

Death Edit Specifications for the 2003 Revision of the U.S. Standard Certificate of Death

*Note: This document replaces Instruction Manual Part 4,
“Demographic Classification and Coding Instructions for
Death Records”*

(Also the National Association for Public Health Statistics and Information Systems' [NAPHSIS] Electronic Death Registration project has guidelines and associated standards at <http://www.naphsis.org> } for use in developing and implementing an electronic death registration system. The NAPHSIS site has information on further work done on use cases and business functionality. The NAPHSIS documents deal with broad issues while this specifications document deals with individual fields.)

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SPECIFICATIONS FOR COLLECTING AND EDITING THE UNITED STATES STANDARD CERTIFICATES OF BIRTH AND DEATH AND THE REPORT OF FETAL DEATH -- 2003 REVISION

INTRODUCTION

Since the inception of a national vital statistics system, the states and the federal government have worked together cooperatively to promote standards and consistency among state vital statistics systems. The U. S. Standard Certificates of Birth and Death, and Report of Fetal Death are the principal means of promoting uniformity in the data collected by the states. These documents are reviewed and revised approximately every 10 years through a process that includes broad input from data providers and users. In 1997, the National Center for Health Statistics (NCHS) appointed a panel of vital statistics data providers and users to evaluate the (1989) certificates. That panel completed its work in April 1999, and submitted recommended revisions to NCHS.

NEED FOR SPECIFICATIONS

As one of its findings, the panel recommended that NCHS develop and promulgate standards for vital statistics data collection and processing. One of the reasons for this was that the Working Group to Improve Data Quality found a decline in vital statistics birth data quality associated in part with electronic registration of vital events (1).

Over the past 15 years, automation has had a significant effect on the nations' vital statistics system. Currently, over 95 percent of births are registered electronically and the move toward electronic death registration is accelerating. Unfortunately, these electronic systems were developed in a piecemeal fashion in an environment of constantly changing technology options. As a result, data quality issues not seen prior to the Electronic Birth Registration (EBR) systems began to surface. Many of these quality issues along with issues that appeared to be a problem for both paper and electronic systems are documented in the "Report of the Working Group to Improve the Quality of Birth Data."(1)

With the development of electronic systems for new standard certificates there is an opportunity to prevent some of the problems identified by the "Working Group" and improve data quality. One way to improve data quality as well as to ensure uniformity in the national databases is to include, as part of the implementation package, detailed specifications for electronic as well as paper systems. All vital statistics registration areas as well as software vendors will have the same set of specifications for data submission to NCHS. As a result, differences in data due to software created by different vendors should be minimized.

Our goal is to offer comprehensive instructions/recommendations covering all aspects of the electronic system. The data specifications for electronic birth, death, and fetal death registration systems include:

- Mechanisms for incorporating recommended worksheets into the system
- Item specific edit criteria
- Computational algorithms
- Item code specifications
- Response categories, including drop down menus and "pick lists" (excluding cause of death)
- Requirements for context specific help

- Electronic transmission standards

The overall goal of these specifications is to have the electronic systems identify, and wherever possible, rectify data problems as close to data entry as possible. To that end, we recommend that the systems edit and query at the time the data is entered and that a second level of editing be performed for some items, once the record is filed with the state office. Editing performed close to the time that data are collected should greatly minimize queries from state offices to data providers. In addition, the editing and resolving of problems before data are transmitted to NCHS should reduce queries from NCHS to the states and maximize resolution of data problems before data are transmitted to NCHS when it is often too late for them to be fixed.

At present, most Electronic Birth Registration (EBR) systems are designed for freestanding software in birthing facilities. The software captures the data, carries out limited editing, and transmits data to the state for further processing. State processing is then done either with software developed by the same vendor who developed the facility software, or by software developed by state staff. Although the current specifications are designed to be used with the different types of electronic systems (stand alone facility/provider software, state central processor, or central/ “web based,” systems) a system housed and operated centrally at the state office may facilitate system maintenance, version control, security, and uniform processing of data.

We also strongly recommend that each state operated EBR/EDR input system replicate the data input system used by facilities/providers in the field. This helps to ensure that records not filed electronically will be keyed, edited, and processed as similarly as possible to electronically filed records.

States may also wish to integrate the EBR and the Fetal Death Reporting system to minimize facility workload and promote more complete reporting. The new electronic systems may also be integrated with other public health data systems, such as newborn screening, immunization registries, medical examiner reporting systems, or other appropriate disease-specific reporting systems. However, the states should review how data are collected in these systems and the potential impact of this data on vital statistics information before allowing integration of systems.

These specifications follow as closely as possible the data standards (HISSB standards) promulgated by the Centers for Disease Control and Prevention (CDC).

The specifications include recommendations on the steps that should occur during data collection and processing, but do not specifically (with a few exceptions) mandate how the steps are to be operationalized.

The specifications are meant to be software neutral. Any language that might be construed as mandating a particular software approach is not intentional.

NCHS will review state software for the handling of data elements to ensure that data are collected and recorded as intended. The software will also be tested to ensure that the edits and computational algorithms work as intended, and that instructions and help menus, pick lists, and drop down menus are uniform.

The EBR/EFDR specifications were developed assuming the NCHS Standard Worksheets (see attachments) as the source documents used to populate the EBR/EFDR. The standard worksheets are developed in a format that is the most efficient for hospital staff to complete. To further encourage the use of the worksheets **the electronic systems must be designed to follow the flow of these worksheets**. The paper worksheets are also readily adaptable to electronic formats (i.e., electronic worksheets).

Most items on the Report of Fetal Death are similar or identical to those on the Birth Certificate. It is important that

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the EFDR also closely resemble the EBR so that comparable data may be collected from the two systems.

GENERAL PRINCIPLES

1. Electronic birth data are to be collected in a manner and format as similar to the recommended worksheets as possible. Death data should closely follow the death certificate.
2. The specifications for electronic systems include instructions that are to appear on the screen to complete each item and instructions to be included for help menus.
3. The specifications for electronic systems include, in many cases, the specific edit screens to be followed at data input and at later stages in the processing.
4. Once a record has been saved once and then reopened, the EDR/EBR/EFDR should include a window for the record that lists items still pending (incomplete). The keyer should be able to go to any item in the pending list and enter data when information becomes available.
5. Default values are not permissible except for those clearly identified in the specifications.
6. Individual check boxes or item responses may not be dropped, but State laws and regulations and individual State needs may dictate that additional categories be included. Any additions should be added to the end of the standard list. For exceptions to this recommendation please contact the Director of the Division of Vital Statistics, NCHS.
7. State laws and regulations and individual State needs may also dictate that additional items be added to the certificate. Because additions may affect responses to the standard items, please contact the Director of DVS, NCHS before finalizing additional items.
8. The certificates/worksheets generally do not include the response option "unknown." Electronic systems, however, allow a final response of "unknown" for a number of items.
9. Electronic non-check box numeric items such as dates, and "unknown" will require the entry of a character or series of characters as shown in the specifications. The use of "hot keys" for unknown values is recommended.
10. The software must be able to integrate with several external pieces of software, e.g., the state GIS system, occupation and industry coding software, and Supermicar.
11. Although quality control tabulations are not included in the specifications (e.g., the percent of unknown responses by provider), we strongly recommend that these types of tabulations be included as an essential component of the new EBR/EDR/EFDR systems.
12. Software and table updates should be implemented uniformly across the state.

FEATURES INTEGRAL TO THE ELECTRONIC SYSTEMS:

- **Automatic edits at time of data entry** - automatic messages which appear immediately after data is entered for a given item. The message alerts the user of data problems (i.e., data out of range or inconsistent with other information) and allows the user to immediately modify the data. Cross-item edits, for example, maternal age by maternal education, should fire immediately after data for both items are entered. The user should not have discretion as to whether the edits are run. There are two types of edits - soft edits which identify and query entries but accept the entry upon the users approval, and hard edits which identify and query entries which must be corrected before the record can be filed.

- **Ability to edit related items together** - the user should be able to readily modify data entered for all related items when an edit has identified a problem. For example, if birthweight is found to be within the allowable range, but is inconsistent with the (derived) length of gestation, the user should be able to readily correct both items since either could be inaccurate.
- **Capture of soft-edit query** - the system should track when a soft edit has been performed. This will allow States to track frequent edit failures and take corrective action. For selected variables, when a soft edit fails a second time, a by-pass variable will be set to alert States and NCHS that the out of range value has been verified as correct.
- **On screen messages** - the individual item specifications include a number of reminders/instructions. A well-designed system should be able to incorporate these messages without unduly burdening the user. Not all messages should require action on the part of the user. For example, some messages can just be flashed on the screen quickly enough to read.
- **On-line help** - definitions and more detailed instructions included in the specifications for both the EBR/EDR/EFDR and “The Guide to Completing the Facility Worksheet” for the EBR should be available on-line to the user.
- **Item order or flow** - systems must flow in the same order as the worksheets which were designed to encourage information to be gathered from the best sources. (Not applicable to death.)
- **Final review/query screen** - systems should be designed to allow the user to temporarily skip certain items to allow the user additional time to gather information, especially from the medical records. The final query screen reminds the user to complete all missing information and gives them the opportunity to do so before the record can be filed or released to the State data file. It also queries rare responses, such as a response of “no prenatal care.” Once a record is released to the State data file and is accepted by the State, providers should no longer have the ability to modify the record.
- **List of pending items** - systems should allow the user to easily access a list of incomplete items and go to the incomplete items once a record has been worked on and saved once. Prior to sending or finalizing a record, it should be mandatory that the user be presented with a list of all incomplete items.

- For items where it is only correct to choose one response (e.g. Prepregnancy or Gestational Diabetes, or The Principal Source of Payment for Delivery) systems should be designed so as to accept only one response. Two possible ways to accomplish this are via edit messages or blocking out other response categories after one has been selected.
- **Version control** - systems should include methods to track changes in software versions and notify NCHS of version change. Version changes considered necessary to track are ones which include changes to items, edits or more substantive changes to tables and format. Each record transmitted to NCHS should have a version number. This notice should greatly improve our ability to identify and fix data problems.
- **Cause of death**
 - Consistent look for cause of death- On medical examiner, coroner, and physician entry screens, it is imperative that the physician viewing the screen be able to see, at minimum, the same prompts and formatting as those physicians using the paper version of the death certificate. (Not applicable to birth).
 - Additional lines for cause- Additional lines may be added as needed in the cause-of-death statement. (Not applicable to birth).
 - **Prohibition of pick lists**- Physicians completing cause of death **MUST** enter medical conditions using their own terminology (e.g., pick lists or other mechanisms limiting the choice for cause are not allowed).
- **Electronic death registration system guidelines**- The National Association for Public Health Statistics and Information Systems' (NAPHSIS) Electronic Death Registration project has created guidelines and associated standards (see guidelines and standards at <http://www.naphsis.org>) for use in developing and implementing an electronic death registration system. The NAPHSIS document deals with broad issues while the NCHS specifications document deals with individual fields.

TRANSMISSION FILE PRINCIPLES

1. State file numbers should be sequential starting with the number one each year.
2. Each shipment of data shall be accompanied by a transmittal that includes the file name, state name, date of shipment, certificate number range, and number of

- records in the shipment (new, updated and total). Each record shall include a variable which indicates that it is a valid record or a void.
3. Data will be sent to NCHS as soon as possible after receipt and initial processing by the state. The state shall not wait for the results of queries before transmitting a record.
 4. All record updates and changes to variables in the NCHS data set due to query, registrar initiation or interested party initiation should be forwarded to NCHS as soon as the updated record is accepted by the state.

(1) Report of the Working Group to Improve the Quality of Birth Data. U.S. Department of Health and Human Services, PHS, CDC, NCHS. 1998.

TERMS AND DEFINITIONS

Soft Edit:	An edit that identifies and queries entries which are outside of the expected range, but which accepts out of range entries.
Hard Edit:	An edit that identifies and queries entries which are outside of the expected range which must be corrected before the record can be filed.
EBR	Electronic Birth Registration System.
EDR	Electronic Death Registration System.
EFDR	Electronic Fetal Death Registration System
EBR/EDR Edit	Edits (both hard and soft) run before the record is transmitted to the state. Wherever feasible, edits are to be run at data entry.
State Edit	Edits performed by the state after the record has been transmitted to the State.
Help Menu Instructions	Instructions to be included as part of the standard help function.
On Screen Instructions	Instructions to complete or revise an item which should always appear on the EBR/EDR/EFDR screen.
Hot key	A specific key such as a “?” which can be used to represent unknown values for any item.
Final Review Screen	A screen designed to improve data collection by allowing the keyer additional time to gather information, and to remind the keyer to complete missing information before the record can be filed. Also queries rare

responses. (See discussion below.)

Bypass Variable	A variable that indicates the results of a query for an entry failing an edit. The results of the query are in the transmitted data. (See discussion below.)
Missing Value Variable	A variable that provides additional information to an “unknown” response, e.g., “sought but unknown,” “unobtainable,” and “refused.” (See discussion below.)
Processing Variables	Variables states will use to collect and process vital statistics data.
Transmission Variables	Variables to be transmitted to NCHS as part of the VSCP contract.

FINAL REVIEW SCREEN: (EBR/EFDR examples)
(Also see section on Final Review Screen)

The final review screen is designed to encourage better reporting of items for which necessary information is not immediately available (primarily prenatal care items). The keyer is given the option to temporarily skip an item, that is, indicate that data to complete the item are not available at the time the record is initiated. The item is then placed in pending status and, if not called up and completed beforehand, will appear on the final review screen to be completed before the record can be transmitted to the state. At the final review screen, the keyer may enter the item information or enter a response of “unknown.”

Once a record has been closed and reopened, the keyer will also have the option to return and complete pending items. A list of items still pending will appear on the screen at all times after the record is re-opened allowing the keyer to complete the item as information becomes available. For example, assume that the keyer has all information on a given birth except the mother’s prenatal care data. When the keyer comes to item 6(a) “Date of first prenatal care visit,” one of the first items on the facility worksheet, the keyer may then indicate that the PNC record is “not yet available,” the item will be skipped and the keyer can continue to complete other items on the record. Once the record is re-opened, the item “Date of the first prenatal visit” will appear on the pending list to be completed at the keyer’s discretion. If not completed beforehand, the item will appear on the final review screen.

The “pending list” should be available to the keyer at all times after the first re-opening of the record, but the final review screen will appear only once, prior to the record being sent to the state. The final review screen is also used to query rare item responses such as a response of “no prenatal care.”

BYPASS VARIABLE:

Bypass variables are used where edits are performed. This variable indicates the keyer has been queried about an unexpected response, and has had the opportunity to change the response. The use of bypass variables should help reduce queries from the state to data providers, and from NCHS to the states.

MISSING VALUE VARIABLE:

The “Missing Value Variable” (MVR) captures responses such as “refused,” “sought but unknown,” and “unobtainable,” which are intended to expand upon an “unknown” response. While not necessary for most variables in the Vital Statistics System, MVRs can be useful for items when data are collected directly from an informant. These

responses can then be reviewed by the state to identify data collection issues. The death specifications include several items for which several MVR responses are recommended.

THE FINAL REVIEW SCREEN

Systems should be designed to allow the keyer to temporarily skip items for which information/records are not immediately available. This is particularly, but not exclusively, applicable to information collected from prenatal care records.

The “Final Review Screen” is to appear prior to the final transmission of the record for those items still “pending.” Such items include any that were marked “pending” as above, or those left blank but required to be completed for the record to be filed with the state. It also includes items that have failed a hard edit, and selected items with relatively rare responses (e.g., “no prenatal care”).

The following are instructions for the final review screen using “Date of first prenatal care visit” and “Date of last prenatal care visit” (items 29(a)&(b)) as examples:

When items “Date of first prenatal care visit” and “Date of last prenatal care visit” are marked “pending” the following screen should appear:

The following item has been marked “pending.” This item must be completed before the record is filed.

Complete ALL PARTS of the dates that are available.
Leave blank any parts of the dates that are not known.

Month of the first visit	__ __
Day of the first visit	__ __
Year of the first visit	__ __ __ __
Month of the last visit	__ __
Day of the last visit	__ __
Year of the last visit	__ __ __ __

- Check this button if all dates are unknown
- Check this button is there was no prenatal care

A response of “No prenatal care” on the initial entry screen, also is to be verified at the final review screen. (Verification is not necessary for data entered at the State level.)

Please verify whether or not the mother received prenatal care.

- Yes, the mother received prenatal care
- No, the mother did not receive prenatal care

If “no prenatal care” is verified, there is no further query for item 29, and item 30 is skipped.

If the verification response indicates that prenatal care was provided, the following will appear:

**Complete ALL PARTS of the dates that are available.
Leave blank any parts of the dates that are not known.**

Month of the first visit ___ __
Day of the first visit ___ __
Year of the first visit ___ ___ __

Month of the last visit ___ __
Day of the last visit ___ __
Year of the last visit ___ ___ __

- Check this button if all dates are unknown
- Check this button if there was no prenatal care

Entry operator must tab through all entry fields.

If a date is entered, the edits for date are run as indicated in the item specification.

If a date is entered or the “unknown” button is checked, item 30 should be completed.

If no parts of a date are entered after tabbing through the last field, all date fields are assigned the “unknown” codes.

**DEPARTMENT OF HEALTH & HUMAN SERVICES**Public Health Service
Centers for Disease Control and Prevention

National Center for Health Statistics
6525 Belcrest Road, Room 1140
Hyattsville, Maryland 20782September 10, 2001
(Revised October 29, 2001)

Dear Colleague:

Recent meetings with the States and software vendors have demonstrated the need for us to clarify NCHS's position on the data-capturing components of the electronic birth and death systems being designed for the upcoming revision. This letter briefly summarizes the NCHS guidelines for these systems; more detailed information can be found in the overview of "The Specifications for Collecting and Editing The United States Standard Certificates of Birth and Death -2003 Revision" and in the specifications for the individual items. The overview and the death specifications will be available at our web site soon. We expect to post the finalized birth specifications within the next month.

In order to improve the quality of both State and national vital statistics and to promote standardization and comparability among the States, we believe it is essential that all areas incorporate certain features into their electronic systems. Data from systems which do not include these elements may not be considered comparable to that from systems which do, and ultimately may not be included in the national file or in national tabulations. We strongly encourage all States which are considering data collection or editing methods which deviate from the specifications to consult with us prior to implementation.

We hope to work closely with the software vendors to enhance understanding on both sides of data needs and system capabilities and are open to suggestions for ways to improve on these elements. We invite all vendors to meet with us within the next few months for more in-depth demonstrations and discussion.

Features integral to the electronic systems:

- **Automatic edits at time of data entry** - automatic messages which appear immediately after data is entered for a given item. The message alerts the user of data problems (i.e., data out of range or inconsistent with other information) and allows the user to immediately modify the data. The user should not have discretion as to whether the edits are run. There are two types of edits - soft edits which identify and query entries but accept the entry upon the users approval, and hard edits which identify and query

entries which must be corrected before the record can be filed.

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- **On-line help** - definitions and more detailed instructions included in the specifications for both the EBC and the EDC, and “The Guide to Completing the Facility Worksheet” for the EBC should be available on-line to the user. NCHS expects to make an electronic version of the guide available soon.
- **Item order or flow** - systems should flow in the same order as the worksheets which were designed to encourage information to be gathered from the best sources. (Not applicable to death.)
- **Final review/query screen** - systems should be designed to allow the user to temporarily skip certain items to allow the user additional time to gather information, especially from the medical records. The final query screen reminds the user to complete all missing information and gives them the opportunity to do so before the record can be filed or released to the State data file. It also queries rare responses, such as a response of “no prenatal care.” Once a record is released to the State data file and is accepted by the State, providers should no longer have the ability to modify the record. (Not applicable to death.)
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This list is intended to address the major issues we have encountered thus far. As we all gain more experience with the new systems new issues may arise that will also need to be addressed. We look forward to an ongoing dialogue with all parties to work towards the development of the best systems possible.

For questions or comments on the birth specifications please contact:

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Sincerely yours,

Mary Anne Freedman
Director,
Division of Vital Statistics

Item Title: **DECEDENT’S LEGAL NAME
(INCLUDE AKA’S, IF ANY)**

Item Number: **1**

Description: The current legal name of the decedent. Includes first name, middle name, last name, suffixes, and all AKA’s.

Source of Information:

Preferred Source: Informant

Other Acceptable Sources: Legal documents or other records

INSTRUCTIONS

FOR A PAPER RECORD:

Funeral Director

This is the most important item on the certificate for legal and personal use by the family. NCHS only gets names for National Death Index (NDI) use. There are alternate spellings to many names and it is critical for the family to have the name spelled correctly.

The hospital, nursing home, physician or coroner may have entered the name of the deceased in the left hand margin of the certificate. Do not copy this name for entry on the certificate; it may be incomplete or incorrect.

It is suggested that you have the informant check the spelling and order of names before entering the name on the certificate.

The name must consist of English alphabetic characters and any accent marks or special characters as determined by the state.

If a name such a “Baby Boy Watts” is obtained from medical records for the death of a newborn, check with the parents or other informant to see if the child had a given name. If the child had not been named, enter only the last name.

If the Medical Examiner or Coroner cannot determine the name of a found body, enter “Unknown” in the name field. Do not enter names such as “John Doe” or “Jane Doe.”

AKA (also known as) is another name the decedent used or was known as. It should be listed if it is substantially different from the decedent’s legal name (e.g., Samuel Langhorne Clemens

AKA Mark Twain, but not Jonathon Doe AKA John Doe). The State may enter the full alias rather than just the part of the name that differs from the legal name.

AKA does not include:

- nicknames, unless used for legal purposes or at the family's request
- spelling variations of the first name
- presence or absence of middle initial
- presence or absence of punctuation marks or spaces
- variations in spelling of common elements of the last name, such as "Mc" and "Mac" or "St." and "Saint."

ASK THE INFORMANT

What was _____'s current complete legal name starting with the first name?

Record the name provided by the informant on a separate sheet of paper and verify the name, spelling, and order of the names with the informant.

Once the name is verified, print or type the name on the certificate.

ASK-- Did _____ use any other names, or go by any other names?

If informant indicates "No," go on to the next item.

If informant indicates "Yes,"

ASK-- Could you tell me the names?

Print the alias name(s) on the certificate in the name field as best as possible with "AKA" preceding the name(s).

Repeat until there are no more names to record.

FOR AN ELECTRONIC RECORD:

Funeral Director

It is suggested that you have the informant check the spelling and order of names before entering the name into the computer.

The name must consist of English alphabetic characters and any accent marks or special characters as determined by the state.

The Certifying physician, Pronouncing physician, Medical Examiner, or Coroner may have already entered a name on the EDR. If so, please check the name against what you receive from the informant. If the names are different, resolve the discrepancy, and enter the correct name.

ASK THE INFORMANT:

What was _____'s current legal name starting with the first name?

Record the name provided by the informant and go over the name with the informant to be sure what should go in the first name field, the middle name field and the last name field.

ASK THE INFORMANT:

Did _____ use any other names, or go by any other names?

If informant indicates "Yes," ASK

Could you tell me the names?

Record the alias name with AKA preceding the name.

ASK THE INFORMANT

Are there other names?

Repeat until there are no other names provided.

EDR Developer

While the paper death certificate does not have separate boxes for the names of the decedent, the EDR should have separate fields for first, middle, last name, last name suffix, and an alias indicator.

The Certifying physician, Pronouncing physician, Medical Examiner, or Coroner may have already entered a name on the EDR. Ownership of the content of this item rests with the funeral director, so the funeral director may need to enter the correct name.

When the name screen appears, display the following at the top of the screen until all the name fields are completed.

When completing the first name entry box or the middle name entry box, the following message should pop up.

IF YOU NEED HELP, CHECK THE APPROPRIATE BOX BELOW:

- Help on multiple first or middle names**
- Initials**
- Religious names and titles**
- No first or middle names (infants)**

Aliases

If the first help box is checked, the following instruction appears:

Multiple first or middle names

If the informant indicates two first names separated by a space, such as “Mary Louise Carter,” verify that “Louise” is part of the first name and is not a middle name.

Enter the two first names with a blank space between them.

If several middle names are given, enter all with a space between the names.

If the second help box is checked, the following instruction appears:

Initials

If the informant indicates that the person uses a first initial such as “E. Charles Jones,” try to obtain the whole first name.

If the name can be obtained enter the whole first name. If not, enter just the initial followed by a period.

If the informant indicates two initials and a last name such as “H.S. Green,” determine if these are a first and middle initial, or two first initials with no middle name or initial. Try to obtain the whole name(s).

If the names can be obtained, enter the whole names in the appropriate spaces. If there are no whole names then enter the initials in the appropriate spaces. Each initial should be followed by a period.

If the third help box is checked, the following instruction appears:

Religious names and titles

If there is a title preceding the name, such as “Doctor,” do not enter the title in any of the name fields.

For religious names such as “Sister Mary Lawrence,” enter “Sister Mary” in the first name field.

If the fourth help box is checked, the following instruction appears:

No first or middle names (infants)

If a name such as “Baby Boy Watts” is obtained from medical records for the death of a newborn, check with the parents or other informant to see if the child had a given name.

If the child had not been given a name, leave the first and middle name fields blank and enter only the last name.

If the fifth help box is checked, the following instructions appear:

Aliases

AKA (also known as) is another name the decedent used or was known as. It should be listed if it is substantially different from the decedent’s legal name (e.g., Samuel Langhorne Clemens AKA Mark Twain, but not Jonathon Doe AKA John Doe).

AKA does not include:

- nicknames, unless used for legal purposes or at the family’s request**
- spelling variations of the first name**
- presence or absence of middle initial**
- presence or absence of punctuation marks or spaces**
- variations in spelling of common elements of the last name, such as “Mc” and “Mac” or “St.” and “Saint.”**

Complete the current legal name before entering any aliases.

If the informant indicates that the decedent has one or more aliases, check the alias box. The Alias name entry field should appear. Enter the names as indicated.

The full alias may be entered rather than just the part of the name that differs from the legal name.

If the decedent only has a first name alias, enter only the first name and leave the remaining fields blank.

If the decedent only had a last name alias, enter only the last name and leave the remaining fields blank.

If the decedent has more than one alias, check the additional alias box after the first alias name is entered.

When the alias box is checked for the first time, the alias flag is set to “9” for the master record. A duplicate record may be created at this time for the first alias with the alias flag set to values 1-8 (see below) OR the names can be recorded in a name table and duplicate records for each name are created later for transmission to NCHS.

The alias indicator field is defaulted to 0 and is set to 9 for a master record with one or more aliases, 1 for the first alias record, 2 for the second alias record, and so on.

When only a first name alias is given, the last name will be that of the master record. The name table or duplicate record should contain complete names.

When the last name entry box is being completed, the following message should pop up:

IF YOU NEED HELP, CHECK THE APPROPRIATE BOX BELOW:

- Multiple last names**
- Unknown last name**
- Special characters in last names**
- Last name suffixes**
- Aliases**

If the first help box is checked, the following instruction appears:

Multiple last names

If more than one last name is given separated by a hyphen, enter exactly as given with the hyphen. If there is more than one last name and no hyphen, enter the two names with a space between them.

If the second help box is checked, the following instruction appears:

Unknown last name

If the last name is unknown, enter “unknown” in the last name field and leave the other fields blank.

If the third help box is checked, the following instruction appears:

Special characters in last names

If the last name has a space or apostrophe following prefixes, such as Mac Pherson or O’Toole, enter as given with the space or apostrophe.

If the fourth help box is checked, the following instruction appears:

Last name suffixes

Suffixes and generation identifiers are to be entered in the suffix field.

If the fifth help box is checked, the alias instructions (above) should appear.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
GNAME	First name	Alpha characters	
MNAME	Middle name	Alpha characters	
LNAME	Last name	Alpha characters	
SUFF	Last name suffix	Alpha characters	
ALIAS	Alias	0	Original record with no alias
		9	Original record with alias
		1	First alias record
		2-8	Second – Eighth alias record

EDITS:

Before the record is transmitted to the State

BOTH ELECTRONIC AND PAPER RECORDS

There must be an entry in the last name. All the fields cannot be blank.

The name must consist of English alphabetic characters and any accent marks or special characters as determined by the state.

The alias flag must have a valid character.

STATE FILE CONSIDERATIONS

It is recommended that states keep name information in as detailed a format as possible. See the recommended electronic format below. States may want to design their paper certificate or the instructions to facilitate the separation of first names, middle names, and last names. For data collected on paper records, keying instructions need to be the same as those for the electronic record.

States may want to consider using a name table array for aliases rather than creating multiple complete records for aliases at the time of data entry.

NCHS TRANSMISSION FILE

If there is a middle name or initials, take the first letter in the middle name field as the middle initial.

Eliminate any punctuation characters after initials.

Insert “Baby Boy” or “Baby Girl” as the first name for infants with a blank field for first name.

Alias flag values of 1-8 should be converted to 1 (alias). Alias flags of 0 and 9 should be converted to 0.

VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
GNAME	50	Alpha character string	Alpha characters
MNAME	1	Alpha character string	Alpha character
LNAME	50	Alpha character string	Alpha characters
SUFF	10	Alpha character string	Alpha characters
ALIAS	1	Numeric character string	0,1

Transmitted to NCHS for NDI application only.

EDI TRANSMISSION:

No standards set yet.

Item Title: **SEX**

Item Number: **2**

Description: The sex of the deceased.

Source of Information:

Preferred Source: Funeral Director
Other Acceptable Sources: Medical Records
Medical Examiner or Coroner

INSTRUCTIONS

FOR A PAPER RECORD:

Funeral Director

Response is based on observation or consultation with the certifying physician.

Enter one of the following responses:

Male
Female
Unknown

FOR AN ELECTRONIC RECORD:

EDR Developer

When the item is to be completed, the following menu should be used to select one response:

Sex

- Male**
- Female**
- Unknown**

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
SEX	The sex of the deceased	M F U	Male Female Unknown
SEX_BYPASS	Edit flag	0 1	Off (edit passed) On (edit failed, data queried, and verified)

EDITS:

Before the record is transmitted to the State

ELECTRONIC RECORD

Item must be completed.

PAPER RECORD

Records filed with this field blank are queried. If there is no response to the query, assign the "Unknown" code.

State edits of data file prior to NCHS transmission

Code for sex is compared with a list of sex-specific causes of death. See Appendix A (Source: latest version of NCHS Instruction manual part 11, see <http://www.cdc.gov/nchs/about/major/dvs/im.htm>)

If the edit fails (the sex and cause are incompatible), reject the record and query the funeral director. If the funeral director's response to sex is the same as that on the record, query the physician. If the physician's response does not change either the cause of death or the sex, set SEX_BYPASS to "ON-1."

STATE FILE CONSIDERATIONS

If the state does not process its own cause-of-death data, the sex/cause edit cannot be done at the state level. These states will be at a disadvantage in correcting this type of potential error if they have to wait until NCHS picks up these questionable cases in the files. If cause-of-death data becomes available at a later date than the demographic information, updated files may be transmitted to NCHS that incorporate the sex/cause edit.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
SEX	1	Alpha character string	M, F, U
SEX_BYPASS	1	Numeric character string	0,1

EDI TRANSMISSION:

No standards set yet.

Item Title: **SOCIAL SECURITY NUMBER**

Item Number: **3**

Description: The social security number (SSN) of the deceased.

Source of Information:

Preferred Source: Decedent's SSN card

Other Acceptable Source: Informant

INSTRUCTIONS

FOR A PAPER RECORD:

Funeral Director

ASK THE INFORMANT:

What was _____'s social security number? Do you have a document with you from which I may copy the number?

Enter the nine-digit SSN of the decedent. Read the number back to the informant or check against the document from which it is being copied before moving to the next item.

If the informant does not know the decedent's SSN at the time of the interview, leave the item blank until the informant can supply the number.

Do not enter alphabetic prefixes. If the decedent has no social security number, for example, a recent immigrant or a person from a foreign country visiting the United States, print or type "None."

If the deceased's social security number is not known, print or type "Unknown."

If the decedent's SSN is not obtainable, print or type "Not Obtainable."

FOR AN ELECTRONIC RECORD:

EDR Developer

The screen should show space for entering the 9-digit SSN, an instruction to not enter alphabetic prefixes, as well as the following menu of choices:

- None (decedent has no SSN)**
- Pending (informant does not know at this time)**
- Unknown (informant does not know the SSN)**
- Not Obtainable (no informant, unknown body)**

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
SSN	Social Security Number	000000000-999999999	
SSN_MVR	Companion missing value variable	N P U X	None Pending Unknown Not obtainable

EDITS:

Before the record is transmitted to the State

ELECTRONIC RECORD

The record must contain a valid nine-digit SSN or a response of “N,” “U,” or “X” from the menu. The Social Security Administration, at present, does not issue SSN’s with the following values:

000*****
000000000
111111111
123456789
222222222
333333333
444444444
555555555
666666666
666*****
777777777
888888888
900*****
999999999

00
*****0000

where * refers to numeric values.

States may wish to edit SSN's for these values and query the informant if one of these values is given. The record cannot be filed or printed if "pending" is selected from the menu. If any menu choice other than "pending" is made, the database field for the SSN is left blank.

The SSN verification should be conducted with the unknown SSN's set to blank.

State edits of data file prior to NCHS transmission

Paper records filed with this field blank or with an illegal entry are queried at the time of filing. If no response to query or query yields an invalid number, choose the "Unknown" response from the menu and leave the SSN database field blank. The record must have a nine digit SSN, or a response of unknown, none, or not obtainable for the SSN item.

Since NCHS does not receive the SSN_MVR field, reset the value to 000000000 before transmitting data to NCHS to indicate that there was a valid entry for no, unknown, or not obtainable SSN.

STATE FILE CONSIDERATIONS

In addition to the field for the SSN, States can choose to maintain the companion variable recommended for quality control purposes to record the menu selections. Otherwise, the companion variable is just used in the editing process before the record is accepted by the State

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
SSN	9	Numeric character string	000000000- 999999999

EDI TRANSMISSION:

No standards set yet.

Item Title: **DECEDENT'S AGE**

Item Number: **4a, 4b, 4c**

Description: Decedent's age at the time of death.

- 4a. Age in years at the decedent's last birthday.
- 4b. Age in months and/or days of a decedent greater than one day old but less than one year old.
- 4c. Age in hours and/or minutes of a decedent less than one day old.

Source of Information:

Preferred Source:	Informant
Other Acceptable Sources:	Medical Records (infant's) Medical Examiner or Coroner

INSTRUCTIONS

FOR A PAPER RECORD:

Funeral Director

ASK THE INFORMANT: How old was _____ when he/she passed away?

Include the units supplied by the informant such as years, months, days, etc.

Enter the data as given to you by the informant in the appropriate box in the units they provide (except weeks): years, months, days, hours, minutes.

If the age is in years, enter into item 4a.

If the age is in months, enter into item 4b.

If the age is in weeks, ask if informant knows the age in days?

If the age is in hours, enter into item 4c.

If the age is in minutes, enter into item 4c.

Multiple entries may be permitted by the State but are not required.

Drop all fractions, such as "75 and a half years;" record as "75."

For responses such as “almost 4 months,” enter “3” in the Months box.

For responses such as “about 90 years,” enter “90” in the Years box.

If the informant gives an unspecified answer such as several hours or a few minutes, ASK—can you give me a number? If a range is given, use the lower number. If the informant cannot give a number, be sure to identify the units if possible by printing or typing a “?” in the appropriate unit box.

If the informant does not know and cannot obtain the age, record “Unknown” in box 4a.

FOR AN ELECTRONIC RECORD:

EDR Developer

For the electronic record, date of birth and date of death (temporary) will be asked first so edits can be done on this item when the record is completed.

The EDR entry screen should be set up to record the numeric value of the age and then the appropriate units chosen from a menu list. There needs to be a box to check if a numeric value cannot be entered. When this box is checked, the unit menu should appear.

When the age of decedent is to be completed, the following instructions should appear:

Drop all fractions, such as “75 and a half years;” record as 75.

For responses such as “almost 4 months,” enter “3” in the Months box.

For responses such as “about 90 years,” enter “90” in the Years box.

If the informant gives an unspecified answer such as several hours or a few minutes, ASK—“Can you give me a number?” If a range is given, use the lower number.

UNITS OF AGE (Please select one category)

- Years**
- Months**
- Weeks**
- Days**
- Hours**
- Minutes**
- Unknown**

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
AGETYPE	Age unit	1	Years
		2	Months
		3	Weeks
		4	Days
		5	Hours
		6	Minutes
		9	Unknown (Not classifiable)
AGE	Age	001-135, 999	If AGETYPE=1
		001-011, 999	If AGETYPE=2
		001-004, 999	If AGETYPE=3
		001-027, 999	If AGETYPE=4
		001-023, 999	If AGETYPE=5
		001-059, 999 999	If AGETYPE=6 If AGETYPE=9
AGE_BYPASS	Edit flag	0	Off (edit passed)
		1	On (edit failed, data queried, and verified; AGETYPE must equal "1" for the bypass to be set to "On.")

EDITS:

Before the record is transmitted to the State

The edits below can be performed at the time of data entry if the EDR already contains the date of death, or if the State allows the funeral director to enter the date of death or a "temporary" date of death. The edits will have to be repeated at the State once the record is accepted.

Whenever an edit fails at data entry, a query screen will appear asking that the discrepancy be resolved.

- 1. Date of Death must be later (greater) than or equal to Date of Birth. If not, record needs to be queried (record not accepted).*
- 2. If Date of Death minus Date of Birth indicates that the entered age is off by more than one year, query (record not accepted).*
- 3. If AGETYPE is 4 (days) and AGE > 27 days after query to verify entry, then divide by 28, truncate and change AGETYPE to 2.*
- 4. If AGETYPE is 2 (months) and AGE > 11 after query to verify entry, then divide by 12, truncate and change AGETYPE to 1.*

5. *If AGETYPE is 3 (weeks), always convert to days. Multiply by 7 and change AGETYPE to 4 (days). If converted number is > 27, then see instruction number 12.*
6. *If AGETYPE is 5 (hours) and AGE>23 after query to verify entry, then divide by 24, truncate and change AGETYPE to 4.*
7. *If AGETYPE is 6 (minutes) and AGE>59 after query to verify entry, then divide by 60, truncate and change AGETYPE to 5.*
8. *If AGETYPE is unknown and Date of Death minus Date of Birth is greater than 1 year, then set AGETYPE to 1, otherwise set to 9 (unknown.)*
9. *If Date of Birth and Date of Death are the same, age units must be hours or minutes. If age unit is days, AGE must equal 1. If not days, hours or minutes, query. For an EDR, dates and AGETYPE would appear immediately on a query screen. Date of Death may have been accidentally recorded in the Date of Birth item.*
10. *If Date of Birth and Date of Death are one day apart then infant must be one day of age or less: AGE=1 and AGETYPE= 4, or AGE =01-23 and AGETYPE=5, or AGE=01-59 and AGETYPE=6.*
11. *If Date of Birth and Date of Death are between 2 and 27 days apart, then AGETYPE must be 4 and AGE=02-27.*
12. *If Date of Birth and Date of Death are between 28 and 364 days apart, then AGETYPE must be 2 and AGE=01-11.*
13. *If AGE is 12 or less, check Date of Death minus Date of Birth to be sure the correct AGETYPE is recorded. For an EDR, dates and AGETYPE would appear immediately on a query screen for verification.*
14. *IF AGETYPE is 1 (years) and AGE is >125 and the Date of Birth field is recorded as “unknown,” then, for an electronic record, the query should occur at the funeral director’s level where a screen should appear that asks the funeral director to verify. If verified, the edit bypass field is set to “ON”. Records received electronically with age verified as greater than 125 are accepted.*
15. *If AGE is greater than 125 years and calculated age matches recorded age, the edit bypass variable is set to “ON.” If calculated age does not match recorded age, query screen should appear and a resolution obtained from the funeral director prior to submission of the EDR. For the paper record, State would have to query.*

STATE FILE CONSIDERATIONS:

States may elect to use separate fields for each box on the certificate. The informant’s exact response, including, for example, “3 months and 5 days” can be printed electronically for issuing copies.

The following fields are suggested:

Item 4a.
AGE1 (years)

Item 4b.
AGE2 (months)

AGE3 (weeks)
AGE4 (days)

Item 4c.

AGE5 (hours)
AGE6 (minutes)

States may consider having AGE fields of approximately 15 characters to record string responses such as “a few hours” or “several minutes.” These responses would then be retained for certification use if States choose to print certificates from the file. (These types of responses should be discouraged.) These fields will be converted as described below for submission to NCHS.

Several -- 999
A couple of-- 999
A few -- 999
Unknown -- 999

If States elect not to use multiple fields, then they would have one field for the numeric value AGE, one field for the units AGETYPE, and one field for the age edit bypass AGE_BYPASS.

If States elect to have separate AGE and AGETYPE fields for each box 4a, 4b, 4c, then only the highest (lowest number) AGETYPE should be transmitted and the others ignored. For example: If item 4b. is 3 months 12 days, ignore the days and transmit only the AGE =3 and the AGETYPE=2.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
AGETYPE	1	Numeric character string	1, 2, 4, 5, 6, 9
AGE	3	Integer numeric string	001-135, 999
AGE_BYPASS	1	Numeric character string	0, 1

EDI TRANSMISSION:

No standards set yet.

Item Titles: **DATE OF BIRTH**

Item Number: **5**

Description: The decedent's date of birth

Source of Information:

Preferred Source: Informant

INSTRUCTIONS

FOR A PAPER RECORD:

Funeral Director

Print or type the month, day, and four-digit year of birth. Please spell out the month of birth. Numeric abbreviations are acceptable for the day and year of birth.

If the Date of Birth is unknown, then print "Unknown." If part of Date of Birth is unknown, then enter the known parts and leave the remaining parts blank.

For example, for a person who is born in 1913 but the month and day are not known, print or type 1913. Or if the month and year are known and the day not known, print or type February, "blank," 1913.

FOR AN ELECTRONIC RECORD:

EDR Developer

Decedent's Date of Birth is to be asked before the funeral director enters the age of the decedent.

The Date of Birth item is a three-field entry with the month, day, and year entered in separate fields.

Funeral director should be able to leave any individual entry field of the date blank and tab to the next entry field.

When the Decedent's Date of Birth item is to be completed, the following message should appear at the top of the screen and remain on the screen until the last field of the date is completed:

If only part of the decedent's date of birth is known, enter the known parts and leave the unknown parts blank.

If the date of birth of the decedent is not known at this time, leave blank.

When the month of birth is to be entered, the following message should appear:

Enter the FULL name of the month the decedent was born.

Any fields left blank will be filled with 9's.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITIONS</u>
DOB_YR	Year of Birth	4 digit year 9999	4 digit year ≤Year of Death Unknown
DOB_MO	Month of Birth	January February March April May June July August September October November December All 9's	Unknown
DOB_DY	Day of Birth	01-31 (based on DOB-MO)	January 1-31 February 1-29 March 1-31 April 1-30 May 1-31 June 1-30 July 1-31 August 1-31 September 1-30 October 1-31 November 1-30 December 1-31

	99	Unknown
AGE_CALC	Calculated age	000-135 999
		Unknown

EDITS:

Before the record is transmitted to the State

EDR

Misspellings are to be automatically corrected.

All blank fields will be converted to all 9's.

If month is February and day = 29, year of birth should be a leap year. If not, an error message should appear and ask that the date be corrected.

Date is compared to temporary date of death already entered or entered by funeral director for the EDR. For the electronic record, the comparison with the date of death is done at the time of data entry. Date of birth must be the same as or prior to date of death. If not, an error message appears with the two dates and indicates that one of the dates must be in error.

Age is calculated using date of birth (completed dates only) and temporary date of death for the EDR. Calculated age will be compared to entered age.

If the field is blank at the time the record is submitted, a query screen for the item is needed. An option to check a box indicating the date is unknown or space to enter a date at this time is needed.

If the "Unknown" box is checked, the record is accepted for filing.

Paper Records

For paper records, the same edits are applied. Edits failed after re-entry through the edit screens will result in a listing of items to be queried and the item will be given a pending query status.

STATE FILE CONSIDERATIONS

While the paper document does not have separate fields for each element of the date, it is recommended that the date be entered and stored as three separate fields. States may choose to allow entry of numeric or alphabetic abbreviations for month instead of typing the entire literal.

If states elect to use a database system that has an option of storing dates as "date type variables," then the system must meet the criteria listed under transmission standards.

TRANSLATIONS

If month is entered as a text entry, States will need to translate written months into numeric values as follows:

January	01
February	02
March	03
April	04
May	05
June	06
July	07
August	08
September	09
October	10
November	11
December	12

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
DOB_YR	4	Numeric character string or “date type”	4 digit year <=Year of Death, 9999
DOB_MO	2	Numeric character string or “date type”	01-12, 99
DOB_DY	2	Numeric character string or “date type”	01-31 (based on month), 99

EDI TRANSMISSION

HL 7 Transmission standards will be followed. This is a time date stamped standard in the following format:

YYYY[MM[DD]]

Year must be fully represented with four digits.

Software that stores dates as “date type” must be year 2000 compliant and capable of producing the date in the YYYY..... format and capable of producing messages in the HL7 EDI format.

Item Title: **BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)**

Item Number: **6**

Description: Geographic location of the decedent's place of birth.

Source of Information:

 Preferred Source: Informant

INSTRUCTIONS

FOR PAPER AND ELECTRONIC RECORDS:

Funeral Director

ASK THE INFORMANT: Was _____ born in the United States?

 If "Yes,"

 ASK: What State or U.S. territory was _____ born in?

 Record the name of the State. If not known, record "Unknown."

 ASK: What is the name of the city where _____ was born?

 Record the name of the city. If not known, then record "Unknown" for city.

 If "No,"

 ASK: What country was _____ born in?

 Record the name of the country.

 If respondent indicates both a city and country like Paris, France, record both the name of the country and city. If the informant does not know the country or city but knows it is not the U.S., record "Unknown." If the response is Canada,

 ASK: What province was _____ born in?

 Record the province in this space as well as the name of the country.

Skip to the next item.

FOR A PAPER RECORD:

Funeral Director

Print or type the responses in the appropriate spaces on the certificate. Print or type only the information available. If the decedent was born in the U.S., print or type only the city and State. Do not print or type "United States." If the State is known but not the city, just print the State name. If both the city and State are not known, print or type "Unknown." If the decedent was not born in the U.S. and the country is not known, print or type "Unknown." If the decedent was born in Canada, record the name of the province as well as the country.

FOR AN ELECTRONIC RECORD:

EDR Developer

There should be individual entry spaces for city of birth, State of birth, and country of birth. The series of items to be captured with instructions is suggested below.

- **If born in the U.S., enter U.S. If not born in the U.S., enter the name of the country of birth.**
- **If the informant does not know the country, but knows the decedent was not born in the U.S., enter "Unknown."**

Country of Decedent's Birth _____

Province of Birth (Canada only) _____

If the decedent was not born in the U.S., skip this next field.

- **If the State is not known, enter "Unknown."**

State of Decedent's Birth _____

- **If the name of the city where the decedent was born is not known, enter "Unknown."**

City of Decedent's Birth _____

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
LBPLACE_CNT	Country of birth	Literal	
LBPLACE_CTY	City of birth	Literal	
LBPLACE_ST	State of birth	Literal	
BPLACE_CNT	Country of birth	See Appendix B	
BPLACE_PRO	Province of birth (Canada)	Literal	
BPLACE_CTY	City of birth	See Appendix C	
BPLACE_ST	State of birth	See Appendix D	

The city variables are for State use only.

EDITS:

Before the record is transmitted to the State

- *If country is known and is not U.S., then State field must be blank.*
- *If country is “Unknown,” city may be known.*
- *If country is U.S., city and State may be “Unknown.”*
- *If city is known and State is unknown and cannot be determined, State field should be “Unknown.”*

STATE FILE CONSIDERATIONS

States may also opt to retain coded fields as well as the literal entries. If coded fields are maintained as well, there are CDC-HISSB standards that should be used. Literals for countries should be assigned two character FIPS 10-4 codes (Appendix B).

States may choose boxes and “incremental browsing” to collect this information. For instance:

Birthplace

- Born in the US**
- Not born in the US**
- Unknown**

If born in the US is checked, then separate items are presented to collect state and city of birth. If not born in the US is checked, then separate items are presented to collect country and province if country is Canada. “Incremental browsing” may be used to facilitate quicker selection of the birthplace. Incremental browsing refers to the process in which the keyer enters the first or so letter of the state, territory or country and the system automatically presents the list of places beginning with that letter(s). The keyer then can more readily select the correct locale without typing in the rest of the word. For example, for birthplace, when the keyer enters the

letter “C: the system would automatically go to where “Cambodia” is on the list. If the keyer enters the letters “Ch,” the system would automatically go to where “Chad” is on the list.

NCHS TRANSMISSION FILE

VARIABLES:

Note: NCHS will now accept all country codes.

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
BPLACE_CNT	2	Alphabetic	Appendix B
BPLACE_ST	2	Alphabetic	Appendix D

EDI TRANSMISSION:

No standards set yet.

Item Titles: **DECEDENT'S RESIDENCE**
 STATE
 COUNTY
 CITY OR TOWN
 STREET AND NUMBER
 APT. NO.
 ZIP CODE
 INSIDE CITY LIMITS?

Item Numbers: **7a., 7b., 7c., 7d., 7e., 7f., 7g.**

Description: The geographic location of the decedent's residence.

Source of Information:

 Preferred Source: Informant

INSTRUCTIONS

FOR A PAPER RECORD:

Funeral Director

This is the residence address (i.e., place where the decedent actually resided), not the postal address. Do not enter addresses that are post office boxes or rural route numbers. Get the building number and "street" name.

The place of residence is not necessarily the same as "home state" or "legal residence." Never enter a temporary residence such as one used during a visit, business trip, or vacation. Place of residence during a tour of military duty or during attendance at college is considered permanent and should be entered as the place of residence. If the decedent had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, report the location of that facility in item 7.

If the decedent was an infant who never resided at home, the place of residence is that of the parent(s) or legal guardian. Never use an acute care hospital's location as the place of residence for any infant.

If the decedent was a homeless person, enter as much of the residence as is known. For example, only the city, state and country may be known.

If the “street” name has a direction as a prefix, enter the prefix in front of the street name. If the “street name” has a direction after the name, enter the direction after the name.

Examples: South Main Street. Enter the name as South Main.
Walker Street NW. Enter the name as Walker NW.

Item 7d. Street and Number

Item 7e. Apt. No.

ASK THE INFORMANT: What is the “street” address of _____’s residence?

Print the number of building, then the name of any pre-direction, then the “street name,” then the street designator along with any post-directions.

Examples of the street designator are words like Street, Avenue, Road, Circle, Court etc.

Print the apartment or room number.

Item 7c. City or Town

Item 7g. Inside City Limits

ASK THE INFORMANT: What is the name of the city, town or other place of residence where _____ resided?

Print the name of the city, town, or other place of residence _____.

ASK THE INFORMANT: Is _____’s place of residence inside the city or town limits? (check the appropriate box). If it is not known if the residence is inside the city or town limits, print “Unknown” in the space.

Inside City Limits

- Yes
- No

Item 7f. Zip Code

ASK THE INFORMANT: What is the zip code of _____’s residence?

Print the Zip code_____.

The 9 digit Zip code is preferred over the 5 digit Zip code.

If the decedent was not a resident of the U.S. or its territories, leave this item blank.

Item 7a. Residence-State

This item is where the U.S. States and territories and the provinces of Canada are recorded.

ASK THE INFORMANT: What is the State, territory or province where _____ resided?

Print the U.S. State or territory.

If a Canadian province or territory, print the name of the province or territory followed by “ / Canada.”

Item 7b. County

ASK: What is the name of the county where _____ resided?

If the decedent resided in any country other than the United States and its territories, leave this item blank.

Print the name of the County _____.

Item (not on certificate) Country of Residence

If the decedent was obviously a resident of the US or its territories, do not ask the country of residence. Usually the informant will indicate a foreign country or US territory of residence early in the interview.

If the decedent was not a resident of the US and the decedent's country of residence has not been mentioned then,

ASK: What is the name of the country where _____ resided?

Print the name of the country or US territory item 7a.(State). If the informant does not know the name of the country, leave the item blank.

FOR AN ELECTRONIC RECORD:

EDR Developer

The collection of the decedent's residence data should be set up to maximize the efficient use of GIS coding technology in order to improve the geographic allocation of these events. Two options for recording the street address are provided. In the second option, the street address will have to be parsed to separate out the pre- and post-directionals. Space in the State data files

for the extended zip codes, latitude and longitude coordinates and centroids will have to be allowed.

PREFERRED METHOD

If the “street” name has a direction as a prefix, enter the prefix in the space labeled “pre-directional.” If the “street” name has a direction after the name, enter the suffix in the space labeled “post-directional.”

Examples: South Main Street. Enter the name as Main and the pre-direction as South.
Walker Street NW. Enter the name as Walker and NW in the post-directional space.

If there are no pre- or post-directions, leave these spaces blank.

OPTIONAL ACCEPTABLE METHOD

If the “street” name has a direction as a prefix, enter the prefix in front of the street name. If the “street” name has a direction after the name, enter the direction after the name.

Examples: South Main Street. Enter the name as South Main.
Walker Street NW. Enter the name as Walker NW.

While all the residence fields are being completed, the following general instructions should be on the screen.

- **Residence of the decedent is the place the decedent actually resided.**
- **Never enter a temporary residence such as one used during a visit, business trip, or vacation.**
- **Place of residence during a tour of military duty or attendance at college should be entered as the place of residence.**
- **For decedents who lived in a group home, nursing home, mental institution, penitentiary, or hospital for the chronically ill, report the location of the facility as the place of residence.**
- **If the decedent was an infant who never resided at home, the place of residence is that of the parents.**
- **If the decedent was homeless person, enter as much of the address as is known. For example, only the city, state, and country may be known.**

Data entry should be set up in the order identified below. When each item is to be completed, specific instructions will appear. These are listed below.

1. Building number _____
2. Pre-directional _____
3. Name of the “street” _____

4. Street designator e.g., street avenue, etc. _____
5. Post-directional _____
6. Apartment or room number _____
7. Name of the city, town, or other place of residence _____
8. Is decedent's place of residence inside the city or town limits?

- Yes
 No
 Unknown

9. Zip code of the above address (either 5 or 9 digits) _____
10. County of the decedent's residence _____
11. U.S. State, U.S. Territory, or Canadian Province of the residence _____
12. Decedent's country of residence _____

When item 1 "Building number" is to be completed, the following instructions should appear:

**Enter the building number assigned to the decedent's residence.
Do not record a R.R. number or P.O. box.
If the number is unknown, enter "Unknown."**

When item 2 "Pre-directional" is to be completed, the following instructions should appear.

If the "street" name has a direction as a prefix, enter the prefix in the space labeled "pre-directional."

Example: South Main Street. Enter the pre-direction as South.

If there is no pre-direction, leave this space blank.

When item 3 "Street name" is to be completed, the following instructions should appear.

**Enter the "street" name of the decedent's residence.
Do not enter a R.R. number.**

When item 4 "Street designator" is to be completed, the following instruction should appear.

**Enter the street designator.
Examples of the street designators are words like Street, Avenue, Road, Circle, Court etc.**

When item 5 "Post directional" is to be completed, the following instructions should appear.

If the "street" name has a direction after the name, enter the suffix in the space labeled "post-directional."

Example: Walker Street NW. Enter NW in the post-directional space.

If there is no post-direction, leave this space blank.

When item 6 “Apartment number” is to be completed, the following instruction should appear.

If there is no apartment or room number associated with this residence, leave the item blank.

When item 7 “Name of city or town” is to be completed, no instructions are needed.

When item 8 “Inside city limits” is to be completed, the following instruction should appear.

If uncertain if the residence is inside the city or town limits, check the “Unknown” box.

When item 9 “Zip code” is to be completed, the following instruction should appear.

If only the 5 digit Zip code is known, report that.

If the decedent was not a resident of the U.S. or its territories, leave this item blank.

If the decedent’s country of residence is unknown, enter “Unknown.”

When item 10 “County of residence” is to be completed, the following instruction should appear.

If the decedent resided in any country other than the United States or its Territories, leave this item blank.

When item 11 “U.S. State, U.S. territory, Canadian province, or Canadian territory” is to be completed, the following instructions should appear.

Enter the U.S. State or U.S. territory.

If the decedent resided in a Canadian province or Canadian territory, enter the name of the province or territory.

If the decedent resided in any country other than the U.S., its Territories, or Canada, leave this item blank.

When item 12 “Country of residence” is to be completed, the following instructions should appear: Country of residence need not appear if a state, territory, or province is entered. A table of states, territories, and provinces should be examined and the correct country autofilled.

If a valid U.S. State or U.S. territory was entered in the previous item, “United States” will automatically be entered.

If a valid Canadian province or Canadian territory was entered in the previous item, “Canada” will automatically be entered.

If the decedent is not a resident of the U.S., its territories, or Canada, enter the name of the decedent’s country of residence.

If the decedent’s country of residence is unknown, enter “unknown.”

OR (Alternate Format)

1. Building _____
2. Name of the “street” _____
3. Street designator e.g., street, avenue, etc. _____
4. Apartment or room number _____
5. Name of the city, town, or other place of residence _____
6. Is decedent’s place of residence inside the city or town limits?
 - Yes
 - No
 - Unknown
7. Zip code of the above address (either 5 or 9 digits) _____
8. County of the decedent’s residence _____
9. U.S. State, U.S. Territory, or Canadian Province of the residence _____
10. Decedent’s country of residence _____

Instructions for the optional method

When item 1 “Building” is to be completed, the following instructions should appear.

**Enter the street number assigned to the decedent’s residence.
Do not record a R.R. number or P.O. box.
If the number is unknown, enter “Unknown.”**

When item 2 “Name of street” is to be completed, the following instructions should appear.

**Enter the “street” name of the decedent’s residence.
Do not enter a R.R. number.**

If the “street” name has a direction as a prefix, enter the prefix in front of the street name. If the “street” name has a direction after the name, enter the direction after the name.

**Examples: South Main Street. Enter the name as South Main.
Walker Street NW. Enter the name as Walker NW.**

When item 3 “Street designator” is to be completed, the following instruction should appear.

Enter the street designator.

Examples of the street designator are words like Street, Avenue, Road, Circle, Court, etc.

When item 4 “Apartment number” is to be completed, the following instruction should appear.

If there is no apartment or room number associated with this residence, leave the item blank.

When item 5 “City or town” is to be completed, no instructions are needed.

When item 6 “Inside city limits” is to be completed, the following instruction should appear.

If uncertain if the residence is inside the city or town limits, check the “Unknown” box.

When item 7 “Zip code” is to be completed, the following instruction should appear.

If only the 5 digit Zip code is known, report that.

If the decedent was not a resident of the U.S. or its territories, leave this item blank.

If the decedent’s country of residence is unknown, enter “Unknown.”

When item 8 “County of residence” is to be completed, the following instruction should appear.

If the decedent resided in any country other than the United States or its territories, leave this item blank.

When item 9 “U.S. State, U.S. territory, Canadian province, or Canadian territory” is to be completed, the following instructions should appear.

Enter the U.S. State or U.S. territory.

If the decedent resided in a Canadian province or Canadian territory, enter the name of the province or territory.

If the decedent resided in any country other than the U.S., its territories, or Canada, leave this item blank.

When item 10 “Country of residence” is to be completed, the following instructions should appear: Country of residence need not appear if a state, territory, or province is entered. A table of states, territories, and provinces should be examined and the correct country autofilled.

If a valid U.S. State or U.S. territory was entered in the previous item, “United States” will automatically be entered.

If a valid Canadian province or Canadian territory was entered in the previous item, “Canada” will automatically be entered.

If the decedent is not a resident of the U.S., its territories, or Canada, enter the name of the decedent’s country of residence.

If the decedent’s country of residence is unknown, enter “unknown.”

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITIONS</u>
STNUM	Street number		
PREDIR	Pre-directional		
STNAME	Street name		
STDESIG	Street designator		
POSTDIR	Post-directional		
UNUM	Unit or apartment number		
CITY	City or Town name		
CITYC	City or Town code		See Appendix C
ZIP	Zip Code		
COUNTY	County		
COUNTYC	County code		See Appendix C
STATE	State/Province		
STATEC	State/Province code		See Appendix D
COUNTRY	Country		
COUNTRYC	Country code		See Appendix B
LIMITS	Inside city limits	Y N U	Yes No Unknown

**TRANSLATIONS
Response Mapping (examples)**

Response

Maps to values

Country Name	FIPS 10-4 two character codes (Appendix B, to be superceded by NCHS, Instruction manual, Part 8A)
State/Province Name	FIPS 5-2 two character codes or Canadian two character postal codes (Appendix D, to be superceded by NCHS Part 8A)
City/Town Name	FIPS 55-3 five digit place codes (Appendix C, to be superceded by NCHS Part 8A)
County Name	FIPS 6-4 three digit County codes (Appendix C, to be superceded by NCHS Part 8A)

EDITS:

Before the record is transmitted to the State

1. *If country is unknown, then city, county and State may also be unknown. Do not run any table look-ups for city, county or State.*
2. *If country is known and is not the U.S. or Canada, then city, county, and State/Province may be blank.*
3. *If country is Canada, city and county may be blank, but run table look-ups for State/Province.*

The Province is checked against Canadian Postal Codes (Appendix B). If not in table and if it is an electronic record, a message should appear asking that the name be checked. Enter revised data; if edit fails again, code Province to “unknown.” Keep literal. For a paper record, automatically reject and follow-up with the funeral director. If rejected a second time, code Province to “unknown.”

4. *If country is the U.S., run table look-ups for State/Province, County, and city.*

State is checked in FIPS 5-2. If not in table and if it is an electronic record, a message should appear asking that the name be checked. Enter revised data; if edit fails again, code State to “unknown.” Keep literal. For a paper record, automatically reject and follow-up with the funeral director. If rejected a second time, code State to “unknown.”

The city name is checked in FIPS 55-3 name table. If not in table and if it is an electronic record, a message should appear asking that the name be checked. Enter revised data; if edit fails again, code city to "unknown." Keep the literals. For a paper record, automatically reject and follow-up with the funeral director. If rejected a second time, code city to "unknown."

Code County using FIPS 6-4. If not in table, then reject record for review and/or follow-up. If electronic record, reject at funeral home. Error message should indicate that the county is not listed, please check and re-enter. Record cannot be printed or filed without a county entered. "Unknown" is an acceptable entry for found, unidentified bodies, and foreign residents.

STATE FILE CONSIDERATIONS

If all components of residence are unknown, use place of occurrence as place of residence for statistical purposes. States may wish to keep the record unknown for legal files. It is recommended that States keep this information in as detailed a format as possible. See the recommended electronic format below. For data collected on paper records, keying instructions need to reflect the detail of the electronic record. If States elect to use GIS on these data then space in the State data file will be needed for the derived variables of latitude, longitude, centroid and extended nine-digit zip code.

ELECTRONIC RECORD

For the purpose of recording and printing certified copies from the electronic file and for geocoding the record, it is recommended that the address field be separated into fields as described below. These fields generally correspond to the CDC-HISSB recommendations. However, the field lengths do not correspond to the recommendations because the literal entries need to be captured. If a State desires, the literal entries can be transposed to abbreviations for purposes of compacting the file using standard abbreviations as recommended in the HISSB standards. States may wish to collect zip code to the ninth digit when known rather than just five.

Suggested field names are:

<u>DESCRIPTION</u>	<u>NAME</u>	<u>LENGTH</u>
Street number	STNUM	10
Pre-directional	PREDIR	10
Street name	STNAME	28
Street designator	STDESIG	10
Post-directional	POSTDIR	10
Unit or apartment number	UNUM	7
City or Town name	CITY	28
Zip Code	ZIP	9
County	COUNTY	28

State/Province	STATE	28
Country	COUNTRY	28

States may also opt to retain coded fields as well as the literal entries. If coded fields are maintained as well, there are HISSB standards that should be used. Literals for countries should be assigned codes using FIPS 10-4 using the two character codes for nations (Appendix B). County should be coded using three digit FIPS 6-4 codes (Appendix C). City of residence should be transmitted to NCHS using FIPS 55-3 five digit codes (Appendix C). State/Province should be coded using two character codes (FIPS 5-2 and Canadian postal codes, see Appendix D).

Note that new FIPS 10-4 tables are issued regularly. As new FIPS 10-4 tables are issued, new codes should be added, but do not replace existing codes. The old codes are needed for consistency.

“Incremental browsing” may be used to facilitate quicker selection of the state or country of residence. Incremental browsing refers to the process in which the keyer enters the first or so letter of the state, territory or country and the system automatically presents the list of places beginning with that letter(s). The keyer then can more readily select the correct locale without typing in the rest of the word. For example, for birthplace, when the keyer enters the letter “C: the system would automatically go to where “Cambodia” is on the list. If the keyer enters the letters “Ch,” the system would automatically go to where “Chad” is on the list.

NCHS TRANSMISSION FILE

States that elect to use a GIS coding process prior to submission of data to NCHS shall replace the codes for city, town, or other place as well as county codes with those derived from the GIS process.

<u>NAMES</u>		<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
CITYC	City/Town	5	Numeric	Appendix C
COUNTYC	County	3	Numeric	Appendix C
STATEC	State/Province	2	Alphabetic	Appendix D
COUNTRYC	Country	2	Alphabetic	Appendix B
LIMITS	Inside City Limits	1	Alphabetic	Y, N, U

EDI TRANSMISSION:

No standards set yet.

Item Title: **EVER IN THE ARMED FORCES?**
(Item is not part of the NCHS data set.)

Item Number: **8**

Description: Information on whether or not the deceased
was ever in the armed forces.

Source of Information:

Preferred Source: Informant

INSTRUCTIONS

FOR A PAPER RECORD:

Funeral Director

ASK THE INFORMANT: Was _____ ever in the armed forces?
Check the appropriate box in item 8.

- Yes
- No

If it is not known if the deceased was ever in the armed forces, write “Unknown.”

FOR AN ELECTRONIC RECORD:

EDR Developer

The entry screen should appear as below.

Ever in armed forces?

- Yes
- No
- Unknown

PROCESSING VARIABLE:

<u>NAMES</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>VALUES</u>	<u>DEFINITION</u>
--------------	--------------------	---------------	---------------	-------------------

ARMF	Decedent in armed forces	1	Y	Yes
			N	No
			U	Unknown

EDITS:

PAPER RECORDS

Records should be queried if “Ever in the armed forces” item is blank.

ELECTRONIC RECORDS

Must be a valid code.

Item Title: **MARITAL STATUS**

Item Number: **9**

Description: Current marital status of the decedent.

Source of Information:

Preferred Source: Informant

INSTRUCTIONS

FOR A PAPER RECORD:

Funeral Director

ASK THE INFORMANT: What was the marital status of the decedent at the time of death?

NOTE: Just because a spouse may be the informant does not preclude the possibility of married but separated.

- “Annulled and not remarried” and “never previously married” are considered “Never Married.”
- “Not remarried” and “married previously” are classified as how the previous marriage terminated (Widowed, Divorced).
- “Common Law marriage” is considered “Married.”
- “Indian marriage” is considered “Married.”

Check one and only one category on the certificate.

- Married
- Married but separated
- Widowed (and not remarried)
- Divorced (and not remarried)
- Never Married
- Unknown

FOR AN ELECTRONIC RECORD:

EDR Developer

The marital status item is completed by selecting one response from the menu.

Menu for Marital Status of the Decedent

- Married
- Married but separated
- Widowed (and not remarried)
- Divorced (and not remarried)
- Never Married
- Unknown
- Not Obtainable

Instructions to be included in the help function.

Information not available:

- Check the “Not obtainable” box only when there is no knowledgeable informant or other source for this information.
- Check the “Unknown” box only when there is an informant, and the informant does not know the marital status of the decedent.

Special Cases

- “Annulled, not remarried” and “never previously married” - select “Never Married.”
- “Not remarried” and “married previously” - select the item reflecting how the previous marriage terminated (“Widowed,” “Divorced”).
- “Common Law marriage” - select “Married.”
- “Indian marriage” - select “Married.”

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
MARITAL	Marital status	M A W D S N U	Married Married but separated Widowed Divorced Never married Not obtainable Unknown

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
MARITAL _BYPASS	Edit Flag	0	OFF (edit passed)
		1	ON (edit failed, data queried and verified)
		2	ON (edit failed, data queried but not verified)
		3	ON (edit failed, review needed)
		4	ON (edit failed, query needed) (paper only)

EDITS:

Before the record is transmitted to the State

Electronic record must contain one of the valid responses indicated above. If the funeral director skips this item for completion later, a query screen will appear before the record can be printed or filed. The query screen is the same as the initial entry screen. The header for the screen however will indicate that one of the categories below must be selected before the record can be printed or filed. The item cannot be left blank.

In addition, if the age of the decedent is less than 12 years of age (using calculated age) and marital status is any response but "never married," a message appears asking the funeral director to check the marital status.

This automated edit asks the funeral director to verify or change the marital status. If a change to this item is made, the edit is immediately rerun. If the edit still fails, the record is accepted.

The age item is not checked because both the recorded age and calculated age have already been checked for consistency; thus, it is very unlikely that an incorrect age would cause the edit to fail.

SAMPLE ERROR MESSAGE AND QUERY SCREENS

The information entered indicates that the decedent was less than 12 years of age and marital status was _____. Please review the information and complete the screen below.

The decedent's marital status was recorded as: _____

- Incorrect
- Correct
- Not able to verify

If the incorrect box is checked, the marital status menu appears and a message asks that a choice be made from the menu.

Edit bypass flags

ELECTRONIC RECORD

The edit bypass flag default is OFF-0. When the initial edit is run and the data pass the edit, the bypass flag remains at OFF-0.

When the edit fails, the edit bypass flag is set to ON-3. An error message and query screen then appears. The edit bypass flag is then reset to a value determined by the response to the query (see detail below).

If the "Correct" box is checked, the edit bypass flag is reset to ON-1 (edit failed, data verified).

If the "Not able to verify" box is checked, the edit bypass flag is set to ON-2 (queried but not verified).

If the "Incorrect" box is checked, the edit is run with the new data. If the edit fails, the bypass flag is set to ON-1 (queried and verified). If the edit passes, the flag is set to OFF-0.

PAPER RECORD

Records filed with marital status blank or with an improper entry are queried. If there is no response to the query, assign the "Unknown" code.

The edit bypass flag default is OFF-0. When the initial edit is run and the data pass the edit, the bypass flag remains OFF-0.

When the edit fails, the edit bypass flag is set to ON-3. Data from the paper record must then be re-keyed. If re-keyed data pass the edit, the bypass flag is reset to OFF-0. If re-keyed data fail the edit, the bypass flag is reset to ON-4, flagging the record to query the funeral director. If the state does not query the funeral director the flag remains at ON-4.

In addition, for paper records, if age is less than 12 years of age (use calculated age) and marital status is any response but “never married,” the funeral director should be queried to check the Date of Birth and Marital Status field entries for possible errors.

If the funeral director verifies that the data are correct, the bypass flag is reset to ON-1. If there is no response to the funeral director query, the bypass flag is reset to ON-2. If the funeral director’s response to the query still fails the edit, the bypass flag is set to ON-1.

STATE FILE CONSIDERATIONS

States may want to keep these MARITAL STATUS codes N and U for monitoring funeral directors’ responses to this item.

NCHS TRANSMISSION FILE

For NCHS transmission, values of N (not obtainable) and U (unknown) are combined into one value U for “Not Classifiable.”

The value of “3” for the MARITAL_BYPASS variable used for processing edits is not an allowable value when transmitting data to NCHS.

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
MARITAL	1	Alpha character string	M, A, W, D, S, U
MARITAL_BYPASS	1	Numeric character string	0,1,2,4

EDI TRANSMISSION:

No standards set yet.

Item Title: **SURVING SPOUSE'S NAME (If wife give name prior to first marriage)** (Item is not part of the NCHS data set.)

Item Number: **10**

Description: The name of the surviving spouse

Sources of Information:

Preferred Source: Informant

INSTRUCTIONS

FOR A PAPER RECORD:

Funeral Director:

If the deceased was not married at the time of death, leave this item blank.

This item is sometimes subject to fraudulent entries either by design or unknowingly (non- recognized common law marriages). Usually this will occur when an informant pretends to be the surviving spouse of a decedent that either is not married, or is married to another person at the time of death. If there is any suspicion about the marital situation try and check it out before entering the surviving spouse's name.

In all cases enter as much of the name as is known by the informant and enter "unknown" in any of the fields where part of the name is not known.

If the informant is the surviving female spouse,

ASK: What was your name prior to your first marriage?

Print or type the name as provided by the surviving spouse (First, Middle, and Last Names including suffix).

If the informant is the surviving male spouse,

ASK: What is your name?

Print or type the name as provided by the surviving spouse (First, Middle, and Last Names including suffix).

If the informant is not the surviving spouse and the deceased was a married male,

ASK THE INFORMANT: What was _____'s wife's name prior to her first marriage?

If the informant answers that they do not know, ask if they can find out. If the answer is no they cannot find out.

Print or type "Unknown" in the space.

If the informant is going to try and find out the surviving spouses name before her first marriage leave the space blank at this time.

If a name is provided, print or type the name as provided by the informant (First, Middle, and Last Names including suffix).

If the informant is not the surviving spouse and the deceased was a married female,

ASK THE INFORMANT: What is _____'s husband's name?

If the informant answers that they do not know, ask if they can find out. If the answer is no, they cannot find out.

Print or type "Unknown" in the space.

If the informant is going to try and find out the surviving spouses name, leave the space blank at this time.

If a name is provided, print or type the name as provided by the informant (First, Middle, and Last Names including suffix).

FOR AN ELECTRONIC RECORD:

See the above for obtaining the surviving spouse's name

EDR Developer

The paper death certificate does not have separate boxes for the surviving spouse's names. It is recommended that the EDR have as a minimum separate fields for the first name(s)/ middle name(s), last name(s)/and last name suffix. The screen should also have a check box for unknown and pending. If part of the name is known enter that part of the name and "unknown" for the part(s) that are not known.

Developers may want to record or separate first and middle names depending on state requirements.

Developers may elect use a single name entry field and parse the names for storage if acceptable by the state. Developers may just use a single name field for collection and storage depending on state needs.

The surviving spouse's name screen should appear only if the marital status item indicates the deceased is currently married (responses married now, married but separated). For any other responses, the item should be skipped.

When completing the first name/ middle name entry box, the following message should pop up and not obscure the item completion area.

IF YOU NEED HELP, CHECK THE APPROPRIATE BOX BELOW:

Initials

If the box is checked, the following instruction appears:

Initials

If the informant indicates only a first initial such as "E. Mary Jones," enter the E followed by a period. If the informant indicates two initials such as H.S. Smith, enter each initial followed by a period.

When completing the last name entry, the following message should pop up.

IF YOU NEED HELP, CHECK THE APPROPRIATE BOX BELOW:

- Multiple last names
- Special characters in last names
- Last name suffixes

If the first help box is checked, the following instruction appears:

Multiple last names

If more than one last name is given separated by a hyphen, enter exactly as given with the hyphen. If there is more than one last name and no hyphen, enter the two names with a space between them.

If the second help box is checked, the following instruction appears:

Special characters in last names

If the last name has a space or apostrophe following prefixes, such as Mac Pherson or O'Toole, enter as given with the space or apostrophe.

If the third help box is checked, the following instruction appears:

Last name suffixes

Suffixes and generation identifiers are to be entered in the last name field.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>VALUES</u>
SSPFNAME	First /middle names	100	Alpha characters
SSPLNAME	Last name/Suffixes	50	Alpha characters

EDITS

BOTH ELECTRONIC AND PAPER RECORDS

Name fields must contain English alphabetic characters and any accent or special characters as determined by the state, or be blank.

ELECTRONIC RECORDS

If the "Unknown" box is checked, the field should be blank

If the "Pending" box is checked, the review screen should contain the item. If the name cannot be obtained, the "Unknown" box should be checked.

STATE DATA FILE CONSIDERATIONS

It is recommended that states keep name information in as detailed a format as possible. For data collected on paper records, keying instructions need to be the same as those for the electronic record.

Item Title: **FATHER’S NAME**

Item Number: **11**

Description: The name of the decedent’s father. Includes first name, middle name, last name, and suffixes. Do not include AKA’s.

Source of Information:

Preferred Source: Informant

Other Acceptable Sources: Legal documents or other records

INSTRUCTIONS

FOR A PAPER RECORD:

Funeral Director

NCHS only gets names for National Death Index (NDI) use. The father’s surname or last name is useful in determining if there is a match in the NDI.

It is suggested that you have the informant check the spelling and order of names before entering the name into the computer.

The name must consist of English alphabetic characters and any accent marks or special characters as determined by the state.

If the father’s name cannot be determined, enter “Unknown” in the name field. Enter the known parts of the name.

ASK THE INFORMANT

What was _____’s father’s complete legal name starting with the first name?

Record the name provided by the informant on a separate sheet of paper and verify the name, spelling, and order of the names with the informant.

Once the name is verified, print or type the name on the certificate.

FOR AN ELECTRONIC RECORD:

Funeral Director

It is suggested that you have the informant check the spelling and order of names before entering the name into the computer.

The name must consist of English alphabetic characters and any accent marks or special characters as determined by the state.

ASK THE INFORMANT:

What was _____'s father's legal name starting with the first name?

Record the name provided by the informant and go over the name with the informant to be sure what should go in the first name field, the middle name field and the last name field.

EDR Developer

While the paper death certificate does not have separate boxes for the names of the decedent's father, the EDR may have separate fields for first, middle, last name, and last name suffix.

When the name screen appears, display the following at the top of the screen until all the name fields are completed.

When completing the first name entry box or the middle name entry box, the following message should pop up.

IF YOU NEED HELP, CHECK THE APPROPRIATE BOX BELOW:

- Help on multiple first or middle names**
- Initials**
- Religious names and titles**
- No first or middle names**

If the first help box is checked, the following instruction appears:

Multiple first or middle names

If the informant indicates two first names separated by a space, such as "Billy Ray Carter," verify that "Ray" is part of the first name and is not a middle name.

Enter the two first names with a blank space between them.

If several middle names are given, enter all with a space between the names.

If the second help box is checked, the following instruction appears:

Initials

If the informant indicates that the person uses a first initial such as “E. Charles Jones,” try to obtain the whole first name.

If the name can be obtained enter the whole first name. If not, enter just the initial followed by a period.

If the informant indicates two initials and a last name such as “H.S. Green,” determine if these are a first and middle initial, or two first initials with no middle name or initial. Try to obtain the whole name(s).

If the names can be obtained, enter the whole names in the appropriate spaces. If there are no whole names then enter the initials in the appropriate spaces. Each initial should be followed by a period.

If the third help box is checked, the following instruction appears:

Religious names and titles

If there is a title preceding the name, such as “Doctor,” do not enter the title in any of the name fields.

For religious names such as “Brother John Francis,” enter “Brother John” in the first name field.

If the fourth help box is checked, the following instruction appears:

No first or middle names

If the name is unknown, leave the first and middle name fields blank and enter only the last name.

When the last name entry box is being completed, the following message should pop up:

IF YOU NEED HELP, CHECK THE APPROPRIATE BOX BELOW:

- Multiple last names**
- Unknown last name**
- Special characters in last names**
- Last name suffixes**

If the first help box is checked, the following instruction appears:

Multiple last names

If more than one last name is given separated by a hyphen, enter exactly as given with the hyphen. If there is more than one last name and no hyphen, enter the two names with a space between them.

If the second help box is checked, the following instruction appears:

Unknown last name

If the last name is unknown, enter “unknown” in the last name field and leave the other fields blank.

If the third help box is checked, the following instruction appears:

Special characters in last names

If the last name has a space or apostrophe following prefixes, such as Mac Pherson or O’Toole, enter as given with the space or apostrophe.

If the fourth help box is checked, the following instruction appears:

Last name suffixes

Suffixes and generation identifiers are to be entered in the suffix field.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
FGNAME	First name	Alpha characters	
FMNAME	Middle name	Alpha characters	
FLNAME	Last name	Alpha characters	
FSUFF	Last name suffix	Alpha characters	

EDITS:

Before the record is transmitted to the State

BOTH ELECTRONIC AND PAPER RECORDS

The name must consist of English alphabetic characters and any accent marks or special characters as determined by the state.

STATE FILE CONSIDERATIONS

It is recommended that states keep name information in as detailed a format as possible. See the recommended electronic format below. States may want to design their paper certificate or the instructions to facilitate the separation of first names, middle names, and last names. For data collected on paper records, keying instructions need to be the same as those for the electronic record.

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
FGNAME	50	Alpha character string	Alpha characters
FMNAME	50	Alpha character string	Alpha characters
FLNAME	50	Alpha character string	Alpha characters
FSUFF	20	Alpha character string	Alpha characters

NCHS TRANSMISSION FILE

NCHS only uses the father's last name or surname. This field may be sent for all records, but it is required for female decedents and any male decedents with different last names than their fathers.

Eliminate any punctuation characters after initials.

VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
FLNAME	50	Alpha character string	Alpha characters

Transmitted to NCHS for NDI application only.

EDI TRANSMISSION:

No standards set yet.

Item Title: **MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)**
(Item is not part of the NCHS data set.)

Item Number: **12**

Description: The name of the decedent's mother prior to first marriage.

Sources of Information:

Preferred Source: Informant

INSTRUCTIONS

FOR A PAPER RECORD:

Funeral Director:

If the informant is the surviving female spouse,

In all cases if part of the name is known enter that part of the name and "unkown" for the part(s) that are not known.

ASK: What was your husband's mother's name prior to her first marriage?

If the informant answers that they do not know, ask if they can find out. If the answer is no they cannot find out.

Print or type "Unknown" in the space.

If the informant is going to try and find out name of her husband's mother before her first marriage leave the space blank at this time.

Print or type the name as provided by the surviving spouse (First, Middle, and Last Names including suffix).

If the informant is the surviving male spouse,

ASK: What was your wife's mother's name prior to her first marriage?

If the informant answers that they do not know, ask if they can find out. If the answer is no they cannot find out.

Print or type “Unknown” in the space.

If the informant is going to try and find out his wife’s mother’s name before her first marriage leave the space blank at this time.

Print or type the name as provided by the surviving spouse (First, Middle, and Last Names including suffix).

If the informant is not the surviving spouse,

ASK THE INFORMANT: What was _____’s mother’s name prior to her first marriage?

If the informant answers that they do not know, ask if they can find out. If the answer is no they cannot find out.

Print or type “Unknown” in the space.

If the informant is going to try and find out the decedent’s mother’s name before her first marriage leave the space blank at this time.

If a name is provided, print or type the name as provided by the informant (First, Middle, and Last Names including suffix).

FOR AN ELECTRONIC RECORD:

See the above for obtaining the decedent’s mother’s name prior to first marriage.

EDR Developer

The paper death certificate does not have separate boxes for the decedent’s mother’s names prior to first marriage. It is recommended that the EDR have separate fields for the first name(s), middle name(s), last name(s), and last name suffix. The screen should also have a check box for unknown and pending.

In all cases if part of the name is known enter that part of the name and “unkown” for the part(s) that are not known.

Developers may elect use a single name entry field and parse the names for storage if acceptable by the state.

When completing the first name entry box or the middle name entry box, the following message should pop up and not obscure the item completion area.

IF YOU NEED HELP, CHECK THE APPROPRIATE BOX BELOW:

- Help on multiple first or middle names
- Initials

If the first help box is checked, the following instruction appears:

Multiple first or middle names

If two first names separated by a space, such as “Mary Louise Carter” are indicated, verify that “Louise” is part of the first name and is not a middle name.

Enter the two first names with a blank space between them.

If several middle names are given, enter all with a space between the names.

If the second help box is checked, the following instruction appears:

Initials

If the informant indicates only a first initial such as “E. Mary Jones,” enter the E followed by a period.

If the informant indicates two initials and a last name such as “H.S. Green,” determine if these are a first and middle initial, or two first initials with no middle name or initial.

Enter the initials in the appropriate spaces. Each initial should be followed by a period.

When completing the last name entry, the following message should pop up.

IF YOU NEED HELP, CHECK THE APPROPRIATE BOX BELOW:

- Multiple last names
- Special characters in last names
- Last name suffixes

If the first help box is checked, the following instruction appears:

Multiple last names

If more than one last name is given separated by a hyphen, enter exactly as given with the hyphen. If there is more than one last name and no hyphen, enter the two names with a space between them.

If the second help box is checked, the following instruction appears:

Special characters in last names

If the last name has a space or apostrophe following prefixes, such as Mac Pherson or O'Toole, enter as given with the space or apostrophe.

If the third help box is checked, the following instruction appears:

Last name suffixes

Suffixes and generation identifiers are to be entered in the suffix field.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>VALUES</u>
MFNAME	First name	50	Alpha characters
MMNAME	Middle name	50	Alpha characters
MLNAME	Last name	50	Alpha characters
MLNSUFF	Last name suffix	20	Alpha characters

EDITS

BOTH ELECTRONIC AND PAPER RECORDS

Name fields must contain English alphabetic characters and any accent marks or special characters as determined by the state, or be blank.

ELECTRONIC RECORDS

If the "Unknown" box is checked, the field should be blank

If the "Pending" box is checked, the review screen should contain the item. If the name cannot be obtained, the "Unknown" box should be checked.

STATE DATA FILE CONSIDERATIONS

It is recommended that states keep name information in as detailed a format as possible. For data collected on paper records, keying instructions need to be the same as those for the electronic record.

Item Title: **INFORMANT'S NAME**
(Item is not part of the NCHS data set.)

Item Number: **13a**

Description: The informant's name

Sources of Information:

Preferred Source: Informant

INSTRUCTIONS

FOR A PAPER RECORD:

Print or type the informant's name.

In all cases enter as much of the name as is known and "unknown" for the part(s) of the name that are not known.

FOR AN ELECTRONIC RECORD:

Enter the informant's name.

EDR Developer

The paper death certificate does not have separate boxes for the informant's name.

The EDR should have at a minimum separate fields for the first /middle name(s), last name(s) (surname).

Developers may want to record or separate first and middle names depending on state requirements.

Developers may elect to record the names in separate fields or to parse the names after entry to a single field to separate the first/middle(s) from the last name.

In all cases enter as much of the name as is known and "unknown" for the part(s) of the name that are not known.

PROCESSING VARIABLES:

NAME	DESCRIPTION	LENGTH	VALUES
INFOFFNAME	First name and middle name	100	Alpha characters
INFOLNAME	Last name	50	Alpha characters

BOTH ELECTRONIC AND PAPER RECORDS

Name fields must contain English alphabetic characters and any accent marks or special characters as determined by the state.

There must be an entry in the last name field. The first/middle name field can be blank

STATE DATA FILE CONSIDERATIONS

It is recommended that states keep name information in as detailed a format as possible. For data collected on paper records, keying instructions need to be the same as those for the electronic record.

Item Title: **INFORMANT'S MAILING ADDRESS
STREET AND NUMBER
CITY
STATE
ZIP CODE**

(Item is not part of the NCHS data set.)

Item Number: **13c**

Description: The informant's mailing address

Source of Information:

Preferred Source: Informant

INSTRUCTIONS:

FOR A PAPER RECORD:

This is the mailing or postal address of the informant.

Print or type the number of building, any apartment number, then the name of any pre-direction, then the street name, along with any post-directions, then the street designator.

Examples of street designator are words like Street, Avenue, Road, Circle, Court etc.

If the mailing address is a post office box enter that here as well.

Print or type the name of the city, town, or other location.

Print or type the USA State or Territory.

If a Canadian Province or Territory, print or type the name of the province or territory followed by " / Canada."

If the mailing address is any other foreign country, print or type the name of the country.

Print or type the 5 digit Zip code or the nine digit Zip code if known.

If the deceased was not a resident of the USA or its territories, leave this item Blank.

FOR AN ELECTRONIC RECORD:

EDR Developer

For the name of the city town or location, State, U.S. Territory, or Canadian Province or Name of Country, as an entry is made, incremental browsing of possible names appropriate to the space is allowed

Data entry should be set up in the order identified below corresponding to item 13c on the certificate. When some items are to be completed, specific instructions are required to appear

Same as residence

If this box is checked the EDR system should transfer the corresponding items from the decedent's residence item (item 7a-g) to the appropriate processing variables in accordance with a table identified under translations below. The system then should move to the next item.

- 2. Complete number and street name :** _____
- 3. Apartment number:** _____
- 4. P.O. Box:** _____
4. Name of the city, town, or location: _____
5. State, U.S. Territory, or Canadian Province: _____
- 6. Zip code:** _____
- 7. Name of country if not USA:** _____

When item 2 "Apartment number" is to be completed, the following instruction should appear.

If there is no apartment, leave the item blank.

When item 3 "P.O. Box" is to be completed, the following instruction should appear.

If there is no P.O. Box number, leave this item blank.

When item 6 "Zip code" is to be completed, the following instruction should appear.

If the decedent was not a resident of the USA or its territories, leave this item blank.

If the decedent's country of residence is unknown, enter unknown

When item 7 "Name of country if not U.S.A." is to be completed, the following instructions should appear.

If the decedent was a resident of the USA, leave this item blank.

If the decedent was not a resident of the USA, enter the name of the decedent's country of residence.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>VALUES</u>
ISTNAME	Complete number and street name	70	Alpha character
IAPT	Apartment number	7	Alpha character
ICITY	City or Town name	28	Alpha character
ISTATE	State, Territory or Province	28	Alpha character
IZIP	Zip Code	9	Numeric character
COUNTRY	Country	28	Alpha character

TRANSLATIONS

Response Mapping (examples) if "same as residence" box is checked.

Residence Response

Maps to Mailing address

Street number, pre-directional, street name,
Post-directional, and street designator (variables:
(STNUM,PREDIR,STNAME,POSTDIR,STDESIG)

variable ISTNAME

Unit or apartment number (variable UNUM)

variable IAPT

City or Town name (variable CITY)

variable ICITY

State or Province Name (variable STATE)

variable ISTATE

Country Name (variable COUNTRY)

variable ICOUNTRY

Zip code (variable ZIP)

variable IZIP

EDITS

1. *If country is known and is not USA, then city and State fields may be blank.*
2. *If USA and there is a response to city, town or location and zip code, check for valid zip code.*

STATE DATA FILE CONSIDERATIONS

For data collected on paper records, keying instructions need to reflect the detail of the electronic record.

States may also opt to retain coded fields as well as the literal entries. If coded fields are maintained as well, ISO standards should be used. See the translation below.

Response Mapping (examples) if states elect to code this item

<u>Response</u>	<u>Maps to values</u>
Country Name	ISO two character codes (Appendix A)
State or Province Name	FIPS 5-2 two character codes or Canadian two character postal codes (Appendix B)
City/Town, Location Name	FIPS 55-3 five digit place codes (Appendix C)

Item Title: PLACE OF DEATH

Item Number: 14

Description: The physical location where the decedent died.

Source of Information:

Preferred Source: Funeral Director

Other Acceptable Sources: Pronouncer
Certifying Physician
Medical Examiner or Coroner

INSTRUCTIONS

FOR A PAPER RECORD:

Funeral Director

The place where death is pronounced should be considered the place where death occurred.

If the place of death is not known and the body was found in the State, enter the place where the body was found as the place of death.

If death occurred in a hospital, then check one of the boxes in the space titled IF DEATH OCCURRED IN A HOSPITAL.

If death did not occur in a hospital, check one of the boxes in the space titled IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL. If the "Other (Specify)" box is checked, print or type the place where the death occurred on the line next to the "Other (Specify)" box.

FOR AN ELECTRONIC RECORD:

EDR developer

The place death occurred is to be chosen from a menu list partitioned on if death occurred in a hospital or elsewhere. The following instruction should appear when this item is to be completed.

The place where death is pronounced should be considered the place where death occurred.

If the place of death is not known and the body was found in the State, enter the place where the body was found as the place of death.

Place of death menu:

Death occurred in a hospital.

- Inpatient**
- Emergency Room /Outpatient**
- DOA (dead on arrival)**

Death did not occur in a hospital.

- Decedent's home**
- Hospice facility**
- Nursing home/Long term care facility**
- Other (specify)**

If the "Other (Specify)" box is checked, then a place to record the other place of death should appear.

Please enter the place where the death occurred.

Place of death:_____

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
DPLACE	Place of death	1	Inpatient
		2	Emergency room/Outpatient
		3	Dead on arrival
		4	Decedent's home
		5	Hospice facility
		6	Nursing home/Long term care facility
		7	Other
		9	Unknown

EDITS:

Before the record is transmitted to the State

ELECTRONIC RECORD

*Electronic record must contain one of the valid responses indicated above.
The item cannot be left blank. If blank, a query screen (same as entry screen) appears.
The record cannot be filed or printed with this item blank.*

PAPER RECORD

*Paper records filed with this field blank are queried. If no response to query, the code for
“Other (Specify)” is assigned.*

State edits of data file prior to NCHS transmission

Must be a valid code (see below).

Item cannot be blank.

STATE FILE CONSIDERATIONS

States will have to record literal entries in order to print certified copies from the electronic file. States may elect to code the “Other (Specify)” entries for statistical purposes and to add a facility identification number field which could be the NPI number.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
DPLACE	1	Numeric character string	1, 2, 3, 4, 5, 6, 7, 9

EDI TRANSMISSION:

No standards set yet.

Item Titles: **FACILITY NAME
CITY, TOWN, STATE, AND ZIP CODE
COUNTY**

Item Numbers: **15, 16, 17**

Description: The geographic location where the death occurred.

Source of Information:

Preferred Source:	Funeral Director
Other Acceptable Sources:	Pronouncer
	Certifying Physician
	Medical Examiner or Coroner

INSTRUCTIONS

FOR A PAPER RECORD:

Funeral Director, Pronouncer, Certifying Physician, Medical Examiner or Coroner

For item 15, print or type the name of the institution where the decedent died. If the decedent did not die in an institution, print or type the street and number of the building (if at a building) where the decedent died.

For item 16, print or type the name of the city and State where the institution is located or of the address given in item 15, then print or type the Zip code.

For item 17, print or type the name of the county in which the institution or address given in item 15 is located.

FOR AN ELECTRONIC RECORD:

EDR Developer

The EDR system should contain a master table of all institutions where a death might occur. This would include at a minimum, hospitals, nursing homes, long term care facilities, and hospice facilities.

When the name of an institution is entered, the entry should be compared to the master table, and if found, the required information for items 16 and 17 should be entered automatically and then move to the next item.

Data entry should be set up in the order below. When each item is to be completed a screen with specific instructions should appear. The instructions are listed below:

Instructions for item 15 (Name of the institution).

- **If the death occurred in an institution, enter the name of the institution.**
- **If death did not occur in an institution, leave blank and tab to item 16.**

If an institution is named, the master table is examined to obtain the information for items 16 and 17. If the institution is located, the information is entered automatically and the next item to be completed appears.

If the institution is not located in the table, the following message should appear:

- **The name of the institution entered above is not listed in the master table of institutions, please complete the items below.**
- **To have the institution added to the table, contact _____ at _____.**

Items to be entered for non-institution deaths or deaths where the institution is not in the master table.

1. **Building number** _____
2. **Name of the “street”** _____
3. **“Street” designator** _____
4. **Name of the city or town** _____
5. **State of the above address** _____
6. **Zip code of the above address** _____
7. **County of the above address** _____

*Instructions for items 15, 16, and 17 (non-institution deaths)
These instructions should appear when the specific item is being completed.*

Instructions for “Building number”

- **Leave this blank if decedent did not die in a building.**

Instructions for “Name of street”

- **If the “street” name has a direction as a prefix, enter the prefix in front of the street name. If the “street” name has a direction after the name, enter the direction after the name.**

Examples: South Main Street. Enter the name as South Main.

Walker Street NW. Enter the name as Walker NW.

Instructions for “Street designator”

- **Examples of the street designator are words like Street, Avenue, Road, Circle, Court etc.**

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
DINSTI	Institution	Literal	
DSTNUM	Street number		
DSTNAME	Street name	Literal	
DSTDESIG	Street designator		
DNAME	City or town name	Literal	
DSTATE	State	See Appendix D	
DZIP9	Zip code		
COD	County	See Appendix C	

TRANSLATIONS
Response mapping (examples)

<u>Response</u>	<u>Maps to values</u>
City/Town Name	FIPS 55-3 five digit code (Appendix C)
County Name	FIPS 6-4 three digit codes (Appendix C)
State Name	FIPS 5-2 two character codes (Appendix D)

EDITS:

Before the record is transmitted to the State

The name of the county is compared to a list of counties for the State where the death occurred to identify and correct spelling errors.

If the county is not listed, an error message will appear that reads:

The county where death occurred is not a valid county for this State.

Please re-enter the county _____

STATE FILE CONSIDERATIONS

It is recommended that States keep this information in as detailed a format as possible. See the recommended electronic format below. For data collected on paper records keying instructions need to reflect the detail of the electronic record. States may elect to code cities and institutions for quality control and statistical purposes. Coding of counties is required. States should keep the literal entries in order to be able to print certified copies. Data fields of sufficient size should be reserved for this purpose. States may wish to collect zip code to the ninth digit when known rather than just five digits. See suggested list below:

<u>DESCRIPTION</u>	<u>NAME</u>	<u>LENGTH</u>
Institution	DINSTI	30
Street number	DSTNUM	10
Street name	DSTNAME	50
Street designator	DSTDESIG	10
City or town name	DNAME	28
State name	DSTATEL	28
Zip code	DZIP9	9
County	DCOUNTY	28

As mentioned for item 14, States may elect to add a facility identification number field which could be the NPI number.

States may choose to use the responses to item 14 to simplify data entry of items 15-17. For example, if decedent's home was selected in item 14, then the software can ask if this address is the same as reported in item 7. If other was selected in item 14, States may want to give additional instructions for reporting places that do not have a standard address. States may choose to use "incremental browsing" to identify the facility for deaths occurring in facilities rather than the process recommended in this specification.

"Incremental browsing" may be used to facilitate quicker selection of the facility's location. Incremental browsing refers to the process in which the keyer enters the first or so letter of the state, territory, or facility, the system automatically presents the list of places beginning with that letter(s). The keyer then can more readily select the correct locale without typing in the rest of the word. For example, for birthplace, when the keyer enters the letter "C" the system would automatically go to where "Cambodia" is on the list. If the keyer enters the letters "Ch," the system would automatically go to where "Chad" is on the list.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
--------------	---------------	-------------	---------------

COD	3	Numeric	Appendix C
DSTATE	2	Alphabetic	Appendix D

EDI TRANSMISSION:

No standards set yet.

Item Title: **METHOD OF DISPOSITION**

Item Number: **18**

Description: Method of final disposition of the deceased
 (if known)

Source of Information:

 Preferred Source: Informant

INSTRUCTIONS

FOR A PAPER RECORD:

Funeral Director

Response is based on wishes of the next of kin or informant.

Check the appropriate box (see below).

If the box labeled "Other" is chosen, print the method of disposition.

- Burial
- Cremation
- Donation
- Entombment
- Removal from State
- Other (Specify)_____

FOR AN ELECTRONIC RECORD:

EDR Developer

Method of disposition is to be selected from the menu below.

Method of Disposition

- Burial**
- Cremation**
- Donation**
- Entombment**
- Removal from State**
- Other**

If the "other" response is selected, a place to enter the "other" method of disposition appears.

Please describe the other type of disposition.

Other (specify) _____

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
DISP	Method of disposition	B C D E R O U	Burial Cremation Donation Entombment Removal from State Other Unknown
DISPL	Method of disposition	alpha characters	Literal entry for "other specify" response

EDITS:

Before the record is transmitted to the State

ELECTRONIC RECORD

Electronic record must contain one of the responses indicated above. If not, query screen appears before record can be printed or filed. Same screen as entry screen appears and

indicates that one of the categories below must be selected before the record can be printed or filed.

PAPER RECORD

Records filed with this field blank are queried. If no response to query, assign the “Unknown” code.

State edits of data file prior to NCHS transmission

Must be a valid code (see below). If multiple methods are reported, a single response should be selected for transmission to NCHS. Order of preference from most preferred to least is as follows: burial, cremation, donation, entombment, removal from State, other.

STATE FILE CONSIDERATIONS

States may opt to electronically record the “Other (specify)” methods. This will be needed if certified copies are to be issued from the electronic file. It is recommended that this be a 15-character field and each of the methods be stored as literals, then coded to “other” for transmission.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
DISP	1	Alpha character string	B, C, D, E, R, O, U

EDI TRANSMISSION:

No standards set yet.

Item Titles: **PLACE OF DISPOSITION (NAME OF CEMETERY,
CREMATORY, OTHER PLACE)**

LOCATION-CITY, TOWN AND STATE

(Items are not part of the NCHS data set.)

Item Numbers: **19, 20**

Description: The name of the place of disposition and the location of
disposition.

Source of Information:

Preferred Source: Funeral service licensee or other agent

INSTRUCTIONS:

FOR A PAPER RECORD:

**Print or type the name of the cemetery, crematory or other place of
disposition.**

Print or type the name of the city, town, or other location.

Print or type the USA State or Territory.

FOR AN ELECTRONIC RECORD:

EDR Developer

Data entry should be set up in the order identified below corresponding to items 19 and 20 on the certificate. The name may be chosen from a drop down list or typed in. Once a name on the cemetery table is identified the rest of the fields should be auto filled. If the name is not on the cemetery table (an out of state cemetery/crematory or new cemetery/crematory) the items must be individually completed. The state may opt to update the table at this time as well for a new in state cemetery or crematory. Incremental browsing for the names of the city, town or location is allowed if the fields are not auto filled.

1. Name: place of disposition _____
2. Name: the city, town, or location: _____
3. State, U.S. Territory: _____

PROCESSING VARIABLES

<u>NAME</u>	<u>DESCRIPTION</u>		<u>LENGTH</u>	<u>VALUES</u>
FFNAME	Name place of disposition	50		Alpha character
FFCITY	City or town name	28		Alpha character
FFSTATE	State or U.S. Territory	28		Alpha character

STATE DATA FILE CONSIDERATIONS

For data collected on paper records, keying instructions need to reflect the detail of the electronic record.

States may also opt to retain coded fields as well as the literal entries. If coded fields are maintained as well, ISO standards should be used. See the translation below.

TRANSLATIONS

Response Mapping (examples) if states elect to code this item

<u>Response</u>	<u>Maps to values</u>
State Name	FIPS 5-2 two character codes (Appendix B)
City/Town, Location Name	FIPS 55-3 five digit place codes (Appendix C)

EDITS

Fields may not be blank

Item Titles: **NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY**

(Item is not part of the NCHS data set.)

Item Number: **21**

Description: The name and complete address of the funeral facility. This is the facility that handled the disposition of the body

Source of Information:

Preferred Source: Funeral service licensee or other agent

INSTRUCTIONS:

FOR A PAPER RECORD:

This is the name and address of the funeral facility that handled the disposition of the decedent.

Print or type the name of the facility, number of building, then the name of any pre-direction, then the street name, along with any post-directions, then the street designator.

Examples of street designator are words like Street, Avenue, Road, Circle, Court etc.

Print or type the name of the city, town, or other location.

Print or type the USA State or Territory.

Print or type the 5 digit Zip code or 9 digit Zip code if known.

FOR AN ELECTRONIC RECORD:

EDR Developer

Data entry should be set up in the order identified below corresponding to item 21 on the certificate. Most of the item could be set up to auto fill once the name of the funeral home is known. Name of funeral home could be from a drop down list. When the funeral director is identified in the systems a list of homes in which he practices could be generated for the drop down list. In many cases this will be

just one home and it could also be auto filled, but many funeral directors although in one practice have several homes with different names.

1. Name of funeral facility: _____
2. Complete number and street name : _____
3. Name of the city, town, or location: _____
4. State, U.S. Territory: _____
5. Zip Code _____

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>VALUES</u>
FFNAME	Name of the funeral facility	50	Alpha character
FFSTNAME	Complete number and street name	70	Alpha character
FFCITY	City or Town name	28	Alpha character
FFSTATE	State, or U.S.Territory	28	Alpha character
FFZIP	Zip Code	9	Numeric character

EDITS

1. Check for valid zip code.
2. Check for valid funeral facility name

STATE DATA FILE CONSIDERATIONS

For data collected on paper records, keying instructions need to reflect the detail of the electronic record.

States may also opt to retain coded fields as well as the literal entries. If coded fields are maintained as well, ISO standards should be used. See the translation below.

TRANSLATIONS

Response Mapping (examples) if states elect to code this item

<u>Response</u>	<u>Maps to values</u>
State Name	FIPS 5-2 two character codes (Appendix B)
City/Town, Location Name	FIPS 55-3 five digit place codes (Appendix C)

Item Title: **LICENSE NUMBER (OF LICENSEE)**
(Item is not part of the NCHS data set.)

Item Number: **23**

Description: Funeral Service or other agent license number

Source of Information:

Preferred Source: Funeral Service or Agent Licensee

INSTRUCTIONS

FOR A PAPER RECORD:

Funeral Director or Agent

Print or type your license number in the space provided (item 23).
If not licensed, print or type (no license).

FOR AN ELECTRONIC RECORD:

If an electronic signature is being captured for item 22 then this field can be auto-filled through a table look up.

EDR Developer

There should be a check box to indicate if this is a funeral service licensee or agent (with and without license).

- Funeral Service Licensee
- Agent with license
- Agent without license

If either of the first two boxes is checked, the entry screen should request the license number of the licensee.

If the third box is checked, the field should be left blank.

PROCESSING VARIABLE:

NAMES	DESCRIPTION	LENGTH	VALUES	DEFINITION
--------------	--------------------	---------------	---------------	-------------------

AGENT	Type of Agent	1	F	Funeral Service Licensee
			A	Agent with License
			N	Agent without License
FLIC	License number of Funeral Director or agent	12		alpha/numeric

EDITS:

PAPER RECORDS

Depending on state laws and rules, records should be queried if license number (item 23) is blank.

Licensee number must be a valid license number for type of agent.

ELECTRONIC RECORDS

If variable AGENT has values F or A there must be a license number entered. Cannot submit without license number of the funeral service licensee or agent unless agent is not licensed.

Licensee number must be a valid license number for type of agent.

Item Titles: **DATE PRONOUNCED DEAD**
 TIME PRONOUNCED DEAD

Item Numbers: **24, 25**

Descriptions: Month, day and year decedent was pronounced dead.
 Hour and minute decedent was pronounced dead.

Source of Information:

Preferred Source: Pronouncer

Other Acceptable Source: Certifying Physician, Medical Examiner, or Coroner

INSTRUCTIONS

FOR A PAPER RECORD:

Pronouncer, Certifying Physician, Medical Examiner, or Coroner

If the facility uses a separate pronouncer or other person to indicate that death has taken place with another person more familiar with the case completing the remainder of the medical portion of the death certificate, the pronouncer reports the pronounced date and time. In all other cases, the certifying physician, medical examiner, or coroner reports the date and time the person is pronounced dead.

Print or type the month, day, and four-digit year of death. Please spell out the month. Numeric abbreviations are acceptable for the day and year.

Print or type the hour and minute of death using a 24-hour clock.

FOR AN ELECTRONIC RECORD:

EDR Developer

If the facility uses a separate pronouncer or other person to indicate that death has taken place with another person more familiar with the case completing the remainder of the medical portion of the death certificate, the pronouncer reports the pronounced date and time. In all other cases, the certifying physician, medical examiner, or coroner reports the date and time the person is pronounced dead.

It is proposed that Date Pronounced Dead be a three-field entry with the month, day, and year entered in separate fields. There would be no drop down menu from which to select year, month or day, and no defaults.

Date Pronounced Dead

Month pronounced dead _____

When the month is to be entered, the following instruction should appear.

Enter the FULL name of the month.

Day pronounced dead _____

Year pronounced dead _____

It is proposed that the Time Pronounced Dead be a single-field entry. There would be no drop down menu to select hours and minutes.

Hour and minute pronounced dead _____

When the hour is to be entered, the following prompt should appear:

Use a 24-hour clock.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
PD_YR	Year pronounced dead	4-digit year	must be less than or equal to system year.
PD_MO	Month pronounced dead	January February March April May June July August September October November December	
PD_DY	Day pronounced dead	01-31 01-29 01-31 01-30	If January If February If March If April

For comparative purposes, a new field consisting of a combination of the three date fields should be formed to compare the actual or presumed Date of Death field (when completed) with the Date Pronounced Dead. Use the format YYYYMMDD. If the number for pronounced date is greater than or equal to the actual or presumed date, the edit passes. If not, the edit fails. If the numbers are equal, a similar comparison needs to be done for the Time Pronounced Dead and the actual or presumed Time of Death. If the time pronounced dead is greater (later) than or equal to the actual or presumed time of death, the edit passes. If not, the edit fails.

If the pronouncer is different from the certifying physician, medical examiner, or coroner, provide a mechanism for feedback to the pronouncer.

States need to edit year field to be sure it is the correct year for the file being submitted. States also need to edit the date fields to be sure they are earlier than or equal to the date the record was registered or filed.

SAMPLE ERROR MESSAGE AND QUERY SCREEN

One of the date entries is incorrect or inconsistent with other date entries. Please review and make any necessary changes.

Item Number	Field	Entry	Comments
29	Month	September	
	Day	31	day is greater than 30
29	Year	2003	
30	Time	1748	
24	Month	September	
24	Day	30	
24	Year	2002	Pronounced dead prior to actual death
25	Time	1748	

STATE DATA FILE CONSIDERATIONS

Although the paper document does not have separate fields for each element of the date or time, it is recommended that the date be entered and stored as three separate fields, and the time be entered and stored as a single separate field. States may choose to allow entry of numeric or alphabetic abbreviations for month instead of typing the entire literal.

If states elect to use a database system that has an option of storing dates as “date type variables,” the system must meet the criteria listed under transmission.

TRANSLATIONS:

If month is entered as a text entry, States will need to translate the written months into numeric values as follows:

January	01
February	02
March	03
April	04
May	05
June	06
July	07
August	08
September	09
October	10
November	11
December	12

Times of 2400 should be converted to 0000 at the State.

NCHS TRANSMISSION FILE

Data will not be transmitted to NCHS.

Item Title: **LICENSE NUMBER**
(Item is not part of the NCHS data set.)

Item Number: **27**

Description: License number of person pronouncing death.

Source of Information:

Preferred Source: Person pronouncing death

INSTRUCTIONS

FOR A PAPER RECORD:

This item can be left blank if the certifier of death is also the pronouncer of death. The box pronouncing and certifying physician should be checked in item 45.

Print or type the license number of the person pronouncing death in the space provided (item 27).

If not licensed, print or type (no license).

FOR AN ELECTRONIC RECORD:

If an electronic signature is being captured for item 22 then this field can be auto-filled through a table look up.

EDR Developer

There should be a check box to indicate if the person pronouncing death has a license number.

- Licensed
- No License

EDR developers need to get a list of licensed professions that are allowed to pronounce death in the state and include these as a list of check boxes in order to validate the license number. These can be included as a drop down if the licensed box is checked.

Licensed Professions

- profession 1
- profession 2
- etc.

If the first box is checked, the entry screen should request the license number of the licensee after the drop down list of licensees authorized to pronounce death is completed.

If the second box is checked, the field should be left blank.

PROCESSING VARIABLES:

NAMES	DESCRIPTION	LENGTH	VALUES	DEFINITION
PLIC	Pronouncer licensed	1	Y N	Licensed No License
PPROF	Pronouncer profession	1 or 2	(State Determined)	
PLICNUM	License number	12	Alpha character	

EDITS:

PAPER RECORDS

Depending on state laws and rules, records should be queried if there is a signature in item 26 and license number (item 27) is blank.

Licensee number must be a valid number license number.

ELECTRONIC RECORDS

If the response to item 45 indicates that the certifying physician is also the pronouncing physician, then the item should be blank.

If variable PLIC has value "Y," there must be a license number entered.

Licensee number must be a valid number license number for type of profession.

If variable PLIC has value "N," the license number field should be blank. Depending on state laws and rules the record may or may not be acceptable for filing when this occurs.

Item Title: **DATE SIGNED**
(Item is not part of the NCHS data set.)

Item Number: **28**

Description: The date the death record is signed by the person that pronounces death

Source of Information:

Preferred Source: The person that pronounces death.

INSTRUCTIONS

FOR A PAPER RECORD:

If the response to item 45 indicates that the certifying physician is the pronouncing physician, leave this item blank.

Print or type the month, day, and four digit year the death record is signed by the person pronouncing death. Standard numeric abbreviations are **NOT** acceptable.

FOR AN ELECTRONIC RECORD:

*If an electronic signature is being captured for item 26 then this field can be auto-filled
With the date the signature is captured*

EDR Developer (*Instructions are in italics*)

If the response to item 45 indicates that the certifying physician is also the pronouncing physician, this item should be skipped and the fields left blank.

The Date Signed item is a three-field entry with the month, day, and year entered in separate fields.

Month signed ___ ___

Day signed ___ ___

Year signed ___ ___ ___ ___

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>LENGTH</u>	<u>DEFINITIONS</u>
-------------	--------------------	---------------	---------------	--------------------

SIGN_YR	Year signed	4 digit year	4	4 digit year	
	SIGN_MO	Month signed	01	2	January
		02			February
		03			March
		04			April
		05			May
		06			June
		07			July
		08			August
		09			September
		10			October
		11			November
		12			December,
SIGN_DAY	Day signed	01-31	2	January	1-31
				February	1-29
				March	1-31
				April	1-30
				May	1-31
				June	1-30
				July	1-31
				August	1-31
				September	1-30
				October	1-31
				November	1-30
				December	1-31

EDITS:

ELECTRONIC RECORD

Field may be blank only if the response to item 45 indicates that the certifying physician is also the pronouncing physician.

If month is February and day = 29, Date Signed should be a leap year. If not, an error message should appear and ask that the date be corrected.

Date Signed must be the same as or later than the Date Pronounced Dead (Item 24) and the same as or earlier than the Date Certified (Item 49) and Date Filed By Registrar (Item 50).

Paper Records

For paper records, the same edits are applied. Edits failed after re-entry through the edit screens will result in a listing of items to be queried and the item will be given a pending query status.

STATE DATA FILE CONSIDERATIONS

While the paper document does not have separate fields for each element of the date, it is recommended that the date be entered and stored as three separate fields.

If states elect to use a database system that has an option of storing dates as “date type variables,” then the system must meet the criteria listed under transmission standards.

Item Titles: **DATE OF DEATH**
 TIME OF DEATH

Item Number: **29, 30**

Description: Actual or presumed Date of Death
 Actual or presumed Time of Death

Source of Information:

Certifying Physician, Medical Examiner, or Coroner

INSTRUCTIONS

FOR A PAPER RECORD:

Physician/Coroner

Print or type the month, day, and four-digit year of death. Please spell out the month. Numeric abbreviations are acceptable for the day and year.

Print or type the hour and minute of death using a 24-hour clock.

If the exact date or time of death is unknown, enter the approximate date. Estimates may be provided with "Approx." placed before the time.

FOR AN ELECTRONIC RECORD:

EDR Developer

It is proposed that Date of Death be a four-field entry with the month, day, and year being entered in separate fields. As a state option, an additional field to indicate any modifiers to the date of death such as "presumed" would be completed prior to entering the date of death. There will be no menus for selecting the year, month, or day of death.

List of possible modifiers for the actual or presumed date of death

Please select the appropriate modifier for the date of death about to be entered.

- Actual date of death**
- Approximate date of death**
- Presumed date of death**

Court determined date of death

Month of death _____

Day of death _____

Year of death _____

It is proposed that the Time of Death be a two-field entry with hour and minutes entered in one field and a modifier in the other field.

States may also opt to have a list of modifiers for the time of death.

List of modifiers for the actual or presumed time of death

Please select the appropriate modifier for the time of death about to be entered.

- Actual time of death**
- Approximate time of death**
- Presumed time of death**
- Court determined time of death**
- Unknown time of death**

If "Unknown" is selected, skip to the next item and leave the hour and minute field blank.

Hour and minute of death (Use a 24-hour clock) _____

PROCESSING VARIABLES:

If states opt to include one or both modifiers then variables and values would have to be assigned.

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
DOD_YR	Year of death	4-digit year	must be less than or equal to system year.
DOD_MO	Month of death	January February March April May June July August September	

		October	
		November	
		December	
		Unknown	
DOD_DY	Day of death	01-31	If January
		01-29	If February
		01-31	If March
		01-30	If April
		01-31	If May
		01-30	If June
		01-31	If July
		01-31	If August
		01-30	If September
		01-31	If October
		01-30	If November
		01-31	If December
		99	Unknown
TOD	Time of death	0000-2359	
		9999	Unknown

EDITS:

Before the record is transmitted to the State

Some facilities may use a 0001-2400 range in lieu of the 0000-2359 range. Based on the recommendation of the National Institute of Standards and Technology, it is strongly recommended that the 24-hour clock with the range of 0000-2359 be used. 0000 is the start of the new day. The recommended sequence is:

*2359 (11:59 pm)
0000 (12 midnight)
0001 (12:01 am)*

However, some facilities use the following sequence:

*2359 (11:59 pm)
2400 (12 midnight)
0001 (12:01 am).*

Entry

Values

Month

January, February, March, April
May, June, July, August, September

	October, November, December
Day	January 1-31 February 1-29 March 1-31 April 1-30 May 1-31 June 1-30 July 1-31 August 1-31 September 1-30 October 1-31 November 1-30 December 1-31
Year	Must be less than or equal to system year
Time	0000-2400 9999

If any of the edits fail, an error screen will appear that shows all the date and time information entered and a comment on invalid entries. These errors must be corrected before the record can be submitted or printed.

The modifier field must be completed. If blank, an error screen shows the entry screen with a sentence that reads, "Please select one of these choices."

Misspellings will be automatically corrected.

If month is February and day is 29, year must be a leap year.

States need to edit the year field to be sure it is the correct year for the file being submitted.

States also need to compare the Date of Death fields to be sure it is earlier or equal to the date the record was registered or filed.

STATE FILE CONSIDERATIONS:

While the paper document does not have separate fields for each element of the date and time, it is recommended that the date be entered and stored as four separate fields. States may choose to allow entry of numeric or alphabetic abbreviations for month instead of typing the entire literal. The fourth field is for the modifier described above. Similarly, the Time of Death would be kept in two fields; the second is for the modifier. If the state elects to include the modifiers, they are

to be kept only at the State level for legal purposes and for the purpose of issuing certified copies from the electronic file.

If States elect to use a database system that has an option of storing dates as “date type variables,” then the system must meet the criteria listed under transmission standards.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
DOD_YR	4	Numeric character string or “date type”	4 digit year
DOD_MO	2	Numeric character string or “date type”	01-12, 99
DOD_DY	2	Numeric character string or “date type”	0-31 (based on MO), 99
TOD	4	Numeric character string or “date type”	0000-2359, 9999

TRANSLATIONS:

If month is entered as a text entry, States will need to translate the written months into numeric values as follows:

January	01
February	02
March	03
April	04
May	05
June	06
July	07
August	08
September	09
October	10
November	11
December	12
Unknown	99

States will also need to convert times of 2400 to 0000 before transmitting data to NCHS.

EDI TRANSMISSION:

HL 7 Transmission standards will be followed.

Format ----- YYYY[MM[DD[HH[mm]]]]

Year must be fully represented with four digits.

Software that stores dates as “date type” must be year 2000 compliant and capable of producing the date in the YYYY..... format and capable of producing messages in the HL7 EDI format.

Item Title: **WAS MEDICAL EXAMINER OR
CORONER CONTACTED?**

(Item is not part of the NCHS data set.)

Item Number: **31**

Description: Information on the referrals to medical examiner or coroner.

Source of Information:

Preferred Source: Certifying Physician

INSTRUCTIONS

FOR A PAPER RECORD:

Certifying Physician

Check the appropriate box in item 31.

Was medical examiner or coroner contacted?

- Yes
 No

FOR AN ELECTRONIC RECORD:

EDR Developer

Response for this item is made by selecting one of the choices from the menu list below.

Was medical examiner or coroner contacted?

- Yes
 No

Unknown

Above this list of responses should be the State's criteria for referral to the medical examiner or coroner.

If "Yes" is checked, completion of the certificate may be terminated and the case may be referred to the ME or Coroner.

The referral could be done electronically by the State system or there could be an instruction message for the Physician to call the ME or Coroner. When a ME or Coroner takes responsibility, Ownership of Items 36-39 is then transferred to the ME or Coroner.

If "No" is checked, items 38-44 and then 46-49, will appear.

If "Unknown" is checked, a message with information on whom to contact for advice or a determination should appear.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
REF	Medical examiner/coroner contacted?	Y N U	Yes No Unknown

EDITS:

Before the record is transmitted to the State

ELECTRONIC RECORD

The electronic record must contain one of the valid responses indicated above.

PAPER RECORD

Records filed with this field blank are queried. If no response to query, assign the "Unknown" code.

Item Title: CAUSE OF DEATH

Item Number: 32

Description: Causes of death are diseases, abnormalities, injuries, or poisonings that contributed directly or indirectly to death.

Source of Information:

Certifying Physician, Medical Examiner, or Coroner

INSTRUCTIONS

FOR A PAPER RECORD:

Physician/Medical Examiner/Coroner

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 of 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.

It provides important personal information about the decedent and about the circumstances and cause of death. Information on cause of death is important to the family to bring closure, peace-of-mind, and to document the exact cause of death. Cause of death is also used for medical and epidemiological research on disease etiology and evaluating the effectiveness of diagnostic and therapeutic techniques. It is a measure of health status at local, state, national, and international levels.

The medical examiner/coroner investigates deaths that are unexpected, unexplained, or if an injury or poisoning was involved. State laws provide guidelines for when a medical examiner/coroner must be notified. In the case of deaths known or suspected to have resulted from injury or poisoning, report the death to the medical examiner/coroner as required by State law. The medical examiner/coroner will either complete the cause-of-death section of the death certificate or waive that responsibility. If the medical examiner/coroner does not accept the case, then the certifier will need to complete the cause-of-death section.

General instructions for completing cause of death

(For an expanded set of instructions, refer to the State vital statistics office, the tutorial at <http://www.theNAME.org>, handbooks and other resources at <http://www.cdc.gov/nchs/about/major/dvs/handbk.htm>, or NCHS, Room 7318, 3311 Toledo Road, Hyattsville, Maryland 20782).

Cause-of-death information should be your best medical opinion.

List only one condition per line in Part I. Additional lines may be added as needed.

Each condition in Part I should cause the condition above it.

Abbreviations and parentheses should be avoided in reporting causes of death.

Provide the best estimate of the interval between the presumed onset of each condition and death.

The original death certificate should be amended according to state policies if additional medical information or autopsy findings become available that would change the cause of death originally reported.

For deaths caused by injury or poisoning, complete only if the medical examiner or coroner instructs you to do so.

The terminal event (e.g., cardiac arrest or respiratory arrest) should not be used. You should report the causes of the terminal event (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., primary 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).

In Part II, report 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.

FOR AN ELECTRONIC RECORD:

EDR Developer

For an EDR, it will be necessary to have the physician enter the age and sex of the deceased. See instructions for items 2 and 4a but leaving out the full edits. These should be stored in temporary fields and used only for conducting initial edits and screens for the cause of death information. When the cause-of-death section of the electronic death certificate is opened or accessed, the first screen to appear should read as follows:

A death certificate is a permanent record of the fact of death of an individual. It provides important personal information about the decedent and about the circumstances and cause

of death. Information on cause of death is important to the family to bring closure, peace-of-mind, and to document the exact cause of death. Cause of death is also used for medical and epidemiological research on disease etiology and evaluating the effectiveness of diagnostic and therapeutic techniques. It is a measure of health status at local, state, national, and international levels.

Physician's responsibility

The physician's primary responsibility in completing the cause-of-death section is to report to the best of his or her knowledge, based upon available information, the causal chain that led to the death. The causal chain should begin with the cause that was closest to the time of death and work backwards to the initiating condition, which is called the underlying cause of death. For example, the physician might report a death for which staphylococcus pneumonia occurs closest to the time of death; however the physician also reports that the pneumonia is due to carcinoma metastatic to both lungs, which in turn, is due to poorly differentiated adenocarcinoma, unknown primary site.

Medical examiner/coroner's responsibility

The medical examiner/coroner investigates deaths that are unexpected, unexplained, or if an injury or poisoning was involved. State laws provide guidelines for when a medical examiner/coroner must be notified. In the case of deaths known or suspected to have resulted from injury or poisoning, report the death to the medical examiner/coroner as required by State law. The medical examiner/coroner will either complete the cause-of-death section of the death certificate or waive that responsibility. If the medical examiner/coroner does not accept the case, then the certifier will need to complete the cause-of-death section.

General instructions for completing cause of death (For an expanded set of instructions, click on help)

- , Cause-of-death information should be your best medical opinion.
- , List only one condition per line in Part I. Additional lines may be added as needed.
- , Each condition in Part I should cause the condition above it.
- , Abbreviations and parentheses should be avoided in reporting causes of death.
- , Provide the best estimate of the interval between the presumed onset of each condition and death.
- , The original death certificate should be amended according to state policies if additional medical information or autopsy findings become available that would change the cause of death originally reported.
- , For deaths caused by injury or poisoning, complete only if the medical examiner or coroner instructs you to do so.
- , The terminal event (e.g., cardiac arrest or respiratory arrest) should not be used. You should report the causes of the terminal event (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., primary 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).

In Part II, report 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.

If you have never completed a death certificate or need a refresher, click on Help for additional assistance and examples of properly completed cause-of-death statements.

On medical examiner (ME), coroner, and physician entry screens of the EDR, it is imperative that the physician viewing the screen be able to see, at minimum, the same prompts and formatting as those physicians using the paper version of the 2003 revision of the U.S. Standard Certificate of Death (as shown below). These medical certifiers need to be able to see that they will be completing both Parts I and II of the death certificate. The physicians completing cause of death must enter medical conditions using their own terminology (PICK LISTS FOR CAUSES ARE NOT ALLOWED). The EDR provides the opportunity to provide additional space and instructions; pick lists and other techniques may be used for fields other than cause of death.

CAUSE OF DEATH (See instructions and examples)		Approximate Interval: Onset to death
32. PART I. Enter the <u>chain of events</u> -- diseases, injuries, or complications-- that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.		
IMMEDIATE CAUSE (Final disease or condition resulting in death) ----->	a. _____ Due to (or as a consequence of):	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the 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. Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.		

Each page should include a context sensitive progress bar (or mouse-over or some alternative pop-up) that provides an instruction or definition as the cursor moves from item to item. When the cursor moves to the cause-of-death boxes representing Part I of the standard certificate of death, the progress bar or other alternative should have a status message that says:

Provide a description of the sequence of causes resulting in death in these entry boxes, starting with the most recent condition. Click on Help for examples and assistance.

When cursor is on the entry box representing information collected on Part II of the certificate of death, the status message on the progress bar should read:

Report conditions that pre-existed or co-existed and contributed to death, but did not result in the cause reported in the lowest line used in Part I, as reported above. Click on Help for examples and assistance.

When the cursor is on an entry box for the “approximate interval between onset and death,” the status message on the progress bar should read:

Time interval between presumed onset of the condition and the date of death. Click on Help for additional information.

INFORMATION THAT SHOULD BE INCLUDED IN THE HELP FUNCTION

The following shows the structure and content of the Help Section. When the user clicks on Help from an item, the Help screen that appears should show the section of Help that is relevant to that item as well as the index of the Help Section that would permit them to navigate elsewhere

within the Help. This will provide assistance for the item in question as well as letting them know that the additional topics are addressed in Help.

[Certifier- Guidance on getting to help should be prominent on every screen; within the help section, the index should be prominent:]

Index of Help Section:

Introduction to completing a cause-of-death statement

Examples of properly completed cause-of-death statements

Detailed instructions

Glossary of terms

Possible solutions to common problems in death certification

 Uncertainty

 Elderly deaths

 Infant deaths

 Avoid ambiguity

References

Approximate interval between onset and death

Introduction to completing a cause-of-death statement

A death certificate is a permanent record of an individual's death. One purpose of the death certificate is to obtain a simple description of the sequence or process leading to death rather than a record describing all medical conditions present at death.

Causes of death on the death certificate represent a medical opinion that might vary among individual physicians. In signing the death certificate, the physician, medical examiner, or coroner certifies that, in his/her medical opinion, the individual died from the reported causes of death. The certifier's opinion and confidence in that opinion are based upon his/her training, knowledge of medicine, available medical history, symptoms, diagnostic tests, and available autopsy results for the decedent. Even if extensive information is

available to the certifier, causes of death may be difficult to determine, so the certifier may indicate uncertainty by qualifying the causes on the death certificate.

Cause-of-death data is important for surveillance, research, design of public health and medical interventions, and funding decisions for research and development. The death certificate is also a legal document used in settling estates.

Examples of properly completed cause-of-death statements

The following are examples of properly completed death certificates:

<p>32. PART I. Enter the <u>chain of events</u> - - diseases, injuries, or complications- - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.</p>		<p>CAUSE OF DEATH (See instructions and examples)</p>	<p>Approximate Interval: Onset to death</p>
<p>IMMEDIATE CAUSE (Final disease or condition resulting in death) -----></p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST</p>	<p>a. Rupture of myocardium Due to (or as a consequence of):</p>		<p>Minutes</p>
	<p>b. Acute myocardial infarction Due to (or as a consequence of):</p>		<p>6 days</p>
	<p>c. Coronary artery thrombosis Due to (or as a consequence of):</p>		<p>5 years</p>
	<p>d. Atherosclerotic coronary artery disease</p>		<p>7 years</p>
<p>PART II. Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.</p> <p>Diabetes, Chronic obstructive pulmonary disease, smoking</p>		<p>33. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
		<p>34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>36. IF FEMALE <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year</p>	<p>37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p>	

CAUSE OF DEATH (See instructions and examples)		Approximate Interval: Onset to death
32. PART I. Enter the <u>chain of events</u> - - diseases, injuries, or complications- - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.		
IMMEDIATE CAUSE (Final disease or condition resulting in death) ----->	a. Acute renal failure Due to (or as a consequence of):	5 days
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. Hyperosmolar nonketotic coma Due to (or as a consequence of):	8 days
	c. Non-insulin-dependent diabetes mellitus Due to (or as a consequence of):	15 years
	d.	
PART II. Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.		33. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hypertension, Atherosclerotic coronary artery disease		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	36. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined

CAUSE OF DEATH (See instructions and examples)		Approximate Interval: Onset to death
32. PART I. Enter the <u>chain of events</u> - - diseases, injuries, or complications- - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.		
IMMEDIATE CAUSE (Final disease or condition resulting in death) ----->	a. Carbon monoxide poisoning Due to (or as a consequence of):	Unknown
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. Inhalation of automobile exhaust fumes Due to (or as a consequence of):	Unknown
	c.	
	d.	
PART II. Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.		33. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gastric adenocarcinoma		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	36. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	37. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)	39. TIME OF INJURY	40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)
August 15, 2003	Unknown	In own home- garage
42. LOCATION OF INJURY: State: Missouri City or Town: Alexandria		41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Street & Number: 898 Sylvan Road Apartment No:		Zip Code: 63141-2314
43. DESCRIBE HOW INJURY OCCURRED:		44. IF TRANSPORTATION INJURY, SPECIFY:
Inhaled exhaust from automobile enclosed in garage		<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify):

CAUSE OF DEATH (See instructions and examples)

32. PART I. Enter the chain of events - - diseases, injuries, or complications- - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

Approximate Interval:
Onset to death

IMMEDIATE CAUSE (Final disease or condition resulting in death) ----->

a. **Cardiac tamponade**

Due to (or as a consequence of):

15 minutes

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

b. **Perforation of heart**

Due to (or as a consequence of):

20 minutes

c. **Shotgun wound to thorax**

Due to (or as a consequence of):

20 minutes

d.

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

33. WAS AN AUTOPSY PERFORMED?

Yes No

34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No

35. DID TOBACCO USE CONTRIBUTE TO DEATH?

Yes Probably
 No Unknown

36. IF FEMALE

Not pregnant within past year
 Pregnant at time of death
 Not pregnant, but pregnant within 42 days of death
 Not pregnant, but pregnant 43 days to 1 year before death
 Unknown if pregnant within the past year

37. MANNER OF DEATH

Natural Homicide
 Accident Pending investigation
 Suicide Could not be determined

38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)

August 20, 2003

39. TIME OF INJURY

Approx. 2100

40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)

Neighbor's home

41. INJURY AT WORK?

Yes No

42. LOCATION OF INJURY: State: **Alabama**

City or Town: **Columbus**

Street & Number: **3129 Discus Avenue**

Apartment No:

Zip Code: **35487-0002**

43. DESCRIBE HOW INJURY OCCURRED:

Shot by another person using a shotgun

44. IF TRANSPORTATION INJURY, SPECIFY:

Driver/Operator
 Passenger
 Pedestrian
 Other (Specify):

CAUSE OF DEATH (See instructions and examples)				Approximate Interval: Onset to death
32. PART I. Enter the <u>chain of events</u> - - diseases, injuries, or complications- - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.				
IMMEDIATE CAUSE (Final disease or condition resulting in death) ----->				
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				
a. Aspiration pneumonia Due to (or as a consequence of):				2 days
b. Complications of coma Due to (or as a consequence of):				7 weeks
c. Blunt force injuries Due to (or as a consequence of):				7 weeks
d. Motor vehicle accident				7 weeks
PART II. Enter other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.			33. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
			34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		36. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		37. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month) December 13, 2003	39. TIME OF INJURY Approx. 1700	40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area) road side near state highway		41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
42. LOCATION OF INJURY: State: California City or Town: Foggy				
Street & Number: mile marker 17 on state route 46A Apartment No: _____ Zip Code: _____				
43. DESCRIBE HOW INJURY OCCURRED: Decedent driver of van, ran off road into tree				44. IF TRANSPORTATION INJURY, SPECIFY: <input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify): _____

Detailed instructions

- , **Cause-of-death information should be your best medical opinion.**
- , **List only one condition per line in Part I. Additional lines may be added if necessary.**
- , **Each condition in Part I should cause the condition above it.**
- , **Abbreviations and parentheses should be avoided in reporting causes of death.**
- , **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.**
- , **The original death certificate should be amended according to state policies by the certifying physician (if additional medical information or autopsy findings become available that would change the cause of death originally reported) by immediately reporting the revised cause of death to the State Vital Records Office.**
- , **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.**

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.

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.

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.

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.

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

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.

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.

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.

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

Deaths known or suspected as having been caused by injury or poisoning should be reported to the medical examiner or coroner, and you will only need to complete the death certificate if the medical examiner or coroner instructs you to do so.

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

Glossary of terms

Causes of death: The causes of death to be entered on the medical certificate of cause of death are all those diseases, morbid conditions or injuries which either resulted in or contributed to death and the circumstances of the accident or violence which produced any such injuries.

Underlying cause of death: the disease or injury that initiated the chain of morbid events that led directly to death.

Immediate cause of death: the disease, injury, or complication directly causing death. The interval between this condition and death is equal to or less than that between any other condition and death in Part I.

Intermediate cause of death: a disease, injury, or complication that occurs between the onset of the underlying cause and the immediate cause of death in the sequence of conditions reported in Part I of the death certificate.

Due to (or as a consequence of): apply to etiological or pathological sequences as well as to sequences in which an earlier condition is believed to have prepared the way for a subsequent cause by damage to tissues or impairment of function

Possible solutions to common problems in death certification

Uncertainty:

Often several acceptable ways of writing a cause-of-death statement exist. Optimally, a certifier will be able to provide a simple description of the process leading to death that is etiologically clear and to be confident that this is the correct sequence of causes. However, realistically, description of the process is sometimes difficult because the certifier is not certain.

In this case, the certifier should think through the causes about which he/she is confident and what possible etiologies could have resulted in these conditions. The certifier should select the causes that are suspected to have been involved and use words such as “probable” or “presumed” to indicate that the description provided is not completely certain. If the initiating condition reported on the death certificate could have arisen from a pre-existing condition but the certifier cannot determine the etiology, he/she should state that the etiology is unknown, undetermined, or unspecified, so it is clear that the certifier did not have enough information to provide even a qualified etiology. Reporting a cause of death as unknown should be a last resort.

Elderly deaths:

When preparing a cause-of-death statement for an elderly decedent, the causes should present a clear and distinct etiological sequence, if possible. Causes of death on the death certificate should not include terms such as senescence, old age, infirmity, and advanced age because they have little value for public health or medical research. Age is recorded elsewhere on the death certificate. When malnutrition is involved, the certifier should consider if other medical conditions could have led to malnutrition.

The death certificate and the classification of diseases are not designed to capture multiple organ/system failure. When a number of conditions or multiple organ/system failure resulted in death, the physician, medical examiner, or coroner should choose a single

sequence to describe the process leading to death and list the other conditions in Part II of the certification section. “Multiple system failure” could be included as an “other significant condition” but also specify the systems involved to ensure that the information is captured. In other instances, conditions listed in Part II of the death certificate may include causes that resulted from the underlying cause but which did not fit into the sequence resulting in death.

If any potentially lethal medical conditions are known but cannot be cited as part of the sequence leading to death, they should be listed as other significant conditions.

If the certifier cannot determine a descriptive sequence of causes of death despite carefully considering all information available, the medical examiner or coroner should be consulted about conducting an investigation or providing assistance in completing the medical certification.

Infant deaths:

When preparing a cause-of-death statement for an infant death, the causes should present a clear and distinct etiological sequence, if possible. Causes of death on the death certificate should not include terms such as prematurity without explaining the etiology because they have little value for public health or medical research.

When a number of conditions or multiple organ/system failure resulted in death, the physician, medical examiner, or coroner should choose a single sequence to describe the process leading to death and list the other conditions in Part II of the certification section. “Multiple system failure” could be included as an “other significant condition” but also specify the systems involved to ensure that the information is captured. Maternal conditions may have initiated or affected the sequence that resulted in an infant death. These maternal conditions should be reported in the cause-of-death statement in addition to the infant causes (e.g., Hyaline membrane disease due to prematurity, 28 weeks due to placental abruption due to blunt trauma to mother’s abdomen).

When SIDS is suspected, a complete investigation should be conducted, typically by a medical examiner or coroner. If the infant is under 1 year of age, no cause of death is determined after scene investigation, clinical history is reviewed, and a complete autopsy is performed, then the death can be reported as Sudden infant death syndrome.

Avoid ambiguity:

Most certifiers will find themselves, at some point, in the circumstance in which they are unable to provide a simple description of the process of death. In this situation, the certifier should try to provide a clear sequence, qualify the causes about which he/she is uncertain, and be able to explain the certification chosen.

When conditions such as the following are reported, information about the etiology should be reported if possible:

Abscess	Coagulopathy	Malnutrition
Abdominal hemorrhage	Compression fracture	Metabolic encephalopathy
Acute myocardial infarction	Congestive heart failure	Multi-organ failure
Adhesions	Convulsions	Multi-system organ failure
Adult respiratory distress syndrome	Decubiti	Myocardial infarction
Altered mental status	Dehydration	Necrotizing soft-tissue infection
Anemia	Dementia (when not otherwise specified)	Open (or closed) head injury
Anoxia	Diarrhea	Pancytopenia
Anoxic encephalopathy	Disseminated intravascular coagulopathy	Perforated gallbladder
Arrhythmia	Dysrhythmia	Peritonitis
Ascites	End-stage liver disease	Pleural effusions
Aspiration	End-stage renal disease	Pneumonia
Atrial fibrillation	Epidural hematoma	Pulmonary arrest
Bacteremia	Exsanguination	Pulmonary edema
Bedridden	Failure to thrive	Pulmonary embolism
Biliary obstruction	Fracture	Pulmonary insufficiency
Bowel obstruction	Gangrene	Renal failure
Brain injury	Gastrointestinal hemorrhage	Respiratory arrest
Brain stem herniation	Heart failure	Seizures
Carcinogenesis	Hemothorax	Sepsis
Carcinomatosis	Hepatic failure	Septic shock
Cardiac arrest	Hepatorenal syndrome	Shock
Cardiac dysrhythmia	Hyperglycemia	Starvation
Cardiomyopathy	Hyperkalemia	Subdural hematoma
Cardiopulmonary arrest	Hyponatremia	Sudden death
Cellulitis	Hypotension	Subarachnoid hemorrhage
Cerebrovascular accident	Hypovolemic shock	Thrombocytopenia
Cerebellar tonsillar herniation	Immunosuppression	Uncal herniation
Cerebral edema	Increased intracranial pressure	Urinary tract infection
Chronic bedridden state	Intracranial hemorrhage	Ventricular fibrillation
Cirrhosis		Ventricular tachycardia
		Volume depletion

If the certifier is unable to determine the etiology of a process such as those shown above, the process must be qualified as being of an unknown, undetermined, probable, presumed, or unspecified etiology so it is clear that a distinct etiology was not inadvertently or carelessly omitted.

The following conditions and types of death might seem to be specific but when the medical history is examined further, the conditions may be found to be complications of an injury or poisoning (possibly occurring long ago):

Asphyxia	Exsanguination	Open reduction of fracture
Bolus	Fall	Pulmonary emboli
Choking	Fracture	Seizure disorder
Drug or alcohol overdose/drug or alcohol abuse	Hip fracture	Sepsis
Epidural hematoma	Hyperthermia	Subarachnoid hemorrhage
	Hypothermia	Subdural hematoma
	Hip fracture	Thermal burns/chemical burns

Is it possible that the underlying cause of death was the result of an injury or poisoning? If it might be, check with the medical examiner/coroner to find out if the death should be reported to him/her.

When indicating neoplasms as a cause of death indicate 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 a neoplasm, and 5) part or lobe of an organ affected. For example, a well-differentiated squamous cell carcinoma, lung, left upper lobe.

References

For detailed information on how to complete the medical certification section of the death certificate, you may refer to:

The Medical Cause of Death Manual 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.

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.

Tutorial information available at <http://www.TheNAME.org>
(Poorly written cause-of-death statement at
<http://www.thename.org/CauseDeath/screen2.htm>)

State resources.

NCHS' Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting (available from NCHS or at http://www.cdc.gov/nchs/data/misc/hb_me.pdf

NCHS' Physicians' Handbook on Medical Certification of Death (available from NCHS or at http://www.cdc.gov/nchs/data/misc/hb_cod.pdf

Laminated cards (available from NCHS or at <http://www.cdc.gov/nchs/about/major/dvs/handbk.htm>).

Approximate interval between onset and death

Record the interval between the presumed onset of the condition (not the diagnosis of the condition) and the date of death. This should be entered for all conditions in Part I. These intervals usually are established by the physician on the basis of available information. In some cases the interval will have to be estimated. If the time of onset is entirely unknown, state that the interval is "Unknown." Do not leave these items blank.

This information is useful in coding certain diseases and also provides a useful check on the accuracy of the reported sequence of conditions.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITIONS</u>
CODIa	Info reported on line a, part I	Literal	
CODIb	Info reported on line b, part I	Literal	
CODIc	Info reported on line c, part I	Literal	

CODId	Info reported on line d, part I	Literal
CODII	Info reported in part II	Literal
INTIa	Duration line a, part I	Literal
INTIb	Duration line b, part I	Literal
INTIc	Duration line c, part I	Literal
INTId	Duration line d, part I	Literal

The cause information will be put through the automated software for processing cause-of-death data. Information on the input file for SuperMICAR, MICAR100, and TRANSAX will be forthcoming.

EDITS:

Before the record is transmitted to the State

ELECTRONIC RECORD

The electronic death certificate can be made more useful by providing some more immediate edit checks based on literal entries. Below are some specifications.

1) Unacceptable causes. An edit that flags the following as unacceptable causes if they are the only cause reported or are reported on the lowest line of the certification: respiratory arrest, RAR, resp arrest, asystole, cardiac arrest, CAR, cardio-respiratory arrest, cardiac pul arrest, cardiac pulmonary arrest, cardiopulmonary arrest, CPAR, ventricular fibrillation, VF, electrical mechanical dissociation, EMD, and electromechanical dissociation.

*The edit message should be: **Mechanistic terminal events such as the last entry preferably should not be either the only cause or underlying cause in a cause-of-death statement.***

Please enter the medical conditions that led to this terminal event.

2) Spellcheck. Include an automatic spelling checker (see Appendix K for words that can be included in a spelling dictionary)

3) Abbreviations and parentheses. *If there is an abbreviation or parentheses in the cause-of-death statement, provide a message that neither is good practice and please specify what is meant. It would be desirable to customize abbreviations so that the computer would ask if the certifier meant x,y, or specify. Providing possible terms using the same abbreviations would a) illustrate why using abbreviations is confusing and b) lessen the work the certifier needs to do to correct the entry. The abbreviations, shown below, are from NCHS Instruction Manual Part 2b, Instructions for Classifying Multiple Causes of Death, 2000 (see <http://www.cdc.gov/nchs/about/major/dvs/im.htm> and latest manual). Abbreviations should not be automatically replaced.*

*The edit message should be: **Please do not use abbreviations to report cause of death. We think that the full term for (e.g., AAA) is (e.g., abdominal aortic aneurysm)? Indicate which term is correct if multiple meanings are possible, or specify what you meant by the abbreviation if we have not suggested the correct full term. Thank you.***

AAA	abdominal aortic aneurysm	ADH	antidiuretic hormone	AIDS	acquired immunodeficiency syndrome
AAS	aortic arch syndrome	ADS	antibody deficiency syndrome	AKA	above knee amputation
AAT	alpha-antitrypsin	AEG	air encephalogram	ALL	acute lymphocytic leukemia
AAV	AIDS-associated virus	AF	auricular or atrial fibrillation; acid fast	ALS	amyotrophic lateral sclerosis
AB	abortion; asthmatic bronchitis	AFB	acid-fast bacillus	AMI	acute myocardial infarction
ABD	abdomen	AFI	amaurotic familial idiocy	AML	acute myelocytic leukemia
ABE	acute bacterial endocarditis	AGG	agammaglobulinemia	ANS	arteriolonephrosclerosis
ABS	acute brain syndrome	AGL	acute granulocytic leukemia	AOD	arterial occlusive disease
ACA	adenocarcinoma	AGN	acute glomerulonephritis	AODM	adult onset diabetes mellitus
ACD	arteriosclerotic coronary disease; absolute cardiac dullness	AGS	adrenogenital syndrome	AOM	acute otitis media
ACH	adrenal cortical hormone	AHA	acquired hemolytic anemia; autoimmune hemolytic anemia	AP	angina pectoris; anterior and posterior repair; artificial pneumothorax; anterior pituitary
ACT	acute coronary thrombosis	AHD	arteriosclerotic heart disease	A&P	anterior and posterior repair
ACTH	adrenocorticotrophic hormone	AHHD	arteriosclerotic hypertensive heart disease	APC	auricular premature contraction; Acetylsalicylic acid, Acetophenetidin, and caffeine
ACVD	arteriosclerotic cardiovascular disease	AHG	anti-hemophilic globulin deficiency	APE	acute pulmonary edema; anterior pituitary extract
AD	auris dextra (right ear); addiction, drug; adenoidal degeneration; atrio dextro (rt. atrium)	AHLE	acute hemorrhagic leukoencephalitis	APH	antepartum hemorrhage
ADEM	acute disseminated encephalomyelitis	AI	aortic insufficiency; additional information	AR	aortic regurgitation

ARC	AIDS-related complex	AUL	acute undifferentiated leukemia	CASCVD	chronic arteriosclerotic cardio-vascular disease
ARF	acute respiratory failure			CB	chronic bronchitis
ARM	artificial rupture of membranes	AV	arteriovenous; auriculoventricular; aortic valve	CBC	complete blood count
ARV	AIDS-related virus	AVF	arterio-ventricular fibrillation; arteriovenous fistula	CBD	common bile duct
AS	arteriosclerotic; arteriosclerosis; aortic stenosis; auris sinistra (left ear)	AVH	acute viral hepatitis	CBS	chronic brain syndrome
ASA	acetylsalicylic acid (aspirin)	AVP	aortic valve prosthesis	CCF	chronic congestive failure
ASAD	arteriosclerotic artery disease	AVR	aortic valve replacement	CCI	chronic cardiac or coronary insufficiency
ASCD	arteriosclerotic coronary disease	AWMI	anterior wall myocardial infarction	CDE	common duct exploration
ASCHD	arteriosclerotic coronary heart disease	AZT	azidothymidine	CDH	congenital dislocation hip
ASCVA	arteriosclerotic cerebrovascular accident	BA	basilar arteriogram; bronchial asthma; basilar artery	CF	congestive failure; compliment fixation test; cystic fibrosis; Christmas factor (plasma thromboplastin component)
ASCVD	arteriosclerotic cardiovascular disease	B&B	bronchoscopy and biopsy	CFT	chronic follicular tonsillitis
ASCVHD	arteriosclerotic cardiovascular heart disease	BBB	bundle branch block	CGN	chronic glomerulonephritis
ASCVRD	arteriosclerotic cardiovascular renal disease	B&C	biopsy and cauterization	CHA	congenital hypoplastic anemia
ASD	atrial septal defect	BCE	basal cell epithelioma	CHB	complete heart block
ASDHD	arteriosclerotic decompensated heart disease	BE	barium enema	CHD	congestive heart disease; coronary heart disease; Chediak-Higaski Disease; congenital heart disease
ASHCVD	arteriosclerotic hypertensive cardiovascular disease	BEH	benign essential hypertension	CHF	congestive heart failure
ASHD	arteriosclerotic heart disease; atrioseptal heart defect	BGL	Bartholin's gland	C ₂ H ₅ OH	ethyl alcohol
ASHHD	arteriosclerotic hypertensive heart disease	BKA	below knee amputation	CI	cardiac insufficiency; cerebral infarction
ASHVD	arteriosclerotic hypertensive vascular disease	BL	bladder; bucolingual; blood loss; Burkitt's lymphoma	CID	cytomegalic inclusion disease
ASO	arteriosclerosis obliterans	BMR	basal metabolism rate	CIS	carcinoma in situ
ASPVD	arteriosclerotic peripheral vascular disease	BNA	Bladder neck adhesions	CLD	chronic lung disease; chronic liver disease
ASVD	arteriosclerotic vascular disease	BNO	bladder neck obstruction	CLL	chronic lymphatic leukemia; chronic lymphocytic leukemia
ASVH(D)	arteriosclerotic vascular heart disease	BOMSA	bilateral otitis media serous acute	CMID	cytomegalic inclusion disease
ATC	all-terrain cycle	BOMSC	bilateral otitis media serous chronic	CML	chronic myelocytic leukemia
ATN	acute tubular necrosis	BOW	"bag of water" (membrane)	CMM	cutaneous malignant melanoma
ATS	anxiety tension state; anti-tetanus serum; arteriosclerosis	B/P, BP	blood pressure	CMV	cytomegalic virus
ATSHD	arteriosclerotic heart disease	BPH	benign prostate hypertrophy	CNHD	congenital nonspherocytic hemolytic disease
ATV	all-terrain vehicle	BSA	body surface area	CNS	central nervous system
AU	auris unitas (both ears)	BSO	bilateral salpingo-oophorectomy	CO	carbon monoxide
		BSP	Bromosulfaphthalein test	COAD	chronic obstructive airway disease
		BTL	bilateral tubal ligation	CO ₂	carbon dioxide
		BUN	blood, urea, and nitrogen test	COBE	chronic obstructive bullous emphysema
		BVL	bilateral vas ligation	COBS	chronic organic brain syndrome
		B&W	Baldy-Webster suspension (uterine)	COFS	cerebro-oculo-facio-skeletal
		BX	biopsy	COOMBS	test for Rh sensitivity
		BX CX	biopsy cervix	COLD	chronic obstructive lung disease
		-			
		c	with		
		Ca	cancer		
		CA	cancer; carotid arteriogram; cardiac arrest		
		CAD	coronary artery disease		
		CAG	chronic atrophic gastritis		
		CAO	coronary artery occlusion; chronic airway obstruction		
		CAS	cerebral arteriosclerosis		

COPD	chronic obstructive pulmonary disease	DIP	distal interphalangeal joint; desquamative interstitial pneumonia	EWB	estrogen withdrawal bleeding
COPE	chronic obstructive pulmonary emphysema	DJD	degenerative joint disease	FB	foreign body
CP	cerebral palsy; cor pulmonale	DM	diabetes mellitus	FBS	fasting blood sugar
C&P	cystoscopy and pyelography	DMT	dimethyltriptamine	Fe	symbol for iron
CPB	cardiopulmonary bypass	DOA	dead on arrival	FGD	fatal granulomatous disease
CPC	chronic passive congestion	DOA	dead on arrival	FHS	fetal heart sounds
CPD	cephalopelvic disproportion; contagious pustular dermatitis	DOPS	diffuse obstructive pulmonary syndrome	FHT	fetal heart tone
CPE	chronic pulmonary emphysema	DPT	diphtheria, pertussis, tetanus vaccine	FLSA	follicular lymphosarcoma
CRD	chronic renal disease	DR	diabetic retinopathy	FME	full-mouth extraction
CRF	cardiorespiratory failure; chronic renal failure	DS	Down's syndrome	FS	frozen section; fracture site
CRST	calcinosis cutis, Raynaud's phenomenon, sclerodactyly, and telangiectasis	DT	due to; delirium tremens	FT	full term
CS	coronary sclerosis; cesarean section; cerebro-spinal	D/T	delirium tremens; due to	FTA	fluorescent Treponemal antibody test
CSF	cerebral spinal fluid	DU	diagnosis unknown; duodenal ulcer	5FU	Fluorouracil
CSH	chronic subdural hematoma	DUB	dysfunctional uterine bleeding	FUB	functional uterine bleeding
CSM	cerebrospinal meningitis	DUI	driving under influence	FULG	fulguration
CT	cerebral thrombosis; coronary thrombosis	DVT	deep vein thrombosis	FUO	fever unknown origin
CTD	congenital thymic dysplasia	DWI	driving while intoxicated	FX	fracture
CU	cause unknown	DX	dislocation; diagnosis; disease	FYI	for your information
CUC	chronic ulcerative colitis	EBV	Epstein-Barr virus	GAS	generalized arteriosclerosis
CUP	cystoscopy, urogram, pyelogram (retro)	ECCE	extracapsular cataract extraction	GB	gallbladder; Guillain-Barre syndrome
CUR	cystocele, urethrocele, rectocele	ECG	electrocardiogram	GC	gonococcus; gonorrhea; general circulation (systemic)
CV	cardiovascular; cerebrovascular	ECT	electric convulsive therapy	GI	gastrointestinal
CVA	cerebral vascular accident	EDC	expected date of confinement	GIT	gastrointestinal tract
CV Accident	cerebral vascular accident	EEC	Eastern equine encephalitis	GOK	God only knows
CVD	cardiovascular disease	EEG	electroencephalogram	GSW	gunshot wound
CVHD	cardiovascular heart disease	EFE	endocardial fibroelastosis	GTT	glucose tolerance test
CVI	cardiovascular insufficiency; cerebral vascular insufficiency	EGL	eosinophilic granuloma of lung	gtt	drop
CVRD	cardiovascular renal disease	EH	enlarged heart; essential hypertension	GU	genitourinary; gastric ulcer
CWP	coal worker's pneumoconiosis	EHOA	excessive intake of alcohol	GVHR	graft versus host reaction
CX	cervix	EKC	epidemic keratoconjunctivitis	GYN	gynecology
DA	degenerative arthritis	EKG	electrocardiogram	HA	headache
DBI	Phenformin hydrochloride	EKP	epikeratoprosthesis	HAA	hepatitis associated antigen
D&C	dilation and curettage	ELF	elective low forceps	HASCVR	hypertensive arteriosclerotic cardiovascular renal disease
DCR	dacryocystorhinostomy	EMC	encephalomyocarditis	HASVD	hypertensive arteriosclerotic vascular disease
D&D	drilling and drainage; debridement and dressing	EMD	electromechanical dissociation	HB	hemoglobin; heart block
D&E	dilation and evacuation	EMF	endomyocardial fibrosis	HBP	high blood pressure
DFU	dead fetus in utero	EMG	electromyogram	HC	Huntington's chorea
DIC	disseminated intravascular coagulation	EN	erythema nodosum	HCT	hematocrit
DILD	diffuse infiltrative lung disease	ENT	ear, nose, and throat	HCVD	hypertensive cardiovascular disease
		EP	ectopic pregnancy	HCVRD	hypertensive cardiovascular renal disease
		ER	emergency room	HD	Hodgkin's disease; heart disease
		ERS	evacuation of retained secundines	HDN	hemolytic disease of newborn
		EST	electric shock therapy	HDS	herniated disc syndrome
		ETOH	alcohol	HF	heart failure; hayfever
		EUA	exam under anesthesia	HGB;Hgb	hemoglobin
				HHD	hypertensive heart disease

HIV	human immunodeficiency virus	IPD	inflammatory pelvic disease		mento-posterior (position of fetus)
HMD	hyaline membrane disease	IPP	intermittent positive pressure	LN	lupus nephritis
HN ₂	Nitrogen Mustard	IRDS	idiopathic respiratory distress syndrome	LOA	left occipitoanterior
HNP	herniated nucleus pulposus	IRHD	inactive rheumatic heart disease	LOMCS	left otitis media chronic serous
H/O	history of	ISD	interatrial septal defect	LP	lumbar puncture
HPN	hypertension	ITP	idiopathic thrombocytopenic purpura	LRI	lower respiratory infection
HPVD	hypertensive pulmonary vascular disease	IU	intrauterine	LS	lumbosacral;lymphosarcoma
HRE	high-resolution electro-cardiology	IUCD	intrauterine contraceptive device	LSD	lysergic acid diethylamide
HS	herpes simplex; Hurler's syndrome	IUD	intrauterine device (contraceptive); intrauterine death	LSK	liver, spleen, kidney
HTLV-III/LAV	human T-cell lymphotropic virus-III/lymphadenopathy-associated virus	IUP	intrauterine pregnancy	LSO	left salpingo-oophorectomy
HTLV-3	human T-cell lymphotropic virus-III	IVC	intravenous cholangiography; inferior vena cava	LTB	laryngotracheobronchitis
HTLV-III	human T-cell lymphotropic virus -III	IVCC	intravascular consumption coagulopathy	LUL	left upper lobe
HVD	hypertensive vascular disease	IVD	intervertebral disc	LVF	left ventricular failure
Hx	history of	IVH	intraventricular hemorrhage	LVH	left ventricular hypertrophy
IADH	inappropriate antidiuretic hormone	IVP	intravenous pyelogram	MBD	minimal brain damage
IASD	interatrial septal defect	IVSD	intraventricular septal defect	MD	muscular dystrophy; manic depressive; myocardial damage
ICCE	intracapsular cataract extraction	IVU	intravenous urethrography	MDA	methylene dioxyamphetamine
ICD	intrauterine contraceptive device	IWMI	inferior wall myocardial infarction	MEA	multiple endocrine adenomatosis
I&D	infectious disease; incision and drainage	JBE	Japanese B encephalitis	MF	myocardial failure; myocardial fibrosis; mycosis fungoides
IDA	iron deficiency anemia	KFS	Klippel-Feil syndrome	MGN	membranous Glomerulonephritis
IDDM	type 1 diabetes	KS	Klinefelter's syndrome	MHN	massive hepatic necrosis
IH	infectious hepatitis	KUB	kidney, ureter, bladder	MI	myocardial infarction; mitral insufficiency
IHD	ischemic heart disease	K-W	Kimmelstiel-Wilson disease or syndrome	MID	multi-infarct dementia
IHSS	idiopathic hypertrophic subaortic stenosis	LAP	laparotomy	MLC	myelomonocytic leukemia, chronic
ILD	ischemic leg disease	LAV	lymphadenopathy-associated virus	MM	malignant melanoma; multiple myeloma
IM	intramuscular; intramedullary; infectious mononucleosis	LAV/	lymphadenopathy-associated	MMA	mandible, maxillary, odontectomy, alveolectomy
IMPP	intermittent positive pressure	HTLV-III	virus/Human T-cell lymphotropic virus-III	MOD	mode of death; moment of death
INAD	infantile neuroaxonal dystrophy	LBWB	left bundle branch block	MPC	meperidine, promethazine, chlorpromazine
INC	incomplete	LBNA	lysis bladder neck adhesions	MS	multiple sclerosis; mitral stenosis
INE	infantile necrotizing encephalomyopathy	LBW	low birth weight	MT	malignant teratoma
INF	infection; infected; infantile; infarction	LBWI	low birth weight infant	MUA	myelogram
INH	Isoniazid; inhalation	LCA	left coronary artery	MVR	mitral valve regurgitation
INS	idiopathic nephrotic syndrome	LDH	lactic dehydrogenase	NACD	no anatomical cause of death
IO	intestinal obstruction	LE	lupus erythematosus; lower extremity; left eye	NCA	neurocirculatory asthenia
IOH	idiopathic orthostatic hypotension	LKS	liver, kidney, spleen	NDI	nephrogenic diabetes insipidus
		LLL	left lower lobe	NFI	no further information
		LMA	left mentoanterior (position of fetus)	NFTD	normal full-term delivery
		LMCAT	left middle cerebral artery thrombosis	NH ₃	symbol for ammonia
		LML	left mesiolateral; left mediolateral (episiotomy)		
		LMP	last menstrual period; left		

NIDDM	type 2 diabetes	PDA	patent ductus arteriosus	PVS	premature ventricular systole (contraction)
NMI	no more information	PE	pulmonary embolism; pleural effusion; pulmonary edema	PWI	posterior wall infarction
NPD	Niemann-Pick disease	PEG	pneumoencephalography	PWMI	posterior wall myocardial infarction
NSD	normal spontaneous delivery; nonsurgical delivery	PET	pre-eclamptic toxemia	PX	pneumothorax
NSR	normal sinus rhythm; nasal submucous resection	PG	pregnant; prostaglandin	R	right
NTG	nontoxic goiter	PGH	pituitary growth hormone	RA	rheumatoid arthritis; right atrium; right auricle
NTN	nephrotoxic nephritis	PH	past history; prostatic hypertrophy; pulmonary hypertension	RAD	radiation absorbed dose
N&V	nausea and vomiting	PI	pulmonary infarction	RAI	radioactive iodine
NVD	nausea, vomiting, diarrhea	PID	pelvic inflammatory disease; pro-lapsed intervertebral disc	RBBB	right bundle branch block
OA	osteoarthritis	PIE	pulmonary interstitial emphysema	RBC	red blood cells
OAD	obstructive airway disease	PIP	proximal interphalangeal joint	RCA	right coronary artery
OB	obstetrical	PKU	phenylketonuria	RCS	reticulum cell sarcoma
OBS	organic brain syndrome	PMD	progressive muscular dystrophy	RD	Raynaud's disease; respiratory disease
OBST	obstetrical	PMI	posterior myocardial infarction; point of maximum impulse	RDS	respiratory distress syndrome
OD	oculus dexter (right eye); overdose; occupational disease	PN	periarteritis nodosa; pneumonia; pyelonephritis	RE	regional enteritis
OHD	organic heart disease	PO	postoperative	REG	radioencephalogram
OM	otitis media	POC	product of conception	RF	rheumatic fever
OMI	old myocardial infarction	POE	point (or portal) of entry	RHD	rheumatic heart disease
OMS	organic mental syndrome	PP	postpartum	RLF	retrolental fibroplasia
ORIF	open reduction, internal fixation	PPD	purified protein derivative test for tuberculosis	RLL	right lower lobe
OS	oculus sinister (left eye); occipitosacral (fetal position)	PPH	postpartum hemorrhage	RMCA	right middle cerebral artery
OT	occupational therapy; old TB	PPLO	pleuropneumonia-like organism	RMCAT	right middle cerebral artery thrombosis
OU	oculus uterque (each eye); both eyes	PPS	postpump syndrome	RMLE	right mediolateral episiotomy
PA	pericious anemia; paralysis agitans; pulmonary artery; peripheral arterio sclerosis	PPT	precipitated; prolonged prothrombin time	RNA	ribonucleic acid
PAC	premature auricular contraction; phenacetin, aspirin, caffeine	PROM	premature rupture of membranes	RND	radical neck dissection
PAF	paroxysmal auricular fibrillation	PT	paroxysmal tachycardia; pneumothorax; prothrombin time	R/O	rule out
PAOD	peripheral arterial occlusive disease; peripheral arteriosclerosis occlusive disease	PTA	prior to admission; persistent truncus arteriosus	RSA	reticulum cell sarcoma
PAP	primary atypical pneumonia	PTC	plasma thromboplastin component	RSR	regular sinus rhythm
PAS	pulmonary artery stenosis	PU	peptic ulcer	Rt	right
PAT	pregnancy at term; paroxysmal auricular tachycardia	PUD	peptic ulcer disease; pulmonary disease	RT	recreational therapy; right
Pb	chemical symbol for lead	PUO	pyrexia of unknown origin	RTA	renal tubular acidosis
PCD	polycystic disease	P&V	pyloroplasty and vagotomy	RV	right ventricle
PCF	passive congestive failure	PVC	premature ventricular contraction	RVH	right ventricular hypertrophy
PCP	pentachlorophenol; pneumocystis carinii pneumonia	PVD	peripheral vascular disease; pulmonary vascular disease	RVT	renal vein thrombosis
PCT	porphyria cutanea tarda	PVI	peripheral vascular insufficiency	RX	drugs or other therapy or treatment without
PCV	polycythemia vera	PVT	paroxysmal ventricular tachycardia	SA	sarcoma; secondary anemia
				SACD	subacute combined degeneration
				SBE	subacute bacterial endocarditis
				SBO	small bowel obstruction
				SC	sickle cell
				SCC	squamous cell carcinoma
				SCI	Subcoma insulin; spinal cord injury
				SD	spontaneous delivery; septal defect; sudden death
				SDAT	senile dementia, Alzheimer's type
				SDII	sudden death in infancy

SDS	sudden death syndrome		radius (syndrome)	UC	ulcerative colitis
SF	scarlet fever	TAT	tetanus anti-toxin	UP	ureteropelvic
SGA	small for gestational age	TB	tuberculosis;	UPJ	ureteropelvic junction
SH	serum hepatitis		tracheobronchitis	URI	upper respiratory infection
SI	saline injection	TBC,Tbc	tuberculosis	UTI	urinary tract infection
SIADH	syndrome of inappropriate antidiuretic hormone	TBLC	term birth living child	VAMP	vincristine, amethopterine, 6-mercaptopurine, and prednisone
SICD	sudden infant crib death	TCI	transient cerebral ischemia	VB	vinblastine
SID	sudden infant death	TEF	tracheo-esophageal fistula	VC	vincristine
SIDS	sudden infant death syndrome	TF	tetralogy of Fallot	VD	venereal disease
SLC	short leg cast	TGV	transposition great vessels	VDRL	venereal disease research lab
SLE	systemic lupus erythematosus; Saint Louis encephalitis	TI	tricuspid insufficiency	VEE	Venezuelan equine encephalomyelitis
SMR	submucous resection	TIA	transient ischemic attack	VF	ventricular fibrillation
SNB	scalene node biopsy	TIE	transient ischemic episode	VH	vaginal hysterectomy; viral hepatitis
SO or S&O	salpingo-oophorectomy	TL	tubal ligation	VL	vas ligation
SOB	shortness of breath	TM	tympanic membrane	VM	viomycin
SOM	secretory otitis media	TOA	tubo-ovarian abscess	V&P	vagotomy and pyloroplasty
SOR	suppurative otitis, recurrent	TP	thrombocytopenic purpura	VPC	ventricular premature contractions
S/P	status post	TSD	Tay-Sachs disease		
SPD	sociopathic personality disturbance	TTP	thrombotic thrombocytopenic purpura		
SPP	suprapubic prostatectomy	TUI	transurethral incision		
SQ	subcutaneous	TUR	transurethral resection (NOS) (prostate)		
S/R	schizophrenic reaction; sinus rhythm	TURP	transurethral resection of prostate		
S/p P/T	schizophrenic reaction, paranoid type	TVP	total anomalous venous return		
SSE	soapsuds enema				
SSKI	saturated solution potassium iodide				
SSPE	subacute sclerosing panencephalitis				
STB	stillborn				
STS	serological test for syphilis				
STSG	split thickness skin graft				
SUBQ	subcutaneous				
SUD	sudden unexpected death				
SUDI	sudden unexplained death of an infant				
SUID	sudden unexpected infant death				
SVC	superior vena cava				
SVD	spontaneous vaginal delivery				
Sx	symptoms				
T&A	tonsillectomy and adenoidectomy				
TAH	total abdominal hysterectomy				
TAL	tendon achilles lengthening				
TAO	Triacetyloleandomycin (antibiotic); thromboangiitis oliterans				
TAPVR	total anomalous pulmonary venous return				
TAR	thrombocytopenia absent				

VR	valve replacement	YF	yellow fever		
VSD	ventricular septal defect	ZE	Zollinger-Ellison (syndrome)	<u>00</u>	
VT	ventricular tachycardia	#	fracture	11	secondary to
WBC	white blood cell	'	minute		
WC	whooping cough	"	second(s)	<u>00</u>	
WE	Western encephalomyelitis		decreased	11 to	secondary to
WPW	Wolfe-Parkinson-White syndrome		increased; elevated without		

4) Rare cause. *If a rare cause of death is on the death certificate, provide an automatic query stating: **The reported cause is one of the causes that State Health Departments always try to verify, either because the cause is rarely reported on a death certificate or because it may present threats to public health in the United States.** Then ask, **Was this the cause of death that the certifier intended to enter?** In some cases, the rare cause may be a sequelae or late effect. The State may find it useful to probe for this possibility.*

The diagnosis then needs to be confirmed by the certifier. It is strongly recommended by NCHS/CDC that the State vital statistics program notify, as soon as possible, the state health officer (or designee) and the state epidemiologist of validated rare causes of death. For all cases, a notation of confirmation should be recorded on a copy of the certificate that is sent to the NCHS, whether confirmed electronically or by traditional means. Correspondence between NCHS and the State will still be needed, so that we ensure that all appropriate parties are aware that a rare cause has been reported.

The following list of infrequent and rare causes is from NCHS Instruction Manual Part 2a, Instructions for classifying the underlying cause of death, 2001 (see <http://www.cdc.gov/nchs/about/major/dvs/im.htm> and latest manual):

A00	Cholera
A01	Typhoid and paratyphoid fevers
A05.1	Botulism (botulism, infant botulism, 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 fever
A27	Leptospirosis
A30	Leprosy
A33	Tetanus neonatorum
A34	Obstetrical tetanus
A35	Other tetanus (Tetanus)
A36	Diphtheria
A37	Whooping cough
A44	Bartonellosis
A65	Nonvenereal syphilis
A66	Yaws
A67	Pinta
A68	Relapsing fever
A69	Other spirochetal infection
A70	Chlamydia psittaci infection (ornithosis)
A75.0	Louse-born typhus due to Rickettsia prowazekii
A75.1-.9	Other typhus
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-born rickettsioses)
A77.9	Unspecified spotted fevers (Unspecified tick-born rickettsioses)
A78	Q fever
A79	Other Rickettsioses
A80	Acute poliomyelitis
A81	Slow virus infections of central nervous system
A82	Rabies
A84	Tick-born viral encephalitis
A85.2	Arthropod-born viral encephalitis, unspecified (Viral encephalitis transmitted by other and unspecified arthropods)
A90	Dengue fever
A91	Dengue hemorrhagic fever
A92	Other mosquito-born viral fevers
A93	Other arthropod-born viral fevers including Oropouche fever, sandfly fever, Colorado tick fever and other specified
A94	Unspecified arthropod-born viral fever
A95	Yellow fever
A96	Arenaviral hemorrhagic fever
A98-A99	Other viral hemorrhagic fevers including Crimean-Congo, Omsk, Kyasanur Forest, Ebola virus, Hanta virus
B01	Varicella without complication (Chickenpox)
B03	Small pox
B04	Monkeypox
B05	Measles
B06	Rubella

B08.0	Other orthopoxvirus (cowpox and paravaccinia)
B26	Mumps
B33.0	Epidemic myalgia (epidemic pleurodynia)
B50-B54	Malaria
B55	Leishmaniasis
B56	African trypanosomiasis (trypanosomiasis)
B57	Chagas' disease (trypanosomiasis)
B65	Schistosomiasis
B66	Other fluke infections (Other trematode infection)
B67	Echinococcosis
B68	Taeniasis
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

Causing adverse effects in therapeutic use:

Y58	Bacterial vaccines
Y59.0	Viral vaccines
Y59.1	Rickettsial vaccines
Y59.2	Protozoal vaccines
Y59.3	Immunoglobulin

5) Specificity for cancer. *If words indicative of cancer appear on the death certificate (as shown below), ask **Have you specified the site and cell type or if the condition had metastasized? Thank you.** The following list is from Instruction manual part 2g, Data Entry Instructions for the Mortality Medical Indexing, Classification, and Retrieval System (MICAR), 2000 (see <http://www.cdc.gov/nchs/about/major/dvs/im.htm> and latest manual).*

Acidophil cancer	Aleukemic leukemia	Anaplastic fulminant carcinoma
Acidophil carcinoma	Alveolar adenocarcinoma	Angioblastic meningioma
Adenocarcinoma	Alveolar carcinoma	Angioblastoma
Adenocarcinomatosis	Alveolar cancer	Angioma
Adenofibroma	Alveolar cell cancer	Angiomyosarcoma
Adenoid cystic carcinoma	Alveolar cell carcinoma	Angiosarcoma
Adenoma	Alveolar rhabdomyosarcoma	Apocrine cancer
Adenomatous polyp	Anaplastic adenocarcinoma	Apocrine carcinoma
Adenomatous polyposis	Anaplastic astrocytoma	Astroblastoma
Adenosarcoma	Anaplastic cancer	Astrocytoma
Adenosquamous (cell) cancer	Anaplastic carcinoma	Astroglioma
Adenosquamous (cell) carcinoma	Anaplastic fulminant cancer	Basal cell cancer

Basal cell carcinoma	Epidermoid carcinoma	Hodgkins disease
Basal cell epithelioma	Epidermoid cystic tumor	Hodgkins lymphoma
Basophil adenocarcinoma	Epithelioma	Hurthle cell adenocarcinoma
Basophil cancer	Erythremic myelosis	Hurthle cell adenoma
Basophil carcinoma	Erythrocythemia	Hurthle cell cancer
Bile duct type cancer	Erythroleukemia	Hurthle cell carcinoma
Bile duct type carcinoma	Ewings sarcoma	Hygroma
C cell cancer	Ewings tumor	Hypernephroma
C cell carcinoma	Familial polyposis	Immunoblastic sarcoma
Cancer	Fibroid	Immunolymphosarcoma
Carcinoid	Fibroid tumor	Infiltrating duct adenocarcinoma
Carcinoid malignancy	Fibrolipoma	Infiltrating duct cancer
Carcinoid tumor	Fibroliposarcoma	Infiltrating duct carcinoma
Carcinoma	Fibroma	Infiltrating duct cell cancer
Carcinomatosis	Fibromyoma	Infiltrating duct cell carcinoma
Cavernous hemangioma	Fibromyosarcoma	Infiltrating ductal carcinoma
Cavernous lymphangioma	Fibromyxolipoma	Infiltrating lobular carcinoma
Chemodectoma	Fibromyxosarcoma	Inflammatory cancer
Cholangiocarcinoma	Fibrosarcoma	Inflammatory carcinoma
Cholangiohepatoma	Fibrous histiocyto	Insulinoma
Cholangioma	Follicular adenocarcinoma	Insuloma
Chondrosarcoma	Follicular lymphoma	Intraductal cancer
Chordoma	Ganglioglioma	Intraductal carcinoma
Choriocarcinoma	Gardners syndrome	Islet cell adenocarcinoma
Chorioepithelioma	Gastrinoma	Islet cell adenoma
Chorionic cancer	Gastrocarcinoma	Islet cell cancer
Chorionic carcinoma	Germ cell carcinoma	Islet cell carcinoma
Chromophobe adenocarcinoma	Giant cell cancer	Kaposi sarcoma
Chromophobe adenoma	Giant cell carcinoma	Kaposis sarcoma
Chromophobe cancer	Giant cell leukemia	Kasabach Merritt syndrome
Chromophobe carcinoma	Glioblastoma	Krukenbergs tumor
Clear cell adenocarcinoma	Glioblastoma multiforme	Large cell anaplastic cancer
Congenital leukemia	Glioma	Large cell anaplastic carcinoma
Craniopharyngioma	Gliosarcoma	Large cell cancer
Cylindroma	Glomangioma	Large cell carcinoma
Cystadenocarcinoma	Granulocytic leukemia	Large cell lymphoma
Dermatofibroma	Granulocytic leukemia blast crisis	Large cell tumor
Dermatofibrosarcoma	Granulosa cell cancer	Leiomyosarcoma
Di Guglielmos disease	Granulosa cell carcinoma	Lesion
Duct cell carcinoma	Growth	Leucosarcoma
Ductal cancer	Hemangioendothelioma	Leukemia
Ductal carcinoma	Hemangioma	Leukemic crisis
Ductal cell carcinoma	Hemangiopericytoma	Leukemic infiltrate
Dukes adenocarcinoma	Hemangiosarcoma	Leukemic infiltration
Dukes cancer	Hemoleukemia	Leukemic lymphosarcoma
Dysgerminoma	Hepatoblastoma	Leukolymphosarcoma
Eaton lambert syndrome	Hepatocarcinoma	Leukosarcoma
Embryoma	Hepatocellular cancer	Linitis plastica
Embryonal adenocarcinoma	Hepatocellular carcinoma	Lipoblastoma
Embryonal cancer	Hepatocholangiocarcinoma	Lipoblastomatosis
Embryonal carcinoma	Hepatocholangiolytic cancer	Lipofibroma
Eosinophil adenocarcinoma	Hepatocholangiolytic carcinoma	Lipoma
Eosinophil cancer	Hepatoma	Lipomyosarcoma
Eosinophil carcinoma	Histiocytic leukemia	Lipomyxoma
Ependymblastoma	Histiocytic lymphoma	Lipomyxosarcoma
Ependymoma	Histiocytoma	Liposarcoma
Epidermoid cancer	Hodgkins disease	Lobular carcinoma

Lymphangiosarcoma	Mucoepidermoid carcinoma	Pinealoma
Lymphangiosarcoma	Mucoid cell adenocarcinoma	Pineoblastoma
Lymphatic leukemia	Multiple myeloma	Pineocytoma
Lymphocyte depleted	Myelogenous leukemia	Plasma cell leukemia
Lymphocytic leukemia	Myeloid leukemia	Plasma cell myeloma
Lymphocytic lymphoma	Myeloleukemia	Plasmacytic myeloma
Lymphocytic lymphosarcoma	Myeloma	Plasmacytoma
Lymphogenous leukemia	Myelomonocytic leukemia	Polycythemia
Lymphohistiocytic lymphoma	Myeloproliferative disease	Polycythemia rubra vera
Lymphoid leukemia	Myeloproliferative disorder	Polycythemia vera
Lympholeukemia	Myeloproliferative syndrome	Polyp
Lymphoma	Myelosis	Polyposis
Lymphomatous disease	Myoliposarcoma	Promyelocytic leukemia
Lymphoproliferative disease	Myoma	Pseudofollicular leukemia
Lymphoproliferative disorder	Myxofibrosarcoma	Pseudomucinous adenocarcinoma
Lymphoreticularproliferative disease	Myxoliposarcoma	Pseudomucinous cancer
Lymphoreticularproliferative disorder	Myxopapillary ependymoma	Pseudomucinous carcinoma
Lymphoreticulum cell leukemia	Myxosarcoma	Pseudomucinous cystadenocarcinoma
Lymphosarcoma	Neoplasm	Recklinghausens disease
Lymphosarcoma cell leukemia	Neoplastic disease	Renal cell adenocarcinoma
Lymphosarcoma leukemia	Nephroblastoma	Renal cell cancer
Malignancy	Nephroma	Renal cell carcinoma
Mass	Neurilemmoma	Reticularproliferative disease
Medullary carcinoma	Neurilemmosarcoma	Reticuloendothelial tumor
Medulloblastoma	Neuroblastoma	Reticulum cell sarcoma
Megaadenoma	Neurofibromatosis	
Megakaryocytic leukemia	Neurofibrosarcoma	
Megakaryocytic myelosclerosis	Neurogenic sarcoma	
Megakaryocytoid leukemia	Nodular lymphocytic leukemia	
Megaloleukemia	Nodular lymphoma	
Meigs syndrome	Non Hodgkins lymphoma	
Melanoma	Non oat cell carcinoma	
Meningioma	Non small cell carcinoma	
Mesenchymoma	Oat cell cancer	
Mesoepithelioma	Oat cell carcinoma	
Mesothelioma	Oligodendroblastoma	
Metastases	Oligodendroglioma	
Metastasis	Orchioblastoma	
Microglioma	Osteochondrosarcoma	
Mixed cell leukemia	Osteofibrosarcoma	
Mixed cell lymphoma	Osteogenic sarcoma	
Mixed leukemia	Osteosarcoma	
Monocytic leukemia	Pancoast syndrome	
Monocytoid leukemia	Pancoast tumor	
Monoleukemia	Pancoasts syndrome	
Monoleukocytic leukemia	Pancoasts tumor	
Monomyelocytic leukemia	Papillary adenocarcinoma	
Monomyelogenous leukemia	Papillary cancer	
Mucinous adenocarcinoma	Papillary carcinoma	
Mucinous adenofibroma	Papillary ependymoma	
Mucinous cancer	Papillary serous adenocarcinoma	
Mucinous carcinoma	Papillary serous cystadenocarcinoma	
Mucinous cystadenocarcinoma	Papillary transitional (cell) carcinoma	
Mucinous cystadenocarcinoma	Pheochromoblastoma	
Mucinous cystadenoma	Pheochromocytoma	
Mucoepidermoid cancer	Pinealoblastoma	

Retinoblastoma	Subependymoma
Rhabdomyosarcoma	Subleukemic leukemia
Rhabdosarcoma	Synovial sarcoma
Round cell cancer	T cell leukemia
Round cell carcinoma	T cell lymphoma
Sarcoma	Teratoma
Sarcomatosis	Theca cell cancer
Schilling type monocytic leukemia	Theca cell carcinoma
Schwannoma	Thecoma
Scirrhus carcinoma	Thrombocythemia
Seminoma	Thrombocytic leukemia
Serous adenocarcinoma	Thymoma
Serous adenofibroma	Transitional (cell) cancer
Serous cystadenocarcinoma	Transitional (cell) carcinoma
Signet cell adenocarcinoma	Transitional cell tumor
Sipples syndrome	Tumor
Small cell cancer	Vaguez disease
Small cell carcinoma	Vaguez Osler disease
Small cell lymphoma	Vernet Morrison syndrome
Spindle cell cancer	Verrucous carcinoma
Spindle cell carcinoma	Villous adenocarcinoma
Squamous cancer	Villous adenoma
Squamous carcinoma	Von Recklinghausens disease
Squamous cell cancer	Von Recklinghausens tumor
Squamous cell carcinoma	WDHA syndrome
Stem cell leukemia	Wilms tumor

6) Unlikely underlying causes. Include an edit that flags the following as unlikely (nonspecific) underlying causes of death if reported on the lowest used line. The causes include:

Abscess	Atrial fibrillation	herniation	Dehydration
Abdominal hemorrhage	AF	Cerebral edema	Deh
Abdominal hem	Bacteremia	Cerebral Ed	Dementia (when not otherwise specified)
Acute myocardial infarction	Bedridden	Cerebrovascular accident	Diarrhea
A MI	Bed ridden condition	Cerebral vascular accident	Disseminated intravascular coagulopathy
A Myocardial infarct	Bed ridden status	Cerv accident	Dis intravascular coagulopathy
A Myocardial infarction	Bedridden state	Cerva	Dysrhythmia
Acute MI	Bedridden status	CVA	End-stage liver disease
Acute myocardial infarct	Biliary obstruction	CVACC	End-stage renal disease
AMI	Bowel obstruction	Chronic bedridden state	End-stage renal D
Adhesions	Obstructed bowel	Cirrhosis	End stage renal D
Adult respiratory distress Syndrome	Brain injury	Cirrhosis D Cirrhosis disease	Endstage renal
ARDS	Brain injuring	Cirrhotic	Endstage Renal D
Anemia	Brain stem herniation	Coagulopathy	Endstage renal disease
Altered mental status	Carcinogenesis	Compression fracture	ESRD
Anoxia	Carcinomatosis	Congestive Heart Failure	Epidural hematoma
Anoxic encephalopathy	Cardiac arrest	CHF	Exsanguination
Arrhythmia	Cardiac dysrhythmia	Congestive HFA	Exsanguinated
Ascites	Cardiomyopathy	Congestive HTF	Failure to thrive
Aspiration	CMY	Congestive HTFA	FTT
Aspir	Cardiopulmonary arrest	Convulsions	Fracture
	Cellulitis	Decubiti	
	Cerebellar tonsillar		

FX	Intracranial pressure increased	Multiple system organs failure	Pulmonary ed
Gangrene	Intracranial hemorrhage	Multiple systems organ failure	Pulmonary embolism
Gastro Intestinal hem	Intracranial hem	Multiple systems organs failure	Pul embolism
Gastro Intestinal hemorrhage	Malnutrition	Multiple systems organs failure	Pul embolus
Gastrointestinal Hem	Metabolic encephalopathy	Multisystem organ failure	Pulem
Gastrointestinal hemorrhage	Multi-organ failure	Multisystem organs failure	Pulmonary emboli
Gi hem	Multiple system failure	Multisystems organ failure	Pulmonary embolus
Gi hemorrhage	Multiple systems failure	Multisystems organs failure	Pulmonary insufficiency
Gihem	Multisystem failure	Multisystems organs failure	Pul insuf
G	Multi organ system failure	Organ system failure	Pul insufficiency
Gangrenous	Multi organ systems failure	Multi-system organ failure	Puli
Gg	Multi organs systems failure	Myocardial infarction	Pulmonary insuf
GOK	Multi system organ failure	MI	Renal failure
Heart failure	Multi system organs failure	Myocardial infarct	Renfa
HFA	Multi systems organ failure	Myocardium infarct	Respiratory arrest
HTF	Multi systems organs failure	Myocardium infarction	Seizures
HTFA	Multi systems organs failure	Necrotizing soft-tissue infection	Seizure
Hemothorax	Multiorgan system failure	Old age	Sepsis
Hepatic failure	Multiorgan systems failure	Open (or closed) head injury	Septic shock
Hepatitis	Multiorgans system failure	Closed head trauma	Shock
Hepatorenal syndrome	Multiorgans systems failure	Pancytopenia	Starvation
Hepatorenal Sy	Multiple organ system failure	Paralysis	Subarachnoid hemorrhage
Hepatorenal syndrome	Multiple organ systems failure	Perforated gallbladder	Sa hem
Hyperglycemia	Multiple organ systems failure	Peritonitis	Sa hemorrhage
Hyperkalemia	Multiple organs system failure	Pleural effusions	Subarachnoid hem
Hyponatremia	Multiple organs system failure	Pleura effusion	Subdural hematoma
Hypotension	Multiple organs systems failure	Pleural effusion	Subd hematoma
Hypovolemic shock	Multiple organs systems failure	Pneumonia	Sudden death
Immunosuppression	Multiple system organ failure	Pn	Thrombocytopenia
Increased intracranial pressure	Multiple system organ failure	Pulmonary edema	Uncal herniation
Increase intracranial pressure	Multiple system organ failure	Pul ed	Urinary tract infection
		Pul edema	UTI
			Ventricular fibrillation
			VF
			Ventricular tachycardia
			VT
			Volume depletion

*The flagged causes would generate either a generic message similar to the message for the first automatic query but giving the certifier more leeway in reporting these conditions. The message to the certifier is: **The condition you reported on the lowest box in Part I (“Pneumonia”) usually develops as a complication of another more specific condition. Was there a specific underlying condition in this case? If so, please report it in the lowest box you use in Part I. The appropriate term should be used where Pneumonia is shown as an example.***

STATE FILE CONSIDERATIONS:

The outputs from the EDR can interface with the NCHS software for processing cause-of-death data (ACME, TRANSAX, MICAR, and SuperMICAR). This can be done using the input file record format for the highest-end program that the State uses. These

variables do not need to be transmitted to NCHS if the information has been fed through the automated software and the output files have been transmitted to NCHS.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
CODIa	120	alpha character string	literal
CODIb	120	alpha character string	literal
CODIc	120	alpha character string	literal
CODId	120	alpha character string	literal
CODII	240	alpha character string	literal
INTIa	20	alpha character string	literal
INTIb	20	alpha character string	literal
INTIc	20	alpha character string	literal
INTId	20	alpha character string	literal

Not necessary to transmit these variables if State does its own cause-of-death processing and sends NCHS the output from the software.

EDI TRANSMISSION:

Item Titles: **WAS AN AUTOPSY PERFORMED?**

**WERE AUTOPSY FINDINGS AVAILABLE
TO COMPLETE THE CAUSE OF DEATH?**

Item Number: **33, 34**

Description: Information on whether or not an autopsy was performed and if the findings of the autopsy were available for completing the medical portion of the death certificate.

Source of Information:

Preferred Source: Certifying Physician, Medical Examiner, or
Coroner

INSTRUCTIONS

FOR A PAPER RECORD:

Certifying Physician, Medical Examiner, or Coroner

Check the appropriate box in item 33. Was an autopsy performed?

- Yes
- No

Select "Yes" if a partial or complete autopsy was performed. A toxicological exam only is not an autopsy or partial autopsy.

If no is checked, leave item 34 blank.

If yes is checked, complete item 34 (Were autopsy findings available to complete the cause of death?)

- Yes
- No

FOR AN ELECTRONIC RECORD:

EDR Developer

Selection of “Yes” or “No” to be made from list.

Was an autopsy performed?

- Yes**
- No**

Instructions for help screen on this item

Select “Yes” if a partial or complete autopsy was performed. A toxicological exam alone is not an autopsy or partial autopsy.

If the response is no, the next item will be skipped and the code for “Not applicable” automatically entered in the data field for item 34.

If the response is yes, the yes/no list for item 35 appears:

Were the results of the autopsy available to complete the cause of death?

- Yes**
- No**

After a selection is made, go to the next item.

PROCESSING VARIABLES

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
AUTOP	Autopsy performed?	Y N	Yes No
AUTO PF	Autopsy findings available?	Y N X	Yes No Not applicable

EDITS:

ELECTRONIC RECORDS

Before the record is transmitted to the State

Electronic record for item 33 must contain one of the valid responses (yes or no). It cannot be left blank. If item is left blank and certifier tries to move to the next item, a screen will appear asking that the item be completed at this time. Record cannot be printed or filed until this is complete. If the response to item 33 is “no,” item 34 will be coded to “Not applicable.”

If response to item 33 is yes, then item 34 must have a valid response (yes or no). It cannot be left blank. If certifier tries to move to the next item, a screen will appear that indicates an autopsy had been performed and asks that a response be chosen from the menu.

- *If item 33 is N, item 34 must be X.*
- *If item 33 is Y, item 34 must be Y or N.*
- *Items 33 and 34 cannot be blank.*

PAPER RECORDS

Records filed with this field blank are queried. If no response to query, assign the “No” code to 33 and the “Not applicable” code to item 34.

State edits of data file prior to NCHS transmission

STATE FILE CONSIDERATIONS

The outputs from the EDR can interface with the NCHS software for processing cause-of-death data (ACME, TRANSAX, MICAR, and SuperMICAR). This can be done using the input file record format for the highest-end program that the State uses. These variables do not need to be transmitted to NCHS if the information has been fed through the automated software and the output files have been transmitted to NCHS.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
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AUTOP	1	Alpha character string	Y, N
AUTOPF	1	Alpha character string	Y, N, X

Not necessary to transmit these variables separately if State does its own cause-of-death processing and sends NCHS the output from the software.

EDI TRANSMISSION:

No standards set yet.

Item Title: **DID TOBACCO USE CONTRIBUTE TO DEATH?**

Item Number: **35**

Description: Information on the use of tobacco contributing to death.

Source of Information:

Preferred Source: Certifying Physician, Medical Examiner, or Coroner

INSTRUCTIONS*

* States that implemented the 2003 revision of the death certificate prior to 2005 may have adopted editing specifications that were consistent with the version of the certificate in effect through October 2003, that is the version that was initially recommended by the Panel to Evaluate the U.S. Standard Certificates and Reports (http://www.cdc.gov/nchs/vital_certs_rev.htm). The standard certificates have now been officially cleared and promulgated by the U.S. Department of Health and Human Services, effective November 2003, and incorporate modest changes in some items, including this item. States which revise their certificates for 2005 and later years are expected to use these specifications (dated 6/2004) that reflect the content of the cleared certificates.

For item 35, the original version of the instructions for the death certificate read as follows: "Check "yes" if, in your opinion, the use of tobacco contributed to death. For example, tobacco use contributes to many deaths due to emphysema or lung cancer. Tobacco use also may contribute to some heart disease and cancers of the head and neck. Tobacco use should also be reported in deaths due to fires started by smoking. For example, tobacco use may contribute to deaths due to a wide variety of cardiovascular, respiratory, neoplastic, metabolic, and other diseases. Check yes, if in your clinical judgment, tobacco use contributed to this particular death." During the clearance process that wording was revised; on the final version of the death certificate, the instruction now reads "Check "yes" if, in your opinion, the use of tobacco contributed to death. Tobacco use may contribute to deaths due to a wide variety of diseases; for example, tobacco use contributes to many deaths due to emphysema or lung cancer and some heart disease and cancers of the head and neck. Check "no" if, in your clinical judgment, tobacco use did not contribute to this particular death."

FOR A PAPER RECORD:

Certifying Physician, Medical Examiner, or Coroner

Check the appropriate box in item 36.

Did tobacco use contribute to death?

- Yes
- No
- Probably
- Unknown

Choose “yes” if the use of tobacco contributed to the decedent’s death. Choose “no” if, in your clinical judgment, tobacco use did not contribute to this particular death.

FOR AN ELECTRONIC RECORD:

EDR Developer

Response for this item is made by selecting one of the choices from the menu list below.

Did tobacco use contribute to the death?

- Yes
- No
- Probably
- Unknown

Instructions to be included in the help function.

Choose “yes” if the use of tobacco contributed to the decedent’s death. Choose “no” if, in your clinical judgment, tobacco use did not contribute to this particular death.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
TOBAC	Tobacco use contributes to death?	Y N P U	Yes No Probably Unknown

EDITS:

Before the record is transmitted to the State

ELECTRONIC RECORD

The electronic record must contain one of the valid responses indicated above. The field cannot be left blank. Certifier can tab to the next item, but a pending flag for the screen is assigned. When the record is transmitted a final query screen will appear asking that the item be completed at this time. Record cannot be printed or filed until this is complete.

PAPER RECORD

Records filed with this field blank are queried. If no response to query, assign the "Unknown" code.

State edits of data file prior to NCHS transmission

Must be a valid code (see below).

STATE FILE CONSIDERATIONS

The outputs from the EDR can interface with the NCHS software for processing cause-of-death data (ACME, TRANSAX, MICAR, and SuperMICAR). This can be done using the input file record format for the highest-end program that the State uses. These variables do not need to be transmitted to NCHS if the information has been fed through the automated software and the output files have been transmitted to NCHS.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
TOBAC	1	Alpha character string	Y, N, P, U

Not necessary to transmit these variables if State does its own cause-of-death processing and sends NCHS the output from the software.

EDI TRANSMISSION:

No standards set yet.

Item Title: **IF FEMALE**

Item Number: **36**

Description: An item for females that requests information on the pregnancy status of the deceased woman within the last year of her life.

Source of Information:

Preferred Source: Certifying Physician or Coroner

INSTRUCTIONS

FOR A PAPER RECORD:

Certifying Physician or Coroner

If the decedent is a female, check the appropriate box in item 36. If the decedent is a male, leave the item blank.

- Not pregnant within the past year
- Pregnant at the time of death
- Not pregnant, but pregnant within 42 days of death
- Not pregnant, but pregnant 43 days to 1 year before death
- Unknown if pregnant within the past year

FOR AN ELECTRONIC RECORD:

EDR Developer

The question will be asked and a screen will appear only if the gender of the deceased is female and decedent is in the age range 5 to 75 years. A response will be selected from the menu list below.

Menu list

What is the decedent's pregnancy status at the time of death?

- **Not pregnant within the past year**
- **Pregnant at the time of death**
- **Not pregnant, but pregnant within 42 days of death**
- **Not pregnant, but pregnant 43 days to 1 year before death**
- **Unknown if pregnant within the past year**

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
PREG	Pregnancy status	1	Not pregnant within the past Year
		2	Pregnant at the time of death
		3	Not pregnant, but pregnant within 42 days of death
		4	Not pregnant, but pregnant 43 days to 1 year before death
		8 9	Not applicable Unknown
PREG_BYPASS	Edit flag	0	OFF
		1	ON (verified)
		2	ON (queried but not verified)
PEND36	Pending flag	0	OFF
		1	ON

EDITS:

ELECTRONIC RECORDS

Before the record is transmitted to the State

If sex is male, a "Not applicable" code is automatically entered in the field.

If sex is female and the decedent is less than 5 years of age or greater than 75 years of age the “Not applicable” code is assigned. If the sex is female and the decedent is within the age range 5-75 years, the electronic record must contain one of the valid responses indicated above. The field cannot be left blank. The certifier can leave it blank and tab to the next item but a pending flag is placed on the item. When the record is transmitted, a final query screen will appear asking that the item be completed at this time. The record cannot be printed or filed until this is complete.

If the deceased woman is less than 10 years of age or greater than 54 years of age and the response to the item indicates a pregnancy in the past year, a query message will appear indicating a possible incompatibility between this item and the age of the deceased. The certifier is asked to verify or change the response to this item. Since this is an electronic record, the age has already been edited and is assumed to be correct.

Suggested query message:

The deceased is a _____ year old female and the response to this item indicates she was pregnant in the year preceding death.

Your response to item 36 was _____

Please verify that the response is correct or enter a new response. Check one box.

- Record is correct**
- Not pregnant within the past year**
- Not pregnant, but pregnant within 42 days of death**
- Not pregnant, but pregnant 43 days to 1 year before death**
- Pregnant at the time of death**
- Unknown if pregnant within the past year**

If the “Record is correct” box is checked, the edit bypass flag is set to “ON-1.”

Paper Records

Records with this item completed for a male are assigned the “Not applicable” code.

Records for women between ages 5 and 75 years of age filed with this field blank are queried. If no response to query, assign the “unknown” code.

Age and response edits as indicated above are run. Record is queried if conditions indicate an unlikely combination of age and response to item 36. If record is correct, edit bypass flag is set to “ON-1”. If no response to query, set edit bypass to ON-2 (Not verifiable).

The edit bypass variable will always be set to 0 unless changed to reflect an unusual situation (set to 1), or if the data are queried and there is no response, it is set to 2.

State edits of data file prior to NCHS transmission

Must be a valid code (see below).

STATE FILE CONSIDERATIONS

The outputs from the EDR can interface with the NCHS software for processing cause-of-death data (ACME, TRANSAX, MICAR, and SuperMICAR). This can be done using the input file record format for the highest-end program that the State uses.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
PREG	1	character string variable	1-4, 8, 9
PREG_BYPASS	1	character string variable	0-2

Not necessary to transmit these variables separately if State does its own cause-of-death processing and sends NCHS the output from the software.

EDI TRANSMISSION:

No standards set yet.

Item Titles: **MANNER OF DEATH
CERTIFIER**

Item Numbers: **37, 45**

Description: An item where the certifying physician, medical examiner or coroner identifies the manner or how the deceased died. (Item 37)

The type of certifier and his/her signature. (Item 45)

Source of Information:

Preferred Source: Certifying Physician, Medical Examiner, or
Coroner

INSTRUCTIONS

FOR A PAPER RECORD:

Certifying Physician, Medical Examiner, or Coroner

Always provide a response to manner of death. Indicate "Pending investigation" if the manner of death cannot be determined to be an accident, suicide, or homicide within the statutory time limit for filing the death certificate. This should be changed later to one of the other terms. Indicate "Could not be determined" only when it is impossible to determine the manner of death.

Check the appropriate box.

- Natural
- Accident
- Suicide
- Homicide
- Pending Investigation
- Could not be determined

When the certifier gets to item 45, the appropriate box should be checked and the certifier must sign the certificate.

- Certifying Physician
- Pronouncing and Certifying Physician

Medical Examiner/Coroner

***NOTE:** Some State laws allow other types of individuals to certify and report the cause of death. This type of law contributes to poor quality of cause-of-death data and is in violation of the International Classification of Diseases recommendations and regulations. If, and only if, State law allows this practice, an additional checkbox should be shown and an additional literal question should appear asking for the type (e.g., nurse practitioner, chiropractor, dentist, etc.):*

Other Individual Legally Allowed to Certify

If “Other Individual Legally Allowed to Certify” is selected, a message will appear asking to specify the type of individual.

Other Individual Legally Allowed to Certify

Please specify what type of individual is certifying: _____

FOR AN ELECTRONIC RECORD:

EDR Developer

This item is to be completed by making a selection from the menu list.

Menu list

MANNER OF DEATH

Always provide a response to manner of death. Indicate “Pending investigation” if the manner of death cannot be determined to be an accident, suicide, or homicide within the statutory time limit for filing the death certificate. This should be changed later to one of the other terms. Indicate “Could not be determined” only when it is impossible to determine the manner of death.

Select one response:

- Natural**
- Accident**
- Suicide**
- Homicide**
- Pending Investigation**
- Could not be determined**

NOTE: Manner of death should never default to natural.

In most States, any non-natural death must be certified by a Medical Examiner (ME) or Coroner. States could have on this screen the referral to the ME or Coroner criteria and ask that the case be referred to the ME or Coroner if the manner of death meets the State's referral criteria.

Once this item is completed, the following list of choices will appear:

CERTIFIER

You are completing the medical certification as:

- Certifying Physician (MD, DO)**
- Pronouncing and Certifying Physician (MD, DO)**
- Medical Examiner/Coroner**

NOTE: Some State laws allow other types of individuals to certify and report the cause of death. This type of law contributes to poor quality of cause-of-death data and is in violation of the International Classification of Diseases recommendations and regulations. If, and only if, State law allows this practice, an additional checkbox should be shown and an additional literal question should appear asking for the type (e.g., nurse practitioner, chiropractor, dentist, etc.):

- Other Individual Legally Allowed to Certify**

If "Other Individual Legally Allowed to Certify" is selected, a message will appear asking to specify the type of individual.

Other Individual Legally Allowed to Certify

Please specify what type of individual is certifying: _____

If natural has been selected for item 37, the certifier will be asked to complete screens for items 46-49, and will be asked to enter his/her electronic signature.

If any response other than natural is selected and the second screen indicates that the certifier is a Medical Examiner or Coroner, the certifier will be asked to complete screens for items 38-44 and 46-49 and will be asked to enter his/her electronic signature.

When the electronic signature is to be entered, the following statements should appear depending on the type of certifier.

Pronouncing and certifying physician

- **To the best of my knowledge death occurred at the time, date, and place, and due to the cause(s) and manner stated.**

Certifying physician

- **To the best of my knowledge, death occurred due to the cause(s) and manner stated.**

Medical Examiner or Coroner

- **On the basis of examination, and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.**

NOTE: States with laws allowing others to certify will need an additional statement for the other types of individuals that are allowed to certify cause of death.

Other Individual Legally Allowed to Certify

- **To the best of my knowledge, death occurred due to the cause(s) and manner stated.**

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
MANNER		N A S H P C	Natural Accident Suicide Homicide Pending investigation Could not be determined
CERT		D P M O	Certifying Physician Pronouncing & Certifying Physician Medical Examiner/Coroner Other Individuals Legally Allowed To Certify
CERTL	Literal for other Certifier types	Literal response	
PEND37	Pending flag	0 1	Off On

EDITS:

ELECTRONIC RECORDS

Before the record is transmitted to the State

Item 37. Certifier can tab to another screen and pend the item. When this occurs, a screen will automatically appear at the time the record is to be printed or filed, which indicates that the item must be completed at this time. The item cannot be blank. Record cannot be printed or filed unless there is a valid response to the item.

Item 45 cannot be blank. See item 37 above for how to handle if certifier tries to leave it blank.

If item 37 is any response but natural, item 45 should be medical/examiner or coroner unless cause, manner, and timing of death meet State criteria for an exception. States will have to determine.

If response to item 37 is pending investigation, a follow up flag is set to "On."

If death requires referral to the ME or Coroner, no electronic signature will be allowed and no other items can be filled out until item 31 is changed to indicate that the ME or Coroner was contacted.

PAPER RECORDS

Records with item 37 completed with anything other than "Natural" should be reviewed to ensure that a ME or Coroner was either contacted or did certify the death. If not, the case may be referred to the ME or Coroner in the district where the death occurred, depending on State requirements. Otherwise, the certificate should be accepted.

Records filed with item 37 blank are queried. The certifier must make a determination. If the certifier cannot make a determination as to manner of death after a complete investigation has been conducted and certifier is a ME or Coroner, "Could not be determined" should be checked. If certifier is not a ME or Coroner, the case must be referred to a ME or Coroner or otherwise handled according to State law.

If response to item 37 is "Natural" but cause of death is an accident, suicide, or homicide, State may query certifier to determine if "Natural" is correct.

If response to item 37 is pending investigation, a follow up flag is set to "On."

State edits of data file prior to NCHS transmission

See above edits for electronic records.

Must be valid codes (see below).

If item 37 indicates the manner of death as “Natural,” then there can be (but is unlikely) an external cause-of-death code. If this occurs, the external cause is most likely in part II of the cause-of-death section. If the manner is accident, suicide, or homicide, then there must be an external cause of death. If manner of death could not be determined, any cause-of-death code is acceptable. If the cause of death is pending investigation, then the manner of death should be listed as pending.

STATE FILE CONSIDERATIONS

The outputs from the EDR can interface with the NCHS software for processing cause-of-death data (ACME, TRANSAX, MICAR, and SuperMICAR). This can be done using the input file record format for the highest-end program that the State uses. These variables do not need to be transmitted to NCHS if the information has been fed through the automated software and the output files have been transmitted to NCHS.

As mentioned for item 14, States may elect to add a facility identification number field which could be the NPI number.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
MANNER	1	Alpha character string	N, A, S, H, P, C
CERT	1	Alpha character string	D, P, M, O
CERTL	30	Alpha character string	Literal, blank

Not necessary to transmit MANNER if State does its own cause-of-death processing and sends NCHS the output from the software.

EDI TRANSMISSION:

No standards set yet.

Below are suggestions for these items:

DATE OF INJURY

Did the death of this person involve an injury of any kind as indicated in item 32, either in part I or part II?

- Yes**
- No**

If the “Yes” box is checked and if the case had been referred to a Medical Examiner or Coroner, the Certifier will proceed to complete items 38-44. If the “Yes” box is checked, and the case had not been referred to the ME or Coroner, the following message appears:

This case involved an injury and was not referred to the Medical Examiner/Coroner. _____ State law/rules require that

Do you want to refer this case to the Medical Examiner/Coroner?

- Yes**
- No**

If “Yes” is checked, item 31 is put in pending status and this item will be the first screen to appear when a certifier continues to complete the certificate.

If the answer is “No,” the certifier is allowed to proceed.

If the “No” box is checked in the first screen, all the injury items are skipped and the next item to appear on the screen is item 45.

Check this box if date of injury cannot be determined.

- Date of injury cannot be determined**

If checked, set all fields to 9’s.

If Date of Injury cannot be determined, skip item 39 (Time of Injury). Go to item 40 (Place of Injury). Automatically set Time of Injury to “cannot be determined.”

If part of the date is known, for example month and year, enter month and year and leave day blank. All blanks are automatically set to 9’s when at least one part of the date is completed.

When the month is to be entered, the following instruction should appear:

Enter the FULL name of the month of injury.

Name of the month of injury _____
Day of injury _____
Year of injury _____

It is proposed that the time of injury be a single-field entry for hour and minutes.

TIME OF INJURY

Check this box if the time of injury cannot be determined.

Time of injury cannot be determined.

If checked, set all fields to 9's.

Enter the exact hour and minutes of injury or use your best estimate.

Hour and minute of injury (use 24-hour clock) _____

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
DOI_YR	Year of injury	4-digit year 9999	must be less than or equal to system year.
DOI_MO	Month of injury	January February March April May June July August September October November December All 9's	Unknown
DOI_DY	Day of injury	01-31 01-29	If January If February

		01-31	If March
		01-30	If April
		01-31	If May
		01-30	If June
		01-31	If July
		01-31	If August
		01-30	If September
		01-31	If October
		01-30	If November
		01-31	If December
		99	Unknown
TOI_HR	Time of injury	0000-2359 All 9's	Unknown

EDITS:

Before the record is transmitted to the State.

Some facilities may use a 0001-2400 range in lieu of the 0000-2359 range. Based on the recommendation of the National Institute of Standards and Technology, it is strongly recommended that the 24-hour clock with the range of 0000-2359 be used. 0000 is the start of the new day. The recommended sequence is:

2359 (11:59 pm)

0000 (12 midnight)

0001 (12:01 am)

However, some facilities use the following sequence:

2359 (11:59 pm)

2400 (12 midnight)

0001 (12:01 am).

If month is February and day is 29, year must be a leap year.

If any edits fail, a message will appear that shows the date and time information entered and a comment on invalid entries. These errors must be corrected before the record can be submitted.

States also need to compare the date of injury fields to be sure it is earlier or equal to the date of death.

SAMPLE ERROR MESSAGE AND QUERY SCREEN

**One of the date entries is incorrect or inconsistent with other date entries.
Please review and make any necessary changes.**

<u>ITEM NUMBER</u>	<u>FIELD</u>	<u>ENTRY</u>	<u>COMMENTS</u>
29	Month	September	
29	Day	31	Day is greater than 30
29	Year	2002	
30	Time of Death	1748	
38	Month	September	
38	Day	30	
38	Year	2003	Year of injury must be before death
39	Time of Injury	1748	

Before transmittal to NCHS

The cause-of-death codes need to be examined to see if there is at least one external cause in either part I or part II of the certificate (item 32). If there is at least one external cause and item 38 contains all blanks, query the certifier to resolve.

If there are no external causes indicated in part I or part II of item 32, set all the injury items (items 38-44) as blanks.

STATE FILE CONSIDERATIONS

While the paper document does not have separate fields for each element of the date, it is recommended that the date be entered and stored as three separate fields. Time should be stored as a separate field. States may choose to allow entry of numeric or alphabetic abbreviations for month instead of typing the entire literal.

TRANSLATIONS:

If month is entered as a text entry, States will need to translate the written months into numeric values as follows:

January	01
February	02
March	03
April	04
May	05
June	06
July	07

August	08
September	09
October	10
November	11
December	12

If states elect to use a database system that has an option of storing dates as “date type variables,” the system must meet the criteria listed under transmission standards.

States will need to convert time values of 2400 to 0000.

The outputs from the EDR can interface with the NCHS software for processing cause-of-death data (ACME, TRANSAX, MICAR, and SuperMICAR). This can be done using the input file record format for the highest-end program that the State uses. These variables do not need to be transmitted to NCHS if the information has been fed through the automated software and the output files have been transmitted to NCHS.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
DOI_YR	4	Numeric character string	4-digit year, 9999
DOI_MO	2	Numeric character string	01-12, 99
DOI_DY	2	Numeric character string	01-31, 99
TOI	4	Numeric character string	0000-2359, 9999

Not necessary to transmit these variables separately if State does its own cause-of-death processing and sends NCHS the output from the software.

EDI TRANSMISSION:

HL 7 Transmission standards will be followed.

Format YYYY[MM[DD[HH[mm]]]]

Year must be fully represented with four digits.

Software that stores dates as “date type” must be year 2000 compliant and capable of producing the date in the YYYY..... format and capable of producing messages in the HL7 EDI format.

Item Title: **PLACE OF INJURY**

Item Number: **40**

Description: Requests information on the type of place where an injury occurred

Source of Information:

Preferred Source: Medical Examiner or Coroner

Other Acceptable Source: Certifying Physician (depending on State law)

INSTRUCTIONS

FOR A PAPER RECORD:

Medical Examiner, Coroner, or Certifying Physician

This item is to be completed if an injury is listed in either part I or part II of item 32. This item is to be completed if the manner of death (item 37) is an accident, suicide, or homicide.

Certifier is to enter the type of place where the injury occurred, examples include home, construction site, restaurant, wooded area, vacant lot.

This item cannot be left blank. If unknown, enter "Unknown."

Print or type the general type of place of injury in item 40.

FOR AN ELECTRONIC RECORD:

EDR Developer

Gateway to this item is through item 38. If item 38 contains any entries other than all blanks, item 40 should be completed.

When the item is to be completed the following instructions should appear on the screen:

PLACE OF INJURY

- Enter the type of place where the injury occurred, examples include home, construction site, restaurant, wooded area, vacant lot.
- This item cannot be left blank. If unknown, enter “unknown.”

Place of injury _____

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
INJPLL	Place of injury literal	Literal	
INJPL	Place of injury code assigned by NCHS cause-of-death coding software.		

The literal values are to be transmitted to NCHS or put through the automated software for processing cause-of-death data. Edits below are to be run only with the coded output from the automated software for processing cause-of-death data.

EDITS:

Before the record is transmitted to the State

ELECTRONIC RECORDS

If item 37 response is accident, suicide, or homicide, there must be an entry in item 40.

If item 38 contains any valid part of a date (not all blanks), this item must have an entry.

PAPER RECORDS

If item 37 response is “accident,” “suicide,” or “homicide,” there must be an entry in item 40.

If item 38 contains any valid part of a date (not all blanks), this item must have an entry.

If there is a response in item 40 and no indication that an injury is recorded in item 32, either in part I or in part II, query.

If item 37 (manner of death) is natural, then item 40 should be (but is not always) blank. If not blank and examination of the cause of death indicates a natural death, query.

State edits of data file prior to NCHS transmission

Codes (INJPL) are compared to ICD-10 codes. Allowable Place of Injury codes for specified ICD-10 codes are found in Table J of the NCHS instruction manual part 11.

If there is a Place of Injury code and the ICD-10 codes (underlying or multiple) do not include at least one of the codes listed in table J, the record must be queried for cause of death and place of injury.

If the Place of Injury code is valid but is not valid for a specific ICD-10 cause code, then set INJPL code to "Unknown."

STATE FILE CONSIDERATIONS

States should record the literal entry, both for certification purposes and for processing cause of death. Similar terms sometimes result in assigning different ICD-10 codes, so it is important to record the literal entry.

The outputs from the EDR can interface with the NCHS software for processing cause-of-death data (ACME, TRANSAX, MICAR, and SuperMICAR). This can be done using the input file record format for the highest-end program that the State uses. These variables do not need to be transmitted to NCHS if the information has been fed through the automated software and the output files have been transmitted to NCHS.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
INJPLL	50	Alpha character string	literal

Not necessary to transmit this variable if State does its own cause-of-death processing and sends NCHS the output from the software.

EDI TRANSMISSION:

No standards set yet.

Item Title: **INJURY AT WORK?**

Item Number: **41**

Description: Information on whether or not an injury to the deceased indicated on the death certificate occurred at work.

Source of Information:

Preferred Source: Medical Examiner or Coroner

Other Acceptable Source: Certifying Physician (depending on State law)

INSTRUCTIONS

FOR A PAPER RECORD:

Medical Examiner, Coroner, or Certifying Physician

The Injury at Work item must be completed if the Manner of Death item (37) is “accident,” “suicide,” or “homicide” and/or there is an injury recorded in item 32, either in part I or part II, and the decedent is 14 years of age or older. If the decedent is less than 14 years of age, item 41 may be completed or left blank.

An injury at work could occur at work regardless of whether the injury occurred in the course of the decedent’s “usual” occupation.

Check the appropriate box in item 41. For examples, see instructions on death certificate.

- Yes
- No

If it is not known if injury was at work, write “Unknown.”

FOR AN ELECTRONIC RECORD:

EDR Developer

The injury at work item must be completed if accident, suicide, or homicide is selected in item 37 and/or any injury is mentioned in item 32, either parts I or II, and the decedent is 14 years of age or older. If the decedent is less than 14 years of age, the item may be completed if warranted.

The gateway for appearance of this item on the EDR is through item 38 (Date of injury). If item 38 contains anything but all blanks, and the decedent is 14 years of age or older, the injury at work screen will appear.

If decedent is less than 14 years of age and item 38 is not all blanks, the following will appear:

The decedent is less than 14 years of age. Completion of this field is appropriate only if the injury occurred at work. Check one of the two boxes below.

- Completion not warranted**
- Continue with completion of this item**

If the first box is selected, the item will automatically be coded to the “Not applicable” code.

If the second box is selected, the item will appear.

Injury at Work?

- Yes**
- No**
- Unknown**

The following two statements should appear on the screen when the injury at work item is to be completed.

An injury at work could occur at work regardless of whether the injury occurred in the course of the decedent’s “usual” occupation.

If you would like to view examples of injuries at work or injuries that should not be considered injuries at work please see the help menu.

EXAMPLES FOR THE HELP FUNCTION:

View examples of injuries at work

- Injury while working or in vocational training on job premises**
- Injury while on break or at lunch or in parking lot on job premises**
- Injury while working for pay or compensation, including at home**
- Injury while working as a volunteer law enforcement official etc.**
- Injury while traveling on business, including to and from business contacts**

- Please check this response to complete the injury at work screen

View examples of injuries that should not be considered injuries at work

- Injury while engaged in personal recreational activity on job premises
- Injury while a visitor (not on official work business) to job premises
- Homemaker working at homemaking activities
- Working for self for no profit (mowing yard, repairing own roof, hobby)
- Student in school
- Commuting to or from work

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
WORKINJ	Injury at work?	Y N U X	Yes No Unknown (not classifiable) Not applicable

EDITS:

Before the record is transmitted to the State

ELECTRONIC RECORDS

Electronic record must contain one of the valid responses indicated above. Certifier can leave blank and tab to the next item, but a pending flag will be set. If item is left blank, before the record can be transmitted a screen will appear asking that the item be completed at this time. Record cannot be printed or filed until this item is complete. If "Not warranted" is selected, item 41 will be coded to "Not applicable." If the item is skipped due to skip pattern initiated in item 38, item will be automatically assigned the "Not applicable" code.

PAPER RECORDS

Records should be queried if the injury at work item is blank when manner of death is accident, suicide, or homicide and/or there is an injury noted in item 32, part I or part II, and the decedent is 14 years of age or greater. If no response to query, assign the "Unknown" code.

If manner of death is natural and an external cause of death is indicated in the cause-of-death section, query the record for cause of death, manner of death, and all appropriate items in the range of items numbers 37-44. If no response, code to "Unknown."

State edits of data file prior to NCHS transmission

Must be a valid code (see below).

If response is coded to Y (Yes), the record must have an external cause-of-death code in either Part I or Part II of item 32. If the edit fails, query.

STATE FILE CONSIDERATIONS

The outputs from the EDR can interface with the NCHS software for processing cause-of-death data (ACME, TRANSAX, MICAR, and SuperMICAR). This can be done using the input file record format for the highest-end program that the State uses. This variable does not need to be transmitted to NCHS if the information has been fed through the automated software and the output files have been transmitted to NCHS.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
WORKINJ	1	Alpha character string	Y, N, U, X

Not necessary to transmit this variable if State does its own cause-of-death processing and sends NCHS the output from the software.

EDI TRANSMISSION:

No standards set yet.

Item Title: **LOCATION OF INJURY**

Item Number: **42**

Description: The geographic location where the injury occurred.

Source of Information:

Preferred Source: Medical Examiner or Coroner

Other Acceptable Source: Certifying Physician (depending on State law)

INSTRUCTIONS

FOR A PAPER RECORD:

Medical Examiner, Coroner, or Certifying Physician

Item must be completed if response to item 37 is “accident,” “suicide,” or “homicide,” and/or there is an injury recorded in item 32, part I or part II.

Item must be completed if item 38 has any entry other than blank.

This is the address where the injury occurred. Fill in as many of the items as is known. If any of the location fields are not known, leave blank.

Location-Street Address & Apt Number

If the “street” name has a direction as a prefix, print the prefix prior to the name.
If the “street” name has a direction after the name, print the suffix after the name.

Examples: South Main Street
Walker Street NW

Print or type the building number.

Print or type the “street” name including pre-or post-directionals and the “street designator.” Examples of the street designator are words like street, avenue, road, circle, court, etc.

Print or type the apartment or room number.

Location-State

Print or type the USA State or territory or Canadian province where the injury occurred.

Location -City or Town

Print or type the name of the city, town, or other place where the injury occurred.

Location-zip code

Print or type the 9-digit zip code.

FOR AN ELECTRONIC RECORD:

EDR Developer

Item must be completed if response to item 37 is accident, suicide, or homicide, and/or there is an injury recorded in item 32, part I or part II.

Item must be completed if item 38 has an entry other than blank.

Suggested method

The following instruction should appear when the item is to be completed.

Location of Injury

This is the address where the injury occurred. Fill in as many of the items as is known. If any of the location fields are not known, leave blank.

If none of the location items are known, check the “Location unknown” box below.

Location unknown

If this box is checked, all items are assigned the “Unknown” code.

Preferred method for recording street address.

If the “street” name has a direction as a prefix, enter the prefix in the space labeled “pre-directional.” If the “street” name has a direction after the name, enter the suffix in the space labeled “post-directional.”

Examples: South Main Street. Enter the name as Main and the pre-direction as South.

Walker Street NW. Enter the name as Walker and NW in the post-directional space.

If there are no pre-or post-directions, leave these spaces blank.

Second option for recording street address

If the “street” name has a direction as a prefix, enter the prefix as part of the “street” name and in front of the name. If the “street” name has a direction after the name, enter the suffix after the “street” name.

*Examples: South Main Street. Enter the name as South Main.
Walker Street NW. Enter the name as Walker NW.*

Location-Street Address & Apt Number

Preferred option

*Building number _____
Pre-directional _____
Name of the “street” _____
“Street” designator _____
Post-directional _____
Apartment or room number _____*

Second Option

*Building number _____
Name of the “street” _____
“Street” designator _____
Apartment or room number _____*

Examples of the “street” designator are words like street, avenue, road, circle, court, etc.

Location-State

USA State or territory or Canadian province where the injury occurred.

_____ (State, territory, province)

Location -City or Town

Name of the city, town, or other place where the injury occurred.

_____ (city, town or other place)

Location-Zip Code

9 digit ZIP code. _____

All blank fields will be assigned the “Unknown” code.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
ISTNUM	Street number		
IPREDIR	Pre-directional		
ISTNAME	Street name		
ISTDESIG	Street designator		
IPOSTDIR	Post-directional		
IUNUM	Unit or apartment number		
IPNAME	City or town name		
IZIP9	Zip code		
ISTATE	State/Province		

EDITS:

Before the record is transmitted to the State

1. If city is known and State is unknown, then use a listing of cities to assign a State if and only if the city is unique. Otherwise leave blank.
2. Check city and town names in FIPS 55-3 name table. If not in table and if it is an electronic record, the following message should appear:

“The city or town was not found, please enter again.”

If the edit fails again, code city to “Unknown.” Keep the literals.

STATE FILE CONSIDERATIONS

It is recommended that States keep this information in as detailed a format as possible. See the recommended electronic format below. For data collected on paper records, keying instructions need to reflect the detail of the electronic record.

For the purpose of recording and printing certified copies from the electronic file and for geo-coding the record, it is recommended that the address field be separated into the fields as described below. These fields generally correspond to the CDC-HISSB recommendations. However, field lengths do not correspond to the CDC-HISSB standards because the literal entries need to be captured. They can then be transposed to abbreviations for purposes of compacting the file using standard abbreviations as recommended in the HISSB standards.

Suggested field names are:

DESCRIPTION	NAME	LENGTH
Street number	ISTNUM	10
Pre-directional	IPREDIR	10
Street name	ISTNAME	28
Street designator	ISTDESIG	10
Post-directional	IPOSTDIR	10
Unit or apartment number	IUNUM	4
City or town name	IPNAME	28
Zip code	IZIP9	9
State/Province	ISTATE	28

States may also opt to retain coded fields as well as the literal entries. If coded fields are maintained as well, there are HISSB and FIPS standards that should be used. City codes are FIPS 55-3 codes shown in Appendix C. State and Province codes are FIPS 5-2 two-character codes for the USA and its territories and two-character for the provinces and territories of Canada (see Appendix D).

“Incremental browsing” may be used to facilitate quicker selection of the location. Incremental browsing refers to the process in which the keyer enters the first or so letter of the state, territory or country and the system automatically presents the list of places beginning with that letter(s). The keyer then can more readily select the correct locale without typing in the rest of the word. For example, for birthplace, when the keyer enters the letter “C: the system would automatically go to where “Cambodia” is on the list. If the keyer enters the letters “Ch,” the system would automatically go to where “Chad” is on the list.

NCHS TRANSMISSION FILE

It is not anticipated that these variables will be transmitted to NCHS. The recommendations are for States that may want to geo-code these locations for injury prevention and analysis purposes.

EDI TRANSMISSION:

No standards set yet.

Item Title: **DESCRIBE HOW INJURY OCCURRED**

Item Number: **43**

Description: Information on how the injury occurred is requested in narrative form.

Source of Information:

 Preferred source: Medical Examiner or Coroner

 Other Acceptable Source: Certifying Physician (depending on State law)

INSTRUCTIONS

FOR A PAPER RECORD:

Medical Examiner, Coroner, or Certifying Physician

Item is to be completed if response to item 37 is accident, suicide, or homicide and/or there is an injury reported in item 32, part I or part II. If item 38 contains any part of a date, this item is to be completed.

Certifier is to print or type in narrative form a description of how the injury occurred.

When relevant to injury, specify the type of gun (e.g., handgun, hunting rifle) or type of vehicle (e.g., automobile, pickup truck, bulldozer, train). If more than one vehicle was involved, specify number and types of vehicles and which vehicle the decedent was in.

This item cannot be left blank. If not known, enter "Unknown."

FOR AN ELECTRONIC RECORD:

EDR Developer

Gateway to this item is through item 38 (Date of Injury). If Item 38 contains any part of a date, this item is to be completed.

Also, item is to be completed if response to item 37 is "accident," "suicide," or "homicide" and/or there is an injury reported in item 32, part I or part II.

SUGGESTED METHOD

The following instructions should appear when this item is to be completed:

DESCRIBE HOW THE INJURY OCCURRED

Certifier is to enter in narrative form a specific description of how the injury occurred.

When relevant to injury, specify the type of gun (e.g., handgun, hunting rifle) or type of vehicle (e.g., automobile, pickup truck, bulldozer, train). If more than one vehicle was involved, specify number and types of vehicles and which vehicle the decedent was in.

This item cannot be left blank. If not known, enter "Unknown."

Please describe how the injury occurred.

This literal entry will be processed as part of the NCHS automated software for coding cause of death and the data transmitted to NCHS as part of the output from that software.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
LINJURY		Literal	

EDITS:

Before the record is transmitted to the State

ELECTRONIC RECORDS

None at this time.

PAPER RECORDS

None at this time.

State edits of data file prior to NCHS transmission

Must be valid codes (see below).

STATE FILE CONSIDERATIONS

States should record the literal entry for the injury description and maintain that entry in their electronic file for certification purposes as well as for automated cause-of-death processing. States will need a literal field of at least 250 characters for this entry.

The outputs from the EDR can interface with the NCHS software for processing cause-of-death data (ACME, TRANSAX, MICAR, and SuperMICAR). This can be done using the input file record format for the highest-end program that the State uses. These variables do not need to be transmitted to NCHS if the information has been fed through the automated software and the output files have been transmitted to NCHS.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
LINJURY	250	Alpha character string	literal

Not necessary to transmit this variable if State does its own cause-of-death processing and sends NCHS the output from the software.

EDI TRANSMISSION:

No standards set yet.

Item Title: **IF TRANSPORTATION INJURY, SPECIFY**

Item Number: **44**

Description: Information on the role of the decedent involved in a transportation accident.

Source of Information:

Preferred Source: Medical Examiner or Coroner

Other Acceptable Source: Certifying Physician (depending on State law)

INSTRUCTIONS

FOR A PAPER RECORD:

Medical Examiner, Coroner, or Certifying Physician

Check the box that best describes the role of the decedent in the transportation accident. This item cannot be left blank. If unknown, print or type in "Unknown."

- Driver/Operator
- Passenger
- Pedestrian
- Other (Specify)_____

"Other (Specify)" applies to anything to do with watercraft or with aircraft, anything having to do with animals, (e.g., rider), anything to do with persons who have attached themselves to the outside of vehicles but are not bonafide passengers or drivers (e.g., "surfers.")

FOR AN ELECTRONIC RECORD:

EDR Developer

The gateway for this item is through item 38.

The instructions should appear when the item is to be completed using the list of choices below:

Transportation Accident

Certifier is to enter the role of the decedent in the transportation accident.

This item cannot be left blank. If unknown, check the “Unknown” button.

“Other (Specify)” applies to anything to do with watercraft or with aircraft, anything having to do with animals, (e.g., rider), anything to do with persons who have attached themselves to the outside of vehicles but are not bonafide passengers or drivers (e.g., “surfers.”)

- Driver/Operator**
- Passenger**
- Pedestrian**
- Other (Specify)**
- Unknown**
- Not applicable**

If the “Other (Specify)” response is selected, the following message appears:

Please enter the other role of the decedent in the transportation accident.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
TRANSP	Role of the decedent in the traffic accident	DR PA PE OT	Driver/Operator Passenger Pedestrian Other

TRANSPL Other (specify) Literal

EDITS:

Before the record is transmitted to the State

ELECTRONIC RECORDS

If a vehicle is involved (see Appendix J) in the injury as recorded in item 43, a response to item 44 is required.

PAPER RECORDS

If a vehicle is involved (see Appendix J) in the injury as recorded in item 43, a response to item 44 is required.

If there is a response in item 44 but no indication of a transportation accident in item 43 or in item 32, part I or part II, query. If no response to query, code to “Not applicable.”

If item 44 is blank and a transportation accident is indicated in item 43 or item 32, part I or part II, query. If no response to query, assign the “Unknown” code.

State edits of data file prior to NCHS transmission

Must be a valid code (see below).

STATE FILE CONSIDERATIONS

It is recommended that States record the literal entry for the “Other (Specify)” entry and maintain that entry in their electronic file for certification purposes.

The outputs from the EDR can interface with the NCHS software for processing cause-of-death data (ACME, TRANSAX, MICAR, and SuperMICAR). This can be done using the input file record format for the highest-end program that the State uses. These variables do not need to be transmitted to NCHS if the information has been fed through the automated software and the output files have been transmitted to NCHS.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAME</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
TRANSP	2	Alpha character string	DR, PA, PE, OT
TRANSPL	30	Alpha character string	Literal

Not necessary to transmit these variables separately if State does its own cause-of-death processing and sends NCHS the output from the software.

EDI TRANSMISSION:

No standards set yet.

Item Title: **NAME, ADDRESS, AND ZIP CODE OF
PERSON COMPLETING THE CAUSE OF
DEATH (ITEM 32)**

(Item is not part of the NCHS data set.)

Item Number: 46

Description: The name of the person completing the cause of death
(item 32)

Sources of Information:

Preferred Source: The person that completed the cause of
death (item 32)

INSTRUCTIONS

FOR A PAPER RECORD:

**Print or type the name of the person completing the cause of death(item
32).**

FOR AN ELECTRONIC RECORD:

*If an electronic signature is being captured for item 45 then this field can be auto-
filled through a table look up.*

Enter the name of the person completing the cause of death(item 32).

EDR Developer

*The paper death certificate does not have separate boxes for the names of the person
completing the cause of death (item 32).*

*The EDR should have at a minimum separate fields for the first /middle name(s), last
name(s) (surname).*

*Developers may want to record or separate first and middle names depending on state
requirements.*

*Developers may elect to record the names in separate fields or to parse the names after
entry to a single field to separate the first/middle(s) from the last name.*

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>VALUES</u>
CERTNAME	First name and middle name	100	Alpha characters
CERTLNAME	Last name	50	Alpha characters

BOTH ELECTRONIC AND PAPER RECORDS

Name fields must contain English alphabetic characters and any accent marks or special characters as determined by the state.

There must be an entry in the last name field. The first/middle name field can be blank

STATE DATA FILE CONSIDERATIONS

It is recommended that states keep name information in as detailed a format as possible. For data collected on paper records, keying instructions need to be the same as those for the electronic record.

Item Title: **NAME, ADDRESS, AND ZIP CODE OF
PERSON COMPLETING THE CAUSE OF
DEATH (ITEM 32)**

(Item is not part of the NCHS data set.)

Item Number: 46

Description: The address (business) of the person completing the
cause of death (item 32).

Source of Information:

Preferred Source: The person completing the cause of death

INSTRUCTIONS:

FOR A PAPER RECORD:

This is the business address of the person completing the cause of death

**Print or type the number of building, any suite or office number, then
the name of any pre-direction, then the street name, along with any
post-directions, then the street designator.**

**Examples of street designator are words like Street, Avenue, Road,
Circle, Court etc.**

Print or type the name of the city, town, or other location.

Print or type the USA State or Territory.

Print or type the 5 digit Zip code or 9 digit Zip code if known.

FOR AN ELECTRONIC RECORD:

*If an electronic signature is being captured for item 45 then this field can be auto-filled
through a table look up.*

EDR Developer

Data entry should be set up in the order identified below corresponding to item 46 on the certificate. When some items are to be completed, specific instructions are required to appear; preferably in a pop up that does not obscure the item completion area. This item could be auto filled once the certifier is identified either by license number or name. If the fields are not auto filled, incremental browsing of possible entries for the names of the city, town, or location as well as the U.S. State or Territory is acceptable.

1. Complete number and street name : _____
2. Suite or Office number: _____
3. Name of the city, town, or location: _____
4. State, or U.S. Territory: _____
5. Zip code: _____

When item 2 “Suite or Office Number” is to be completed, the following instruction should appear.

If there is no suite or office number, leave the item blank.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>VALUES</u>
CSTNAME	Complete number and street name	70	Alpha character
CSUITE	Suite or office number	7	Alpha character
CCITY	City or Town name	28	Alpha character
CSTATE	State, or Territory	28	Alpha character
CZIP	Zip Code	9	Numeric character

EDITS

1. Check for valid zip code.

STATE DATA FILE CONSIDERATIONS

For data collected on paper records, keying instructions need to reflect the detail of the electronic record.

States may also opt to retain coded fields as well as the literal entries. If coded fields are maintained as well, ISO standards should be used. See the translation below.

TRANSLATIONS

Response Mapping (examples) if states elect to code this item

Response

Maps to values

State or Territory Name

FIPS 5-2 two character codes (Appendix B)

City/Town, Location Name

FIPS 55-3 five digit place codes
(Appendix C)

Item Title: **LICENSE NUMBER**
(Item is not part of the NCHS data set.)

Item Number: **48**

Description: License number of person certifying the cause of death.

Source of Information:

Preferred Source: Person certifying the cause of death

INSTRUCTIONS

FOR A PAPER RECORD:

Print or type the license number of the person certifying the cause of death (item 32) in the space provided (item48).

If not licensed, print or type (no license).

FOR AN ELECTRONIC RECORD:

If an electronic signature is being captured for item 45 then this field can be auto-filled through a table look up.

EDR Developer

In developing item 45, EDR developers should have a table of licensed and non-licensed professions that are allowed to certify the cause of death in the state. This table is also needed to validate the certifier's license number.

Developers should check the response to item 45 as to whether or not the certifier has a license. This would only occur in states where, by law or rule a non-licensed person is authorized to certify the cause of death. See description for item 45.

If the response to item 45 indicates the individual is licensed, the entry screen should request the license number of the licensee authorized to certify the cause of death.

If the response to item 45 indicates the certifier is not licensed, then this item should be left blank.

States may elect to use a provider's NPI number, a state license number or both.

PROCESSING VARIABLE:

5/2004; Updated 2/18/2005

<u>NAMES</u>	<u>DESCRIPTION</u>	<u>LENGTH</u>	<u>VALUES</u>
CLICNUM	License number	12	Alpha character

EDITS:

PAPER RECORDS

Depending on state laws and rules, records should be queried if there is a signature in item 45 and license number (item 48) is blank.

Licensee number must be a valid number license number for type of profession.

ELECTRONIC RECORDS

If certifier is licensed, the license number must be a valid number license number for the type of profession (item 45).

If the certifier is not licensed (item 45), the field should be blank.

Depending on state laws and rules the record may or may not be acceptable for filing when this occurs.

Item Title: **DATE CERTIFIED**
(Item is not part of the NCHS data set.)

Item Number: **49**

Description: The date the death record is certified

Source of Information:

Preferred Source: Certifier

INSTRUCTIONS

FOR A PAPER RECORD:

Print or type the month, day, and four digit year the death is certified. Standard numeric abbreviations are **NOT** acceptable.

FOR AN ELECTRONIC RECORD:

If an electronic signature is being captured for item 45 then this field can be auto-filled.

EDR Developer (*Instructions are in italics*)

The Date Certified item is a three-field entry with the month, day, and year entered in separate fields.

Month certified ___ ___

Day certified ___ ___

Year certified ___ ___ ___ ___

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>LENGTH</u>	<u>DEFINITIONS</u>
CERT_YR	Year certified	4 digit year	4	4 digit year
CERT_MO	Month certified	01 02 03	2	January February March

04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December,

CERT_DY	Day certified	01-31	2	January	1-31
				February	1-29
				March	1-31
				April	1-30
				May	1-31
				June	1-30
				July	1-31
				August	1-31
				September	1-30
				October	1-31
				November	1-30
				December	1-31

EDITS:

ELECTRONIC RECORD

If month is February and day = 29, Date Certified should be a leap year. If not, an error message should appear and ask that the date be corrected.

Date Certified must be the same as or later than the Date Pronounced Dead (Item 24) and the same as or earlier than the Date Filed By Registrar (Item 50).

PAPER RECORDS

For paper records, the same edits are applied. Edits failed after re-entry through the edit screens will result in a listing of items to be queried and the item will be given a pending query status.

STATE DATA FILE CONSIDERATIONS

While the paper document does not have separate fields for each element of the date, it is recommended that the date be entered and stored as three separate fields.

If states elect to use a database system that has an option of storing dates as “date type variables,” then the system must meet the criteria listed under transmission standards.

Item Title: **DECEDENT'S EDUCATION**

Item Number: **51**

Description: The highest degree or level of schooling completed by the decedent.

Source of Information:

Preferred Source: Informant

INSTRUCTIONS

FOR BOTH PAPER AND ELECTRONIC RECORDS:

Funeral Director

Hand the informant the education level selection card (Appendix G) and ask the informant to choose the category that, to the best of his or her knowledge, describes the highest education level achieved by the decedent. If the respondent does not know or is not sure, select "Unknown" (electronic) or type or print "Unknown" (paper). If the respondent refuses, select "Refused" (electronic) or type or write in the box "Refused" (paper). If there is no informant, or for some other reason the information is not available, select "Not Obtainable" (electronic) or type or write in the box "Not available" (paper).

For electronic records, select the response that the informant gives you. For example, if the respondent answers "high school," select "High school graduate or GED completed." For a paper record, mark the correct check box.

If the respondent indicates that the decedent has a degree that is not listed on the card, select "Not Classifiable." On a paper record, write in "Not Classifiable."

IN NO CASE SHOULD THE ITEM BE LEFT BLANK

FOR AN ELECTRONIC RECORD:

EDR Developer

Decedent's education level is chosen from the list below and the instructions should appear when the item is to be completed.

Decedent's Education

Check the box that best describes the highest degree or level of school completed by the decedent.

- 8th grade or less**
- 9th-12th grade; no diploma**
- High school graduate or GED completed**
- Some college credit, but no degree**
- Associate degree (e.g. AA, AS)**
- Bachelor's degree (e.g. BA, AB, BS)**
- Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)**
- Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)**

- Refused**
- Not Obtainable**
- Unknown**
- Not Classifiable**

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
DEDUC	Education	1	8 th grade or less
		2	9 th through 12 th grade; no diploma
		3	High school graduate or GED completed
		4	Some college credit, but no degree
		5	Associate degree (e.g., AA, AS)
		6	Bachelor's degree (e.g., BA, AB, BS)
		7	Master's degree (e.g., MA, MS, MEng, Med, MSW, MBA)
		8	Doctorate degree (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD)
		9	Unknown

DEDUC_MVR	Companion missing value variable	S	Sought but unknown (informant does not know)
		R	Refused (informant refuses)
		C	Not obtainable (no informant or e.g. found unidentified body)
		E	Obtained but response does not fit classification scheme
DEDUC_BYPASS	Edit flag	0	OFF (edit passed)
		1	ON (edit failed, data queried and verified)
		2	ON (edit failed, data queried but not verified)
		3	ON (edit failed, review needed)
		4	ON (edit failed, query needed) (paper only)

If “Refused,” “Not Obtainable,” “Unknown,” or “Not Classifiable” is selected, assign the appropriate code for DEDUC_MVR (above) and the value “9” to DEDUC.

EDITS:

Before the record is transmitted to the State

At the time of input to an EDR or electronic work sheet, the date of death will be entered by the funeral director. The decedent’s age will be calculated and stored as a temporary variable for the purposes of this edit. It will be replaced when the Date of Death (Item 29) is completed by the certifying physician/coroner and a new age will be calculated.

Age checks should use calculated age. If age/education edit indicates a discrepancy, the education information needs to be reviewed. The calculated and reported age should have already been checked for consistency.

Valid codes 1-8 (See processing variables for detail)

Values	Minimum Age
1	None
2	9
3	16
4	17
5	18

6	20
7	21
8	23
9	None

If DEDUC is “9,” must have a valid missing value companion variable code if states elect to have a missing value variable. (See State file considerations section.)

SAMPLE ERROR MESSAGE AND QUERY SCREEN

The data entered in the electronic certificate indicates an unusual level of education for a decedent of this age.

Decedent’s education level is: _____

Please check one of the boxes below.

- Incorrect**
- Correct**
- Not able to verify**

If “Correct” is checked, the bypass flag is set to ON-1.

If “Not able to verify” is checked, the bypass flag is set to ON-2.

If “Incorrect” is selected, pull up the decedent’s education level selection list and ask that an education level be selected. If the edit fails, reset bypass flag to ON-1. If the edit passes, reset bypass flag to OFF-0.

Edit bypass flags

ELECTRONIC RECORD

Edit bypass is defaulted to OFF-0 and remains as such unless changed through the edit screen responses. Bypass flag is reset to OFF-0 if new data are entered through the edit/query process and they pass the edit.

When the edit is run and the item fails the edit, the bypass flag is set to a value of ON-3 (see detail above). If the data pass the edit, the bypass flag remains OFF-0.

If the edit fails and the funeral director is unable to verify the data then he/she should indicate “Not verifiable” and the edit bypass flag is set to ON-2. The companion missing value variable (DEDUC_MVR) is set to “E.”

If the edit fails and the funeral director checks “Correct,” the edit bypass flag is set to ON-1.

If “Not correct” is selected and the edit still fails after the funeral director selects an education level from the list, the bypass flag is set to ON-1.

PAPER RECORD

The initial edit will catch only keying errors. If the edit fails, the bypass flag is set to ON-3 and a message appears indicating a discrepancy between age and education. The keyer is asked to re-enter the data. If the edit passes, the bypass flag is reset to OFF-0. If the data still fail the edit, the bypass flag is set to ON-4 meaning that a query to the funeral director is needed.

If the edit fails and the funeral director verifies the data, the edit bypass flag is set to ON-1.

If the edit fails and the funeral director is unable to verify the data, the edit bypass flag is set to ON-2. The companion missing value variable (DEDUC_MVR) is set to “E.”

STATE FILE CONSIDERATIONS

State files will need a field for the education variable and an edit bypass flag variable. Because of the possibility of responses such as “Refused,” “Not known,” and “Not obtainable,” a missing value variable (DEDUC_MVR) is recommended to keep track of these responses for intervention or follow-up training as appropriate. The companion missing value variable (DEDUC_MVR) is described in the processing variable section.

The education item represents the highest number of years of formal education completed and is recorded as a numeric value. Most states currently edit this item only for valid codes; others do a cross-edit with age. The most common edit is age minus education level should be greater than or equal to 4. The new certificate has categories of education indicating the highest level of education achieved or degree received. It will no longer be a numeric value and mapping from the old values to the new categories is not one-to-one.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
DEDUC	1	Numeric character string	1, 2, 3, 4, 5, 6, 7, 8, 9
DEDUC_BYPASS	1	Numeric character string	0, 1, 2, 3, 4

EDI TRANSMISSION:

No standards set yet.

Item Title: **DECEDENT OF HISPANIC ORIGIN?**

Item Number: **52**

Description: The Hispanic origin of the decedent.

Source of Information:

 Preferred Source: Informant

INSTRUCTIONS

FOR BOTH PAPER AND ELECTRONIC RECORDS:

Funeral Director

ASK: Please look at this card and tell me which response best describes the Hispanic origin of _____.

PAPER RECORD

Funeral Director

Hispanic refers to people whose origins are from Spain, Mexico, or the Spanish-speaking Caribbean Islands or countries of Central or South America. Origin includes ancestry, nationality, and lineage. There is no set rule about how many generations are to be taken into account in determining Hispanic origin; it may be based on the country of origin of a parent, grandparent, or some far-removed ancestor. Other Hispanic groups may be specified under "other."

Based on the informant's response, check the appropriate boxes in the listing on the certificate. If informant chooses more than one response, mark all boxes that apply; for example "Mexican" and "Cuban," choose both responses. If the respondent indicates an ethnic origin not on the list, it should be recorded in the "Specify" space. Enter the informant's response even if it is not a Hispanic origin.

- No, Not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban

- Yes, Other Spanish/Hispanic/Latino
(Specify)_____

If the informant does not know, print “Unknown.”

If there is no informant, print “Not obtainable.”

If respondent refuses, print “Refused.”

ELECTRONIC RECORD:

EDR Developer

Hispanic origin will be selected from a menu list (below). The instructions should appear with the menu.

Hispanic refers to people whose origins are from Spain, Mexico, or the Spanish-speaking Caribbean Islands or countries of Central or South America. Origin includes ancestry, nationality, and lineage. There is no set rule about how many generations are to be taken into account in determining Hispanic origin; it may be based on the country of origin of a parent, grandparent, or some far-removed ancestor. Other Hispanic groups may be specified under “other.”

Based on the informant’s response, select the appropriate responses from the following menu. If the respondent chooses more than one response, for example Mexican and Cuban, choose both responses. If the respondent indicates an ethnic origin not on the list, it should be recorded in the “Specify” space. Enter the informant’s response even if it is not an Hispanic origin.

DECEDENT OF HISPANIC ORIGIN

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Other Spanish/Hispanic/Latino
- Unknown if Spanish/Hispanic/Latino
- Not obtainable
- Refused

If “Yes, Other Spanish/Hispanic/Latino” is selected, the following message will appear:

Please enter the specified “Other Hispanic” origin.

Other:_____

States may give examples of the largest “Other Hispanic” origin groups for that State.

Because informants may report more than one ethnicity, there needs to be a separate field for each of the 4 categories plus a 20-character field in which to enter the “Other (Specify)” response.

When the “No, not Spanish/Hispanic/Latino” response is chosen, each of the Hispanic origin fields will be automatically coded with the “No, not Hispanic” code. When the keyer moves to another item and at least one Hispanic category is selected, all the Hispanic selections that were not chosen will be automatically coded with the “No, not Hispanic” code.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
DETHNIC1	Mexican, Mexican American or Chicano	N H U	No, not Mexican Yes, Mexican Unknown
DETHNIC2	Puerto Rican	N H U	No, not Puerto Rican Yes, Puerto Rican Unknown
DETHNIC3	Cuban	N H U	No, not Cuban Yes, Cuban Unknown
DETHNIC4	Other	N H U	No, not other Hispanic Yes, other Hispanic Unknown
DETHNIC5	Other literal entry	literal (blank)	
ETHNIC_MVR	Missing value	R S C	Refused Sought but unknown Not obtainable

EDITS:

Before the record is transmitted to the State

Electronic record must contain one or more valid responses as indicated above. If not, a query message appears before the record can be printed or filed. A replica of the entry screen appears and indicates that one of the categories below must be selected before the record can be printed or filed. If states elect to use a missing value variable (ETHNIC_MVR) for this item, it must have a valid missing value code when the ethnicity values are coded to "Unknown."

If "Unknown if Spanish/Hispanic/Latino" is checked, assign the value "S" to the MVR variable and "U" to all other variables. If "Not obtainable" is checked, assign the value "C" to the MVR variable and "U" to all other variables. If the "Refused" box is checked, assign the value "R" to the MVR variable and "U" to all other variables.

PAPER RECORDS

Records filed with no entry are queried. If there is no response to the query, code to "Unknown."

State edits of data file prior to NCHS transmission

For records indicating more than one Hispanic origin, all codes will be transmitted to NCHS.

All "Other (Specify)" literals will be reviewed to see if they are of Hispanic origin (see Appendix G). If the literal is in the Appendix and of Hispanic origin, the value of the variable, DETHNIC4, will be set to "H," other Hispanic origin. If not, it will be set to "N," "No, not other Hispanic" origin.

Must be valid codes (see above).

STATE FILE CONSIDERATIONS

States opting to electronically code any of the "Other (Specify)" responses to the Hispanic origin question might want to consider using the CDC-HISSB standard coding structure for ethnicity. A field would have to be added to record these codes, and the codes then collapsed into the DVS/NCHS structure for transmission.

Because of the possibility of responses such as "Refused," "Unknown," and "Not obtainable," a missing value variable is recommended to keep track of these responses for intervention or follow-up training as appropriate. All these codes will result in an

“Unknown” code for each of the ethnicity fields. The recommended variable name is ETHNIC_MVR.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
DETHNIC1	1	Alpha character string	N, H, U
DETHNIC2	1	Alpha character string	N, H, U
DETHNIC3	1	Alpha character string	N, H, U
DETHNIC4	1	Alpha character string	N, H, U
DETHNIC5	20	Alpha character string	literal, blank

Any of the Hispanic variables may have an “H” code. If the decedent is not Hispanic, all codes must be “N’s.” If the response is “Refused,” “Unknown,” or “Not obtainable,” all fields must be “U.”

EDI TRANSMISSION:

No standards set yet.

As a coding service, NCHS can provide the coded Hispanic Origin literals. See Appendix G for current codes.

Item Title: **DECEDENT 'S RACE**

Item Number: **53**

Description: The race(s) that best describes what the decedent considered himself/herself to be.

Source of Information:

 Preferred Source: Informant

INSTRUCTIONS

FOR A PAPER OR ELECTRONIC RECORD:

Funeral Director

ASK: Please look at this card (Appendix H). Please indicate one or more races to describe the race or races _____thought himself (herself)to be.

PAPER RECORD:

Based on the informant's response, check all appropriate responses on the certificate. If the respondent chooses more than one response, check all that are reported; for example, if "Black " and "Chinese " are reported, check both boxes.

If there is no informant or other reliable source of this information, print "Not obtainable." If the respondent does not know, print "Unknown." If the respondent refuses, print "Refused."

If the informant has named one or more racial responses for which no check box has been checked or seems appropriate, select the "other " check box and enter the literal (written) responses.

If American Indian is selected, ASK:

 Can you tell me with what tribe _____was affiliated?

 Print the name(s) of the tribe(s) in the space provided.

 If the informant does not know, print "Unknown."

If the informant refuses, print “Refused.”

If “Other Asian” is selected, ASK:

Can you tell me what Asian race _____ considered himself (herself) to be?

Print the name(s) of the race(s) in the space provided.

If the informant does not know, print “Unknown.”

If the informant refuses, print “Refused.”

If “Other Pacific Islander” is selected, ASK:

Can you tell me what Pacific Islander race _____ considered himself (herself) to be?

Print the name(s) of the race(s) in the space provided.

If the informant does not know, print “Unknown.”

If the informant refuses, print “Refused.”

If “Other” is selected, ASK:

Can you tell me what other race _____ considered himself (herself) to be?

Print the name(s) of the race(s) in the space provided.

If informant indicates Hispanic, print the specific Hispanic origin even though this has already been noted in the previous item.

If the informant does not know, print “Unknown.”

If the informant refuses, print “Refused.”

FOR AN ELECTRONIC RECORD:

EDR Developer

The item is completed by selecting one or more races from the menu. The instructions should appear when the item is to be completed.

Based on the informant’s response, select all the appropriate responses from

the following menu. If the respondent chooses more than one response, check all that are reported; for example, if “Black” and “Chinese” are reported, select both responses. If there is no informant or other reliable source for this information, check “Not obtainable.” If the informant refuses, check “Refused.” If the informant does not know, check “Unknown.” When all the races the informant has indicated are checked, check the “done ” box.

If the informant has named one or more racial responses for which no check box has been checked or seems appropriate, select the “other” check box and enter the literal (written) responses.

Menu

DECEDENT ' S RACE

- White
- Black or African American
- American Indian or Alaskan Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
- Other
- Unknown
- Not obtainable
- Refused

- Check this box when done

If “American Indian” is selected, a message will appear asking to specify the tribe(s).

American Indian or Alaska Native Tribe

Please specify with what tribe(s)_____was affiliated.

Name of the first tribe:_____

Name of the second tribe: _____

If the informant does not know, enter “Unknown.”

If the informant refuses, enter “Refused.”

If “Other Asian” is selected, a message will appear asking to specify the other Asian race(s).

Other Asian Race

Please specify the Asian race _____ considered himself (herself) to be.

Name of the first race: _____

Name of the second race: _____

If the informant does not know, enter “Unknown.”

If the informant refuses, enter “Refused.”

Other Pacific Islander

If “Other Pacific Islander” is selected, a message will appear asking to specify the other Pacific Islander race(s).

Please specify the Pacific Islander race _____ considered himself (herself) to be.

Name of the first race: _____

Name of the second race: _____

If the informant does not know, enter “Unknown.”

If the informant refuses, enter “Refused.”

Other Race

If “Other” is selected, a message will appear asking to specify the other race.

Please specify the race _____ considered himself (herself) to be.

Name of the first race: _____

Name of the second race: _____

If informant indicates Hispanic, record the specific Hispanic origin even though this has already been noted in the previous item.

If the informant does not know, enter “Unknown.”

If the informant refused, enter “Refused.”

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
RACE1	White checkbox	Y N	Box for race checked Box for race not checked
RACE2	Black or African American checkbox	Y N	Box for race checked Box for race not checked
RACE3	American Indian or Alaska Native checkbox	Y N	Box for race checked Box for race not checked
RACE4	Asian Indian checkbox	Y N	Box for race checked Box for race not checked
RACE5	Chinese checkbox	Y N	Box for race checked Box for race not checked
RACE6	Filipino checkbox	Y N	Box for race checked Box for race not checked
RACE7	Japanese checkbox	Y N	Box for race checked Box for race not checked
RACE8	Korean checkbox	Y N	Box for race checked Box for race not checked
RACE9	Vietnamese checkbox	Y N	Box for race checked Box for race not checked
RACE10	Other Asian checkbox	Y N	Box for race checked Box for race not checked
RACE 11	Native Hawaiian checkbox	Y N	Box for race checked Box for race not checked
RACE 12	Guamanian or Chamorro checkbox	Y N	Box for race checked Box for race not checked
RACE 13	Samoan checkbox	Y N	Box for race checked Box for race not checked
RACE14	Other Pacific Islander checkbox	Y N	Box for race checked Box for race not checked

RACE15	Other checkbox	Y N	Box for race checked Box for race not checked
RACE16	First American Indian or Alaska Native literal	Literal responses	
RACE17	Second American Indian or Alaska Native literal	Literal responses	
RACE18	First Other Asian literal	Literal responses	
RACE19	Second Other Asian literal	Literal responses	
RACE20	First Other Pacific Islander literal	Literal responses	
RACE21	Second Other Pacific Islander literal	Literal responses	
RACE22	First Other literal	Literal responses	
RACE23	Second Other literal	Literal responses	
RDONE	Done box	Y N	Yes (done box checked) No (done box not checked)
RACE_MVR	Missing value variable	R S C	Refused Sought but unknown Not obtainable

EDITS:

ELECTRONIC RECORD

Before the record is transmitted to the State

At least one of the four boxes “Unknown,” “Not obtainable,” “Refused,” or “Done” must be checked before another entry field can appear. If the keyer tries to move to another item, a message should appear asking that the Race of the decedent be completed. If the “Done” box is checked, no other boxes checked, and no literal entries made, each race check box variable is assigned the “N ” code, the RACE_MVR variable is assigned the value “S,” and all literals are filled with Xs.

Record cannot be filed or printed unless at least one box is checked.

If the “Unknown” box is checked, assign the value “S” to the variable RACE_MVR.

If the “Not obtainable” box is checked, assign the value “C” to the variable RACE_MVR.

If the “Refused” box is checked, assign the value “R” to the variable RACE_MVR.

If the “Not obtainable,” “Unknown,” or “Refused” box is checked, and one or more

specific race items are checked, the “Not obtainable,” “Unknown,” or “Refused ” boxes are ignored.

When a specific race box is selected (checked), the value Y is assigned to that variable. When the “Done” box is checked, all race items without a Y code will be assigned an N code meaning that the race was not reported.

PAPER RECORD

Records filed with this field blank are queried. If no response to query, assign the “Unknown” code to the MVR variable.

If the response is “Refused,” “Unknown,” or “Not obtainable,” all fields must contain N and the literals X ’s.

STATE DATA FILE CONSIDERATIONS

After the record is transmitted to NCHS, the responses on the race item are processed through the coding and editing algorithms developed and operated by NCHS. The coding algorithm assigns a three-digit code to each race processing-variable with an initial positive response, either directly for check-box races or through a table lookup using a table developed and maintained by NCHS. * If the race is not found in the table, the code for “other” is assigned. NCHS has also developed an imputation procedure for use when race is unknown.

Initial responses on the standard certificate race format are handled with 15 single-digit fields for check-boxes (RACE1-RACE15) and up to eight 30 character fields for literal entries, two for each of the four write-in lines (RACE16-RACE23). Three-digit codes assigned by the coding algorithm to the literal positive responses are stored in RACE16C-RACE23C.

The set of three-digit codes assigned to the initial race responses are run through an edit and reduction algorithm consistent with the basic year 2000 census edits, also developed and operated by NCHS. This algorithm eliminates redundant responses and adjusts inconsistent responses to determine the best set of codes for the responses. If a Hispanic response is entered in the “Other” field, an allocation of race is made at the same time that the edit and reduction algorithm is run.

Output from the edit and reduction algorithm includes up to eight possible race codes stored in variables RACE1E thru RACE8E. These eight race output variables are the ones to be used for tabulation purposes. All the processing variables as initially recorded including all the literal entries are to be transmitted to NCHS along with the eight assigned codes for tabulation. To save States from the effort of duplicating this complicated process, NCHS will return the edited race codes to the States.

States may, of course, elect to code these data internally. However, only uncoded data will be transmitted to NCHS to assure that these data are processed in a comparable fashion.

Because of possible responses such as “Refused,” “Unknown,” and “Not obtainable,” States must use a missing value variable (*_MVR) to keep track of these responses for intervention or follow-up training as appropriate. The recommended variable name is RACE_MVR.

* At some point in the future, the transmission of data from the States to NCHS and back again will be done using "HL7-version 3" standard messaging with XML technology. Once XML messaging is established, States may elect to convert data from their databases into XML messages with NEDSS codes and/or literals for transmission to NCHS. It is important to note, however, that until HL7/XML messaging is established, NCHS will continue to use the 3-digit format outlined above for transmission.

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
RACE1	1	Alpha character string	Y,N
RACE2	1	Alpha character string	Y,N
RACE3	1	Alpha character string	Y,N
RACE4	1	Alpha character string	Y,N
RACE5	1	Alpha character string	Y,N
RACE6	1	Alpha character string	Y,N
RACE7	1	Alpha character string	Y,N
RACE8	1	Alpha character string	Y,N
RACE9	1	Alpha character string	Y,N
RACE10	1	Alpha character string	Y,N
RACE11	1	Alpha character string	Y,N
RACE12	1	Alpha character string	Y,N
RACE13	1	Alpha character string	Y,N
RACE14	1	Alpha character string	Y,N
RACE15	1	Alpha character string	Y,N
RACE16	30	Alpha character string	Literal,blank
RACE17	30	Alpha character string	Literal,blank
RACE18	30	Alpha character string	Literal,blank
RACE19	30	Alpha character string	Literal,blank
RACE20	30	Alpha character string	Literal,blank
RACE21	30	Alpha character string	Literal,blank
RACE22	30	Alpha character string	Literal,blank

RACE23	30	Alpha character string	Literal,blank
RACE1E	3	Alphanumeric character string	Appendix I
RACE2E	3	Alphanumeric character string	Appendix I
RACE3E	3	Alphanumeric character string	Appendix I
RACE4E	3	Alphanumeric character string	Appendix I
RACE5E	3	Alphanumeric character string	Appendix I
RACE6E	3	Alphanumeric character string	Appendix I
RACE7E	3	Alphanumeric character string	Appendix I
RACE8E	3	Alphanumeric character string	Appendix I
RACE16C	3	Alphanumeric character string	Appendix I
RACE17C	3	Alphanumeric character string	Appendix I
RACE18C	3	Alphanumeric character string	Appendix I
RACE19C	3	Alphanumeric character string	Appendix I
RACE20C	3	Alphanumeric character string	Appendix I
RACE21C	3	Alphanumeric character string	Appendix I
RACE22C	3	Alphanumeric character string	Appendix I
RACE23C	3	Alphanumeric character string	Appendix I
RACE_MVR	1	Alpha character string	R,S,C

EDI TRANSMISSION:

No standards set yet.

Item Titles: **DECEDENT'S USUAL OCCUPATION
KIND OF BUSINESS/INDUSTRY**

Item Numbers: **54, 55**

Description: Information on the decedent's usual occupation and type
of industry employed in during most of his (her) working
life.

Source of Information:

Preferred Source: Informant

INSTRUCTIONS

FOR A PAPER RECORD:

Funeral Director

Complete items 54 and 55 only for decedents 14 years of age or older.

For item 54 (Decedent's Usual Occupation), print or type the decedent's usual occupation. Record the kind of work the decedent did during most of his or her working life, such as claim adjuster, farmhand, coal miner, janitor, store manager, college professor, or civil engineer. This is not necessarily the last occupation of the decedent.

Do not enter "retired."

If the decedent was a homemaker at the time of death but had worked outside the household during his or her working life, enter that occupation.

If the decedent was a homemaker during most of his or her working life and had not worked outside the household, enter "Homemaker."

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

If not known, print or type "Unknown."

For item 55 (Kind of Business/Industry), the kind of business or industry to which the occupation in item 54 is related, such as insurance, farming, coal mining, hardware store, retail clothing, university, or government should be entered.

Do not enter the name of the company, firm, or organization.

If “homemaker” is entered in item 54, enter “Own home” or “Someone else’s home.”

If “student” is entered in item 54, enter the type of school, such as high school or college.

If not known, enter “Unknown.”

FOR AN ELECTRONIC RECORD:

EDR Developer

Calculated age should be checked to see if the decedent is 14 years of age or older. If decedent is not at least 14 years of age, the screens for items 54 and 55 should not appear. If a calculated age field is not available, use the given age fields.

Suggested Method:

The instructions should appear when the item is to be completed.

Decedent’s Usual Occupation

Enter below the kind of work decedent did during most of his or her working life, such as claim adjuster, farmhand, coal miner, janitor, store manager, college professor, or civil engineer. This is not necessarily the last occupation of the decedent.

Do not enter “retired.”

If a student at the time of death and was never regularly employed or employed full time during his or her working life, enter “student.”

If not known, enter “Unknown.”

Decedent’s usual occupation: _____

If “Retired” is entered, the following message appears:

“Retired” is not an acceptable entry. Please enter the decedent’s occupation during most of his or her working life.

Decedent’s usual occupation: _____

If “Student” is entered for occupation, the following message and menu appears:

“Student” was entered as the decedent’s usual occupation.

Please choose one of the boxes below.

- Grade school**
- Middle school**
- Junior high school**
- High school**
- College or university**
- Vocational school**
- Unknown**

Once a choice is made the data are entered in the field for item 55 and item 55 will not appear.

If “Homemaker” is entered, the following message appears:

If the decedent worked outside the household at any time during his or her working life then please enter that occupation rather than homemaker. Please check the appropriate box.

- “Homemaker” is correct.**
- “Homemaker” is not correct.**

If the second response is chosen, the original screen reappears.

If “Homemaker” is correct for occupation, the following screen appears:

**“Homemaker” was entered as the decedent’s usual occupation.
Please choose one of the boxes below.**

- Homemaker in own home**
- Homemaker in someone else’s home**

Once a choice is made, the data are entered in the field for item 55 and item 55 will not appear.

If “Businessman” is entered, the following message appears:

If “Businessman,” be sure to specify if the decedent was owner, type of manager, president, etc.

Decedent’s usual occupation: _____

If “Civil service worker” is entered, the following message appears:

If “Civil service worker,” be sure to specify the specific job (e.g., clerk, secretary, computer programmer, etc.)

Decedent’s usual occupation: _____

If “Contractor” is entered, the following message appears:

If “Contractor,” be sure to specify type of contractor (e.g., construction, mail, brick mason, etc.)

Decedent’s usual occupation: _____

If “Counselor” is entered, the following message appears:

If “Counselor,” be sure to specify kind of counselor (e.g., legal, family, education, job, etc.)

Decedent’s usual occupation: _____

If “Domestic worker” is entered, the following message appears:

“Domestic worker” was entered as the decedent’s usual occupation. Please choose one of the boxes below.

- Domestic worker in own home**
- Domestic worker in someone else’s home**

If “Employee” is entered, the following message appears:

If “Employee,” be sure to specify kind of job or duties of the person at the place of work

Decedent’s usual occupation: _____

If “Engineer” is entered, the following message appears:

If “Engineer,” be sure to specify kind of engineer (e.g., professional, construction, maintenance, etc.)

Decedent’s usual occupation: _____

If “Manager” is entered, the following message appears:

If “Manager,” be sure to specify type of manager (e.g., sales, production, office) and for office manager, specify supervisory manager from clerical office manager

Decedent’s usual occupation: _____

If “Maintenance worker” is entered, the following message appears:

If “Maintenance worker,” be sure to specify typical responsibility (e.g., repair or janitorial, etc.)

Decedent’s usual occupation: _____

If “Nurse” is entered, the following message appears:

If “Nurse,” be sure to specify kind of nurse (e.g., R.N., L.P.N., nurses aide, etc.)

Decedent’s usual occupation: _____

If “Program specialist” is entered, the following message appears:

If “Program specialist,” be sure to specify the program or field (e.g., computer, administrative, etc.)

Decedent’s usual occupation: _____

If “Seamstress” is entered, the following message appears:

If “Seamstress,” be sure to specify work situation (e.g., at home, in industrial setting, department store, etc.)

Decedent’s usual occupation: _____

If “Serviceman” is entered, the following message appears:

If “Serviceman,” be sure to specify type of serviceman (e.g., repairman, military, etc.)

Decedent’s usual occupation: _____

If “Teacher” is entered, the following message appears:

If “Teacher,” be sure to specify grade or subject level (e.g., grade school, middle school, high school, university, etc.)

Decedent's usual occupation: _____

If "Technician" is entered, the following message appears:

If "Technician," be sure to specify kind of technician (e.g., repair, manufacturing, medical, etc.)

Decedent's usual occupation: _____

The above messages are intended to probe for additional information; if additional information is not known, the initial response (e.g., civil service worker) is retained.

For item 55, the method below is suggested. The instruction should appear when the item is to be completed.

Kind of Business or Industry

Enter below the kind of business or industry to which the occupation in item 54 is related, such as insurance, farming, coal mining, hardware store, retail clothing, university, or government.

Do not enter the name of the company, firm, or organization.

If not known, enter "Unknown."

Kind of business or industry _____

If "Accounting department" is entered, the following message appears:

If "Accounting department," be sure to specify type of business or industry

Kind of business or industry: _____

If "Automotive" is entered, the following message appears:

If "Automotive," be sure to specify type of automotive business or industry (e.g., automotive or automotive parts sales, manufacturing, repair, etc.)

Kind of business or industry: _____

If "Box manufacturing" or "Box sales" is entered, the following message appears:

If "Box manufacturing or sales," be sure to specify kind of box (e.g., cardboard, metal, aluminum, etc.)

Kind of business or industry: _____

If "Business" is entered, the following message appears:

If "Business," be sure to specify type of business (e.g., manufacturing, wholesale, retail, etc. and name product made or sold at business)

Kind of business or industry: _____

If "Civil service" is entered, the following message appears:

If "Civil service," be sure to name the specific government agency

Kind of business or industry: _____

If "Dairy" is entered, the following message appears:

If "Dairy," be sure to specify if the dairy is a plant, shop, store, etc.

Kind of business or industry: _____

If "Bakery" is entered, the following message appears:

If "Bakery," be sure to specify if the bakery is a plant, shop, store, etc.

Kind of business or industry: _____

If "Electrical" is entered, the following message appears:

If "Electrical," be sure to specify kind of business (e.g., utility company, electrical goods, retail, wholesale, manufacturing, etc.)

Kind of business or industry: _____

If "Engineering" is entered, the following message appears:

If "Engineering," be sure to specify type of business (e.g., professional, consulting, construction, etc.)

Kind of business or industry: _____

If "Food" is entered, the following message appears:

If "Food," be sure to specify type of business (e.g., manufacturing, food wholesale, grocery store, restaurant, etc.)

Kind of business or industry: _____

If “Foundry” is entered, the following message appears:

If “Foundry,” be sure to specify kind of foundry (e.g., iron, steel, aluminum, etc.)

Kind of business or industry: _____

If “Housekeeping” is entered, the following message appears:

If “Housekeeping,” be sure to specify if this was in decedent’s own home or name the type of establishment if outside own home.

Kind of business or industry: _____

If “Maintenance” is entered, the following message appears:

If “Maintenance,” be sure to specify kind of maintenance (e.g., repair, cleaning, janitorial services, etc.)

Kind of business or industry: _____

If “Metal” is entered, the following message appears:

If “Metal,” be sure to specify metal product and type of business (e.g., manufacturing, wholesale, etc.)

Kind of business or industry: _____

If “Military,” “Armed Forces,” or any branch of service is entered, the following message appears:

If “Military,” “Armed Forces,” or any branch of service be sure to specify if active military duty and if decedent was in military for most of working life

Kind of business or industry: _____

If “Manufacturing” is entered, the following message appears:

If “Manufacturing,” be sure to specify what product the business made

Kind of business or industry: _____

If “Mining” is entered, the following message appears:

If “Mining,” be sure to specify kind of mining (e.g., coal, metal, oil, etc.)

Kind of business or industry: _____

If "Office" is entered, the following message appears:

If "Office," be sure to specify kind of business or company

Kind of business or industry: _____

If "Ranch" is entered, the following message appears:

If "Ranch," be sure to specify if ranch had livestock only, crops only, or both crops and livestock

Kind of business or industry: _____

If "Research" is entered, the following message appears:

If "Research," be sure to specify field of research or field of science (e.g., medical, chemical, etc.)

Kind of business or industry: _____

If "Sales" is entered, the following message appears:

If "Sales," be sure to specify kind of product sold and if it was retail or wholesale trade

Kind of business or industry: _____

If "Self Employed" is entered, the following message appears:

If "Self Employed," be sure to specify nature or kind of business

Kind of business or industry: _____

If "Tools" is entered, the following message appears:

If "Tools," be sure to specify if manufacturing or sales and describe tools (e.g., steel, power, hand, electric, etc.)

Kind of business or industry: _____

If "Transportation" is entered, the following message appears:

If “Transportation,” be sure to specify type (e.g., trucking, bus, airplane, train, etc.)

Kind of business or industry: _____

If “Well” is entered, the following message appears:

If “Well,” be sure to specify kind of well (e.g., water, oil, etc.)

Kind of business or industry: _____

If “Windows or Doors” is entered, the following message appears:

If “Windows” or “Doors,” be sure to specify manufacturing or sales and describe windows or doors (e.g., wood, aluminum, steel, etc.)

Kind of business or industry: _____

If “Wire” is entered, the following message appears:

If “Wire,” be sure to specify manufacturing or sales and describe wire (e.g., copper, aluminum, ferrous, steel, etc.)

Kind of business or industry: _____

The above messages are intended to probe for additional information; if additional information is not known, the initial response (e.g., wire) is retained.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>
OCCUP	Usual occupation	Literal
INDUST	Kind of business or industry	Literal

EDITS:

Before the record is transmitted to the State

ELECTRONIC RECORDS

None at this time.

PAPER RECORDS

None at this time.

State edits of data file prior to NCHS transmission

None at this time.

STATE FILE CONSIDERATIONS

It is recommended that States record the literal entry for both the occupation and kind of business or industry. States may opt to code these entries using the SOIC software distributed by NIOSH. States will need two literal fields of 40 characters each for these entries.

NCHS TRANSMISSION FILE

At this time, data transmittal to NCHS is at the State's discretion. The coded values, OCCUPC and INDUSTC, would be 3-characters in length.

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
OCCUP	40	Alpha character	Literal
INDUST	40	Alpha character	Literal

File Processing Item: **Certificate number (State file number)**

File Layout Location: **7-12**

Description: Information about the record used for quality control, management, and evaluation.

Source of Information:

Preferred Source: System generated or State vital statistics staff

INSTRUCTIONS

FOR A PAPER RECORD:

State vital statistics staff

To be used for administrative and management purposes. Left fill with zeros if the State file number has fewer than 6 digits.

FOR AN ELECTRONIC RECORD:

EDR Developer

To be used for administrative and management purposes. Left fill with zeros if the State file number has fewer than 6 digits.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
FILENO	State file number	6-digit	Left fill zero if not 6 digits

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
FILENO	6	Numeric character string	000001-999999

File Processing Item: **Void flag**

File Layout Location: **13-13**

Description: Information about the record used for quality control, management, and evaluation.

Source of Information:

Preferred Source: System generated or State vital statistics staff

INSTRUCTIONS

FOR A PAPER RECORD:

State vital statistics staff

To help identify records that have been voided from the data file.

FOR AN ELECTRONIC RECORD:

EDR Developer

To help identify records that have been voided from the data file.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
VOID	Flag indicating void	0 1	Valid record (default) Void record

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
VOID	1	Numeric character string	0,1

File Processing Item: **Auxiliary state file number**

File Layout Location: **14-25**

Description: Information about the record used for quality control, management, and evaluation.

Source of Information:

Preferred Source: System generated or State vital statistics staff

INSTRUCTIONS

FOR A PAPER RECORD:

State vital statistics staff

To be used for administrative and management purposes. Left fill with zeros if the auxiliary State file number has fewer than 12 digits.

FOR AN ELECTRONIC RECORD:

EDR Developer

To be used for administrative and management purposes. Left fill with zeros if the auxiliary State file number has fewer than 12 digits.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
AUXNO	Auxiliary State file number	12-digit blank	Left fill zero if not 12 digits

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
AUXNO	12	Numeric character string	000000000001-999999999999 blank

File Processing Item: **Source Flag (Paper filed/electronically filed)**

File Layout Location: **26-26**

Description: Information about the record used for quality control, management, and evaluation.

Source of Information:

Preferred Source: System generated or State vital statistics staff

INSTRUCTIONS

FOR A PAPER RECORD:

State vital statistics staff

To promote evaluation of data quality by data collection device. If all parts of the record are completed electronically at the source (i.e., a funeral director provides legal and demographic information and a physician, medical examiner, or coroner provides the medical information) using the State electronic death registration system, then the record is considered to be electronic. If neither the funeral director or physician nor the medical examiner, or coroner completes the record electronically using the State electronic death registration system, then the record is considered to be paper. If one party (e.g., funeral director) completes their portion of the record electronically and the other (e.g., physician, medical examiner, or coroner) completes their portion on paper or gives the responses to the funeral director for key entering, then the record is considered to be mixed mode.

FOR AN ELECTRONIC RECORD:

EDR Developer

To promote evaluation of data quality by data collection device. If all parts of the record are completed electronically at the source (i.e., a funeral director provides legal and demographic information and a physician, medical examiner, or coroner provides the medical information) using the State electronic death registration system, then the record is considered to be electronic. If neither the funeral director or physician nor the medical examiner, or coroner completes the record electronically using the State electronic death registration system, then the record is considered to be paper. If one party (e.g., funeral director) completes their portion of the record electronically and the other (e.g., physician, medical examiner, or coroner) completes their portion on paper or gives the responses to the funeral director for key entering, then the record is considered to be mixed mode.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
MFILED	Type of certificate	0 1 2	Electronic certificate Paper certificate Mixed mode

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
MFILED	1	Numeric character string	0, 1, 2

File Processing Item: **Birth certificate number (linking information)**

File Layout Location: **661-666**

Description: Information about the record used for quality control, management, and evaluation.

Source of Information:

Preferred Source: State vital statistics staff

INSTRUCTIONS

FOR A PAPER RECORD:

State vital statistics staff

To facilitate linking infant death certificates with respective live birth certificate, the original certificate number assigned to the matching birth certificate by the State in which the birth occurred should be recorded. Left fill with zeros if the certificate number has fewer than 6 digits. If the record does not concern an infant death, leave this field blank.

FOR AN ELECTRONIC RECORD:

EDR Developer

This information may be requested only if the decedent's age is under 1 year. Request the State vital statistics staff to provide the original certificate number assigned to the matching birth certificate by the State in which the birth occurred should be recorded for infant deaths.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
BCNO	Birth certificate number	6-digit Blank	Left fill zero if not 6 digits

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
BCNO	6	Numeric character string	000001-999999, blank

File Processing Item: **Year of birth**

File Layout Location: **667-670**

Description: Information about the record used for quality control, management, and evaluation.

Source of Information:

Preferred Source: State vital statistics staff

INSTRUCTIONS

FOR A PAPER RECORD:

State vital statistics staff

This information is used to facilitate linking infant death certificates with the infant's live birth certificate. Enter the 4-digit year for infant deaths.

FOR AN ELECTRONIC RECORD:

EDR Developer

Enter the 4-digit year for infant deaths. The field may be left blank for decedents 1 year or over. If the year is not known for an infant, then unknown should be filled with 9's.

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
ICOB_YR	Year of birth	4 digit year 9999 Blank	4 digit year= Year of death or (Year of death-1) Unknown Not an infant

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
--------------	---------------	-------------	---------------

ICOB_YR	4	Numeric character string	4 digit year<=Year of death, 9999, blank
---------	---	--------------------------	---

File Processing Item: **State of birth**

File Layout Location: **671-672**

Description: Information about the record used for quality control, management, and evaluation.

Source of Information:

Preferred Source: State vital statistics staff

INSTRUCTIONS

FOR A PAPER RECORD:

State vital statistics staff

This is used to facilitate linking infant death certificates with the live birth certificate for the infant. Use the 2- character alpha State code from NCHS Part 8A (from FIPS table 5-2).

FOR AN ELECTRONIC RECORD:

EDR Developer

This information may be requested only if the decedent's age is under 1 year. Use the 2-character alpha State code from NCHS Part 8A (from FIPS table 5-2).

PROCESSING VARIABLES:

<u>NAME</u>	<u>DESCRIPTION</u>	<u>VALUES</u>	<u>DEFINITION</u>
BSTATE	State of birth	Alpha	From NCHS part 8A

NCHS TRANSMISSION FILE

VARIABLES:

<u>NAMES</u>	<u>LENGTH</u>	<u>TYPE</u>	<u>VALUES</u>
BSTATE	2	Alpha character string	Appendix D

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APPENDIX A

APPENDIX A-1

Sex/Cause Consistency Edits for ICD-10 Codes Valid for Both Underlying and Multiple Cause-of-Death Classification

		1=Absolute	
ICD-10 Code	Sex limitation	Sex	Edit Code ¹
A34	Female, 10-54 years	1	04
B26.0	Male	1	10
B37.3	Female, 28 days and over	1	13
C51	Female	1	11
C52	Female	1	11
C53	Female	1	11
C54	Female	1	11
C55	Female	1	11
C56	Female	1	11
C57	Female	1	11
C58	Female, 10-54 years	1	14
C60	Male	1	10
C61	Male	1	10
C62	Male	1	10
C63	Male	1	10
C79.6	Female	1	11
D06	Female	1	11
D07.0	Female	1	11
D07.1	Female	1	11
D07.2	Female	1	11
D07.3	Female	1	11
D07.4	Male	1	10
D07.5	Male	1	10
D07.6	Male	1	10
D17.6	Male	1	10
D25	Female	1	11
D26	Female	1	11
D27	Female	1	11
D28	Female	1	11
D29	Male	1	10
D39.0	Female	1	11
D39.1	Female	1	11
D39.2	Female, 10-54 years	1	14
D39.7	Female	1	11
D39.9	Female	1	11

D40	Male	1	10
E28	Female	1	11
E29	Male	1	10
F52.4	Male, 10 years and over	1	19
F52.5	Female, 10 years and over	1	18
F53	Female, 10-54 years	1	04
I86.1	Male	1	10
I86.3	Female	1	11
L29.1	Male	1	10
L29.2	Female	1	11
L70.5	Female, 1 year and over	1	21
M80.0	Female	1	11
M80.1	Female	1	11
M81.0	Female	1	11
M81.1	Female	1	11
M83.0	Female, 10-54 years	1	04
N40	Male	1	10
N41	Male	1	10
N42	Male	1	10
N43	Male	1	10
N44	Male	1	10
N45	Male	1	10
N46	Male	1	10
N47	Male	1	10
N48	Male	1	10
N49	Male	1	10
N50	Male	1	10
N70	Female	1	11
N71	Female	1	11
N72	Female	1	11
N73	Female	1	11
N75	Female	1	11
N76	Female	1	11
N80	Female	1	11
N81	Female	1	11
N82	Female	1	11
N83	Female	1	11
N84	Female	1	11
N85	Female	1	11
N86	Female	1	11
N87	Female	1	11
N88	Female	1	11
N89	Female	1	11
N90	Female	1	11
N91	Female	1	14
N92	Female	1	14

N93	Female	1	11
N94	Female	1	14
N95	Female	1	14
N96	Female, 10-54 years	1	14
N97	Female, 10-54 years	1	14
N98	Female, 10-54 years	1	14
O00	Female, 10-54 years	1	14
O01	Female, 10-54 years	1	14
O02	Female, 10-54 years	1	14
O03	Female, 10-54 years	1	14
O04	Female, 10-54 years	1	14
O05	Female, 10-54 years	1	14
O06	Female, 10-54 years	1	14
O07	Female, 10-54 years	1	14
O10	Female, 10-54 years	1	14
O11	Female, 10-54 years	1	14
O12	Female, 10-54 years	1	14
O13	Female, 10-54 years	1	14
O14	Female, 10-54 years	1	14
O15	Female, 10-54 years	1	14
O16	Female, 10-54 years	1	14
O20	Female, 10-54 years	1	14
O21	Female, 10-54 years	1	14
O22	Female, 10-54 years	1	14
O23	Female, 10-54 years	1	14
O24	Female, 10-54 years	1	14
O25	Female, 10-54 years	1	14
O26	Female, 10-54 years	1	14
O28	Female, 10-54 years	1	14
O29	Female, 10-54 years	1	14
O30	Female, 10-54 years	1	14
O31	Female, 10-54 years	1	14
O32	Female, 10-54 years	1	14
O33	Female, 10-54 years	1	14
O34	Female, 10-54 years	1	14
O35	Female, 10-54 years	1	14
O36	Female, 10-54 years	1	14
O40	Female, 10-54 years	1	14
O41	Female, 10-54 years	1	14
O42	Female, 10-54 years	1	14
O43	Female, 10-54 years	1	14
O44	Female, 10-54 years	1	14
O45	Female, 10-54 years	1	14
O46	Female, 10-54 years	1	14
O47	Female, 10-54 years	1	14
O48	Female, 10-54 years	1	14

O60	Female, 10-54 years	1	14
O61	Female, 10-54 years	1	14
O62	Female, 10-54 years	1	14
O63	Female, 10-54 years	1	14
O64	Female, 10-54 years	1	14
O65	Female, 10-54 years	1	14
O66	Female, 10-54 years	1	14
O67	Female, 10-54 years	1	14
O68	Female, 10-54 years	1	14
O69	Female, 10-54 years	1	14
O70	Female, 10-54 years	1	14
O71	Female, 10-54 years	1	14
O72	Female, 10-54 years	1	14
O73	Female, 10-54 years	1	14
O74	Female, 10-54 years	1	14
O75	Female, 10-54 years	1	14
O85	Female, 10-54 years	1	14
O86	Female, 10-54 years	1	14
O87	Female, 10-54 years	1	14
O88	Female, 10-54 years	1	14
O89	Female, 10-54 years	1	14
O90	Female, 10-54 years	1	14
O91	Female, 10-54 years	1	14
O92	Female, 10-54 years	1	14
O95	Female, 10-54 years	1	14
O96	Female, 10-54 years	1	14
O97	Female, 10-54 years	1	14
O98	Female, 10-54 years	1	14
O99	Female, 10-54 years	1	14
P54.6	Female, under 1 year	1	22
Q50	Female	1	11
Q51	Female	1	11
Q52	Female	1	11
Q53	Male	1	10
Q54	Male	1	10
Q55	Male	1	10
Q96	Female	1	11
Q97	Female	1	11
Q98	Male	1	10
R86	Male	1	10
R87	Female	1	11
Y42.4	Female, 10-54 years	1	14
Y42.5	Female	1	11
Y76	Female	1	11

1 Edit codes may be useful for programming the age/sex limitations as follows:

Edit code Limited to

- 10 Male
- 11 Female
- 13 Female, 28 days and over
- 14 Female, 10-54 years
- 18 Female, 10 years and over
- 19 Male, 10 years and over
- 21 Female, 1 year and over
- 22 Female, under 1 year

Source: Table G in NCHS, Instruction manual, part 11 at
<http://www.cdc.gov/nchs/about/major/dvs/im.htm>.

APPENDIX A-2

Sex/Cause Consistency Edits for ICD-10 Codes Valid for Multiple Cause-of-Death Classification Only

ICD-10 code	Sex limitation	Sex	Edit code ¹
E89.4	Female	1	11
E89.5	Male	1	10
N99.2	Female	1	11
N99.3	Female	1	11
O08	Female, 10-54	1	14
S31.2	Male	1	10
S31.3	Male	1	10
S31.4	Female	1	11
S37.4	Female	1	11
S37.5	Female	1	11
S37.6	Female	1	11
T83.3	Female	1	11

1=Absolute

¹ Edit codes may be useful for programming the sex limitations as follows:

Edit code	Limited to
10	Male
11	Female
14	Female, 10-54 years

Source: Table H in NCHS, Instruction manual, part 11 at
<http://www.cdc.gov/nchs/about/major/dvs/im.htm>.

APPENDIX B

COUNTRY CODES

Codes marked with an “*” indicate historic political entities that no longer exist. Some of the historic political entities appear multiple times in the list: alphabetically and indented following the related active political entities. When active and historic political entities have the same name, dates have been provided to help select the most appropriate code. A few codes appear more than once in the list alphabetized under commonly use variants of the official name. Italics are used to indicate all codes appearing more than once, whether because of a name variation or because a historic code has been grouped with the current active country.

NOTE: Codes are not available for countries that ceased to exist prior to June 15, 1970. To code an event for a country for which a code is not available, use the code for the closest contemporary country (i.e. a code that is not italicized).

AFGHANISTAN	AF	BAHRAIN	BA
ALBANIA	AL	BANGLADESH	BG
ALGERIA	AG	BARBADOS	BB
AMERICAN SAMOA	AQ	BASSAS DA INDIA	BS
ANDORRA	AN	BELARUS [as of August 25, 1991]	BO
ANGOLA	AO	<i>UNION OF SOVIET SOCIALIST</i>	<i>UR *</i>
ANGUILLA	AV	<i>REPUBLICS [November 7, 1917 to</i>	
ANTARCTICA	AY	<i>December 26, 1991]</i>	
ANTIGUA AND BARBUDA	AC	BELGIUM	BE
ARGENTINA	AR	BELIZE	BH
ARMENIA [as of September 21, 1991]	AM	BENIN	BN
<i>UNION OF SOVIET SOCIALIST</i>	<i>UR *</i>	<i>DAHOMEY [BENIN]</i>	<i>DM *</i>
<i>REPUBLICS [November 7, 1917 to</i>		BERMUDA	BD
<i>December 26, 1991]</i>		BHUTAN	BT
ARUBA [as of January 1, 1986]	AA	BOLIVIA	BL
<i>NETHERLANDS ANTILLES [prior to</i>	<i>NA *</i>	BOSNIA AND HERZEGOVINA [as of April 5,	BK
<i>January 1, 1986]</i>		1992]	
ASHMORE AND CARTIER ISLANDS	AT	<i>YUGOSLAVIA [December 1, 1918 to</i>	<i>YO *</i>
AUSTRALIA	AS	<i>April 11, 1992]</i>	
AUSTRIA	AU	BOTSWANA	BC
AZERBAIJAN [as of August 30, 1991]	AJ	BOUVET ISLAND	BV
<i>UNION OF SOVIET SOCIALIST</i>	<i>UR *</i>	BRAZIL	BR
<i>REPUBLICS [November 7, 1917 to</i>		BRITISH INDIAN OCEAN TERRITORY	IO
<i>December 26, 1991]</i>		BRITISH VIRGIN ISLANDS	VI
BAHAMAS, THE	BF	BRUNEI	BX

BULGARIA	BU	EAST BERLIN [prior to October 3, 1990]	EB *
BURKINA FASO	UV	EAST GERMANY (GERMAN DEMOCRATIC REPUBLIC) [October 11, 1949 to October 3, 1990]	GC *
BURMA	BM		
BURUNDI	BY	EAST TIMOR [as of October 1999]	TT
CAMBODIA	CB	<i>TIMOR [prior to 1975]</i>	<i>PT *</i>
CAMEROON	CM	ECUADOR	EC
CANADA	CA	EGYPT	EG
CANTON AND ENDERBERRY ISLANDS	EQ *	EL SALVADOR	ES
CAPE VERDE	CV	<i>ENGLAND (UNITED KINGDOM)</i>	<i>UK</i>
CAYMAN ISLANDS	CJ	EQUATORIAL GUINEA	EK
CENTRAL AFRICAN REPUBLIC	CT	ERITREA	ER
CENTRAL AND SOUTHERN LINE ISLANDS	CL *	ESTONIA [as of August 20, 1991]	EN
CHAD	CD	<i>UNION OF SOVIET SOCIALIST REPUBLICS [November 7, 1917 to December 26, 1991]</i>	<i>UR *</i>
CHILE	CI		
CHINA	CH	ETHIOPIA	ET
CHRISTMAS ISLAND	KT	EUROPA ISLAND	EU
CLIPPERTON ISLAND	IP	FALKLAND ISLANDS	FK
COCOS (KEELING) ISLANDS	CK	FAROE ISLANDS	FO
COLOMBIA	CO	FIJI	FJ
COMOROS	CN	FINLAND	FI
CONGO (DEMOCRATIC REPUBLIC OF THE CONGO)	CG	FRANCE	FR
CONGO (REPUBLIC OF THE CONGO)	CF	FRENCH GUIANA	FG
COOK ISLANDS	CW	FRENCH POLYNESIA	FP
CORAL SEA ISLANDS	CR	FRENCH SOUTHERN AND ANTARCTIC LANDS	FS
COSTA RICA	CS	FRENCH TERRITORY OF THE AFFARS AND ISSAS	FT *
COTE D'IVOIRE	IV	GABON	GB
CROATIA [as of June 11, 1992]	HR	GAMBIA, THE	GA
<i>YUGOSLAVIA [December 1, 1918 to April 11, 1992]</i>	<i>YO *</i>	GAZA STRIP	GZ
CUBA	CU	GEORGIA [as of April 9, 1991]	GG
CYPRUS	CY	<i>UNION OF SOVIET SOCIALIST REPUBLICS [November 7, 1917 to December 26, 1991]</i>	<i>UR *</i>
CZECH REPUBLIC [as of January 1, 1993]	EZ		
CZECHOSLOVAKIA [October 28, 1918 to January 1, 1993]	CZ *	GERMANY [as of October 3, 1990]	GM
DAHOMY [BENIN]	DM *	<i>EAST BERLIN [October 11, 1949 to October 3, 1990]</i>	<i>EB *</i>
DENMARK	DA	<i>EAST GERMANY (GERMAN DEMOCRATIC REPUBLIC) [October 11, 1949 to October 3, 1990]</i>	<i>GC *</i>
DJIBOUTI	DJ		
DOMINICA	DO	<i>WEST BERLIN [September 21, 1949 to October 3, 1990]</i>	<i>WB *</i>
DOMINICAN REPUBLIC	DR		

<i>WEST GERMANY (FEDERAL REPUBLIC OF GERMANY) [September 21, 1949 to October 3, 1990]</i>	GE *	JAMAICA	JM
		JAN MAYEN	JN
GHANA	GH	<i>SVVALBARD AND JAN MAYEN</i>	JS *
GIBRALTAR	GI	JAPAN	JA
GILBERT ISLANDS	GS *	JARVIS ISLAND	DQ
GILBERT AND ELLICE ISLANDS	GN *	JERSEY	JE
GLORIOSO ISLANDS	GO	JOHNSTON ISLAND	JQ
<i>GREAT BRITIAN (UNITED KINGDOM)</i>	UK	JORDAN	JO
GREECE	GR	JUAN DE NOVA ISLAND	JU
GREENLAND	GL	KAZAKHSTAN [as of December 16, 1991]	KZ
GRENADA	GJ	<i>UNION OF SOVIET SOCIALIST REPUBLICS [November 7, 1917 to December 26, 1991]</i>	UR *
GUADELOUPE	GP		
GUAM	GQ	KENYA	KE
GUATEMALA	GT	KIRIBATI	KR
GUERNSEY	GK	KUWAIT	KU
GUINEA	GV	KYRGYZSTAN [as of August 31, 1991]	KG
GUINEA-BISSAU	PU	<i>UNION OF SOVIET SOCIALIST REPUBLICS [November 7, 1917 to December 26, 1991]</i>	UR *
GUYANA	GY		
HAITI	HA	LAOS	LA
HEARD ISLAND AND MCDONALD ISLANDS	HM	LATVIA [August 21, 1991]	LG
HOLY SEE (VATICAN CITY)	VT	<i>UNION OF SOVIET SOCIALIST REPUBLICS [November 7, 1917 to December 26, 1991]</i>	UR *
HONDURAS	HO		
HONG KONG	HK	LEBANON	LE
HOWLAND ISLAND	HQ	LESOTHO	LT
HUNGARY	HU	LIBERIA	LI
ICELAND	IC	LIBYA	LY
INDIA	IN	LIECHTENSTEIN	LS
<i>SIKKIM [prior to 1975]</i>	SK *	LITHUANIA [as of March 11, 1990]	LH
INDONESIA	ID	<i>UNION OF SOVIET SOCIALIST REPUBLICS [November 7, 1917 to December 26, 1991]</i>	UR *
IRAN	IR		
IRAQ	IZ	LUXEMBOURG	LU
IRAQ-SAUDI ARABIA NEUTRAL ZONE	IY *	MACAU	MC
IRELAND	EI	MACEDONIA, F.Y.R.O. [as of September 17, 1991]	MK
ISLE OF MAN	IM	<i>YUGOSLAVIA [December 1, 1918 to April 11, 1992]</i>	YO *
ISRAEL	IS		
ISRAEL-JORDAN DEMILITARIZED ZONE	IW *	MADAGASCAR	MA
ISRAEL-SYRIA DEMILITARIZED ZONE	IU *	MALAWI	MI
ITALY	IT	MALAYSIA	MY
<i>IVORY COAST, THE (COTE D'IVOIRE)</i>	IV	MALDIVES	MV

MALI	ML	OMAN	MU
MALTA	MT	PAKISTAN	PK
MARSHALL ISLANDS	RM	PALAU	PS
MARTINIQUE	MB	PALMYRA ATOLL	LQ
MAURITANIA	MR	PANAMA [as of October 1, 1979]	PM
MAURITIUS	MP	PANAMA [November 6, 1903 to October 1, 1979]	PN *
MAYOTTE	MF	PANAMA CANAL ZONE [November 6, 1903 to October 1, 1979]	PQ *
MEXICO	MX	PAPUA NEW GUINEA	PP
MICRONESIA, FEDERATED STATES OF	FM	PARACEL ISLANDS	PF
MIDWAY ISLAND	MQ	PARAGUAY	PA
MOLDOVA [as of August 27, 1991]	MD	PERU	PE
<i>UNION OF SOVIET SOCIALIST REPUBLICS [November 7, 1917 to December 26, 1991]</i>	UR *	PHILIPPINES	RP
MONACO	MN	PITCAIRN ISLAND	PC
MONGOLIA	MG	POLAND	PL
MONTSERRAT	MH	PORTUGAL	PO
MOROCCO	MO	PUERTO RICO	RQ
<i>SPANISH NORTH AFRICA</i>	ME *	QATAR	QA
<i>SPANISH SAHARA</i>	SS *	REUNION	RE
MOZAMBIQUE	MZ	ROMANIA	RO
NAMIBIA	WA	RUSSIA [August 24, 1991]	RS
NAURU	NR	<i>UNION OF SOVIET SOCIALIST REPUBLICS [November 7, 1917 to December 26, 1991]</i>	UR *
NEPAL	NP	RWANDA	RW
NETHERLANDS	NL	RYUKYU ISLANDS, SOUTHERN	YQ *
NETHERLANDS ANTILLES [as of January 1, 1986]	NT	SAINT HELENA	SH
NETHERLANDS ANTILLES [prior to January 1, 1986]	NA *	SAINT KITTS AND NEVIS	SC
NEW CALEDONIA	NC	SAINT LUCIA	ST
NEW ZEALAND	NZ	SAINT PIERRE AND MIQUELON	SB
NICARAGUA	NU	SAINT VINCENT AND THE GRENADINES	VC
NIGER	NG	SAMOA	WS
NIGERIA	NI	SAN MARINO	SM
NIUE	NE	SAO TOME AND PRINCIPE	TP
NORFOLK ISLAND	NF	SAUDI ARABIA	SA
NORTH KOREA	KN	SENEGAL	SG
NORTH VIETNAM [October 26, 1955 to July 2, 1976]	VN *	SEYCHELLES	SE
NORTHERN MARIANAS ISLANDS	CQ	SIERRA LEONE	SL
NORWAY	NO	SIKKIM [prior to 1975]	SK *
		SINGAPORE	SN

SLOVAKIA [as of January 1, 1993]	LO	TRINIDAD AND TOBAGO	TD
<i>CZECHOSLOVAKIA [October 28, 1918 to January 1, 1993]</i>	CZ *	TROMELIN ISLAND	TE
SLOVENIA [as of June 25, 1991]	SI	TRUST TERRITORY OF THE PACIFIC ISLANDS	TQ *
<i>YUGOSLAVIA [December 1, 1918 to April 11, 1992]</i>	YO *	TUNISIA	TS
SOLOMON ISLANDS	BP	TURKEY	TU
SOMALIA	SO	TURKMENISTAN [as of October 27, 1991]	TX
SOUTH AFRICA	SF	<i>UNION OF SOVIET SOCIALIST REPUBLICS [November 7, 1917 to December 26, 1991]</i>	UR *
SOUTH GEORGIA AND THE SOUTH SANDWICH ISLANDS	SX	TURKS AND CAICOS ISLANDS	TK
SOUTH KOREA	KS	TUVALU	TV
SOUTH VIETNAM [October 26, 1955 to July 2, 1976]	VS *	UGANDA	UG
SOUTHERN RHODESIA [prior to April 18, 1980]	RH *	UKRAINE [as of August 24, 1991]	UP
<i>SOVIET UNION (UNION OF SOVIET SOCIALIST REPUBLICS) [November 7, 1917 to December 26, 1991]</i>	UR *	UNION OF SOVIET SOCIALIST REPUBLICS [November 7, 1917 to December 26, 1991]	UR *
SPAIN	SP	UNITED ARAB EMIRATES [as of December 1, 1998]	AE
SPANISH NORTH AFRICA	ME *	UNITED ARAB EMIRATES [prior to December 1, 1998]	TC *
SPANISH SAHARA	SS *	UNITED KINGDOM	UK
SPRATLY ISLANDS	PG	UNITED STATES	US
SRI LANKA	CE	UNITED STATES VIRGIN ISLANDS	VQ
SUDAN	SU	URUGUAY	UY
SURINAME	NS	US MISCELLANEOUS PACIFIC ISLANDS	IQ *
SVALBARD	SV	UZBEKISTAN [September 1, 1991]	UZ
SVALBARD AND JAN MAYEN	JS *	<i>UNION OF SOVIET SOCIALIST REPUBLICS [November 7, 1917 to December 26, 1991]</i>	UR *
SWAN ISLANDS	SQ *	VANUATU	NH
SWAZILAND	WZ	<i>VATICAN CITY (HOLY SEE)</i>	VT
SWEDEN	SW	VENEZUELA	VE
SWITZERLAND	SZ	VIETNAM [as of July 2, 1976]	VM
SYRIA	SY	<i>NORTH VIETNAM [October 26, 1955 to July 2, 1976]</i>	VN *
TAIWAN	TW	<i>SOUTH VIETNAM [October 26, 1955 to July 2, 1976]</i>	VS *
TAJKISTAN [as of September 9, 1991]	TI	WAKE ISLAND	WQ
<i>UNION OF SOVIET SOCIALIST REPUBLICS [November 7, 1917 to December 26, 1991]</i>	UR *	WALLIS AND FUTUNA	WF
TANZANIA	TZ	WEST BANK	WE
THAILAND	TH	WEST BERLIN [September 21, 1949 to October 3, 1990]	WB *
TIMOR [prior to 1975]	PT *	WEST GERMANY (FEDERAL REPUBLIC OF GERMANY) [September 21, 1949 to October 3, 1990]	GE *
TOGO	TO	WESTERN SAHARA	WI
TOKELAU	TL		
TONGA	TN		

YEMEN [as of May 22, 1990]	YM
YEMEN (ADEN) [prior to May 22, 1990]	YS *
YEMEN (SANA'A) [prior to May 22, 1990]	YE *
YUGOSLAVIA [as of April 11, 1992]	YI
YUGOSLAVIA [<i>December 1, 1918 to April 11, 1992</i>]	YO *
ZAMBIA	ZA
ZIMBABWE	ZI
<i>SOUTHERN RHODESIA [prior to April 18, 1980]</i>	RH *
NOT CLASSIFIABLE	ZZ

APPENDIX C

CITY & COUNTY CODES

City and County coding information included in this appendix has been incorporated into the revised NCHS geographic coding manual (Instruction Manual Part 8). The URLs for the manuals are:

Part 8-Geographic Classification, 2003 is available at
http://www.cdc.gov/nchs/data/dvs/IMP8_PrintVersion.pdf

Part 8a-Geographic Classification (FIPS), 2004 is available at
http://www.cdc.gov/nchs/data/dvs/IMP8A_PrintVersion.pdf □ □

CITY CODES

VALID	VALUE
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See FIPS 55-3 name table

Not classifiable	99999
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Source: FIPS 55-3 name table at <http://www.itl.nist.gov/fipspubs/>

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COUNTY

VALID	VALUE
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See FIPS 6-4 name table

Not classifiable	999
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Source: FIPS 6-4 name table at <http://www.itl.nist.gov/fipspubs/>

APPENDIX D

STATE, TERRITORY, AND CANADIAN PROVINCE CODES

U.S. State and Territory coding information included in this appendix will be incorporated into the revised NCHS geographic coding manual (Instruction Manual Part 8) at <http://www.cdc.gov/nchs/about/major/dvs/im.htm>.

VALID	VALUES
<u>U.S. States</u>	<hr/>
Alabama	AL
Alaska	AK
Arizona	AZ
Arkansas	AR
California	CA
Colorado	CO
Connecticut	CT
Delaware	DE
District of Columbia	DC
Florida	FL
Georgia	GA
Hawaii	HI
Idaho	ID
Illinois	IL
Indiana	IN
Iowa	IA
Kansas	KS
Kentucky	KY
Louisiana	LA
Maine	ME
Maryland	MD
Massachusetts	MA
Michigan	MI
Minnesota	MN
Mississippi	MS
Missouri	MO
Montana	MT
Nebraska	NE
Nevada	NV
New Hampshire	NH
New Jersey	NJ
New Mexico	NM
New York	NY

New York City	YC (NOTE: not a standard FIPS code)
North Carolina	NC
North Dakota	ND
Ohio	OH
Oklahoma	OK
Oregon	OR
Pennsylvania	PA
Rhode Island	RI
South Carolina	SC
South Dakota	SD
Tennessee	TN
Texas	TX
Utah	UT
Vermont	VT
Virginia	VA
Washington	WA
West Virginia	WV
Wisconsin	WI
Wyoming	WY

U.S. Territories

American Samoa	AS
Federated States of Micronesia	FM
Marshall Islands	MH
Northern Marianas	MP
Palau	PW
Puerto Rico	PR
Virgin Islands	VI
Guam	GU

Source: FIPS 5-2 [<http://www.itl.nist.gov/fipspubs/>]

Canadian Provinces

Alberta	AB
British Columbia	BC
Manitoba	MB
New Brunswick	NB
Newfoundland	NF
Northwest Territories	NT
Nova Scotia	NS
Nunavut	NU
Ontario	ON
Prince Edward Island	PE

Quebec	QC
Saskatchewan	SK
Yukon Territory	YT

Source: Canadian Postal Codes

Unknown or blank	ZZ
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APPENDIX E

Decedent's Educational Level Selection Card

Decedent's Formal Education Level

What was the highest degree or level of school the decedent COMPLETED?
Choose only ONE. If the decedent is currently enrolled, mark the previous
grade of highest degree received.

- A.** 8th grade or less
- B.** 9th-12th grade; no diploma
- C.** High School Graduate or GED completed
- D.** Some college credit; but no degree
- E.** Associate Degree (for example: AA, AS)
- F.** Bachelor's Degree (for example: BA, AB, BS)
- G.** Master's Degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- H.** Doctorate or Professional Degree (for example: PhD, EdD, MD, DDS, DVM, LLB, JD)

APPENDIX F

Decedent's Hispanic Origin Selection Card

Please review all the responses below. Please pick the response that best describes whether the decedent is Spanish/Hispanic/Latino. Choose the NO response if the decedent is not Spanish/Hispanic/Latino

- A.** No, Not Spanish/Hispanic/Latino
- B.** Yes, Puerto Rican
- C.** Yes, Mexican, Mexican American, Chicano
- D.** Yes, Cuban
- E.** Yes, Other Spanish/Hispanic/Latino

If your choice is E. (Other Spanish/Hispanic/Latino) please specify.

APPENDIX G

TABLE OF HISPANIC ORIGINS

Available on the Revision Website
http://www.cdc.gov/nchs/vital_certs_rev.htm

Code List – Hispanic Code Titles (Acrobat file
and EXCEL table)

APPENDIX H

Decedent's Race(s) Selection Card

Decedent's Race(s)

What is the item(s) below that best describes what race(s) the decedent considered himself/herself to be. Select all that apply.

- A.** White
- B.** Black or African American
- C.** American Indian or Alaska Native
Please provide the name of the enrolled or principle tribe
- D.** Asian Indian
- E.** Chinese
- F.** Filipino
- G.** Japanese
- H.** Korean
- I.** Vietnamese
- J.** Other Asian-----Please Specify
- K.** Native Hawaiian
- L.** Guamanian or Chamorro
- M.** Samoan
- N.** Other Pacific Islander-----Please Specify
- O.** Other-----Please Specify

APPENDIX I

TABLE OF RACE CODES

Available on the Revision Website
http://www.cdc.gov/nchs/vital_certs_rev.htm

**Code List – Race Code Titles (Acrobat file and
EXCEL table)**

APPENDIX J TRANSPORTS

Types of vehicle

Motor vehicle designed primarily for on-road use

Automobile (Car, minivan, minibus)

Truck (Pickup)

Van

Heavy transport vehicle (Tractor-trailer truck, panel truck)

Bus

Motor vehicle (Stated as Motor Vehicle or MV)

Stated "Traffic Accident ",no vehicle specified on record

Motorcycle

Motorcycle, motorscooter (Includes motorized bicycle, motorcycle with sidecar)

Motorized tricycle

Moped

Work vehicle (in transit)

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

Tractor

Other agricultural vehicle (Combine, harvester)

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

Bulldozer

Recreational Vehicle

All-terrain vehicle (ATV)

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

Snowmobile

Other (in transit)

Other ground transport (Army tank, hovercraft over land)

Water craft

Merchant Ship

Passenger ship (Ferry, liner)

Ship, unspecified

Fishing Boat, powered

Fishing Boat, unpowered

Fishing Boat, unspecified

Sailboat

Yacht

Canoe or Kayak

Inflatable craft (Unpowered, raft)

Water-skis

Other powered watercraft (Hovercraft over water, jetski, powerboat)

Other unpowered watercraft (Surf board, wind surfer)

Unspecified watercraft (Boat)

Aircraft -Powered

Helicopter (Non-military)

Ultralight (Microlight, powered glider)

Private airplane

Commercial airplane (Commercial jet, 747, etc.)

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

Space craft

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

Aircraft -Unpowered and Unspecified

Balloon

Hang glider

Glider

Parachute

Other specified non-powered aircraft (Kite)

Unspecified non-powered aircraft

Unspecified aircraft

Railed Vehicle

Railway Train (Subway)

Streetcar (Cable car on rails, tram, trolley)

Other vehicles

Cable car (Not on rails or unspecified)

Ski lift, gondola

Ice yacht, land yacht

Other vehicle

Non motor vehicle

Pedal cycle (Bicycle, tricycle)

Other non motor vehicle

Animal

Animal being ridden

Animal drawn vehicle

Other animal

Objects set in motion by

Railway train

Motor vehicle

Non-motor vehicle

APPENDIX K DICTIONARY TERMS

Abdomen	Acephalism	Addison	Affective
Abdominal	Acephalus	Addisonian	Afferent
Abdominalgia	Acephaly	Addisons	Afibrinogenemia
Abdominalis	Acetabular	Adenitis	Agalactia
Abdominis	Acetabulum	Adenocancer	Agammaglobulinemia
Abdominocentesis	Acetaminophen	Adenocarcinoma	Aganglionic
Abdominoperineal	Acetone	Adenocarcinomatosis	Aganglionosis
Abdominorectal	Acetonemia	Adenocystic	Age
Abdominosigmoidal	Acetylene	Adenofibroma	Aged
Abdominothoracic	Acetylsalicylic	Adenoid	Agensis
Abdominovesical	Achalasia	Adenoidectomy	Agent
Abduction	Achlorhydric	Adenoids	Agglutinin
Aberrant	Achondroplasia	Adenoma	Aggravated
Aberration	Achondroplastic	Adenomatoid	Aggressive
Ablatio	Achylia	Adenomatous	Aging
Ablation	Acid	Adenopathy	Agitans
Abnormal	Acidemia	Adenosarcoma	Agitation
Abnormalities	Acidity	Adenosquamous	Agnogenic
Abnormality	Acidophil	Adenoviral	Agonal
Abortion	Acidosis	Adherent	Agoraphobia
Abortus	Acnitis	Adhesion	Agranulocytic
Above	Acoustic	Adhesions	Agranulocytosis
Abrasion	Acquired	Adhesive	Agyria
Abrasions	Acrania	Adiposis	Ailment
Abruptio	Acrocephaly	Adiposity	Airway
Abruption	Acrodermatitis	Administration	Airways
Abs	Acromegalia	Adnexa	Akinetic
Abscess	Acromegaly	Adrenal	Alactasia
Abscessed	Acromial	Adrenalectomy	Alactasis
Abscesses	Acromicria	Adrenalitis	Alba
Absence	Acromioclavicular	Adrenitis	Albers
Absent	Acromion	Adrenocortical	Albertini
Absinthe	Acropathy	Adrenocorticotrophic	Albicans
Absinthemia	Acroscleroderma	Adrenogenital	Albright
Absinthism	Acrosclerosis	Adriamycin	Albumin
Absorption	Acteryl	Adult	Alcohol
Abstinence	Actinic	Advanced	Alcoholic
Abuse	Actinobacter	Adventitial	Alcoholism
Abused	Actinobacterial	Adverse	Aldrich
Abuser	Actinomycosis	Advil	Aleukemic
Acantholysis	Actinomycotic	Adynamic	Alexanders
Acanthosis	Action	Aeration	Alimentary
Accelerated	Active	Aerobacter	Alimentation
Access	Activity	Aerobic	Alkalemia
Accessory	Actually	Aerogenes	Alkali
Accreta	Acute	Aerosol	Alkaline
Accretio	Adair	Aeruginosa	Alkalosis
Acephalia	Adams	Affair	Alkaseltzer
Acephalic	Addiction	Affecting	Alkeran

Allergic	Anal	Anhydration	Antral
Allergy	Analbuminemia	Anhydremia	Antrectomy
Allograft	Analgesia	Anicteric	Antritis
Alopecia	Analgesic	Anitratum	Antrogastric
Alpha	Analgesics	Ankle	Antrum
Alports	Analyses	Ankles	Anuria
Altered	Analysis	Ankylopoietica	Anuric
Aluminum	Anaphylactic	Ankylosed	Anus
Alvarez	Anaphylactoid	Ankylosing	Anxiety
Alveolar	Anaphylaxis	Ankylosis	Aorta
Alveolarcapillary	Anaplastic	Annular	Aortailiac
Alveoli	Anarthria	Annuloplasty	Aortic
Alveolitis	Anarthritic	Annulus	Aorticopulmonary
Alveolus	Anasarca	Anomalies	Aortitis
Alzheimer	Anastomic	Anomalous	Aorto
Alzheimerers	Anastomosis	Anomaly	Aortobifemoral
Amantadine	Anastomotoc	Anorectal	Aortocaval
Amaurosis	Ancient	Anorectum	Aortocoronary
Amaurotic	Andersens	Anorexia	Aortocutaneous
Amblyopia	Andersons	Anoxemia	Aortoenteric
Ambulate	Anemia	Anoxemic	Aortofemoral
Amebic	Anemic	Anoxia	Aortogram
Ameloblastoma	Anencephalia	Anoxic	Aortoiliac
American	Anencephalic	Antagonist	Aortojejunal
Aminoglycoside	Anencephalus	Antecubital	Aortoplasty
Aminophylline	Anencephaly	Antepartum	Aortopopliteal
Amiodarone	Anesthesia	Anteriolateral	Aortopulmonary
Amitriptyline	Anesthetic	Anterior	Aortorenal
Ammonia	Aneurysm	Anterioseptal	Aortosaphenous
Amnesia	Aneurysmal	Antero	Apathetic
Amniocentesis	Aneurysmectomy	Anterolateral	Apepsia
Amnion	Aneurysms	Anteroseptal	Aperta
Amnionitis	Angiitis	Anteversio	Aperts
Amniotic	Angina	Anthonys	Apertures
Amobarbital	Anginal	Anthracosilicosis	Apex
Amoxapine	Angioblastic	Anthracosis	Apgar
Amoxicillin	Angioblastoma	Antibiotic	Aphagia
Amphetamine	Angiodysplasia	Antibodies	Aphasia
Ampicillin	Angioedema	Antibody	Aphasic
Ampulla	Angioendotheliomatosis	Anticoagulant	Aphemia
Ampullary	Angiogram	Anticoagulants	Aphonia
Amputated	Angiography	Anticoagulation	Apical
Amputation	Angioimmunoblastic	Anticonvulsant	Aplasia
Amputations	Angioma	Antidepressant	Aplastic
Amputee	Angiomatosis	Antidepressants	Apnea
Amyelencephalus	Angiomyosarcoma	Antidiuretic	Apneic
Amyelia	Angioneurosis	Antifreeze	Apocrine
Amyloid	Angioneurotic	Antigen	Aponeurosis
Amyloidosis	Angiopathy	Antihistamine	Apoplectic
Amyoplasia	Angioplasty	Antiinflammatory	Apoplectiform
Amyotonic	Angiosarcoma	Antineoplastic	Apoplexia
Amyotrophia	Angiosclerosis	Antithrombin	Apoplexy
Amyotrophic	Angiospasm	Antitoxin	Appendage
Amyotrophy	Angiospastic	Antitrypsin	Appendectomy
Anaerobic	Angle	Antitumor	Appendiceal
Anafranil	Angulation	Antons	Appendicitis

Appendix	Arterioventricular	Atheroma	Autolysis
Appetite	Arteritis	Atheromatosis	Automatism
Apprehension	Artery	Atheromatous	Autonomic
Apprehensive	Arthritic	Atherosclerosis	Autopsy
Apraxia	Arthritis	Atherosclerotic	Autosensitivity
Aqueduct	Arthrofibrosis	Athetoid	Autosomal
Arachnitis	Arthropathy	Athetosis	Autosomes
Arachnodactyly	Arthroplasty	Athletes	Autotopagnosia
Arachnoid	Arthrosis	Athyrea	Autotoxemia
Arachnoiditis	Arthus	Athyroidism	Avascular
Arch	Artificial	Atlanto	Avellis
Area	Arytenoid	Atlantoaxial	Avian
Aregenerative	Asbestos	Atlantooccipital	Aviators
Areola	Asbestosis	Atlas	Avitaminosis
Arhinencephaly	Ascariasis	Atonia	Avium
Arias	Ascending	Atonic	Avulsion
Arm	Aschoffs	Atony	Axial
Armenian	Ascites	Atopic	Axialis
Arms	Ascitic	Atransferrinemia	Axilla
Arnold	Aseptic	Atresia	Axillary
Arrest	Asian	Atrial	Axillo
Arrested	Asiderotic	Atrioventrical	Axillofemoral
Arrhythmia	Aspergilloma	Atrioventricular	Axis
Arrhythmic	Aspergillois	Atrioventriculare	Axon
Arrillaga	Aspergillus	Atrium	Ayalas
Arsenic	Asphyxia	Atrophia	Ayerza
Arsenical	Asphyxial	Atrophic	Ayerzas
Arsenism	Asphyxiated	Atrophoderma	Azotemia
Arterial	Asphyxiating	Atrophy	Azygos
Arteriectasis	Asphyxiation	Atropine	Babinski
Arteries	Aspirated	Attack	Babinskis
Arterio	Aspiration	Attacks	Baby
Arteriocapillary	Aspirational	Attempt	Bacilli
Arteriocardiorenal	Aspirin	Attempted	Bacillus
Arteriofibrosis	Asplenia	Attendance	Back
Arteriogram	Astasia	Attending	Bacteremia
Arteriography	Asterixis	Attention	Bacteremic
Arteriolar	Asthenia	Attrition	Bacteria
Arterioles	Asthma	Atypical	Bacterial
Arteriolitis	Asthmatic	Auditory	Bacterioides
Arteriolonephrosclerosis	Asthmaticus	Aura	Bacterium
Arteriolosclerosis	Astroblastoma	Aureus	Bacteriuria
Arteriomesenteric	Astrocytoma	Auricle	Bacteroides
Arterionephrosclerosis	Astroglioma	Auricles	Bad
Arterioocclusive	Asymmetric	Auricular	Bag
Arteriopathic	Asymmetrical	Auriculoventricular	Balance
Arteriopathy	Asynergia	Austin	Ball
Arteriorenal	Asynergy	Australia	Balloon
Arteriosclerosis	Asystole	Autism	Band
Arteriosclerotic	Asystolic	Autoantibodies	Banding
Arterioseptal	Ataxia	Autodigestion	Bands
Arteriospasm	Ataxic	Autoerythrocyte	Bantis
Arteriosus	Atelectasis	Autohemolysis	Bar
Arteriotomy	Atelocardia	Autoimmune	Barbital
Arteriovascular	Atelomyelia	Autoinfection	Barbiturate
Arteriovenous	Atherogenesis	Autointoxication	Bardet

Barium	Bifemoral	Bodechtel	Brocks
Barre	Bifida	Bodies	Brodies
Barrett	Bifidum	Bodily	Broke
Barretts	Bifrontal	Body	Broken
Barsony	Bifurcation	Boeck	Bronchi
Bartholin	Bilateral	Boecks	Bronchial
Bartholins	Bilaterally	Boerhaaves	Bronchiectasis
Bartons	Bile	Bogaerts	Bronchioalveolar
Bartters	Biliary	Bone	Bronchiogenic
Basal	Bilious	Bones	Bronchiolar
Basalnuclear	Bilirubinemia	Bonnevie	Bronchiole
Base	Billroth	Bony	Bronchiolitis
Basement	Billroths	Borderline	Bronchitis
Basilar	Bilobar	Bordetella	Broncho
Basophil	Bing	Born	Bronchoalveolar
Basophilism	Bioprosthetic	Botalli	Bronchoalveolitis
Bathycephaly	Biopsy	Both	Bronchocutaneous
Batten	Bipolar	Botulism	Bronchoesophageal
Battens	Birth	Bound	Bronchogenic
Battered	Birthweight	Bout	Bronchomediastinal
Bathey	Bite	Bouveret	Bronchopleural
Baumgarten	Bitemporal	Bouverets	Bronchopleuromediastinal
Beats	Biventricular	Bovine	Bronchopneumonia
Bechterew	Bjork	Bovis	Bronchopneumonitis
Beck	Black	Bowel	Bronchopulmonary
Beckwith	Blackfan	Boydii	Bronchoscope
Bedfast	Bladder	Brachial	Bronchoscopy
Bedrest	Blade	Brachycardia	Bronchospasm
Bedridden	Blalock	Brachycephaly	Bronchospastic
Bedsore	Blalock-Taussig	Brady	Bronchostatic
Bedsores	Bland	Bradycardia	Bronchostenosis
Bee	Blast	Bradycardia	Bronchus
Beer	Blastic	Bradypnea	Bronze
Behcets	Blastoma	Bradytachyarrhythmia	Bronzed
Belladonna	Blastomycosis	Brailsford	Brow
Bells	Blastomycotic	Brain	Brown
Belly	Bleach	Brainstem	Browns
Below	Bleb	Branch	Brugschs
Benedikts	Bleed	Branhamella	Bruise
Benign	Bleeder	Bravais	Bruised
Bennetts	Bleeding	Brazilian	Bruises
Benzocaine	Bleomycin	Breakdown	Bruising
Benzodiazepine	Blind	Breast	Bubbly
Bernard	Blindness	Breasts	Buccal
Bernheims	Bloch	Breath	Budd
Berry	Block	Breathe	Buergers
Besnier	Blockage	Breathing	Bulb
Beta	Blocked	Breathlessness	Bulbar
Beverage	Blocking	Breech	Bulbourethral
Bibasilar	Blood	Brennemanns	Bulimia
Bicuspid	Bloodstream	Bright	Bulla
Biedl	Bloody	Brights	Bullae
Bielschowsky	Bloom	Brittle	Bullosa
Biemonds	Blowout	Broad	Bullosum
Biermers	Blunt	Brocas	Bullous
Bifascicular	Bochdalek	Brock	Bundle

Burden	Capillaries	Carious	Cepacia
Burkitts	Capillary	Carotid	Cephalgia
Burn	Capitellum	Carotids	Cephalhematoma
Burned	Caplan	Carpal	Cephalic
Burnetts	Capoten	Carpenter	Cephalitis
Burning	Capsular	Carpenters	Cephalocele
Burns	Capsulatus	Carpus	Cephalomalacia
Burnt	Capsule	Cartilage	Cerebellar
Burr	Capsulitis	Caseous	Cerebelli
Bursa	Carbamazepine	Castlemans	Cerebellopontine
Burst	Carbohydrate	Catabolism	Cerebellum
Bursted	Carbon	Catalepsy	Cerebral
Busulfan	Carboxyhemoglobin	Cataract	Cerebralvascular
Butabarbital	Carboxyhemoglobinemia	Catarrhal	Cerebri
Butane	Carcinoid	Catarrhalis	Cerebritis
Butterfly	Carcinoma	Catastrophe	Cerebro
Buttock	Carcinomatosis	Catastrophic	Cerebrocerebellar
Buttocks	Carcinomatous	Catastrophy	Cerebrocranial
Bypass	Carcinosarcoma	Catatonica	Cerebroembolus
Bypasses	Cardia	Catatonic	Cerebrohepatorenal
Cachexia	Cardiac	Catheter	Cerebromacular
Cadaver	Cardiacpulmonary	Catheterization	Cerebromalacia
Caesarean	Cardialgia	Cattan	Cerebromeningeal
Cafe	Cardiectasis	Cauda	Cerebroretinal
Caffeine	Cardio	Cause	Cerebrorhinorrhea
Caffeys	Cardioauditory	Causes	Cerebrospinal
Cage	Cardiocerebral	Caustic	Cerebrovascular
Calcaneus	Cardiochhalasia	Cava	Cerebrum
Calcareous	Cardiocirculatory	Caval	Ceroid
Calcemia	Cardioesophageal	Cavernosum	Cerulea
Calcific	Cardioesophagus	Cavernous	Cervical
Calcification	Cardiogenic	Cavitary	Cervicodorsal
Calcified	Cardiomalacia	Cavitation	Cervicosigmoidal
Calcinosis	Cardiomegalia	Cavity	Cervicothoracic
Calcium	Cardiomegaly	Cazenaves	Cervicovesical
Calciuria	Cardiomyopathy	Cebocephaly	Cervix
Calculi	Cardionephritis	Cecal	Cesarean
Calculous	Cardionephropathy	Cececctomy	Cessation
Calculus	Cardionephrosis	Cecitis	Cestans
Calf	Cardiopathy	Cecosigmoidal	Chain
Callosum	Cardiopulmonary	Cecostomy	Chalasia
Caloric	Cardiorenal	Cecum	Chamber
Calorie	Cardiorenovascular	Celiac	Change
Calvarium	Cardiorespiratory	Celiotomy	Changes
Calyx	Cardiosclerosis	Cell	Channel
Campylobacter	Cardiospasm	Cells	Charcoal
Canal	Cardiotomy	Cellular	Charcot
Canavans	Cardiotonic	Cellularity	Charcots
Cancer	Cardiovascular	Cellulitis	Charred
Cancerous	Cardioversion	Cemented	Chauffard
Candida	Carditis	Center	Chauffeurs
Candidal	Cardizem	Centers	Cheek
Candidemia	Caries	Central	Chelonei
Candidiasis	Carina	Centriacinar	Chemical
Cannulation	Carinatum	Centrilobular	Chemistry
Canthus	Carinii	Centrolobar	Chemodectoma

Chemotherapeutic	Cholesteremia	Clavicular	Collar
Chemotherapy	Cholesterol	Clear	Collecting
Chest	Cholesterolemia	Cleared	Colles
Cheyne	Chondrocalcinosis	Cleft	Colliers
Chiari	Chondrodysplasia	Clip	Collins
Chiari's	Chondrodystrophia	Clipping	Colliquative
Chiasma	Chondrodystrophy	Clitoris	Colloid
Chicken	Chondrolysis	Cloaca	Colocutaneous
Child	Chondromalacia	Cloacae	Coloenteric
Childbirth	Chondromatosis	Cloacal	Coloenteritis
Childhood	Chondrosarcoma	Cloacogenic	Colombian
Chills	Chordae	Clomipramine	Colon
Chin	Chordoma	Clonic	Colonic
Chloral	Chordotomy	Clorox	Colonoscope
Chlordiazepoxide	Chorea	Close	Colonoscopy
Chlorine	Choreiform	Closed	Color
Chloroform	Choreoathetosis	Clostridia	Colorectal
Chloroma	Chorioamnionitis	Clostridial	Colostomy
Chloromas	Choriocarcinoma	Clostridium	Colovaginal
Chlorotic	Chorioepithelioma	Closure	Colovesical
Chlorpheniramine	Chorionic	Closures	Column
Chlorpromazine	Chorioretinitis	Clot	Coma
Choanal	Choroid	Clots	Comatose
Choked	Choroidal	Clotted	Comatosed
Cholangiectasis	Christian	Clotting	Comatosis
Cholangiocarcinoma	Chromate	Cloverleaf	Combat
Cholangiocarcinoma	Chromates	Clubfoot	Combined
Cholangiogram	Chromogenic	Clumsiness	Combs
Cholangiohepatoma	Chromophobe	Coagulation	Combustiformis
Cholangiolitic	Chromosomal	Coagulopathy	Combustion
Cholangiolitis	Chromosome	Coal	Commando-Procedure
Cholangioma	Chromosomes	Coalworkers	Commissure
Cholangitic	Chronic	Coarctation	Commissurotomy
Cholangitis	Chronica	Cobalt	Commode
Cholecystdocholithiasis	Churg	Cocaine	Common
Cholecystectomy	Chylothorax	Cocainism	Commune
Cholecystic	Chylous	Cocci	Communicating
Cholecystitis	Cicatrix	Coccidiomycosis	Communis
Cholecystocolonic	Cigarette	Coccidioidal	Compensation
Cholecystolithiasis	Cigarettes	Coccidioidomycosis	Compensatory
Cholecystotomy	Ciliary	Coccygeal	Complete
Choledochal	Circle	Coccyx	Completion
Choledochitis	Circulating	Cockayne	Complex
Choledochoduodenal	Circulation	Cockaynes	Complicating
Choledochoduodenostomy	Circulatory	Codeine	Complication
Choledochojejunostomy	Circumferential	Coil	Complications
Choledocholith	Circumflex	Coin	Composite
Choledocholithiasis	Circumscribed	Colchicine	Compound
Choledochostomy	Cirrhosis	Colectomy	Compressed
Cholelithiasis	Cirrhotic	Coli	Compression
Cholelithotomy	Citrobacter	Colic	Compressional
Cholemia	Clamping	Coliform	Compromise
Cholemic	Classical	Colitis	Compromised
Cholera	Claude	Collagen	Compulsive
Cholestasis	Claudication	Collapse	Computer
Cholestatic	Clavicle	Collapsed	Computerized

Concealed	Conversion	Craniopharyngeal	Cyclops
Concentration	Convulsion	Craniopharyngioma	Cylindrical
Concentric	Convulsions	Craniotomy	Cylindroma
Conception	Convulsive	Craniovascular	Cyst
Concha	Cooleys	Cranium	Cystadenocarcinoma
Concussion	Coopers	Creation	Cystadenoma
Condition	Copper	Cremation	Cystectomy
Conduction	Cor	Creutzfeldt	Cystic
Conduit	Coras	Creveld	Cystica
Confirmation	Cord	Cricoarytenoid	Cystitis
Confluent	Cardis	Cricoid	Cystocele
Confused	Cordotomy	Crigler	Cystoides
Confusion	Cords	Cripple	Cystolithiasis
Confusional	Corkscrew	Crippled	Cystoprostatourethrectomy
Congenita	Corneal	Crippling	Cystopyelitis
Congenital	Coronal	Crisis	Cystosarcoma
Congenitally	Coronaries	Crohns	Cystoscopy
Congested	Coronary	Cross	Cystostomy
Congestion	Corpus	Croup	Cystourethritis
Congestive	Correct	Crst	Cystourethrocele
Conglomerate	Corrected	Crural	Cysts
Conjoined	Correction	Cruris	Cytoma
Conjunctiva	Corrosive	Crush	Cytomegalic
Conjunctival	Cortex	Crushed	Cytomegaloviral
Conjunctivitis	Cortical	Crushing	Cytomegalovirus
Connection	Corticoadrenal	Cruveilhier	Cytoxan
Connective	Corticosteroid	Cryofibrinogenemia	Dactylitis
Conscious	Corticosteroids	Cryoglobulinemia	Dalmane
Consciousness	Corticostriatal	Cryoglobulinemic	Damage
Consequent	Cortisol	Cryptococcal	Dance
Consolidation	Cortisone	Cryptococcic	Dandy
Constipation	Costal	Cryptococcosis	Danlos
Constitutional	Costochondral	Cryptococcus	Darier
Constriction	Cotton	Cryptogenetic	Darlings
Constrictive	Cotwin	Cryptogenic	Darvocet
Consumption	Cough	Cryptosporidiosis	Darvon
Consumptive	Coughing	Curettage	Dawsons
Contact	Coumadin	Curlings	Dead
Contents	Coumarin	Curse	Deaf
Continua	Count	Curvature	Deafmutism
Continual	Cowpers	Cushing	Deafness
Contraceptive	Coxsackie	Cushingoid	Death
Contracted	Crack	Cushings	Debanding
Contraction	Cradle	Cushion	Debilitated
Contracture	Cramp	Cusp	Debilitating
Contractures	Cramps	Cusps	Debilitation
Contralateral	Cranial	Cut	Debility
Contrast	Craniectomy	Cutanea	Debriement
Contrecoup	Cranio	Cutaneous	Debridement
Control	Craniocarpotarsal	Cutis	Decadron
Controlled	Craniocerebral	Cuts	Decapitation
Contused	Cranio cervical	Cyanide	Decerebrate
Contusion	Cranioclasis	Cyanosis	Decerebration
Contusions	Cranioencephalon	Cyanotic	Decline
Conus	Craniofacial	Cycle	Decompensated
Convalescent	Cranio metaphyseal	Cyclophosphamide	Decompensation

Decomposed	Depressant	Difficile	Disruption
Decomposing	Depressed	Difficile	Dissected
Decomposition	Depression	Difficult	Dissecting
Decompression	Depressive	Difficulty	Dissection
Decompressive	Deprivation	Diffusa	Disseminated
Decreased	Derangement	Diffuse	Dissociation
Decubital	Derangements	Diffusely	Dissociative
Decubiti	Derma	Digestive	Distal
Decubitus	Dermatitis	Dighton	Distant
Deep	Dermatofibroma	Digitalis	Distension
Defect	Dermatofibrosarcoma	Digitoxin	Distillate
Defective	Dermatomyositis	Digoxin	Distortion
Defects	Dermatosclerosis	Dilantin	Distress
Defense	Dermatosis	Dilatation	Distribution
Deferens	Dermoid	Dilated	Disturbance
Deferentitis	Descending	Dilation	Disturbed
Deferred	Desert	Dilutional	Diuretic
Defibrination	Desipramine	Diminished	Diversion
Deficiency	Despondency	Dimitri	Diverticula
Deficient	Despondent	Dimorphic	Diverticular
Deficit	Desquamative	Dioxide	Diverticulectomy
Deformans	Destruction	Diphenhydramine	Diverticuli
Deformed	Destructive	Diphenylhydantoin	Diverticulitis
Deforming	Detached	Diphtheria	Diverticulosis
Deformities	Detachment	Diplegia	Diverticulum
Deformity	Deterioration	Diplegic	Diverting
Degeneration	Determined	Diplococcal	Dizziness
Degenerative	Devascularization	Diplococci	Dolens
Deglutition	Developing	Diplococcus	Domestic
Degos	Development	Direct	Dominant
Degree	Developmental	Disability	Doriden
Dehiscence	Device	Disaccharidase	Dormant
Dehydration	Dextra	Disaccharide	Dorsal
Dejerine	Dextrocardia	Disarticulation	Dorsalis
Delayed	Dextroversion	Disaster	Double
Deletion	Diabetes	Disc	Douglas
Delirious	Diabetic	Discharge	Douloureux
Delirium	Diabeticorum	Discitis	Downs
Delivered	Diagnosis	Discogenic	Doxepin
Delivery	Diagnostic	Discoid	Doxylamine
Delusions	Dialysis	Disconnected	Drager
Dementia	Diamond	Disease	Drain
Demerol	Diaphragm	Diseased	Drainage
Demyelinating	Diaphragmatic	Diskitis	Draining
Demyelination	Diarrhea	Dislocated	Drank
Demyelination	Diarrheal	Dislocation	Dressers
Denatured	Diastolic	Dislocations	Dresslers
Density	Diatheses	Dislodged	Drink
Dental	Diathesis	Dislodgement	Drinkers
Denver	Diazepam	Dislodgment	Drinking
Dependence	Died	Dismemberment	Dromedary
Dependency	Diencephalic	Disopyramide	Dropped
Dependent	Diet	Disorder	Dropsy
Depleted	Dietary	Disorientation	Drown
Depletion	Dietetic	Displaced	Drowned
Depraved	Differentiated	Displacement	Drowning

Drowsiness	Dystonia	Electroshock	Endocardium
Drug	Dystrophy	Elements	Endocervical
Drugs	Dysuria	Elephantiasis	Endocervix
Drunkenness	Eagle	Elevated	Endocrine
Dry	Eales	Elevation	Endocrinopathies
Dubin	Ear	Ellis	Endodermal
Duchenne	Earlobe	Ellison	Endogenous
Duchennes	Eat	Elongated	Endometrial
Duct	Eating	Elongation	Endometritis
Ductal	Eaton	Elucidated	Endometrium
Ducts	Ebsteins	Emaciation	Endomyocardial
Ductus	Echymosis	Embarrassment	Endomyocarditis
Dukes	Echinococcus	Embolectomy	Endomyometritis
Dumping	Eclampsia	Emboli	Endopericarditis
Duodenal	Eclamptic	Embolic	Endoprosthesis
Duodenectomy	Ectasia	Embolism	Endoscopic
Duodenitis	Ectasis	Embolisms	Endoscopy
Duodenocholangitis	Ectocardia	Embolization	Endoseptic
Duodenum	Ectodermal	Embolus	Endothelial
Dura	Ectopia	Embryoma	Endotoxemia
Dural	Ectopic	Embryonal	Endotoxic
Duration	Ectopics	Emergency	Endotoxycosis
Dust	Ectopy	Emesis	Endotoxin
Dwarf	Ectropion	Eminence	Endotracheal
Dwarfism	Eczema	Emotional	Endoscopic
Dyazide	Eddowes	Emphysema	Endstage
Dye	Edema	Emphysematous	Enema
Dying	Edematous	Empty	Engelmanns
Dyke	Edwards	Empyema	Engorgement
Dysarthria	Effect	Encephalitic	Enlarged
Dysautonomic	Effects	Encephalitis	Enlargement
Dyscrasia	Efferent	Encephalocele	Enterocolitis
Dysentery	Effort	Encephalocutaneous	Enterectomy
Dyserythropoietic	Effusion	Encephalomalacia	Enteric
Dysfunction	Ehlers	Encephalomeningitis	Enteritis
Dysfunctional	Eisenmenger	Encephalomeningocele	Entero
Dysgammaglobulinemia	Eisenmengers	Encephalomeningomyelitis	Enterobacter
Dysgenesis	Ejaculatory	Encephalomeningopathy	Enterobacterial
Dysgerminoma	Elastomyofibrosis	Encephalomyelitis	Enterocoele
Dyschematopoeitic	Elavil	Encephalomyelocele	Enterococcal
Dyskaryosis	Elbow	Encephalomyelomeningitis	Enterococci
Dyskinesia	Elderly	Encephalomyeloneuropathy	Enterococcus
Dyskinetic	Elective	Encephalomyelopathy	Enterocolic
Dyslipidemia	Electric	Encephalomyeloradiculo	Enterocolitica
Dysmaturity	Electrical	neuritis	Enterocolitis
Dysmotility	Electrocardiogram	Encephalomyeloradiculo	Enterocutaneous
Dysmyeloepoetic	Electroconvulsive	pathy	Enterogastritis
Dysmyeloepoietic	Electrocuted	Encephalopathy	Enteropathy
Dyspepsia	Electrocution	Enchondroses	Enteroperineal
Dysphagia	Electroencephalogram	Endarterectomy	Enterorrhaphy
Dysphasia	Electrolyte	Endarterial	Enterostomy
Dysplasia	Electrolytes	Endarteritis	Enterovaginal
Dyspnea	Electrolytic	Endmetriod	Enterovesical
Dyspraxia	Electromechanical	Endobronchial	Enterovesicular
Dysrhythmia	Electromyogram	Endocardial	Enteroviral
Dystachycardia	Electronic	Endocarditis	Enterovirus

Entire	Epithelioma	Ethanolic	Extension
Entrapment	Epsteins	Ethanolism	Extensive
Enucleated	Equanil	Ethchlorvynol	External
Enucleation	Equina	Ether	Extra
Enuresis	Equivalent	Ethmoid	Extracortical
Environment	Erdheims	Ethmoidal	Extracorticalis
Environmental	Eroded	Ethyl	Extracranial
Enzymatic	Erosion	Ethylene	Extraction
Enzyme	Erosive	Ethylism	Extradural
Eosinophil	Error	Etiology	Extrahepatic
Eosinophilia	Erupted	European	Extrapleural
Eosinophilic	Eruption	Eustachian	Extrapyramidal
Ependymitis	Erythema	Evacuate	Extrasystoles
Ependymoblastoma	Erythematodes	Evacuated	Extrasystolic
Ependymoma	Erythematosis	Evacuation	Extravaded
Ephedrine	Erythematous	Evans	Extravasation
Epicardial	Erythematous	Event	Extreme
Epicarditis	Erythremia	Eventration	Extremely
Epicardium	Erythremic	Eversion	Extremities
Epicystitis	Erythroblastic	Evisceration	Extremity
Epidemic	Erythroblastophthisis	Ewing	Extrinsic
Epidermal	Erythroblastosis	Ewings	Extrophy
Epidermidis	Erythrocyte	Exacerbation	Extroversion
Epidermoid	Erythrocytes	Exaggerated	Extrusion
Epidermolysis	Erythrocythemia	Exam	Extubated
Epididymis	Erythrocytic	Examination	Extubation
Epididymitis	Erythroderma	Excavatum	Exudate
Epididymoorchitis	Erythrogenesis	Excess	Exudative
Epidura	Erythroid	Excessive	Eye
Epidural	Erythroleukemia	Excessively	Eyeball
Epigastric	Erythromegalocaryocytic	Exchange	Eyebrow
Epigastritis	Erythrophagocytosis	Excised	Eyelid
Epigastrium	Escape	Excision	Eyes
Epigastrocele	Escaped	Excisional	Fabers
Epiglottic	Escharotomies	Excitation	Fabrys
Epiglottiditis	Escharotomy	Exencephalus	Face
Epiglottis	Escherichia	Exenteration	Facial
Epiglottitis	Esophageal	Exercise	Faciocephalalgia
Epignathus	Esophagectasis	Exfoliative	Facioscapulohumeral
Epilepsia	Esophagectomy	Exhaust	Factor
Epilepsy	Esophagismus	Exhaustion	Factors
Epileptic	Esophagitis	Exogenous	Faecalis
Epilepticus	Esophagobronchial	Exomphalos	Failed
Epileptiform	Esophagogastrectomy	Exophthalmic	Failure
Epileptoid	Esophagogastric	Exophthalmos	Fainting
Epiloia	Esophagogastritis	Expanding	Falciform
Epipharyngitis	Esophagogastroduodenoscopy	Expansion	Falciparum
Epiphyseal	Esophagogastrostomy	Exploration	Fallopian
Epiploic	Esophagojejunostomy	Exploratory	Fallot
Episode	Esophagomalacia	Exposed	Fallots
Episodes	Esophagoscopy	Exposure	Fallout
Episodic	Esophagoatracheal	Expressive	False
Episplenitis	Esophagus	Exsanguinated	Falx
Epistaxis	Essential	Exsanguinating	Familial
Epithelial	Estrogen	Exsanguination	Family
Epithelioid	Ethanol	Extended	Famine

Fanconi	Fibrocaceous	Flow	Frontal
Fanconis	Fibrocystic	Fluctuating	Fronto
Farmers	Fibroelastosis	Fluid	Frontonasal
Fascia	Fibroemphysema	Fluids	Frontooccipital
Fascial	Fibrohistiocytoma	Flurazepam	Frontoparietal
Fasciitis	Fibroid	Flutter	Frontotemporal
Fasciotomy	Fibroids	Focal	Frostbite
Fascitis	Fibrolipoma	Fogarty	Froze
Fast	Fibroliposarcoma	Folate	Frozen
Fat	Fibroma	Fold	Fructose
Fatal	Fibromatosis	Folds	Fulguration
Fatigue	Fibromuscular	Foley	Full
Fatigued	Fibromyoma	Folic	Fulminant
Fatness	Fibromyosarcoma	Folliclis	Fulminating
Fatty	Fibromyositis	Follicular	Fume
Fauces	Fibromyxolipoma	Fontan	Fumes
Faucitis	Fibromyxosarcoma	Food	Function
Features	Fibronodular	Foot	Functional
Febrile	Fibropurulent	Foramen	Functioning
Febrilis	Fibrosarcoma	Forbes	Fundal
Fecal	Fibrosing	Forceps	Fundoplication
Fecalith	Fibrosis	Forearm	Fundus
Fed	Fibrothorax	Forefoot	Fungal
Feeble	Fibrotic	Foregut	Fungemia
Feed	Fibrous	Forehead	Fungoides
Feeder	Fibula	Foreign	Fungous
Feeding	Fibular	Foreleg	Fungus
Feedings	Fiedlers	Forequarter	Funiculitis
Feet	Field	Formation	Funnel
Feichtiger	Filling	Former	Further
Feil	Final	Fossa	Furuncle
Feinmessers	Fine	Fourniers	Fusion
Feltys	Finger	Fovilles	Gag
Female	Fiorinal	Fractional	Gaisbocks
Femoral	Fishers	Fracture	Galactophoritis
Femur	Fissure	Fractured	Galactose
Femurs	Fistula	Fractures	Galactosemia
Fenestration	Fistulae	Fragilis	Galactosuria
Fermentation	Fistulous	Fragility	Galen
Fetal	Fit	Fragmentation	Gall
Fetalis	Fixation	Franceschetti	Gallbladder
Fetomaternal	Flaccid	Franklins	Gallduct
Fetus	Flail	Franks	Gallop
Fever	Flailed	Fredrickson	Galloping
Fiberoptic	Flajanis	Fredricksons	Gallstone
Fibrillary	Flank	Freezing	Gallstones
Fibrillation	Flat	Frenulum	Gamma
Fibrinogen	Flatulence	Freon	Gammoglobulinopathy
Fibrinogenolysis	Fletcher	Friction	Gammopathy
Fibrinogenopenia	Flexion	Friderichsen	Gamnas
Fibrinolysis	Flexure	Friedlander	Gandy
Fibrinolytic	Floating	Friedlanders	Ganglia
Fibrinopenia	Floor	Friedreichs	Ganglioglioma
Fibrinopurulent	Floppy	Frohlichs	Ganglion
Fibrinous	Florial	Froins	Ganglionitis
Fibrocalcific	Florid	Front	Gangliosidosis

Gangrene	Gehrigs	Gluteal	Gross
Gangrenous	General	Gluten	Group
Gannister	Generalized	Glutethimide	Growth
Ganong	Genes	Gluteus	Grubers
Gansers	Genetic	Glycogen	Gubler
Gantz	Geniculate	Glycogenic	Guerin
Ganz	Genital	Glycogenica	Guglielmos
Gardners	Genitalia	Glycogenesis	Guillain
Gargoylism	Genitourinary	Glycol	Gullet
Garres	Geophagia	Glycolipid	Gulls
Gartners	Georges	Glycopenia	Gum
Gases	Gerbodes	Glycosuria	Gumma
Gasoline	Gerhardts	Goats	Gunns
Gastralgia	Germ	Goiter	Gunshot
Gastrectasis	Gestation	Goldblatt	Gut
Gastrectomy	Gestational	Goldblatts	Guttman
Gastric	Giant	Goldflam	Gvh
Gastrica	Giantism	Goltz	Gynecologic
Gastrinoma	Giddiness	Gonadal	Gynecological
Gastritis	Gigantism	Gonadoblastoma	Gyri
Gastro	Gilberts	Gonococcal	Habit
Gastrocarcinoma	Gilford	Goodpastures	Habits
Gastrocolic	Gingiva	Gore	Habitual
Gastrocolitis	Gingival	Gorlin	Hageman
Gastrocutaneous	Gingivostomatitis	Gortex	Hagie
Gastroduodenal	Girdle	Gout	Hailey
Gastroduodenitis	Gland	Gouty	Hair
Gastroenteric	Glands	Gowers	Hairy
Gastroenteritis	Glandular	Grade	Hallerman
Gastroenterocolic	Glaucoma	Gradual	Hallopeaus
Gastroenterocolitis	Glioblastoma	Graft	Hallucinosi
Gastroenteropathy	Glioma	Grafting	Hallux
Gastroenteroptosis	Gliomatosis	Grafts	Haloperidol
Gastroenterostomy	Gliosarcoma	Gram	Halothane
Gastroesophageal	Gliososis	Grams	Hamartoblastoma
Gastroesophagitis	Glissons	Gran	Hamartoma
Gastroesophageal	Global	Grand	Hamman
Gastrointestinal	Globinuria	Granite	Hammer
Gastrojejunal	Globulin	Granular	Hand
Gastrojejunitis	Globus	Granulocytic	Handicapped
Gastrojejunocolic	Glomangioma	Granulocytopenia	Handle
Gastrojejunosomy	Glomerular	Granulocytopenic	Handling
Gastroliths	Glomerulitis	Granuloma	Hands
Gastroparesis	Glomerulo	Granulomatosis	Hanged
Gastropathy	Glomerulonephritis	Granulomatous	Hanging
Gastropexy	Glomerulonephrosclerosis	Granulosa	Hangover
Gastroplasty	Glomerulosclerosis	Gravel	Hanot
Gastroschisis	Glomus	Graves	Hanots
Gastroscopic	Glossal	Gravis	Hard
Gastroscopy	Glossectomy	Great	Hardening
Gastrospasm	Glossopharyngeal	Greater	Hardware
Gastrostaxis	Glottic	Greenfields	Harelip
Gastrostomy	Glottis	Greenstick	Harlequin
Gastrotomy	Glucose	Grippe	Hartmanns
Gauchers	Glucuronyl	Groin	Hashimotos
Gehrig	Glue	Grosong	Haut

Hay	Hemiparalysis	Hepatomegaly	Homograft
Head	Hemiparesis	Hepatoptosis	Homologous
Headache	Hemiplegia	Hepatopulmonary	Homonymous
Healed	Hemipneumonectomy	Hepatorenal	Honeycomb
Healing	Hemisphere	Hepatositis	Hook
Health	Hemispheric	Hepatosplenic	Hormonal
Hearing	Hemisorosis	Hepatosplenomegaly	Hormone
Heart	Hemivertebra	Hereditary	Horn
Heat	Hemoblastic	Herellea	Horner
Heavily	Hemochromatosis	Hernia	Horseshoe
Heavy	Hemodialysis	Herniated	Hortons
Hebephrenia	Hemodynamic	Herniation	Host
Hebephrenic	Hemoglobin	Hernioplasty	Hourglass
Heberdens	Hemoglobinopathy	Herniorrhaphy	Human
Heel	Hemolymphangioma	Heroin	Humeral
Heels	Hemolysis	Herpes	Humeri
Hemangioblastoma	Hemolytic	Herpetic	Humerus
Hemangioendothelial	Hemomediastium	Herpeto	Hump
Hemangioendothelioma	Hemopericardia	Herricks	Humpback
Hemangioma	Hemopericardium	Herter	Hunchback
Hemangiopericytoma	Hemoperitoneum	Hiatal	Hung
Hemangiosarcoma	Hemophilia	Hiatus	Hunger
Hematemesis	Hemophilus	Hiccoughs	Hunners
Hematocephalus	Hemopneumothorax	Hickman	Hunt
Hematochezia	Hemoptysis	Hicks	Hunter
Hematogenous	Hemorrhage	High	Hunters
Hematologic	Hemorrhaged	Highly	Huntingtons
Hematoma	Hemorrhages	Highmore	Hunts
Hematomyelia	Hemorrhagic	Hilar	Hurler
Hematomyelitis	Hemorrhaging	Hilum	Hurlers
Hematopericardium	Hemorrhoid	Hilus	Hurthle
Hematoperitoneum	Hemorrhoidectomy	Hip	Hutchinson
Hematopneumothorax	Hemorrhoids	Hippel	Hyaline
Hematopoiesis	Hemosiderosis	Hippocampal	Hydatid
Hematopoietic	Hemostasis	Hips	Hydatidiform
Hematoporphyria	Hemothorax	Hirschsprungs	Hydradenitis
Hematoporphyria	Henneberg	Histiocytic	Hydramnios
Hematothorax	Henoch	Histiocytoma	Hydranencephaly
Hematuria	Heparin	Histiocytosis	Hydrate
Hemianencephaly	Hepatic	Histocytoma	Hydremia
Hemianopsia	Hepaticojejunostomy	Histolytica	Hydremic
Hemiatrophy	Hepatitis	Histoplasma	Hydreencephalocele
Hemiballism	Hepato	Histoplasmosis	Hydreencephalomeningocele
Hemiblock	Hepatobiliary	History	Hydrocalycosis
Hemicardia	Hepatoblastoma	Hives	Hydrocele
Hemicephalus	Hepatocarcinoma	Hodgkin	Hydrocephalus
Hemicephaly	Hepatocellular	Hodgkins	Hydrocephaly
Hemichorea	Hepatocholangiocarcinoma	Hodgsons	Hydrochloride
Hemicolectomy	Hepatocholangiolitic	Hoffman	Hydrocortisone
Hemicolonic	Hepatocholangitis	Hoffmann	Hydroencephalocele
Hemicrania	Hepatoencephalopathy	Hoffmans	Hydroencephalomeningocele
Hemidiaphragm	Hepatojejunostomy	Holes	Hydrofluoric
Hemidiaphragmatic	Hepatolenticular	Hollow	Hydrohematopneumothorax
Hemifacial	Hepatolienal	Holoprosencephaly	Hydrohematopx
Hemigastrectomy	Hepatoma	Holt	Hydromeningocele
Hemihypertrophy	Hepatomegalia	Holtermuller	Hydromicrocephaly

Hydromorphone	Hyperemia	Hypertelorism	Hypophysectomy
Hydromphalos	Hyper eosinophilic	Hypertension	Hypophysis
Hydromyelia	Hyperextension	Hypertensive	Hypopiesis
Hydromyelocele	Hyperfibrinolysis	Hyperthermia	Hypopinealism
Hydronephrosis	Hyperfunction	Hyperthyroid	Hypopituitarism
Hydronephrotic	Hypergammaglobulinemia	Hyperthyroidism	Hypoplasia
Hydropericarditis	Hyperglobulinemia	Hypertonicity	Hypoplasias
Hydropericardium	Hyperglycemia	Hypertony	Hypoplastic
Hydroperitoneum	Hyperglycemic	Hypertriglyceride	Hypopotassemia
Hydrophthalmos	Hyperglyceridemia	Hypertriglyceridemia	Hypoproliferative
Hydropneumothorax	Hyperinsulinism	Hypertrophic	Hypoproteinemia
Hydropneumopericarditis	Hyperkalemia	Hypertrophy	Hypoproteinosis
Hydropneumopericardium	Hyperkalemic	Hypertropic	Hypoprothrombinemia
Hydropneumothorax	Hyperkinesia	Hyperuricemia	Hypopyrexia
Hydrops	Hyperkinetic	Hyperventilation	Hyposiderinemia
Hydropx	Hyperlipemia	Hyperviscidosis	Hyposmolality
Hydropyonephrosis	Hyperlipidemia	Hyperviscosity	Hypostasis
Hydrorhachis	Hyperlipidosis	Hypervitaminosis	Hypostatic
Hydrothorax	Hyperlipoproteinemia	Hypervolemia	Hypostaticum
Hydroureter	Hypermagnesemia	Hypnotic	Hyposuprarenalism
Hydroureteronephrosis	Hypermaturity	Hypoacidity	Hypotension
Hydrourethra	Hypermobility	Hypoadrenalism	Hypotensive
Hydroxyzine	Hypermotility	Hypoadrenia	Hypothalamic
Hygroma	Hypernatremia	Hypoadrenocorticism	Hypothalamus
Hygromas	Hypernephroid	Hypoalbuminemia	Hypothalmus
Hyoid	Hypernephroma	Hypoc	Hypothermia
Hyperacidity	Hypernitremia	Hypocalcemia	Hypothyroid
Hyperactive	Hyperornithinemia	Hypochloremia	Hypothyroidism
Hyperactivity	Hyperosmolality	Hypochlorhydria	Hypotonia
Hyperadrenalism	Hyperosmolar	Hypocholesteremia	Hypotonic
Hyperadrenocorticism	Hyperosmolarity	Hypochromic	Hypotonicity
Hyperaldosterone	Hyperosmotic	Hypochronic	Hypotony
Hyperaldosteronism	Hyperosomolar	Hypoeosinophilia	Hypoventilation
Hyperalimentation	Hyperosomotic	Hypofibrinogenemia	Hypovitaminosis
Hyperaminoaciduria	Hyperparathyroid	Hypofunction	Hypovolemia
Hyperammonemia	Hyperparathyroidism	Hypogammaglobulinemia	Hypovolemic
Hyperazotemia	Hyperpermeability	Hypogammaglobulinemic	Hypoxemia
Hyperbetalipoproteinemia	Hyperphagia	Hypogastric	Hypoxemic
Hyperbilirubinemia	Hyperphosphatemia	Hypoglobulinemia	Hypoxia
Hypercalcemia	Hyperpiesia	Hypoglycemia	Hypoxic
Hypercalcemic	Hyperpiesis	Hypoglycemic	Hysterectomy
Hypercalcinuria	Hyperpinealism	Hypogonadism	Hysterical
Hypercalemia	Hyperplasia	Hypoimmunity	Hysterotomy
Hypercapnia	Hyperplastic	Hypokalemia	I
Hypercarbia	Hyperpnea	Hypokalemic	IASD
Hyperchloremia	Hyperpotassemia	Hypoleukocytosis	Iatrogenic
Hyperchlorhydria	Hyperprebetalipoproteinemia	Hypomagnesemia	IB
Hypercholesterinemia	Hyperproteinemia	Hypomotility	Icterus
Hypercholesterolemia	Hyperpyrexia	Hyponatremia	IDA
Hypercholesterolosis	Hypersecretion	Hypoparathyroidism	IDD
Hypercoagulability	Hypersensitive	Hypoperfusion	IDDI
Hypercoagulable	Hypersensitivity	Hypopharyngeal	IDDM
Hypercoagulation	Hypersplenia	Hypopharynx	Identified
Hypercorticosteronism	Hypersplenism	Hypophosphatasia	IDIO
Hypercortisonism	Hypersuprarenalism	Hypophosphatemia	Idiocy
Hyperemesis	Hypersympathetic	Hypophyseal	Idiopathic

Idiosyncrasy	Immunodeficient	Increasing	Inflicted
Idiot	Immunodeficiency	Incus	Influence
Idioventricular	Immunoglobulin	Inderal	Influenza
IGA	Immunological	Indeterminate	Influenzae
IGG	Immunosuppressed	Indigestion	Influenzal
IH	Immunosuppression	Indirect	Infra
IHD	Immunosuppressive	Indometacin	Infraclavicular
IHSS	Impact	Induceable	Infrared
II	Impacted	Induced	Infrarenal
IIB	Impaction	Induction	Infundibular
III	Impaired	Indurated	Infusion
IIIB	Impairment	Induration	Ingested
Ileal	Impediment	Indwelling	Ingestion
Ileitis	Imperfect	INE	Inguinal
Ileo	Imperfecta	Inebriated	Inhalant
Ileocecal	Imperforate	Inebriety	Inhalation
Ileocecum	Impetigo	Inefficiency	Inhaled
Ileocollectomy	Implant	Inertia	Inhibitors
Ileocolic	Implantation	Inevitable	Iniencephaly
Ileocolitis	Implanted	Infancy	Injection
Ileocolonic	Imposed	Infant	Injured
Ileofemoral	Impotency	Infantile	Injuries
Ileojejunal	Improper	Infantum	Injury
Ileorectal	IN	Infarct	Inner
Ileosigmoid	Inability	Infarcted	Innominate
Ileosigmoidal	Inaction	Infarction	Inoculation
Ileostomy	Inactive	Infarctional	Inoperable
Ileovesical	Inactivity	Infarctions	Inquery
Ileum	Inadequate	Infarcts	Inquest
Ileus	Inadvertent	Infected	Inquinal
Iliac	Inanition	Infection	Insane
Ilio	Inappropriate	Infectional	Insanity
Iliofemoral	Inattention	Infections	Insect
Iliopsoas	Inborn	Infectious	Insecticide
Ilium	Incarcerated	Infective	Inserted
Ill	Incarcerating	Inferiolateral	Insertion
Illegal	Incarceration	Inferior	Insipidus
Illegible	Incident	Infero	Inspissated
Illicit	Incidental	Inferoapical	Instability
Illness	Incineration	Inferolateral	Instant
Imbalance	Incipient	Inferoposterior	Instantaneous
Imbecile	Incised	Inferoposterolateral	Instrumental
Imbecility	Incision	Inferoseptal	Insuf
Imipramine	Incisional	Infestation	Insufficiency
Immature	Incisive	Infiltrate	Insufficient
Immaturity	Inclusion	Infiltrated	Insufficieny
Immediate	Incompatibility	Infiltrates	Insulin
Immersion	Incompatible	Infiltrating	Insulinoma
Immobilility	Incompetence	Infiltration	Insuloma
Immobilization	Incompetence	Infiltrative	Insult
Immune	Incompetency	Infirmities	Insults
Immunity	Incompetent	Infirmity	Intake
Immuno	Incomplete	Inflamed	Integrity
Immunoblastic	Incontience	Inflammation	Intemperance
Immunocompromised	Incontinence	Inflammatory	Inter
Immunodeficiency	Increased	Inflation	Interabdominal

Interasd	Intracranial	Irreducible	Jugular
Interatrial	Intracranium	Irregular	Junction
Interauricular	Intractable	Irregularity	Junctional
Intercapillary	Intracvacc	Irreversible	Juvenile
Intercerebral	Intraductal	Irrigation	Juxtaglomerular
Intercerhem	Intrahepatic	Irrigations	K
Intercommunicating	Intraluminal	Irritability	Kalischer
Intercostal	Intramedullary	Irritable	Kanamycin
Intercranial	Intramural	Irritation	Kansasii
Interior	Intramuscular	IS	Kaposi
Interlobar	Intraocular	Ischemia	Kappa
Interlobular	Intraoperative	Ischemic	Kartagener
Intermediate	Intraoral	Ischial	Kartageners
Intermittent	Intraorbital	Ischiatic	Kasabach
Internal	Intraosseous	Ischiorectal	Kaschin
Interposition	Intraparenchymal	Ischium	Kawasakis
Interrupted	Intraparietal	ISD	Kelly
Interruption	Intrapelvic	Island	Keratoacanthoma
Interscapular	Intraperitoneal	Islands	Kerosene
Interstitial	Intrapleural	Islet	Ketoacidosis
Interstitial	Intrapontine	Islets	Ketoacidotic
Intertrochanter	Intrapulmonary	Isoimmunization	Ketonuria
Intertrochanteric	Intraspinal	Isoniazid	Ketosis
Intervenous	Intrasplenic	Isopropanol	Ketotic
Interventricular	Intrathalamic	Isopropyl	KFS
Intervertebral	Intrathecal	ITP	Kidney
Intervsd	Intrathoracic	IUD	Kidneys
Intestinal	Intrathoraic	IV	Kimmelstiel
Intestinalis	Intratonsillar	IVB	Kink
Intestine	Intrauterine	IVH	Kinky
Intestines	Intravascular	IVP	Klatskin
Intestinocolonic	Intravenous	Jackson	Klatskins
Into	Intraventricular	Jacksonian	Klebsiella
Intolerance	Intravesical	Jacksons	Klinefelters
Intoxicated	Intreatable	Jaffe	Klippel
Intoxication	Intrinsic	Jakob	Klubblattschadel
Intra	Intubated	Jakschs	Knee
Intraabdomen	Intubation	James	Knees
Intraabdominal	Intussusception	Jannettee	Knife
Intraabdominal	Invagination	Jansky	Knot
Intraalveolar	Invalid	Jaundice	Known
Intraaortic	Invalidism	Jaundiced	Kohlmeir
Intraarterial	Invasive	Jaw	Korsakoff
Intraarticular	Inversus	Jawbone	Korsakoffs
Intraasd	Invertase	Jejunal	Korsakov
Intraatrial	Investigation	Jejunitis	Korsakovs
Intrabronchial	Involitional	Jejunostomy	Korsakow
Intracapsular	Involvement	Jejunual	Korsakows
Intracardiac	IO	Jejunum	Krabbes
Intracellular	Iodimated	Jellyfish	Kraft
Intracellulare	Iodine	Jervell	Krukenbergs
Intracerebellar	Iowa	Jeunes	Kugelberg
Intracerebral	Irds	Joaquin	Kuhn
Intracerhem	Iritis	Johnson	Kuhns
Intraceri	Iron	Joint	Kulchitzsky
Intracert	Irradiation	Joints	Kulchitzskys

KW	Laser	Leukocytoblastic	Lipochoondrodystrophy
Kwashiorkor	Lash	Leukocytosis	Lipofibroma
Kyphoscoliosis	Late	Leukodystrophy	Lipofuscinosis
Kyphoscoliotic	Latent	Leukoencephalitis	Lipoid
Kyphosis	Lateral	Leukoencephalopathy	Lipoidemia
L	Laurence	Leukoerythroblastic	Lipoidosis
Lab	Lavage	Leukoerythroblastosis	Lipoma
Labia	Laxa	Leukoerythrosis	Lipomyosarcoma
Labial	Laxative	Leukolymphosarcoma	Lipomyxoma
Labile	LB	Leukomyeloblastic	Lipomyxosarcoma
Labium	LBBB	Leukopenia	Lipoproteinemia
Labor	LBW	Leukoplakia	Liposarcoma
Labored	LCA	Leukopolioencephalopathy	Lipotrophic
Lacerated	LCAR	Leukosarcoma	Liquid
Laceration	Le	Leveen	Listerella
Lacerations	Lead	Level	Listeria
Lack	Leaflet	Levine	Listeriosis
Lacrimal	Leaflets	Levocardia	Lithiasis
Lactacidemia	Leak	Levoversion	Lithium
Lactase	Leakage	Levs	Lithotomy
Lactate	Leaking	Levys	Lithotript
Lactic	Leaky	Leyden	Little
Lacticemia	Lebers	Liberal	Livca
Lactose	Lederers	Libman	Livcar
Lacuna	Left	Librium	Livcir
Lacunar	Leg	Lichtenstein	Live
Ladeno	Legally	Lid	Liver
Laennecs	Legionella	Lidocaine	Living
Lambert	Legionnaires	Life	LL
Laminectomy	Legs	Lifelong	LLL
Landouzy	Leiomyoblastoma	Lifetime	LLQ
Landrys	Leiomyoma	Ligament	LML
Langdon	Leiomyosarcoma	Ligation	LN
Lange	Leiomyosarcomatosis	Light	Loading
Langerhans	Leiomyosarcoma	Lightning	Lobar
Langes	Lemli	Like	Lobe
Lap	Lenegres	Limb	Lobectomy
Laparoscopy	Lens	Limbs	Lobes
Laparotomy	Lenticular	Limitation	Lobotomy
Large	Lenticularstriate	Limited	Lobular
Laryngeal	Leods	Lindau	Local
Laryngectomy	Lepra	Line	Localized
Laryngismus	Leptomeningeal	Linearis	Lockjaw
Laryngitis	Leptomeningitis	Lines	Locomotor
Laryngo	Leriches	Lingual	Loculated
Laryngobronchitis	Lermoyezs	Lining	Loefflers
Laryngopharyngeal	Lesion	Linitis	Lofgrens
Laryngopharynx	Lesions	Linked	Loin
Laryngoscopy	Lesser	Lip	Long
Laryngospasm	Lethal	Lipase	Loop
Laryngostenosis	Lethargy	Lipedema	Loose
Laryngotomy	Leucosarcoma	Lipemia	Lordosis
Laryngotracheal	Leukemia	Lipid	Losing
Laryngotracheitis	Leukemic	Lipidosis	Loss
Laryngotracheobronchitis	Leukemoid	Lipoblastoma	Lou
Larynx	Leuko	Lipoblastomatosis	Loud

Louis	Lymphoma	Malleolus	MCA
Low	Lymphomatoid	Malleus	MCAR
Lower	Lymphomatosis	Mallory	Mcarcinoma
Lown	Lymphomatous	Maln	Mccune
LSD	Lymphopenia	Malnourished	Mcocar
LT	Lymphoproliferative	Malnourishment	Measles
LTB	Lymphoreticular	Malnutrition	Meatus
Ludovici	Lymphoreticularproliferative	Malposition	Mechanical
Ludwigs	Lymphoreticulum	Malrotation	Mechanism
Lues	Lymphosarcoma	Maltreatment	Meckels
Luetic	Lymphostasis	Malunion	Meconium
Luetschers	Lymphotrophic	Mammary	Media
Lul	Lymphotropic	Mamou	Medial
Luls	Lysis	Man	Median
Lumbar	Lysol	Mandible	Mediastinal
Lumbarsacral	M	Mandibular	Mediastinitis
Lumbosacral	Mac	Mandibulectomy	Mediastinobronchial
Luminal	Maceration	Mangled	Mediastinocutaneous
Lump	Machacek	Manic	Mediastinopericarditis
Lung	Macrocephalia	Maparotiline	Mediastinoscopy
Lungs	Macrocephaly	Marantic	Mediastinum
Lupoid	Macrocolon	Marasmus	Medical
Luposa	Macrocytic	Marcescens	Medication
Lupus	Macroglobulinemia	Marchesani	Medications
Luschka	Macrogyria	Marfans	Medicinal
Lutembachers	Macrohydrocephalus	Margin	Medicine
Luteum	Macronodular	Marginal	Medicines
LV	Macrosigmoid	Marie	Mediterranean
LVF	Macular	Maries	Medium
LVH	Madeno	Marihuana	Medulla
Lye	Magendie	Marked	Medullary
Lying	Magnesium	Marrow	Medulloblastoma
Lymph	Magnum	Mashed	Megablastic
Lymphadenectomy	Main	Mass	Megacolon
Lymphadenitis	Mainstem	Massage	Megacystis
Lymphadenopathy	Maintenance	Masses	Megaesophagus
Lymphadenosis	Major	Massive	Megakaryoblastic
Lymphangiectasis	Makers	Mast	Megakaryocytic
Lymphangiectatic	Mal	Mastectomy	Megakaryocytoid
Lymphangioma	Malabsorption	Mastocytosis	Megalencephaly
Lymphangiosarcoma	Malacia	Mastoid	Megaloappendix
Lymphangitic	Malaise	Mastoiditis	Megaloblastic
Lymphangitis	Malar	Mater	Megalocephalus
Lymphatic	Malaria	Materials	Megalocephaly
Lymphectasia	Malathion	Maternal	Megalocornea
Lymphed	Maldevelopment	Matted	Megalocystis
Lymphedema	Malformation	Matter	Megalocystitis
Lymphoangiosarcoma	Malformations	Maturity	Megalocytic
Lymphoblastic	Malfunction	Maxilla	Megaloduodenum
Lymphocyte	Malfunctioned	Maxillaofacial	Megaloesophagus
Lymphocytic	Malfunctioning	Maxillary	Megaloureter
Lymphoepithelioma	Malgaignes	Maxillofacial	Megarectum
Lymphogenous	Malhtn	Mayou	Megasigmoid
Lymphohistiocytic	Maligancy	Mbai	Megaureter
Lymphohistiocytosis	Malignancy	Mbcar	Meigs
Lymphoid	Malignant	MBGCAR	Melancholia

Melanoblastosis	Mesocardia	Micronodular	Mongoloid
Melanoma	Mesocaval	Micronodular	Monilia
Melanomatosis	Mesocolon	Microorganism	Monilial
Melanomatous	Mesocolonic	Microscopic	Moniliasis
Melanosarcoma	Mesodermal	Microvascular	Monitor
Melanosis	Mesoepithelioma	Microvesicular	Monoblastic
Melena	Mesopharynx	Micturition	Monoclonal
Meleney's	Mesosalpinx	Mid	Monocytic
Mellaril	Mesothelioma	Midbrain	Monocytogenes
Mellitus	Met	Middle	Monocytoid
Membrane	Metabolic	Midgut	Monoleukocytic
Membranes	Metabolism	Midthoracic	Monomyelocytic
Membranous	Metacarpal	Migraine	Monomyelogenous
Memory	Metachromatic	Migrans	Mononeuritis
Mendelsons	Metal	Migratory	Mononeuropathy
Menieres	Metamorphosis	Mikity	Mononucleosis
Meningeal	Metaphyseal	Mild	Monoplegia
Meninges	Metaplasia	Miliary	Monosaccharide
Meningioma	Metaplastic	Milk	Monosomy
Meningiomas	Metastases	Milkmans	Monoxide
Meningiosarcoma	Metastasis	Millard	Monro
Meningitidis	Metastasized	Millars	Mons
Meningitis	Metastatic	Miller	Monster
Meningocele	Metastatis	Millstone	Monstrosity
Meningococcal	Metatarsal	Milroys	Month
Meningococemia	Methadone	Mind	Moon
Meningococci	Methamphetamine	Minded	Moore
Meningococcus	Methane	Mineral	Moore's
Meningoencephalitis	Methanol	Miners	Morbid
Meningoencephalocele	Methapyrilene	Mini	Morbus
Meningoencephalomyelitis	Methaqualone	Minkowski	Morgagni
Meningoencephalomyelopathy	Methicillin	Minor	Morganella
Meningoencephalopathy	Methioninemia	Minute	Morganii
Meningomyelitis	Methohexital	Mirabilis	Moron
Meningomyelocele	Methotrexate	Mis	Morphine
Meningovascular	Methyl	Misadventure	Morphinism
Meniscectomy	Metoprolol	Miscarriage	Morquio
Menkes	Mets	Mismatched	Morrison
Menopausal	MG	Misplaced	Mother
Mental	MGN	Misplacement	Mothers
Mentally	MI	Misuse	Motility
Meperidine	Micrencephalon	Mitral	Motor
Meprobamate	Micro	Mixed	Moulders
Mercury	Microangiopathic	Mixture	Mounier
Merkel	Microangiopathy	ML	Mount
Merkle	Microcephalic	MLCA	Mountain
Mermaid	Microcephalus	MLCAR	Mouth
Merritt	Microcephaly	Mobius	Movement
Mes	Microcolon	Moderate	Moyamoya
Mesencephalitis	Microcytic	Moderately	MPRCAR
Mesenchymoma	Microgastria	Modified	MRSAU
Mesenchymona	Microglioma	Moist	MS
Mesenteric	Microgyria	Mole	MT
Mesentery	Microinfarct	Monckebergs	MUA
Mesentric	Microinfarction	Mongolian	Mucin
Mesoappendix	Micronase	Mongolism	Mucinous

Mucoenteritis	Mycobacterial	Myomalacia	Negative
Mucoepidermal	Mycobacteriosis	Myometrial	Neglect
Mucoepidermoid	Mycobacterium	Myometritis	Neimann
Mucogenic	Mycoplasma	Myometrium	Neisseria
Mucoid	Mycoplasma	Myonecrosis	Nemaline
Mucolipidosis	Mycosis	Myopathy	Nembutal
Mucopidermoid	Mycotic	Myosarcoma	Neoformans
Mucopolysaccharidosis	Myelinosis	Myositis	Neonatal
Mucopurulent	Myelitis	Myotatic	Neonatorum
Mucormycosis	Myeloblastic	Myotonia	Neoplasia
Mucosa	Myelocele	Myotonic	Neoplasm
Mucosal	Myelocystocele	Myxedema	Neoplastic
Mucous	Myelocytic	Myxofibrosarcoma	Neovascular
Mucoviscidosis	Myelodysplasia	Myxoid	Nephrosclerotic
Muellerian	Myelodysplastic	Myxoliposarcoma	Nephrectomy
Mullerian	Myeloencephalitis	Myxoma	Nephritic
Multi	Myelofibrosis	Myxomatosis	Nephritis
Multicystic	Myelogenic	Myxomatous	Nephrarteriosclerosis
Multifocal	Myelogenous	Myxomembranous	Nephroas
Multiforme	Myelogram	Myxopapillary	Nephroblastoma
Multiinfarct	Myeloid	Myxosarcoma	Nephrocalcinosis
Multiinfarction	Myeloleukodystrophy	Myonecrosis	Nephrocystitis
Multilobar	Myeloma	Nageotte	Nephrogenic
Multilobe	Myelomalacia	Nail	Nephrolithiasis
Multilocularis	Myelomatosis	Nailing	Nephrolithotomy
Multinodular	Myelomeningitis	Najjar	Nephroma
Multiorgan	Myelomeningocele	Nanta	Nephron
Multiorganism	Myelomonoblastic	Narcolepsy	Nephronephritis
Multiorgans	Myelomonocytic	Narcosis	Nephropathy
Multiple	Myelopathic	Narcotic	Nephroptosis
Multiplex	Myelopathy	Narcotics	Nephropyosis
Multisystem	Myelophthisic	Narcotism	Nephrorrhagia
Multisystems	Myeloproliferation	Nares	Nephrosclerosis
Multivalvular	Myeloproliferative	Narrowing	Nephrosis
Multivessel	Myeloradiculitis	Nasal	Nephrostomy
Multocida	Myeloschisis	Nasogastric	Nephrotic
Mumps	Myelosclerosis	Nasopharyngeal	Nephrotoxicity
Mural	Myelosis	Nasopharyngitis	Nerve
Muriatic	Myelosuppression	Nasopharyngoscopy	Nervosa
Murmur	Myleran	Nasopharynx	Nervous
Muscle	Myoadenoma	Natural	Nervousness
Muscles	Myobacterium	Nausea	Neural
Muscular	Myocardiac	Navel	Neuralgia
Musculature	Myocardial	Navicular	Neuralgic
Musculo	Myocardiorpathy	NC	Neurasthenia
Musculorum	Myocarditis	Near	Neurilemmoma
Musculoskeletal	Myocardium	Nec	Neurilemmosarcoma
Mustard	Myocardosis	Neck	Neuritis
Mute	Myoclonic	Necrolysis	Neuroblastoma
Mutilation	Myoclonus	Necrosing	Neurocirculatory
Mutism	Myofacitis	Necrosis	Neurodegenerative
MVR	Myofibrosis	Necrotic	Neuroectodermal
Myasthenia	Myofibrositis	Necroticans	Neuroendocrine
Myasthenic	Myoglobinuria	Necrotizing	Neurofibroma
Myco	Myoliposarcoma	Needle	Neurofibromatosis
Mycobacteria	Myoma	Neg	Neurofibrosarcoma

Neurogastric	Noncardiac	Nostril	Of
Neurogenic	Nonclosure	Not	Ogilvies
Neurolemmosarcoma	Noncommunicating	Notch	Ogilvies
Neuroleptic	Nonconvulsive	Nourishment	OHD
Neurologic	Nondevelopment	Npd	Old
Neurological	Nonepidemic	Ntg	Olecranon
Neuroma	Nonexpansion	Nuchal	Olfactory
Neuromuscular	Nonfamilial	Nuck	Oligodendroblastoma
Neuromyalgia	Nonfunction	Nuclear	Oligodendroglioma
Neuromyopathy	Nonfunctioning	Nuclei	Oligohydramnios
Neuromyositis	Nonhealing	Nucleus	Oliguria
Neuron	Nonhemolytic	Nutmeg	Oliguric
Neurone	Nonhemorrhagic	Nutrition	Olivopontinecerebellar
Neuropathic	Nonhodgkins	Nutritional	Olivopontocerebellar
Neuropathy	Noninfectious	O	Olliers
Neurosis	Nonketotic	OA	Olszewski
Neurosurgery	Nonlymphocytic	OAD	Olszewskis
Neurosurgical	Nonobstructive	OAT	OM
Neurosyphilis	Nonorganic	Obese	Omenectomy
Neurotic	Nonosteogenic	Obesity	Omental
Neurovascular	Nonprescribed	Obligue	Omentectomy
Neutropenia	Nonproliferative	Oblique	Omentitis
Neutrophilic	Nonpsychotic	Obliterans	Omentum
Never	Nonpyogenic	Obliteration	Omi
Nevus	Nonregenerative	Obliterative	Omphalocele
Newborn	Nonrheumatic	Oblongata	OMS
Ng	Nonspecific	OBS	ON
Nicotine	Nonsuppurative	Obscure	Oncocytoma
NIDD	Nonsyphilitic	Obsessive	Ondines
NIDDI	Nonthrombocytopenic	Obstipation	One
NIDDM	Nontoxic	Obstructed	Ongoing
Nielsen	Nontp	Obstructing	Onset
Niemann	Nontraumatic	Obstruction	Oophorectomy
Night	Nontropical	Obstructive	Oophoritis
Nigra	Nontuberculous	Obtundation	Oophorotomy
Nine	Nonunion	Obturator	OP
Nipple	Nonvascular	OCAR	Opacity
Nissen	Nonvenomous	Occasional	Open
Nitrous	Nonviability	Occipital	Opened
NO	Nonviable	Occipito	Opening
Nocardia	Nonviably	Occipitocervical	Operated
Nocardiasis	Noonans	Occipitofrontal	Operation
Nocardiosis	Nordiazepam	Occipitoparietal	Operative
Noctec	Nordiazepam	Occipitotemporal	Operatively
Noctural	Normal	Occluded	Ophthalmicus
Nodal	Normoblastic	Occlusion	Ophthalmitis
Node	Normoblastosis	Occlusive	Opiate
Nodes	Normochromic	Occult	Opitz
Nodosa	Normocytic	Occulta	Opium
Nodular	Normotensive	Occupational	Oppenheim
Nodule	Noroxin	Occupying	Oppenheimes
Nodules	Norpramine	Oculopharyngeal	Opportunistic
Non	Nortriptyline	OCVA	Ophthalmic
Nonalcoholic	Nose	ODDI	Optic
Nonautoimmune	Nosebleed	Odontoid	Opticum
Nonbacterial	Nosocomial	Oesophageal	OR

Oral	Osteoporosis	Palliative	Paranoia
Oram	Osteoporotic	Pallidus	Paranoid
Orange	Osteosarcoma	Palmar	Paraparesis
Orbit	Osteosclerosis	Palpitation	Parapharyngeal
Orbital	Osteosclerotic	Palpitations	Paraphrenia
Orbits	Ostium	Palsy	Paraplegia
Orchidectomy	Other	Pam	Paraplegic
Orchiectomy	Otitis	Panacinar	Parapneumonic
Orchioblastoma	Otogenic	Panaortic	Paraprosthetic
Orchitis	Ouinine	Panarteritis	Pararectal
Organ	Out	Pancar	Parasinus
Organic	Outer	Pancarditis	Parasitic
Organism	Outflow	Pancoast	Paraspinal
Organisms	Outlet	Pancoasts	Parathyroid
Organs	Output	Pancreas	Parathyroidectomy
Orgin	Ovale	Pancreatectomy	Parathyroiditis
Orif	Ovarian	Pancreatic	Paratracheal
Orifice	Ovaries	Pancreaticoduodenal	Paraumbilical
Origin	Ovary	Pancreatitis	Paraurethral
Ornithine	Over	Pancreatobiliary	Parauterine
Orofacial	Overactive	Pancreatoduodenectomy	Paregoric
Oropharyngeal	Overdosage	Pancytopenia	Parenchyma
Oropharynx	Overdose	Panencephalitis	Parenchymal
Orthopedic	Overexercised	Panhypogammaglobulinemia	Parenchymatous
Orthopnea	Overexertion	Panhypopituitarism	Parenteral
Orthostatic	Overexposure	Panic	Paresis
Orthotopic	Overheated	Panlobar	Parietal
Os	Overindulgence	Panlobular	Parieto
Osler	Overload	Panniculitis	Parietotemporal
Oslers	Oversew	Pansinusitis	Parkinson
Osseous	Overstrained	Papilla	Parkinsonian
Ossification	Overweight	Papillary	Parkinsonism
Osteitis	Overwhelming	Papilledema	Parkinsons
Osteoarthritis	Oviduct	Papillitis	Parotid
Osteoarthritis	Oxalosis	Papilloma	Parotiditis
Osteoarthropathy	Oxide	Papillotomy	Parotitis
Osteoarthrosis	Oxycodone	Para	Paroxysmal
Osteochondritis	Oxygen	Paraaortic	Parry
Osteochondrodystrophy	Oz	Paracentesis	Partial
Osteochondrosarcoma	Pac	Paracolic	Partialis
Osteochondroma	Pacemaker	Paradox	Partum
Osteodystrophy	Pacer	Paraduodenal	Pas
Osteofibrosarcoma	Pachygyria	Paraesophageal	Pass
Osteogenesis	Pack	Paraganglioma	Passage
Osteogenic	Packing	Parainfluenza	Passages
Osteolysis	Packs	Paraldehyde	Passive
Osteolytic	Pad	Paralysis	Past
Osteomalacia	Padeno	Paralytic	Pasteurella
Osteomyelitis	Paget	Paralyzed	Pat
Osteomyelofibrosis	Pagets	Parameningeal	Pataus
Osteomyelosclerosis	Pain	Parametric	Patchy
Osteonecrosis	Painful	Parametritis	Patella
Osteopathy	Pains	Parametrium	Patent
Osteopenia	Paint	Paramyoclonus	Paterson
Osteoperiostitis	Palate	Paranasal	Pathogenic
Osteopetrosis	Palliation	Paraneoplastic	Pathologic

Pathological	Pericecal	Petechiae	Pin
Pathology	Pericholecystic	Petechial	Pineal
Patient	Pericolic	Petit	Pinealoblastoma
Patterson	Pericolonic	Petroleum	Pinealoma
Paulo	Pericranial	Petrous	Pineoblastoma
PCD	Pericutaneous	Pharyngeal	Pineocytoma
PCV	Perigastric	Pharyngectomy	Pinned
PDA	Perihilar	Pharyngitis	Pinning
Pectoral	Perinatal	Pharyngo	Pipe
Pectoris	Perineal	Pharyngotracheal	Piriform
Pectus	Perinephric	Pharynx	Pit
Pedal	Perinephritic	Phase	Pitting
Pedicle	Perinephritis	Phenacetin	Pituitarism
Peduncle	Perineum	Phencyclidine	Pituitary
Peg	Periodic	Phenobarbital	Pkd
Pegt	Perioperative	Phenomenon	Place
Pelvic	Peripadeno	Phenothiazine	Placed
Pelviperitonitis	Peripancar	Phenotype	Placement
Pelvirectal	Peripancreatic	Phenylpropanolamine	Placenta
Pelvis	Peripartum	Phenytoin	Placental
Pelviureteral	Peripheral	Pheochromoblastoma	Placidyl
Pelviureteric	Peripherovascular	Pheochromocytoma	Placing
Pemphigoid	Periportal	Phlebitic	Plague
Pemphigoides	Periproctic	Phlebitis	Plantar
Pemphigus	Periprostata	Phlebothrombosis	Plaque
Pending	Periprostatic	Phlegmasia	Plaques
Penetrated	Perirectal	Phlegmon	Plasma
Penetrating	Perirenal	Phlegmonous	Plasmacytic
Penetration	Periscapular	Phosphate	Plasmacytoid
Penicillin	Perisinus	Phosphatemia	Plasmacytoma
Penile	Periterminal	Phosphaturia	Plasmapheresis
Penis	Peritoneal	Photosensitive	Plasmocytic
Pentazocine	Peritonei	Photosensory	Plasmodium
Pentobarbital	Peritoneovenous	Phthisis	Plaster
Peptic	Peritoneum	Phyllodes	Plastic
Per	Peritonitis	Physical	Plastica
Percutaneous	Peritonsillar	Physician	Plate
Perforated	Periureteral	Physiologic	Plateau
Perforating	Periurethral	Physiological	Platelet
Perforation	Periuterine	Pia	Platelets
Perforations	Perivalvular	Pick	Platybasia
Perfringens	Perivesical	Picks	Pleochromic
Perfusion	Perivesicular	Pickwickian	Pleura
Perianal	Permanent	Pie	Pleural
Periaortic	Pernicious	Piercing	Pleurisy
Periappendiceal	Peroneal	Pierre	Pleuritic
Periarteritis	Perphenazine	Pigmentation	Pleuritis
Pericardiac	Persistant	Pigmentations	Pleurobnpn
Pericardial	Persistence	Pigmented	Pleurobroncho
Pericardicentesis	Persistent	Pigmentosa	Pleurocutaneous
Pericardiectomy	Personality	Pigmentosum	Pleuropericardial
Pericardiocentesis	Perstans	Pigmentosus	Pleuropericarditis
Pericardiostomy	Pertussis	Pill	Pleuroperitoneal
Pericardiotomy	Perverted	Pillar	Pleuropn
Pericarditis	Pesticide	Pills	Pleuropneumonia
Pericardium	Petechia	Pilonidal	Pleuropul

Pleuropulmonary	Police	Porto	PPT
Plexus	Polio	Portosystemic	Praden
Plication	Poliomyelitis	Portuguese	Prader
Plug	Pollution	Posadas	Praecox
Plugged	Polyadenitis	Positive	PRCA
Plugging	Polyangiitis	Positivity	PRCAR
Plummer	Polyarteritis	Poss	Pre
Plummers	Polyarthralgia	Possible	Preadmission
Plunging	Polyarthritis	Post	Preceding
Pmd	Polyarthropathy	Postanal	Precerebral
Pn	Polyarticular	Postcecal	Precert
Pneumatosis	Polychondritis	Postchickenpox	Precipitate
Pneumoatelectasis	Polychondrodystrophy	Postconcussional	Precipitous
Pneumococcal	Polyclonal	Postcontusional	Precordial
Pneumococemia	Polycystic	Postdysenteric	Predi
Pneumococci	Polycythemia	Posterior	Prediabetes
Pneumococcus	Polydipsia	Postero	Prediabetic
Pneumoconiosis	Polydrug	Posterolateral	Prednisone
Pneumoconiotic	Polyhydramnios	Posteroseptal	Predominant
Pneumocutaneous	Polymer	Posthemorrhagic	Preeclampsia
Pneumocystic	Polymicrobial	Posthepatic	Preeclamptic
Pneumocystis	Polymirabial	Posthepatitic	Preexcitation
Pneumocystosis	Polymyalgia	Postherpetic	Prefrontal
Pneumoencephalography	Polymyopathy	Postictal	Pregnancy
Pneumohemopericardium	Polymyositis	Postinfectional	Pregnant
Pneumohemothorax	Polyneuritis	Postinfectious	Preinfarctional
Pneumohydropericardium	Polyneuropathy	Postinflammatory	Preleukemia
Pneumohydrothorax	Polyp	Postive	Preleukemic
Pneumomediastinum	Polypharmacy	Postlaryngeal	Prem
Pneumomediastium	Polypoid	Postmature	Premature
Pneumomycosis	Polyposa	Postmaturity	Prematurely
Pneumonectomy	Polyposis	Postmeasles	Prematurity
Pneumonia	Polyps	Postmi	Prenatal
Pneumoniae	Polyradiculoneuropathy	Postmortem	Prepartum
Pneumonic	Polyradiculopathy	Postmyocardial	Prepatellar
Pneumonitis	Polyserositis	Postnasal	Prepuce
Pneumopathy	Polysplenia	Postnatal	Prepyloric
Pneumopericarditis	Polyvalvular	Postnecrotic	Prepylorus
Pneumopericardium	Pompe	Postobstructive	Presacral
Pneumoperitoneum	Pompes	Postoperative	Presacrum
Pneumopleurisy	Pond	Postpartal	Presbycardia
Pneumopleuritis	Pons	Postpartum	Presbycusis
Pneumopyopericardium	Pontine	Postpharyngeal	Presbyesophagus
Pneumopyothorax	Poor	Posttonsillar	Prescribed
Pneumorrhagia	Poorly	Posttraumatic	Prescription
Pneumothoraces	Popliteal	Postural	Presenile
Pneumothorax	Poppers	Postvaricella	Presenility
Po	Porcine	Postviral	Presentation
Pointes	Porencephalic	Potassium	Pressure
Points	Porencephaly	Potential	Pressuring
Poison	Porphyria	Potters	Preterm
Poisoning	Porta	Potts	Prethrombotic
Poisonous	Portacava	Pouch	Previa
Polands	Portacaval	Power	Previale
Pole	Portal	Pox	Previous
Polgar	Porters	PPH	Primary

Primidone	Proteinuria	Pump	RA
Primitive	Proteus	Puncture	RAAA
Primum	Prothrombin	Punctured	Racemose
Prinzmetals	Prothrombinase	Pure	Rachischisis
Prior	Protozoal	Purpura	Rachitic
Prob	Protracted	Purulent	Radial
Probable	Protrusion	Pus	Radiation
Problem	Prower	Pustular	Radical
Problems	Proximal	Pustulosa	Radicular
Procain	Prune	Putnam	Radiculitis
Procainamide	Pruritus	Putrid	Radiculomyelitis
Procedure	Pseudo	PVC	Radiculopathy
Process	Pseudoaneurysm	PVD	Radio
Procidentia	Pseudoarthrosis	PVI	Radioactive
Proctitis	Pseudobulbar	PVT	Radiocontrast
Proctocele	Pseudoclaudication	PX	Radiographic
Proctosigmoiditis	Pseudocyst	Pyarthrosis	Radiological
Proctosigmoidoscopy	Pseudodiverticulum	Pyelitis	Radionecrosis
Producing	Pseudofollicular	Pyelocystitis	Radiotherapy
Product	Pseudogout	Pyelogram	Radium
Products	Pseudohypertrophic	Pyelohydronephrosis	Radius
Profound	Pseudoileus	Pyelonephritic	Raised
Progeria	Pseudoleukemica	Pyelonephritis	Ramsey
Progranulocytic	Pseudomembranous	Pyelonephrosis	Ramus
Progression	Pseudomonas	Pyemia	Rape
Progressive	Pseudomucinous	Pyemic	Rapid
Prolapse	Pseudomyxoma	Pylephlebothrombosis	Rapidly
Prolapsed	Pseudomyxomatosis	Pyles	Rar
Prolapsing	Pseudoobstruction	Pyloric	Rash
Proliferative	Pseudoparkinsonism	Pylorofundal	Rate
Prolonged	Pseudosarcomatous	Pyloroplasty	Ray
Prolymphocytic	Psittacosis	Pylorospasm	Raymonds
Prom	Psoas	Pylorus	Raynaud
Promazine	Psoriasis	Pyocystitis	Raynauds
Promethazine	Psoriatic	Pyogenic	Rays
Promyelocytic	Psychiatric	Pyometra	RBBB
Pronator	Psychogenic	Pyometrium	RCS
Pronestyl	Psychomotor	Pyonephritis	RDS
Propane	Psychoneurosis	Pyonephrosis	RE
Propanol	Psychoneurotic	Pyrexia	Reaction
Properly	Psychosis	Pyridoxine	Reactivate
Propoxyphene	Psychotherapeutic	Pyriform	Reactivated
Propranolol	Psychotherapeutics	Pyuria	Reactivation
Prostaglandin	Psychotic	Q	Reactive
Prostate	PTE	Quadrant	Recalcitrant
Prostatectomy	Pubic	Quadriparesis	Recent
Prostatic	Pubis	Quadriplegia	Recipient
Prostatism	Pul	Quadriplegic	Recklinghausens
Prostatitis	Pulem	Quadruple	Recognition
Prostatocystectomy	Puli	Qualitative	Reconstruction
Prosthesis	Pulmonale	Questionable	Recovering
Prosthetic	Pulmonary	Quietly	Rectal
Prostration	Pulmonic	Quinckes	Recto
Protamine	Pulposus	Quinidine	Rectocele
Protein	Pulse	Quinine	Rectolabial
Proteinosis	Pulseless	Quite	Rectosigmoid

Rectosigmoidal	Repetitive	Retropharyngeal	Rodent
Rectosigmoidectomy	Replaced	Retroplacental	Rods
Rectosigmoiditis	Replacement	Retrorectal	Roentgen
Rectoureteral	Report	Retrosternal	Romberg
Rectourethral	Reptile	Retrouterine	Roof
Rectouterine	Requiring	Retrovesical	Root
Rectovaginal	Resect	Return	Rostans
Rectovesical	Resected	Revascularization	Rotors
Rectovesicovaginal	Resection	Revascularize	Rotoscoliosis
Rectovulval	Reserve	Reverse	Round
Rectum	Residual	Reversed	Roussy
Recumbency	Residuals	Reversible	Roux
Recurrence	Resistant	Revision	RSA
Recurrent	Resp	Reyes	RT
Red	Respiration	RF	RTA
Redlichs	Respirations	RFA	Rubbing
Redo	Respirator	RH	Rubella
Reduction	Respiratory	Rhabdomyolysis	Rubinstein
Reflex	Response	Rhabdomyoma	Rubra
Reflux	Responsive	Rhabdomyosarcoma	Rul
Refractive	Restricted	Rhabdosarcoma	Ruls
Refractory	Restricting	Rhd	Runyon
Refusal	Restrictive	Rheumatic	Rupture
Refuse	Resultant	Rheumatica	Ruptured
Refused	Resuscitated	Rheumatism	Ruq
Region	Resuscitation	Rheumatoid	Russell
Regional	Resuscitative	Rhinitis	RVH
Regions	Retained	Rhinorrhea	RVT
Regurgitation	Retardation	Rhizotomy	RX
Regurgitory	Retarded	Rhythm	S
Reillys	Retention	Rhythms	Sa
Reinfarction	Reticular	Rib	Sac
Reinfection	Reticularproliferative	Ribs	Saccular
Reinsertion	Reticulo	Rich	Sachs
Rejection	Reticuloendothelial	Richardson	Sacks
Relapsing	Reticulohistiocytic	Richters	Sacral
Related	Reticulohistiocytoma	Rickets	Sacroccygeal
Relative	Reticulum	Ridden	Sacroiliac
Relaxation	Retina	Ridge	Sacrum
Release	Retinae	Riemanns	Saddle
Relief	Retinal	Rifle	Sagittal
Relieve	Retinitis	Right	Saint
Relieved	Retinoblastoma	Rigid	Saints
Remains	Retinopathy	Rigidity	Salicylate
Remote	Retransplantation	Rigidus	Salicylates
Removal	Retro	Ring	Salivary
Remove	Retroabdominal	Ringed	Salmonella
Removed	Retrobulbar	Rings	Salmonellosis
Renal	Retrocecal	RLL	Salpingitis
Rendu	Retrogastric	RMCA	Salpingo
Renfa	Retroiinternal	RML	Salpingo-Oophorectomy
Renovascular	Retrolaryngeal	RND	Salt
Reoperation	Retromolar	Robin	San
Repair	Retroperitoneal	Robins	Sandhoffs
Repaired	Retroperitoneum	Rocky	Sanger
Repeat	Retoptioneal	Rod	Sao

Saphenous	SDS	Seropurulent	Sideroblastic
Sarcoid	Secobarbital	Serositis	Sideropenic
Sarcoidosis	Seconal	Serous	SIDS
Sarcoma	Second	Serratia	Siegal
Sarcomatosis	Secondary	Serum	Siemens
Saturation	Secretans	Severance	Sight
SBE	Secretion	Severe	Sigmoid
SBO	Secretions	Severed	Sigmoidal
Scabies	Secretory	Severely	Sigmoiditis
Scald	Section	Sewed	Sigmoidoscopy
Scalded	Secundum	Sex	Sigmoidostomy
Scalene	Sed	Sezary	Sigmoidovaginal
Scalp	Sedation	Sezarys	Sign
Scan	Sedative	Sh	Signet
Scaphoid	Sedatives	Shadow	Silent
Scapula	Sedimentation	Shaft	Silica
Scapular	Segment	Shaken	Silicate
Scar	Segmental	Shaking	Silicosis
Scarring	Seizure	Shape	Silicotb
SCC	Seizures	Shaped	Silicotbc
SCCA	Self	Sharp	Silicotic
Schaumann	Sella	Shattered	Silicotuberculosis
Scheuermanns	Semi	Sheath	Silver
Schiarri	Semicoma	Sheathing	Silvers
Schilling	Semicomatose	Sheehans	Simmonds
Schizo	Semilunar	Shift	Simple
Schizoaffective	Seminal	Shigella	Simplex
Schizophrenia	Seminoma	Shingles	Since
Schizophrenic	Semiplastic	Shock	Sinequan
Scholz	Senear	Short	Single
Schonberg	Senescence	Shortness	Sinoatrial
Schonlein	Senescent	Shot	Sinoauricular
Schroetter	Senile	Shoulder	Sinus
Schroettters	Senilis	Shower	Sinuses
Schuller	Senility	Shunt	Sinusitis
Schwannoma	Senilization	Shunted	Sipples
Sciatic	Sense	Shunting	Site
Sciatica	Sensitivity	Shunts	Sites
Scirrhus	Sensitization	Shut	Sitting
Scleral	Sensorimotor	Shutdown	Situ
Sclerocystic	Sensory	Shy	Situational
Scleroderma	Separation	Siadh	Situs
Sclerosing	Sepsis	Sialadenitis	Sive
Sclerosis	Sept	Sialitis	Six
Sclerotic	Septa	Sialoadenitis	Sixth
Sclerous	Septal	Siamese	Sjogrens
Scoliosis	Septic	Sicca	Skeletal
Score	Septicemia	Sicd	Skeleton
Scotchguard	Septicemic	Sick	Skeletonized
Scratch	Septum	Sickle	Skenes
Scratches	Seward	Sicklemlia	Skenitis
Screw	Sequela	Sickness	Skin
Scrotal	Sequelae	Sid	Skull
Scrotum	Sequestration	Side	Slashed
SDAT	Serofibrinous	Sided	Slate
SDII	Serology	Sideroachrestic	Sle

Sleep	Spinocerebellar	Steam	Streptococciosis
Sleeping	Spinocerebral	Steatocirrhosis	Streptococcus
Sliding	Spinous	Steatorrhea	Streptoderma
Slim	Spiralis	Steatosis	Streptokinase
Slipped	Spitting	Steele	Streptomyces
Sloughing	Spleen	Steinbrockers	Stress
Slow	Splenectomy	Steinerts	Striatum
Slurred	Splenic	Stella	Striate
Slurring	Splenitis	Stem	Striatonigral
Small	Splenocolic	Stenocardia	Striatum
Smith	Splenomegalia	Stenosing	Stricture
Smiths	Splenomegaly	Stenosis	Stridor
Smoke	Splenomegaly	Stenotic	Stripping
Smoked	Splenopathy	Stercolith	Strohl
Smoker	Splenoptosis	Stercoraceous	Stroke
Smokers	Spondylarthrosis	Stercoral	Stromal
Smokes	Spondylitis	Sterile	Strongyloides
Smoking	Spondyloarthrosis	Stern	Structure
Smothering	Spondylogenic	Sternal	Structures
Snake	Spondylolisthesis	Sternalgia	Struma
Sniffing	Spondylolysis	Sternberg	Strumpell
Snuff	Spondylosis	Sternotomy	Strychnine
SO	Spondylytic	Sternum	Stuart
SOB	Sponge	Steroid	Studies
Sodium	Spontaneous	Steroids	Study
Soft	Spotted	Stevens	Stump
Softening	Sprain	Stiff	Stunt
Solitary	Spray	Stillborn	Stupor
Soot	Spread	Stills	Sturge
Sore	Sprue	Sting	Sturges
Source	Squamous	Stitch	Styloid
Sp	SSS	Stmph	Suba
Space	ST	Stock	Subacute
Spasm	Stab	Stokes	Subaortic
Spasmodic	Stabbed	Stoma	Subarachnoid
Spasms	Stabbing	Stomach	Subarachoid
Spastic	Stage	Stomatitis	Subcapital
Spasticity	Staghorn	Stone	Subcapsular
Species	Staging	Stones	Subcecal
Specific	Stain	Stool	Subclavian
Speech	Standstill	Stop	Subclavicular
Spells	Staph	Stoppage	Subclavicular
Spermatoc	Staphylococcal	Storage	Subcortical
Sphenoid	Staphylococemia	Storm	Subcostal
Sphenoidal	Staphylococcus	Strain	Subcutaneous
Spherocytic	Stapling	Straining	Subd
Spherocytosis	Starr	Strangled	Subdiaphragmatic
Sphincter	Starvation	Strangulated	Subdural
Sphincteral	Stasis	Strangulation	Subefe
Spider	State	Strauss	Subemf
Spielmeier	Stated	Streiff	Subendocardial
Spina	Static	Strep	Subependymoma
Spinal	Status	Strept	Subepidermal
Spinalis	Stave	Streptococcal	Subfrontal
Spindle	Stear	Streptococcemia	Subgaleal
Spine	Steal	Streptococci	

Subglottic	Supracondylar	Syphilis	Telangiectodes
Subglottis	Supradiaphragmatic	Syphilitic	Temperature
Subhepatic	Supraglottic	Syphilitica	Temple
Subintimal	Supraglottis	Syringobulbia	Temporal
Subleukemic	Suprahilar	Syringomyelia	Temporary
Sublingual	Supranuclear	Syringomyelic	Temporo
Subluxation	Supraorbital	Syringomyelitis	Temporofrontal
Submandibular	Suprapelvic	Syringomyelocele	Temporooccipital
Submaxillary	Suprapubic	Syringopontia	Temporoparietal
Submental	Suprarenal	System	Temporopontine
Submerged	Suprasellar	Systematicus	Temporosphenoidal
Submersion	Supravalvular	Systematisata	Tenckhoff
Subpectoral	Supraventricular	Systemic	Tenckoff
Subperiosteal	Supravt	Systems	Tendencies
Subphrenic	Surface	Systole	Tendency
Subpleural	Surgeries	Systolic	Tendineae
Substained	Surgery	T	Tendon
Substance	Surgical	Tabes	Tenormin
Substantial	Surrounding	Tabetic	Tenosynovial
Substernal	Sutton	Tablets	Tension
Subsystem	Suture	Tachyarrhythmia	Tentorial
Subtentorial	Sutured	Tachybrady	Tentorium
Subthyroidism	Sutures	Tachybradyarrhythmia	Teratocarcinoma
Subtotal	SVT	Tachybradycardia	Teratoma
Suck	SW	Tachycardia	Term
Sucrose	Swallow	Tachydysrhythmia	Terminal
Sud	Swallowed	Tachypnea	Termination
Sudden	Swallowing	Tachyrhythmia	Tertiary
Suddenly	Swan	Tags	Teschendorf
Suffocated	Swann	Tail	Test
Suffocation	Sweats	Takayusus	Testes
Sugar	Swelling	Take	Testicle
Suicidal	Swiss	Talk	Testicular
Suicide	Switch	Talus	Testis
Suid	Swollen	Talwin	Tetanus
Sulcus	Swyer	Tamponade	Tetany
Sulfamethoxazole	Sy	Tarda	Tetrad
Sulfasalazine	Sylvius	Tardive	Tetralogy
Sulfate	Symmetrical	Target	Tetraplegia
Sulfatidosis	Symonds	Tarsal	Tex
Sulzberger	Sympathectomy	Tarsus	TF
Summer	Sympathetic	Taussig	TGV
Superficial	Sympatheticotonia	Tay	THA
Superficialis	Symphysis	Taybi	Thalamic
Superimposed	Symptomatic	TB	Thalamus
Superinfected	Symptoms	TBC	Thalassanemia
Superior	Syn	TCC	Thalassemia
Supernuclear	Syncephalus	Tcell	Thalassemic
Supernumerary	Syncopal	TCI	Thanatophoric
Support	Syncope	Tear	The
Suppression	Syncytial	Teckoff	Theca
Suppurative	Syndrom	TEF	Thecoma
Supra	Syndrome	Tegretol	Theophylline
Supraaortic	Synergistic	Telangiectasia	Theopohylline
Suprabulbar	Synostosis	Telangiectasis	Therapeutic
Supraclavicular	Synovial	Telangiectatic	Therapy

Thermal	Thrombosus	Torre	Transfusions
Thermocutaneous	Thrombotic	Torsades	Transient
Thermoplegia	Thrombus	Torsion	Transitional
Thiaminic	Thrush	Torso	Transitory
Thickening	Thumb	Torticollis	Translocation
Thickness	Thymic	Torula	Transluminal
Thigh	Thymoma	Torular	Transmural
Thinning	Thymona	Torulopsis	Transphenoidal
Thioridazine	Thymus	Torulosis	Transplant
Thioridiazine	Thyrocele	Total	Transplantation
Thiothixene	Thyroglossal	Totally	Transport
Third	Thyroid	Touch	Transposed
Thirteen	Thyroidal	Toxemia	Transposition
This	Thyroidectomy	Toxic	Transtentorial
Thomas	Thyroiditis	Toxicity	Transurethral
Thomsons	Thyromegaly	Toxicologic	Transvenous
Thoracentesis	Thyrotoxic	Toxicological	Transverse
Thoracic	Thyrototoxicosis	Toxicology	Transversion
Thoracis	TI	Toxicosis	Transversus
Thoraco	TIA	Toxoplasma	Tranverse
Thoracoaaa	Tibia	Toxoplasmic	Trapezial
Thoracoabdominal	Tibial	Toxoplasmosis	Trapezoid
Thoracolumbar	Tic	Tp	Trauma
Thoracopagus	Tick	Trachea	Traumatic
Thoracoplasty	Time	Tracheal	Traumatism
Thoracoscopy	Tip	Tracheitis	Treacher
Thoracostomy	Tiredness	Tracheobpn	Treated
Thoracotomy	Tissue	Tracheobronchial	Treatment
Thorax	Tissues	Tracheobronchitis	Treatments
Thorazine	TL	Tracheobronchopn	Tree
Thorn	TO	Tracheobronchopneumonia	Trefoil
Thornwaldts	Tobacco	Tracheobronchopneumonitis	Trembling
Three	Tobaccoism	Tracheocele	Tremens
Thrive	Tobacosis	Tracheoesophageal	Tremor
Throat	Toe	Tracheogastric	Triad
Thrombectomy	Toes	Tracheolaryngeal	Triatriatum
Thrombi	Tofranil	Tracheomalacia	Triavil
Thrombo	Together	Tracheopharyngeal	Trichinella
Thromboarteritis	Toilet	Tracheostenosis	Trichloroethane
Thrombocythemia	Tolbutamide	Tracheostomy	Tricuspid
Thrombocytic	Tolerance	Tracheotomy	Tricyclic
Thrombocytopenia	Tolosa	Trachoma	Trifascicular
Thrombocytopenic	Toluene	Tract	Trifid
Thrombocytosis	Toluol	Traction	Trigeminal
Thromboemboli	Tomography	Trait	Trigone
Thromboembolic	Tongue	Tranplant	Trigonitis
Thromboembolism	Tonic	Tranquilizer	Trigonocephaly
Thromboembolus	Tonsil	Transbronchial	Trilocular
Thromboencephalomalacia	Tonsillar	Transcortical	Trimalleolar
Thromboendarterectomy	Tonsillectomy	Transcutaneous	Trimester
Thrombopenia	Tonsillopharyngeal	Transected	Trimethoprim
Thrombopenic	Tonsils	Transection	Triple
Thrombophlebitis	Tooth	Transferase	Triplegia
Thrombophlebotic	Tophaceous	Transformation	Triplets
Thrombosed	Torch	Transformed	Triploidy
Thrombosis	Torn	Transfusion	Trisomy

Trivessel	Ulcers	Ureteral	Vaginalitis
Trochanter	Ullrich	Ureterectomy	Vaginitis
Trochanteric	Ulna	Ureteritis	Vagino
Troisier	Ulnar	Ureterocele	Vaginovesical
Trophic	ULS	Ureterolith	Vagotomy
Trophoneurosis	Ultraviolet	Ureterolithiasis	Valgus
Tropical	Umbilical	Ureterolithotomy	Valium
Tropicalis	Umbilicus	Ureteropelvic	Valleculae
Trouble	Umbrella	Ureterosigmoid	Valley
True	Unable	Ureterosigmoidostomy	Valsalva
Truncus	Unattended	Ureterostomy	Value
Trunk	Uncal	Ureterovaginal	Valve
Trypsin	Uncertain	Ureterovesical	Valves
TTP	Unciform	Urethra	Valvotomy
Tubal	Unclassified	Urethral	Valvular
Tube	Unclear	Urethritis	Valvulitis
Tubercular	Unconscious	Urethrocele	Valvulopathy
Tuberculid	Unconsciousness	Urethrocutaneous	Valvuloplasty
Tuberculide	Uncontrollable	Urethrovaginal	Valvulotomy
Tuberculosis	Undefined	Uric	Van
Tuberculosisus	Under	Uricacidemia	Vapor
Tuberculous	Underdeveloped	Uricemia	Vaquez
Tuberous	Underdevelopment	Urinary	Variance
Tubes	Underlying	Urine	Variants
Tubo	Undernourished	Urinemia	Variceal
Tuboovarian	Undernourishment	Urodialysis	Varicella
Tubular	Undernutrition	Urohepatic	Varices
Tuinal	Underweight	Urolithiasis	Varicose
Tumor	Undescended	Urological	Varicosis
Tumoral	Undetermined	Uronephrosis	Varicosities
Tunica	Undeveloped	Uropathy	Varicosity
Tunnel	Undifferentiated	Urosepsis	Varix
Tur	Unexpected	Uroseptic	Varny
Turbinate	Unexplained	Urticaria	Varus
Turcica	Unhealed	Usage	Vas
Turner	Unidentified	Usher	Vascular
Turners	Unilateral	Uteri	Vascularity
Turp	Unilobular	Uterine	Vasculature
Turpentine	Uninodular	Utero	Vasculitis
Turriccephaly	Union	Uterointestinal	Vasculopathy
Twin	Unknown	Uteropelvic	Vasectomy
Twins	Unspecified	Uterorectal	Vasoconstriction
Twisted	Unstable	Uterovesical	Vasodilation
Two	Unsuccessful	Uterus	Vasogenic
Tylenol	Unverricht	Utility	Vasomotor
Tympanic	Upper	Uveoparotitis	Vasospasm
Tympanitis	Upset	Uvula	Vasospastic
Type	Urachal	Uvular	Vasotec
Typhus	Urachus	Uvulitis	Vasovagal
T12	Uratic	V	Vater
Ulcer	Urbach	Vaccination	Vault
Ulcerated	Urbachs	Vaccinia	VD
Ulcerating	Urea	Vacuum	Vegetation
Ulceration	Uremia	Vagina	Vegetative
Ulcerations	Uremic	Vaginal	Vehicle
Ulcerative	Ureter	Vaginalis	Veil

Vein	Vesicovaginal	Wallenburgs	Willans
Veins	Vesicular	Wallgrens	Willebrands
Velamentous	Vessel	Wandering	Willi
Veldt	Vessels	Warfarin	Willis
Velocity	VF	Warm	Wilms
Velopharyngeal	VH	Wasp	Wilson
Vena	Viable	Wasps	Wilsons
Venal	Vibrio	Wassermann	Window
Venar	VII	Wasting	Wing
Venereal	VIII	Water	Winged
Venofibrosis	Villanous	Waterhouse	Winter
Venom	Villous	Watery	Wiskott
Venomous	Vincristine	Wave	Withdrawal
Venous	Vineberg	Weak	Witts
Ventilation	Vinebergs	Weakness	WK
Ventilator	Vinson	Wean	Wolfe
Ventilatory	Viral	Weather	Wolff
Ventral	Virchows	Web	Wolmans
Ventricle	Viremia	Webbed	Wood
Ventricular	Viridans	Weber	Workers
Ventriculitis	Virus	Webers	Worn
Ventriculoatrial	Viscera	Webs	Wound
Ventriculoperitoneal	Visceral	Wedge	Wounded
Ventriculostomy	Viscus	Wedged	Wounds
Ventriculotomy	Vision	Wedging	WPW
Ventriculr	Vital	Weeks	Wrist
Vera	Vitality	Wegeners	Xanax
Verapamil	Vitamin	Weight	Xanthogranuloma
Verbiests	Vitrectomy	Weightlessness	Xanthogranulomatous
Vermiform	Vitreous	Weil	Xanthoma
Verner	Vitus	Weill	Xanthomatosis
Verrucosa	Vocal	Weingartens	Xenograft
Verrucous	Vogt	Weiss	Xeroderma
Verses	Voice	Welander	Xiphoid
Versus	Volume	Welchii	Xiphoidalgia
Vert	Voluntary	Well	Xiphoiditis
Vertebra	Volvulus	Wenckebachs	Xiphopagus
Vertebrae	Vomer	Werdnig	Xray
Vertebral	Vomiting	Werners	Years
Vertebrobasilar	VON	Wernicke	Yeast
Verterbral	VP	Wernickes	Yellow
Vertex	Vroliks	Westphal	Yersinia
Vertigo	VS	Wet	Young
Very	VSD	Whartons	Zellweger
Vesical	VT	Wheezing	Zenkers
Vesicle	Vulgaris	Whip	Zetterstrom
Vesico	Vulva	Whiplash	Zieves
Vesicoabdominal	Vulval	Whipple	Zinc
Vesicocolonic	Vulvar	Whirlpool	Zollinger
Vesicocutaneous	Vulvovaginitis	White	Zone
Vesicoenteric	Wagner	Whole	Zoster
Vesicointestinal	Waist	Whooping	Zygoma
Vesicorectal	Waldenstroms	Widespread	Zygomatic
Vesicoureteral	Walker	Widow	Abdominal
Vesicourethral	Wall	Wiedemann	Abdominal Aorta
Vesicovagina	Wallenbergs	Wieth	Abdominal Cavity

Abdominal Lymph Gland	Auricular Cartilage	Cardia	Cloacogenic Zone
Abdominal Lymph Node	Autonomic Nerve	Cardiac Atrium	Coccygeal Body
Abdominal Organ	Autonomic Nervous System	Cardiac Orifice	Coccygeal Glomus
Abdominal Vena Cava	Axilla	Cardiac Orifice Stomach	Coccygeal Vertebra
Abdominal Viscera	Axillary	Cardiac Ventricle	Coccyx
Abdominal Wall	Axillary Fold	Cardioesophageal	Colic Lymph Gland
Acetabular	Axillary Lymph Gland	Cardioesophageal	Colic Lymph Node
Acoustic	Axillary Lymph Node	Junction	Colonic
Acromial	Back	Cardioesophagus	Colorectal
Acromial Process	Back Bone	Carina	Common Bile Duct
Adenoid	Bartholins Gland	Carotid	Common Biliary Duct
Adnexa	Basal Ganglia	Carotid Artery	Common Cystic Duct
Adrenal	Bile Duct	Carotid Body	Common Duct
Adrenal Cortex	Bile Tract	Cauda Equina	Common Duct Gland
Adrenal Cortical	Biliary	Cecal	Common Duct Lymph
Adrenal Gland	Biliary Duct	Celiac Lymph Gland	Gland
Adrenal Medulla	Biliary Tract	Celiac Lymph Node	Common Duct Lymph Node
Alimentary	Biliary Tree	Central Nervous System	Concha
Alimentary Canal	Bladder	Cerebellar	Concha Nose
Alimentary Tract	Bladder Neck	Cerebellopontine	Conjunctiva
All Over Body	Bladder Orifice	Cerebral	Conjunctival
Alveolar	Bladder Wall	Cerebral Arachnoid	Connective Tissue
Alveolar Mucosa	Blood	Cerebral Cortex	Corpus Callosum
Alveolar Process	Blood Vessel	Cerebral Dura	Corpus Striatum
Alveolar Ridge	Body	Cerebral Hemisphere	Corpus Uteri
Alveolar Ridge Mucosa	Bone	Cerebral Meninges	Corpus Uterus
Alveolus	Bone Cartilage	Cerebral Peduncle	Cortical
Ampulla Of Vater	Bone Marrow	Cerebral Tentorium	Costal Cartilage
Anal	Bony	Cerebral Ventricle	Cowpers Gland
Anal Canal	Bony Structures	Cerebral White Matter	Cranial
Anal Margin	Both Lungs	Cervical	Cranial Bone
Anal Skin	Bowel	Cervical Esophageal	Cranial Fossa
Anal Sphincter	Brachial Plexus	Cervical Esophagus	Cranial Meninges
Ankle	Brain	Cervical Lymph Gland	Cranial Nerve
Anorectal	Brain Meninges	Cervical Lymph Node	Craniopharyngeal
Anorectal Junction	Brain Stem	Cervical Node	Craniopharyngeal Duct
Antecubital Fossa	Breast	Cervical Region	Craniopharyngeal Pouch
Antecubital Space	Breast Areola	Cervical Spinal Cord	Crerbral Dura
Anterior Fossa	Bronchial	Cervix	Cricoid Cartilage
Antrum	Bronchioalveolar	Cervix Canal	Cutaneous
Aortic	Bronchiogenic	Cervix Stump	Cystic Biliary Duct
Aortic Body	Bronchiolar	Cervix Uteri	Cystic Duct
Aponeurosis	Bronchiole	Cheek	Descending Colon
Appendiceal	Bronchogenic	Cheek Mucosa	Diaphragmatic
Appendix	Bronchus Carina	Chest	Diaphragmatic Lymph Gland
Arachnoid	Brow	Chest Wall	Diaphragmatic Lymph Node
Areola	Buccal	Chiasma Opticum	Digestive Organ
Arm	Buccal Cavity	Chin	Digestive System
Arm Bone	Buccal Mucosa	Choledochal Duct	Digestive Tract
Arterial	Bursa	Choroid	Distal Colon
Ascending Colon	Buttock	Choroid Plexus	Distal Esophageal
Auditory Canal	Calf	Ciliary Body	Distal Esophagus
Auditory Nerve	Calvarium	Clavicle	Douglas Cul De Sac
Auricle Ear	Canthus	Clavicular Area	Douglas Pouch
Auricular	Canthus Eye	Clitoris	Duodenal
Auricular Canal	Capillary	Cloacogenic	Dura

Dura Mater	Frontoparietal	Ileocecal Junction	Jaw
Ear	Frontotemporal	Ileocecal Valve	Jaw Bone
Ear Auricle Cartilage	Gall Duct	Ileocolic Lymph Gland	Jejunal
Ear Canal	Gallbladder	Ileocolic Lymph Node	Kidney
Ear Cartilage	Gartners Duct	Ileum	Kidney Area
Earlobe	Gastric	Iliac	Kidney Calyx
Elbow	Gastric Cardia	Iliac Lymph Gland	Kidney Hilus
Elbow Bone	Gastric Lymph Gland	Iliac Lymph Node	Kidney Pelvic
Endocardial	Gastric Lymph Node	Ilium	Kidney Pelvis
Endocervix	Gastroesophageal	Inferior Maxilla	Kidney Region
Endocervix Canal	Gastroesophageal Area	Inferior Vena Cava	Knee
Endocervix Gland	Gastroesophageal Junction	Infraclavicular	Knee Bone
Endometrial	Gastroesophageal Region	Infraclavicular Region	Labia
Epicardial	Gastrointestinal	Inguinal	Labium
Epidural	Gastrointestinal Area	Inguinal Lymph Gland	Lacrimal Gland
Epiglottic	Gastrointestinal Region	Inguinal Lymph Node	Large Bowel
Epiglottic Cartilage	Gastrointestinal Tract	Inguinal Region	Large Intestinal
Epiglottis	Genital Organ	Inner Canthus	Large Intestine
Esophageal	Genitourinary Tract	Inner Ear	Laryngeal
Esophagogastric	Gingiva	Innominate	Laryngeal Commissure
Esophagogastric Junction	Gland	Intercostal Lymph Gland	Laryngopharyngeal
Ethmoid Bone	Glottic	Intercostal Lymph Node	Laryngopharynx
Ethmoid Sinus	Glottis	Interlobular Bile Duct	Left Colonic
Ethmoidal	Gluteal Region	Interlobular Biliary	Left Temporoparietal Area
Ethmoidal Sinus	Great Vessels	Interlobular Biliary Canal	Leg
Eustachian Tube	Groin	Internal Auditory Canal	Leg Bone
External Auditory Canal	Groin Lymph Gland	Internal Auricular Canal	Lid
External Auricular Canal	Groin Lymph Node	Internal Capsule	Limb
External Cheek	Gum	Internal Cheek	Lingual
External Ear	Gynecological	Internal Nose	Lingual Tonsil
External Meatus	Hand	Internal Os	Lip
External Meatus Ear	Hard Palate	Interscapular Region	Liver
External Nose	Head	Intestinal	Lower Alveolar
Extrahepatic Bile Duct	Heart	Intestinal Lymph Gland	Lower Alveolar Mucosa
Extrahepatic Gall Duct	Heel	Intestinal Lymph Node	Lower Alveolar Ridge
Extremity	Hepatic	Intestinal Tract	Lower Alveolar Ridge Mucosa
Eye	Hepatic Bile Duct	Intraabdominal	Lower Esophageal
Eyebrow	Hepatic Duct	Intraabdominal Lymph Gland	Lower Esophagus
Eyelid	Hepatic Flexure	Intraabdominal Lymph Node	Lower Extremity
Face Bone	Hepatic Flexure Colon	Intracranial	Lower Eyelid
Facial	Hepatic Lymph Gland	Intraductal	Lower Gingiva
Fallopian Tube	Hepatic Lymph Node	Intrahepatic Bile Duct	Lower Gum
False Vocal Cord	Hepatobiliary	Intrahepatic Gall Duct	Lower Jaw Bone
Femoral	Highmore Antrum	Intraorbital	Lower Lid
Fibula	Hilar Lymph Gland	Intrapelvic Lymph Gland	Lower Limb
Finger	Hilar Lymph Node	Intrapelvic Lymph Node	Lower Lip
Flank	Hilum	Intrathoracic Cavity	Lower Lobe
Floor Mouth	Hilus	Intrathoracic Lymph Gland	Lumbar Lymph Gland
Foot	Hip	Intrathoracic Lymph Node	Lumbar Lymph Node
Forearm	Hip Bone	Intrathoracic Organ	Lumbar Spinal Cord
Forearm Bone	Humerus	Ischial	Lumbar Spine
Forehead	Hypopharyngeal	Ischiorectal	Lumbosacral Plexus
Fourth Ventricle	Hypophysis	Ischiorectal Fossa	Lung
Frontal Bone	Hypothalamic	Islands Of Langerhans	Lung Alveolar
Frontal Lobe	Ileal	Islets Of Langerhans	Lung Hilus
Frontooccipital	Ileocecal		Lymph

Lymph Gland	Neck Lymph Node	Pericardial	Rectum
Lymph Node	Nerve	Perineal	Rectum And Colon
Lymphatic	Nervous System	Peripancreatic	Renal
Lymphatic Channel	Nipple	Peripheral Nerve	Renal Calyx
Lymphatic Gland	Nose Bone	Perirectal	Renal Pelvic
Lymphatic Vessel	Nostril	Peritoneal	Renal Pelvis
Main Bronchus	Occipital Bone	Peritoneal Cavity	Retina
Mandible	Occipital Lobe	Pharyngeal	Retinal
Mandibular Gingiva	Occipital Pole	Pharyngeal Region	Retro Abdominal
Marrow	Occipitofrontal	Pharyngeal Wall	Retrocecal
Mastoid	Occipitoparietal	Pia Mater	Retromolar
Mastoid Antrum	Occipitotemporal	Pineal Gland	Retromolar Area
Mastoid Bone	Omental	Piriform Fossa	Retroperitoneal
Maxilla	Omentum	Piriform Sinus	Retroperitoneal Lymph Gland
Maxillary	Oral	Pituitary	Retroperitoneal Lymph Node
Maxillary Alveolar	Oral Cavity	Pituitary Fossa	Retroperitoneum
Mucosa	Oral Mucosa	Pituitary Gland	Retropharyngeal
Maxillary Alveolar Ridge	Orbit	Pituitary Lobe	Retropharyngeal Lymph Gland
Maxillary Antrum	Orbit Bone	Plantar Aponeurosis	Retropharyngeal Lymph Node
Maxillary Gingiva	Orbital	Pleura	Rib
Maxillary Sinus	Oropharyngeal	Pleural	Right Colon
Meckels Diverticulum	Outer Canthus	Pleural Cavity	Sacral
Mediastinal	Ovarian	Pons	Sacral Vertebra
Mediastinal Lymph Gland	Oviduct	Popliteal Fossa	Sacrococcygeal Region
Mediastinal Lymph Node	Palate	Popliteal Space	Salivary Duct
Medulla Oblongata	Palmar Aponeurosis	Posterior Fossa	Salivary Gland
Meningeal	Pancreas Tail	Prepuce	Scalene Lymph Gland
Mesenteric	Pancreatic	Prepyloric	Scalene Lymph Node
Mesenteric Lymph Gland	Pancreatic Body	Prepyloric Area	Scalp
Mesenteric Lymph Node	Pancreatic Duct	Prepyloric Region	Scapula
Mesoappendix	Pancreatic Head	Prepylorus	Scapular Region
Mesocolon	Pancreatic Islet Cells	Prostatic	Scrotal
Mesopharynx	Pancreatic Tail	Prostatic Gland	Sella Turcica
Midbrain	Pancreatic Tail	Proximal Esophageal	Shoulder
Middle Ear	Papilla Of Vater	Proximal Esophagus	Shoulder Bone
Middle Esophageal	Pararectal	Pubic Bone	Sigmoid
Middle Esophagus	Parietal Bone	Pulmonary	Sigmoid Colon
Middle Lobe	Parietal Lobe	Pulmonary Lymph Gland	Sigmoid Colonic
Mouth	Parotid	Pulmonary Lymph Node	Sigmoid Flexure
Mouth Floor	Parotid Duct	Pulmonary Parenchyma	Sigmoid Flexure Colon
Myocardial	Parotid Gland	Pyloric	Sigmoidal Colonic
Myometrial	Parotid Lymph Gland	Pyloric Antrum	Sinus
Nasal	Parotid Lymph Node	Pyloric Lymph Gland	Skeletal
Nasal Bone	Pelvic	Pyloric Lymph Node	Skeleton
Nasal Cartilage	Pelvic Bone	Pylorus	Skin
Nasal Cavity	Pelvic Colon	Pyriiform Fossa	Skull
Nasal Mucosa	Pelvic Floor	Pyriiform Sinus	Small Bowel
Nasal Septum	Pelvic Lymph Gland	Radius	Small Intestinal
Nasal Sinus	Pelvic Lymph Node	Rectal	Small Intestine
Nasal Skin	Pelvic Viscera	Rectosigmoid	Soft Palate
Nasal Turbinate	Pelvic Wall	Rectosigmoid Area	Soft Tissue
Nasopharyngeal	Pelvirectal Junction	Rectosigmoid Colon	Sphenoid Bone
Nasopharyngeal Wall	Pelvis	Rectosigmoid Junction	Sphincter Of Oddi
Nasopharynx	Pelviureteric Junction	Rectosigmoid Region	Spinal
Neck	Penis	Rectovaginal Septum	Spinal Arachnoid
Neck Lymph Gland	Perianal	Rectovesical Septum	Spinal Column
			Spinal Cord

Spinal Dura	Thoracic Esophagus	Urinary Bladder	Anaplastic Cancer
Spinal Meninges	Thoracic Lymph Gland	Urinary Bladder Neck	Anaplastic Carcinoma
Splenic	Thoracic Lymph Node	Urinary Bladder Orifice	Anaplastic Fulminant Cancer
Splenic Flexure	Thoracic Spinal Cord	Urinary Bladder Wall	Anaplastic Fulminant Carcinoma
Splenic Flexure Colon	Thoracic Spine	Urinary Organ	Angioblastic Meningioma
Splenic Lymph Gland	Thoracic Wall	Urinary System	Angioblastoma
Splenic Lymph Node	Thorax Bone	Uterine	Angioma
Sternal	Throat	Uterine Adnexa	Angiomyosarcoma
Stomach	Thumb	Uterine Body	Angiosarcoma
Stomach Antrum	Thymic	Uterine Cervix	Apocrine Cancer
Stomach Cardia	Thymic Gland	Uterine Corpus	Apocrine Carcinoma
Stomach Fundus	Thymus	Uterine Fundus	Astroblastoma
Subdural	Thyroglossal Duct	Uvula	Astrocytoma
Subglottic	Thyroid	Vaginal	Astroglioma
Subglottis	Thyroid Gland	Vaginal Wall	Basal Cell Cancer
Subhepatic Area	Tibia	Vagino-vesical	Basal Cell Carcinoma
Subhepatic Region	Toe	Vagino-vesical Septum	Basal Cell Epithelioma
Sublingual	Tongue	Vena Cava	Basophil
Submandibular Gland	Tonsil	Ventricle	Adenocarcinoma
Submaxillary Duct	Tonsil Pillar	Vertebra Column	Basophil Cancer
Submaxillary Gland	Tonsillar	Vertebral	Basophil Carcinoma
Submental	Tonsillar Fossa	Vertebral Column	Benign
Superior Maxilla	Tracheal	Vesicovagina	Bile Duct Type Cancer
Superior Maxillary	Tracheal Carina	Vesicovaginal	Bile Duct Type Carcinoma
Superior Vena Cava	Tracheal Cartilage	Vesicovaginal Septum	Blast Cell
Supraclavicular Lymph Gland	Transverse Colon	Visceral	Blastic (Blast)
Supraclavicular Lymph Node	Transverse Colonic	Vocal Cord	Blastic (Blast) Crisis
Supraclavicular Region	Trunk	Vulva	Blastic (Blast) Transformation
Supraglottic	Turbinate Bone	White Matter	C Cell Cancer
Supraglottis	Tympanic Cavity	Wrist	C Cell Carcinoma
Suprarenal	Ulna	Acidophil Cancer	Cachexia Cancer
Suprarenal Gland	Umbilical	Acidophil Carcinoma	Cancer
Suprasellar Region	Umbilicus	Acute Erythremia	Cancer Cachexia
Temporal	Upper Alveolar	Adenocarcinoma	Cancerous Cachexia
Temporal Bone	Upper Alveolar Mucosa	Adenocarcinomatosis	Cancerous Goiter
Temporal Lobe	Upper Alveolar Ridge	Adenofibroma	Cancerous Intoxication
Temporal Pole	Upper Alveolar Ridge Mucosa	Adenoid Cystic Carcinoma	Carcinoid
Temporal Region	Upper Back	Adenoma	Carcinoid Malignancy
Temporofrontal	Upper Esophageal	Adenomatous Polyp	Carcinoid Tumor
Temporooccipital	Upper Esophagus	Adenomatous Polyposis	Carcinoma
Temporoparietal	Upper Extremity	Adenosarcoma	Carcinoma Cachexia
Temporopontine	Upper Eyelid	Adenosquamous (Cell) Cancer	Carcinomatosis
Tentorial	Upper Gingiva	Adenosquamous (Cell) Carcinoma	Carcinomatous Cachexia
Tentorium	Upper Gum	Aleukemic Leukemia	Cavernous Hemangioma
Testicle	Upper Jaw Bone	Alveolar	Cavernous Lymphangioma
Testis	Upper Lid	Adenocarcinoma	Chemodectoma
Thalamic	Upper Limb	Alveolar Cancer	Cholangiocarcinoma
Thalamus	Upper Lip	Alveolar Carcinoma	Cholangiohepatoma
Thigh	Upper Lobe	Alveolar Cell Cancer	Cholangioma
Third Ventricle	Upper Lobe Cavity	Alveolar Cell Carcinoma	Chondrosarcoma
Thoracic	Upper Lung	Alveolar Rhabdomyosarcoma	Chordoma
Thoracic Aorta	Upper Stomach	Anaplastic	Choriocarcinoma
Thoracic Area	Ureteral	Adenocarcinoma	Chorioepithelioma
Thoracic Bone	Urethral	Anaplastic Astrocytoma	Chorionic Cancer
Thoracic Cavity	Urethrovaginal		Chorionic Carcinoma
Thoracic Esophageal	Urethrovaginal Septum		

Chromophobe Adenocarcinoma	Fibromyosarcoma	Hypernephroma	Lobular Carcinoma
Chromophobe Adenoma	Fibromyxolipoma	Immunoblastic Sarcoma	Local
Chromophobe Cancer	Fibromyxosarcoma	Immunolymphosarcoma	Local Distant
Chromophobe	Fibrosarcoma	Infiltrating	Lymphangiosarcoma
Carcinoma	Fibrous Histiocytoma	Infiltrating Duct	Lymphangiosarcoma
Clear Cell Adenocarcinoma	Follicular Adenocarcinoma	Adenocarcinoma	Lymphatic Leukemia
Congenital Leukemia	Follicular Lymphoma	Infiltrating Duct Cancer	Lymphocytic Leukemia
Craniopharyngioma	Ganglioglioma	Infiltrating Duct Carcinoma	Lymphocytic Lymphoma
Cylindroma	Gardners Syndrome	Infiltrating Duct Cell Cancer	Lymphocytic
Cystadenocarcinoma	Gastrinoma	Infiltrating Duct Cell	Lymphosarcoma
Dermatofibroma	Gastrocarcinoma	Carcinoma	Lymphogenous Leukemia
Dermatofibrosarcoma	General	Infiltrating Ductal Carcinoma	Lymphohistiocytic
Dermoid Ovarian Cyst	Generalized	Infiltrating Lobular Carcinoma	Lymphoma
Di Guglielmos Disease	Germ Cell Carcinoma	Inflammatory	Lymphoid Leukemia
Differentiated	Giant Cell Carcinoma	Inflammatory Cancer	Lympholeukemia
Differentiated Type	Giant Cell Cancer	Inflammatory Carcinoma	Lymphoma
Diffuse	Giant Cell Carcinoma	Insulinoma	Lymphomatous Disease
Diffuse Type	Giant Cell Leukemia	Insuloma	Lymphoproliferative Disease
Diffused	Glioblastoma	Intraductal Cancer	Lymphoproliferative Disorder
Disease	Glioblastoma Multiforme	Intraductal Carcinoma	Lymphoreticular
Disseminated	Glioma	Invasive	Proliferative Disorder
Distant	Gliosarcoma	Islet Cell Adenocarcinoma	Lymphoreticularproliferative
Duct Cell Carcinoma	Glomangioma	Islet Cell Adenoma	Disaese
Ductal Cancer	Grade III	Islet Cell Cancer	Lymphoreticularproliferative
Ductal Carcinoma	Grade IV	Islet Cell Carcinoma	Disorder
Ductal Cell Carcinoma	Granulocytic Leukemia	Kaposi Sarcoma	Lymphoreticulum Cell
Dukes Adenocarcinoma	Granulocytic Leukemia	Kaposi Sarcoma	Leukemia
Dukes Cancer	Blast Crisis	Kasabach Merritt Syndrome	Lymphosarcoma
Dysgerminoma	Granulosa Cell Cancer	Krukenbergs Tumor	Lymphosarcoma Cell
Eaton Lambert Syndrome	Granulosa Cell	Large Cell Anaplastic Cancer	Leukemia
Embryoma	Carcinoma	Large Cell Anaplastic	Lymphosarcoma
Embryonal Adenocarcinoma	Growth	Carcinoma	Leukemia
Embryonal Cancer	Hemangioendothelioma	Large Cell Cancer	Malignancy
Embryonal Carcinoma	Hemangioma	Large Cell Carcinoma	Malignancy To
Eosinophil Adenocarcinoma	Hemangiopericytoma	Large Cell Lymphoma	Malignant
Eosinophil Cancer	Hemangiosarcoma	Large Cell Tumor	Malignant Cachexia
Eosinophil Carcinoma	Hemoleukemia	Leiomyosarcoma	Malignant Goiter
Ependyoblastoma	Hepatoblastoma	Lesion	Mass
Ependymoma	Hepatocarcinoma	Leucosarcoma	Medullary Carcinoma
Epidermoid Cancer	Hepatocellular Cancer	Leukemia	Medulloblastoma
Epidermoid Carcinoma	Hepatocellular Carcinoma	Leukemic Crisis	Megaadenoma
Epidermoid Cystic Tumor	Hepatocholangiocarcinoma	Leukemic Infiltrate	Megakaryocytic
Epithelioma	Hepatocholangiolitic Cancer	Leukemic Infiltration	Leukemia
Erythremia	Hepatocholangiolitic	Leukemic	Megakaryocytic
Erythremic Myelosis	Carcinoma	Lymphosarcoma	Myelosclerosis
Erythrocythemia	Hepatoma	Leukolymphosarcoma	Megakaryocytoid
Erythroleukemia	Histiocytic Leukemia	Leukosarcoma	Leukemia
Ewings Sarcoma	Histiocytic Lymphoma	Linitis Plastica	Megaloleukemia
Ewings Tumor	Histiocytoma	Lipoblastoma	Meigs Syndrome
Extensive	Hodgkins Disease	Lipoblastomatosis	Melanoma
Familial Polyposis	Hodgkins Disease	Lipofibroma	Meningioma
Fibroid	Lymphocyte Depleted	Lipoma	Mesenchymoma
Fibroid Tumor	Hodgkins Lymphoma	Lipomyosarcoma	Mesoepithelioma
Fibrolipoma	Hurthle Cell Adenocarcinoma	Lipomyxoma	Mesothelioma
Fibroliposarcoma	Hurthle Cell Adenoma	Lipomyxosarcoma	Metastases
Fibroma	Hurthle Cell Cancer	Liposarcoma	Metastases To
Fibromyoma	Hurthle Cell Carcinoma	Lobular	Metastasis
	Hygroma		

Metastasis To	Neurofibromatosis	Poorly Differentiated	Squamous Cell
Metastatic	Neurofibrosarcoma	Primary (1)	Carcinoma
Metastatic "Cell Type" To	Neurogenic Sarcoma	Primary Site	Stage D
Metastatic Disease To	Nodular Lymphocytic Leukemia	Probable	Stage I
Metastatic Lesion To	Nodular Lymphoma	Progressive	Stage IB
Metastatic To	Non Hodgkins Lymphoma	Promyelocytic Leukemia	Stage II
Microglioma	Non Oat Cell Carcinoma	Pseudofollicular	Stage III
Mixed Cell Leukemia	Non Small Cell Carcinoma	Leukemia	Stage IIIB
Mixed Cell Lymphoma	Oat Cell Cancer	Pseudomucinous	Stage IV
Mixed Leukemia	Oat Cell Carcinoma	Adenocarcinoma	Stage IVB
Monocytic Leukemia	Obstructed	Pseudomucinous Cancer	Stem Cell Leukemia
Monocytoid Leukemia	Obstructive	Pseudomucinous Carcinoma	Subependymoma
Monoleukemia	Old	Pseudomucinous	Subepidermal Fibrosis
Monoleukocytic	Oligodendroblastoma	Cystadenocarcinoma	Subleukemic Leukemia
Leukemia	Oligodendroglioma	Pseudomucinous Ovarian Cyst	Synovial Sarcoma
Monomyelocytic Leukemia	Orchioblastoma	Recklinghausens Disease	Systemic
Monomyelogenous Leukemia	Origin (Originated In)	Recurrent	T Cell Leukemia
Mucinous Adenocarcinoma	Osteochondrosarcoma	Renal Cell	T Cell Lymphoma
Mucinous Adenofibroma	Osteofibrosarcoma	Adenocarcinoma	Teratoma
Mucinous Cancer	Osteogenic Sarcoma	Renal Cell Cancer	Terminal
Mucinous Carcinoma	Osteosarcoma	Renal Cell Carcinoma	Theca Cell Cancer
Mucinous Cystadenocarcinoma	Pancoast Syndrome	Residual	Theca Cell Carcinoma
Mucinous Cystadenocarcinoma	Pancoast Tumor	Reticular Proliferative Disorder	Thecoma
Mucinous Cystadenoma	Pancoasts Syndrome	Reticularproliferative Disease	Thrombocythemia
Mucoepidermoid Cancer	Pancoasts Tumor	Reticuloendothelial Tumor	Thrombocytic Leukemia
Mucoepidermoid Carcinoma	Papillary Adenocarcinoma	Reticulum Cell Sarcoma	Thymoma
Mucoid Cell Adenocarcinoma	Papillary Cancer	Retinoblastoma	Transitional (Cell) Cancer
Multiple	Papillary Carcinoma	Rhabdomyosarcoma	Transitional (Cell) Carcinoma
Multiple Myeloma	Papillary Ependymoma	Rhabdosarcoma	Transitional Cell Tumor
Myelogenous Leukemia	Papillary Serous	Round Cell Cancer	Tumor
Myeloid Leukemia	Adenocarcinoma	Round Cell Carcinoma	Type Undetermined
Myeloleukemia	Papillary Serous	Sarcoma	Type Unknown
Myeloma	Cystadenocarcinoma	Sarcomatosis	Unclassified
Myelomonocytic Leukemia	Papillary Transitional	Schilling Type Monocytic	Undifferentiated
Myeloproliferation Syndrome	(Cell) Carcinoma	Leukemia	Undifferentiated Type
Myeloproliferative Disease	Perforating	Schwannoma	Unknown Type
Myeloproliferative Disorder	Pheochromoblastoma	Scirrhous Carcinoma	Vaguez Disease
Myeloproliferative Syndrome	Pheochromocytoma	Secondary	Vaguez Osler Disease
Myelosis	Pinealoblastoma	Seminoma	Vernet Morrison Syndrome
Myoliposarcoma	Pinealoma	Serous Adenocarcinoma	Verrucous Carcinoma
Myoma	Pineoblastoma	Serous Adenofibroma	Villous Adenocarcinoma
Myxofibrosarcoma	Pineocytoma	Serous Cystadenocarcinoma	Villous Adenoma
Myxoliposarcoma	Plasma Cell Leukemia	Signet Cell Adenocarcinoma	Von Recklinghausens Disease
Myxopapillary Ependymoma	Plasma Cell Myeloma	Sipples Syndrome	Von Recklinghausens Tumor
Myxosarcoma	Plasmacytic Myeloma	Small Cell Cancer	Wdha Syndrome
Necrotic	Plasmacytoma	Small Cell Carcinoma	Well Differentiated
Necrotizing	Polycythemia	Small Cell Lymphoma	Widely
Neoplasm	Polycythemia Rubra Vera	Spindle Cell Cancer	Widely Disseminated
Neoplastic Disease	Polycythemia Vera	Spindle Cell Carcinoma	Widely Metastatic
Nephroblastoma	Polyp	Squamous Cancer	Widely Spread
Nephroma	Polyposis	Squamous Carcinoma	Widespread
Neurilemmoma	Poor Differentiated	Squamous Cell Cancer	Wilms Tumor
Neurilemmosarcoma			
Neuroblastoma			