULOCYTIC HABIT
GRANULOCYTOPENIA HABITS
GRANULOCYTOPENIC HABITUAL

GRANULOMA HAGEMAN

GRANULOMATOSIS HAGIE
GRANULOMATOUS HAILEY
GRANULOSA HAIR
GRAVEL HAIRY

GRAVES HALLERMAN
GRAVIS HALLOPEAUS
GREAT HALLUCINOSIS

GREATER HALLUX

GREENFIELDS HALOPERIDOL

HALOTHANE HEMANGIOBLASTOMA

HAMARTOBLASTOMA HEMANGIOENDOTHELIAL HAMARTOMA HEMANGIOENDOTHELIOMA

HAMMAN HEMANGIOMA

HAMMER HEMANGIOPERICYTOMA HEMANGIOSARCOMA

HANDICAPPED HEMATEMESIS

HANDLE
HANDLING
HANDS
HANGED
HANGING
HEMATOCEPHALUS
HEMATOCHEZIA
HEMATOGENOUS
HEMATOLOGIC
HEMATOMA

HANGOVER HEMATOMYELIA HANOT HEMATOMYELITIS

HANOTS HEMATOPERICARDIUM
HARD HEMATOPERITONEUM

HARDENING HEMATOPNEUMOTHORAX

HARDWARE HEMATOPOIESIS HARELIP HEMATOPOIETIC

HARLEQUIN HEMATOPORPHYRIA

HARTMANNS HEMATOPORPHYRINURIA

HASHIMOTOS HEMATOTHORAX

HAUT HEMATURIA

HAY HEMIANENCEPHALY

HEAD
HEADACHE
HEALED
HEMIATROPHY
HEALING
HEMIBALLISM
HEMIBLOCK

HEALING
HEMIBLOCK
HEALTH
HEMICARDIA
HEARING
HEMICEPHALUS
HEART
HEMICEPHALY
HEMICHOREA

HEAVILY HEMICOLECTOMY HEAVY HEMICOLONIC

HEBEPHRENIA HEMICRANIA
HEBEPHRENIC HEMIDIAPHRAGM

HEBERDENS HEMIDIAPHRAGMATIC

HEEL HEMIFACIAL

HEELS HEMIGASTRECTOMY

HEMIHYPERTROPHY HEPARIN HEMIPARALYSIS HEPATIC

HEMIPARESIS HEPATICOJEJUNOSTOMY

HEMIPLEGIA HEPATITIS
HEMIPNEUMONECTOMY HEPATO

HEMISPHERE HEPATOBILIARY
HEMISPHERIC HEPATOBLASTOMA
HEMISPOROSIS HEPATOCARCINOMA
HEMIVERTEBRA HEPATOCELLULAR

HEMOBLASTIC HEPATOCHOLANGIOCARCINOMA

HEMOCHROMATOSIS HEPATOCHOLANGIOLITIC HEMODIALYSIS HEPATOCHOLANGITIS

HEMODYNAMIC HEPATOENCEPHALOPATHY

HEMOGLOBIN HEPATOJEJUNOSTOMY HEMOGLOBINOPATHY HEPATOLENTICULAR

HEMOLYMPHANGIOMA HEPATOLIENAL HEMOLYSIS HEPATOMA

HEMOLYTIC HEPATOMEGALIA
HEMOMEDIASTIUM HEPATOMEGALY
HEMOPERICARDIA HEPATOPTOSIS

HEMOPERICARDIUM HEPATOPULMONARY

HEMOPERITONEUM HEPATORENAL HEMOPHILIA HEPATOSIS

HEMOPHILUS HEPATOSPLENIC

HEMOPNEUMOTHORAX HEPATOSPLENOMEGALY

HEMOPTYSIS
HEREDITARY
HEMORRHAGE
HEMORRHAGED
HERNIA
HEMORRHAGES
HERNIATED
HEMORRHAGIC
HEMORRHAGING
HERNIOPLASTY
HEMORRHOID
HERNIORRHAPHY

HEMORRHOIDECTOMY
HEMORRHOIDS
HEMOSIDEROSIS
HEMOSTASIS
HEMOTHORAX
HENNEBERG
HENOCH
HEROIN
HERPES
HERPETIC
HERPETIC
HERPETO
HERRICKS
HERRICKS
HERRICKS

HIATUS HOOK

HICCOUGHS
HICKMAN
HICKS
HIGH
HIGHLY
HIGHMORE
HORMONE
HORN
HORNER
HORNER
HORSESHOE
HORTONS

HILAR HOST

HILUM HOURGLASS

HILUS HUMAN
HIP HUMERAL
HIPPEL HUMERI
HIPPOCAMPAL HUMERUS
HIPS HUMP

HIRSCHSPRUNGS HUMPBACK
HISTIOCYTIC HUNCHBACK

HISTIOCYTOMA HUNG
HISTIOCYTOSIS HUNGER
HISTOCYTOMA HUNNERS
HISTOLYTICA HUNT
HISTOPLASMA HUNTER

HISTOPLASMOSIS HUNTERS
HISTORY HUNTINGTONS

HIVES HUNTS
HODGKIN HURLER
HODGKINS HURLERS
HODGSONS HURTHLE
HOFFMAN HUTCHINSON

HOFFMANNHYALINEHOFFMANSHYDATID

HOLES HYDATIDIFORM HYDRADENITIS HOLOPROSENCEPHALY HYDRAMNIOS

HOLT HYDRANENCEPHALY

HOLTERMULLER HYDRATE
HOMOGRAFT HYDREMIA
HOMOLOGOUS HYDREMIC

HOMONYMOUS HYDRENCEPHALOCELE

HONEYCOMB HYDRENCEPHALOMENINGOCELE

HYDROCALYCOSIS HYPERACIDITY
HYDROCELE HYPERACTIVE

HYDROCEPHALUS HYPERACTIVITY

HYDROCEPHALY HYPERADRENALISM

HYDROCHLORIDE HYPERADRENOCORTICISM

HYDROCORTISONE HYPERALDOSTERONE HYDROENCEPHALOCELE HYPERALDOSTERONISM

HYDROENCEPHALOMENINGOCELE HYPERALIMENTATION HYDROFLUORIC HYPERAMINOACIDURIA

HYDROFLUORIC HYPERAMINOACIDURIA
HYDROHEMATOPNEUMOTHORAX HYPERAMMONEMIA

HYDROHEMATOPX HYPERAZOTEMIA

HYDROMENINGOCELE HYPERBETALIPOPROTEINEMIA

HYDROMICROCEPHALY HYPERBILIRUBINEMIA

HYDROMORPHONE HYPERCALCEMIA
HYDROMPHALOS HYPERCALCEMIC
HYDROMYELIA HYPERCALCINURIA

HYDROMYELOCELE HYPERCALEMIA
HYDRONEPHROSIS HYPERCAPNIA
HYDRONEPHROTIC HYPERCARBIA

HYDROPERICARDITIS HYPERCHLOREMIA
HYDROPERICARDIUM HYPERCHLORHYDRIA
HYDROPERITONEUM HYPERCHOLESTERINEMIA

HYDROPHTHALMOS HYPERCHOLESTEROLEMIA HYDROPNEUMOHEMOTHORAX HYPERCHOLESTEROLOSIS

HYDROPNEUMOPERICARDITIS HYPERCOAGULABILITY
HYDROPNEUMOPERICARDIUM HYPERCOAGULABLE

HYDROPNEUMOTHORAX HYPERCOAGULATION

HYDROPS HYPERCORTICOSTERONISM HYPERCORTISONISM

HYDROPYONEPHROSIS HYPEREMESIS

HYDRORHACHIS HYPEREMIA

HYDROTHORAX HYPEREOSINOPHILIC HYDROURETER HYPEREXTENSION

HYDROURETERONEPHROSIS HYPERFIBRINOLYSIS
HYDROURETHRA HYPERFUNCTION

HYDROXYZINE HYPERGAMMAGLOBULINEMIA

HYGROMA HYPERGLOBULINEMIA

HYGROMAS HYPERGLYCEMIA
HYOID HYPERGLYCEMIC

HYPERGLYCERIDEMIA HYPERPYREXIA
HYPERINSULINISM HYPERSECRETION
HYPERKALEMIA HYPERSENSITIVE
HYPERKALEMIC HYPERSENSITIVITY
HYPERKINESIA HYPERSPLENIA
HYPERKINETIC HYPERSPLENISM

HYPERLIPEMIA HYPERSUPRARENALISM
HYPERLIPIDEMIA HYPERSYMPATHETIC
HYPERLIPIDOSIS HYPERTELORISM
HYPERLIPOPROTEINEMIA HYPERTENSION
HYPERMAGNESEMIA HYPERTHERMIA

HYPERMATURITY
HYPERMOBILITY
HYPERMOTILITY
HYPERMOTILITY
HYPERNATREMIA
HYPERTHYROIDISM
HYPERNATREMIA
HYPERTONICITY

**HYPERNEPHROID** 

HYPERNEPHROMA HYPERTRIGLYCERIDE HYPERNITREMIA HYPERTRIGLYCERIDEMIA

**HYPERTONY** 

**HYPERORNITHINEMIA HYPERTROPHIC HYPEROSMOLALITY HYPERTROPHY HYPERTROPIC HYPEROSMOLAR HYPEROSMOLARITY HYPERURICEMIA HYPEROSMOTIC HYPERVENTILATION HYPEROSOMOLAR HYPERVISCIDOSIS HYPEROSOMOTIC HYPERVISCOSITY HYPERPARATHYROID HYPERVITAMINOSIS** 

HYPERPARATHYROIDISM HYPERVOLEMIA HYPERPERMEABILITY HYPNOTIC

HYPERPHAGIA HYPOACIDITY

HYPERPHOSPHATEMIA HYPOADRENALISM

HYPERPIESIA HYPOADRENIA

HYPERPIESIS HYPOADRENOCORTICISM

HYPERPINEALISM HYPOALBUMINEMIA

HYPERPLASIA HYPOC

HYPERPLASTIC HYPOCALCEMIA
HYPERPNEA HYPOCHLOREMIA
HYPERPREBETALIPOPROTEINEMIA HYPOCHLORHYDRIA
HYPERPREBETALIPOPROTEINEMIA HYPOCHOLESTEREMIA

HYPERPROTEINEMIA HYPOCHROMIC

HYPOCHRONIC HYPOSIDERINEMIA
HYPOEOSINOPHILIA HYPOSMOLALITY
HYPOFIBRINOGENEMIA HYPOSTASIS

HYPOFUNCTION HYPOSTATIC

HYPOGAMMAGLOBULINEMIA HYPOSTATICUM

HYPOGAMMAGLOBULINEMIC HYPOSUPRARENALISM

HYPOGASTRIC HYPOTENSION

HYPOGLOBULINEMIA
HYPOTENSIVE
HYPOGLYCEMIA
HYPOTHALAMIC
HYPOGLYCEMIC
HYPOGONADISM
HYPOTHALMUS
HYPOIMMUNITY
HYPOTHERMIA

HYPOKALEMIA HYPOTHYROID

HYPOKALEMIC HYPOTHYROIDISM

HYPOLEUKOCYTOSIS HYPOTONIA
HYPOMAGNESEMIA HYPOTONIC
HYPOMOTILITY HYPOTONICITY

HYPONATREMIA HYPOTONY

HYPOPARATHYROIDISM HYPOVENTILATION

HYPOPERFUSION HYPOVITAMINOSIS HYPOPHARYNGEAL HYPOVOLEMIA

HYPOPHARYNX HYPOVOLEMIC

HYPOPHOSPHATASIA HYPOXEMIA HYPOXEMIC

HYPOPHYSEAL HYPOXIA

HYPOPHYSECTOMY HYPOXIC

HYPOPHYSIS HYSTERECTOMY
HYPOPIESIS HYSTERICAL

HYPOPIESIS HYSTERICAL HYPOPINEALISM HYSTEROTOMY

HYPOPINEALISM HYSTEROTOMY
HYPOPITUITARISM

HYPOPLASIAS I

HYPOPLASTIC IASD

HYPOPOTASSEMIA IATROGENIC

HYPOPROLIFERATIVE IB

HYPOPROTEINEMIA ICTERUS
HYPOPROTEINOSIS IDA

HYPOPROTHROMBINEMIA IDD

HYPOPYREXIA IDDI

IDDM ILIUM IDENTIFIED ILL

IDIO ILLEGAL
IDIOCY ILLEGIBLE
IDIOPATHIC ILLICIT
IDIOSYNCRACY ILLNESS
IDIOT IMBALANC

IDIOT IMBALANCE
IDIOVENTRICULAR IMBECILE
IGA IMBECILITY
IGG IMIPRAMINE

IGA IMBECILITY
IGG IMIPRAMINE
IH IMMATURE
IHD IMMATURITY
IHSS IMMEDIATE
II IMMERSION
IIB IMMOBILITY

III IMMOBILIZATION
IIIB IMMUNE
ILEAL IMMUNITY
ILEITIS IMMUNO

ILEO IMMUNOBLASTIC

ILEOCECAL IMMUNOCOMPROMISED
ILEOCECUM IMMUNODEFICIENCY
ILEOCOLECTOMY IMMUNODEFICIENT
ILEOCOLIC IMMUNODEFICIENY

ILEOCOLITIS IMMUNOGLOBULIN IMMUNOLOGICAL

ILEOFEMORAL IMMUNOSUPPRESSED ILEOJEJUNAL IMMUNOSUPPRESSION ILEORECTAL IMMUNOSUPPRESSIVE

ILEOSIGMOID IMPACT
ILEOSIGMOIDAL IMPACTED
ILEOSTOMY IMPACTION
ILEOVESICAL IMPAIRED
ILEUM IMPAIRMENT

ILEUM IMPAIRMENT
ILEUS IMPEDIMENT
ILIAC IMPERFECT
ILIO IMPERFECTA

ILIOFEMORAL IMPERFORATE ILIOPSOAS IMPETIGO

IMPLANT INCREASING

IMPLANTATION INCUS IMPLANTED INDERAL

IMPOSEDINDETERMINATEIMPOTENCYINDIGESTIONIMPROPERINDIRECT

IN INDOMETACIN
INABILITY INDUCEABLE
INACTION INDUCED
INACTIVE INDUCTION
INACTIVITY INDURATED
INADEQUATE INDURATION
INADVERTENT INDWELLING

INANITION INE

INAPPROPRIATE INEBRIATED
INATTENTION INEBRIETY
INBORN INEFFICIENCY

INBORN INEFFICIENCY

INCARCERATED INERTIA
INCARCERATING INEVITABLE
INCARCERATION INFANCY

INCIDENT INFANT
INCIDENTAL INFANTILE
INCINERATION INFANTUM
INCIPIENT INFARCT
INCISED INFARCTED
INCISION INFARCTION
INCISIONAL INFARCTIONAL

INCISIVE INFARCTIONS
INCLUSION INFARCTS
INCOMPATIBILITY INFECTED
INCOMPATIBLE INFECTION
INCOMPETENCE INFECTIONS
INCOMPETENCY INFECTIONS

INCOMPETENCY INFECTIOUS INCOMPETENT INFECTIVE

INCOMPLETE INFERIOLATERAL

INCONTIENCE INFERIOR INFERO

INCREASED INFEROAPICAL

INFEROLATERAL INJURY INFEROPOSTERIOR INNER

INFEROPOSTEROLATERAL INNOMINATE INFEROSEPTAL INOCULATION **INFESTATION INOPERABLE INFILTRATE INQUERY INFILTRATED INQUEST INFILTRATES INQUINAL INFILTRATING INSANE INFILTRATION** INSANITY **INFILTRATIVE INSECT** 

INFIRMITIES INSECTICIDE
INFIRMITY INSERTED
INFLAMED INSERTION
INFLAMMATION INSIPIDUS
INFLAMMATORY INSPISSATED
INFLATION INSTABILITY

INFLICTED INSTANT

INFLUENCE INSTANTANEOUS INFLUENZA INSTRUMENTAL INSUF

INFLUENZAL INSUFFICIENCY
INFRA INSUFFICIENT

INSUFFICIENT
INSUFFICIENT
INSUFFICIENT
INSUFFICIENT
INSUFFICIENT
INSUFFICIENT
INSULIN

INFRARENAL INSULINOMA INFUNDIBULAR INSULOMA INSULT

INGESTED INSULTS INGESTION INTAKE INGUINAL INTEGRITY

INHALANT INTEMPERANCE

INHALATION INTER

INHALED INTERABDOMINAL

INHIBITORS INTERASD INTERATRIAL

INJECTION INTERAURICULAR INJURED INTERCAPILLARY INJURIES INTERCEREBRAL

INTERCERHEM

INTERCOMMUNICATING

INTERCOSTAL INTERCRANIAL

INTERIOR INTERLOBAR

INTERLOBULAR

INTERMEDIATE INTERMITTENT

INTERNAL

INTERPOSITION

INTERRUPTED INTERRUPTION

INTERSCAPULAR

INTERSTITAL

INTERSTITIAL

INTERTROCHANTER INTERTROCHANTERIC

**INTERVENOUS** 

INTERVENTRICULAR

INTERVERTEBRAL

INTERVSD

INTESTINAL

INTESTINALIS

INTESTINE

**INTESTINES** 

INTESTINOCOLONIC

INTO

INTOLERANCE

INTOXICATED

INTOXICATION

INTRA

INTRAABDOMEN

INTRAABDOMINAL

INTRAABOMINAL

INTRAALVEOLAR

**INTRAAORTIC** 

INTRAARTERIAL

INTRAARTICULAR

INTRAASD

**INTRAATRIAL** 

**INTRABRONCHIAL** 

INTRACAPSULAR

**INTRACARDIAC** 

**INTRACELLULAR** 

**INTRACELLULARE** 

**INTRACEREBELLAR** 

**INTRACEREBRAL** 

**INTRACERHEM** 

INTRACERI

**INTRACERT** 

INTRACRANIAL

INTRACRANIUM

INTRACTABLE

INTRACVACC

INTRADUCTAL INTRAHEPATIC

INTRALUMINAL

**INTRAMEDULLARY** 

**INTRAMURAL** 

**INTRAMUSCULAR** 

INTRAOCULAR

**INTRAOPERATIVE** 

**INTRAORAL** 

**INTRAORBITAL** 

INTRAOSSEOUS

INTINACOOLOGG

INTRAPARENCHYMAL

INTRAPARIETAL

**INTRAPELVIC** 

INTRAPERITONEAL

**INTRAPLEURAL** 

INTRAPONTINE

INTRAPULMONARY

**INTRASPINAL** 

**INTRASPLENIC** 

**INTRATHALAMIC** 

INTRATHECAL

**INTRATHORACIC** 

INTRATHORAIC ISCHEMIA
INTRATONSILLAR ISCHEMIC
INTRAUTERINE ISCHIAL
INTRAVASCULAR ISCHIATIC
INTRAVENOUS ISCHIORECTAL

INTRAVENTRICULAR ISCHIUM

INTRAVESICAL ISD
INTREATABLE ISLAND

INTRINSIC ISLANDS INTUBATED ISLET INTUBATION ISLETS

INTUSSUSCEPTION ISOIMMUNIZATION

INVAGINATION ISONIAZID
INVALID ISOPROPANOL
INVALIDISM ISOPROPYL

INVASIVE ITP
INVERSUS IUD
INVERTASE IV
INVESTIGATION IVB
INVOLUTIONAL IVH

INVOLVEMENT IVP

IODIMATED J-

IO

IODINE JACKSON
IOWA JACKSONIAN
IRDS JACKSONS

IRITIS JAFFE
IRON JAKOB
IRRADIATION JAKSCHS
IRREDUCIBLE JAMES

IRREDUCIBLE JAMES
IRREGULAR JANNETTEE
IRREGULARITY JANSKY

IRREVERSIBLE JAUNDICE IRRIGATION JAUNDICED

IRRIGATIONS JAW

IRRITABILITY JAWBONE IRRITABLE JEJUNAL IRRITATION JEJUNITIS

IS JEJUNOSTOMY

**JEJUNUAL** KINK JEJUNUM **KINKY** KLATSKIN **JELLYFISH** JERVELL KLATSKINS **JEUNES** KLEBSIELLA **KLINEFELTERS JOAQUIN JOHNSON** KLIPPEL JOINT KLUBLATTSCHADEL **JOINTS KNEE JUGULAR KNEES** JUNCTION **KNIFE** JUNCTIONAL **KNOT** JUVENILE KNOWN JUXTAGLOMERULAR KOHLMEIR KORSAKOFF **KORSAKOFFS K** -K **KORSAKOV KORSAKOVS** KALISCHER KANAMYCIN KORSAKOW KANSASII **KORSAKOWS** KAPOSI **KRABBES** KAPPA KRAFT KARTAGENER **KRUKENBERGS KUGELBERG** KARTAGENERS KASABACH **KUHN** KASCHIN **KUHNS** KAWASAKIS KULCHITZSKY KELLY **KULCHITZSKYS** KERATOACANTHOMA KW **KWASHIORKOR KEROSENE KYPHOSCOLIOSIS KETOACIDOSIS** KETOACIDOTIC KYPHOSCOLIOTIC KETONURIA **KYPHOSIS KETOSIS KETOTIC KFS** L-**KIDNEY** L **KIDNEYS** LAB

KIMMELSTIEL

LABIA

LABIAL LARYNGOPHARYNX
LABILE LARYNGOSCOPY
LABIUM LARYNGOSPASM
LABOR LARYNGOSTENOSIS

LABORED LARYNGOTOMY

LACERATED LARYNGOTRACHEAL LACERATION LARYNGOTRACHEITIS

LACERATIONS LARYNGOTRACHEOBRONCHITIS

LACK LARYNX LACRIMAL LASER LACTACIDEMIA LASH **LACTASE** LATE LACTATE LATENT LACTIC LATERAL LACTICEMIA **LAURENCE LACTOSE** LAVAGE LACUNA LAXA

LACUNAR LAXATIVE **LADENO** LB LAENNECS **LBBB** LAMBERT LBW LAMINECTOMY LCA LANDOUZY LCAR LANDRYS LE LANGDON LEAD LANGE LEAFLET LANGERHANS LEAFLETS

LANGES

LEAK

LAP

LEAKAGE

LAPAROSCOPY

LAPAROTOMY

LAPAROTOMY

LARGE

LARYNGEAL

LEAKY

LEBERS

LEBERS

LEDERERS

LARYNGECTOMY LEFT LARYNGISMUS LEG

LARYNGITIS
LEGALLY
LARYNGO
LEGIONELLA
LARYNGOBRONCHITIS
LEGIONNAIRES

LARYNGOPHARYNGEAL LEGS

LEIOMYOBLASTOMA LEUKOSARCOMA

LEIOMYOMA LEVEEN
LEIOMYOSARCOMA LEVEL
LEIOMYOSARCOMATOSIS LEVINE

LEIOMYSARCOMA LEVOCARDIA LEVOVERSION

LENEGRES
LENS
LENTICULAR
LENTICULARSTRIATE
LEODS
LIBMAN
LEPRA
LIBRIUM

LEPTOMENINGEAL LICHTENSTEIN

LEPTOMENINGITIS LID

LERICHES LIDOCAINE

LERMOYEZS LIFE

LESION LIFELONG
LESIONS LIFETIME
LESSER LIGAMENT
LETHAL LIGATION
LETHARGY LIGHT

LEUCOSARCOMA LIGHTNING

LEUKEMIA LIKE
LEUKEMIC LIMB
LEUKEMOID LIMBS

LEUKO LIMITATION
LEUKOCYTOBLASTIC LIMITED
LEUKOCYTOSIS LINDAU
LEUKODYSTROPHY LINE

LEUKOENCEPHALITIS
LEUKOENCEPHALOPATHY
LEUKOERYTHROBLASTIC
LEUKOERYTHROBLASTOSIS
LEUKOERYTHROSIS
LINING
LEUKOERYTHROSIS

LEUKOLYMPHOSARCOMA LINKED

LEUKOMYELOBLASTIC LIP

LEUKOPENIA LIPASE
LEUKOPLAKIA LIPEDEMA
LEUKOPOLIOENCEPHALOPATHY LIPEMIA

LIPID LOBE

LIPIDOSIS LOBECTOMY

LIPOBLASTOMA LOBES

LIPOBLASTOMATOSIS LOBOTOMY LIPOCHONDRODYSTROPHY LOBULAR

LIPOFIBROMA LOCAL **LOCALIZED** LIPOFUSCINOSIS

LIPOID **LOCKJAW** LIPOIDEMIA LOCOMOTOR LOCULATED LIPOIDOSIS LIPOMA **LOEFFLERS** 

LIPOMYOSARCOMA **LOFGRENS** LIPOMYXOMA LOIN

LIPOMYXOSARCOMA LONG LIPOPROTEINEMIA LOOP LIPOSARCOMA LOOSE LIPOTROPHIC LORDOSIS LIQUID LOSING

LISTERELLA LOSS LOU LISTERIA LISTERIOSIS LOUD LITHIASIS LOUIS LOW LITHIUM LITHOTOMY LOWER LITHOTRIPT LOWN LITTLE LSD

LIVCA LT LIVCAR LTB LIVCIR LUDOVICI LIVE **LUDWIGS** 

LIVER LUES **LIVING** LUETIC

LL LUETSCHERS

LLL LUL LLQ LULS LML LUMBAR

LUMBARSACRAL LN LOADING LUMBOSACRAL

**LOBAR** LUMINAL

LUMP
LUNG
LYMPHOMATOID
LYMPHOMATOSIS
LUNGS
LUPOID
LYMPHOPENIA

LUPOSA LYMPHOPROLIFERATIVE LYMPHORETICULAR

LUSCHKA LYMPHORETICULARPROLIFERATIVE

LUTEMBACHERS
LYMPHORETICULUM
LYMPHOSARCOMA
LV
LYMPHOSTASIS
LYMPHOTROPHIC

LVH LYMPHOTROPIC LYSIS

LYING LYSOL LYMPH

LYMPHADENECTOMY M LYMPHADENITIS M
LYMPHADENOPATHY MAC

LYMPHADENOSIS MACERATION
LYMPHANGIECTASIS MACHACEK
LYMPHANGIECTATIC MACROCEPHALIA

LYMPHANGIOMA MACROCEPHALY
LYMPHANGIOSARCOMA MACROCOLON
LYMPHANGITIC MACROCYTIC

LYMPHANGITIS MACROGLOBULINEMIA LYMPHATIC MACROGYRIA

LYMPHECTASIA MACROHYDROCEPHALUS

LYMPHED MACRONODULAR LYMPHEDEMA MACROSIGMOID

LYMPHEDEMA MACROSIGMOID

LYMPHOANGIOSARCOMA MACULAR

LYMPHOBLASTIC MADENO
LYMPHOCYTE MAGENDIE
LYMPHOCYTIC MAGNESIUM

LYMPHOEPITHELIOMA MAGNUM LYMPHOGENOUS MAIN

LYMPHOHISTIOCYTIC MAINSTEM
LYMPHOHISTIOCYTOSIS MAINTENANCE

LYMPHOID MAJOR LYMPHOMA MAKERS

MAL MARASMUS
MALABSORPTION MARCESCENS
MALACIA MARCHESANI
MALABSE MARCHESANI

MALAISE MARFANS
MALAR MARGIN
MALARIA MARGINAL
MALATHION MARIE

MALATHION
MARIE

MALDEVELOPMENT
MARIES

MALFORMATION
MARIHUANA
MALFORMATIONS
MARKED
MALFUNCTION
MARROW
MALFUNCTIONED
MASHED

MALFUNCTIONING MASS
MALGAIGNES MASSAGE
MALHTN MASSES
MALIGANCY MASSIVE
MALIGNANCY MAST

MALIGNANT MASTECTOMY
MALLEOLUS MASTOCYTOSIS

MALLEUS MASTOID
MALLORY MASTOIDITIS

MALN MATER

MALNOURISHED MATERIALS
MALNOURISHMENT MATERNAL
MALNUTRITION MATTED
MALPOSITION MATTER
MALROTATION MATURITY
MALTREATMENT MAXILLA

MALUNION MAXILLAOFACIAL MAMMARY MAXILLARY

MAMOU MAXILLOFACIAL

MAN MAYOU
MANDIBLE MBAI
MANDIBULAR MBCAR
MANDIBULECTOMY MBGCAR

MANGLED MCA MANIC MCAR

MAPAROTILINE MCARCINOMA

MARANTIC MCCUNE

MCOCAR MEGALOCEPHALY
MEASLES MEGALOCORNEA
MEATUS MEGALOCYSTIS
MECHANICAL MEGALOCYSTITIS
MECHANISM MEGALOCYTIC

MECKELS MEGALODUODENUM MEGALOESOPHAGUS

MEDIAL MEGALOURETER
MEDIAL MEGARECTUM
MEDIAN MEGASIGMOID
MEDIASTINAL MEGAURETER

MEDIASTINITIS MEIGS

MEDIASTINOBRONCHIAL MELANCHOLIA

MEDIASTINOCUTANEOUS MELANOBLASTOSIS

MEDIASTINOPERICARDITIS MELANOMA

MEDIASTINOSCOPY MELANOMATOSIS
MEDIASTINUM MELANOMATOUS
MEDICAL MELANOSARCOMA

MEDICAL MELANOSARCOMA MEDICATION MELANOSIS

MEDICATIONS MELENA
MEDICINAL MELENEYS
MEDICINE MELLARIL
MEDICINES MELLITUS
MEDITERRANEAN MEMBRANE

MEDIUM MEMBRANES
MEDULLA MEMBRANOUS
MEDULLARY MEMORY

MEDULLOBLASTOMA MENDELSONS MEGABLASTIC MENIERES

MEGACOLON MENINGEAL
MEGACYSTIS MENINGES
MEGAESOPHAGUS MENINGIOMA
MEGAKARYOBLASTIC MENINGIOMAS

MEGAKARYOCYTIC MENINGIOSARCOMA

MEGAKARYOCYTOID MENINGITIDIS
MEGALENCEPHALY MENINGITIS
MEGALOAPPENDIX MENINGOCELE
MEGALOBLASTIC MENINGOCOCCAL
MEGALOCEPHALUS MENINGOCOCCEMIA

MENINGOCOCCI MET

MENINGOCOCCUS METABOLIC
MENINGOENCEPHALITIS METABOLISM
MENINGOENCEPHALOCELE METACARPAL
MENINGOENCEPHALOMYELITIS METACHROMATIC

MENINGOENCEPHALOMYELOPATHY METAL

MENINGOENCEPHALOPATHY METAMORPHOSIS MENINGOMYELITIS METAPHYSEAL

MENINGOMYELOCELE METAPLASIA
MENINGOVASCULAR METAPLASTIC
MENISCECTOMY METASTASES
MENKES METASTASIS
MENOPAUSAL METASTASIZED

METASTASIZED
MENTAL METASTASIZED
MENTALLY METASTATIC
MENTALLY METASTATIS
MEPERIDINE METATARSAL
MEPROBAMATE METHADONE

MERCURY METHAMPHETAMINE

MERKEL METHANE METHANOL

MERMAID METHAPYRILENE
MERRITT METHAQUALONE
MES METHICILLIN

MESENCEPHALITIS METHIONINEMIA
MESENCHYMOMA METHOHEXITAL
MESENCHYMONA METHOTREXATE

MESENTERIC METHYL

MESENTERY METOPROLOL

MESENTRIC METS
MESOAPPENDIX MG
MESOCARDIA MGN
MESOCAVAL MI

MESOCOLON MICRENCEPHALON

MESOCOLONIC MICRO

MESODERMAL MICROANGIOPATHIC
MESOEPITHELIOMA MICROANGIOPATHY
MESOPHARYNX MICROCEPHALIC
MESOSALPINX MICROCEPHALUS
MESOTHELIOMA MICROCEPHALY

MICROCOLON MINOR
MICROCYTIC MINUTE
MICROGASTRIA MIRABILIS

MICROGLIOMA MIS

MICROGYRIA MISADVENTURE
MICROINFARCT MISCARRIAGE
MICROINFARCTION MISMATCHED
MICRONASE MISPLACED
MICRONDULAR MISPLACEMENT

MICRONODULAR MISUSE
MICROORGANISM MITRAL
MICROSCOPIC MIXED
MICROVASCULAR MIXTURE

MICROVESICULAR ML MICTURITION ML

MICTURITION MLCA
MID MLCAR
MIDBRAIN MOBIUS
MIDDLE MODERATE

MIDGUT MODERATELY MIDTHORACIC MODIFIED

MIGRAINE MOIST MIGRANS MOLE

MIGRATORY MONCKEBERGS
MIKITY MONGOLIAN
MILD MONGOLISM
MILIARY MONGOLOID

MILK MONILIA
MILKMANS MONILIAL
MILLARD MONILIASIS
MILLARS MONITOR

MILLER MONOBLASTIC
MILLSTONE MONOCLONAL
MILROYS MONOCYTIC

MIND MONOCYTOGENES MINDED MONOCYTOID

MINERAL MONOLEUKOCYTIC
MINERS MONOMYELOCYTIC
MINI MONOMYELOGENOUS

MINKOWSKI MONONEURITIS

MONONEUROPATHY MUA MONONUCLEOSIS MUCIN

MONOPLEGIA MUCINOUS

MONOSACCHARIDE MUCOENTERITIS
MONOSOMY MUCOEPIDERMAL
MONOXIDE MUCOEPIDERMOID

MONRO MUCOGENIC MUNS MUCOID

MONSTER MUCOLIPIDOSIS
MONSTROSITY MUCOPIDERMOID

MONTH MUCOPOLYSACCHARIDOSIS

MOON MUCOPURULENT MOORE MUCORMYCOSIS

MOORES MUCOSA MUCOSAL MORBUS MUCOUS

MORBUS MUCOUS
MORGAGNI MUCOVISCIDOSIS

MORGANELLA MUELLERIAN MULLERIAN MULLERIAN

MORON MULTI

MORPHINE MULTICYSTIC
MORPHINISM MULTIFOCAL
MORQUIO MULTIFORME
MORRISON MULTIINFARCT
MOTHER MULTIINFARCTION

MOTHERS MULTILOBAR MOTILITY MULTILOBE

MOTOR MULTILOCULARIS
MOULDERS MULTINODULAR
MOUNIER MULTIORGAN
MOUNT MULTIORGANISM

MOUNTAIN MULTIORGANS

MOUTH MULTIPLE
MOVEMENT MULTIPLEX
MOYAMOYA MULTISYSTEM
MPRCAR MULTISYSTEMS
MRSALL MULTIVALVIII AR

MRSAU MULTIVALVULAR
MS MULTIVESSEL
MT MULTOCIDA

MUMPS MYELOGENOUS
MURAL MYELOGRAM
MURIATIC MYELOID

MURMUR MYELOLEUKODYSTROPHY

MUSCLE MYELOMA

MUSCLES MYELOMALACIA
MUSCULAR MYELOMATOSIS
MUSCULATURE MYELOMENINGITIS
MUSCULO MYELOMENINGOCELE
MUSCULORUM MYELOMONOBLASTIC

MUSCULOSKELETAL MYELOMONOCYTIC

MUSTARD MYELOPATHIC MYELOPATHY

MUTILATION MYELOPHTHISIC MUTISM MYELOPROLIFERATION

MVR MYELOPROLIFERATIVE MY0NECROSIS MYELORADICULITIS

MYASTHENIA MYELOSCHISIS

MYASTHENIC MYELOSCLEROSIS

MYCO MYELOSIS

MYCOBACTERIA MYELOSUPPRESSION

MYCOBACTERIAL MYLERAN

MYCOBACTERIOSIS MYOADENOMA
MYCOBACTERIUM MYOBACTERIUM
MYCOPLASM MYOCARDIAC

MYCOPLASMA MYOCARDIAL

MYCOSIS MYOCARDIOPATHY MYCOTIC MYOCARDITIS

MYELINOSIS MYOCARDOSIS

MYELITIS MYOCARDOSIS
MYELOBLASTIC MYOCLONIC
MYELOCELE MYOCLONUS

MYELOCYSTOCELE MYOFACITIS
MYELOCYTIC MYOFIBROSIS

MYELODYSPLASIA MYOFIBROSITIS
MYELODYSPLASTIC MYOGLOBINURIA
MYELOENCEPHALITIS MYOLIPOSARCOMA

MYELOFIBROSIS MYOMA

MYELOGENIC MYOMALACIA

MYOMETRIAL NASOPHARYNX

**MYOMETRITIS** NATURAL MYOMETRIUM NAUSEA **MYONECROSIS** NAVEL

MYOPATHY NAVICULAR

**MYOSARCOMA** NC **MYOSITIS** NEAR **MYOTATIC NEC MYOTONIA** NECK

**MYOTONIC NECROLYSIS MYXEDEMA NECROSING** MYXOFIBROSARCOMA **NECROSIS MYXOID NECROTIC** 

**NECROTICANS** MYXOLIPOSARCOMA

MYXOMA **NECROTIZING** NEEDLE **MYXOMATOSIS** 

**NEG MYXOMATOUS MYXOMEMBRANOUS NEGATIVE MYXOPAPILLARY NEGLECT** 

**MYXOSARCOMA** NEIMANN NEISSERIA N -NEMALINE NAGEOTTE NEMBUTAL

NAIL **NEOFORMANS** 

NAILING **NEONATAL** 

NAJJAR NEONATORUM NANTA NEOPLASIA

NARCOLEPSY **NEOPLASM NEOPLASTIC** NARCOSIS **NEOVASCULAR** NARCOTIC **NARCOTICS NEPHOSCLEROTIC NEPHRECTOMY** NARCOTISM

NARES **NEPHRITIC** NARROWING **NEPHRITIS** 

NASAL **NEPHROARTERIOSCLEROSIS** 

NASOGASTRIC **NEPHROAS** 

**NEPHROBLASTOMA** NASOPHARYNGEAL **NASOPHARYNGITIS NEPHROCALCINOSIS** 

NASOPHARYNGOSCOPY **NEPHROCYSTITIS** 

**NEPHROGENIC** NEUROLOGICAL

NEUROMA **NEPHROLITHIASIS** 

**NEPHROLITHOTOMY** NEUROMUSCULAR NEPHROMA NEUROMYALGIA **NEPHRON NEUROMYOPATHY NEPHRONEPHRITIS NEUROMYOSITIS** 

**NEPHROPATHY** NEURON **NEPHROPTOSIS NEURONE NEPHROPYOSIS NEUROPATHIC NEPHRORRHAGIA NEUROPATHY NEPHROSCLEROSIS NEUROSIS** 

**NEPHROSIS** NEUROSURGERY NEPHROSTOMY **NEUROSURGICAL NEPHROTIC NEUROSYPHILIS** 

NEPHROTOXICITY NEUROTIC

**NEUROVASCULAR NERVE NEUTROPENIA** NERVOSA **NERVOUS NEUTROPHILIC** 

**NERVOUSNESS NEVER** NEURAL **NEVUS NEURALGIA NEWBORN** 

NEURALGIC NG

NEURASTHENIA NICOTINE

NEURILEMMOMA NIDD NEURILEMMOSARCOMA NIDDI

**NEURITIS** NIDDM NEUROBLASTOMA NIELSEN NEUROCIRCULATORY NIEMANN NEURODEGENERATIVE NIGHT NEUROECTODERMAL NIGRA **NEUROENDOCRINE** NINE NEUROFIBROMA **NIPPLE** 

**NEUROFIBROMATOSIS** NISSEN NEUROFIBROSARCOMA **NITROUS NEUROGASTRIC** NO

**NEUROGENIC** 

**NOCARDIA** NEUROLEMMOSARCOMA NOCARDIASIS **NEUROLEPTIC NOCARDIOSIS** 

**NEUROLOGIC** NOCTEC

NOCTURAL NONSUPPURATIVE NODAL NONSYPHILITIC

NODE NONTHROMBOCYTOPENIC

NODES NONTOXIC NODOSA NONTP

NODULAR NONTRAUMATIC NODULE NONTROPICAL

NODULES NONTUBERCULOUS

NON NONUNION

NONALCOHOLIC
NONAUTOIMMUNE
NONBACTERIAL
NONCARDIAC
NONCLOSURE
NONCOMMUNICATING
NONVASCULAR
NONVENOMOUS
NONVIABILITY
NONVIABLE
NONVIABLE
NONVIABLY
NONCOMMUNICATING

NONCONVULSIVE NORDIAZEPAM NONDEVELOPMENT NORDIAZIEPAM

NONEPIDEMIC NORMAL

NONEXPANSION NORMOBLASTIC
NONFAMILIAL NORMOBLASTOSIS
NONFUNCTION NORMOCHROMIC
NONFUNCTIONING NORMOCYTIC

NONHEALING NORMOTENSIVE

NONHEMOLYTIC NOROXIN
NONHEMORRHAGIC NORPRAMINE
NONHODGKINS NORTRIPTYLINE

NONINFECTIOUS NOSE

NONKETOTIC NOSEBLEED NONLYMPHOCYTIC NOSOCOMIAL

NONOBSTRUCTIVE NOSTRIL NONORGANIC NOT

NONOSTEOGENIC NOTCH

NONPRESCRIBED NOURISHMENT

NONPROLIFERATIVE NPD
NONPSYCHOTIC NTG
NONPYOGENIC NUCHAL
NONREGENERATIVE NUCK
NONRHEUMATIC NUCLEAR

NONSPECIFIC NUCLEI

NUCLEUS OCCULT NUTMEG OCCULTA

NUTRITION OCCUPATIONAL NUTRITIONAL OCCUPYING

OCULOPHARYNGEAL

O - OCVA O ODDI

OA ODONTOID OESOPHAGEAL

OAT OF

OBESE OGILIVIES
OBESITY OGILVIES
OBLIGUE OHD

OBLIQUE OLD

OBLITERANS OLECRANON OBLITERATION OLFACTORY

OBLITERATIVE OLIGODENDROBLASTOMA
OBLONGATA OLIGODENDROGLIOMA
OBS OLIGOHYDRAMNIOS

OBSCURE OLIGURIA
OBSESSIVE OLIGURIC

OBSTIPATION OLIVOPONTINECEREBELLAR OLIVOPONTOCEREBELLAR

OBSTRUCTING OLLIERS
OBSTRUCTION OLSZEWSKI
OBSTRUCTIVE OLSZEWSKIS

OBTUNDATION OM

OBTURATOR OMENECTOMY

OCAR OMENTAL

OCCASIONAL OMENTECTOMY
OCCIPITAL OMENTITIS
OCCIPITO OMENTUM

OCCIPITOCERVICAL OMI

OCCIPITOFRONTAL OMPHALOCELE

OCCIPITOPARIETAL OMS OCCIPITOTEMPORAL ON

OCCLUDED ONCOCYTOMA

OCCLUSION ONDINES

OCCLUSIVE ONE

ONGOING ORGANISMS
ONSET ORGANS
OOPHORECTOMY ORGIN
OOPHORITIS ORIF
OOPHOROTOMY ORIFICE
OP ORIGIN
OPACITY ORNITHINE

OPEN OROFACIAL
OPENED OROPHARYNGEAL
OPENING OROPHARYNX
OPERATED ORTHOPEDIC
OPERATION ORTHOPNEA
OPERATIVE ORTHOSTATIC

OPERATIVELY ORTHOTOPIC
OPHTHALMICUS OS
OPHTHALMITIS OSLER
OPIATE OSSEOUS
OPIUM OSSIFICATION

OPPENHEIM OSTEITIS

OPPENHEIMES OSTEOARTHRITICA
OPPORTUNISTIC OSTEOARTHRITIS
OPTHALMIC OSTEOARTHROPATHY

OPTIC OSTEOARTHROSIS
OPTICUM OSTEOCHONDRITIS

OR OSTEOCHONDRODYSTROPHY
ORAL OSTEOCHONDROSARCOMA
ORAM OSTEOCHRONDROMA

ORANGE OSTEODYSTROPHY
ORBIT OSTEOFIBROSARCOMA

ORBITAL OSTEOGENESIS
ORBITS OSTEOGENIC
ORCHIDECTOMY OSTEOLYSIS
ORCHIECTOMY OSTEOLYTIC
ORCHIOBLASTOMA OSTEOMALACIA

**ORCHITIS** 

ORGAN OSTEOMYELOFIBROSIS
ORGANIC OSTEOMYELOSCLEROSIS

ORGANISM OSTEONECROSIS

**OSTEOMYELITIS** 

OSTEOPATHY OXIDE

OSTEOPENIA OXYCODONE OSTEOPERIOSTITIS OXYGEN

OSTEOPETROSIS OZ

**OSTEOPOROSIS** 

OSTEOPOROTIC P-OSTEOSARCOMA PAC

OSTEOSCLEROSIS PACEMAKER

OSTEOSCLEROTIC PACER

OSTIUM PACHYGYRIA

OTHER PACK
OTITIS PACKING
OTOGENIC PACKS
OUININE PAD

OUININE PAD
OUT PADENO
OUTER PAGET
OUTFLOW PAGETS
OUTLET PAIN

OUTPUT PAINFUL
OVALE PAINS
OVARIAN PAINT
OVARIES PALATE

OVARY PALLIATION
OVER PALLIATIVE
OVERACTIVE PALLIDUS

OVERDOSAGE PALMAR
OVERDOSE PALPITATIONS

OVEREXERCISED PALPITATIONS
OVEREXERTION PALSY
OVEREXPOSURE PAM

OVERHEATED PANACINAR
OVERINDULGENCE PANAORTIC

OVERLOAD PANARTERITIS
OVERSEW PANCAR

OVERSEW PANCAR
OVERSTRAINED PANCARDITIS
OVERWEIGHT PANCOAST
OVERWHELMING PANCOASTS

OVIDUCT PANCREAS

OXALOSIS PANCREATECTOMY

PANCREATIC PARANEOPLASTIC

PANCREATICODUODENAL PARANOIA **PANCREATITIS** PARANOID

PANCREATOBILIARY **PARAPARESIS** 

PANCREATODUODENECTOMY PARAPHARYNGEAL

**PANCYTOPENIA PARAPHRENIA PANENCEPHALITIS** PARAPLEGIA PANHYPOGAMMAGLOBULINEMIA **PARAPLEGIC** 

**PANHYPOPITUITARISM PARAPNEUMONIC** 

PANIC **PARAPROSTHETIC** 

**PARARECTAL PANLOBAR PARASINUS PANLOBULAR PARASITIC PANNICULITIS PANSINUSITIS** PARASPINAL

PAPILLA PARATHYROID **PAPILLARY** PARATHYROIDECTOMY PAPILLEDEMA **PARATHYROIDITIS** 

PARAUTERINE

**PAPILLITIS** PARATRACHEAL **PAPILLOMA** PARAUMBILICAL **PAPILLOTOMY** PARAURETHRAL

PARAAORTIC **PAREGORIC** PARACENTESIS PARENCHYMA PARACOLIC PARENCHYMAL

PARA

PARADOX **PARENCHYMATOUS** 

**PARADUODENAL** PARENTERAL PARAESOPHAGEAL PARESIS PARAGANGLIOMA PARIETAL

PARAINFLUENZA PARIETO

**PARALDEHYDE** PARIETOTEMPORAL **PARALYSIS** PARKINSON

PARALYTIC PARKINSONIAN **PARALYZED PARKINSONISM** 

PARAMENINGEAL **PARKINSONS PARAMETRIC** PAROTID **PARAMETRITIS PAROTIDITIS** 

PARAMETRIUM **PAROTITIS PARAMYOCLONUS PAROXYSMAL** 

**PARANASAL** PARRY

PARTIAL
PARTIALIS
PARTIALIS
PEMPHIGOID
PARTUM
PEMPHIGOIDES
PAS
PEMPHIGUS
PASS
PENDING
PASSAGE
PENETRATED

PASSAGE PENETRATED
PASSAGES PENETRATING
PASSIVE PENETRATION
PAST PENICILLIN

PASTEURELLA PENILE PAT PENIS

PATAUS PENTAZOCINE
PATCHY PENTOBARBITAL

PATELLA PEPTIC PATENT PER

PATERSON
PATHOGENIC
PATHOLOGIC
PATHOLOGICAL
PATHOLOGY
PATHOLOGY
PATIENT
PERCUTANEOUS
PERFORATED
PERFORATING
PERFORATION
PERFORATIONS
PERFORATIONS

PATTERSON PERFUSION PAULO PERIANAL

PCD PERIAORTIC PERIAPPENDICEAL

PDA PERIARTERITIS
PECTORAL PERICARDIAC
PECTORIS PERICARDIAL

PECTUS PERICARDICENTESIS
PEDAL PERICARDICENTESIS
PEDICLE PERICARDIOCENTESIS

PEDUNCLE PERICARDIOSTOMY
PEG PERICARDIOTOMY
PEGT PERICARDITIS

PELVIC PERICARDIUM
PELVIPERITONITIS PERICECAL

PELVIRECTAL PERICHOLECYSTIC

PELVIS PERICOLIC PELVIURETERAL PERICOLONIC

PERICRANIAL PERMANENT
PERICUTANEOUS PERIGASTRIC PERONEAL

PERIHILAR
PERPHENAZINE
PERINATAL
PERINEAL
PERSISTANT
PERSISTENCE
PERINEPHRIC
PERINEPHRITIC
PERINEPHRITIC
PERSONALITY
PERINEPHRITIS
PERSTANS
PERINEUM
PERPHENAZINE
PERSISTENT
PERSISTENT
PERSONALITY
PERSTANS
PERTUSSIS

PERIODIC
PERIOPERATIVE
PERIPADENO
PERIPANCAR
PERIPANCREATIC
PERIPANCREATIC
PERIPANCREATIC
PERIPANCREATIC
PERIPANCREATIC
PERIPANCREATIC

PERIPARTUM PETIT
PERIPHERAL PETROLEUM
PERIPHEROVASCULAR PETROUS

PERIPORTAL PHARYNGEAL
PERIPROCTIC PHARYNGECTOMY
PERIPROSTATE PHARYNGITIS

PERIPROSTATIC PHARYNGO

PERIRECTAL PHARYNGOTRACHEAL

PERIRENAL PHARYNX PERISCAPULAR PHASE

PERISINUS
PERITERMINAL
PERITONEAL
PERITONEI
PERITONEOVENOUS
PHENACETIN
PHENCYCLIDINE
PHENOBARBITAL
PHENOMENON
PHENOTHIAZINE

PERITONEUM PHENOTYPE

PERITONITIS PHENYLPROPANOLAMINE

PERITONSILLAR PHENYTOIN

PERIURETERAL PHEOCHROMOBLASTOMA PERIURETHRAL PHEOCHROMOCYTOMA

PERIUTERINE PHLEBITIC PERIVALVULAR PHLEBITIS

PERIVESICAL PHLEBOTHROMBOSIS

PERIVESICULAR PHLEGMASIA

PHLEGMON PIRIFORM

PHLEGMONOUS PIT

PHOSPHATE PITTING

PHOSPHATEMIA PITUITARISM PHOSPHATURIA PITUITARY

PHOTOSENSITIVE PKD
PHOTOSENSORY PLACE
PHTHISIS PLACED
PHYLLODES PLACEMENT
PHYSICAL PLACENTA

PHYSICIAN PLACENTAL PHYSIOLOGIC PLACIDYL PHYSIOLOGICAL PLACING PLACING PLAGUE

PICK PLANTAR
PICKS PLAQUE
PICKWICKIAN PLAQUES

PIE PLASMA

PIERCING PLASMACYTIC
PIERRE PLASMACYTOID
PIGMENTATION PLASMACYTOMA

PIGMENTATIONS PLASMAPHERESIS
PIGMENTED PLASMOCYTIC

PIGMENTOSA PLASMOCTTIC
PIGMENTOSA PLASMODIUM
PIGMENTOSUM PLASTER

PIGMENTOSUS PLASTIC
PILL PLASTICA
PILLAR PLATE

PILLS PLATEAU
PILONIDAL PLATELET
PIN PLATELETS

PINEAL PLATYBASIA

PINEALOBLASTOMA PLEOCHROMIC

PINEALOMA PLEURA PINEOBLASTOMA PLEURAL

PINEOCYTOMA PLEURISY
PINNED PLEURITIC
PINNING PLEURITIS

PIPE PLEUROBPN

**PLEUROBRONCHO** PNEUMONECTOMY

PLEUROCUTANEOUS **PNEUMONIA** PLEUROPERICARDIAL PNEUMONIAE **PLEUROPERICARDITIS PNEUMONIC PLEUROPERITONEAL PNEUMONITIS** 

**PLEUROPN PNEUMOPATHY** 

**PNEUMOPERICARDITIS PLEUROPNEUMONIA PLEUROPUL PNEUMOPERICARDIUM** 

**PLEUROPULMONARY PNEUMOPERITONEUM PLEXUS PNEUMOPLEURISY** 

**PLICATION PNEUMOPLEURITIS** 

**PLUG PNEUMOPYOPERICARDIUM** 

PLUGGED **PNEUMOPYOTHORAX PLUGGING PNEUMORRHAGIA PLUMMER PNEUMOTHORACES** 

**PNEUMOTHORAX PLUMMERS** 

PO PLUNGING

**PMD POINTES** PΝ **POINTS PNEUMATOSIS** POISON

**PNEUMOATELECTASIS** POISONING

PNEUMOCOCCAL **POISONOUS PNEUMOCOCCEMIA POLANDS** 

PNEUMOCOCCI POLE **PNEUMOCOCCUS POLGAR PNEUMOCONIOSIS** POLICE **PNEUMOCONIOTIC** POLIO

**PNEUMOCUTANEOUS POLIOMYELITIS** 

**PNEUMOCYSTIC** POLLUTION **POLYADENITIS PNEUMOCYSTIS** 

**PNEUMOCYSTOSIS POLYANGIITIS** 

PNEUMOENCEPHALOGRAPHY **POLYARTERITIS** PNEUMOHEMOPERICARDIUM POLYARTHRALGIA

**PNEUMOHEMOTHORAX POLYARTHRITIS** PNEUMOHYDROPERICARDIUM POLYARTHROPATHY

PNEUMOHYDROTHORAX **POLYARTICULAR PNEUMOMEDIASTINUM POLYCHONDRITIS** 

**PNEUMOMEDIASTIUM** POLYCHONDRODYSTROPHY

**PNEUMOMYCOSIS** POLYCLONAL

POLYCYSTIC PORTACAVAL POLYCYTHEMIA PORTAL

POLYDIPSIA PORTERS POLYDRUG PORTO

POLYHYDRAMNIOS PORTOSYSTEMIC POLYMER PORTUGUESE

POLYMICROBIAL POSADAS
POLYMIRABIAL POSITIVE
POLYMYALGIA POSITIVITY

POLYMYALGIA
POSITIVITY
POLYMYOPATHY
POSS
POLYMYOSITIS
POSSIBLE
POLYNEURITIS
POSITIVITY
POSITIVITY
POSITIVITY
POSITIVITY
POSITIVITY
POSITIVITY
POSITIVITY
POSITIVITY

POLYNEUROPATHY POSTANAL POLYP POSTCECAL

POLYPHARMACY
POLYPOID
POSTCONCUSSIONAL
POLYPOSIS
POSTCONTUSIONAL
POSTDYSENTERIC

POLYPS POSTERIOR POSTERO POSTERO

POLYRADICULOPATHY POSTEROLATERAL POLYSEROSITIS POSTEROSEPTAL POSTHEMORRHAGIC

POLYVALVULAR POSTHEPATIC
POMPE POSTHEPATIC
POMPES POSTHEPATIC

POMPES POSTHERPETIC POND POSTICTAL

PONS POSTINFECTIONAL PONTINE POSTINFECTIOUS POOR POSTINFLAMMATORY

POORLY POSTIVE

POPLITEAL POSTLARYNGEAL POPPERS POSTMATURE POSTMATURITY POPENCEPHALIC POSTMEASLES

PORENCEPHALIC POSTMEASLES

PORENCEPHALY POSTMI

PORPHYRIA POSTMORTEM POSTMYOCARDIAL

PORTACAVA POSTNASAL

POSTNATAL PREECLAMPSIA
POSTNECROTIC PREECLAMPTIC
POSTOBSTRUCTIVE PREEXCITATION
POSTOPERATIVE PREFRONTAL
POSTPARTAL PREGNANCY
POSTPARTUM PREGNANT

POSTPHARYNGEAL PREINFARCTIONAL POSTTONSILLAR PRELEUKEMIA PRELEUKEMIC

POSTURAL PREM

POSTVARICELLA PREMATURE
POSTVIRAL PREMATURELY
POTASSIUM PREMATURITY
POTENTIAL PRENATAL
POTTERS PREPARTUM
POTTS PREPATELLAR

POUCH
POWER
POWER
PREPYLORIC
POX
PREPYLORUS
PPH
PRESACRAL
PPT
PRESACRUM
PRADEN
PRESBYCARDIA
PRESBYCUSIS

PRAECOX PRESBYESOPHAGUS

PRCA PRESCRIBED
PRCAR PRESCRIPTION
PRE PRESENILE
PREADMISSION PRESENILITY

PREADMISSION PRESENILITY
PRECEDING PRESENTATION
PRECEREBRAL PRESSURE

PRECERT PRESSURING PRECIPITATE PRETERM

PRECIPITOUS PRETHROMBOTIC

PRECORDIAL PREVIA

PREDI PREVIABLE
PREDIABETES PREVIOUS
PREDIABETIC PRIMARY
PREDNISONE PRIMIDONE

PREDOMINANT PRIMITIVE

PRIMUM PROPOXYPHENE PRINZMETALS PROPRANOLOL PRIOR PROSTAGLANDIN

PROB PROSTATE

PROBABLE PROSTATECTOMY

PROBLEM PROSTATIC
PROBLEMS PROSTATISM
PROCAIN PROSTATITIS

PROCAINAMIDE PROSTATOCYSTECTOMY

PROCEDURE PROSTHESIS
PROCESS PROSTHETIC
PROCIDENTIA PROSTRATION
PROCTITIS PROTAMINE
PROCTOCELE PROTEIN

PROCTOSIGMOIDITIS PROTEINOSIS
PROCTOSIGMOIDOSCOPY PROTEINURIA
PRODUCING PROTEUS

PRODUCT PROTHROMBIN
PRODUCTS PROTHROMBINASE

PROFOUND PROTOZOAL PROGERIA PROTRACTED PROGRANULOCYTIC PROTRUSION

PROGRESSION PROWER
PROGRESSIVE PROXIMAL
PROLAPSE PRUNE
PROLAPSED PRURITUS

PROLAPSING PSEUDO
PROLIFERATIVE PSEUDOANEURYSM
PROLONGED PSEUDOARTHROSIS

PROLYMPHOCYTIC PSEUDOBULBAR

PROM PSEUDOCLAUDICATION

PROMAZINE PSEUDOCYST

PROMETHAZINE PSEUDODIVERTICULUM PROMYELOCYTIC PSEUDOFOLLICULAR

PRONATOR PSEUDOGOUT

PRONESTYL PSEUDOHYPERTROPHIC

PROPANE PSEUDOILEUS

PROPANOL PSEUDOLEUKEMICA PSEUDOMEMBRANOUS

**PSEUDOMONAS PUSTULAR PSEUDOMUCINOUS** PUSTULOSA PSEUDOMYXOMA PUTNAM **PSEUDOMYXOMATOSIS PUTRID PSEUDOOBSTRUCTION PVC PSEUDOPARKINSONISM** PVD PVI **PSEUDOSARCOMATOUS PSITTACOSIS** PVT **PSOAS** PX

PSORIASIS PYARTHROSIS
PSORIATIC PYELITIS
PSYCHIATRIC PYELOCYSTITIS

PSYCHOGENIC PYELOGRAM

PYELOGRAM

PSYCHOMOTOR PYELOHYDRONEPHROSIS

PSYCHONEUROSIS PYELONEPHRITIC
PSYCHONEUROTIC PYELONEPHRITIS
PSYCHOSIS PYELONEPHROSIS

PSYCHOTHERAPEUTIC PYEMIA PSYCHOTHERAPEUTICS PYEMIC

PSYCHOTIC PYLEPHLEBOTHROMBOSIS

F-71

PTE PYLES PYLORIC

PUBIS PYLOROFUNDAL PUL PYLOROPLASTY PULEM PYLOROSPASM

PULI PYLORUS
PULMONALE PYOCYSTITIS
PULMONARY PYOGENIC
PULMONIC PYOMETRA
PULPOSUS PYOMETRIUM
PULSE PYONEPHRITIS

PULSELESS PYONEPHROSIS

PUMP PYREXIA
PUNCTURE PYRIDOXINE
PUNCTURED PYRIFORM
PURE PYURIA

PURPURA
PURULENT Q PUS Q

QUADRANT RAPID
QUADRIPARESIS RAPIDLY
QUADRIPLEGIA RAR
QUADRIPLEGIC RASH
QUADRUPLE RATE
QUALITATIVE RAY

QUESTIONABLE RAYMONDS
QUIETLY RAYNAUD
QUINCKES RAYNAUDS
QUINIDINE RAYS

QUININE RBBB
QUITE RCS
RDS
R - RE

RA REACTION
RAAA REACTIVATE
RACEMOSE REACTIVATED
RACHISCHISIS REACTIVATION
RACHITIC REACTIVE

RADIAL RECALCITRANT

RADIATION RECENT
RADICAL RECIPIENT

RADICULAR RECKLINGHAUSENS RADICULITIS RECOGNITION

RADICULOMYELITIS RECONSTRUCTION

RADICULOPATHY RECOVERING

RADIO RECTAL RADIOACTIVE RECTO

RADIOCONTRAST RECTOCELE
RADIOGRAPHIC RECTOLABIAL
RADIOLOGICAL RECTOSIGMOID
RADIONECROSIS RECTOSIGMOIDAL

RADIOTHERAPY RECTOSIGMOIDECTOMY

RADIUM
RADIUS
RADIUS
RAISED
RAMSEY
RAMUS
RECTOURETHRAL
RECTOUTERINE
RECTOVAGINAL
RECTOVESICAL

RECTOVESICOVAGINAL REMOVED
RECTOVULVAL RENAL
RECTUM RENDU
RECUMBENCY RENFA

RECURRENCE RENOVASCULAR RECURRENT REOPERATION

RED REPAIR
REDLICHS REPAIRED
REDO REPEAT
REDUCTION REPETITIVE
REFLEX REPLACED

REFLUX REPLACEMENT

REFRACTIVE REPORT **REPTILE** REFRACTORY REFUSAL REQUIRING **REFUSE** RESECT REFUSED RESECTED REGION RESECTION REGIONAL **RESERVE** REGIONS RESIDUAL RESIDUALS

REGURGITATION RESIDUALS REGURGITORY RESISTANT

REILLYS RESP

REINFARCTION RESPIRATION REINFECTION RESPIRATIONS REINSERTION RESPIRATOR REJECTION RESPIRATORY RELAPSING RESPONSE RELATED RESPONSIVE RESTRICTED RELATIVE RELAXATION RESTRICTING **RELEASE** RESTRICTIVE RESULTANT RELIEF

RELIEVE RESUSCITATED
RELIEVED RESUSCITATION
REMAINS RESUSCITATIVE

REMOTE RETAINED RETARDATION

REMOVE RETARDED

RETENTION REYES
RETICULAR RF
RETICULARPROLIFERATIVE RFA
RETICULO RH

RETICULOENDOTHELIAL RHABDOMYOLYSIS RETICULOHISTIOCYTIC RHABDOMYOMA

RETICULOHISTIOCYTOMA RHABDOMYOSARCOMA

RETICULUM RHABDOSARCOMA

RETINA RHD

RETINAE RHEUMATIC
RETINAL RHEUMATICA
RETINITIS RHEUMATISM
RETINOBLASTOMA RHEUMATOID

RETINOPATHY RHINITIS

RETRANSPLANTATION RHINORRHEA
RETRO RHIZOTOMY

RETROABDOMINAL RHYTHM RETROBULBAR RHYTHMS

RETROCECAL RIB
RETROGASTRIC RIBS
RETROINTERNAL RICH

RETROLARYNGEAL RICHARDSON RETROMOLAR RICHTERS RETROPERITONEAL RICKETS RICKETS RIDDEN RETROPERTIONEAL RIDGE

RETROPHARYNGEAL RIEMANNS

RETROPLACENTAL RIFLE
RETRORECTAL RIGHT
RETROSTERNAL RIGID
RETROUTERINE RIGIDITY
RETROVESICAL RIGIDUS
RETURN RING

RETURN RING
REVASCULARIZATION RINGED
REVASCULARIZE RINGS
REVERSE RLL
REVERSED RMCAT
REVERSIBLE RML

REVERSIBLE RIML REVISION RND

ROBIN SACCULAR ROBINS SACHS SACKS ROD SACRAL

RODENT SACROCOCCYGEAL

RODS
ROENTGEN
SACROILIAC
SACRUM
ROMBERG
SADDLE
ROOF
SAGITTAL
SAINT

ROSTANS SAINTS SALICYLATE

ROTOSCOLIOSIS SALICYLATES
ROUND SALIVARY
ROUSSY SALMONELLOSIS

ROUX SALMONELLOSIS
RSA SALPINGITIS
RT SALPINGO

RTA SALPINGO-OOPHORECTOMY

RUBBING SALT RUBELLA SAN

RUBINSTEIN SANDHOFFS RUBRA SANGER

RUL SAO

RULS SAPHENOUS SARCOID SARCOIDOSIS

RUPTURED SARCOIDOSIS

RUQ SARCOMATOSIS RUSSELL SATURATION

RVH SBE
RVT SBO
RX SCABIES

SCALD
SCALDED
S-SCALENE
SCALP

S SCALP SCAN

SAC SCAPHOID

SCAPULA SDAT SCAPULAR SDII SCAR SDS

SCARRING SECOBARBITAL

SCC SECONAL SCCA SECOND **SCHAUMANN** SECONDARY **SCHEUERMANNS SECRETANS SECRETION** SCHIARRI **SCHILLING SECRETIONS SCHIZO** SECRETORY SCHIZOAFFECTIVE **SECTION** SECUNDUM

SCHIZOPHRENIA SECU SCHIZOPHRENIC SED

SCHOLZ SEDATION SCHONBERG SEDATIVE SCHONLEIN SEDATIVES

SCHROETTER SEDIMENTATION

SCHROETTERS SEGMENT
SCHULLER SEGMENTAL
SCHWANNOMA SEIZURE
SCIATIC SEIZURES

SCIATICA SELF SCIRRHOUS SELLA SCLERAL SEMI

SCLEROCYSTIC SEMICOMA

SCLERODERMA SEMICOMATOSE

SCLEROSING SEMILUNAR
SCLEROSIS SEMINAL
SCLEROTIC SEMINOMA
SCLEROUS SEMIPLASTIC

SCOLIOSIS SENEAR

SCORE SENESCENCE SCOTCHGUARD SENESCENT

SCRATCH SENILE SCRATCHES SENILIS SCREW SENILITY

SCROTAL SENILIZATION

SCROTUM SENSE

SENSITIVITY SHARP

SENSITIZATION SHATTERED SENSORIMOTOR SHEATH

SENSORY SHEATHING SEPARATION SHEEHANS

SEPSIS SHIFT
SEPT SHIGELLA
SEPTA SHINGLES
SEPTAL SHOCK
SEPTIC SHORT

SEPTICEMIA SHORTNESS

SEPTICEMIC SHOT

SEPTUM SHOULDER
SEQUARD SHOWER
SEQUELA SHUNT
SEQUELAE SHUNTED
SEQUESTRATION SHUNTING
SEROFIBRINOUS SHUNTS

SEROFIBRINOUS SHUNT SEROLOGY SHUT

SEROPURULENT SHUTDOWN

SEROSITIS SHY SEROUS SIADH

SERRATIA SIALADENITIS

SERUM SIALITIS

SEVERANCE SIALOADENITIS

SEVERE SIAMESE
SEVERED SICCA
SEVERELY SICD
SEWED SICK
SEX SICKLE
SEZARY SICKLEMIA
SEZARYS SICKNESS

SHADOW SIDE SHAFT SIDED

SHAKEN SIDEROACHRESTIC SHAKING SIDEROBLASTIC SHAPE SIDEROPENIC

SHAPE SIDEROPENIC

SHAPED SIDS

SIEGAL SIVE SIEMENS SIX SIGHT SIXTH

SIGMOID SJOGRENS
SIGMOIDAL SKELETAL
SIGMOIDITIS SKELETON

SIGMOIDOSCOPY SKELETONIZED

SIGMOIDOSTOMY SKENES SIGMOIDOVAGINAL SKENITIS

SIGN SKIN
SIGNET SKULL
SILENT SLASHED
SILICA SLATE
SILICATE SLE
SILICOSIS SLEEP
SILICOTB SLEEPING

SILICOTB SLEEPING
SILICOTBC SLIDING
SILICOTIC SLIM

SILICOTUBERCULOSIS SLIPPED SLOUGHING

SILVERS SLOW
SIMMONDS SLURRED
SIMPLE SLURRING
SIMPLEX SMALL

SINCE SMITH
SINEQUAN SMITHS
SINGLE SMOKE
SINOATRIAL SMOKED
SINOAURICULAR SMOKER
SINUS SMOKERS
SINUSES SMOKES

SINUSITIS SMOKING

SIPPLES SMOTHERING

SITE SNAKE
SITES SNIFFING
SITTING SNUFF

SITU SO SITUATIONAL SOB

SITUS SODIUM

SOFT SPLENITIS

SOFTENING SPLENOCOLIC SOLITARY SPLENOMEGALIA SOOT SPLENOMEGALIC SORE SPLENOMEGALY SOURCE SPLENOPATHY SP SPLENOPTOSIS

SPACE SPONDYLARTHROSIS

SPASM SPONDYLITIS

SPASMODIC SPONDYLOARTHROSIS

SPASMS SPONDYLOGENIC SPASTICITY SPONDYLOLISTHESIS SPASTICITY SPONDYLOLISTS

SPASTICITY SPONDYLOLYSIS
SPECIES SPONDYLOSIS
SPECIFIC SPONDYLYTIC

SPEECH SPONGE

SPELLS SPONTANEOUS

SPERMATIC SPOTTED
SPHENOID SPRAIN
SPHENOIDAL SPRAY
SPHEROCYTIC SPREAD
SPHEROCYTOSIS SPRUE

SPHINCTER SQUAMOUS

SPHINCTERAL SSS
SPIDER ST
SPIELMEYER STAB

SPINA STABBED
SPINAL STABBING
SPINALIS STAGE

SPINDLE STAGHORN
SPINE STAGING
SPINOCEREBELLAR STAIN

SPINOCEREBRAL STANDSTILL

SPINOUS STAPH

SPIRALIS STAPHYLOCOCCAL
SPITTING STAPHYLOCOCCEMIA
SPLEEN STAPHYLOCOCCUS

SPLENECTOMY STAPLING SPLENIC STARR

STARVATION STITCH
STASIS STMPH
STATE STOCK
STATED STOKES
STATIC STOMA
STATUS STOMACH
STAVE STOMATITIS

STCAR STONE
STEAL STONES
STEAM STOOL
STEATOCIRRHOSIS STOP

STEATORRHEA STOPPAGE
STEATOSIS STORAGE
STEELE STORM
STEINBROCKERS STRAIN
STEINERTS STRAINING
STELLA STRANGLED

STEM STRANGULATED STRANGULATION

STENOSING STRAUSS
STENOSIS STREIFF
STENOTIC STREP
STERCOLITH STREPT

STERCORACEOUS STREPTOCOCCAL
STERCORAL STREPTOCOCCEMIA
STERILE STREPTOCOCCI

STERN STREPTOCOCCICOSIS
STERNAL STREPTOCOCCUS

STERNALGIA STREPTODERMA
STERNBERG STREPTOKINASE
STERNOTOMY STREPTOMYCOSIS

STERNUM STRESS
STEROID STRIATAL
STEROIDS STRIATE

STEVENS STRIATONIGRAL

STIFF STRIATUM
STILLBORN STRICTURE
STILLS STRIDOR
STING STRIPPING

STROHL SUBEPENDYMOMA
STROKE SUBEPIDERMAL
STROKES SUBFRONTAL
STROMAL SUBGALEAL

STRONGYLOIDES
STRUCTURE
STRUCTURES
STRUCTURES
STRUMA
STRUMPELL
STRUMPELL
STRYCHNINE
STUART
STUDIES
SUBGLOTTIC
SUBGLOTTIS
SUBHEPATIC
SUBHEPATIC
SUBINTIMAL
SUBLEUKEMIC
SUBLINGUAL
SUBLINGUAL
SUBLINGUAL
SUBLINGUAL
SUBLINGUAL

STUART
STUART
STUART
STUART
STUART
SUBLOXATION
SUBMANDIBULAR
SUBMAXILLARY
STUMP
SUBMENTAL
STUNT
SUBMERGED
STUPOR
STUPOR
STURGE
SUBMERSION
SUBPECTORAL

STURGES SUBPERIOSTEAL STYLOID SUBPHRENIC SUBA SUBPLEURAL SUBACUTE SUBAORTIC SUBSTANCE

SUBARACHNOID SUBSTANTIAL
SUBARACHOID SUBSTERNAL
SUBCAPITAL SUBSYSTEM
SUBCAPSULAR SUBTENTORIAL
SUBCECAL SUBTHYROIDISM

SUBCLAVIAN SUBTOTAL

SUBCLAVICOCAROTICA SUCK

SUBCLAVICULAR SUCROSE

SUBCORTICAL SUD

SUBCOSTAL SUDDEN
SUBCUTANEOUS SUDDENLY
SUBD SUFFOCATED

SUBDIAPHRAGMATIC SUFFOCATION

SUBDURAL SUGAR
SUBEFE SUICIDAL
SUBEMF SUICIDE
SUBENDOCARDIAL SUID

SULCUS SURROUNDING

SULFAMETHOXAZOLESUTTONSULFASALAZINESUTURESULFATESUTUREDSULFATIDOSISSUTURES

SULZBERGER SVT SUMMER SW

SUPERFICIALSWALLOWSUPERFICIALISSWALLOWEDSUPERIMPOSEDSWALLOWING

SUPERINFECTED SWAN
SUPERIOR SWANN
SUPERNUCLEAR SWEATS
SUPERNUMERARY SWELLING

SUPPORT SWISS
SUPPRESSION SWITCH
SUPPURATIVE SWOLLEN
SUPRA SWYER

SUPRAAORTIC SY

SUPRABULBAR SYLVIUS

SUPRACLAVICULAR SYMMETRICAL SUPRACONDYLAR SYMONDS

SUPRADIAPHRAGMATIC SYMPATHECTOMY SUPRAGLOTTIC SYMPATHETIC

SUPRAGLOTTIS SYMPATHETICOTONIA

SUPRAHILARSYMPHYSISSUPRANUCLEARSYMPTOMATICSUPRAORBITALSYMPTOMS

SUPRAPELVIC SYN

SUPRAPUBIC SYNCEPHALUS SUPRARENAL SYNCOPAL

SUPRASELLAR SYNCOPAL SUPRAVALVULAR SYNCOPAL SYNC

SURFACE SYNERGISTIC SURGERIES SYNOSTOSIS SURGERY SYNOVIAL SYPHILIS

SYPHILITIC TARDIVE
SYPHILITICA TARGET
SYRINGOBULBIA TARSAL
SYRINGOMYELIA TARSUS
SYRINGOMYELIC TAUSSIG

SYRINGOMYELIC TAUSSIG SYRINGOMYELITIS TAY SYRINGOMYELOCELE TAYBI SYRINGOPONTIA TB SYSTEM TBC SYSTEMATICUS TCC SYSTEMATISATA TCELL

SYSTEMATISATA TCELL
SYSTEMIC TCI
SYSTEMS TEAR
SYSTOLE TECKOFF

SYSTOLIC TEF
TEGRETOL

T -TELANGIECTASIATTELANGIECTASIST12TELANGIECTATICTABESTELANGIECTODESTABETICTEMPERATURE

TABLETS TEMPLE
TACHYARRHYTHMIA TEMPORAL
TACHYBRADY TEMPORARY

TACHYBRADYARRHYTHMIA TEMPORO

TACHYBRADYCARDIA TEMPOROFRONTAL TACHYCARDIA TEMPOROOCCIPITAL

TACHYDYSRHYTHMIA TEMPOROPARIETAL TACHYPNEA TEMPOROPONTINE

TACHYRHYTHMIA TEMPOROSPHENOIDAL

TAGS
TAIL
TENCKOFF
TAKAYASUS
TAKE
TAKE
TENDENCY
TALK
TENDINEAE

TALUS TENDON TENORMIN

TAMPONADE TENOSYNOVIAL

TARDA TENSION

TENTORIAL THIAMINIC THICKENING TENTORIUM TERATOCARCINOMA THICKNESS

TERATOMA THIGH TERM THINNING

**TERMINAL** THIORIDAZINE TERMINATION THIORIDIAZINE **TERTIARY THIOTHIXENE** 

**TESCHENDORF THIRD TEST** THIRTEEN

**TESTES THIS TESTICLE THOMAS TESTICULAR THOMSONS** 

**TESTIS** THORACENTESIS

**TETANUS THORACIC TETANY THORACIS TETRAD** THORACO TETRALOGY THORACOAAA

**TETRAPLEGIA THORACOABDOMINAL THORACOLUMBAR** TEX

TF **THORACOPAGUS TGV THORACOPLASTY** THA THORACOSCOPY

**THALAMIC** THORACOSTOMY **THALAMUS** THORACOTOMY

THALASSANEMIA THORAX **THALASSEMIA** THORAZINE **THALASSEMIC** THORN

**THANATOPHORIC THORNWALDTS** 

THE THREE **THECA** THRIVE **THECOMA** THROAT

THEOPHYLLINE THROMBECTOMY

THEOPOHYLLINE THROMBI **THERAPEUTIC** THROMBO

THERAPY **THROMBOARTERITIS THROMBOCYTHEMIA** THERMAL

**THERMOCUTANEOUS THROMBOCYTIC** 

**THERMOPLEGIA** THROMBOCYTOPENIA

THROMBOCYTOPENIC TIP

THROMBOCYTOSIS TIREDNESS
THROMBOEMBOLI TISSUE
THROMBOEMBOLIC TISSUES

THROMBOEMBOLISM TL THROMBOEMBOLUS TO

THROMBOENCEPHALOMALACIA TOBACCO
THROMBOENDARTERECTOMY TOBACCOISM
THROMBOPENIA TOBACOSIS

THROMBOPENIC TOE
THROMBOPHLEBITIS TOES
THROMBOPHLEBOTIC TOFRANIL
THROMBOSED TOGETHER

THROMBOSIS
TOLET
THROMBOSUS
TOLBUTAMIDE
THROMBOTIC
THROMBUS
TOLOSA
THRUSH
TOLUENE
THUMB
TOLUOL

THYMIC TOMOGRAPHY

THYMOMA TONGUE
THYMONA TONIC
THYMUS TONSIL
THYROCELE TONSILLAR

THYROGLOSSAL TONSILLECTOMY

THYROID TONSILLOPHARYNGEAL TONSILS

THYROIDECTOMY TOOTH

THYROIDITIS TOPHACEOUS

THYROMEGALY TORCH
THYROTOXIC TORN
THYROTOXICOSIS TORRE

TI TORSADES
TIA TORSION
TIBIA TORSO

TIBIAL TORTICOLLIS

TIC TORULA TORULAR TIME TORULOPSIS

TORULOSIS TRANSBRONCHIAL TOTAL TRANSCORTICAL TRANSCUTANEOUS

TOUCH TRANSECTED
TOXEMIA TRANSECTION
TOXIC TRANSFERASE

TOXICITY TRANSFORMATION
TOXICOLOGIC TRANSFORMED
TOXICOLOGICAL TRANSFUSION
TOXICOLOGY TRANSFUSIONS

TOXICOSIS TRANSIENT
TOXOPLASMA TRANSITIONAL
TOXOPLASMIC TRANSITORY
TOXOPLASMOSIS TRANSLOCATION

TOXOPLASMOSIS TRANSLOCATION
TP TRANSLUMINAL
TRACHEA TRANSMURAL

TRACHEAL TRANSPHENOIDAL TRACHEITIS TRANSPLANT

TRACHEOBPN TRANSPLANTATION

TRACHEOBRONCHIAL TRANSPORT
TRACHEOBRONCHITIS TRANSPOSED

TRACHEOBRONCHOPN TRANSPOSITION
TRACHEOBRONCHOPNEUMONIA TRANSTENTORIAL
TRACHEOBRONCHOPNEUMONITIS TRANSURETHRAL

TRACHEOCELE TRANSVENOUS

TRACHEOESOPHAGEAL TRANSVERSE
TRACHEOGASTRIC TRANSVERSION

TRACHEOLARYNGEAL TRANSVERSUS

TRACHEOMALACIA TRANVERSE
TRACHEOPHARYNGEAL TRAPEZIAL
TRACHEOSTENOSIS TRAPEZOID

TRACHEOSTOMY TRAUMA
TRACHEOTOMY TRAUMATIC
TRACHOMA TRAUMATISM

TRACHOMA TRAUMATISM TRACMATISM TRACTION TREACHER TRACTION TREATED

TRAIT TREATMENT TREATMENTS

TRANQUILIZER TREE

TREFOIL TTP
TREMBLING TUBAL
TREMENS TUBE

TREMOR
TRIAD
TRIATRIATUM
TRIAVIL
TRICHLOROETHANE
TUBERCULID
TUBERCULIDE
TUBERCULOSIS
TUBERCULOSIS
TUBERCULOSUS

TRICUSPID TUBEROUS
TRICYCLIC TUBES
TRIFASCICULAR TUBO

TRIFID TUBOOVARIAN

TRIGEMINAL
TRIGONE
TRIGONITIS
TUMOR
TRIGONOCEPHALY
TRILOCULAR
TRIMALLEOLAR
TRIMESTER
TUBULAR
TUMORAL
TUMORAL
TUNICA

TRIMETHOPRIM TURBINATE TRIPLE TURCICA TRIPLEGIA TURNER TURNERS

TRISOMY TURPENTINE TRIVESSEL TURRICEPHALY

TROCHANTER TWIN
TROCHANTERIC TWINS
TROISIER TWISTED
TROPHIC TWO

TROPHONEUROSIS TYLENOL TYMPANIC

TROPICALIS TYMPANITIS
TROUBLE TYPE
TRUE TYPHUS

TRUNCUS

TRIPLOIDY

TRUNK U - TRYPSIN ULCER

**TURP** 

ULCERATED UNHEALED
ULCERATING UNIDENTIFIED
ULCERATION UNILATERAL
ULCERATIONS UNILOBULAR
ULCERATIVE UNINODULAR

ULCERATIVE UNINODULAR ULCERS UNION ULLRICH UNKNOWN ULNA UNSPECIFIED ULNAR UNSTABLE

ULS UNSUCCESSFUL UNVERRICHT

UMBILICAL UPPER
UMBILICUS UPSET
UMBRELLA URACHAL
UNABLE URACHUS
UNATTENDED URATIC

UNATTENDED URATIC
UNCAL URBACH
UNCERTAIN URBACHS
UNCIFORM UREA

UNCIFORM UREA
UNCLASSIFIED UREMIA
UNCLEAR UREMIC
UNCONSCIOUS URETER
UNCONSCIOUSNESS URETERAL

UNCONTROLLABLE URETERECTOMY

UNDEFINED URETERITIS
UNDER URETEROCELE
UNDERDEVELOPED URETEROLITH

UNDERDEVELOPMENT URETEROLITHIASIS

UNDERLYING URETEROLITHOTOMY
UNDERNOURISHED URETEROPELVIC
UNDERNOURISHMENT URETEROSIGMOID

UNDERNUTRITION URETEROSIGMOIDOSTOMY

UNDERWEIGHT URETEROSTOMY
UNDESCENDED URETEROVAGINAL
UNDETERMINED URETEROVESICAL

UNDEVELOPED URETHRA
UNDIFFERENTIATED URETHRAL
UNEXPECTED URETHRITIS
UNEXPLAINED URETHROCELE

URETHROCUTANEOUS VAGINAL
URETHROVAGINAL VAGINALIS
URIC VAGINALITIS
URICACIDEMIA VAGINITIS

URICEMIA VAGINO
URINARY VAGINOVESICAL
URINE VAGOTOMY

URINEMIA VALGUS
URODIALYSIS VALIUM

UROHEPATIC VALLECULAE UROLITHIASIS VALLEY

UROLOGICAL VALSALVA
URONEPHROSIS VALUE
UROPATHY VALVE
UROSEPSIS VALVES

UROSEPTIC VALVOTOMY URTICARIA VALVULAR

USAGE VALVULITIS
USHER VALVULOPATHY
UTERI VALVULOPLASTY

UTERINE VALVULOTOMY
UTERO VAN
UTEROINTESTINAL VAPOR
UTEROPELVIC VAQUEZ

UTERORECTAL VARIANCE
UTEROVESICAL VARIANTS
UTERUS VARICEAL

UTILITY VARICEAL
UVEOPAROTITIS VARICES
UVULA VARICOSE
UVULAR VARICOSIS

UVULITIS VARICOSITIES VARICOSITY

V - VARIX
V VARNY
VACCINATION VARUS

VACCINIA VAS VACUUM VASCULAR VAGINA VASCULARITY

VASCULATURE VENTRICULITIS

VASCULITIS VENTRICULOATRIAL

VASCULOPATHY VENTRICULOPERITONEAL

VASECTOMY VENTRICULOSTOMY VASOCONSTRICTION VENTRICULOTOMY

VASODILATION VENTRICULR

VASOGENIC VERA

VASOMOTOR VERAPAMIL
VASOSPASM VERBIESTS
VASOSPASTIC VERMIFORM
VASOTEC VERNER
VASOVAGAL VERRUCOSA
VATER VERRUCOUS

VATER VERROCOO
VAULT VERSES
VD VERSUS
VEGETATION VERT

VEGETATIVE VERTEBRA
VEHICLE VERTEBRAE
VEIL VERTEBRAL

VEIN VERTEBROBASILAR

VEINS VERTERBRAL

VELAMENTOUS VERTEX
VELDT VERTIGO
VELOCITY VERY
VELOPHARYNGEAL VESICAL

VENA VESICLE VENAL VESICO

VENAR VESICOABDOMINAL VENEREAL VESICOCOLONIC

VENOFIBROSIS VESICOCUTANEOUS

VENOM VESICOENTERIC VENOMOUS VESICOINTESTINAL

VENOUS VESICORECTAL
VENTILATION VESICOURETERAL
VENTILATOR VESICOURETHRAL
VENTILATORY VESICOVAGINA

VENTRAL VESICOVAGINAL

VENTRICLE VESICULAR VENTRICULAR VESSEL

VESSELS VS VF VSD VH VT

VIABLE VULGARIS
VIBRIO VULVA
VII VULVAR

VILLANOUS VULVOVAGINITIS

VILLOUS

VINCRISTINE W -

VINEBERG WAGNER VINEBERGS WAIST

VINSON WALDENSTROMS

VIRAL WALKER VIRCHOWS WALL

VIREMIA WALLENBERGS
VIRIDANS WALLENBURGS
VIRUS WALLGRENS
VISCERA WANDERING
VISCERAL WARFARIN

VISCUS WARM
VISION WASP
VITAL WASPS

VITALITY WASSERMANN

VITAMIN WASTING VITRECTOMY WATER

VITREOUS WATERHOUSE

VITUS WATERY
VOCAL WAVE
VOGT WEAK

VOICE WEAKNESS

VOLUME WEAN VOLUNTARY WEATHER

VOLVULUS WEB
VOMER WEBBED
VOMITING WEBER
VON WEBERS
VP WEBS

VROLIKS WEDGE

WEDGED WILMS WILSON WEDGING WEEKS **WILSONS** WEGENERS WINDOW WEIGHT WING WINGED

WEIGHTLESSNESS WEIL WINTER WEILL **WISKOTT** WEINGARTENS WITHDRAWAL

**WEISS** WITTS

WELANDER WK

WELCHII WOLFE WELL WOLFF WENCKEBACHS WOLMANS

WERDNIG WOOD WORKERS **WERNERS** WERNICKE WORN **WERNICKES** WOUND

WESTPHAL WOUNDED **WOUNDS** WET

**WPW** WHARTONS WHEEZING **WRIST** 

**WHIP** WHIPLASH **X** -

WHIPPLE XANAX

XANTHOGRANULOMA WHIRLPOOL

WHITE XANTHOGRANULOMATOUS

WHOLE XANTHOMA

**XANTHOMATOSIS** WHOOPING

WIDESPREAD **XENOGRAFT** WIDOW XERODERMA

**WIEDEMANN XIPHOID** 

WIETHE XIPHOIDALGIA **WILLANS XIPHOIDITIS** 

**XIPHOPAGUS** WILLEBRANDS

WILLI **XRAY** 

**WILLIS** 

## Y-

YEARS YEAST YELLOW YERSINIA YOUNG

## **Z** -

ZELLWEGER
ZENKERS
ZETTERSTROM
ZIEVES
ZINC
ZOLLINGER
ZONE
ZOSTER
ZYGOMA
ZYGOMATIC

## **A** –

**ABRASION** 

ACID BURN (ANY DEGREE)

AIR EMBOLUS

AIR POLLUTION

ALLERGIC BEE STING REACTION

ALLERGIC REACTION

ALLERGIC SHOCK

**ALLERGY** 

**ALLERGY REACTION** 

**AMPUTATION** 

ANAPHYLACTIC REACTION STING

ANAPHYLACTIC SHOCK STING

**ANIMAL BITE** 

**ASPHYXIATION** 

**ASPIRATION** 

**AVULSION** 

### **B** –

BATTERED BABY (SYNDROME)

BATTERED CHILD (SYNDROME)

**BEE STING** 

BEE STING ALLERGIC REACTION

**BEE STING ALLERGY** 

BEE STING HYPERSENSITIVITY

BITE

BLACK WIDOW SPIDER BITE (SYNDROME)

**BLAST INJURY** 

**BLAST SYNDROME** 

**BLAST TRAUMA** 

BLUNT FORCE IMPACT INJURY

**BLUNT FORCE INJURY** 

**BLUNT FORCE TO SITE** 

**BLUNT FORCE TRAUMA** 

**BLUNT IMPACT INJURY** 

**BLUNT IMPACT TO SITE** 

**BLUNT IMPACT TRAUMA** 

**BLUNT INJURY** 

**BLUNT TRAUMA** 

**BLUNT TRAUMA INJURY** 

BROKEN

**BRUISE** 

**BULLET WOUND** 

**BURN (ANY DEGREE) (ANY %)** 

**BURN DAMAGE** 

**BURN INJURY** 

**BURNED** 

**BURNED BEYOND RECOGNITION** 

**BURNED TO DEATH** 

#### C -

**CARBON MONOXIDE** 

CARBON MONOXIDE ASPHYXIA

**CARBON MONOXIDE GASES** 

CARBON MONOXIDE LEVEL SATURATION (ANY %)

CARBON MONOXIDE SATURATION (ANY %)

**CARBOXYHEMOGLOBIN (ANY %)** 

CARBOXYHEMOGLOBINEMIA

CHARRED

CHEMICAL BURN (ANY DEGREE)

CHILD ABUSE

CHILD MALTREATMENT (SYNDROME)

CHILD NEGLECT

CHOKED

CHOKED TO DEATH

COLD EFFECTS

**COLD EXPOSURE** 

**COMPRESSION ASPHYXIA** 

CONCUSSION

CONTUSION

CREMATION

CRUSHED

**CRUSHING (SYNDROME)** 

CRUSHING ASPHYXIATION

CRUSHING INJURY

CRUSHING TRAUMA

CUT

### **CUT WOUND**

#### **D** –

DAMAGE
DECAPITATION
DECEREBRATION
DISLOCATION
DISMEMBERMENT
DISRUPTION
DROWNING
DROWNING ANOXIA

#### **E** –

ELECTRIC CURRENT EFFECTS
ELECTRIC SHOCK
ELECTRICAL BURN
ELECTRICAL INJURY
ELECTRICAL SHOCK
ELECTROCUTION
ENVIRONMENTAL EXPOSURE
ENVIRONMENTAL HYPERPYREXIA
ENVIRONMENTAL HYPERTHERMIA
ENVIRONMENTAL HYPOTHERMIA
EVISERATION
EXPOSURE
EXPOSURE TO ELEMENTS
EXPOSURE TO ENVIRONMENT

### F-

FAMINE
FAT EMBOLISM (SYNDROME)
FIREARMS INJURY
FIREARMS WOUND
FISH STING
FLAME BURN
FOOD DEPRIVATION
FOOD INSUFFICIENCY
FRACTURE
FRACTURE DISLOCATION

FRACTURE INJURY
FREEZING
FRICTION BURN
FROSTBITE
FROZE TO DEATH
FROZEN
FULL THICKNESS BURN (ANY %)

### **G** -

GAS ASPHYXIA
GAS SUFFOCATION
GUNSHOT INJURY
GUNSHOT WOUND

### H -

HANGING **HEAT APOPLEXY HEAT COLLAPSE HEAT CRAMPS HEAT EFFECTS HEAT EXHAUSTION HEAT FEVER HEAT HYPERPYREXIA** HEAT HYPERTHERMIA **HEAT PROSTRATION HEAT PYREXIA HEAT STROKE** HEMATOMA HUNGER HYPERSENSITIVE REACTION **HYPOTHERMIA** 

#### I –

IDIOSYNCRACY
IMMERSION
IMPACT INJURY
IMPACT TO SITE
IMPROPER CARE
INATTENTION AFTER BIRTH

**INATTENTION AT BIRTH** 

INCINERATION

INCISED

INCISED KNIFE WOUND

**INCISED STAB WOUND** 

INCISED WOUND

INFRARED RAYS INJURY

**INJURY** 

**INSECT BITE** 

INSECT BITE HYPERSENSITIVITY

**INSECT STING** 

### **J** –

**JELLYFISH STING** 

### **K** –

**KNIFE WOUND** 

#### L-

**LACERATION** 

LACK OF CARE

LACK OF FOOD

LEAD ENCEPHALOPATHY

LEAD NEPHROPATHY

LETHAL CARBON MONOXIDE CONCENTRATION

LIGHTNING BURN

LIGHTNING SHOCK

LIGHTNING STROKE

## M -

MANGLED MUTILATION

### N -

NEGLECT

#### O-

OVEREXERCISED OVEREXERTION OVEREXPOSURE OVERHEATED

#### P -

PENETRATING KNIFE WOUND PENETRATING STAB WOUND PENETRATING TRAUMA PENETRATING WOUND PERFORATING KNIFE WOUND PERFORATING STAB WOUND PERFORATING WOUND PIERCING KNIFE WOUND PIERCING STAB WOUND PIERCING WOUND POLYMER FUME FEVER PORTUGUESE MAN-O-WAR STING **PUNCTURE** PUNCTURE KNIFE WOUND PUNCTURE STAB WOUND **PUNCTURE WOUND** 

#### R -

RADIOACTIVE FALLOUT RAPE REPTILE BITE RUPTURE

#### **S** -

SCALD BURN (ANY DEGREE)
SCRATCH
SENSITIVITY
SEPARATION
SHAKEN INFANT (SYNDROME)
SHAKING INJURY
SHARP FORCE INJURY
SHARP FORCE TRAUMA

SHOT, SHOOTING

SLASH, SLASHED

**SMOKE INHALATION** 

**SMOTHERING** 

**SNAKE BITE** 

SPIDER BITE

**SPRAIN** 

STAB

STAB WOUND

**STARVATION** 

STING

STRAIN

STRANGULATION

**SUBLUXATION** 

SUBMERSION, SUBMERGED

**SUFFOCATION** 

STUNG

**SUNSTROKE** 

#### T-

THERMAL BLUNT TRAUMA

THERMAL BURN

THERMAL IMPACT INJURY

THERMAL INJURY

THERMAL TRAUMA

THERMOPLEGIA

**TOBACOSIS** 

TORN

**TRANSECTION** 

**TRAUMA** 

TRAUMATIC DEATH

**TRAUMATISM** 

#### U-

**UNATTENDED BIRTH** 

### **V** –

VAPOR ASPHYXIA VAPOR SUFFOCATION

# **W** –

WAR INJURY
WASP STING
WEATHER EXPOSURE
WEIGHTLESSNESS
WHIPLASH (SYNDROME)
WOUND

A Cataclysmic Events Causing any Accident or Injury - see page H-2

- **B** Transports see page H-3
- **C** Fire and Flames see page H-18
- **D** Explosions see page H-23
- E Excessive or Exposure to Natural and Environmental Factors see page H-24
- F Bites, Stings, Poisoning, Reactions to, Other Injuries by Animals and Plants see page H-26
- G Hot Substance or Object, Caustic or Corrosive Material, and Steam see page H-28
- H Electrical Current see page H-29
- I Firearms see page H-30
- J Exposure to Radiation see page H-31
- K Drowning or Submersion with Activities in Water see page H-32
- L Circumstances Involving Suffocation, Strangulation, Obstruction, Aspiration, Choking, or Asphyxiation see page H-34
- M Tools, Appliances, and Sharp Objects (Includes Lawn Mowers) see page H-36
- N Machinery in Operation see page H-38
- O Falling, Diving, Jumping, Pushed see page H-39
- P Abuse, Assault, Abandonment, Neglect see page H-41
- **Q** Legal Interventions and Operations of War see page H-42
- R Other See Page H-44

### A. CATACLYSMIC EVENTS CAUSING ANY ACCIDENT OR INJURY

(Cataclysmic event <u>must be</u> in progress at time of accident and be a direct cause of the injury)

- **Excludes**: (1) An injury caused by fall of tree or other object, caused by lightning. Reselect R.
  - (2) Lightning resulting in fire. Reselect C.
  - (3) A transport accident involving a collision with landslide or avalanche. Reselect B.

**Includes**: A transport washed off the road by storm

- 05: Avalanche
- 10: Blizzard
- 15: Cloudburst
- 20: Collapse of dam
- 25: Cyclone
- 30: **Earthquake**
- 35: **Flood** (Flood caused by melting snow, flood resulting from storm)
- 40: Hurricane
- 45: Landslide
- 50: **Lightning** (With resulting fire - see Fire - C)
- Mudslide 55:
- Storm unspecified 60:
- 65: Tidal wave caused by storm (Tsunami)
- 70: Tidal wave unspecified or not caused by storm
- **75**: **Tornado**
- 80: **Torrential rain**
- 85: Transport washed off the road by a storm
- 90: **Volcanic eruption**
- Other specified 88:
- 99: **Unspecified**

#### !STOP!

End of Cataclysmic Events Causing Any Accident or Injury

## **B. TRANSPORTS** (page 1 of 15)

### 1. Type of vehicle

## **Motor Vehicle Designed Primarily for On-road Use**

**01:** Automobile (Car, minivan, minibus)

**02:** Truck (Pickup)

03: Van

**04:** Heavy transport vehicle (Tractor-trailer truck, panel truck)

05: Bus

**06:** Motor vehicle (Stated as Motor Vehicle or MV)

07: Stated "Traffic Accident", no vehicle specified on record

## **Motorcycle:**

**08: Motorcycle, motorscooter** (Includes motorized bicycle, motorcycle with sidecar)

09: Motorized tricycle

10: Moped

## Work Vehicle (in transit)

**11: Industrial vehicle** (Coal car, logging car, battery powered vehicle, baggage truck, other)

12: Tractor

**13:** Other agricultural vehicle (Combine, harvester)

**14:** Construction vehicle (Road scraper, road grader, backhoe, snowplow)

15: Bulldozer

### **Recreational Vehicle**

**16:** All-terrain vehicle (ATV)

**17: Off-road vehicle** (Go cart, minibike, dirt bike, race car, three wheeler, golf cart)

18: Snowmobile

## Other (in transit)

20: Other ground transport (Army tank, hovercraft over land)

### **MORE ON NEXT PAGE**

## **B. TRANSPORTS** (page 2 of 15)

1. Type of vehicle - continued

### Watercraft

- 21: Merchant ship
- **22:** Passenger ship (Ferry, liner)
- 23: Ship, unspecified
- 24: Fishing boat, powered
- 25: Fishing boat, unpowered
- 26: Fishing boat, unspecified
- 27: Sailboat
- 28: Yacht
- 29: Canoe or Kayak
- **30:** Inflatable craft (Unpowered, raft)
- 31: Water-skis
- **32:** Other powered watercraft (Hovercraft over water, jetski, powerboat)
- **33:** Other unpowered watercraft (Surf board, wind surfer)
- 34: Unspecified watercraft (Boat)

### **Aircraft - Powered**

- **35:** Helicopter (Non-military)
- **36: Ultralight** (Microlight, powered glider)
- 37: Private airplane
- **38:** Commercial airplane (Commercial jet, 747, etc.)
- **39: Military aircraft** (C-130, F-15, military helicopter, etc.)
- 40: Space craft
- 43: Other specified powered aircraft (Airplane, jet, Cessna, blimp, etc.)

### MORE ON NEXT PAGE

## **B. TRANSPORTS** (page 3 of 15)

1. Type of vehicle - continued

## Aircraft - Unpowered and Unspecified

44: Balloon

45: Hang glider

46: Glider

47: Parachute

**48:** Other specified non-powered aircraft (Kite)

49: Unspecified non-powered aircraft

50: Unspecified aircraft

### **Railed Vehicle**

**51:** Railway train (Subway)

**52: Streetcar** (Cable car on rails, tram, trolley)

### Other Vehicles

**53:** Cable car (Not on rails or unspecified)

54: Ski lift, gondola

55: Ice yacht, land yacht

56: Other

### **Non-Motor Vehicle**

**57:** Pedal cycle (Bicycle, tricycle)

58: Other

#### Animal

59: Animal being ridden60: Animal drawn vehicle

61: Other

# **Objects Set in Motion by**

62: Railway train

63: Motor vehicle

64: Non-motor vehicle

88: Other specified

99: Unspecified

## **B. TRANSPORTS** (page 4 of 15)

# 2.Location of transport at time of accident<sup>1</sup>

**On highway** (Being driven on, left, ran off: highway, street, road, military reservation, alley, Route #, roadway)

**02: Off highway** (Being driven: home, yard, parking lot, farm, park, school grounds)

03: Left highway and re-entered

**04:** Stationary (Parked car, car in garage)

05: At airport, on runway, arriving, landing, departing, taking off

06: In flight, enroute, midair

07: Railway yard, railway track, railroad

**08:** In water (Lake, river, ocean)

88: Other specified

99: Unspecified

! CONTINUE next page!

.

<sup>&</sup>lt;sup>1</sup>If Location not reported in term, use information from Place of Injury. If Place of Injury is not stated, enter 99.

## **B. TRANSPORTS** (page 5 of 15)

3. Collision

Collision with

SS: Skip (No collision mentioned)<sup>2</sup>

## Motor Vehicle Designed Primarily for On-road Use

**01:** Automobile (Car, minivan, minibus)

**02:** Truck (Pickup)

03: Van

**04:** Heavy transport vehicle (Tractor-trailer truck, panel truck)

05: Bus

**06:** Motor vehicle (Stated as Motor Vehicle or MV)

07: Stated "Traffic Accident", no vehicle specified on record

## Motorcycle

**08:** Motorcycle, motorscooter (Includes motorized bicycle, motorcycle with sidecar)

09: Motorized tricycle

10: Moped

# **Work Vehicle (in transit)**

**11: Industrial vehicle** (Coal car, logging car, battery powered vehicle, baggage truck, other)

12: Tractor

**13:** Other agricultural vehicle (Combine, harvester)

**14:** Construction vehicle (Road scraper, road grader, backhoe, snowplow)

15: Bulldozer

#### 1. MORE ON NEXT PAGE

## ! CONTINUE next page!

<sup>2</sup>PC Data Entry: If SS is entered for 3a, SS will automatically be assigned for 3b.

January 2008

## **B. TRANSPORTS** (page 6 of 15)

Collision - continued
 Collision with - continued

### **Recreational Vehicle**

**16:** All-terrain vehicle (ATV)

**17: Off-road vehicle** (Go cart, minibike, dirt bike, race car, three wheeler, golf cart)

18: Snowmobile

## Other (in transit)

**20:** Other ground transport (Army tank, hovercraft over land)

### Watercraft

21: Merchant ship

**22:** Passenger ship (Ferry, liner)

23: Ship, unspecified

24: Fishing boat, powered,

25: Fishing boat, unpowered

26: Fishing boat, unspecified

27: Sailboat

28: Yacht

29: Canoe or Kayak

**30:** Inflatable craft (Unpowered, raft)

31: Water-skis

**32:** Other powered watercraft (Hovercraft over water, jetski, powerboat)

**33:** Other unpowered watercraft (Surf board, wind surfer)

**34: Unspecified watercraft** (Boat)

#### **MORE ON NEXT PAGE**

## **B. TRANSPORTS** (page 7 of 15)

Collision - continued
 Collision with - continued

## Aircraft - Powered

**35:** Helicopter (Non-military)

**36: Ultralight** (Microlight, powered glider)

37: Private airplane

**38:** Commercial airplane (Commercial jet, 747, etc.)

**39:** Military aircraft (C-130, F-15, military helicopter, etc.)

40: Space craft

**43:** Other specified powered aircraft (Airplane, jet, Cessna, blimp, etc.)

## Aircraft - Unpowered and Unspecified

44: Balloon

45: Hang glider

46: Glider

47: Parachute

48: Other specified non-powered aircraft (Kite)

49: Unspecified non-powered aircraft

50: Unspecified aircraft

### **Railed Vehicle**

**51:** Railway train (Subway)

**52:** Streetcar (Cable car on rails, tram, trolley)

### **Other Vehicles**

**53:** Cable car (Not on rails or unspecified)

54: Ski lift, gondola

55: Ice yacht, land yacht

56: Other

#### MORE ON NEXT PAGE

## B. TRANSPORTS (page 8 of 15)

3. <u>Collision</u> - continued 3a. <u>Collision with</u> – continued

#### **Non-Motor Vehicle**

**57: Pedal cycle** (Bicycle, tricycle)

58: Other

## Animal

59: Animal being ridden60: Animal drawn vehicle

**61:** Other (Includes hitting animal, deer, cow, etc.)

## **Objects Set in Motion by**

62: Railway train63: Motor vehicle

64: Non-motor vehicle

**65:** Pedestrian or pedestrian conveyance (Skateboard, sled, wheelchair)

# **Stationary Object**

**Object normally on highway** (Tree, bridge, abutment, overpass, ditch, post, guardrail, mailbox, weight station, welcome center)

**67: Objects normally off highway** (House, other buildings, commercial or private)

**68:** Unspecified object (Fixed object)

88: Other specified 99: Unspecified

**PROMPTS** APPENDIX H

# **B. TRANSPORTS** (page 9 of 15)

3. Collision - continued 3b. Location of transport at time of collision<sup>3, 4</sup>

Skip (No collision mentioned)<sup>5</sup> SS:

01: On highway (road, street, alley)

Off highway (off road), (off street), (off highway property) 02:

03: On roadway

Off roadway (off travel portion of road) 04:

In flight, enroute, midair 06:

**08:** In water (lake, river, ocean)

88: Other specified (runway)

99: Unspecified

## ! CONTINUE next page!

Left or ran off highway, road, street---enter 02.

Left or ran off roadway---enter 04.

<sup>&</sup>lt;sup>3</sup>If Location not reported in term, use information from Place of Injury. If Place of Injury is not stated, enter 99.

<sup>&</sup>lt;sup>4</sup>Location of transport at time of collision:

<sup>&</sup>lt;sup>5</sup>PC Data Entry: If SS is entered for 3a, SS will automatically be assigned for 3b.

## B. TRANSPORTS (page 10 of 15)

4. Other circumstances
4a. Involving vehicle

**01:** Loss of control of vehicle (Derailment, overturned, skidded, ran off road or roadway)

02: Submerging, sinking (Overturned boat)03: Explosion, fire, or burning of vehicle

04: Object thrown on, fell on or in05: Machinery accident on transport

06: Excessive heat in or from transport

88: Other specified 99: Unspecified

## 4b. Involving victim

01: Fell (Or other accident) while boarding or alighting

02: Inhaled or poisoned by carbon monoxide, exhaust fumes, and smoke from vehicle

Fell in, on, or from Vehicle

03: On stairs or ladder

04: Other fall from one level to another, fall from any vehicle, animal

05: Other and unspecified fall

06: Run over by, knocked down by, entangled in vehicle, struck by

07: Injury from moving part or breakage of part, thrown against some part of, sucked into jet, hit by propeller.

08: Thrown from, ejected from

09: Drowning, submersion, fell from or washed overboard

10: Crushed between transports

11: Electrocuted

**88:** Other specified (Pinned under)

99: Unspecified

## **B.** TRANSPORTS (page 11 of 15)

Decedent information
 Status of decedent

## Person in or on Vehicle

**01: Driver** (Motorcyclist)

02: Passenger03: Occupant

04: Rider (Riding, in back of truck)05: Rider on outside of vehicle

**06:** Crew (Railroad conductor, engineer, pilot, flight attendant)

### Person Not in or on Vehicle<sup>6</sup>

07: Pedestrian

08: Airline ground crew

09: Person on ground injured in air transport accident

10: Water skier11: Swimmer

12: Dock worker, stevedore

## Other

88: Other specified position

99: Unspecified position (Bicyclist, pedal cyclist)

! CONTINUE next page!

<sup>6</sup>For PC Data Entry: Question 5b will automatically be assigned code SS if Status of Decedent is not in or on vehicle.

s January 2008

## **B. TRANSPORTS** (page 12 of 15)

5. Decedent information - continued

5b. Decedent was occupant of which vehicle

SS: Skip, decedent was not occupant of vehicle<sup>7</sup>

77: Different types of vehicles stated, unclear which vehicle decedent was in

# **Motor Vehicle Designed Primarily for On-road Use**

**01:** Automobile (Car, minivan, minibus)

**02:** Truck (Pickup)

03: Van

**04:** Heavy transport vehicle (Tractor-trailer truck, panel truck)

05: Bus

**06:** Motor vehicle (Stated as Motor Vehicle or MV)

07: Stated "Traffic Accident", no vehicle specified on record

## **Motorcycle**

**08: Motorcycle, motorscooter** (Includes motorized bicycle, motorcycle with sidecar)

09: Motorized tricycle

10: Moped

# Work Vehicle (in transit)

**11: Industrial vehicle** (Coal car, logging car, battery powered vehicle, baggage truck, other)

12: Tractor

13: Other agricultural vehicle (Combine, harvester)

14: Construction vehicle (Road scraper, road grader, backhoe, snowplow)

15: Bulldozer

## **MORE ON NEXT PAGE**

## ! CONTINUE next page!

<sup>7</sup>PC Data Entry: If person is not in or on vehicle, question 5b will automatically be assigned code SS.

January 2008

## **B. TRANSPORTS** (page 13 of 15)

5. Decendent information - continued

5b. Decedent was occupant of which vehicle - continued

#### **Recreational Vehicle**

**16:** All-terrain vehicle (ATV)

17: Off-road vehicle (Go cart, minibike, dirt bike, race car, three wheeler,

golf cart)

18: Snowmobile

## Other (in transit)

**20:** Other ground transport (Army tank, hovercraft over land)

### Watercraft

21: Merchant ship

**22:** Passenger ship (Ferry, liner)

23: Ship, unspecified

24: Fishing boat, powered

25: Fishing boat, unpowered

26: Fishing boat, unspecified

27: Sailboat

28: Yacht

29: Canoe or Kayak

**30:** Inflatable craft (Unpowered, raft)

31: Water-skis

**32:** Other powered watercraft (Hovercraft over water, jetski, powerboat)

33: Other unpowered watercraft (Surf board, wind surfer)

34: Unspecified watercraft (Boat)

#### **MORE ON NEXT PAGE**

## B. TRANSPORTS (page 14 of 15)

- 5. Decedent information continued
  - 5b. Decedent was occupant of which vehicle continued

## Aircraft - Powered

- **35:** Helicopter (Non-military)
- **36: Ultralight** (Microlight, powered glider)
- 37: Private airplane
- **38:** Commercial airplane (Commercial jet, 747, etc.)
- **39:** Military aircraft (C-130, F-15, military helicopter, etc.)
- 40: Space craft
- 41: Involved in crop dusting, skywriting, airdrops, lowering materials, parachuting.
- **42: Involved in storm or traffic surveillance, rescue** (Includes pilot or passenger of private plane).
- 43: Other specified powered aircraft (Airplane, jet, Cessna, blimp, etc.)

## Aircraft - Unpowered and Unspecified

- 44: Balloon
- 45: Hang glider
- 46: Glider
- 47: Parachute
- 48: Other specified non-powered aircraft (Kite)
- 49: Unspecified non-powered aircraft
- 50: Unspecified aircraft

### **Railed Vehicle**

- **51:** Railway train (Subway)
- **52: Streetcar** (Cable car on rails, tram, trolley)

### **Other Vehicles**

- **53:** Cable car (Not on rails or unspecified)
- 54: Ski lift, gondola
- 55: Ice yacht, land yacht
- 56: Other

#### MORE ON NEXT PAGE

## **B. TRANSPORTS** (page 15 of 15)

5. <u>Decedent information</u> - continued

5b. Decedent was occupant of which vehicle - continued

## Non-Motor Vehicle

**57:** Pedal cycle (Bicycle, tricycle)

58: Other

#### Animal

59: Animal being ridden60: Animal drawn vehicle

61: Other

88: Other specified99: Unspecified

! STOP!

**END OF TRANSPORTS** 

## **C. FIRE AND FLAMES** (page 1 of 5)

**Excludes:** Fire caused by transport accident. Reselect B.

1. Origin of fire

05: Blowlamp

10: Blowtorch

15: Brazier

20: Candle

25: Cigarette/cigar/pipe

30: Explosion

35: Fireplace

40: Furnace

45: Lighter/match

50: Lightning

**55:** Stove, heater (Gas, wood, electric)

60: Welding torch65: Wiring, electric

88: Other specified

99: Unspecified

! CONTINUE next page!

#### C. FIRE AND FLAMES (page 2 of 5)

2. If fire caused by explosion, indicate agent

#### SS: No explosion involved

#### **Pressurized Materials**

- 10: Aerosol can
- 11: Boiler, hot water heater
- 12: Gas cylinder, air tank
- **13: High-pressure jet** (Hydraulic jet, pneumatic jet)
- 14: Motor vehicle tire
- 15: Pressurized pipe or hose
- 16: Unspecified pressure vessel

## **Explosive Materials**

- **20:** Gas, gasoline, methane, propane (Heater, stove)
- **21: Kerosene, oil** (Heater, stove)
- 22: Fireworks
- **23:** Blasting materials (Dynamite)
- 24: Acetylene
- 25: Butane
- 26: Bomb
- 27: Unspecified explosive material
- 30: In mine
- **88:** Other specified (Unspecified stove)
- 99: Unspecified

#### ! CONTINUE next page!

## **C. FIRE AND FLAMES** (page 3 of 5)

#### 3. Fire located in

#### 01: Private dwelling

(Apartment, boarding house, camping place, caravan, farmhouse, home, house, lodging house, private garage, rooming house, tenement)

#### 02: Other building or structure

(Barn, church, convalescent or nursing home, factory, farm out-building, hospital, hotel, educational institution, dormitory, school, shop, store, theater)

#### 03: Not in building or structure

(Stationary vehicle, forest, field (prairie), mine, bonfire, campfire, trash fire)

88: Other specified

99: Unspecified

#### 4. Resulted in large uncontrolled fire

**Yes** (Indications of uncontrolled fire such as "housefire," "house burned", "fire in home", or fire AND place of injury is reported as HOME, unless indications that fire was restricted to a specific area in the home)

**No** (Indication of controlled fire limited to a piece of furniture, a single room, or a limited area, bonfire, campfire, trash fire)

99: Unspecified

CONTINUE next page!

## **C. FIRE AND FLAMES** (page 4 of 5)

5. Fire ignited

## **Explosive Materials**

01: Highly inflammable liquids and material (Benzene, gasoline, kerosene)

02: Blasting materials03: Explosive gases04: Other explosives

#### Clothing

21: Bed, bed linens, bedspread

22: Nightwear (Pajamas, night gown)

23: Other clothes and apparel (Dress, melting of plastic jewelry)

88: Other specified 99: Unspecified

!CONTINUE next page!

## **C. FIRE AND FLAMES** (page 5 of 5)

6. Victim<sup>8</sup>

05: Burned, thermal injury

10: Cremated, incinerated

15: Jumped from burning building

20: Building collapsed

25: Fell into fire

Asphyxiated by, Inhaled, Suffocated, Poisoned by, Intoxicated by

30: Smoke, soot

35: Carbon monoxide

40: Fumes from PVC

**45:** Fumes, gas (Noxious, unspecified source)

50: Inhalation of flames

55: Products of combustion

60: Was asphyxiated (Suffocated) - means unspecified

88: Other specified

99: Unspecified

!STOP!

**END OF FIRE AND FLAMES** 

<sup>8</sup>When more than one category applies, select code for first reported injury on record.

January 2008

**D. EXPLOSIONS** (Burned by, blistered by, knocked down by, fell because of) (page 1 of 1)

**Excludes:** (1) An explosion involving a transport. Reselect B.

(2) An explosion involving machinery. Reselect N.

#### (Explosion of)

#### **Pressurized Materials**

10: Aerosol can

11: Boiler, hot water heater

12: Gas cylinder, air tank

**13: High-pressure jet** (Hydraulic jet, pneumatic jet)

14: Motor vehicle tire

15: Pressurized pipe or hose

16: Unspecified pressure vessel

#### **Explosive Materials**

**20:** Gas, gasoline, methane, propane (Heater, stove)

**21: Kerosene, oil** (Heater, stove)

22: Fireworks

23: Blasting materials (Dynamite)

24: Acetylene

25: Butane

**26:** Bomb

27: Unspecified explosive material

30: In mine

**88:** Other specified (Unspecified stove)

99: Unspecified

#### !STOP!

**END OF EXPLOSIONS** 

# E. EXCESSIVE OR EXPOSURE TO NATURAL AND ENVIRONMENTAL FACTORS (page 1 of 2)

## Heat, Cold, Weather, and Environment (codes 01-12)

- 01: Heat due to weather conditions
- 02: Heat of manmade origin
- 03: Heat unspecified origin
- **04:** Cold due to weather conditions (Includes indications of being outside)
- 05: Cold of manmade origin
- 06: Cold other specified origin
- 07: Cold unspecified origin
- **08:** Weather (Unspecified hot or cold, natural environment)
- **09:** Exposure to sunlight (Sun stroke)
- 10: Other specified exposure to environment
- 11: Unspecified exposure to environment
- 12: Exposure, unspecified

#### **High and Low Air Pressure and Changes in Air Pressure** (codes 21-26)

- 21: Residence or prolonged visit at high altitude
- 22: In aircraft
- 23: Due to diving
- 24: Surfacing from underground
- 25: Other specified causes
- 26: Unspecified

## Neglect or Abandonment (codes 31-37)

- 31: By spouse or partner
- 32: By parent, step-parent
- 33: By acquaintance or friend (Boss, co-worker)
- 34: By official authority
- **35:** By other relative (Brother, sister, etc.)
- 36: By other specified persons
- **37:** By unspecified person (Assailant, mugger, robber, vague reference to the person)

#### **MORE ON NEXT PAGE**

#### ! C O N T I N U E next page!

# E. EXCESSIVE OR EXPOSURE TO NATURAL AND ENVIRONMENTAL FACTORS (page 2 of 2)

Hunger, Thirst (codes 38-40)

38: Lack of food

39: Lack of water

40: Privation, unqualified

**Other** (codes 50-55)

**50:** Overexertion, strenuous exercise (Running, lifting heavy objects,

rowing, etc.)

51: Prolonged stay in weightless environment

52: Noise, sound waves, supersonic waves

53: Vibration

54: Travel and motion

55: Abnormal gravitational (G) forces

88: Other specified

99: Unspecified

#### !STOP!

END OF EXCESSIVE OR EXPOSURE TO NATURAL AND ENVIRONMENTAL FACTORS

# F. BITES, STINGS, POISONING, REACTIONS TO, OTHER INJURIES BY ANIMALS AND PLANTS (page 1 of 2)

**Includes:** Butted by, gored by, pecked by, stung by, bitten by, run over by, stepped on by, fallen on by, kicked by.

1. STATED as venomous or nonvenomous

01: Stated as venomous or poisonous

02: Stated as nonvenomous or nonpoisonous

99: Not stated

! CONTINUE next page!

# F. BITES, STINGS, POISONING, REACTIONS TO, OTHER INJURIES BY ANIMALS AND PLANTS (page 2 of 2)

## 2. Type animal or plant

Mam	Mammals		iles
01:	Bull	22:	Crocodile, alligator
02:	Cat	23:	Viper
03:	Cow	24:	Snake
04:	Dog	<b>25</b> :	Lizard
05:	Horse (Mule, donkey, burro, pony, etc.)	26:	Other reptile (Gila monster)
06:	Pig	Marir	ne Animals
07:	Rat	30:	Jelly fish
08:	Rodents other than rats	31:	Shark
09:	Other mammal	<b>32</b> :	Sea snake
	(Excluding marine animals)	33:	Other marine animal (Sea
			urchin, sea cucumber, whale,
Insec	ts/Arthropods		nematocysts)
10:	Bee	40:	Bird (Any kind)
11:	Centipede		
12:	Millipede		Plants (contact with)
13:	Hornet	<b>50</b> :	Plant thorns, spines, and
14:	Scorpion		sharp leaves
15:	Tarantula	51:	Marine plants
16:	<b>Spider</b> (Any kind, excluding Tarantula)	52:	Other plants
17:	Wasp		
18:	Yellow jacket		
19:	Tick		
20:	Other insect (Ant)		
21:	Other arthropod (Caterpillar)		
88:	Other specified animal		
99:	Unspecified plant or animal		

!STOP!

END OF BITES, STINGS, POISONING, REACTIONS TO, OTHER INJURIES BY ANIMALS AND PLANTS

# G. HOT SUBSTANCE OR OBJECT, CAUSTIC OR CORROSIVE MATERIAL, AND STEAM (Scalded by, burned by, fell onto) (page 1 of 1)

**Excludes:** Heat caused by a fire. Reselect C.

#### **Hot Liquids and Vapors Including Steam**

**01:** Hot tap water (Water from faucet, bathtub, bucket, water hose, etc.)

02: Hot food, drink, fat, cooking oil

**03:** Other liquids (Boiling, hot, water heated on stove, etc.)

**04:** Hot metal (Liquid metal)

05: Steam, hot vapors

06: Hot air and gases

#### **Caustic and Corrosive Substances**

10: Acid

11: Ammonia

12: Oven cleaner

13: Lye

14: Chemicals

15: Other and unspecified caustic or corrosive substance

#### Other

20: Heat from electric appliance

**21:** Household appliance, hot object (Iron, coffee pot, toaster, hot plate)

**22:** Stove (Electric, gas)

**23:** Other heating appliances (Radiators, pipes, heating pads)

24: Hot engine, machine or tools

88: Other specified hot substance or object

99: Unspecified hot substance or object

#### !STOP!

END OF HOT SUBSTANCE OR OBJECT, CAUSTIC OR CORROSIVE MATERIAL, AND STEAM

**H. ELECTRICAL CURRENT** (Burn, cardiac fibrillation, convulsion, electric shock, electrocution, puncture wound, respiratory paralysis) (page 1 of 1)

**Includes:** (1) Transport accidents where victim is clear of vehicle

(2) Machinery contacting electrical current

#### Caused by:

- **05:** Transmission line (Over 500 volts, high tension, power line, high voltage line) (Anywhere)
- **10:** Broken power line (Broken transmission line) (Anywhere)
- **15: Domestic wiring and appliances** (Up to 220 volts)
- **20: Distribution station** (Over 500 volts, includes generating plant)
- **25:** Industrial wiring and appliances (Plant, factory, transformer)
- **30:** Other wiring and appliances (Farm wiring but not farmhouse, outdoors, public building, residential construction, school, outside TV antenna)
- 88: Other specified
- 99: Unspecified

#### !STOP!

END OF ELECTRICAL CURRENT

2s

## I. FIREARMS (page 1 of 1)

1. Type of weapon

**05:** Pistol (Handgun)

Revolver 38 Caliber Saturday night special

25 Caliber 45 Caliber 32 Caliber 357 Magnum

**10: Shotgun** (8, 10, 12, 16, 20, 410 gauge, buckshot)

15: Rifle (Hunting), 30.06 (30 ought 6), 30/30, 25.06 (25 ought 6), 308

20: Military

M1 M14 Army rifle

M1 carbine M16 Machine gun AK47

88: Other specified

Verey pistol (Flare) Pellet pistol BB gun

Airgun Pellet gun

99: Unspecified

22 Caliber gun 30 Caliber gun

#### 2. Circumstances

01: Playing Russian Roulette

02: While cleaning, handling or playing with gun

03: Hunting

**04:** Shot by police (Security guard)

05: Shot by other person06: Self-inflicted, shot self

88: Other specified

99: Unspecified shooting (Shot)

#### !STOP!

#### **END OF FIREARMS**

H-30 2s January 2008

**J. EXPOSURE TO RADIATION** (Overexposure to, exposure to, burns from, blistering, burning) (page 1 of 1)

**Excludes:** Medical procedures, medical therapy, radiation therapy, etc. Follow general MICAR data entry rules.

05: Radio frequency radiation

10: Infrared heaters and lamps

**Visible & Ultraviolet Light Sources** 

15: Arc lamps

20: Sun rays

25: Tanning booth or bed

30: Welding arc

35: Other

40: X-rays

45: Lasers

50: Radioactive isotopes

55: Nuclear fuel

**60:** Natural radiation (Uranium)

88: Other specified 99: Unspecified

!STOP!

END OF EXPOSURE TO RADIATION

#### K. DROWNING OR SUBMERSION WITH ACTIVITIES IN WATER

(SPORTS, COMMERCE, RESCUE, BATHING) (fell, walked in, while in) (page 1 of 2)

**Excludes:** (1) Accidents involving transports. Reselect B.

(2) Accidents involving machinery. Reselect N.

#### 1. Type of activity

#### **Sport or Recreation**

01: Diving

03: Fishing

05: Hunting

07: Ice skating

09: Playing or wading in water

11: Scuba diving

13: Skin diving

15: Surf boarding

17: Swimming

19: Water skiing

21: Other sport or recreation

## **Swimming or Diving Involving Other Than Sport/Recreation**

41: Marine salvage

43: Pearl diving

45: Placement of fishing nets

47: Rescuing another person

49: Underwater construction

50: Other commercial activity

## **Other Activity**

**88:** Other specified (fell, jumped, pushed)

99: Unspecified

## ! CONTINUE next page!

# K. DROWNING OR SUBMERSION WITH ACTIVITIES IN WATER (page 2 of 2)

2. Decedent fell, was pushed

01: Fell, slipped

02: Jumped, pushed

99: Unspecified

#### 3. Place

05: Bathtub (Bathing), jacuzzi, hot tub

10: Quenching tank

**15:** Pool (swimming, wadding)

20: River

**25:** Ocean (Sea, bay, salt water)

30: Lake

35: **Pond** 

**40:** Other natural body of water (Stream, creek, swamp, fresh water, brackish water, shore quarry)

**88:** Other specified (reservoir, irrigation ditch, canal)

99: Unspecified water

#### !STOP!

END OF DROWNING OR SUBMERSION WITH ACTIVITIES IN WATER

L. CIRCUMSTANCES INVOLVING SUFFOCATION, STRANGULATION, OBSTRUCTION, ASPIRATION, CHOKING, OR ASPHYXIATION (Choked on, asphyxia by, suffocation by, obstruction of airway, strangulation, aspiration, inhalation foreign body) (page 1 of 2)

## 1. Cause of circumstances

**01:** Food (Bone, food bolus, seed)

**02: Gastric contents** (Vomitus, regurgitated food, fecal matter, stomach acid)

**03: Nonfood** (Blood, medicine, mucus, secretion NOS, chewing gum, sputum)

04: Stated foreign body (Foreign matter, foreign object) 9

05: Plastic bag

**06: Enclosed space** (Shut in refrigerator, air-tight space)

**07:** Falling earth or other substance (Cave-in)

**08:** Hanging, asphyxia, strangulation, or suffocation by device around **neck** (Ligature)

09: Bed, crib, baby carriage, bed clothing, infants while asleep10: Strangulation, asphyxia, or suffocation not by foreign body

(Compression, constriction, pressure, mechanical, positional)

88: Other specified

99: Unspecified

! CONTINUE next page!

<sup>9</sup>If foreign body is stated in the certification, but more specific information is reported elsewhere on the certificate, prefer codes 01, 02, or 03.

L. CIRCUMSTANCES INVOLVING SUFFOCATION, STRANGULATION, OBSTRUCTION, ASPIRATION, CHOKING, OR ASPHYXIATION (page 2 of 2)

2. Location of obstruction

01: Airway

02: Bronchus

03: Bronchiole

04: Esophagus

**05:** Intestine (Small, jejunum)

06: Large Intestine (Colon)

07: Larynx

08: Lung

09: Mouth

10: Nasopharynx, Oropharynx

11: **Nose** 

12: Pharynx

13: Respiratory

14: Stomach

15: Throat

16: Trachea

88: Other specified site

99: Unspecified site or no obstruction reported

#### !STOP!

END OF CIRCUMSTANCES INVOLVING SUFFOCATION, STRANGULATION, OBSTRUCTION, ASPIRATION, CHOKING, OR ASPHYXIATION

## M. TOOLS, APPLIANCES, AND SHARP OBJECTS (page 1 of 2)

**Excludes:** (1) Accidents involving broken glass caused by EXPLOSION. Reselect D.

(2) Accidents involving broken glass caused by discharge of FIREARM. Reselect I.

**Includes:** Accidents involving lawn mower, powered or unpowered

1. <u>Act</u>

01: Stabbed by

02: Cut by

03: Falling on

04: Injured by

88: Other specified

99: Unspecified

#### 2. Type

#### **Powered**

**01:** Hand tools (Chain saw, drill, handsaw, hedge clipper, rivet gun, staple gun)

**02:** Household appliances and implements (Blender, electric can opener, electric fan, electric knife)

**03: Industrial tools** (Band saw, bench saw, circular saw, overhead plane, powered saw, radial saw, sander, lathe)

## Unpowered

04: Knives, swords, and daggers

**Other hand tools and implements** (Axe, can opener, chisel, fork, hoe, ice pick, needle, paper cutter, pitch fork, rake, razor, scissors, screwdriver, shovel)

**06:** Sharp object used during sport activity (Arrow, dart)

**O7:** Sharp object, excluding broken glass (Lathe turnings, nail, splinter, sharp paper, tin can lid)

08: Broken glass

#### ! CONTINUE next page!

## M. TOOLS, APPLIANCES, AND SHARP OBJECTS (page 2 of 2)

2. Type - continued

#### **Lawn Mower**

09: Riding lawn mower

10: Powered lawn mower, powered push mower

11: Lawn mower, push mower, unspecified whether powered or unpowered

12: Non-powered lawn mower

88: Other specified

99: Unspecified

#### !STOP!

END OF TOOLS, APPLIANCES, AND SHARP OBJECTS

N. MACHINERY IN OPERATION (Overturned, ran over, fell in, fell on, crushed, pinned under, cut by) (page 1 of 1)

**Excludes:** Machinery on traffic way. Reselect B

**O1:** Agricultural machine (Tractor, harvester, hay mower, hay rake, combine, reaper, cotton gin, animal powered, thresher, other specified, unspecified)

**02:** Mining and earth drilling machinery (Under-cutter, bore, or drill)

**Lifting Machines and Appliances** (codes 03-06)

(Hoist, winch, crane, derrick, elevator, grain elevator, forklift)

03: Used in agricultural operations

04: Used in mining operations

05: Other specified06: Unspecified

**07: Metal working machines** (Abrasive wheel, lathe, forging machine, metal drilling, sawing and milling machines, power press, rolling mill)

**Woodworking and forming machines** (Band saw, bench saw, circular saw, overhead plane, powered saw, radial saw, sander, lathe, drill)

**09:** Transmission machinery (Transmission belt, cable, chain, gear, pinion, pulley, shaft)

**10:** Earth moving, scraping, and other excavating machines (Bulldozer, road scraper, steam shovel)

11: Water, gas, steam turbines and engines

88: Other specified99: Unspecified

#### !STOP!

**END OF MACHINERY IN OPERATION** 

O. FALLING, DIVING, JUMPING, PUSHED (Fell, fall, dove, diving, jumped, was pushed) (page 1 of 2)

**Excludes:** (1) Fall involving vehicles. Reselect B.

- (2) Fall into fire. Reselect C.
- (3) Fall onto/into hot liquid or hot object. Reselect G.
- (4) Fall involving drowning. Reselect K.
- (5) Fall onto/into sharp objects or broken glass. Reselect M.
- (6) Fall involving Machinery. Reselect N.
- (7) Tripping or stumbling without mention of fall. Reselect R.

#### From, on, out of, off, down

01: Escalator

**02:** Other stairs or steps (Includes ice or snow on stairs/steps)

03: Ladder

04: Scaffolding

**05:** Residential structure (Apartment, boarding house, camping place, caravan, farm house, home, house, lodging house, private garage, rooming house, tenement)

**O6:** Building or other nonresidential structure (Barn, church, convalescent or nursing home, factory, farm outbuilding, hospital, hotel, educational institution, dormitory, school, shop, store, theater)

**07:** Other manmade structure (Bridge, flagpole, tower)

08: Cliff (Mountain, while mountain climbing)

09: Tree

10: Other natural structure or site (Embankment)

11: Involving playground equipment

## Fall Getting Out of or Striking Against

12: Bed

13: Chair

14: Other furniture

#### MORE ON NEXT PAGE

## ! CONTINUE next page!

## O. FALLING, DIVING, JUMPING, PUSHED (page 2 of 2)

#### Fall from

- 15: Involving bed
- 16: Involving chair
- 17: Involving furniture
- 18: Stationary vehicle
- 19: Involving ice-skates, skis, roller-skates, skateboards or snowboards
- 20: Other fall involving ice and snow (Same level)
- 21: Other fall from one level to another (Curb, high place, height)
- 22: Tripping, slipping, stumbling (Same level)
- 23: While being carried by another person
- 24: Involving wheelchair

## Fall on Same Level from Push, Collision, or Shove of Another Individual

- 30: In sports
- 31: Human stampede
- 32: Collision with another person or pedestrian conveyance
- 33: Other and unspecified

## Into (in)

- 40: Well
- 41: Storm drain or manhole
- 42: Swimming pool
- **43:** Water (Rock quarry, sand pit)
- **44: Pit, quarry** (Without mention of water)
- 45: Tub
- **46:** Other hole or opening (Elevator shaft)
- **88:** Other specified fall (Fall from or off toilet)
- 99: Unspecified fall

#### !STOP!

END OF FALLING, DIVING, JUMPING, PUSHED

2s

## P. ABUSE, ASSAULT, ABANDONMENT, NEGLECT (page 1 of 1)

Excludes: Transports. Reselect B.

#### 1. Circumstances

01: Abandonment or neglect

**02:** Beaten with blunt object (Stick, ball bat)

**03:** Beaten (Unspecified)

04: Involved in fight, brawl, or altercation

05: Mental abuse

06: Physical abuse

07: Sexual abuse

**08:** Sexual assault (Rape, sodomy)

**09:** Abuse (Unspecified)

**10:** Assault (Unspecified)

**11: Riot** (Unspecified)

12: Pushed or placed in front of moving object

88: Other specified

99: Other unspecified

#### 2. By person

01: Spouse or partner

02: Parent, step-parent

**03:** Acquaintance or friend (Boss, co-worker)

04: By official authorities

**05:** By other relative (Brother, sister, etc.)

88: Other specified persons

99: By unspecified person (Assailant, mugger, robber, vague reference)

#### !STOP!

END OF ABUSE, ASSAULT, ABANDONMENT, NEGLECT

## Q. LEGAL INTERVENTIONS AND OPERATIONS OF WAR (page 1 of 2)

## **Legal Execution**

01: Asphyxiation by gas

**02:** Beheading, decapitation (by guillotine)

03: Electrocution

04: Hanging

**05:** Lethal injection (Poisoning)

06: Shooting

07: Capital punishment, means unspecified (Or other words to that effect)

#### Other Legal Intervention

08: Involving discharge of firearm

09: Involving explosives

10: Involving gas

11: Involving blunt objects

12: Involving sharp objects

13: Other specified intervention

14: Unspecified Intervention

! STOP!

### Q. LEGAL INTERVENTIONS AND OPERATIONS OF WAR (page 2 of 2)

#### **Operations of War**

- 15: Occurring after cessation of hostilities (Any method)
- 16: Involving explosion of marine weapons
- 17: Involving destruction of aircraft
- 18: Involving other explosives and fragments (Unspecified)
- 19: Involving fires, conflagration, and hot substances
- 20: involving firearm discharge and other forms of conventional warfare
- 21: Involving nuclear weapons
- 22: Involving biological weapons
- 23: Involving chemical weapons
- 24: Involving other forms of unconventional warfare
- 25: Laser
- 26: Unspecified operation of war
- 88: Other specified
- 99: Unspecified

! STOP!

END OF LEGAL INTERVENTIONS AND OPERATIONS OF WAR

### R. OTHER (page 1 of 1)

**O1:** Struck by falling object (Mud, snowslide, stone, tree, stationary motor vehicle)

## Struck Against or Struck by People

02: In sports

03: In crowd stampede04: In running water

05: Other

#### Struck Against or Struck by Object

06: In sports, with sporting equipment

07: In running water

**08:** High pressure jet (Hydraulic jet, pneumatic jet)

09: Other

10: Hit, twisted, kicked by person

11: Bitten by person

12: Caught in between objects

## **Tripping or Stumbling**

13: Over animal

14: Over rug or other object

15: Over other person

! STOP!

**END OF OTHER** 

Certificate Nu	mber Sex Date of Death			
000001		F	01/01	
Age Unit		Age Field	State of Death	
68		YEARS	AS	
Part I			Duration	
a. CEREBRAI	_ THROMBOS	SIS	7 WKS	
<b>b.</b> RENAL FA	ILURE		4 WKS	
c. PNEUMON	IA		1 WK	
d.				
Part II				
Was Autopsy Performed		Were Autopsy Finding Used	Tobacco Use Contribute to death	
			Υ	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
1		N		
Date of Injury		Time of Injury	Injury at Work	
Place of Injury				
Injury Description				
Transportatio	n, Specify			
Certifier	D	State Specific Data		

Certificate Number		Sex	Date of Death	
000002		М	01/01	
Age Unit		Age Field	State of Death	
34	4	YEARS	AS	
Part I			Duration	
a. CONGEST	IVE HEART F	AILURE		
<b>b.</b> STOMACH	ULCER WITI	H HEMORRHAGE		
c.				
d.				
Part II: MYO	CARDIAL INF	ARCTION; CANCER OF BRE	AST; CIRCULATO	RY
INSUFFICIEN	ICY			
Was Autopsy Performed		Were Autopsy Finding Used	Tobacco Use Contribute to death	
			Υ	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
		N		
Date of Injury	/	Time of Injury	Injury at Work	
Place of Injury				
Injury Description				
Transportation	on, Specify			
Certifier	D	State Specific Data		

Certificate Number	Sex	Date of Death		
000003	F	01/01		
Age Unit	Age Field	State of Death		
79	YEARS	AS	AS	
Part I		Duration		
a PULMONARY EDEMA		ACUTE		
<b>b.</b> MYOCARDIAL INFARC	TION	3 MO		
c. ARTERIOSCLEROTIC	HEART DISEASE			
d.				
Part II				
Was Autopsy Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death		
		N		
Pregnancy	Manner of Death	Date of Surgery	Activity Code	
1	N			
Date of Injury	Time of Injury	Injury at Work		
Place of Injury				
Injury Description				
Transportation, Specify				
Certifier M	State Specific Data			

Certificate Number	Sex	Date of Death		
000004	М	01/01		
Age Unit	Age Field	State of Death		
48	YEARS	AS		
Part I		Duration		
a. BRONCHOPNEUMO	NIA WITH ABSCESS			
<b>b.</b> GASTRIC ULCERS, C	AUSE UNKNOWN			
c. RHEUMATOID ARTH	RITIS			
d.				
Part II: WIDESPREAD CA	RCINOMA OF LUNG			
Was Autopsy Performed	Were Autopsy Finding Uses	Tobacco Use Contril death	Tobacco Use Contribute to death	
Pregnancy	Manner of Death	Date of Surgery	Activity Code	
	N			
Date of Injury	Time of Injury	Injury at Work	Injury at Work	
Place of Injury				
Injury Description				
Transportation, Specify				
Certifier CORONER	State Specific Data			

Certificate Number	Sex	Date of Death		
000005	F	01/01		
Age Unit	Age Field	State of Death		
56	YEARS	AS		
Part I		Duration		
a. PULMONARY EMBO	DLISM			
<b>b.</b> CORONARY BYPAS	S GRAFT			
c. ASHD				
d.				
Part II:				
Was Autopsy Performe	d Were Autopsy Finding Uses	Tobacco Use Conti	Tobacco Use Contribute to death	
		U		
Pregnancy	Manner of Death	Date of Surgery	Activity Code	
	N			
Date of Injury	Time of Injury	Injury at Work		
Place of Injury				
Injury Description				
Transportation, Specify	,			
Certifier M	State Specific Data			

Certificate N	umber	Sex	Date of Death	
000006		F	01/01	
Age Unit		Age Field	State of Death	
5	0	YEARS	AS	
Part I			Duration	
a. CARDIAC	ARRHYTHMIA	4		
<b>b.</b> MASSIVE	ACUTE MYO	CARDIAL INFARCTION		
C.				
d.				
Part II: MIGR	AINE HEADAO	CHES		
Was Autopsy	/ Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death	
			U	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
Date of Injury		Time of Injury	Injury at Work	
Place of Injury				
Injury Descri	ption			
Transportation	on, Specify			
Certifier	D	State Specific Data		

Certificate Number	Sex	Date of Death	
000007	M	99/99	
Age Unit	Age Field	State of Death	
70	YEARS	AS	
Part I		Duration	
a. SEVERE ACUTE RESP	PIRATORY FAILURE		
<b>b.</b> TERMINAL PNEUMON	IA		
c. CONGESTIVE HEART	FAILURE DUE TO MI		
d. CARDIOMYOPATHY D ARTERIOSCLEROSIS	UE TO		
Part II			
Was Autopsy Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death	
Υ		N	
Pregnancy	Manner of Death	Date of Surgery	Activity Code
	Р		
Date of Injury	Time of Injury	Injury at Work	
Place of Injury			
Injury Description			
Transportation, Specify			
<b>Certifier</b> D	State Specific Data		

Certificate N	umber	Sex	Date of Death	
000008		M	01/01	
Age Unit		Age Field	State of Death	
6	5	YEARS	AS	
Part I			Duration	
a. CONGES	STIVE HEART	FAILURE	4 YEARS	
<b>b.</b> RENAL F	AILURE		3 MOS	
c.				
d.				
Part II				
Was Autopsy	/ Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death	
			Υ	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
		N		
Date of Injury	y	Time of Injury	Injury at Work	
Place of Injury				
Injury Descri	ption			
Transportation	on, Specify			
Certifier	D	State Specific Data		

Certificate Number		Sex	Date of Death	
000009		M	01/01	
Age Unit		Age Field	State of Death	
60		YEARS	AS	
Part I			Duration	
a. HYPERTENSIVE H	IEART	DISEASE		
<b>b.</b> METASTASIS TO F	TIUTI	ARY GLAND		
c.				
d.				
Part II: CARCINOMA	OF BR	EAST		
Was Autopsy Perforr	ned	Were Autopsy Finding Uses	Tobacco Use Cont death	ribute to
			N	
Pregnancy		Manner of Death	ner of Death Date of Surgery Co	
		N		
Date of Injury		Time of Injury	Injury at Work	
Place of Injury				
Injury Description				
Transportation, Spec	ify			
<b>Certifier</b> D		State Specific Data		

Certificate Number	Sex	Date of Death	
000010	F	01/01	
Age Unit	Age Field	State of Death	
32	YEARS	AS	
Part I		Duration	
a. SEPTICEMIA			
<b>b.</b> POSTPARTUM HEMO	RRHAGE		
c.			
d.			
Part II			
Was Autopsy Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death	
		U	
Pregnancy	Manner of Death	Date of Surgery	Activity Code
2	U		
Date of Injury	Time of Injury	Injury at Work	
Place of Injury			
Injury Description			
Transportation, Specify			
Certifier	State Specific Data		

Certificate No	umber	Sex	Date of Death	
000	011	F	01/01	
Age Unit		Age Field	State of Death	
5.	5	YEARS	AS	
Part I			Duration	
a. AORTIC IN	NSUFFICIENC	Υ		
<b>b.</b> RHEUMAT	ΓΙC HEART DI	SEASE		
c.				
d.				
Part II: END	STAGE CHRO	ONIC RENAL DISEASE WITH	H DAMAGE	
Was Autopsy	/ Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death	
			Υ	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
1		N		
Date of Injury	/	Time of Injury	Injury at Work	
Place of Inju	у			
Injury Descri	ption			
Transportation	on, Specify			
Certifier	D	State Specific Data		

Certificate Nui	mber	Sex	Date of Death	
0000	13	F	01/01	
Age Unit		Age Field	State of Death	
4		HOURS	AS	
Part I			Duration	
a. ANOXIA				
<b>b.</b> CEREBRAI	L HEMORRH	IAGE		
C.				
d.				
Part II:				
Was Autopsy	Performed	Were Autopsy Finding Uses		
Υ		Υ	N	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
		N		
Date of Injury		Time of Injury	Injury at Work	
Place of Injury	,			
Injury Descrip	tion			
Transportation	n, Specify			
Certifier	М	State Specific Data		

Certificate N	umber	Sex	Date of Death		
000	013	F	01/05		
Age Unit		Age Field	State of Death		
5	8	YEARS	AS		
Part I			Duration		
a. FRACTUR	E OF RIB				
<b>b.</b> METASTA	TIC CANCER	TO BONE			
c. CANCER	OF RIGHT BR	EAST			
d.					
Part II:					
Was Autopsy	y Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death		
N	N		Р		
Pregnancy		Manner of Death	Date of Surgery Activity		
1	1	N			
Date of Injury	y	Time of Injury	Injury at Work		
01/05	/2003	08:00 A	N		
Place of Inju	ry	HOME			
Injury Descri	ption	FRACTURED RIB WHILE T	URNING IN BED		
Transportation, Specify					
Certifier	CORONER	State Specific Data			

Certificate No	umber	Sex	Date of Death	
000	014	F	01/01	
Age Unit		Age Field	State of Death	
7-	4	YEARS	AS	
Part I			Duration	
a. CARDIOG	SENIC SHOCK			
<b>b.</b> FRACTU	RE OF ARM AI	ND LEG		
c.				
d.				
Part II				
Was Autopsy	/ Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
		А		
Date of Injury	/	Time of Injury	Injury at Work	
			N	
Place of Injury HOME				
Injury Descri	Injury Description FALL			
Transportation	on, Specify			
Certifier	UNKNOWN	State Specific Data		

Certificate Nu	umber	Sex	Date of Death	
0000	015	М	01/01	
Age Unit		Age Field	State of Death	
28	8	YEARS	AS	
Part I			Duration	
a. GUNSHOT	F WOUND TO	HEAD		
b.				
c.				
d.				
Part II				
Was Autopsy	/ Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
		S		
Date of Injury	/	Time of Injury	Injury at Work	
Place of Injur	ry			
Injury Description SELF		SELF-INFLICTED, BY 25 C	ALIBER HANDGUN	l
Transportation	on, Specify			
Certifier	D	State Specific Data		

Certificate N	umber	Sex	Date of Death	
000	016	F	01/01	
Age Unit		Age Field	State of Death	
3	4	YEARS	AS	
Part I			Duration	
a. HEAD AN	D NECK INJUF	RIES		
b.				
C.				
d.				
Part II:				
Was Autops	y Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
,	1	А		
Date of Injury	y	Time of Injury	Injury at Work	
Place of Inju	ry			
Injury Descri	ption	VEHICLE RAN OFF ROAD	AND STRUCK OB	JECT
Transportation	on, Specify	DR		
Certifier	CORONER	State Specific Data		

Certificate N	umber	Sex	Date of Death	
000	001	F	01/01	
Age Unit		Age Field	State of Death	
5	5	YEARS	AS	
Part I			Duration	
a. CARDIAC	ARREST AND	PNEUMONIA		
<b>b.</b> PULMON	ARY EMBOLIS	M & CHF		
c. CANCER	OF LUNG WI	TH METASTASIS TO SPINE		
d.				
Part II				
Was Autops	y Performed	Were Autopsy Finding Uses	Tobacco Use Conti death	ibute to
			N	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
		N		
Date of Injur	у	Time of Injury	Injury at Work	
	_			
Place of Inju	ry			
Injury Descri	ption			
Transportati	on, Specify			
Certifier	D	State Specific Data		

Certificate N	umber	Sex	Date of Death	
100	002	M	01/01	
Age Unit		Age Field	State of Death	
8	2	YEARS	AS	
Part I			Duration	
a. HEART FA	AILURE DUE T	О МІ		
<b>b.</b> ASHD				
c. AS				
d.				
Part II:				
Was Autopsy	/ Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death	
			N	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
		Р		
Date of Injury	у	Time of Injury	Injury at Work	
Place of Inju	ry			
Injury Descri	ption			
Transportation	on, Specify			
Certifier	D	State Specific Data		

Certificate Number	Sex	Date of Death	
100003	F	01/01	
Age Unit	Age Field	State of Death	
78	YEARS	AS	
Part I		Duration	
a. CARDIAC ARREST			
<b>b.</b> HEPATIC FAILURE			
c. HEPATIC COMA DUE 1	O CIRRHOSIS		
d. CANCER OF PANCRE	AS .		
Part II:			
Was Autopsy Performed	Were Autopsy Finding Uses	Tobacco Use Contr death	ibute to
		Υ	
Pregnancy	Manner of Death	Date of Surgery	Activity Code
	N		
Date of Injury	Time of Injury	Injury at Work	
Place of Injury			
Injury Description			
Transportation, Specify			
Certifier D	State Specific Data		

Certificate N	umber	Sex	Date of Death	
100	004	M	01/01	
Age Unit		Age Field	State of Death	
7	5	YEARS	AS	
Part I			Duration	
a. CONGEST	IVE HEART FA	AILURE		
ASHD				
C.				
d.				
Part II: PNEUMONIA				
Was Autopsy	/ Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death	
١	<b>′</b>		Υ	
Pregnancy		Manner of Death	Date of Activity Surgery Code	
		N		
Date of Injury	/	Time of Injury	Injury at Work	
Place of Inju	ry		_	
Injury Descri	ption			
Transportation	on, Specify			
Certifier	CORONER	State Specific Data		

Certificate Nu	umber	Sex	Date of Death	
1000	005	F	01/01	
Age Unit		Age Field	State of Death	
6	7	YEARS	AS	
Part I			Duration	
a. HEART DI	SEASE			
MALIGNA	NT HYPERTE	NSION		
CHRONIC	NEPHRITIS			
d.				
Part II: CANC	ER OF KIDNE	ΞΥ		
Was Autopsy	Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death	
Y	′			
Pregnancy		Manner of Death	Date of Surgery	Activity Code
		Р		
Date of Injury		Time of Injury	Injury at Work	
Place of Injury				
Injury Descri	ption			
Transportation	on, Specify			
Certifier	CORONER	State Specific Data		

Certificate Number	Sex	Date of Death	
100006	M	01/01	
Age Unit	Age Field	State of Death	
54	YEARS	AS	
Part I		Duration	
a. CARDIAC ARREST			
CIRRHOSIS OF LIVER			
c. ALCOHOLISM			
d.			
Part II:			
Was Autopsy Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death	
Υ			
Pregnancy	Manner of Death	Date of Surgery	Activity Code
	N		
Date of Injury	Time of Injury	Injury at Work	
Place of Injury			
Injury Description			
Transportation, Specify			
Certifier	State Specific Data		

Part I		Duration		
a. CHEST TRAUMA		INSTANT		
b. >N10				
c.				
d.				
Part II: HEAD/PELVIS	Part II: HEAD/PELVIS INJURIES			
Place of Injury	Injury CONSTRUCTION SITE			
Injury Description				

Part I		Duration	
a SEPSIS		HOURS	
b. THERMAL BURNS (70% OF THE BODY)			
c.	c.		
d.			
Part II: ATHEROSCL	Part II: ATHEROSCLEROTIC CARDIOVASCULAR DISEASE		
Place of Injury	Place of Injury HOME		
Injury Description	>C55SS01022205		

Part I		Duration	
a. SLASHED WRISTS	a. SLASHED WRISTS		
b. CUT WRISTS; >M020	5		
c.			
d.			
Part II:	Part II:		
Place of Injury MOTEL			
Injury Description SLASHED WRISTS AND BLED TO DEATH			

Part I		Duration		
a. ELECTROCUTED				
b.				
c.				
d.				
Part II:	Part II:			
Place of Injury	POWER POLE			
Injury Description	>H05			

Part I		Duration	
a. HEAD INJURIES			
<b>b.</b> INJURIES TO TRUNK AN	D EXTREMITIES		
c. >P0302			
d.			
Part II:	Part II:		
Place of Injury HOME			
Injury Description			

Part I		Duration	
a. BURNED			
b. >D22			
c.			
d.			
Part II:			
Place of Injury	BEACH		
Injury Description	BURNED		

Part I		Duration
a. FRACTURES OF FEM	JUR, RADIUS AND ULNAR AND	
b. INTRACEREBRAL HE	EMORRHAGE	
c. BLUNT IMPACTS IN	JURY; <b>&gt;016</b>	
d.		
Part II: ATHEROSCLER	OTIC CARDIOVASCULAR DISEASE; OSTEOPOROSIS	
Place of Injury	NURSING HOME	
Injury Description		

Part I		Duration	
a. MASSIVE MULTIPLE TRAUMA		INSTANT	
b. >B4388SSS99999943			
c.			
d.			
Part II:	Part II:		
Place of Injury FIELD			
Injury Description			

Part I		Duration	
a. GUNSHOT WOUND	O OF CHEST WITH PERFORATION OF HEART AND LUNG		
b.			
c.	c.		
d.			
Part II: THORACOTOMY; GUNSHOT WOUND OF HEART			
Place of Injury PARKING GARAGE			
Injury Description Shot; >19904			

Part I		Duration		
a. ELECTRICAL BURN	NS OF APPROXIMATELY 30% OF TOTAL BODY			
<b>b.</b> SURFACE AREA W	ITH COMPLICATIONS			
c.				
d.				
Part II:	Part II:			
Place of Injury	RAILROAD TRACKS			
Injury Description	>H99			

Part I		Duration	
a. >A05			
b.			
c.			
d.			
Part II:	Part II:		
Place of Injury	MOUNTAINS		
Injury Description			

Part I		Duration	
a. ASPHYXIA			
<b>b.</b> PLASTIC BAG OVE	R HEAD	MINUTES	
c.			
d.			
Part II:			
Place of Injury	CLOSET AT HOME		
Injury Description	PLACED PLASTIC BAG OVER HEAD		

Part I		Duration
a. HEAD WOUND		
b. SHOT MULTIPLE TIMES		
c.		
d.		
Part II:		
Place of Injury	LIQUOR STORE	
Injury Description	ury Description >19904	

Part I		Duration
a. CARDIOPULMONAR	Y ARREST	IMMEDIATE
b. ARDS (ACUTE RESP	PIRATORY DISTRESS SYNDROME)	DAYS
c. PNEUMONIA		DAYS
d. HYPOTHERMIA		5 DAYS
Part II: DIABETES; ISCH	Part II: DIABETES; ISCHEMIC HEART DISEASE	
Place of Injury	Place of Injury HOME	
Injury Description	>044	

Part I		Duration	
a. COMPLICATIONS OF	BLUNT IMPACT OF HEAD		
b.			
c.			
d.			
Part II: CRANIOTOMY; S	Part II: CRANIOTOMY; SUBDURAL HEMORRHAGE		
Place of Injury	HOME		
Injury Description	>O45		

Part I		Duration
a. STREPTOCOCCAL TOXIC SHOCK		
<b>b.</b> BITE; <b>&gt;F9909</b>		
c.		
d.		
Part II:	Part II:	
Place of Injury	HOME	
Injury Description	BITTEN	

Part I		Duration	
a. MULTIPLE WOUND	OS OF HEAD AND TORSO		
<b>b.</b> INTERNAL BLEEDI	NG		
c.			
d.			
Part II:	Part II:		
Place of Injury	WOODS		
Injury Description	FOUND IN WOODS ENTANGLED IN VINES; UNKNOWN CAUSE OF INJURY		

Part I		Duration
a. HEAD INJURY		
b. TRAUMA TO ARMS AND HANDS AND CHEST		
c. >N88		
d.		
Part II:		
Place of Injury	ce of Injury LUMBER MILL	
Injury Description		

Part I		Duration	
a. INFECTIOUS COMPLICATION OF THERMAL INJURIES OF 15% OF BODY SURFACE AREA			
<b>b.</b> INCLUDING HEAD,	TRUNK AND EXTREMITIES		
c.			
d.			
Part II: SKIN GRAFTS;E	Part II: SKIN GRAFTS;BURNS;UNKNOWN		
Place of Injury	HOME		
Injury Description	>C99SS01019905		

Part I		Duration
a. DROWNING		2 HOURS
b.		
c.		
d.		
Part II:	Part II:	
Place of Injury	SOUTH FORK PEYOTE RIVER	
Injury Description	>B3008SSSS99099930	

Part I		Duration	
a. SEVERE TRAUMA	TO HEAD		SECONDS
b. >A75			
c.			
d.			
Part II:	Part II:		
Place of Injury	HOME		
Injury Description	HEAD INJURY		

Part I		Duration	
a. CEREBRAL HYPOXI	A	HOURS	
<b>b.</b> DROWNING			
c.			
d.			
Part II:			
Place of Injury	LAKE CHAMPLAIN		
Injury Description	>B2708SSS02090227		

Part I		Duration
a. ANAPHYLACTIC RE	EACTION	MINUTES
<b>b.</b> STUNG BY BEE		
c.		
d.		
Part II: ASTHMA	Part II: ASTHMA	
Place of Injury BACKYARD		
Injury Description STUNG BY SEVERAL BEES IN BACKYARD AT HOME		

Part I		Duration
a. GUNSHOT WOUND OF HEAD		
b.		
c.		
d.		
Part II:		
Place of Injury	Place of Injury AUTO SHOP	
Injury Description	SHOT; >I1506	

Part I		Duration
a. INJURY TO ARMS AND LEGS		
b. >M0409		
c.		
d.		
Part II:	Part II:	
Place of Injury	Place of Injury HOME	
Injury Description		

Part I		Duration
a. MULTIPLE INTERNAL INJURIES		
b. >R03		
c.		
d.		
Part II:		
Place of Injury	Place of Injury NIGHTCLUB	
Injury Description		

Part I		Duration
<b>a.</b> 2 <sup>ND</sup> AND 3 <sup>RD</sup> DEGR	a. 2 <sup>ND</sup> AND 3 <sup>RD</sup> DEGREE BURNS ON 30% OF BODY	
b. >G03		
c.		
d.		
Part II:	Part II:	
Place of Injury	Place of Injury HOME	
Injury Description		

Part I		Duration
a. GUNSHOT WOUND T	O HEAD	SECONDS
b.		
c.		
d.		
Part II:		
Place of Injury HOME		
Injury Description	SHOT; >10505	

Part I		Duration	
a. BLUNT FORCE TRA	a. BLUNT FORCE TRAUMA		
b. >D11			
c.			
d.			
Part II: ASTHMA	Part II: ASTHMA		
Place of Injury FACTORY			
Injury Description			

Part I		Duration
a. RIGHT CEREBELLAR AND PONS HEMORRHAGE		HOURS
b. SEVERE CLOSED H	HEAD INJURY	HOURS
c.		
d.		
Part II: RIGHT SUBDURAL HEMATOMA; HYPOTHERMIA		
Place of Injury	Place of Injury HOME	
Injury Description	VICTIM FOUND AT BOTTOM OF STAIRCASE AT HOME WITH MULTIPLE FRACTURES	

Part I		Duration
a. SMOKE INHALATION		
b.		
c.		
d.		
Part II: HYPERTENSIVE AND ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE;		
ALZHEIMERS DEMENTIA		
Place of Injury	lace of Injury RESIDENCE	
Injury Description	>C20SS01019930	

Part I		Duration
a. DROWNING		MINUTES
b.		
c.		
d.		
Part II:		
Place of Injury QUARRY		
Injury Description	DROWNED; <b>&gt;K179940</b>	

Part I		Duration	
a. BURNS			
b. EXPOSURE; >J50			
c.			
d.			
Part II:	Part II:		
Place of Injury	ce of Injury SCIENTIFIC LABORATORY		
Injury Description	EXPOSED		

Part I		Duration
a. SUBDURAL HEMATOMA		
b. HEAD INJURY		
c. >B0101040199990101		
d.		
Part II: EMPHYSEMA	Part II: EMPHYSEMA	
Place of Injury HIGHWAY		
Injury Description		

Part I Duration		Duration
a. BLUNT FORCE TRAUMA TO FACE, HEAD, AND ARMS		
b.		
c.		
d.		
Part II:		
Place of Injury	HOME	
Injury Description	>P0299	

Part I		Duration
a. LEFT HEMOTHOR	AX	MINUTES
b. CARDIAC AND PE	RICARDIAL LACERATION	MINUTES
c. BLUNT TRAUMA TO CHEST		MINUTES
d. >B1802990299990118		MINUTES
Part II:		
Place of Injury	SNOWMOBILE TRAIL	
Injury Description		

Part I Dura		Duration
a. HYPOTHERMIA		
b.		
c.		
d.		
Part II: ALZHEIMERS		
Place of Injury	OUTSIDE NURSING HOME	
Injury Description	REPORTEDLY WANDERED AWAY FROM HOME AND WAS FOUND OUTSIDE ON THE GROUND	

Part I		Duration
a. DROWNED	a. DROWNED	
b.		
c.		
d.		
Part II:		
Place of Injury RIVER		
Injury Description DROWNED		

Part I		Duration
a. MULTIPLE SEPTIC OF FEET	COMPLICATIONS OF FULL THICKNESS SCALD BURNS	
b.		
c.		
d.		
Part II: HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE;		
DIABETES MELLITUS		
Place of Injury	Place of Injury HOME	
Injury Description	Injury Description BURNED; >G01	

Part I		
a. BLUNT IMPACTS OF HEAD, TORSO AND EXTREMITIES		INSTANT
b. >B4388SSSS999906	43	
C.		
d.		
Part II:		
Place of Injury	ace of Injury STATE FOREST	
Injury Description	Injury Description	

Part I		Duration
a. HYPOTHERMIA	a. HYPOTHERMIA	
b. EXPOSURE TO ENVIRONMENT		
c.		
d.		
Part II: ASHD; EMPHYSEMA;COPD		
Place of Injury	ce of Injury WOODS	
Injury Description	Injury Description >E04	

Part I		Duration
a. COMPLICATIONS C	OF BLUNT IMPACT TO LOWER EXTREMITIES	
<b>b.</b> WITH BILATERAL A	MPUTATIONS	
c.		
d.		
Part II:		
Place of Injury	SUBWAY	
Injury Description	>B51076588998807SS	

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