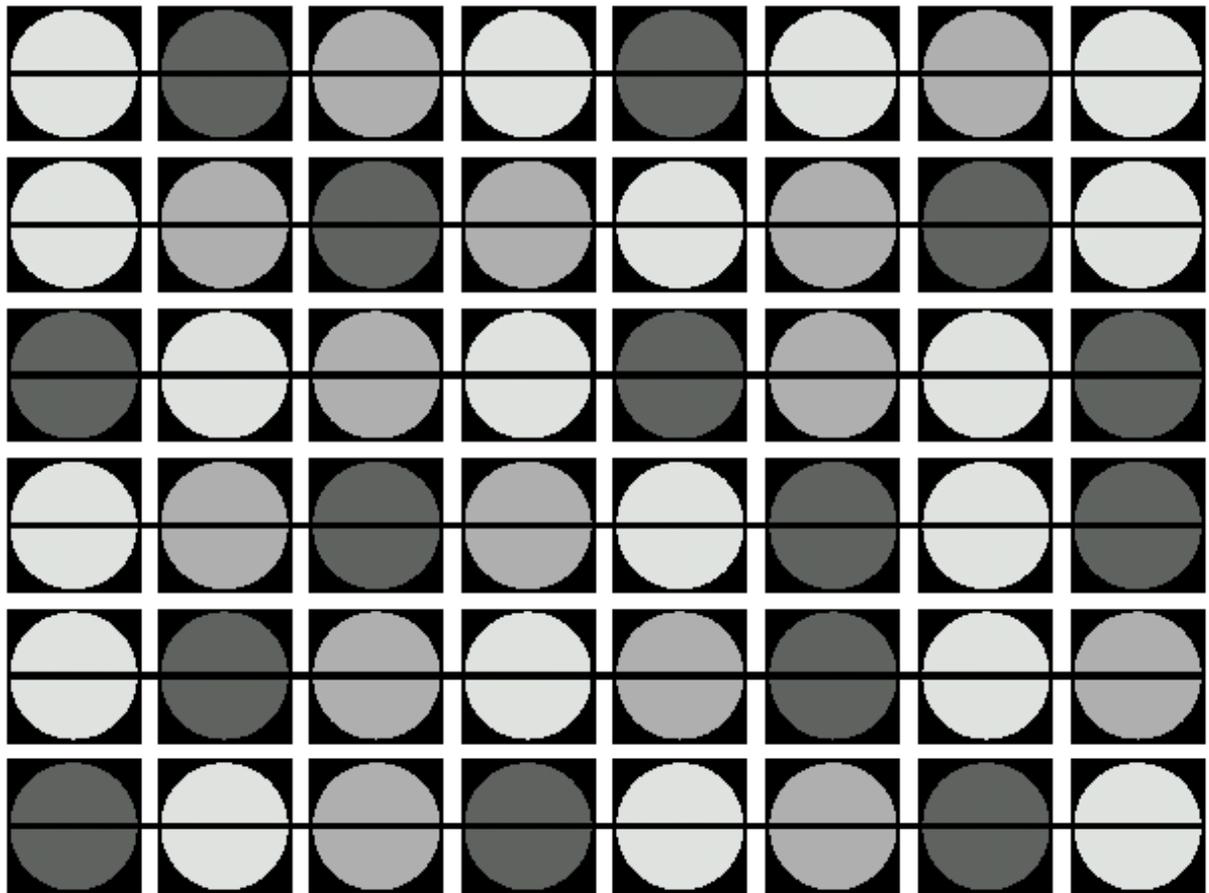# Instruction Manual
Part 20

ICD-10 Cause-of-Death Querying, 1999

From the CENTERS FOR DISEASE CONTROL AND PREVENTION/National Center for Health Statistics

Acknowledgments

Questions regarding this manual and related processing problems should be directed to the Data Acquisition and Evaluation Branch, Division of Vital Statistics, National Center for Health Statistics, P.O. Box 12214, Research Triangle Park, North Carolina 27709 or the Mortality Statistics Branch, 6525 Belcrest Road, Room 820, Hyattsville, Maryland 20782. Questions concerning interpretation of mortality data should be referred to the Mortality Statistics Branch as well.

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Cause-of-death Querying

I. Introduction

Cause-of-death querying is a process by which the State health department contacts the medical certifier who completed the cause-of-death statement and asks for clarification or further information so that resulting mortality statistics may be as complete and accurate as possible. The purpose of querying is two-fold: 1) to obtain information needed to properly code and classify the cause of death and 2) to educate the certifier about the proper method of completing medical certifications of death. Querying is one of the most important ways to improve the quality of cause-of-death data. It must therefore, be viewed as an integral part of any State's vital statistics activity.

This manual has been revised for use with the Tenth Revision of the *International Classification of Diseases (ICD-10)*. The general principles and procedures outlined in this manual are the same as in the manual for the Ninth Revision of the ICD (ICD-9). An additional high priority querying level, 1g, was added to address the situation in which probable complications of HIV are reported without any indication of HIV. This manual also provides more explicit guidance on selected querying situations only mentioned in the ICD-9 version. Reflecting the greater detail of ICD-10, a larger number of codes are recommended for querying than in ICD-9, but an attempt was made to minimize any additional burden in querying.

Querying is an essential part of the vital registration process (1-2), so both local registrars and registration personnel in the State health department should be thoroughly knowledgeable of the laws, procedures, and other requirements for death registration, querying, and death certificate amendment. This manual is for those who have the responsibility for the acceptance and registration of death certificates, primarily at the State level, and any key staff who have been designated as responsible for communicating with medical certifiers about the accuracy and completeness of the cause-of-death statement. The manual is restricted to the medical certification portion of the record. Querying procedures for the demographic items on the death certificate are addressed in a companion manual entitled "Guidelines for Implementing Field and Query Programs for Registration of Births and Deaths" (Part 18).

Several levels of querying (levels 1 through 6) are offered in this manual; a minimal level of querying (Priority Level 1) is necessary to produce cause-of-death statistics. It is estimated that Level 1 querying would involve about five percent of a State's death records. However, higher levels of querying are desirable to ensure specificity and completeness in the physicians' statements of cause of death. Not every State will be able to devote the same amount of effort to querying; however, it is hoped that each registration area will elect to query at the maximum level consistent with their resources and that all registration areas will query at least at Priority Level 1. We believe that the ICD-9 version of this manual was of assistance to the States in developing their own query programs, and we hope that this ICD-10 version will assist the States in making a transition from an ICD-9 to an ICD-10 query program.

In developing query procedures, consideration must also be given to the various uses of the death certificate. Cause-of-death data are important for statistical uses in the following ways: surveillance, research, design of public health and medical interventions, and funding decisions for research and development. Cause-of-death data also have legal and administrative uses. For example, in the case of accidents, the additional information requested such as the time and place and the manner in which the injury occurred can be important in court cases, insurance claims, etc. The Priority Levels in this manual focus on improving the usefulness of the data for statistical purposes. States may wish to query other items that are legally or administratively important in the particular State.

Normally, cause-of-death queries are directed to the certifier (attending physician, medical examiner, coroner) who originally provided the information in the medical section of the death certificate. However, if the death occurred in a hospital, it is also possible to obtain additional information from the hospital files to further clarify the cause of death. For legal reasons, no changes or additions should be made on the face of the original record without the approval of the legally designated certifier. If the cause-of-death statement is substantially changed, the certifying physician should be encouraged to file an amended certificate. The procedures for filing amended certificates vary by State.

While querying has an immediate goal of clarifying the cause of death for individual records, it has a broader goal of educating physicians on how to complete a medical certification. The following section addresses some basics on medical certification.

Basics of medical certification

The medical certification section of the U.S. Standard Certificate of Death (Figure 1) is designed to collect an underlying cause of death; that is, the disease or injury which initiated the train of morbid events leading directly to death or the circumstances of the accident or violence which produced the fatal injury. The certification section of the death certificate follows the format recommended by the World Health Organization in the *International Classification of Diseases* to facilitate reporting of the underlying cause of death by listing the immediate cause of death on the top line of Part I followed by antecedent causes in proper sequence, with the reported underlying cause being the last entry in Part I (Figure 2). Part II (Other Significant Conditions) allows the physician to list any other medically important disease or condition that was present at the time of death and which may have contributed to death but was not a direct link in the chain of events directly leading to death. Multiple causes of death include each of the causes reported on the death certificate in Parts I or II.

Underlying cause is the item most commonly used in tabulation and analysis. As stated earlier, underlying cause data are important for surveillance, research, design of public health and medical interventions, and funding decisions for research and development. Multiple cause data are an important supplement to underlying cause data and can provide additional analytical information.

It is very important that all physicians, medical examiners, or coroners who may be certifying deaths be properly oriented to the principles of medical certification, the manner in which the statements are to be entered, and the importance of completeness, accuracy, and specificity in listing the causes of death. Even the most conscientious physician sometimes has a difficult time in distinguishing

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Figure 1.

between those conditions that should be included in the causal chain versus those conditions not in the chain but medically important and relevant. The cause-of-death certification constitutes a medical-legal opinion, not necessarily an absolute fact, since it is not always possible to make a precise determination of interacting diseases or conditions. Thus, "to the best of my knowledge" is included in the certification statement, since the certifier is considered to be in a better position than anyone else to make a judgment as to the chain of events leading to death, but he/she cannot always be presumed to have a clear cut "absolute answer".

Figure 2.

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. **Immediate cause of death**	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): b. **Intermediate cause**	
	DUE TO (OR AS A CONSEQUENCE OF): c. **Intermediate cause**	
	DUE TO (OR AS A CONSEQUENCE OF): d. **Underlying cause**	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. **Contributory cause(s) if any**	28a. WAS AN AUTOPSY PERFORMED? *(Yes or no)*	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? *(Yes or no)*

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. **Rupture of myocardium**	**Minutes**
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): b. **Acute myocardial infarction**	**6 days**
	DUE TO (OR AS A CONSEQUENCE OF): c. **Coronary artery thrombosis**	**6 days**
	DUE TO (OR AS A CONSEQUENCE OF): d. **Atherosclerotic coronary artery disease**	**7 years**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. **Diabetes, Chronic obstructive pulmonary disease, smoking**	28a. WAS AN AUTOPSY PERFORMED? *(Yes or no)* *Yes*	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? *(Yes or no)* Yes

In certifying causes of death, several kinds of errors or oversights are frequently made, often due to the physicians not understanding how to complete the certification of death. One of the most common errors is the listing of causes in incorrect or illogical order, or the listing of more than one disease or condition on the same line. Another frequent error is omitting the interval between onset and death, the hour of death, and whether an autopsy was performed.

Completing a cause-of-death statement

Figure 3 shows some basic guidelines to certifying physicians on how to complete a cause-of-death statement.

Additional Aids

On occasion, it may be beneficial for the certifier physician to discuss medical certification of death with a member of the State health department staff before certifying a cause of death. It is helpful to provide a telephone number and the name of an individual who can provide answers to the certifier's questions. Needless to say, the person to whom such calls are referred must have a familiarity with medical terminology and of the pathology and etiology of morbid conditions.

Additional instructional material on writing cause-of-death statements is available; widespread knowledge and use of these materials by physicians could reduce many reporting problems and the need for extensive querying. The sample letters include a very short reference to the

Figure 3. Completing a cause-of-death statement: Basic concepts

1) Deaths known or suspected of having been caused by injury or poisoning should be reported to the medical examiner or coroner, and you will complete the death certificate if the medical examiner or coroner doesn't accept the case.

2) The cause-of-death information should be your best medical opinion.

3) Only one condition should be listed per line in Part I. Additional lines may be added if necessary.

4) Each condition in Part I should cause the one above it.

5) Abbreviations and parentheses should be avoided in reporting causes.

6) Provide the best estimate of the interval between the presumed onset of each condition and death. The terms "approximately" or "unknown" may be used. Do not leave the interval blank; if unknown, indicate that it is unknown.

7) If additional medical information or autopsy findings become available that would change the cause of death originally reported, the original death certificate should be amended by the certifying physician by following the procedures in place in your State.

8) Report each disease, abnormality, injury, or poisoning that you believe adversely affected the decedent. A condition can be listed as "probable" even if it has not been definitively diagnosed.

9) A complete sequence should be reported in Part I that explains why the patient died. The sequence may be an etiological or pathological sequence as well as a sequence in which an earlier condition is believed to have prepared the way for a subsequent cause by damage to tissues or impairment of function.

10) No entry is necessary on lines (b), (c), and (d) if a single cause of death reported on line (a) describes completely the train of events resulting in death.

11) If two or more possible sequences resulted in death, report in Part I the one that, in your opinion, most directly caused death. Report in Part II the other conditions or diseases.

12) A specific cause of death should be reported in the last entry in Part I so there is no ambiguity about the etiology of this cause.

13) Conditions or diseases in Part II should contribute to death but not result in the last entry in Part I.

14) Mechanistic terminal events such as respiratory arrest, asystole, cardiac arrest, cardio-respiratory arrest, ventricular fibrillation, and electromechanical dissociation should not be the only condition included in the cause-of-death statement and are unlikely to be the underlying cause.

15) Always report an etiology for organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure on the lines beneath it.

16) If, in your opinion, the use of alcohol, tobacco, other substance by the decedent, or a recent pregnancy or injury caused or contributed to death, then this condition should be reported.

17) A primary site and/or histological type should be specified for neoplasms or specify that site and type are unknown.

18) For deaths resulting from injuries, always report the fatal injury event, the trauma, and the impairment of function.

19) Injury items (30a-f in Illustration 1) should have some sort of entry if the manner has been reported as accident, homicide, or suicide.

resources, but maximum benefit would probably be gained by providing the certifying physician a

packet of instructional material including, at least, items 2, 3, and 4 below:

1. Applicable State resources
2. Instructions for completing the cause-of-death section of the death certificate (laminated plastic card or pocket size folder available from NCHS, also at http://www.cdc.gov/nchswww/about/major/dvs/handbk.htm)
3. Instructions for completing the cause-of-death section of the death certificate for injury and poisoning (laminated plastic card or pocket size folder available from NCHS, also at http://www.cdc.gov/nchswww/about/major/dvs/handbk.htm)
4. Physicians' Handbook on Medical Certification of Death (available from NCHS)
5. Medical examiners' and coroners' handbook on death registration and fetal death reporting (available from NCHS)
6. Possible solutions to common problems in death certification (http://www.cdc.gov/nchswww/about/major/dvs/handbk.htm)
7. Tutorial from the National Association of Medical Examiners (http://www.thename.org/main.htm)
8. *The Medical Cause of Death Manual* (3) edited by Randy Hanzlick: can be ordered from the College of American Pathologists (800-323-4040 ext. 7531 for information and credit card orders). The product code number is B260.
9. *Cause-of-Death Statements and Certification of Natural and Unnatural Deaths* edited by Randy Hanzlick: can be ordered from the College of American Pathologists (800-323-4040 ext. 7531 for information and credit card orders). The product code number is BK7261.

Enlisting the cooperation of the State and local medical societies to conduct some

instructional/educational sessions on completing death certificates should be considered,

especially if a local region makes a disproportionate number of errors. Local medical schools

should also be approached about the possibility of including training on death certification as part

of their curriculum.

Training physicians in the proper completion of a death certificate will work best when the

physicians feel that they have a vested interest in the death certification process. One way of

improving the sense of being vested is to explain how the data is used for health programs and

medical research. Training non-physicians in the proper completion of a death certificate may be

more challenging since they do not have the medical background that physicians do.

II. Who Carries Out the Query

States must decide who can best carry out querying. Historically, nosologists have done the querying, but with the advent of automated processing, fewer States have nosologists. These States must develop different mechanisms for querying, perhaps by training other staff to query. The person who queries records needs to be someone who understands the content and purpose of the querying manual, which in turn implies an understanding of coding rules and medical causality. That person could be an experienced nosologist or a trained statistician or a medical officer with an understanding of how death certificates should be completed. Consideration might be given to identifying a physician on staff in the State health department or under contract who could provide assistance with the querying process. It is critical that the person doing the querying have good communication skills as well as an understanding of why the certificate is being queried (e.g., to obtain more information or to correct obvious inadequacies).

An area for future development is to develop automated procedures for querying. NCHS is incorporating Priority Level 1 queries into the automated mortality medical software. Initially, the system will identify the certificate number, the query level, and the recommended letter. The State staff can then pull the record and review the record to determine if a query is needed. Eventually, the automated system will produce a letter that may be used to query the record.

III. Use of Querying

If employed correctly, the query procedure can be a very effective method of acquainting physicians with the proper methods for certifying a cause of death. Unfortunately, most physicians do not receive training on completing death certificates during their formal education; therefore, querying can help provide them with information to enable them to certify a death correctly. Many common errors or omissions can be avoided by consistent querying, if sufficient explanation is furnished to the certifier to help them modify their approach with future medical certifications.

The design and wording of form letters used in querying is very important, not only for obtaining the necessary information for the death being queried, but to convey to the certifier enough information so that he/she can correctly certify future cases of the same or similar types. Questions in query letters need to be specific enough to indicate what is missing or incorrect and what information is being requested. The more explicit the letter, the better the response that can be expected. Examples illustrating the correct certification of specific causes are shown on the back of the sample form letters in Appendix B; these examples may serve as guides to the certifier.

IV. How Much to Query

Querying is a critical part of maintaining and improving data quality. The official responsible for

vital registration and vital statistics should make a careful appraisal of the type and extent of

querying that has taken place on the cause-of-death statements in his/her own registration area.

Then, a better decision can be made about possible revisions in current query procedures and

practices. Such decisions should take into account:

1) The importance of querying in improving physicians' practices in completing cause-of-death statements

2) The importance of querying in improving the particular death record under review

3) The extent to which staff resources can be devoted to querying versus other office activities

4) The query method that will be most effective in accomplishing 1) and 2) above.

Some records with questionable conditions or situations are easily identified as good candidates

for querying or further investigation. Situations that need clarification are described in general

terms in the description of the query levels and in specific terms in the four tables of

Appendix A. The query manual provides general guidelines to what should be queried but

informed judgment must be applied on a case-by-case basis before sending out a query to a

physician.

V. Levels of Querying

Recognizing that the availability of staff and resources to be utilized for querying varies from State to State, the following levels of querying have been designed to aid decision makers in developing the query program for the specific State vital statistics program. The categories are in priority order ranging from "1" indicating cases that should always be queried, to "6" which is an optional category. To facilitate referencing, Priority Level 1 is subdivided into categories a-g. Those categories requiring no querying are indicated by "0". For systematic data improvement, the manager should elect to query up to the highest Priority Level commensurate with the registration area's needs and resources. Intervening levels should not be skipped. NCHS recommends that every registration area conduct, as a minimum, the Priority Level 1 queries.

Appendix A presents an operationalization of the recommended Priority Levels. Table 1 shows specific ICD-10 categories along with a querying Priority Level and a reference to a sample query letter to use in querying (Appendix B contains the sample query letters). Table 2 presents specific improbable sequences that should always be queried. Table 3 lists recommendations for situations in which the duration for a specified cause is not clear. Table 4 presents selected situations in which the certifier has reported causes in a way that conflict with the format of the medical certification section along with a recommended query level and a reference to a sample query letter. The following examples illustrate how Appendix A may be used.

I (a) Pain in joints
 (b)
 (c)

The ICD code for this condition is M25.5. Referring to this category in table 1 of

Appendix A, it specifies that a query should be initiated under Priority Level 1c for

conditions coded to M15-M25. Also, it shows that Query Letter No. 8 on page 91 can be

used.

I (a) Pharyngeal cancer
 (b)
 (c)

This condition would be coded C14.0. Referring to Appendix A, the Priority Level is

shown as 5 and Query Letter No. 2 on page 73 could be used. If, however, the State

queries only through Priority Level 4, no letter would be initiated in this case.

Appendix A provides guidelines for querying. Automatic or manual screening may be used to

identify certificates for possible querying. However, the State should review the certificate more

carefully to determine if the record really should be queried. For example, querying is not

necessary when terms such as "probable," "unknown etiology," and "unknown site" are stated. In

the case of SIDS, querying is also not necessary when a complete investigation has been

conducted and the National Institute of Child Health and Human Development criteria have been

met for diagnosing SIDS. In these cases, it is clear that the physician made an effort to provide a

clear and complete etiological sequence.

While the form letters shown in Appendix B are adequate to cover most situations, there may be times when an original letter should be written, or additional statements or questions should be included. When two or more different query levels are applicable for the same record, the attachments for each query level may be used. It may be clearer to keep the questions on separate attachments rather than combining questions from multiple attachments.

Priority Level 1

Priority Level 1 contains the minimum level of querying that all State vital statistics programs should use to promote basic integrity of State and national mortality data. This category is designed to reduce the frequency with which assumptions must be made to properly assign multiple cause or underlying cause-of-death codes because of missing or incorrect information.

Level 1a: Always query if an infrequent or rare cause appears anywhere in the medical certification section.

Appendix C contains a list of infrequent and rare causes of death in the United States. These causes of death occur rarely and/or present threats to public health in the United States. As a result, each case should be verified to make sure there was no error in certification. When NCHS requests confirmation of a rare cause of death, the VSCP project director should work with staff to verify that the cause-of-death coding is correct and obtain corroboration from the State Health Officer before signing the confirmation letter. A notation of confirmation should also be recorded on the copy of the certificate sent to NCHS. In the absence of this notation, the disease will be coded as stated; the VSCP project officer will be contacted to confirm the accuracy of the certification.

Examples: "Cholera", "plague", "acute poliomyelitis"

See sample query letter number 1.

Level 1b: Always query neoplasm for a primary site and to determine if benign or malignant. When a malignant neoplasm is stated to be the underlying cause of death, it is important to determine the primary site.

Example: I (a) Carcinomatosis
    (b)
    (c)

Query to determine primary site.

Example: I (a) Breast tumor
    (b)
    (c)

Query to determine if benign or malignant.

See sample query letter number 2.

Level 1c: Always query when the following are reported alone or as the underlying cause on the death certificate:
- **conditions that would rarely cause death by themselves (e.g., trivial conditions)**
- **symptoms and signs**
- **ill-defined conditions**
- **mechanisms of death**

Example: I (a) Myopia
    (b)
    (c)

Example I (a) Senility
    (b)
    (c)

See sample query letter numbers 4, 6, 8, 9, and 10.

Level 1d: Always query for the reason for the "surgery or medical care" when the underlying disease or condition is not reported anywhere on the death record.

>   Example: I (a) Hemorrhage
>   (b) Surgery
>   (c)

>   In the above example, the disease or condition requiring the surgery should be queried, and also the specific type of surgery performed.

>   See sample query letter numbers 5 and 10.

Level 1e: Always query for an external cause when only nature of injuries, that is, codes classifiable to S00-T98, are reported alone on the death certificate.

>   Example: I (a) Internal injuries
>   (b)
>   (c)

>   See sample query letter number 10.

Level 1f: Query when the sequence arrangement of the reported entries is questionable. Improbable sequences in part I of the death certificate are shown in tables 2-4 of Appendix A, pages 57-70, and in the instructions on "highly improbable" sequences in section III of the NCHS Instruction manual part 2A.

>   Example: I (a) Pneumonia
>   (b) Hypertension
>   (c) Cardiac hypertrophy due to above

>   In this example, it is difficult to determine the intent of the certifier; therefore, more information is needed.

>   See sample query letter number 11.

Level 1g: When any of the selected conditions in Appendix D is reported, whether in part I or part II on the death certificate, and there is no mention of HIV (Human immunodeficiency virus) infection, query for HIV.

See sample query letter number 3.

Priority Level 2

Priority Level 2 includes conditions not usually considered as the underlying cause for which querying will help classify the underlying cause of death more specifically.

Example: I (a) Peritonitis
         (b)
         (c)

In this example, it is necessary to determine what led to or caused the peritonitis- - was it a ruptured appendix, ruptured peptic ulcer, so-called "spontaneous peritonitis", other?

See sample query letter numbers 4 and 8.

Priority Level 3

Priority Level 3 provides more detailed information that would enable the cause of death to be classified more accurately and to a more detailed ICD category.

Example: I (a) Chronic liver disease
         (b)
         (c)

In this case, the specific type of disease is needed (alcoholic cirrhosis, biliary cirrhosis, chronic (or recurrent) hepatitis, etc.)

See sample query letter numbers 4, 7, 8, 9, and 10.

Priority Level 4

Priority Level 4 includes:
• **those cases in which the certifier may already provide a logical chain of events leading to death but determining the site or location of stated diseases or conditions will lead to a more precise code (see example below).**
• **entries which are unclear and need further explanation (e.g., situations related to placement and numbering of conditions). For a list of examples, refer to table 4, Appendix A, beginning on page 67.**

Example: I (a) Embolism
      (b)
      (c)

A specific site is needed (e.g., brain, lung, coronary arteries), as is the source, if known.

See sample query letter numbers 4 and 11.

Priority Level 5

Priority Level 5 contains queries which would enable the cause of death to be coded to a more precise subcategory within the three-digit category. This level of detail is frequently required for specified special studies or research projects within a defined reporting area, but may not be necessary for general querying.

Example: I (a) Carcinomatosis
      (b) Cancer of pancreas
      (c)

In this case, a query for a more specific site of the pancreas would be in order (e.g., body, head, duct, etc.), as well as a query for the histologic type of tumor, such as "Adenocarcinoma".

See sample query letter numbers 4 and 10.

<u>Priority Level 6</u>

Priority Level 6 reflects the most thorough recommended level of querying. The conditions in this category are queried for the purpose of obtaining even more explicit statements, thus eliminating the necessity of using the assumptions which are allowed under ICD rules.

       Example: I (a) Tuberculosis
            (b)
            (c)

       Tuberculosis of the lung is assumed if not otherwise specified.

       Example: I (a) Lupus
            (b)
            (c)

       Systemic lupus is assumed if not otherwise specified.

       See sample query letter numbers 4 and 11.

<u>Fetal death</u>

The principles and procedures described in this manual are applicable to fetal deaths. Since many of the same causes may be stated on the fetal death report, the querying priorities in Appendix A may be followed. The cause P95 is invalid for mortality records but is valid for fetal deaths. This cause, P95, is shown in Appendix A for those wanting to use this manual to query fetal deaths. While the causes of many fetal deaths are unknown, it is important to capture results from pathological examinations completed after the fetal death report or certificate was filed and to remind physicians that casual reporting of "unknown" as a cause of fetal death is not acceptable.

Guide to Sample Query Letters Shown in Appendix B		
Letter number	Query level	General reason for querying
1	1a	Rare causes
2	1b	Cancer
3	1g	HIV (also see Appendix D)
4	1c,2,3,4,5,6	Etiology, for specific site, and type of disease
5	1d	Reason for treatment (medical, surgical, therapy, medicaments)
6	1c	Mental disorders
7	3	Type of drug or exposure
8	1c,2,3	Signs, symptoms, non-specific conditions, trivial conditions, fetal death code P95, mechanism of death, etc.
9	1c,3	Pregnancy-related conditions
10	1c,1d,1e,3,5	Manner of death and external causes
11	1f,4,6	Improbable sequence, duration, placement and numbering of conditions

VI. Evaluation of the Query Program

To assure that the desired results are being obtained, a periodic evaluation of the query program should be made. By keeping records of all queries sent out and returned, it is possible to measure the overall effectiveness of the program, and also to pinpoint areas in need of a more concentrated effort.

A rough measure of the improvement in certification may be obtained by comparing the percent of records requiring a query at the beginning of the program with the percent required afer the program has been in effect for several months. Ideally there should be a gradual decline in the proportion of queries needed as the certifiers become educated as to the requirements. However, there will always be a need for education since new physicians will start practicing in the State and physicians who rarely complete a certificate may need assistance. The rate of response to the queries and the time lag involved will also make it possible to determine how much follow-up is needed, either by mail or by telephone.

A more detailed measure of the effectiveness of the program is made possible by keeping a record of the types of questions asked. This information can reveal which types of situations require the most querying, and also indicates which physicians may require special attention such as a personal visit. This type of information can be very valuable when used in conjunction with a field or training program, especially with the cooperation of the State and/or local medical society   In

addition, it is helpful to ascertain the impact of querying by measuring the difference in the records over time.

The following are illustrations of the types of information that can be recorded and tabulated periodically for purposes of evaluating the query program:

A.   Number and percent of queries sent, showing:
      1.   Adequate response
            A.   Changed the underlying cause
            B.   Did not change the underlying cause
            C.   Did not change the underlying cause, but resulted in additional cause-of-death information
      2.   Inadequate response
      3.   No response

B.   Number and percent of follow-up queries, by type of follow up and result.
C.   Number and percent of queries sent, by ICD category and Priority Level.
D.   Number and percent of queries sent, by individual physician and type of letter.
E.   Number and percent of inadequate or non-responses by type of letter used.
F.   Number and rate of ICD code changes made as a result of queries, by Priority Level.

In Oregon, systematic evaluation of the State query program has confirmed the value of an overall program, identified effectiveness of querying specific causes, and helped refine specific wording that works best in query letters (4).

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Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
A00-A01	1a								1		71
A02-A04							0				
A05 (.1)	1a								1		71
A05 (.0, .2-.8)							0				
A05 (.9)					5				4	4/5	79
A06							0				
A07 (.0-.1)	1a								1		71
A07 (.2)	1a 1g								1 3		71 76
A07 (.3)	1g								3		76
A07 (.8-.9)	1a								1		71
A08-A09							0				
A16 (.2-.8)	1g								3		76
A16 (.9)	1g					6			3		76
A17	1g								3		76
A18 (.0-.3, .5-.8)	1g								3		76
A18 (.4)	1g		3					Query Lupus, NOS (for query level 3)	3 4	4/5	76 79
A19	1g								3		76
A20-A25	1a								1		71
A26							0				
A27	1a								1		71
A28							0				
A30	1a								1		71
A31 (.0, .8-.9)	1g								3		76
A31 (.1)	1c 1g								8 3	1	91 76
A32							0				

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Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
A33-A37	1a								1		71
A38-A39							0				
A40 (.0-.8)							0				
A40 (.9)					5				4	5	79
A41 (.0-.8)							0				
A41 (.9)					5				4	4	79
A42-A43	1g								3		76
A44	1a								1		71
A46, A48(.0-.2, .4-.8)							0				
A49				4					4	2	79
A50							0				
A51	1c								8	2	91
A52-A55							0				
A56-A64	1c								8	1,2	91
A65-A70	1a								1		71
A71-A74	1c										
A75	1a								1		71
A77 (.0)							0				
A77 (.1-.9)	1a								1		71
A78-A80	1a								1		71
A81 (.0-.1, .8-.9)	1a								1		71
A81 (.2)	1a 1g								1 3		71 76
A82	1a								1		71
A83							0				
A84	1a								1		71
A85 (.0-.1, .8)							0				
A85 (.2)	1a								1		71

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Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
A86-A89							0				
A90-A99	1a								1		71
B00 (.0, .3-.4, .7, .9)	1g								3		76
B00 (.1-.2, .5,.8)	1c 1g								8 3	1,2	91 76
B01	1a								1		71
B02							0				
B03-B06	1a								1		71
B07	1c								8	1	91
B08 (.0)	1a								1		71
B08 (.1-.8)	1c								8	1	91
B09	1c								8	1	91
B15-B19							0				
B20-24							0				
B25	1g								3		76
B26	1a								1		71
B27							0				
B30	1c								1		71
B33 (.0)	1a								1		71
B33 (.1-.8)							0				
B34							0				
B35-B36	1c								8	1,2	91
B37-B39	1g								3		76
B40-B43							0				
B44-B45	1g								3		76
B46-B47							0				
B48 (.0-.4, .8)							0				
B48 (.7)	1c								8	1	91

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Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
B49							0				
B50-B57	1a								1		71
B58-B59	1g								3		76
B60-B64							0				
B65-B74	1a								1		71
B75-B83							0				
B85-B86	1c								8	1,2	91
B87-B94							0				
B99							0				
C00 (.0-.4, .6-.8)							0				
C00 (.5, .9)					5				2		73
C01-C05							0				
C06 (.0-.8)							0				
C06 (.9)				4					2		73
C07-C09							0				
C10 (.0-.8)							0				
C10 (.9)					5				2		73
C11 (.0-.8)							0				
C11 (.9)					5				2		73
C12							0				
C13 (.0-.8)							0				
C13 (.9)					5				2		73
C14 (.0)					5				2		73
C14 (.2-.8)							0				
C15-C23							0				
C24 (.0-.8)							0				
C24 (.9)					5				2		73
C25 (.0-.8)							0				

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Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
C25 (.9)					5				2		73
C26 (.0-.8)							0				
C26 (.9)				4					2		73
C30							0				
C31 (.0-.8)							0				
C31 (.9)					5				2		73
C32 (.0-.8)							0				
C32 (.9)					5				2		73
C33							0				
C34 (.0-.8)							0				
C34 (.9)					5				2		73
C37							0				
C38 (.0-.2, .4-.8)							0				
C38 (.3)					5				2		73
C39				4					2		73
C40							0				
C41 (.0-.8)							0				
C41 (.9)					5				2		73
C43 (.0-.8)							0				
C43 (.9)					5				2		73
C44 (.0-.8)							0				
C44 (.9)					5				2		73
C45 (.0-.7)							0				
C45 (.9)					5				2		73
C46 (.0-.8)	1g								3		76
C46 (.9)	1g				5				3 2		76 73
C47 (.0-.8)							0				

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Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
C47 (.9)					5				2		73
C48 (.0-.1, .8)							0				
C48 (.2)					5				2		73
C49 (.0-.8)							0				
C49 (.9)					5				2		73
C50-C56							0				
C57 (.0-.8)							0				
C57 (.9)				4					2		73
C58-C62							0				
C63 (.0-.8)							0				
C63 (.9)				4					2		73
C64-C67							0				
C68 (.0-.8)							0				
C68 (.9)				4					2		73
C69 (.0-.8)							0				
C69 (.9)					5				2		73
C70							0				
C71 (.0-.8)							0				
C71 (.9)					5				2		73
C72 (.0-.8)							0				
C72 (.9)					5				2		73
C73-C74							0				
C75 (.0-.8)							0				
C75 (.9)					5				2		73
C76			3						2		73
C77-C80	1b								2		73
C81-C82							0				
C83	1g								3		76

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Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
C84							0				
C85	1g								3		76
C88-C94							0				
C95			3						2		73
C96							0				
C97	1b								2		73
D00-D07							0				
D09 (.0-.7)							0				
D09 (.9)				4					2		73
D10-D12							0				
D13 (.0-.7)							0				
D13 (.9)					5				2		73
D14 (.0-.3)							0				
D14 (.4)					5				2		73
D15 (.0-.7)							0				
D15 (.9)					5				2		73
D16 (.0-.8)							0				
D16 (.9)					5				2		73
D17 (.0-.7)							0				
D17 (.9)					5				2		73
D18							0				
D19 (.0-.7)							0				
D19 (.9)					5				2		73
D20							0				
D21 (.0-.6)							0				
D21 (.9)					5				2		73
D22 (.0-.7)							0				
D22 (.9)					5				2		73

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Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
D23 (.0-.7)							0				
D23 (.9)					5				2		73
D24-D27							0				
D28 (.0-.7)							0				
D28 (.9)					5				2		73
D29 (.0-.7)							0				
D29 (.9)					5				2		73
D30 (.0-.7)							0				
D30 (.9)					5				2		73
D31 (.0-.6)							0				
D31 (.9)					5				2		73
D32							0				
D33 (.0-.7)							0				
D33 (.9)					5				2		73
D34							0				
D35 (.0-.8)							0				
D35 (.9)					5				2		73
D36 (.0-.7)							0				
D36 (.9)					5				2		73
D37 (.0-.7)							0				
D37 (.9)					5				2		73
D38 (.0-.5)							0				
D38 (.6)					5				2		73
D39 (.0-.7)							0				
D39 (.9)					5				2		73
D40 (.0-.7)							0				
D40 (.9)					5				2		73
D41 (.0-.7)							0				

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Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
D41 (.9)					5				2		73
D42							0				
D43 (.0-.1, .3-.7)							0				
D43 (.2, .9)					5				2		73
D44 (.0-.8)							0				
D44 (.9)					5				2		73
D45-D46							0				
D47 (.0-.7)							0				
D47 (.9)					5				2		73
D48 (.0-.7)							0				
D48 (.9)	1b								2		73
D50-D58							0				
D59 (.0,.2,.4,.6)			3						7		88
D59 (.1,.3,.5, .8-.9)							0				
D60							0				
D61 (.0,.3-.8)							0				
D61 (.1-.2)			3						7		88
D62							0				
D64 (.0,.3-.8)							0				
D64 (.1)		2							4	1	79
D64 (.2)			3						7		88
D64 (.9)			3						4	4	79
D65-D67							0				
D68 (.0-.2, .4-.9)							0				
D68 (.3)			3						7		88
D69 (.0-.4, .6-.8)							0				

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Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
D69 (.5)			3						4	1	79
D69 (.9)			3								
D70-D73							0				
D74 (.0,.9)							0				
D74 (.8)			3						4	4	79
D75-D84							0				
D86 (.0-.8)							0				
D86 (.9)					5				4	2	79
D89							0				
E00-E02							0				
E03 (.0-.1, .5-.9)							0				
E03 (.2-.4)			3						7		88
E04-E05							0				
E06 (.0-.3, .5-.9)							0				
E06 (.4)			3						7		88
E07							0				
E10-E14							0				
E15			3						7		88
E16 (.0)			3						7		88
E16 (.1, .3-.9)							0				
E16 (.2)	1c								8	1	91
E20-E22							0				
E23 (.0,.2-.7)							0				
E23 (.1)			3						7		88
E24 (.0-.1, .3-.9)							0				
E24 (.2)			3						7		88
E25-E26							0				

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Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
E27 (.0-.2, .4-.9)							0				
E27 (.3)			3						7		88
E28-E32							0				
E34 (.0-.8)							0				
E34 (.9)	1c								4	3	79
E40-E46							0				
E50-E64							0				
E65	1c								8	2	91
E66 (.0, .2-.9)							0				
E66 (.1)			3						7		88
E67-E88							0				
E89	1d								5	1	82
F01-F09	1c								6		85
F10-F19							0				
F20-F48	1c								6		85
F50 (.0-.3, .5-.9)							0				
F50 (.4)	1c								6		85
F51-F53	1c								6		85
F54-F55							0				
F59-F99	1c								6		85
G00							0				
G03 (.0-.8)							0				
G03 (.9)			3						4	4	79
G04 (.0-.8)							0				
G04 (.9)	1g		3						3 4	4	76 79
G06-G41							0				
G43-G45	1c								8	2	91

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Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
G47 (.0-.2, .4, .9)	1c								8	2	91
G47 (.3, .8)							0				
G50-G51	1c								8	2	91
G52 (.0)	1c								8	2	91
G52 (.1-.8)							0				
G52 (.9)			3						4	3	79
G54	1c								8	1,2	91
G56-G58	1c								8	1,2	91
G60-G72							0				
G80							0				
G81-G83		2							8	1,2	91
G90-G92							0				
G93 (.0, .7-.8)							0				
G93 (.4)	1g	2							3 / 4	1	76 / 79
G93 (.1-.3, .5-.6)		2							4	1	79
G93 (.9)			3						4	3	79
G95 (.0-.8)							0				
G95 (.9)	1g								3		76
G96 (.0-.8)							0				
G96 (.9)			3						4	3	79
G97	1d								5	1	82
G98							0				
H00-H02	1c								8	2,3	91
H04-H05							0				
H10-H57	1c								8	2	91
H59	1d								5	1	82
H60-H61	1c								8	2,3	91

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Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
H65-H74							0				
H80-H83	1c								8	2,3	91
H90-H93	1c								8	2	91
H95	1d								5	1	82
I00-I22.9							0				
I24.1 - I25 (.0-.1, .3-.9)							0				
I25 (.2)	1c								8	2	91
I26-I42							0				
I44-I45		2							4	3	79
I46	1c								8	1	91
I47-I50		2							4	3	79
I51 (.0, .5-.7)							0				
I51 (.1-.4, .8-.9)			3						4	1	79
I60-I64							0				
I67 (.0-.8)							0				
I67 (.9)			3						4	3	79
I69-I71							0				
I72 (.0-.8)							0				
I72 (.9)				4					4	2	79
I73							0				
I74 (.0-.8)							0				
I74 (.9)				4					4	2	79
I77-I78							0				
I80 (.0-.8)							0				
I80 (.9)					5				4	2	79
I81							0				
I82 (.0-.8)							0				

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Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
I82 (.9)				4					4	2	79
I83							0				
I84 (.0-.1, .3-.5, .7-.8)							0				
I84 (.2,.6,.9)	1c								8	2	91
I85 (.0)		2							8	1	91
I85 (.9)	1c								8	1,2	91
I86-I89							0				
I95		2							8	1	91
I97	1d								5		82
I99							0				
J00	1c								8	1,2	91
J01-J05							0				
J06	1c								8	1,2	91
J10-J22							0				
J30	1c								8	1,2	91
J31-J32							0				
J33	1c								8	2	91
J34 (.0-.1, .3-.8)							0				
J34 (.2)	1c								8	1	91
J35	1c								8	2	91
J36-J38							0				
J39 (.0-.8)							0				
J39 (.9)			3						4	3	79
J40-J63							0				
J64			3						4	3	79
J65-J69							0				
J70			3						7	1,2	88

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Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
J80							0				
J81		2							4	1	79
J82-J94							0				
J95	1d								5	1	82
J96	1c								8	1	91
J98 (.0, .2-.8)							0				
J98 (.1)		2							8	1	91
J98 (.9)			3						4	3	79
K00-K01	1c								8	1,2	91
K02							0				
K03	1c								8	1,2	91
K04-K05							0				
K06-K14	1c								8	1,2	91
K20-K30							0				
K31 (.0-.8)							0				
K31 (.9)			3						4	3	79
K35-K51							0				
K52 (.0-.8)							0				
K52 (.9)						6			4	4	79
K55-K61							0				
K62 (.0-.4)	1c								8	2	91
K62 (.5-.8)							0				
K62 (.9)			3						4	4	79
K63 (.0-.3, .8)							0				
K63 (.4)	1c								8	2	91
K63 (.9)			3						4	4	79
K65		2							4	1	79
K66-K71							0				

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Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
K72	1c								4	1	79
K73			3						4	1	79
K74-K75							0				
K76 (.0)	1c								8	2	91
K76 (.1-.8)							0				
K76 (.9)			3						4	4	79
K80-K81							0				
K82 (.0-.8)							0				
K82 (.9)			3						4	3	79
K83-K85							0				
K86 (.0-.8)							0				
K86 (.9)				4					4	3	79
K90 (.0-.8)							0				
K90 (.9)			3						4	3	79
K91	1d								5		82
K92 (.0-.2)		2							4	1	79
K92 (.8)							0				
K92 (.9)			3						4	3	79
L00							0				
L01-L02	1c								8	2	91
L03-L04							0				
L05-L08	1c								8	2	91
L10-L13							0				
L20-L25	1c								8	2	91
L26							0				
L27-L30	1c								8	2	91
L40-L41							0				
L42-L44	1c								8	2	91

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Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
L50	1c								8	2	91
L51-L53							0				
L55 (.0, .8-.9)	1c								8	2	91
L55 (.1, .2)							0				
L56-L87	1c								8	2	91
L88-L89							0				
L90-L95	1c								8	2	91
L97							0				
L98 (.0-.1, .5-.9)	1c								8	2	91
L98 (.2-.4)							0				
M00-M13							0				
M15-M25	1c								8	1,2	91
M30-M34							0				
M35 (.0-.2, .4-.6, .8-.9)							0				
M35 (.3, .7)	1c								8	1,2	91
M40-M45	1c								8	2	91
M46 (.0-.1, .4, .8-.9)	1c								8	2	91
M46 (.2-.3, .5)							0				
M47-M54	1c								8	2	91
M60 (.0)			3						7		88
M60 (.1-.9)	1c								8	2	91
M61							0				
M62 (.0-.1, .4-.9)	1c								8	2	91
M62 (.2-.3)							0				
M65-M79	1c								8	2	91

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Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
M80 (.0, .2, .5-.9)							0				
M80 (.1, .3)			3						5	1	82
M80 (.4)			3						7		88
M81	1c								8	2	91
M83 (.0-.4, .8-.9)							0				
M83 (.5)			3						7		88
M84	1c								8	2	91
M85-M88							0				
M89	1c								8	2	91
M91-M94							0				
M95	1c								8	2	91
M96	1d								5	1	82
M99	1c								8	2	91
N00-N07							0				
N10-N13							0				
N14			3						7		88
N15							0				
N17 (.0-.8)							0				
N17 (.9)		2							4	2	79
N18 (.0-.8)							0				
N18 (.9)		2							4	3	79
N19		2							4	3	79
N20-N23							0				
N25-N27							0				
N28 (.0-.8)							0				
N28 (.9)			3						4	3	79
N30							0				

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Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
N31	1c								8	1,2	91
N32 (.0-.8)							0				
N32 (.9)			3						4	3	79
N34							0				
N35		2							8	2	91
N36							0				
N39 (.0, .8)							0				
N39 (.1-.4)	1c								8	2	91
N39 (.9)			3						4	3	79
N40-N45							0				
N46-N47	1c								8	2	91
N48-N50							0				
N60	1c								8	2	91
N61							0				
N62-N64	1c								8	2	91
N70-N76							0				
N80-N83							0				
N84-N91	1c								8	2	91
N92 (.0-.2, .4)		2							8	1	91
N92 (.3, .5-.6)	1c								8	2	91
N93-N97	1c								8	2	91
N98							0				
N99	1d								5		82
O00-O02							0				
003-O05 (.0-.8)							0				
003-O05 (.9)	1c								9	1	94
O06 (.0-.8)			3						9	1	94

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Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
O06 (.9)	1c								9	1,2	94
O07 (.0-.8)							0				
O07 (.9)	1c								9	1,2	94
O08	1c								9	1,3	94
O10-O21							0				
O22 (.0-.1, .4)	1c								9	1	94
O22 (.2-.3, .5-.9)							0				
O23-O26							0				
O28	1c								8	2	91
O29-O43							0				
O44 (.0)	1c								9	1	94
O44 (.1)							0				
O45-O46							0				
O47-O48	1c								9	1	94
O60-O69							0				
O70 (.0)	1c								9	1	94
O70 (.1-.9)							0				
O71-O74							0				
O75 (.0-.4, .8-.9)							0				
O75 (.5-.7)	1c								9	1	94
O85-O86							0				
O87 (.0-.1, .3-.9)							0				
O87 (.2)	1c								8	2	91
O88-O91							0				
O92	1c								8	2	91

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Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
O95-O99							0				
P00-P15							0				
P20-P29							0				
P35 (.0)	1a								1		71
P35 (.1-.9)							0				
P36-P38							0				
P39 (.0-.8)							0				
P39 (.9)			3						4	4	79
P50-P53							0				
P54 (.0-.8)							0				
P54 (.9)	1c								4	4	79
P55-P61							0				
P70-P74							0				
P76-P78							0				
P80-P81							0				
P83 (.0-.3, .8)							0				
P83 (.4-.6, .9)	1c								8	1,2	91
P90-P92	1c								8	1	91
P93			3						7		88
P94							0				
P95[1]	1c								4	4	79
P96 (.0-.8)							0				
P96 (.9)	1c								4	3	79
Q00-Q07							0				
Q10-Q18	1c								8	2	91
Q20-Q28							0				
Q30-Q34							0				
Q35-Q37	1c								8	2	91
Q38 (.0-.3)	1c								8	2	91

[1]P95: this code is valid only for fetal deaths

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Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
Q38 (.4-.8)							0				
Q39-Q45							0				
Q50-Q54	1c								8	2	91
Q55-Q56							0				
Q60-Q64							0				
Q65-Q84	1c								8	2	91
Q85 (.0)	1c								8	2	91
Q85 (.1, .8)							0				
Q85 (.9)			3						4	3	79
Q86-Q87							0				
Q89 (.0-.8)							0				
Q89 (.9)			3						4	3	79
Q90-Q99							0				
R00-R63	1c								8	1	91
R64	1c 1g								8 3	1	91 76
R68-R99	1c								8	1	91
S00	1c 1e							1e if external cause is not stated on the record	8 10	1 1:A,B	91 97
S01-S03 S04 (.0-.8)	1e						0	1e if external cause is not stated on the record	10	1:A,B	97
S04 (.9)	1e			4				1e if external cause is not stated on the record	10 4	1:A,B 3	97 79
S05 (.0-.1)	1c 1e							1e if external cause is not stated on the record	8 10	1 1:A,B	91 97
S05 (.2-.9) S06-S09	1e						0	1e if external cause is not stated on the record	10	1:A,B	97
S10	1c 1e							1e if external cause is not stated on the record	8 10	1 1:A,B	91 97
S11-S19	1e						0	1e if external cause is not stated on the record	10	1:A,B	97

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Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
S20	1c 1e							1e if external cause is not stated on the record	8 10	1 1:A,B	91 97
S21-S29	1e						0	1e if external cause is not stated on the record	10	1:A,B	97
S30	1c 1e							1e if external cause is not stated on the record	8 10	1 1:A,B	91 97
S31-S39	1e						0	1e if external cause is not stated on the record	10	1:A,B	97
S40	1c 1e							1e if external cause is not stated on the record	8 10	1 1:A,B	91 97
S41-S49	1e						0	1e if external cause is not stated on the record	10	1:A,B	97
S50	1c 1e							1e if external cause is not stated on the record	8 10	1 1:A,B	91 97
S51-S59	1e						0	1e if external cause is not stated on the record	10	1:A,B	97
S60	1c 1e							1e if external cause is not stated on the record	8 10	2 1:A,B	91 97
S61-S69	1e						0	1e if external cause is not stated on the record	10	1:A,B	97
S70	1c 1e							1e if external cause is not stated on the record	8 10	2 1:A,B	91 97
S71-S79	1e						0	1e if external cause is not stated on the record	10	1:A,B	97
S80	1c 1e							1e if external cause is not stated on the record	8 10	2 1:A,B	91 97
S81-S89	1e						0	1e if external cause is not stated on the record	10	1:A,B	97
S90	1c 1e							1e if external cause is not stated on the record	8 10	2 1:A,B	91 97
S91-S99	1e						0	1e if external cause is not stated on the record	10	1:A,B	97
T00	1c 1e							1e if external cause is not stated on the record	8 10	2 1:A,B	91 97
T01-T05 (.0-.8)	1e						0	1e if external cause is not stated on the record	10	1:A,B	97

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Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
T01-T05 (.9)	1e			4				1e if external cause is not stated on the record	10 4	1:A,B 3	97 79
T06	1e						0	1e if external cause is not stated on the record	10	1:A,B	97
T07	1e		3					1e if external cause is not stated on the record	10 4	1:A,B 2,3	97 79
T08	1e						0	1e if external cause is not stated on the record	10	1:A,B	97
T09 (.0)	1c 1e							1e if external cause is not stated on the record	8 10	2 1:A,B	91 97
T09 (.1-.9)	1e						0	1e if external cause is not stated on the record	10	1:A,B	97
T10	1e						0	1e if external cause is not stated on the record	10	1:A,B	97
T11 (.0)	1c 1e							1e if external cause is not stated on the record	8 10	2 1:A,B	91 97
T11 (.1-.9)	1e						0	1e if external cause is not stated on the record	10	1:A,B	97
T12	1e						0	1e if external cause is not stated on the record	10	1:A,B	97
T13 (.0)	1c 1e							1e if external cause is not stated on the record	8 10	2 1:A,B	91 97
T13 (.1-.9)	1e						0	1e if external cause is not stated on the record	10	1:A,B	97
T14 (.0)	1c 1e							1e if external cause is not stated on the record	8 10	2 1:A,B	91 97
T14 (.1-.9)	1e			4				1e if external cause is not stated on the record	10 4	1:A,B 2	97 79
T15-T19	1e						0	1e if external cause is not stated on the record	10	1:A,B	97
T20-T25(.0,.2-.7)	1e						0	1e if external cause is not stated on the record	10	1:A,B	97
T20-T25 (.1)	1c 1e							1e if external cause is not stated on the record	8 10	2 1:A,B	91 97
T26-T35	1e						0	1e if external cause is not stated on the record	10	1:A,B	97

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Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
T36-T37 (.0-.8)	1e						0	1e if external cause is not stated on the record	10	1:A,B	97
T36-T37 (.9)	1e				5			1e if external cause is not stated on the record	10 / 10	1:A,B / 1:D	97
T50-T75	1e						0	1e if external cause is not stated on the record	10	1:A,B	97
T78 (.0-.8)	1e						0	1e if external cause is not stated on the record	10	1:A,B	97
T78 (.9)	1e		3					1e if external cause is not stated on the record	10 / 10	1:A,B / 1:C	97
T79	1e						0	1e if external cause is not stated on the record	10	1:A,B	97
T80-T88	1d or 1e						0	1d or 1e if reason for treatment, or external cause is not stated on the record respectively	10 or 10	1:C or 1:A,B	97
T90-T97 T98 (.0-.2)	1e						0	1e if external cause is not stated on the record	10	1:A,B	97
T98 (.3)	1d or1 e						0	1d or 1e if reason for treatment, or external cause is not stated on the record respectively	10 or 10	1:C or 1:A,B	97
V01-V06 (.0-.1)							0				
V01-V06 (.9)			3						10	4:B	97
V09			3						10	4:B/C	97
V10-V18 (.0-.1, .3-.5)							0				
V10-V18 (.2,.9)			3						10	4:D)3)a	97
V19			3						10	4:C 4:D)3)a	97
V20-V28 (.0-.1, .3-.5)							0				
V20-V28 (.2,.9)			3						10	4:D)3)a	97
V29			3						10	4:C 4:D)3)a	97

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Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
V30-V38 (.0-.2, .4-.7)							0				
V30-V38 (.3,.9)			3						10	4:D)3)a	97
V39			3						10	4:C 4:D)3)a	97
V40-V48 (.0-.2, .4-.7)							0				
V40-V48 (.3,.9)			3						10	4:D)3)a	97
V49			3						10	4:C 4:D)3)a	97
V50-V58 (.0-.2, .4-.7)							0				
V50-V58 (.3,.9)			3						10	4:D)3)a	97
V59			3						10	4:C 4:D)3)a	97
V60-V68 (.0-.2, .4-.7)							0				
V60-V68 (.3,.9)			3						10	4:D)3)a	97
V69			3						10	4:C 4:D)3)a	97
V70-V78 (.0-.2, .4-.7)							0				
V70-V78 (.3,.9)			3						10	4:D)3)a	97
V79			3						10	4:C 4:D)3)a	97
V80 (.0-.8)							0				
V80 (.9)			3						10	4:C 4:D:2,3a	97
V81 (.0-.8)							0				
V81 (.9)			3						10	4:C 4:D:1,2	97
V82 (.0-.8)							0				

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Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
V82 (.9)			3						10	4:C 4:D:2,3	97
V83-V86 (.0-.2, .4-.7)							0				
V83-V86 (.3,.9)			3						10	4:D:2,3,4	97
V87-V88			3						10	4:D)3	97
V89			3						10	4:A,C,D	97
V90-V93 (.0-.8)							0				
V90-V93 (.9)					5				10	4:A	97
V94			3						10	4:A,D	97
V95-V96 (.0-.8)							0				
V95-V96 (.9)					5				10	4:A	97
V97-V98							0				
V99	1e								10	4	97
W00-W18(.0-.8)[2]							0				
W00-W18 (.9)[2]					5				10		97
W19 [2]			3						10	3	97
W20-W45(.0-.8)[2]							0				
W20-W45 (.9)[2]					5				10		97
W49 [2]			3						10		97
W50-W60(.0-.8)[2]							0				
W50-W60 (.9)[2]					5				10		97
W64 [2]					5				10		97

[2] W00-Y34, except Y06._, and Y07._: The 4th digits for these codes are designated for place of occurrence. The "place-of-occurrence" codes are to be treated as separate codes that have their own data tape field. They are not part of the ICD-10 cause-of-death codes.

APPENDIX A
Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
W65-W73(.0-.8)[2]							0				
W65-W73 (.9)[2]					5				10		97
W74 [2]					5				10		97
W75-W83(.0-.8)[2]							0				
W75-W83 (.9)[2]					5				10		97
W84 [2]									10		97
W85-W86(.0-.8)[2]							0				
W85-W86 (.9)[2]					5				10		97
W87 [2]					5				10		97
W88-W90(.0-.8)[2]	1a								1		71
W88-W90 (.9)[2]	1a				5				1 10		71 97
W91 [2]	1a				5				1 10		71 97
W93-W94(.0-.8)[2]							0				
W93-W94 (.9)[2]					5				10		97
W99 [2]			3						10		97
X00-X08(.0-.8)[2]							0				
X00-X08 (.9)[2]					5				10		97
X09 [2]			3						10	2	97
X10-X18(.0-.8)[2]							0				
X10-X18 (.9)[2]					5				10		97

[2] W00-Y34, except Y06._, and Y07._: The 4th digits for these codes are designated for place of occurrence. The "place-of-occurrence" codes are to be treated as separate codes that have their own data tape field. They are not part of the ICD-10 cause-of-death codes.

APPENDIX A
Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
X19 [2]					5				10		97
X20-X28(.0-.8)[2]							0				
X20-X28 (.9)[2]					5				10		97
X29 [2]					5				10		97
X30-X38(.0-.8)[2]							0				
X30-X38 (.9)[2]					5				10		97
X39 [2]			3						10		97
X40-X48(.0-.8)[2]							0				
X40-X48 (.9)[2]					5				10		97
X49 [2]					5				10	1D	97
X50-X58(.0-.8)[2]							0				
X50-X58 (.9)[2]					5				10		97
X59 [2]			3						10	1D	97
X60-X73(.0-.8)[2]							0				
X60-X73 (.9)[2]					5				10		97
X74 [2]					5				10	3	97
X75-X83(.0-.8)[2]							0				
X75-X83 (.9)[2]					5				10		97
X84 [2]	1e								10	3	97
X85-X89(.0-.8)[2]							0				
X85-X89 (.9)[2]					5				10		97
X90 [2]					5				10	1D	97
X91-X94(.0-.8)[2]							0				
X91-X94 (.9)[2]					5				10		97

[2] W00-Y34, except Y06._, and Y07._: The 4th digits for these codes are designated for place of occurrence. The "place-of-occurrence" codes are to be treated as separate codes that have their own data tape field. They are not part of the ICD-10 cause-of-death codes.

APPENDIX A
Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
X95 [2]					5				10	3	97
X96-Y05(.0-.8)[2]							0				
X96-Y05 (.9)[2]					5				10		97
Y06-Y07 (.0-.8)							0				
Y06-Y07 (.9)					5				10		97
Y08 (.0-.8)[2]							0				
Y08 (.9)[2]					5				10		97
Y09 [2]			3						10	2	97
Y10-Y18(.0-.8)[2]			3					Y10-Y34: Query for mannner of death (accident,homicide, suicide,natural)	10	1A	97
Y10-Y18 (.9)[2]			3						10	1A	97
Y19 [2]			3						10	1:A,D	97
Y20-Y33(.0-.8)[2]			3						10	1A	97
Y20-Y33 (.9)[2]			3						10	1A	97
Y34 [2]	1e								10	1:A,B	97
Y35							0				
Y36(.0-.4,.6-.8)							0				
Y36 (.5)	1a								1		71
Y36 (.9)					5				10		97
Y40-Y43 (.0-.8)	1d						0	1d if reason for medical care not stated on record	10	1C	97
Y40-Y43 (.9)	1d				5			1d if reason for medical care not stated on record	10	1:C,D	97
Y44 (.0-.7)	1d						0	1d if reason for medical care not stated on record	10	1C	97

[2] W00-Y34, except Y06._, and Y07._: The 4th digits for these codes are designated for place of occurrence. The "place-of-occurrence" codes are to be treated as separate codes that have their own data tape field. They are not part of the ICD-10 cause-of-death codes.

APPENDIX A
Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
Y44 (.9)	1d				5			1d if reason for medical care not stated on record	10	1:C,D	97
Y45 (.0-.7)	1d						0	1d if reason for medical care not stated on record	10	1C	97
Y45 (.9)	1d				5			1d if reason for medical care not stated on record	10	1:C,D	97
Y46(.0-.5,.7-.8)	1d						0	1d if reason for medical care not stated on record	10	1C	97
Y46 (.6)	1d				5			1d if reason for medical care not stated on record	10	1:C,D	97
Y47 (.0-.8)	1d						0	1d if reason for medical care not stated on record	10	1C	97
Y47 (.9)	1d				5			1d if reason for medical care not stated on record	10	1:C,D	97
Y48	1d						0	1d if reason for medical care not stated on record	10	1C	97
Y49-Y53 (.0-.8)	1d						0	1d if reason for medical care not stated on record	10	1C	97
Y49-Y53 (.9)	1d				5			1d if reason for medical care not stated on record	10	1:C,D	97
Y54	1d						0	1d if reason for medical care not stated on record	10	1C	97
Y55 (.0-.6)	1d						0	1d if reason for medical care not stated on record	10	1C	97
Y55 (.7)	1d				5			1d if reason for medical care not stated on record	10	1:C,D	97
Y56-Y57 (.0-.8)	1d						0	1d if reason for medical care not stated on record	10	1C	97
Y56-Y57 (.9)	1d				5			1d if reason for medical care not stated on record	10	1:C,D	97
Y58 (.0-.8)	1a 1d							1d if reason for medical care not stated on record	10	1C	97
Y58 (.9)	1a 1d						5	1d if reason for medical care not stated on record	10	1:C,D	97
Y59 (.0-.3)	1a 1d							1d if reason for medical care not stated on record	10	1C	97

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Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
Y59 (.8)	1d						0	1d if reason for medical care not stated on record	10	1C	97
Y59 (.9)	1d				5			1d if reason for medical care not stated on record	10	1:C,D	97
Y60-Y62 (.0-.8)	1d						0	1d if reason for medical care not stated on record	10	1C	97
Y60-Y62 (.9)	1d				5			1d if reason for medical care not stated on record	10	1:C,D	97
Y63(.0-.1,.4-.9)	1d						0	1d if reason for medical care not stated on record	10	1C	97
Y63 (.2-.3)	1a 1d							1d if reason for medical care not stated on record	1 10	1C	71 97
Y64 (.0-.8)	1d						0	1d if reason for medical care not stated on record	10	1C	97
Y64 (.9)	1d				5			1d if reason for medical care not stated on record	10	1C,9	97
Y65-Y66	1d						0	1d if reason for medical care not stated on record	10	1C	97
Y69	1d		3					1d if reason for medical care not stated on record	10	1C,9	97
Y70-Y81	1d						0	1d if reason for medical care not stated on record	10	1C	97
Y82	1d				5			1d if reason for medical care not stated on record	10	1:C,D	97
Y83 (.0-.8)	1d						0	1d if reason for medical care not stated on record	10	1:C,D	97
Y83 (.9)	1d				5			1d if reason for medical care not stated on record	10	1:C,D	97
Y84 (.0-.1, .3-.8)	1d						0	1d if reason for medical care not stated on record	10	1C	97
Y84 (.2)	1a 1d							1d if reason for medical care not stated on record	1 10	1C	71 97
Y84 (.9)	1d				5			1d if reason for medical care not stated on record	10	1:C,D	97
Y85-Y86	1e						0	1e if nature of external cause not stated on record	10	2 and/or 4	97

APPENDIX A
Table 1. Priority Levels for Querying by ICD-10 Category

ICD Category	Priority Levels							Comments	Query Form		
	1	2	3	4	5	6	0		Ltr#	Ques#	Pg #
Y87 (.0)	1e						0	1e if nature of external cause not stated on record	10		97
Y87 (.1)	1e						0	1e if nature of external cause not stated on record	10		97
Y87 (.2)	1e						0	1e if nature of external cause not stated on record	10		97
Y88 (.0)	1e						0	1e if nature of external cause not stated on record	10	4 and/or 1D	97
Y88 (.1)	1e						0	1e if nature of external cause not stated on record	10	4 and/or 1C	97
Y88 (.2)	1e						0	1e if nature of external cause not stated on record	10	4 and/or 1D	97
Y88 (.3)	1e						0	1e if nature of external cause not stated on record	10	4 and/or 1C	97
Y89 (.0-.9)	1e						0	1e if nature of external cause not stated on record	10		97

Table 2. Priority Levels for Improbable Sequences in Part I of the Death Certificate
(Order of Entry of Causes of Death)

For an interpretation of the 'highly improbable' rule, refer to Instruction manual part 2A, section III. Items 14 and 15 below exclude a few additional codes according to NCHS coding procedures (see Instruction Manual part 2a).

Improbable Sequence	Priority Levels							Query Form		
	1	2	3	4	5	6	0	Ltr#	Ques#	Pg#
1. Hemophilia classifiable to D66, D67, D68.0-D68.2 reported due to any other disease . Example: I (a) Hemophilia B (b) ASHD	1f							11		106
2. Influenza classifiable to J10-J11 reported due to any other disease. Example: I (a) Influenza (b) Acute pancreatitis	1f							11		106

3. Rheumatic fever (I00-I02) or rheumatic heart disease (I05-I09) reported due to any disease other than scarlet fever (A38), streptococcal septicemia (A40.-), streptococcal sore throat (J02.0) and acute tonsillitis (J03.-).
 	
Example:
I (a) Heart failure
  (b) Rheumatic fever
  (c) Cancer of the lung
	1f							11		106

Table 2. Priority Levels for Improbable Sequences in Part I of the Death Certificate
(Order of Entry of Causes of Death)

Improbable Sequence	Priority Levels							Query Form		
	1	2	3	4	5	6	0	Ltr#	Ques#	Pg#

4. Any cerebrovascular disease (I60-I69) reported due to a disease of the digestive system (K00-K92) or endocarditis (I05-I08, I09.1, I33-I38), except for cerebral embolism (I65-I66) or intracranial hemorrhage (I60-I62).
 	
Example:
I (a) Respiratory failure
  (b) Cerebrovascular insufficiency
  (c) Acute appendicitis
	1f							11		106

5. Chronic ischemic heart disease (I24, I25) reported due to any neoplasm (C00-D48).
 	
Example:
I (a) Coronary artery disease
  (b) Carcinomatosis
  (c) Carcinoma of the face
	1f							11		106

6. Any condition described as arteriosclerotic reported due to any neoplasm (C00-D48). Example: I (a) ASHD (b) Acute myeloid leukemia.	1f							11		106

Table 2. Priority Levels for Improbable Sequences in Part I of the Death Certificate
(Order of Entry of Causes of Death)

Improbable Sequence	Priority Levels							Query Form		
	1	2	3	4	5	6	0	Ltr#	Ques#	Pg#
7. Any hypertensive disease reported due to any neoplasm (C00-D48) except carcinoid tumors or endocrine and renal neoplasms. Example: I (a) Hypertension (b) Malignant neoplasm of the throat	1f							11		106

Table 2. Priority Levels for Improbable Sequences in Part I of the Death Certificate
(Order of Entry of Causes of Death)

Improbable Sequence	Priority Levels							Query Form		
	1	2	3	4	5	6	0	Ltr#	Ques#	Pg#
8. An infectious or parasitic disease (A00-B99) reported due to any disease outside this chapter, except situations I, II, and III: I. The following may be accepted as due to any other disease. * diarrhea and gastroenteritis of presumed infectious origin (A09) * septicemia (A40-A41) * erysipelas (A46) * gas gangrene (A48.0) * Vincent's angina (A69.1) * mycoses (B35-B49) II. Any infectious disease may be accepted as "due to" disorders of the immune mechanism such as HIV or AIDS; immunosuppression by chemicals (chemotherapy) and radiation; and tumors compromising the immune system (e.g. malignant lymphomas). III. Varicella and zoster infections (B01-B02) may be accepted as "due to" diabetes, tuberculosis and lymphoproliferative neoplasms. Example: I (a) Cholera (b) Myocarditis	1f							11		106

Appendix A
Table 2. Priority Levels for Improbable Sequences in Part I of the Death Certificate
(Order of Entry of Causes of Death)

Improbable Sequence	Priority Levels							Query Form		
	1	2	3	4	5	6	0	Ltr#	Ques#	Pg#
9. A malignant neoplasm classifiable to C00-C75 reported due to any disease, except HIV. Example: I.(a) Malignant neoplasm of lip (b) Diabetes mellitus	1f							11		106
10. A malignant neoplasm classifiable to C76-C80 reported due to any disease, except HIV, and C00-C75, C81-C97. Example: I.(a) Metastatic cancer to lung (b) Diabetes mellitus	1f							11		106
11. A malignant neoplasm classifiable to C81-C97 reported due to any disease, except human immunodeficiency virus [HIV] disease. Example: I.(a) Multiple myeloma (b) Emphysema	1f							11		106

12. Diabetes (E10-E14) reported due to any disease except hemochromatosis (E83.1), diseases of pancreas (K85-K86), pancreatic neoplasms (C25.-, D13.6, D13.7, D37.7), and malnutrition (E40-E46).
 	
Example:
I.(a) Heart failure
  (b) Diabetes with coma
  (c) Gastric ulcer
	1f							11		106

Appendix A
Table 2. Priority Levels for Improbable Sequences in Part I of the Death Certificate
(Order of Entry of Causes of Death)

Improbable Sequence	Priority Levels							Query Form		
	1	2	3	4	5	6	0	Ltr#	Ques#	Pg#
13. Congenital malformations (Q00-Q99) reported due to any other disease. Example: I.(a) Spina bifida (b) Pneumonia	1f							11		106
14. An injury classifiable to Chapter 19 (S00-T98) except T17.2-T17.9 (foreign body in respiratory tract), reported due to a disease condition (A00-R99). Example: I.(a) Fracture of the neck (b) Influenza	1f							11		106
15. Any external cause (V01-Y89) is reported due to a disease condition (A00-R99), except the following: a) Asphyxia or aspiration (W78, W79, W80, W84) as a result of a disease condition b) Fall (W00-W19) as a result of a pathological fracture or bone disease c) Accidents resulting from epilepsy (G40-G41) d) Drowning (W65-W74) as a result of precipitate delivery (P03.5) Example: I.(a) Heat stroke (b) Myocardial infarction	1f							11		106

Table 2. Priority Levels for Improbable Sequences in Part I of the Death Certificate
(Order of Entry of Causes of Death)

Improbable Sequence	Priority Levels							Query Form		
	1	2	3	4	5	6	0	Ltr#	Ques#	Pg#
16. An injury is reported due to a disease condition AND an external cause that could result in the injury is reported elswhere on record. Example: I.(a) Subdural hematoma (b) Hypertension II. Fell and struck head	1f							11		106

Table 3. Priority Levels for Durations
(Order of Entry of Causes of Death)

If resource permits, we recommend querying the following types of cause-of-death statements. When querying is not feasible, refer to the coding instructions for these situations in Instruction Manual part 2B.

Problem With Duration	Priority Levels							Query Form		
	1	2	3	4	5	6	0	Ltr#	Ques#	Pg#
1. When a congenital malformation classifiable to Q00-Q99 is reported with a duration less than the age of the decedent. Example: Age - 50 years I(a) Heart failure (b) Polycystic kidney disease 5 yr (c) II						6		11		106
2. When more than one condition is entered on a single line in Part I with only one duration. Examples: I(a) ASHD with M.I. 2 yrs. (b) (c) I(a) Coma (b) Gen. A.S. with CVA 5 yrs.						6		11		106

Appendix A
Table 3. Priority Levels for Durations
(Order of Entry of Causes of Death)

Problem With Duration	Priority Levels							Query Form		
	1	2	3	4	5	6	0	Ltr#	Ques#	Pg#
3. When the duration of an entity in a due to position is shorter than that of an entity reported on a line above it. Examples: I(a) Pneumonia days (b) CVA 2 yrs. (C) ASHD 1 yr. I(a) Arteriosclerosis 5 yrs. (b) Cerebral arterio 3 yrs. (c) Hypertension 2 yrs.						6		11		106

Appendix A
Table 3. Priority Levels for Durations
(Order of Entry of Causes of Death)

Problem With Duration	Priority Levels							Query Form		
	1	2	3	4	5	6	0	Ltr#	Ques#	Pg#
4. When the certifier enters conflicting durations for a single condition on a line in Part I. Example: <u>Duration</u> I(a) Coronary occlusion weeks|6 mos. (b) (c)						6		11		106

Table 4. Priority Levels for Placement and Numbering of Conditions
(Order of Entry of Causes of Death)

If resource permits, we recommend querying the following types of cause-of-death statements. When querying is not feasible, refer to the coding instructions for these situations in Instruction Manual part 2B.

Problem with Placement and Numbering of Conditions	Priority Levels							Query Form		
	1	2	3	4	5	6	0	Ltr#	Ques#	Pg#
1. When a condition is reported on the certificate above line (a). Example: Cardiac arrest I(a) ASHD (b) A.S. (c) Hypertension						6		11		106
2. When conditions are reported between lines I(a) and I(b) or I(b) and I(c). Example: I(a) Cardiac arrest (b) Pulmonary edema, Pneumonia CHF (c) Hypertension				4				11		106
3. When the certifier has entered conditions on lines (a), (b), and (c) and has made a statement that (c) was "due to above". Example: I(a) Pneumonia (b) Hypertension (c) Cardiac hypertrophy due to above				4				11		106

Table 4. Priority Levels for Placement and Numbering of Conditions
(Order of Entry of Causes of Death)

Problem with Placement and Numbering of Conditions	Priority Levels							Query Form		
	1	2	3	4	5	6	0	Ltr#	Ques#	Pg#
4. When the certifier has reported that a condition in Part II was "caused by above". Example: I(a) Hypotension (b) Arteriosclerosis (c) II Mesenteric thrombosis caused by above				4				11		106

5. When the certifier has marked through lines (a), (b), and (c) or the printed "due to or as a consequence of" which is interpreted to mean that none of the conditions in Part I are causally related.
 	
Examples:
I(a) Gastrointestinal hemorrhage
 (b) Gastric ulcer
 (c)
II   Arteriosclerosis
 	
I(a) Congestive heart failure
 (b) ASHD
 (c)
II Pneumonia
 	
I(a) Malnutrition
   due to or as a consequence of
 (b) Carcinoma of liver
   due to or as a consequence of
 (c) Carcinoma of pancreas
						6		11		106

Table 4. Priority Levels for Placement and Numbering of Conditions
(Order of Entry of Causes of Death)

Problem with Placement and Numbering of Conditions	Priority Levels							Query Form		
	1	2	3	4	5	6	0	Ltr#	Ques#	Pg#
6. When the certifier has marked through the printed "Part II". Example: I(a) Pulmonary embolism (b) Heart disease (c) II Hypertension						6		11		106
7. When the certifier has numbered all causes on lines in Part I (i.e., 1, 2, 3, etc.). Example: I(a) 1.Pneumonia 2.C.H.F. (b) 3.Pulmonary edema (c) 4.Myocarditis				4				11		106
8. When the certifier has numbered part of the causes in Part I. Example: I(a) 1.Acidosis (b) 2.Coma (c) Cerebral arteriosclerosis				4				11		106
9. When the causes in Part I are numbered and one of the numbered causes is stated or implied as due to another cause. Example: I(a) 1.Uremia due to nephritis (b) 2.Hypertension (c) 3.Arteriosclerosis				4				11		106

Table 4. Priority Levels for Placement and Numbering of Conditions
(Order of Entry of Causes of Death)

Problem with Placement and Numbering of Conditions	Priority Levels							Query Form		
	1	2	3	4	5	6	0	Ltr#	Ques#	Pg#
10. When the certifier has used arrows to indicate moving conditions from Part I to Part II and more than one condition is entered on the line. Examples: I(a) ASHD (b) Gen. Art. (c) Parkinson dis. Encephalopathy II ⌐——► I(a) Cardiorespiratory failure (b) CVA (c) G.I. hemorrhage gastric ulcer II ◄——⌐				4				11		106

(Letterhead)

Dear Doctor _____

We are writing this letter to obtain additional information about the cause of death that you certified for _____, who died _____.   Please answer the questions shown in the attachment.

Accurate cause-of-death information is essential, not only to the family of the decedent, but also for medical research, funding, and resource allocation in our State and at the national level.

In this particular death, we wish to ensure that the cause of death is correct. The reported cause is one of the causes that we always try to verify, either because the cause is rarely reported on a death certificate or may present threats to public health in the United States. We appreciate your help in verifying the condition on this death certificate and look forward to your prompt reply.

If you have any questions, please contact _____.

Sincerely,

State Registrar/Vital Statistics Cooperative Program

Attachment

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): b.	
	DUE TO (OR AS A CONSEQUENCE OF): c.	
	DUE TO (OR AS A CONSEQUENCE OF): d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	28a. WAS AN AUTOPSY PERFORMED? *(Yes or no)*	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? *(Yes or no)*

29. MANNER OF DEATH	30a. DATE OF INJURY *(Month, Day, Year)*	30b. TIME OF INJURY M	30c. INJURY AT WORK? *(Yes or no)*	30d. DESCRIBE HOW INJURY OCCURRED
Natural Pending Accident Investigation Suicide Could not be Homicide Determined	30E. PLACE OF INJURY - At home, farm, street, factory, office building, etc. *(Specify)*		30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

1. Is the stated cause of death, _____, correctly reported ?
Yes_____ No_____

2. If yes, please state how the stated disease was confirmed: _____
_____
(laboratory test, history, clinical evidence, and/or others. If applicable, please state name of laboratory test, and/or source of evidence)

3. If no, please state the correct cause of death:
_____

4. Was this condition active or current? Yes_____ No_____

5. Was the condition cured, old, or healed? Yes_____ No_____

_____, M.D.
(Signature of Certifying Physician)

Please provide your office phone:_____ fax:_____

Available Resources To Assist With Medical Certification of Causes of Death

Your State vital statistics office should be able to assist with questions related to writing cause-of-death statements. Additional instructional material on writing cause-of-death statements including handbooks, summary instructions, and tutorials are available online at www.thename.org or www.cdc.gov/nchswww/about/major/dvs/handbk.htm, or by request from NCHS, Room 820, 6525 Belcrest Road, Hyattsville, Maryland 20782-2003 (301-436-8815).

Query Letter 2
(Neoplasms)

(Letterhead)

Dear Doctor _____

We are writing this letter to obtain additional information about the cause of death that you certified for _____, who died _____.

Accurate cause-of-death information is essential, not only to the family of the decedent, but also for medical research, funding, and resource allocation in our State and at the national level.

In this particular cancer death, we wish to ensure that sufficient information is available on the nature of the neoplasm. In order to classify this death properly in our statistics, would you please supply the information on the attachment? We want to assure you that the information you provide us is confidential and will be handled accordingly.

If you have any question or would like to know more about various methods for certifying a cause-of-death statement, please contact _____.
Brief instructions and an example of a properly completed death certificate are provided on the reverse side of the attachment.

We appreciate your attention and prompt reply.

Sincerely,

State Registrar/Vital Statistics Cooperative Program

Attachment

Neoplasm query

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. _____	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): b. _____	
	DUE TO (OR AS A CONSEQUENCE OF): c. _____	
	DUE TO (OR AS A CONSEQUENCE OF): d. _____	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. _____	28a. WAS AN AUTOPSY PERFORMED? *(Yes or no)*	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? *(Yes or no)*

29. MANNER OF DEATH Natural Pending Accident Investigation Suicide Could not be Homicide Determined	30a. DATE OF INJURY *(Month,Day,Year)*	30b. TIME OF INJURY M	30c. INJURY AT WORK? *(Yes or no)*	30d. DESCRIBE HOW INJURY OCCURRED	
	30E. PLACE OF INJURY - At home, farm, street, factory, office building, etc. *(Specify)*			30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

Was the neoplasm, _____

1. Malignant___, Benign___, Undetermined___

2. Primary site _____

3. More detailed site or part of organ _____

4. Histologic type, if known_____

5.Other _____

_____ , M.D.
(Signature of Certifying Physician)

Please provide your office phone:_____ fax:_____

(Please see other side)

Instructions on Medical Certification of Causes of Death

Example of a properly completed medical certification:

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. **Pneumonia**	**25 hours**
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): b. **Metastatic carcinoma to the liver**	**3 months**
	DUE TO (OR AS A CONSEQUENCE OF): c. **Adenocarcinoma of the head of the pancreas**	**7 months**
	DUE TO (OR AS A CONSEQUENCE OF): d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	28a. WAS AN AUTOPSY PERFORMED? *(Yes or no)*	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? *(Yes or no)*
	No	**No**

29. MANNER OF DEATH	30a. DATE OF INJURY *(Month, Day, Year)*	30b. TIME OF INJURY M	30c. INJURY AT WORK? *(Yes or no)*	30d. DESCRIBE HOW INJURY OCCURRED
X Natural Pending Accident Investigation Suicide Could not be Homicide Determined				
	30E. PLACE OF INJURY - At home, farm, street, factory, office building, etc. *(Specify)*		30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

The cause of death section consists of two parts. **Part I** is for reporting a chain of events leading directly to death, with the **immediate cause** of death (the final disease, injury, or complication directly causing death) on line a and the **underlying cause** of death (the disease or injury that initiated the chain events that led directly and inevitably to death) on the lowest used line. **Part II** is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in **Part I**. **The cause-of-death information should be YOUR best medical OPINION.** A condition can be listed as "probable" even if it has not been definitively diagnosed. **Do not abbreviate** conditions entered in section.

Part I (Chain of events leading directly to death)
•Only **one** cause should be entered on each line. Line (a) **MUST ALWAYS** have an entry. **DO NOT** leave blank.
•If the condition on Line (a) resulted from an another condition, put that condition on Line (b), and so on, until the full sequence is reported. **ALWAYS** enter the **underlying cause of death** on the lowest used line in Part I.
•For each cause indicate the best estimate of the interval between the presumed onset and the date of death. The terms "unknown" or "approximately" may be used. General terms, such as minutes, hours, or days, are acceptable, if necessary. **DO NOT** leave blank.
•The terminal event (e.g., cardiac arrest or respiratory arrest) should not be used. If a mechanism of death seems most appropriate to you for line (a), then you must always list its cause(s) on the line(s) below it (e.g., cardiac arrest **due to** coronary artery atherosclerosis *or* cardiac arrest **due to** blunt impact to chest).
• If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause of death, always report its etiology on the line(s) beneath it (e.g., renal failure **due to** Type I diabetes mellitus).
•When indicating neoplasms as a cause of death, include the following: 1) primary site *or* that the primary site is unknown, 2) benign or malignant, 3) cell type *or* that the cell type is unknown, 4) grade of neoplasm, and 5) part or lobe of organ affected. (e.g., a well-differentiated squamous cell carcinoma, lung, left upper lobe.)
•Always report the fatal injury (e.g., stab wound of chest), the trauma (e.g., transection of subclavian vein), and impairment of function (e.g., air embolism).

PART II (Other significant conditions)
•Enter all diseases or conditions contributing to death that were not reported in the chain of events in Part I and that did not result in the **underlying cause of death**.
•If two or more possible sequences resulted in death, or if two conditions seem to have added together, report in Part I the one that, in your opinion, most directly caused death. Report in Part II the other conditions or diseases.

ACCIDENT OR INJURY: 1) Enter the general place (such as restaurant, vacant lot, or home) where the injury occurred. **DO NOT** enter firm or organization names (e.g., enter "factory", **not** "Standard Manufacturing, Inc."); 2) Enter a brief but specific and clear description of how the injury occurred. Explain the circumstances or cause of the injury. **If transportation accident:** a) Specify role of decedent (e.g., driver, passenger), and b) Specify **type of vehicle(s)** (e.g., car, bulldozer, train, etc.). Specify **type of gun** when relevant to circumstances.

Contact your State vital statistics office for questions related to writing cause-of-death statements. Additional instructional material on writing cause-of-death statements including handbooks, summary instructions, and tutorials are available online at www.thename.org or www.cdc.gov/nchswww/about/major/dvs/handbk.htm, or by request from NCHS, Room 820, 6525 Belcrest Road, Hyattsville, Maryland 20782-2003.

<center>QUERY LETTER 3</center>
<center>(Query for HIV)</center>

<center>(Letterhead)</center>

Dear Doctor _____

We are writing this letter to obtain additional information about the cause of death that you certified for _____, who died _____.

Accurate cause-of-death information is essential, not only to the family of the decedent, but also for medical research, funding, and resource allocation in our State and at the national level.

In this particular death, we are requesting additional information on HIV status. Certain conditions are frequently associated with HIV infection. In order to classify this death properly in our statistics, would you please supply the information on the attachment? We want to assure you that the information you provide us is confidential and will be handled accordingly.

If you have any question or would like to know more about various methods for certifying a cause-of-death statement, please contact _____.
Brief instructions and an example of a properly completed death certificate are provided on the reverse side of the attachment.

We appreciate your attention and prompt reply.

Sincerely,

State Registrar/Vital Statistics Cooperative Program

Attachment

HIV Query

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CONSEQUENCE OF):	
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d. DUE TO (OR AS A CONSEQUENCE OF):	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	28a. WAS AN AUTOPSY PERFORMED? *(Yes or no)*	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? *(Yes or no)*
_____		

29. MANNER OF DEATH	30a. DATE OF INJURY *(Month,Day,Year)*	30b. TIME OF INJURY M	30c. INJURY AT WORK? *(Yes or no)*	30d. DESCRIBE HOW INJURY OCCURRED
Natural Pending Accident Investigation Suicide Could not be Homicide Determined	30E. PLACE OF INJURY - At home, farm, street, factory, office building, etc. *(Specify)*		30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

1. Please check all that apply.
   Was there any evidence of HIV infection ?   Yes___, No___
   Was there any evidence of HIV disease ?   Yes___, No___
   HIV status is not known. _____
   Provide any other pertinent information _____
2. Other _____

_____ , M.D.
(Signature of Certifying Physician)

Please provide your office phone:_____ fax:_____

(Please see other side)

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Instructions on Medical Certification of Causes of Death

Example of a properly completed medical certification:

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. **Bilateral pneumothoraces**	**minutes**
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): b. **Pneumocystis carinii pneumonia**	**weeks**
	DUE TO (OR AS A CONSEQUENCE OF): c. **Acquired immunodeficiency syndrome**	**2 years**
	DUE TO (OR AS A CONSEQUENCE OF): d. **Human immunodeficiency virus infection**	**7 years**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	28a. WAS AN AUTOPSY PERFORMED? *(Yes or no)*	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? *(Yes or no)*
	No	**No**

29. MANNER OF DEATH	30a. DATE OF INJURY *(Month,Day,Year)*	30b. TIME OF INJURY M	30c. INJURY AT WORK? *(Yes or no)*	30d. DESCRIBE HOW INJURY OCCURRED
X Natural Pending Accident Investigation Suicide Could not be Homicide Determined	30E. PLACE OF INJURY - At home, farm, street, factory, office building, etc. *(Specify)*		30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

The cause of death section consists of two parts. **Part I** is for reporting a chain of events leading directly to death, with the **immediate cause** of death (the final disease, injury, or complication directly causing death) on line a and the **underlying cause** of death (the disease or injury that initiated the chain events that led directly and inevitably to death) on the lowest used line. **Part II** is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in **Part I**. **The cause-of-death information should be YOUR best medical OPINION.** A condition can be listed as "probable" even if it has not been definitively diagnosed. **Do not abbreviate** conditions entered in section.

Part I **(Chain of events leading directly to death)**
•Only **one** cause should be entered on each line. Line (a) **MUST ALWAYS** have an entry. **DO NOT** leave blank.
•If the condition on Line (a) resulted from an another condition, put that condition on Line (b), and so on, until the full sequence is reported.
      ALWAYS enter the **underlying cause of death** on the lowest used line in Part I.
•For each cause indicate the best estimate of the interval between the presumed onset and the date of death. The terms "unknown" or "approximately" may be used. General terms, such as minutes, hours, or days, are acceptable, if necessary. **DO NOT** leave blank.
•The terminal event (e.g., cardiac arrest or respiratory arrest) should not be used. If a mechanism of death seems most appropriate to you for line (a), then you must always list its cause(s) on the line(s) below it (e.g., cardiac arrest **due to** coronary artery atherosclerosis *or* cardiac arrest **due to** blunt impact to chest).
• If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause of death, always report its etiology on the line(s) beneath it (e.g., renal failure **due to** Type I diabetes mellitus).
•When indicating neoplasms as a cause of death, include the following: 1) primary site *or* that the primary site is unknown, 2) benign or malignant, 3) cell type *or* that the cell type is unknown, 4) grade of neoplasm, and 5) part or lobe of organ affected. (e.g., a well-differentiated squamous cell carcinoma, lung, left upper lobe.)
•Always report the fatal injury (e.g., stab wound of chest), the trauma (e.g., transection of subclavian vein), and impairment of function (e.g., air embolism).

PART II **(Other significant conditions)**
•Enter all diseases or conditions contributing to death that were not reported in the chain of events in Part I and that did not result in the **underlying cause of death**.
•If two or more possible sequences resulted in death, or if two conditions seem to have added together, report in Part I the one that, in your opinion, most directly caused death. Report in Part II the other conditions or diseases.

ACCIDENT OR INJURY: 1) Enter the general place (such as restaurant, vacant lot, or home) where the injury occurred. **DO NOT** enter firm or organization names (e.g., enter "factory", **not** "Standard Manufacturing, Inc."); 2) Enter a brief but specific and clear description of how the injury occurred. Explain the circumstances or cause of the injury. **If transportation accident:** a) Specify role of decedent (e.g., driver, passenger), and b) Specify **type of vehicle(s)** (e.g., car, bulldozer, train, etc.). Specify **type of gun** when relevant to circumstances.

Contact your State vital statistics office for questions related to writing cause-of-death statements. Additional instructional material on writing cause-of-death statements including handbooks, summary instructions, and tutorials are available online at www.thename.org or www.cdc.gov/nchswww/about/major/dvs/handbk.htm, or by request from NCHS, Room 820, 6525 Belcrest Road, Hyattsville, Maryland 20782-2003.

Query Letter 4
(More Specific Information)

(Letterhead)

Dear Doctor _____

We are writing this letter to obtain additional information about the cause of death that you certified for _____, who died _____.

Accurate cause-of-death information is essential, not only to the family of the decedent, but also for medical research, funding, and resource allocation in our State and at the national level.

In this particular death, we are requesting more specific information. In order to classify this death properly in our statistics, would you please supply the information on the attachment? We want to assure you that the information you provide us is confidential and will be handled accordingly.

If you have any question or would like to know more about various methods for certifying a cause-of-death statement, please contact _____.
Brief instructions and an example of a properly completed death certificate are provided on the reverse side of the attachment.

We appreciate your attention and prompt reply.

Sincerely,

State Registrar/Vital Statistics Cooperative Program

Attachment

Query for Additional Information

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): b.	
	DUE TO (OR AS A CONSEQUENCE OF): c.	
	DUE TO (OR AS A CONSEQUENCE OF): d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	28a. WAS AN AUTOPSY PERFORMED? *(Yes or no)*	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? *(Yes or no)*

| 29. MANNER OF DEATH

Natural   Pending
Accident   Investigation
Suicide   Could not be
Homicide Determined	30a. DATE OF INJURY *(Month,Day,Year)*	30b. TIME OF INJURY M	30c. INJURY AT WORK? *(Yes or no)*	30d. DESCRIBE HOW INJURY OCCURRED
	30E. PLACE OF INJURY - At home, farm, street, factory, office building, etc. *(Specify)*			30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

Is this condition, _____, secondary to another condition ?
Yes___, No___
If Yes, please indicate the primary condition _____

2. Is there a known specific site of the condition, _____ ?
Yes___, Unknown___
If Yes, please state _____

3. If known, please state a more specific type of the condition, _____, or part of this organ or site.
_____

4. If known, please state the type or etiology of this condition, _____,
_____

_____, M.D.
(Signature of Certifying Physician)

Please provide your office phone:_____ fax:_____

(Please see other side)

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Instructions on Medical Certification of Causes of Death

Example of a properly completed medical certification:

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. **Pneumonia**	**1 week**
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): b. **Right Hemiplegia**	**6 months**
	DUE TO (OR AS A CONSEQUENCE OF): c. **Cerebral thrombosis**	**6 months**
	DUE TO (OR AS A CONSEQUENCE OF): d. **Cerebral artery atherosclerosis**	**years**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. **Hypertension**	28a. WAS AN AUTOPSY PERFORMED? *(Yes or no)* **No**	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? *(Yes or no)* **No**

29. MANNER OF DEATH **X** Natural Pending Accident Investigation Suicide Could not be Homicide Determined	30a. DATE OF INJURY *(Month,Day,Year)*	30b. TIME OF INJURY M	30c. INJURY AT WORK? *(Yes or no)*	30d. DESCRIBE HOW INJURY OCCURRED
	30E. PLACE OF INJURY - At home, farm, street, factory, office building, etc. *(Specify)*		30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

The cause of death section consists of two parts. **Part I** is for reporting a chain of events leading directly to death, with the **immediate cause** of death (the final disease, injury, or complication directly causing death) on line a and the **underlying cause** of death (the disease or injury that initiated the chain events that led directly and inevitably to death) on the lowest used line. **Part II** is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in **Part I**. **The cause-of-death information should be YOUR best medical OPINION.** A condition can be listed as "probable" even if it has not been definitively diagnosed. **Do not abbreviate** conditions entered in section.

Part I (Chain of events leading directly to death)
•Only **one** cause should be entered on each line. Line (a) **MUST ALWAYS** have an entry. **DO NOT** leave blank.
•If the condition on Line (a) resulted from an another condition, put that condition on Line (b), and so on, until the full sequence is reported. **ALWAYS** enter the **underlying cause of death** on the lowest used line in Part I.
•For each cause indicate the best estimate of the interval between the presumed onset and the date of death. The terms "unknown" or "approximately" may be used. General terms, such as minutes, hours, or days, are acceptable, if necessary. **DO NOT** leave blank.
•The terminal event (e.g., cardiac arrest or respiratory arrest) should not be used. If a mechanism of death seems most appropriate to you for line (a), then you must always list its cause(s) on the line(s) below it (e.g., cardiac arrest **due to** coronary artery atherosclerosis *or* cardiac arrest **due to** blunt impact to chest).
• If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause of death, always report its etiology on the line(s) beneath it (e.g., renal failure **due to** Type I diabetes mellitus).
•When indicating neoplasms as a cause of death, include the following: 1) primary site *or* that the primary site is unknown, 2) benign or malignant, 3) cell type *or* that the cell type is unknown, 4) grade of neoplasm, and 5) part or lobe of organ affected. (e.g., a well-differentiated squamous cell carcinoma, lung, left upper lobe.)
•Always report the fatal injury (e.g., stab wound of chest), the trauma (e.g., transection of subclavian vein), and impairment of function (e.g., air embolism).

PART II (Other significant conditions)
•Enter all diseases or conditions contributing to death that were not reported in the chain of events in Part I and that did not result in the **underlying cause of death**. See example.
•If two or more possible sequences resulted in death, or if two conditions seem to have added together, report in Part I the one that, in your opinion, most directly caused death. Report in Part II the other conditions or diseases.

ACCIDENT OR INJURY: 1) Enter the general place (such as restaurant, vacant lot, or home) where the injury occurred. **DO NOT** enter firm or organization names (e.g., enter "factory", **not** "Standard Manufacturing, Inc."); 2) Enter a brief but specific and clear description of how the injury occurred. Explain the circumstances or cause of the injury. **If transportation accident:** a) Specify role of decedent (e.g., driver, passenger), and b) Specify **type of vehicle(s)** (e.g., car, bulldozer, train, etc.). Specify **type of gun** when relevant to circumstances.

Contact your State vital statistics office for questions related to writing cause-of-death statements. Additional instructional material on writing cause-of-death statements including handbooks, summary instructions, and tutorials are available online at www.thename.org or www.cdc.gov/nchswww/about/major/dvs/handbk.htm, or by request from NCHS, Room 820, 6525 Belcrest Road, Hyattsville, Maryland 20782-2003.

Query Letter 5
(Reason for Treatment)

(Letterhead)

Dear Doctor _____

We are writing this letter to obtain additional information about the cause of death that you certified for _____, who died _____.

Accurate cause-of-death information is essential, not only to the family of the decedent, but also for medical research, funding, and resource allocation in our State and at the national level.

In this particular death, we need to know the condition that required the treatment in order to classify the cause of death correctly in our statistical records. In order to classify this death properly in our statistics, would you please supply the information on the attachment? We want to assure you that the information you provide us is confidential and will be handled accordingly.

If you have any question or would like to know more about various methods for certifying a cause-of-death statement, please contact _____.
Brief instructions and an example of a properly completed death certificate are provided on the reverse side of the attachment.

We appreciate your attention and prompt reply.

Sincerely,

State Registrar/Vital Statistics Cooperative Program

Attachment

Reason for treatment query

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CONSEQUENCE OF):	
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d. DUE TO (OR AS A CONSEQUENCE OF):	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	28a. WAS AN AUTOPSY PERFORMED? *(Yes or no)*	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? *(Yes or no)*
_____		

29. MANNER OF DEATH	30a. DATE OF INJURY *(Month,Day,Year)*	30b. TIME OF INJURY M	30c. INJURY AT WORK? *(Yes or no)*	30d. DESCRIBE HOW INJURY OCCURRED
Natural Pending Accident Investigation Suicide Could not be Homicide Determined	30E. PLACE OF INJURY - At home, farm, street, factory, office building, etc. *(Specify)*		30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

1. State the medical condition or injury that necessitated the treatment, _____

_____

_____

2. Other _____

_____ , M.D.

(Signature of Certifying Physician)

Please provide your office phone:_____ fax:_____

(Please see other side)

Instructions on Medical Certification of Causes of Death

Example of a properly completed medical certification:

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. **Pulmonary embolism**	**1 day**
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): b. **Cholelithotomy**	**4 days**
	DUE TO (OR AS A CONSEQUENCE OF): c. **Calculus of gallbladder**	**6 weeks**
	DUE TO (OR AS A CONSEQUENCE OF): d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. **Arteriosclerotic heart disease- Emphysema**	28a. WAS AN AUTOPSY PERFORMED? *(Yes or no)* **No**	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? *(Yes or no)* **No**

29. MANNER OF DEATH	30a. DATE OF INJURY *(Month,Day,Year)*	30b. TIME OF INJURY M	30c. INJURY AT WORK? *(Yes or no)*	30d. DESCRIBE HOW INJURY OCCURRED
X Natural Pending Accident Investigation Suicide Could not be Homicide Determined	30E. PLACE OF INJURY - At home, farm, street, factory, office building, etc. *(Specify)*			30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

The cause of death section consists of two parts. **Part I** is for reporting a chain of events leading directly to death, with the **immediate cause** of death (the final disease, injury, or complication directly causing death) on line a and the **underlying cause** of death (the disease or injury that initiated the chain events that led directly and inevitably to death) on the lowest used line. **Part II** is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in **Part I**. **The cause-of-death information should be YOUR best medical OPINION.** A condition can be listed as "probable" even if it has not been definitively diagnosed. **Do not abbreviate** conditions entered in section.

Part I (Chain of events leading directly to death)
- Only **one** cause should be entered on each line. Line (a) **MUST ALWAYS** have an entry. **DO NOT** leave blank.
- If the condition on Line (a) resulted from an another condition, put that condition on Line (b), and so on, until the full sequence is reported. **ALWAYS** enter the **underlying cause of death** on the lowest used line in Part I.
- For each cause indicate the best estimate of the interval between the presumed onset and the date of death. The terms "unknown" or "approximately" may be used. General terms, such as minutes, hours, or days, are acceptable, if necessary. **DO NOT** leave blank.
- The terminal event (e.g., cardiac arrest or respiratory arrest) should not be used. If a mechanism of death seems most appropriate to you for line (a), then you must always list its cause(s) on the line(s) below it (e.g., cardiac arrest **due to** coronary artery atherosclerosis *or* cardiac arrest **due to** blunt impact to chest).
- If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause of death, always report its etiology on the line(s) beneath it (e.g., renal failure **due to** Type I diabetes mellitus).
- When indicating neoplasms as a cause of death, include the following: 1) primary site *or* that the primary site is unknown, 2) benign or malignant, 3) cell type *or* that the cell type is unknown, 4) grade of neoplasm, and 5) part or lobe of organ affected. (e.g., a well-differentiated squamous cell carcinoma, lung, left upper lobe.)
- Always report the fatal injury (e.g., stab wound of chest), the trauma (e.g., transection of subclavian vein), and impairment of function (e.g., air embolism).

PART II (Other significant conditions)
- Enter all diseases or conditions contributing to death that were not reported in the chain of events in Part I and that did not result in the **underlying cause of death**. See example.
- If two or more possible sequences resulted in death, or if two conditions seem to have added together, report in Part I the one that, in your opinion, most directly caused death. Report in Part II the other conditions or diseases.

ACCIDENT OR INJURY: 1) Enter the general place (such as restaurant, vacant lot, or home) where the injury occurred. **DO NOT** enter firm or organization names (e.g., enter "factory", **not** "Standard Manufacturing, Inc."); 2) Enter a brief but specific and clear description of how the injury occurred. Explain the circumstances or cause of the injury. **If transportation accident:** a) Specify role of decedent (e.g., driver, passenger), and b) Specify **type of vehicle(s)** (e.g., car, bulldozer, train, etc.). Specify **type of gun** when relevant to circumstances.

Contact your State vital statistics office for questions related to writing cause-of-death statements. Additional instructional material on writing cause-of-death statements including handbooks, summary instructions, and tutorials are available online at www.thename.org or www.cdc.gov/nchswww/about/major/dvs/handbk.htm, or by request from NCHS, Room 820, 6525 Belcrest Road, Hyattsville, Maryland 20782-2003.

Query Letter 6
(Mental Disorders)

(Letterhead)

Dear Doctor _____

We are writing this letter to obtain additional information about the cause of death that you certified for _____, who died _____.

Accurate cause-of-death information is essential, not only to the family of the decedent, but also for medical research, funding, and resource allocation in our State and at the national level.

In this particular death, we need to know whether a specific life threatening condition was associated with the reported mental disorder. In order to classify this death properly in our statistics, would you please supply the information on the attachment? We want to assure you that the information you provide us is confidential and will be handled accordingly.

If you have any question or would like to know more about various methods for certifying a cause-of-death statement, please contact _____.
Brief instructions and an example of a properly completed death certificate are provided on the reverse side of the attachment.

We appreciate your attention and prompt reply.

Sincerely,

State Registrar/Vital Statistics Cooperative Program

Attachment

Mental Disorder Query

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CONSEQUENCE OF):	
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d. DUE TO (OR AS A CONSEQUENCE OF):	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	28a. WAS AN AUTOPSY PERFORMED? *(Yes or no)*	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? *(Yes or no)*

29. MANNER OF DEATH	30a. DATE OF INJURY *(Month, Day, Year)*	30b. TIME OF INJURY M	30c. INJURY AT WORK? *(Yes or no)*	30d. DESCRIBE HOW INJURY OCCURRED
Natural Pending Accident Investigation Suicide Could not be Homicide Determined	30E. PLACE OF INJURY - At home, farm, street, factory, office building, etc. *(Specify)*		30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

If death did result from a mental disorder, please state the condition that resulted from the mental disorder and that caused death:

_____

_____

_____

Otherwise, please state the underlying cause of death that initiated the chain of events leading to death:

_____

_____, M.D.
(Signature of Certifying Physician)

Please provide your office phone:_____ fax:_____

(Please see other side)

Instructions on Medical Certification of Causes of Death

Example of a properly completed medical certification:

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. **Aspiration pneumonia**	**3 days**
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): b. **Mental retardation**	**15 years**
	DUE TO (OR AS A CONSEQUENCE OF): c.	
	DUE TO (OR AS A CONSEQUENCE OF): d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	28a. WAS AN AUTOPSY PERFORMED? *(Yes or no)*	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? *(Yes or no)*
	Yes	**No**

29. MANNER OF DEATH **X** Natural Pending Accident Investigation Suicide Could not be Homicide Determined	30a. DATE OF INJURY *(Month,Day,Year)*	30b. TIME OF INJURY M	30c. INJURY AT WORK? *(Yes or no)*	30d. DESCRIBE HOW INJURY OCCURRED
	30E. PLACE OF INJURY - At home, farm, street, factory, office building, etc. *(Specify)*		30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

The cause of death section consists of two parts. **Part I** is for reporting a chain of events leading directly to death, with the **immediate cause** of death (the final disease, injury, or complication directly causing death) on line a and the **underlying cause** of death (the disease or injury that initiated the chain events that led directly and inevitably to death) on the lowest used line. **Part II** is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in **Part I**. **The cause-of-death information should be YOUR best medical OPINION.** A condition can be listed as "probable" even if it has not been definitively diagnosed. **Do not abbreviate** conditions entered in section.

Part I (Chain of events leading directly to death)
- Only **one** cause should be entered on each line. Line (a) **MUST ALWAYS** have an entry. **DO NOT** leave blank.
- If the condition on Line (a) resulted from an another condition, put that condition on Line (b), and so on, until the full sequence is reported. **ALWAYS** enter the **underlying cause of death** on the lowest used line in Part I.
- For each cause indicate the best estimate of the interval between the presumed onset and the date of death. The terms "unknown" or "approximately" may be used. General terms, such as minutes, hours, or days, are acceptable, if necessary. **DO NOT** leave blank.
- The terminal event (e.g., cardiac arrest or respiratory arrest) should not be used. If a mechanism of death seems most appropriate to you for line (a), then you must always list its cause(s) on the line(s) below it (e.g., cardiac arrest **due to** coronary artery atherosclerosis *or* cardiac arrest **due to** blunt impact to chest).
- If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause of death, always report its etiology on the line(s) beneath it (e.g., renal failure **due to** Type I diabetes mellitus).
- When indicating neoplasms as a cause of death, include the following: 1) primary site *or* that the primary site is unknown, 2) benign or malignant, 3) cell type *or* that the cell type is unknown, 4) grade of neoplasm, and 5) part or lobe of organ affected. (e.g., a well-differentiated squamous cell carcinoma, lung, left upper lobe.)
- Always report the fatal injury (e.g., stab wound of chest), the trauma (e.g., transection of subclavian vein), and impairment of function (e.g., air embolism).

PART II (Other significant conditions)
- Enter all diseases or conditions contributing to death that were not reported in the chain of events in Part I and that did not result in the **underlying cause of death**.
- If two or more possible sequences resulted in death, or if two conditions seem to have added together, report in Part I the one that, in your opinion, most directly caused death. Report in Part II the other conditions or diseases.

ACCIDENT OR INJURY: 1) Enter the general place (such as restaurant, vacant lot, or home) where the injury occurred. **DO NOT** enter firm or organization names (e.g., enter "factory", **not** "Standard Manufacturing, Inc."); 2) Enter a brief but specific and clear description of how the injury occurred. Explain the circumstances or cause of the injury. **If transportation accident:** a) Specify role of decedent (e.g., driver, passenger), and b) Specify **type of vehicle(s)** (e.g., car, bulldozer, train, etc.). Specify **type of gun** when relevant to circumstances.

Contact your State vital statistics office for questions related to writing cause-of-death statements. Additional instructional material on writing cause-of-death statements including handbooks, summary instructions, and tutorials are available online at www.thename.org or www.cdc.gov/nchswww/about/major/dvs/handbk.htm, or by request from NCHS, Room 820, 6525 Belcrest Road, Hyattsville, Maryland 20782-2003.

Query Letter 7
(Drugs and Other Agents)

(Letterhead)

Dear Doctor _____

We are writing this letter to obtain additional information about the cause of death that you certified for _____, who died _____.

Accurate cause-of-death information is essential, not only to the family of the decedent, but also for medical research, funding, and resource allocation in our State and at the national level.

In this particular death, we need additional information about the drugs associated with the death. In order to classify this death properly in our statistics, would you please supply the information on the attachment? We want to assure you that the information you provide us is confidential and will be handled accordingly.

If you have any question or would like to know more about various methods for certifying a cause-of-death statement, please contact _____.
Brief instructions and an example of a properly completed death certificate are provided on the reverse side of the attachment.

We appreciate your attention and prompt reply.

Sincerely,

State Registrar/Vital Statistics Cooperative Program

Attachment

Drugs and Other Agents Query

<table>
<tr><td colspan="2">27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.</td><td>Approximate
Interval Between
Onset and Death</td></tr>
<tr><td>IMMEDIATE CAUSE (Final disease or condition resulting in death)</td><td>a.</td><td></td></tr>
<tr><td rowspan="3">Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST</td><td>DUE TO (OR AS A CONSEQUENCE OF):
b.</td><td></td></tr>
<tr><td>DUE TO (OR AS A CONSEQUENCE OF):
c.</td><td></td></tr>
<tr><td>DUE TO (OR AS A CONSEQUENCE OF):
d.</td><td></td></tr>
</table>

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	28a. WAS AN AUTOPSY PERFORMED? *(Yes or no)*	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? *(Yes or no)*

29. MANNER OF DEATH	30a. DATE OF INJURY *(Month,Day,Year)*	30b. TIME OF INJURY M	30c. INJURY AT WORK? *(Yes or no)*	30d. DESCRIBE HOW INJURY OCCURRED
Natural Pending Accident Investigation Suicide Could not be Homicide Determined	30E. PLACE OF INJURY - At home, farm, street, factory, office building, etc. *(Specify)*		30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

1. Please state the type or name of drug(s) that brought about the medical complications which led to death.

_____

2. Please state the type or name of other agent(s) or exposure that brought about the medical complications which led to death. _____

3. Other _____

_____ , M.D.

(Signature of Certifying Physician)

Please provide your office phone:_____ fax:_____

(Please see other side)

Instructions on Medical Certification of Causes of Death

Example of a properly completed medical certification:

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. **Staphylococcus endocarditis**	**2 weeks**
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): b. **Chronic intravenous heroin use**	**7 years**
	DUE TO (OR AS A CONSEQUENCE OF): c. **Opiate addiction**	**7 years**
	DUE TO (OR AS A CONSEQUENCE OF): d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	28a. WAS AN AUTOPSY PERFORMED? *(Yes or no)*	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? *(Yes or no)*
	No	**No**

29. MANNER OF DEATH	30a. DATE OF INJURY *(Month,Day,Year)*	30b. TIME OF INJURY	30c. INJURY AT WORK? *(Yes or no)*	30d. DESCRIBE HOW INJURY OCCURRED
X Natural Pending Accident Investigation Suicide Could not be Homicide Determined		M		
	30E. PLACE OF INJURY - At home, farm, street, factory, office building, etc. *(Specify)*		30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

The cause of death section consists of two parts. **Part I** is for reporting a chain of events leading directly to death, with the **immediate cause** of death (the final disease, injury, or complication directly causing death) on line a and the **underlying cause** of death (the disease or injury that initiated the chain events that led directly and inevitably to death) on the lowest used line. **Part II** is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in **Part I**. **The cause-of-death information should be YOUR best medical OPINION.** A condition can be listed as "probable" even if it has not been definitively diagnosed. **Do not abbreviate** conditions entered in section.

Part I (Chain of events leading directly to death)
• Only **one** cause should be entered on each line. Line (a) **MUST ALWAYS** have an entry. **DO NOT** leave blank.
• If the condition on Line (a) resulted from an another condition, put that condition on Line (b), and so on, until the full sequence is reported. **ALWAYS** enter the **underlying cause of death** on the lowest used line in Part I.
• For each cause indicate the best estimate of the interval between the presumed onset and the date of death. The terms "unknown" or "approximately" may be used. General terms, such as minutes, hours, or days, are acceptable, if necessary. **DO NOT** leave blank.
• The terminal event (e.g., cardiac arrest or respiratory arrest) should not be used. If a mechanism of death seems most appropriate to you for line (a), then you must always list its cause(s) on the line(s) below it (e.g., cardiac arrest **due to** coronary artery atherosclerosis *or* cardiac arrest **due to** blunt impact to chest).
• If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause of death, always report its etiology on the line(s) beneath it (e.g., renal failure **due to** Type I diabetes mellitus).
• When indicating neoplasms as a cause of death, include the following: 1) primary site *or* that the primary site is unknown, 2) benign or malignant, 3) cell type *or* that the cell type is unknown, 4) grade of neoplasm, and 5) part or lobe of organ affected. (e.g., a well-differentiated squamous cell carcinoma, lung, left upper lobe.)
• Always report the fatal injury (e.g., stab wound of chest), the trauma (e.g., transection of subclavian vein), and impairment of function (e.g., air embolism).

PART II (Other significant conditions)
• Enter all diseases or conditions contributing to death that were not reported in the chain of events in Part I and that did not result in the **underlying cause of death**.
• If two or more possible sequences resulted in death, or if two conditions seem to have added together, report in Part I the one that, in your opinion, most directly caused death. Report in Part II the other conditions or diseases.

ACCIDENT OR INJURY: 1) Enter the general place (such as restaurant, vacant lot, or home) where the injury occurred. **DO NOT** enter firm or organization names (e.g., enter "factory", **not** "Standard Manufacturing, Inc."); 2) Enter a brief but specific and clear description of how the injury occurred. Explain the circumstances or cause of the injury. **If transportation accident:** a) Specify role of decedent (e.g., driver, passenger), and b) Specify **type of vehicle(s)** (e.g., car, bulldozer, train, etc.). Specify **type of gun** when relevant to circumstances.

Contact your State vital statistics office for questions related to writing cause-of-death statements. Additional instructional material on writing cause-of-death statements including handbooks, summary instructions, and tutorials are available online at www.thename.org or www.cdc.gov/nchswww/about/major/dvs/handbk.htm, or by request from NCHS, Room 820, 6525 Belcrest Road, Hyattsville, Maryland 20782-2003.

Query Letter 8
(Ill-defined, Trivial, Etc.)

(Letterhead)

Dear Doctor _____

We are writing this letter to obtain additional information about the cause of death that you certified for _____, who died _____.

Accurate cause-of-death information is essential, not only to the family of the decedent, but also for medical research, funding, and resource allocation in our State and at the national level.

In this particular death, we need to know if a more serious condition gave rise to the reported cause of death. In order to classify this death properly in our statistics, would you please supply the information on the attachment? We want to assure you that the information you provide us is confidential and will be handled accordingly.

If you have any question or would like to know more about various methods for certifying a cause-of-death statement, please contact _____. Brief instructions and an example of a properly completed death certificate are provided on the reverse side of the attachment.

We appreciate your attention and prompt reply.

Sincerely,

State Registrar/Vital Statistics Cooperative Program

Attachment

Ill-defined or Trivial Query

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): b.	
	DUE TO (OR AS A CONSEQUENCE OF): c.	
	DUE TO (OR AS A CONSEQUENCE OF): d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	28a. WAS AN AUTOPSY PERFORMED? *(Yes or no)*	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? *(Yes or no)*

29. MANNER OF DEATH	30a. DATE OF INJURY *(Month,Day,Year)*	30b. TIME OF INJURY	30c. INJURY AT WORK? *(Yes or no)*	30d. DESCRIBE HOW INJURY OCCURRED
Natural Pending		M		
Accident Investigation Suicide Could not be Homicide Determined	30E. PLACE OF INJURY - At home, farm, street, factory, office building, etc. *(Specify)*		30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

1. In your opinion, what was the underlying cause of this condition ?
_____
OR
2. Did this condition give rise to another more serious condition which led to death ?
If so, please state _____
_____

3.Other _____

_____ , M.D.
(Signature of Certifying Physician)

Please provide your office phone:_____ fax:_____
(Please see other side)

Instructions on Medical Certification of Causes of Death

Example of a properly completed medical certification:

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. **Convulsion**	**3 minutes**
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): b. **Fever**	**1 day**
	DUE TO (OR AS A CONSEQUENCE OF): c. **Influenza**	**6 days**
	DUE TO (OR AS A CONSEQUENCE OF): d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. **Arteriosclerosis, Gout** _____	28a. WAS AN AUTOPSY PERFORMED? *(Yes or no)* **No**	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? *(Yes or no)* **No**

29. MANNER OF DEATH **X** Natural Pending Accident Investigation Suicide Could not be Homicide Determined	30a. DATE OF INJURY *(Month, Day, Year)*	30b. TIME OF INJURY M	30c. INJURY AT WORK? *(Yes or no)*	30d. DESCRIBE HOW INJURY OCCURRED
	30E. PLACE OF INJURY - At home, farm, street, factory, office building, etc. *(Specify)*			30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

The cause of death section consists of two parts. **Part I** is for reporting a chain of events leading directly to death, with the **immediate cause** of death (the final disease, injury, or complication directly causing death) on line a and the **underlying cause** of death (the disease or injury that initiated the chain events that led directly and inevitably to death) on the lowest used line. **Part II** is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in **Part I**. **The cause-of-death information should be YOUR best medical OPINION.** A condition can be listed as "probable" even if it has not been definitively diagnosed. **Do not abbreviate** conditions entered in section.

Part I (Chain of events leading directly to death)
• Only **one** cause should be entered on each line. Line (a) **MUST ALWAYS** have an entry. **DO NOT** leave blank.
• If the condition on Line (a) resulted from an another condition, put that condition on Line (b), and so on, until the full sequence is reported.
     ALWAYS enter the **underlying cause of death** on the lowest used line in Part I.
• For each cause indicate the best estimate of the interval between the presumed onset and the date of death. The terms "unknown" or "approximately" may be used. General terms, such as minutes, hours, or days, are acceptable, if necessary. **DO NOT** leave blank.
• The terminal event (e.g., cardiac arrest or respiratory arrest) should not be used. If a mechanism of death seems most appropriate to you for line (a), then you must always list its cause(s) on the line(s) below it (e.g., cardiac arrest **due to** coronary artery atherosclerosis *or* cardiac arrest **due to** blunt impact to chest).
• If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause of death, always report its etiology on the line(s) beneath it (e.g., renal failure **due to** Type I diabetes mellitus).
• When indicating neoplasms as a cause of death, include the following: 1) primary site *or* that the primary site is unknown, 2) benign or malignant, 3) cell type *or* that the cell type is unknown, 4) grade of neoplasm, and 5) part or lobe of organ affected. (e.g., a well-differentiated squamous cell carcinoma, lung, left upper lobe.)
• Always report the fatal injury (e.g., stab wound of chest), the trauma (e.g., transection of subclavian vein), and impairment of function (e.g., air embolism).

PART II (Other significant conditions)
• Enter all diseases or conditions contributing to death that were not reported in the chain of events in Part I and that did not result in the **underlying cause of death**. See example.
• If two or more possible sequences resulted in death, or if two conditions seem to have added together, report in Part I the one that, in your opinion, most directly caused death. Report in Part II the other conditions or diseases.

ACCIDENT OR INJURY: 1) Enter the general place (such as restaurant, vacant lot, or home) where the injury occurred. **DO NOT** enter firm or organization names (e.g., enter "factory", **not** "Standard Manufacturing, Inc."); 2) Enter a brief but specific and clear description of how the injury occurred. Explain the circumstances or cause of the injury. **If transportation accident:** a) Specify role of decedent (e.g., driver, passenger), and b) Specify **type of vehicle(s)** (e.g., car, bulldozer, train, etc.). Specify **type of gun** when relevant to circumstances.

Contact your State vital statistics office for questions related to writing cause-of-death statements. Additional instructional material on writing cause-of-death statements including handbooks, summary instructions, and tutorials are available online at www.thename.org or www.cdc.gov/nchswww/about/major/dvs/handbk.htm, or by request from NCHS, Room 820, 6525 Belcrest Road, Hyattsville, Maryland 20782-2003.

Query Letter 9
(Pregnancy Related)

(Letterhead)

Dear Doctor _____

We are writing this letter to obtain additional information about the cause of death that you certified for _____, who died _____.

Accurate cause-of-death information is essential, not only to the family of the decedent, but also for medical research, funding, and resource allocation in our State and at the national level.

In the case of this particular death, we need additional information to properly classify the maternal death. In order to classify this death properly in our statistics, would you please supply the information on the attachment? We want to assure you that the information you provide us is confidential and will be handled accordingly.

If you have any question or would like to know more about various methods for certifying a cause-of-death statement, please contact _____.
Brief instructions and an example of a properly completed death certificate are provided on the reverse side of the attachment.

We appreciate your attention and prompt reply.

Sincerely,

State Registrar/Vital Statistics Cooperative Program

Attachment

Pregnancy-related Query

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CONSEQUENCE OF):	
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d. DUE TO (OR AS A CONSEQUENCE OF):	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	28a. WAS AN AUTOPSY PERFORMED? *(Yes or no)*	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? *(Yes or no)*
_____		

29. MANNER OF DEATH Natural Pending Accident Investigation Suicide Could not be Homicide Determined	30a. DATE OF INJURY *(Month,Day,Year)*	30b. TIME OF INJURY M	30c. INJURY AT WORK? *(Yes or no)*	30d. DESCRIBE HOW INJURY OCCURRED
	30E. PLACE OF INJURY - At home, farm, street, factory, office building, etc. *(Specify)*		30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

1. What was the complication of the pregnancy (or a concomitant disease or injury) that initiated the chain of events leading to death ?

_____

2. Was the abortion spontaneous ___?, legally induced___?, therapeutic ___? other___?

3. Other _____

_____ , M.D.
(Signature of Certifying Physician)

Please provide your office phone:_____ fax:_____

(Please see other side)

Instructions on Medical Certification of Causes of Death

Example of a properly completed medical certification:

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. **Intestinal hemorrhage**	**10 minutes**
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): b. **Ruptured intestine**	**1 day**
	DUE TO (OR AS A CONSEQUENCE OF): c. **Non-medically induced abortion**	**1 day**
	DUE TO (OR AS A CONSEQUENCE OF): d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	28a. WAS AN AUTOPSY PERFORMED? *(Yes or no)* **No**	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? *(Yes or no)* **No**

29. MANNER OF DEATH X Natural Pending Accident Investigation Suicide Could not be Homicide Determined	30a. DATE OF INJURY *(Month,Day,Year)*	30b. TIME OF INJURY M	30c. INJURY AT WORK? *(Yes or no)*	30d. DESCRIBE HOW INJURY OCCURRED
	30E. PLACE OF INJURY - At home, farm, street, factory, office building, etc. *(Specify)*		30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

The cause of death section consists of two parts. **Part I** is for reporting a chain of events leading directly to death, with the **immediate cause** of death (the final disease, injury, or complication directly causing death) on line a and the **underlying cause** of death (the disease or injury that initiated the chain events that led directly and inevitably to death) on the lowest used line. **Part II** is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in **Part I**. **The cause-of-death information should be YOUR best medical OPINION.** A condition can be listed as "probable" even if it has not been definitively diagnosed. **Do not abbreviate** conditions entered in section.

Part I (Chain of events leading directly to death)

•Only **one** cause should be entered on each line. Line (a) **MUST ALWAYS** have an entry. **DO NOT** leave blank.
•If the condition on Line (a) resulted from an another condition, put that condition on Line (b), and so on, until the full sequence is reported.
    ALWAYS enter the **underlying cause of death** on the lowest used line in Part I.
•For each cause indicate the best estimate of the interval between the presumed onset and the date of death. The terms "unknown" or "approximately" may be used. General terms, such as minutes, hours, or days, are acceptable, if necessary. **DO NOT** leave blank.
•The terminal event (e.g., cardiac arrest or respiratory arrest) should not be used. If a mechanism of death seems most appropriate to you for line (a), then you must always list its cause(s) on the line(s) below it (e.g., cardiac arrest **due to** coronary artery atherosclerosis *or* cardiac arrest **due to** blunt impact to chest).
• If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause of death, always report its etiology on the line(s) beneath it (e.g., renal failure **due to** Type I diabetes mellitus).
•When indicating neoplasms as a cause of death, include the following: 1) primary site *or* that the primary site is unknown, 2) benign or malignant, 3) cell type *or* that the cell type is unknown, 4) grade of neoplasm, and 5) part or lobe of organ affected. (e.g., a well-differentiated squamous cell carcinoma, lung, left upper lobe.)
•Always report the fatal injury (e.g., stab wound of chest), the trauma (e.g., transection of subclavian vein), and impairment of function (e.g., air embolism).

PART II (Other significant conditions)

•Enter all diseases or conditions contributing to death that were not reported in the chain of events in Part I and that did not result in the
    underlying cause of death.
•If two or more possible sequences resulted in death, or if two conditions seem to have added together, report in Part I the one that, in your opinion, most directly caused death. Report in Part II the other conditions or diseases.

ACCIDENT OR INJURY: 1) Enter the general place (such as restaurant, vacant lot, or home) where the injury occurred. **DO NOT** enter firm or organization names (e.g., enter "factory", **not** "Standard Manufacturing, Inc."); 2) Enter a brief but specific and clear description of how the injury occurred. Explain the circumstances or cause of the injury. **If transportation accident:** a) Specify role of decedent (e.g., driver, passenger), and b) Specify **type of vehicle(s)** (e.g., car, bulldozer, train, etc.). Specify **type of gun** when relevant to circumstances.

Contact your State vital statistics office for questions related to writing cause-of-death statements. Additional instructional material on writing cause-of-death statements including handbooks, summary instructions, and tutorials are available online at www.thename.org or

www.cdc.gov/nchswww/about/major/dvs/handbk.htm, or by request from NCHS, Room 820, 6525 Belcrest Road, Hyattsville, Maryland 20782-2003.

The following sample query letter consists of a lengthy series of questions even though the attachments have been separated into four. The questions are designed to address a variety of problems in certification including problems anticipated to be new with ICD-10. We would suggest that specific query letters list only the questions that are relevant for the specific case. This will improve the appearance of the query letter.

(Letterhead)

Dear Doctor _____

We are writing this letter to obtain additional information about the cause of death that you certified for _____, who died _____.

Accurate cause-of-death information is essential, not only to the family of the decedent, but also for medical research, funding, and resource allocation in our State and at the national level.

In this particular death, we need additional information to properly classify the death. In order to classify this death properly in our statistics, would you please supply the information on the attachment? We want to assure you that the information you provide us is confidential and will be handled accordingly.

If you have any question, please contact_____.
Brief instructions and an example of a properly completed death certificate are provided on the reverse side of the attachment.

We appreciate your attention and prompt reply.

Sincerely,

State Registrar/Vital Statistics Cooperative Program

4 Attachments

Query for Accidents Not Involving Transportation

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): b.	
	DUE TO (OR AS A CONSEQUENCE OF): c.	
	DUE TO (OR AS A CONSEQUENCE OF): d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	28a. WAS AN AUTOPSY PERFORMED? *(Yes or no)*	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? *(Yes or no)*

29. MANNER OF DEATH	30a. DATE OF INJURY *(Month,Day,Year)*	30b. TIME OF INJURY M	30c. INJURY AT WORK? *(Yes or no)*	30d. DESCRIBE HOW INJURY OCCURRED
Natural Pending Accident Investigation Suicide Could not be Homicide Determined	30E. PLACE OF INJURY - At home, farm, street, factory, office building, etc. *(Specify)*		30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

1A. Please state if the manner of death was accidental, homicidal, suicidal, natural, or undetermined. _____.
If undetermined, was there a pending investigation ? _____.

1B. State what happened to the decedent, describe in detail the external event that caused the death.
_____
_____
_____
_____

1C. State the medical condition(s) that required the treatment (medical, surgical, medicaments)
_____
_____
_____

1D. Describe in detail the treatment (medical, surgical, name of medicaments) or the exposure (name of chemicals, type of medical devices, or other applicable external factors)
_____
_____

2. <u>Fire</u>
     A. Origin of fire (blowlamp, candle, match, torch, fireplace etc.)_____
     B. If fire was caused by explosion, indicate agent (aerosol, gasoline, bomb etc.)_____
     C. Fire located in: Private dwelling___ Other building or structure ___ Not in building or structure (stationary vehicle, forest etc)___ Other_____
     D. Resulted in large uncontrolled fire: Yes___ No___
     E. Fire ignited: Explosive material (specify type) _____ Clothing (type) _____Other _____
     F. Victim: Burned ___ Incinerated, cremated ___ Asphyxiated by (smoke, flame, fumes, etc.) _____ Other _____

3. <u>Fall</u> (state how it happened, e.g. fall from/on/into/out of <u>name of structure</u>)
_____

4. Describe in detail the external event (_____) that eventually brought about the medical complications which caused the death.
_____
_____
_____.

5. Place of occurrence (home, residential institution, public administrative area, sports area, street and highway, trade and service areas, industrial and construction area, farm, other -please specify-)
_____

_____ , M.D.
(Signature of Certifying Physician)

Please provide your office phone:_____ fax:_____
(Please see other side)

Example of a properly completed medical certification:

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. **Epidural hemorrhage**	**1 hour**
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): b. **Fractured skull**	**1 hour**
	DUE TO (OR AS A CONSEQUENCE OF): c. **Fall on stairway**	**1 hour**
	DUE TO (OR AS A CONSEQUENCE OF): d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. **Chronic rheumatic endocarditis**	28a. WAS AN AUTOPSY PERFORMED? *(Yes or no)* **No**	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? *(Yes or no)* **No**

29. MANNER OF DEATH Natural Pending **X** Accident Investigation Suicide Could not be Homicide Determined	30a. DATE OF INJURY *(Month,Day,Year)* **June 30, 1983**	30b. TIME OF INJURY **3: PM**	30c. INJURY AT WORK? *(Yes or no)* **No**	30d. DESCRIBE HOW INJURY OCCURRED **Fell down basement stairs onto cement floor**
	30E. PLACE OF INJURY - At home, farm, street, factory, office building, etc. *(Specify)* **Home**			30f. LOCATION (Street and Number or Rural Route Number, City or Town, State) **1426 May Drive, Cary, NC**

The cause of death section consists of two parts. **Part I** is for reporting a chain of events leading directly to death, with the **immediate cause** of death (the final disease, injury, or complication directly causing death) on line a and the **underlying cause** of death (the disease or injury that initiated the chain events that led directly and inevitably to death) on the lowest used line. **Part II** is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in **Part I**. **The cause-of-death information should be YOUR best medical OPINION.** A condition can be listed as "probable" even if it has not been definitively diagnosed. **Do not abbreviate** conditions entered in section.

Part I (Chain of events leading directly to death)

•Only **one** cause should be entered on each line. Line (a) **MUST ALWAYS** have an entry. **DO NOT** leave blank.
•If the condition on Line (a) resulted from an another condition, put that condition on Line (b), and so on, until the full sequence is reported.
    ALWAYS enter the **underlying cause of death** on the lowest used line in Part I.
•For each cause indicate the best estimate of the interval between the presumed onset and the date of death. The terms "unknown" or "approximately" may be used. General terms, such as minutes, hours, or days, are acceptable, if necessary. **DO NOT** leave blank.
•The terminal event (e.g., cardiac arrest or respiratory arrest) should not be used. If a mechanism of death seems most appropriate to you for line (a), then you must always list its cause(s) on the line(s) below it (e.g., cardiac arrest **due to** coronary artery atherosclerosis *or* cardiac arrest **due to** blunt impact to chest).
• If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause of death, always report its etiology on the line(s) beneath it (e.g., renal failure **due to** Type I diabetes mellitus).
•When indicating neoplasms as a cause of death, include the following: 1) primary site *or* that the primary site is unknown, 2) benign or malignant, 3) cell type *or* that the cell type is unknown, 4) grade of neoplasm, and 5) part or lobe of organ affected. (e.g., a well-differentiated squamous cell carcinoma, lung, left upper lobe.)
•Always report the fatal injury (e.g., stab wound of chest), the trauma (e.g., transection of subclavian vein), and impairment of function (e.g., air embolism).

PART II (Other significant conditions)

•Enter all diseases or conditions contributing to death that were not reported in the chain of events in Part I and that did not result in the **underlying cause of death**. See example.
•If two or more possible sequences resulted in death, or if two conditions seem to have added together, report in Part I the one that, in your opinion, most directly caused death. Report in Part II the other conditions or diseases.

ACCIDENT OR INJURY: 1) Enter the general place (such as restaurant, vacant lot, or home) where the injury occurred. **DO NOT** enter firm or organization names (e.g., enter "factory", **not** "Standard Manufacturing, Inc."); 2) Enter a brief but specific and clear description of how the injury occurred. Explain the circumstances or cause of the injury. **If transportation accident:** a) Specify role of decedent (e.g., driver, passenger), and b) Specify **type of vehicle(s)** (e.g., car, bulldozer, train, etc.). Specify **type of gun** when relevant to circumstances.

Contact your State vital statistics office for questions related to writing cause-of-death statements. Additional instructional material on writing cause-of-death statements including handbooks, summary instructions, and tutorials are available online at www.thename.org or www.cdc.gov/nchswww/about/major/dvs/handbk.htm, or by request from NCHS, Room 820, 6525 Belcrest Road, Hyattsville, Maryland 20782-2003.

Query for Accidents Involving Transportation

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	
Sequentially list conditions, if any, leading to immediate cause. b. DUE TO (OR AS A CONSEQUENCE OF): Enter UNDERLYING CAUSE (Disease or injury that initiated events c. DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST d. DUE TO (OR AS A CONSEQUENCE OF):	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. _____	28a. WAS AN AUTOPSY PERFORMED? *(Yes or no)*	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? *(Yes or no)*

29. MANNER OF DEATH Natural Pending Accident Investigation Suicide Could not be Homicide Determined	30a. DATE OF INJURY *(Month, Day, Year)*	30b. TIME OF INJURY M	30c. INJURY AT WORK? *(Yes or no)*	30d. DESCRIBE HOW INJURY OCCURRED
	30E. PLACE OF INJURY - At home, farm, street, factory, office building, etc. *(Specify)*			30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1A. Please state if the manner of death was accidental, homicidal, suicidal, natural, or undetermined. _____.
If undetermined, was there a pending investigation ? _____.
1B. State what happened to the decedent, describe in detail the external event that caused the death.
_____
_____
_____

2. Describe in detail the external event (_____) that eventually brought about the medical complications which caused the death.
_____
_____
_____.

3. Place of occurrence (home, residential institution, public administrative area, sports area, street and highway, trade and service areas, industrial and construction area, farm, other -please specify-)
_____

4A. Type of vehicle, e.g. automobile, motorcycle, 3-wheeled motor vehicle for on road use, van, pick-up truck, heavy transport vehicle, bus, vehicle mainly used on industrial premises within buildings (e.g., forklift), vehicle mainly used in agriculture (e.g., tractor, combine), construction vehicle (e.g., bulldozer), all-terrain vehicle or other vehicle designed for off-road use, bicycle, train, streetcar, animal, powered fishing boat, water-skis, helicopter, private airplane
_____

4B. Location at time of accident. On highway ___ Off highway___ Stationary (parked car)___ Railway yard, track, railroad___
In flight, midair___ At airport, on runway___ In water___ Other_____
4C. Collision: Yes___ No___.
If Yes, collision with what type of vehicle _____ and location at time of collision
_____

4D. 1)Involving vehicle: Loss of control ___ Sinking ___ Explosion, fire___ Object thrown on__ Excessive heat___
     Other _____
   2) What happened to decedent ? Fell___ Injured while boarding ___Inhaled smoke ___Fell from vehicle___
     Run over by___ Hit by moving part___ Crushed___ Thrown from___ Other _____
   3) Status of decedent: (check a. or b.)
     a. If IN or ON vehicle:
       Driver___ Passenger___ Occupant___ Rider___ Crew of vehicle___ Other _____
     b. If NOT in or on vehicle:
       Pedestrian___ Outside of vehicle___ Water skier___ Swimmer___ Person on ground injured in air transport
       accident__ Airline ground crew ___ Dock worker___ Other_____
   4) If decedent was occupant of vehicle, please specify type of vehicle _____

_____ , M.D.
(Signature of Certifying Physician)

Please provide your office phone:_____ fax:_____

(Please see other side)

Example of a properly completed medical certification:

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. **Epidural hemorrhage**	**1 hour**
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): b. **Fractured skull**	**1 hour**
	DUE TO (OR AS A CONSEQUENCE OF): c. **Fall on stairway**	**1 hour**
	DUE TO (OR AS A CONSEQUENCE OF): d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. **Chronic rheumatic endocarditis**	28a. WAS AN AUTOPSY PERFORMED? *(Yes or no)* **No**	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? *(Yes or no)* **No**

29. MANNER OF DEATH Natural Pending **X** Accident Investigation Suicide Could not be Homicide Determined	30a. DATE OF INJURY *(Month,Day,Year)* **June 30, 1983**	30b. TIME OF INJURY **3: PM**	30c. INJURY AT WORK? *(Yes or no)* **No**	30d. DESCRIBE HOW INJURY OCCURRED **Fell down basement stairs onto cement floor**
	30E. PLACE OF INJURY - At home, farm, street, factory, office building, etc. *(Specify)* **Home**			30f. LOCATION (Street and Number or Rural Route Number, City or Town, State) **1426 May Drive, Cary, NC**

The cause of death section consists of two parts. **Part I** is for reporting a chain of events leading directly to death, with the **immediate cause** of death (the final disease, injury, or complication directly causing death) on line a and the **underlying cause** of death (the disease or injury that initiated the chain events that led directly and inevitably to death) on the lowest used line. **Part II** is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in **Part I**. **The cause-of-death information should be YOUR best medical OPINION.** A condition can be listed as "probable" even if it has not been definitively diagnosed. **Do not abbreviate** conditions entered in section.

Part I (Chain of events leading directly to death)

•Only **one** cause should be entered on each line. Line (a) **MUST ALWAYS** have an entry. **DO NOT** leave blank.
•If the condition on Line (a) resulted from an another condition, put that condition on Line (b), and so on, until the full sequence is reported.
    ALWAYS enter the **underlying cause of death** on the lowest used line in Part I.
•For each cause indicate the best estimate of the interval between the presumed onset and the date of death. The terms "unknown" or "approximately" may be used. General terms, such as minutes, hours, or days, are acceptable, if necessary. **DO NOT** leave blank.
•The terminal event (e.g., cardiac arrest or respiratory arrest) should not be used. If a mechanism of death seems most appropriate to you for line (a), then you must always list its cause(s) on the line(s) below it (e.g., cardiac arrest **due to** coronary artery atherosclerosis *or* cardiac arrest **due to** blunt impact to chest).
• If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause of death, always report its etiology on the line(s) beneath it (e.g., renal failure **due to** Type I diabetes mellitus).
•When indicating neoplasms as a cause of death, include the following: 1) primary site *or* that the primary site is unknown, 2) benign or malignant, 3) cell type *or* that the cell type is unknown, 4) grade of neoplasm, and 5) part or lobe of organ affected. (e.g., a well-differentiated squamous cell carcinoma, lung, left upper lobe.)
•Always report the fatal injury (e.g., stab wound of chest), the trauma (e.g., transection of subclavian vein), and impairment of function (e.g., air embolism).

PART II (Other significant conditions)

•Enter all diseases or conditions contributing to death that were not reported in the chain of events in Part I and that did not result in the **underlying cause of death**. See example.
•If two or more possible sequences resulted in death, or if two conditions seem to have added together, report in Part I the one that, in your opinion, most directly caused death. Report in Part II the other conditions or diseases.

ACCIDENT OR INJURY: 1) Enter the general place (such as restaurant, vacant lot, or home) where the injury occurred. **DO NOT** enter firm or organization names (e.g., enter "factory", **not** "Standard Manufacturing, Inc."); 2) Enter a brief but specific and clear description of how the injury occurred. Explain the circumstances or cause of the injury. **If transportation accident:** a) Specify role of decedent (e.g., driver, passenger), and b) Specify **type of vehicle(s)** (e.g., car, bulldozer, train, etc.). Specify **type of gun** when relevant to circumstances.

Contact your State vital statistics office for questions related to writing cause-of-death statements. Additional instructional material on writing cause-of-death statements including handbooks, summary instructions, and tutorials are available online at www.thename.org or www.cdc.gov/nchswww/about/major/dvs/handbk.htm, or by request from NCHS, Room 820, 6525 Belcrest Road, Hyattsville, Maryland 20782-2003.

Suicide Query

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): b.	
	DUE TO (OR AS A CONSEQUENCE OF): c.	
	DUE TO (OR AS A CONSEQUENCE OF): d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. _____	28a. WAS AN AUTOPSY PERFORMED? *(Yes or no)*	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? *(Yes or no)*

29. MANNER OF DEATH Natural Pending Accident Investigation Suicide Could not be Homicide Determined	30a. DATE OF INJURY *(Month,Day,Year)*	30b. TIME OF INJURY M	30c. INJURY AT WORK? *(Yes or no)*	30d. DESCRIBE HOW INJURY OCCURRED
	30E. PLACE OF INJURY - At home, farm, street, factory, office building, etc. *(Specify)*			30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1A. Please state if the manner of death was accidental, homicidal, suicidal, natural, or undetermined. _____.
If undetermined, was there a pending investigation ? _____.
1B. State what happened to the decedent, describe in detail the external event that caused the death.
_____
_____
_____
_____

2. How did the decedent commit suicide ? (If applicable, state type of weapon, poison, medication etc.)
_____
_____

3. Describe in detail the external event (_____) that eventually brought about the medical complications which caused the death.
_____
_____
_____.

4. Place of occurrence (home, residential institution, public administrative area, sports area, street and highway, trade and service areas, industrial and construction area, farm, other -please specify-)
_____

_____ , M.D.
(Signature of Certifying Physician)

Please provide your office phone:_____ fax:_____

(Please see other side)

Instructions on Medical Certification of Causes of Death

Example of a properly completed medical certification:

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. **Epidural hemorrhage**	**1 hour**
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): b. **Fractured skull**	**1 hour**
	DUE TO (OR AS A CONSEQUENCE OF): c. **Fall on stairway**	**1 hour**
	DUE TO (OR AS A CONSEQUENCE OF): d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. **Chronic rheumatic endocarditis**	28a. WAS AN AUTOPSY PERFORMED? *(Yes or no)* **No**	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? *(Yes or no)* **No**

29. MANNER OF DEATH	30a. DATE OF INJURY *(Month,Day,Year)* **June 30, 1983**	30b. TIME OF INJURY **3: PM**	30c. INJURY AT WORK? *(Yes or no)* **No**	30d. DESCRIBE HOW INJURY OCCURRED **Fell down basement stairs onto cement floor**
Natural — Pending X Accident — Investigation Suicide — Could not be Homicide — Determined	30E. PLACE OF INJURY - At home, farm, street, factory, office building, etc. *(Specify)* **Home**			30f. LOCATION (Street and Number or Rural Route Number, City or Town, State) **1426 May Drive, Cary, NC**

The cause of death section consists of two parts. **Part I** is for reporting a chain of events leading directly to death, with the **immediate cause** of death (the final disease, injury, or complication directly causing death) on line a and the **underlying cause** of death (the disease or injury that initiated the chain events that led directly and inevitably to death) on the lowest used line. **Part II** is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in **Part I**. **The cause-of-death information should be YOUR best medical OPINION.** A condition can be listed as "probable" even if it has not been definitively diagnosed. **Do not abbreviate** conditions entered in section.

Part I (Chain of events leading directly to death)

- Only **one** cause should be entered on each line. Line (a) **MUST ALWAYS** have an entry. **DO NOT** leave blank.
- If the condition on Line (a) resulted from an another condition, put that condition on Line (b), and so on, until the full sequence is reported. **ALWAYS** enter the **underlying cause of death** on the lowest used line in Part I.
- For each cause indicate the best estimate of the interval between the presumed onset and the date of death. The terms "unknown" or "approximately" may be used. General terms, such as minutes, hours, or days, are acceptable, if necessary. **DO NOT** leave blank.
- The terminal event (e.g., cardiac arrest or respiratory arrest) should not be used. If a mechanism of death seems most appropriate to you for line (a), then you must always list its cause(s) on the line(s) below it (e.g., cardiac arrest **due to** coronary artery atherosclerosis *or* cardiac arrest **due to** blunt impact to chest).
- If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause of death, always report its etiology on the line(s) beneath it (e.g., renal failure **due to** Type I diabetes mellitus).
- When indicating neoplasms as a cause of death, include the following: 1) primary site *or* that the primary site is unknown, 2) benign or malignant, 3) cell type *or* that the cell type is unknown, 4) grade of neoplasm, and 5) part or lobe of organ affected. (e.g., a well-differentiated squamous cell carcinoma, lung, left upper lobe.)
- Always report the fatal injury (e.g., stab wound of chest), the trauma (e.g., transection of subclavian vein), and impairment of function (e.g., air embolism).

PART II (Other significant conditions)

- Enter all diseases or conditions contributing to death that were not reported in the chain of events in Part I and that did not result in the **underlying cause of death**. See example.
- If two or more possible sequences resulted in death, or if two conditions seem to have added together, report in Part I the one that, in your opinion, most directly caused death. Report in Part II the other conditions or diseases.

ACCIDENT OR INJURY: 1) Enter the general place (such as restaurant, vacant lot, or home) where the injury occurred. **DO NOT** enter firm or organization names (e.g., enter "factory", **not** "Standard Manufacturing, Inc."); 2) Enter a brief but specific and clear description of how the injury occurred. Explain the circumstances or cause of the injury. **If transportation accident:** a) Specify role of decedent (e.g., driver, passenger), and b) Specify **type of vehicle(s)** (e.g., car, bulldozer, train, etc.). Specify **type of gun** when relevant to circumstances.

Contact your State vital statistics office for questions related to writing cause-of-death statements. Additional instructional material on writing cause-of-death statements including handbooks, summary instructions, and tutorials are available online at www.thename.org or www.cdc.gov/nchswww/about/major/dvs/handbk.htm, or by request from NCHS, Room 820, 6525 Belcrest Road, Hyattsville, Maryland 20782-2003.

Homicide Query

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	
Sequentially list conditions, if any, leading to immediate cause.	DUE TO (OR AS A CONSEQUENCE OF): b.	
Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): c.	
	DUE TO (OR AS A CONSEQUENCE OF): d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. _____	28a. WAS AN AUTOPSY PERFORMED? *(Yes or no)*	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? *(Yes or no)*

29. MANNER OF DEATH Natural Pending Accident Investigation Suicide Could not be Homicide Determined	30a. DATE OF INJURY *(Month,Day,Year)*	30b. TIME OF INJURY M	30c. INJURY AT WORK? *(Yes or no)*	30d. DESCRIBE HOW INJURY OCCURRED
	30E. PLACE OF INJURY - At home, farm, street, factory, office building, etc. *(Specify)*		30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

1A. Please state if the manner of death was accidental, homicidal, suicidal, natural, or undetermined. _____.
If undetermined, was there a pending investigation ? _____.
1B. State what happened to the decedent, describe in detail the external event that caused the death.
_____
_____
_____
_____

2. How was the decedent assaulted ? (If applicable, state type of weapon, poison, medication etc.)
_____

3. Describe in detail the external event (_____) that eventually brought about the medical complications which caused the death.
_____
_____
_____.

4. Place of occurrence (home, residential institution, public administrative area, sports area, street and highway, trade and service areas, industrial and construction area, farm, other -please specify-)
_____

_____, M.D.
(Signature of Certifying Physician)

Please provide your office phone:_____ fax:_____

(Please see other side)

Instructions on Medical Certification of Causes of Death

Example of a properly completed medical certification:

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. **Epidural hemorrhage**	**1 hour**
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): b. **Fractured skull**	**1 hour**
	DUE TO (OR AS A CONSEQUENCE OF): c. **Fall on stairway**	**1 hour**
	DUE TO (OR AS A CONSEQUENCE OF): d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. **Chronic rheumatic endocarditis**	28a. WAS AN AUTOPSY PERFORMED? *(Yes or no)* **No**	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? *(Yes or no)* **No**

29. MANNER OF DEATH	30a. DATE OF INJURY *(Month,Day,Year)* **June 30, 1983**	30b. TIME OF INJURY **3: PM**	30c. INJURY AT WORK? *(Yes or no)* **No**	30d. DESCRIBE HOW INJURY OCCURRED **Fell down basement stairs onto cement floor**
Natural Pending **X** Accident Investigation Suicide Could not be Homicide Determined	30E. PLACE OF INJURY - At home, farm, street, factory, office building, etc. *(Specify)* **Home**			30f. LOCATION (Street and Number or Rural Route Number, City or Town, State) **1426 May Drive, Cary, NC**

The cause of death section consists of two parts. **Part I** is for reporting a chain of events leading directly to death, with the **immediate cause** of death (the final disease, injury, or complication directly causing death) on line a and the **underlying cause** of death (the disease or injury that initiated the chain events that led directly and inevitably to death) on the lowest used line. **Part II** is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in **Part I**. **The cause-of-death information should be YOUR best medical OPINION.** A condition can be listed as "probable" even if it has not been definitively diagnosed. **Do not abbreviate** conditions entered in section.

Part I (Chain of events leading directly to death)
- Only **one** cause should be entered on each line. Line (a) **MUST ALWAYS** have an entry. **DO NOT** leave blank.
- If the condition on Line (a) resulted from an another condition, put that condition on Line (b), and so on, until the full sequence is reported. **ALWAYS** enter the **underlying cause of death** on the lowest used line in Part I.
- For each cause indicate the best estimate of the interval between the presumed onset and the date of death. The terms "unknown" or "approximately" may be used. General terms, such as minutes, hours, or days, are acceptable, if necessary. **DO NOT** leave blank.
- The terminal event (e.g., cardiac arrest or respiratory arrest) should not be used. If a mechanism of death seems most appropriate to you for line (a), then you must always list its cause(s) on the line(s) below it (e.g., cardiac arrest **due to** coronary artery atherosclerosis *or* cardiac arrest **due to** blunt impact to chest).
- If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause of death, always report its etiology on the line(s) beneath it (e.g., renal failure **due to** Type I diabetes mellitus).
- When indicating neoplasms as a cause of death, include the following: 1) primary site *or* that the primary site is unknown, 2) benign or malignant, 3) cell type *or* that the cell type is unknown, 4) grade of neoplasm, and 5) part or lobe of organ affected. (e.g., a well-differentiated squamous cell carcinoma, lung, left upper lobe.)
- Always report the fatal injury (e.g., stab wound of chest), the trauma (e.g., transection of subclavian vein), and impairment of function (e.g., air embolism).

PART II (Other significant conditions)
- Enter all diseases or conditions contributing to death that were not reported in the chain of events in Part I and that did not result in the **underlying cause of death**. See example.
- If two or more possible sequences resulted in death, or if two conditions seem to have added together, report in Part I the one that, in your opinion, most directly caused death. Report in Part II the other conditions or diseases.

ACCIDENT OR INJURY: 1) Enter the general place (such as restaurant, vacant lot, or home) where the injury occurred. **DO NOT** enter firm or organization names (e.g., enter "factory", **not** "Standard Manufacturing, Inc."); 2) Enter a brief but specific and clear description of how the injury occurred. Explain the circumstances or cause of the injury. **If transportation accident:** a) Specify role of decedent (e.g., driver, passenger), and b) Specify **type of vehicle(s)** (e.g., car, bulldozer, train, etc.). Specify **type of gun** when relevant to circumstances.

Contact your State vital statistics office for questions related to writing cause-of-death statements. Additional instructional material on writing cause-of-death statements including handbooks, summary instructions, and tutorials are available online at www.thename.org or www.cdc.gov/nchswww/about/major/dvs/handbk.htm, or by request from NCHS, Room 820, 6525 Belcrest Road, Hyattsville, Maryland 20782-2003.

(Letterhead)

Dear Doctor _____

We are writing this letter to obtain additional information about the cause of death that you certified for _____, who died _____.

Accurate cause-of-death information is essential, not only to the family of the decedent, but also for medical research, funding, and resource allocation in our State and at the national level.

In this particular death, we would appreciate your review of the reported sequence of conditions for completeness and logic. In order to classify this death properly in our statistics, would you please supply the information on the attachment? We want to assure you that the information you provide us is confidential and will be handled accordingly.

If you have any question or would like to know more about various methods for certifying a cause-of-death statement, please contact _____.
Brief instructions and an example of a properly completed death certificate are provided on the reverse side of the attachment.

We appreciate your attention and prompt reply.

Sincerely,

State Registrar/Vital Statistics Cooperative Program

Attachment

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CONSEQUENCE OF):	
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d. DUE TO (OR AS A CONSEQUENCE OF):	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	28a. WAS AN AUTOPSY PERFORMED? *(Yes or no)*	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? *(Yes or no)*
_____		

29. MANNER OF DEATH	30a. DATE OF INJURY *(Month, Day, Year)*	30b. TIME OF INJURY M	30c. INJURY AT WORK? *(Yes or no)*	30d. DESCRIBE HOW INJURY OCCURRED
Natural Pending Accident Investigation Suicide Could not be Homicide Determined	30E. PLACE OF INJURY - At home, farm, street, factory, office building, etc. *(Specify)*		30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

1. Is the reported sequence of conditions correct (i.e., condition on line a results from condition on line b)? Yes___ No___
   If not, please indicate the correct order with the most recent condition on the top line and the condition starting the sequence on the lowest line:

   _____
   _____
   _____
   _____

2. Is the duration for condition_____ correct? Yes___ No____
   If not, the duration should be _____.

_____, M.D.
(Signature of Certifying Physician)

Please provide your office phone:_____ fax:_____

(Please see other side)

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Instructions on Medical Certification of Causes of Death

Example of a properly completed medical certification:

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. **Pneumonia**	**1 week**
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): b. **Right Hemiplegia**	**6 months**
	DUE TO (OR AS A CONSEQUENCE OF): c. **Cerebral infarction**	**6 months**
	DUE TO (OR AS A CONSEQUENCE OF): d. **Cerebral arteriosclerosis**	**1 year**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. **Hypertension**	28a. WAS AN AUTOPSY PERFORMED? *(Yes or no)* **No**	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? *(Yes or no)* **No**

29. MANNER OF DEATH **X** Natural Pending Accident Investigation Suicide Could not be Homicide Determined	30a. DATE OF INJURY *(Month,Day,Year)*	30b. TIME OF INJURY M	30c. INJURY AT WORK? *(Yes or no)*	30d. DESCRIBE HOW INJURY OCCURRED
	30E. PLACE OF INJURY - At home, farm, street, factory, office building, etc. *(Specify)*		30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

The cause of death section consists of two parts. **Part I** is for reporting a chain of events leading directly to death, with the **immediate cause** of death (the final disease, injury, or complication directly causing death) on line a and the **underlying cause** of death (the disease or injury that initiated the chain events that led directly and inevitably to death) on the lowest used line. **Part II** is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in **Part I**. **The cause-of-death information should be YOUR best medical OPINION.** A condition can be listed as "probable" even if it has not been definitively diagnosed. **Do not abbreviate** conditions entered in section.

Part I (Chain of events leading directly to death)

•Only **one** cause should be entered on each line. Line (a) **MUST ALWAYS** have an entry. **DO NOT** leave blank.
•If the condition on Line (a) resulted from an another condition, put that condition on Line (b), and so on, until the full sequence is reported.
    ALWAYS enter the **underlying cause of death** on the lowest used line in Part I.
•For each cause indicate the best estimate of the interval between the presumed onset and the date of death. The terms "unknown" or "approximately" may be used. General terms, such as minutes, hours, or days, are acceptable, if necessary. **DO NOT** leave blank.
•The terminal event (e.g., cardiac arrest or respiratory arrest) should not be used. If a mechanism of death seems most appropriate to you for line (a), then you must always list its cause(s) on the line(s) below it (e.g., cardiac arrest **due to** coronary artery atherosclerosis *or* cardiac arrest **due to** blunt impact to chest).
• If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause of death, always report its etiology on the line(s) beneath it (e.g., renal failure **due to** Type I diabetes mellitus).
•When indicating neoplasms as a cause of death, include the following: 1) primary site *or* that the primary site is unknown, 2) benign or malignant, 3) cell type *or* that the cell type is unknown, 4) grade of neoplasm, and 5) part or lobe of organ affected. (e.g., a well-differentiated squamous cell carcinoma, lung, left upper lobe.)
•Always report the fatal injury (e.g., stab wound of chest), the trauma (e.g., transection of subclavian vein), and impairment of function (e.g., air embolism).

PART II (Other significant conditions)

•Enter all diseases or conditions contributing to death that were not reported in the chain of events in Part I and that did not result in the **underlying cause of death**. See example.
•If two or more possible sequences resulted in death, or if two conditions seem to have added together, report in Part I the one that, in your opinion, most directly caused death. Report in Part II the other conditions or diseases.

ACCIDENT OR INJURY: 1) Enter the general place (such as restaurant, vacant lot, or home) where the injury occurred. **DO NOT** enter firm or organization names (e.g., enter "factory", **not** "Standard Manufacturing, Inc."); 2) Enter a brief but specific and clear description of how the injury occurred. Explain the circumstances or cause of the injury. **If transportation accident:** a) Specify role of decedent (e.g., driver, passenger), and b) Specify **type of vehicle(s)** (e.g., car, bulldozer, train, etc.). Specify **type of gun** when relevant to circumstances.

Contact your State vital statistics office for questions related to writing cause-of-death statements. Additional instructional material on writing cause-of-death statements including handbooks, summary instructions, and tutorials are available online at www.thename.org or www.cdc.gov/nchswww/about/major/dvs/handbk.htm, or by request from NCHS, Room 820, 6525 Belcrest Road, Hyattsville, Maryland 20782-2003.

ICD-10

code	Cause
A00	Cholera
A01	Typhoid and paratyphoid fevers
A05.1	Botulism (including infant and wound botulism)
A07.0-.2,.8-.9	Other protozoal intestinal diseases (excluding coccidiosis)
A20	Plague
A21	Tularemia
A22	Anthrax
A23	Brucellosis
A24.0	Glanders
A24.1-.4	Melioidosis
A25	Rat-bite fevers
A27	Leptospirosis
A30	Leprosy [Hansen's disease]
A33	Tetanus neonatorum
A34	Obstetrical tetanus
A35	Other tetanus (Tetanus)
A36	Diphtheria
A37	Whooping cough
A44	Bartonellosis
A65	Nonvenereal syphilis
A66	Yaws
A67	Pinta [carate]
A68	Relapsing fever
A69	Other spirochaetal infection
A70	Chlamydia psittaci infection (ornithosis)
A75.0	Epidemic louse-borne typhus fever due to Rickettsia prowazekii
A75.1-.9	Other typhus fever
A77.1	Spotted fever due to Rickettsia conorii (Boutonneuse fever)
A77.2	Spotted fever due to Rickettsia siberica (North Asian tick fever)
A77.3	Spotted fever due to Rickettsia australis (Queensland tick typhus)
A77.8	Other spotted fevers (Other tick-borne rickettsioses)
A77.9	Spotted fever, unspecified (unspecified tick-borne rickettsioses)
A78	Q fever
A79	Other rickettsioses
A80	Acute poliomyelitis
A81	Atypical virus infections of central nervous system
A82	Rabies

Appendix C
Infrequent and Rare Causes of Death

ICD-10
code	Cause
A84	Tick-borne viral encephalitis
A85.2	Arthropod-borne viral encephalitis, unspecified (Viral encephalitis transmitted by other and unspecified arthropods)
A90	Dengue fever [classical dengue]
A91	Dengue hemorrhagic fever
A92	Other mosquito-borne viral fevers
A93	Other arthropod-borne viral fevers, not elsewhere classified (including Oropouche fever, sandfly fever, Colorado tick fever and other specified fevers)
A94	Unspecified arthropod-borne viral fever
A95	Yellow fever
A96	Arenaviral hemorrhagic fever
A98-A99	Other and unspecified viral hemorrhagic fevers (including Crimean-Congo, Omsk, Kyasanur Forest, Ebola virus, Hanta virus)
B01	Varicella [chickenpox]
B03	Smallpox
B04	Monkeypox
B05	Measles
B06	Rubella [German measles]
B08.0	Other orthopoxvirus infections (including cowpox and paravaccinia)
B26	Mumps
B33.0	Epidemic myalgia (epidemic pleurodynia)
B50-B54	Malaria
B55	Leishmaniasis
B56	African trypanosomiasis
B57	Chagas' disease (including American trypanosomiasis)
B65	Schistosomiasis [bilharziasis]
B66	Other fluke infections (including other trematode infections)
B67	Echinococcosis
B68	Teniasis
B69	Cysticercosis
B70	Diphyllobothriasis and sparganosis
B71	Other cestode infections
B72	Dracunculiasis (Dracontiasis)
B73	Onchocerciasis
B74	Filariasis (Filarial infection)
P35.0	Congenital rubella syndrome
W88-W91	Exposure to radiation
Y36.5	War operation involving nuclear weapons

ICD-10

code	Cause
	Causing adverse effects in therapeutic use:
Y58	Bacterial vaccines
Y59.0	Viral vaccines
Y59.1	Rickettsial vaccines
Y59.2	Protozoal vaccines
Y59.3	Immunoglobulin

ICD-10 code	Abbreviated title
A07.2	Cryptosporidiosis
A07.3	Isosporiasis
A16.2-A19	Tuberculosis
A31	Nontuberculous mycobacteriosis
A42	Actinomycosis
A43	Nocardidosis
A812	Progressive multifocal leukoencephalopathy
B00	Herpes simplex
B25	Cytomegalovirus
B37	Candidiasis
B38	Coccidioidomycosis
B39	Histoplasmosis
B44	Aspergillosis
B45	Cryptococcosis
B58	Toxoplasmosis
B59	Pneumocystosis
C46	Kaposi's sarcoma
C83, C85	Non-Hodgkin's Lymphoma
G049	Encephalitis, myelitis, and encephalomyelitis, unspecified
G934	Encephalopathy, unspecified
G959	Disease of spinal cord, unspecified
R64	Cachexia