Attachment 31:
FinalDeathSpecs2-22-05.pdf

New York State, Department of Health
Electronic Death Registration System
FAU 1002191052

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.)

5/2004; Updated 2/18/2005

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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

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. <u>The use of "hot keys" for unknown values is recommended</u>.
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 <u>not</u> 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 tract 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 keyers 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 <u>initial</u> 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 is 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 20782

September 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 <u>not</u> 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

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- **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 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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- **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). (Not applicable to birth).

- **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.

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:

Joyce Martin (301) 458-4362 JAMartin@CDC.GOV
Stephanie Ventura (301) 458-4547 SVentura@CDC.GOV

For information on the death specifications:

Donna Hoyert (301) 458-4279
DHoyert@CDC.GOV
Ken Kochanek (301) 458-4319
KKochanek@CDC.GOV

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 <u>used or was known as</u>. 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:

NAME	DESCRIPTION	VALUES	DEFINITION
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:

NAME	LENGTH	TYPE	VALUES
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:

NAME	DESCRIPTION	VALUES	DEFINITION
SEX	The sex of the deceased	M	Male
		F	Female
		U	Unknown
SEX_BYPASS	Edit flag	0	Off (edit passed)
		1	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:

NAMES	LENGTH	TYPE	VALUES
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:

NAME	DESCRIPTION	VALUES	DEFINITION
SSN	Social Security Number	000000000-999999999	
SSN_MVR	Companion missing value variable	N	None
		P	Pending
		U	Unknown
		X	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:

NAME	LENGTH	TYPE	VALUES
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:

NAME	DESCRIPTION	VALUES	DEFINITION
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	If AGETYPE=6
		999	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:

NAMES	LENGTH	TYPE	VALUES
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:

NAME	DESCRIPTION	VALUES	DEFINITIONS
DOB_YR	Year of Birth	4 digit year	4 digit year ≤Year of Death
		9999	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:

NAMES	LENGTH	TYPE	VALUES
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:

NAME	DESCRIPTION	VALUES	DEFINITION
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 bowsing 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.

NAMES	LENGTH	TYPE	VALUES
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:

NAME	DESCRIPTION	VALUES	DEFINITIONS
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	Yes
		N	No
		U	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 geo-coding 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:

DESCRIPTION	NAME	LENGTH
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 bowsing 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.

NAMES		**LENGTH**	**TYPE**	**VALUES**
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:

NAMES	DESCRIPTION	LENGTH	VALUES	DEFINITION

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:

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

NAME	DESCRIPTION	VALUES	DEFINITION
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:

NAMES	LENGTH	TYPE	VALUES
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 cas es 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:

NAME	DESCRIPTION	LENGTH	VALUES
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:

NAME	DESCRIPTION	VALUES	DEFINITION
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.

NAME	LENGTH	TYPE	VALUES
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:

NAME	LENGTH	TYPE	VALUES
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 en ter that part of t he 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:

NAME	DESCRIPTION	LENGTH	VALUES
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:

NAME	DESCRIPTION	LENGTH	VALUES
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

Response	**Maps to values**
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:

NAME	DESCRIPTION	VALUES	DEFINITION
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:

NAMES	LENGTH	TYPE	VALUES
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:

NAME	DESCRIPTION	VALUES	DEFINITION
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)

Response	Maps to values
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:

DESCRIPTION	NAME	LENGTH
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 bowsing 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:

NAMES	LENGTH	TYPE	VALUES

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:

NAME	DESCRIPTION	VALUES	DEFINITION
DISP	Method of disposition	B	Burial
		C	Cremation
		D	Donation
		E	Entombment
		R	Removal from State
		O	Other
		U	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:

NAMES	LENGTH	TYPE	VALUES
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

NAME	DESCRIPTION	LENGTH	VALUES
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

Response	Maps to values
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:

NAME	DESCRIPTION	LENGTH	VALUES
FFNAME	Name of the funeral facility	5O	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

Response	Maps to values
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:

NAME	DESCRIPTION	VALUES	DEFINITION
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

		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
TD	Time pronounced dead	0000-2359 (see edits)	

EDITS:

Before the record is transmitted to the State

***Please note: Pronouncement may occur well after the actual date and time of death but cannot occur before death. Edits will check that pronounced dates and times do not precede actual dates and times.*

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).

Date and time fields cannot be left blank.

Misspellings will be automatically corrected.

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

If edits fail for any of the above edits, all the date fields are displayed and the error identified. The pronouncer, certifying physician, medical examiner, or coroner must correct the error before the record can be filed or printed. In a paper document, try to correct the error. If no response is received for month or day, use 9's for the unknown dates or time.

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	Licensed
			N	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:

NAME	DESCRIPTION	VALUES	LENGTH	DEFINITIONS

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.

D*ate 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.

NAME	DESCRIPTION	VALUES	DEFINITION
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:

NAMES	LENGTH	TYPE	VALUES
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 1tems 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:

NAME	DESCRIPTION	VALUES	DEFINITION
REF	Medical examiner/coroner contacted?	Y	Yes
		N	No
		U	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.

<u>General instructions for completing cause of death</u>

(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) 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.	
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	Due to (or as a consequence of): b.	
	Due to (or as a consequence of): c.	
	Due to (or as a consequence of): d.	
PART II. Enter other significant conditions contributing to death 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:

<u>Introduction to completing a cause-of-death statement</u>

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:

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. Rupture of myocardium	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	Due to (or as a consequence of): b. Acute myocardial infarction	6 days
	Due to (or as a consequence of): c. Coronary artery thrombosis	5 years
	Due to (or as a consequence of): d. Atherosclerotic coronary artery disease	7 years

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

Diabetes, Chronic obstructive pulmonary disease, smoking

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

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. Acute renal failure	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	Due to (or as a consequence of): b. Hyperosmolar nonketotic coma	8 days
	Due to (or as a consequence of): c. Non-insulin-dependent diabetes mellitus	15 years
	Due to (or as a consequence of): d.	

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

Hypertension, Atherosclerotic coronary artery disease

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

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. Carbon monoxide poisoning	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	Due to (or as a consequence of): b. Inhalation of automobile exhaust fumes	Unknown
	Due to (or as a consequence of): c.	
	Due to (or as a consequence of): d.	

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

Gastric adenocarcinoma

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)	39. TIME OF INJURY	40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)	41. INJURY AT WORK?
August 15, 2003	Unknown	In own home- garage	☐ Yes ■ No

42. LOCATION OF INJURY: State: Missouri City or Town: Alexandria

Street & Number: 898 Sylvan Road Apartment No: Zip Code: 63141-2314

43. DESCRIBE HOW INJURY OCCURRED:

Inhaled exhaust from automobile enclosed in garage

44. IF TRANSPORTATION INJURY, SPECIFY:
☐ Driver/Operator
☐ Passenger
☐ Pedestrian
☐ 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	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	Due to (or as a consequence of): b. Perforation of heart	20 minutes
	Due to (or as a consequence of): c. Shotgun wound to thorax	20 minutes
	Due to (or as a consequence of): 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)

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. Aspiration pneumonia	2 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	Due to (or as a consequence of): b. Complications of coma	7 weeks
	Due to (or as a consequence of): c. Blunt force injuries	7 weeks
	Due to (or as a consequence of): d. Motor vehicle accident	7 weeks

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)	39. TIME OF INJURY	40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)	41. INJURY AT WORK?
December 13, 2003	Approx. 1700	road side near state highway	☐ Yes ■ 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:
■ Driver/Operator
☐ Passenger
☐ Pedestrian
☐ 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

<u>Possible solutions to common problems in death certification</u>

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
Abdominal hemorrhage
Acute myocardial infarction
Adhesions
Adult respiratory distress syndrome
Altered mental status
Anemia
Anoxia
Anoxic encephalopathy
Arrhythmia
Ascites
Aspiration
Atrial fibrillation
Bacteremia
Bedridden
Biliary obstruction
Bowel obstruction
Brain injury
Brain stem herniation
Carcinogenesis
Carcinomatosis
Cardiac arrest
Cardiac dysrhythmia
Cardiomyopathy
Cardiopulmonary arrest
Cellulitis
Cerebrovascular accident
Cerebellar tonsillar herniation
Cerebral edema
Chronic bedridden state
Cirrhosis
Coagulopathy
Compression fracture
Congestive heart failure
Convulsions
Decubiti
Dehydration
Dementia (when not otherwise specified)
Diarrhea
Disseminated intravascular coagulopathy
Dysrhythmia
End-stage liver disease
End-stage renal disease
Epidural hematoma
Exsanguination
Failure to thrive
Fracture
Gangrene
Gastrointestinal hemorrhage
Heart failure
Hemothorax
Hepatic failure
Hepatorenal syndrome
Hyperglycemia
Hyperkalemia
Hyponatremia
Hypotension
Hypovolemic shock
Immunosuppression
Increased intracranial pressure
Intracranial hemorrhage
Malnutrition
Metabolic encephalopathy
Multi-organ failure
Multi-system organ failure
Myocardial infarction
Necrotizing soft-tissue infection
Open (or closed) head injury
Pancytopenia
Perforated gallbladder
Peritonitis
Pleural effusions
Pneumonia
Pulmonary arrest
Pulmonary edema
Pulmonary embolism
Pulmonary insufficiency
Renal failure
Respiratory arrest
Seizures
Sepsis
Septic shock
Shock
Starvation
Subdural hematoma
Sudden death
Subarachnoid hemorrhage
Thrombocytopenia
Uncal herniation
Urinary tract infection
Ventricular fibrillation
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
Bolus
Choking
Drug or alcohol overdose/drug or alcohol abuse
Epidural hematoma
Exsanguination
Fall
Fracture
Hip fracture
Hyperthermia
Hypothermia
Hip fracture
Open reduction of fracture
Pulmonary emboli
Seizure disorder
Sepsis
Subarachnoid hemorrhage
Subdural hematoma
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:

NAME	DESCRIPTION	VALUES	DEFINITIONS
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
AAS aortic arch syndrome
AAT alpha-antitrypsin
AAV AIDS-associated virus
AB abortion; asthmatic bronchitis
ABD abdomen
ABE acute bacterial endocarditis
ABS acute brain syndrome
ACA adenocarcinoma
ACD arteriosclerotic coronary disease; absolute cardiac dullness
ACH adrenal cortical hormone
ACT acute coronary thrombosis
ACTH adrenocorticotrophic hormone
ACVD arteriosclerotic cardiovascular disease
AD auris dextra (right ear); addiction, drug; adenoidal degeneration; atrio dextro (rt. atrium)
ADEM acute disseminated encephalomyelitis
ADH antidiuretic hormone
ADS antibody deficiency syndrome
AEG air encephalogram
AF auricular or atrial fibrillation; acid fast
AFB acid-fast bacillus
AFI amaurotic familial idiocy
AGG agammaglobulinemia
AGL acute granulocytic leukemia
AGN acute glomerulonephritis
AGS adrenogenital syndrome
AHA acquired hemolytic anemia; autoimmune hemolytic anemia
AHD arteriosclerotic heart disease
AHHD arteriosclerotic hypertensive heart disease
AHG anti-hemophilic globulin deficiency
AHLE acute hemorrhagic leukoencephalitis
AI aortic insufficiency; additional information
AIDS acquired immunodeficiency syndrome
AKA above knee amputation
ALL acute lymphocytic leukemia
ALS amyotrophic lateral sclerosis
AMI acute myocardial infarction
AML acute myelocytic leukemia
ANS arteriolonephrosclerosis
AOD arterial occlusive disease
AODM adult onset diabetes mellitus
AOM acute otitis media
AP angina pectoris; anterior and posterior repair; artificial pneumothorax; anterior pituitary
A&P anterior and posterior repair
APC auricular premature contraction; Acetylsalicylic acid, Acetophenetidin, and caffeine
APE acute pulmonary edema; anterior pituitary extract
APH antepartum hemorrhage
AR aortic regurgitation

ARC AIDS-related complex
ARF acute respiratory failure
ARM artificial rupture of membranes
ARV AIDS-related virus
AS arteriosclerotic; arteriosclerosis; aortic stenosis; auris sinestra (left ear)
ASA acetylsalicylic acid (aspirin)
ASAD arteriosclerotic artery disease
ASCD arteriosclerotic coronary disease
ASCHD arteriosclerotic coronary heart disease
ASCVA arteriosclerotic cerebrovascular accident
ASCVD arteriosclerotic cardiovascular disease
ASCVHD arteriosclerotic cardiovascular heart disease
ASCVRD arteriosclerotic cardiovascular renal disease
ASD atrial septal defect
ASDHD arteriosclerotic decompensated heart disease
ASHCVD arteriosclerotic hypertensive cardiovascular disease
ASHD arteriosclerotic heart disease; atrioseptal heart defect
ASHHD arteriosclerotic hypertensive heart disease
ASHVD arteriosclerotic hypertensive vascular disease
ASO arteriosclerosis obilterans
ASPVD arteriosclerotic peripheral vascular disease
ASVD arteriosclerotic vascular disease
ASVH(D) arteriosclerotic vascular heart disease
ATC all-terrain cycle
ATN acute tubular necrosis
ATS anxiety tension state; anti-tetanus serum; arteriosclerosis
ATSHD arteriosclerotic heart disease
ATV all-terrain vehicle
AU aures unitas (both ears)
AUL acute undifferentiated leukemia
AV arteriovenous; auriculoventricular; aortic valve
AVF arterio-ventricular fibrillation; arteriovenous fistula
AVH acute viral hepatitis
AVP aortic valve prosthesis
AVR aortic valve replacement
AWMI anterior wall myocardial infarction
AZT azidothymidine
BA basilar arteriogram; bronchial asthma; basilar artery
B&B bronchoscopy and biopsy
BBB bundle branch block
B&C biopsy and cauterization
BCE basal cell epithelioma
BE barium enema
BEH benign essential hypertension
BGL Bartholin's gland
BKA below knee amputation
BL bladder; bucolingual; blood loss; Burkitt's lymphoma
BMR basal metabolism rate
BNA Bladder neck adhesions
BNO bladder neck obstruction
BOMSA bilateral otitis media serous acute
BOMSC bilateral otitis media serous chronic
BOW "bag of water" (membrane)
B/P, BP blood pressure
BPH benign prostate hypertrophy
BSA body surface area
BSO bilateral salpingo-oophorectomy
BSP Bromosulfaphthalein test
BTL bilateral tubal ligation
BUN blood, urea, and nitrogen test
BVL bilateral vas ligation
B&W Baldy-Webster suspension (uterine)
BX biopsy
BX CX biopsy cervix
_
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
CASCVD chronic arteriosclerotic cardio-vascular disease
CB chronic bronchitis
CBC complete blood count
CBD common bile duct
CBS chronic brain syndrome
CCF chronic congestive failure
CCI chronic cardiac or coronary insufficiency
CDE common duct exploration
CDH congenital dislocation hip
CF congestive failure; compliment fixation test; cystic fibrosis; Christmas factor (plasma thromboplastin component)
CFT chronic follicular tonsillitis
CGN chronic glomerulonephritis
CHA congenital hypoplastic anemia
CHB complete heart block
CHD congestive heart disease; coronary heart disease; Chediak-Higaski Disease; congenital heart disease
CHF congestive heart failure
C_2H_5OH ethyl alcohol
CI cardiac insufficiency; cerebral infarction
CID cytomegalic inclusion disease
CIS carcinoma in situ
CLD chronic lung disease; chronic liver disease
CLL chronic lymphatic leukemia; chronic lymphocytic leukemia
CMID cytomegalic inclusion disease
CML chronic myelocytic leukemia
CMM cutaneous malignant melanoma
CMV cytomegalic virus
CNHD congenital nonspherocytic hemolytic disease
CNS central nervous system
CO carbon monoxide
COAD chronic obstructive airway disease
CO_2 carbon dioxide
COBE chronic obstructive bullous emphysema
COBS chronic organic brain syndrome
COFS cerebro-oculo-facio-skeletal
COOMBS test for Rh sensitivity
COLD chronic obstructive lung disease

COPD chronic obstructive pulmonary disease
COPE chronic obstructive pulmonary emphysema
CP cerebral palsy; cor pulmonale
C&P cystoscopy and pyelography
CPB cardiopulmonary bypass
CPC chronic passive congestion
CPD cephalopelvic disproportion; contagious pustular dermatitis
CPE chronic pulmonary emphysema
CRD chronic renal disease
CRF cardiorespiratory failure; chronic renal failure
CRST calcinosis cutis, Raynaud's phenomenon, sclerodactyly, and telangiectasis
CS coronary sclerosis; cesarean section; cerebro-spinal
CSF cerebral spinal fluid
CSH chronic subdural hematoma
CSM cerebrospinal meningitis
CT cerebral thrombosis; coronary thrombosis
CTD congenital thymic dysplasia
CU cause unknown
CUC chronic ulcerative colitis
CUP cystoscopy, urogram, pyelogram (retro)
CUR cystocele, urethrocele, rectocele
CV cardiovascular; cerebrovascular
CVA cerebral vascular accident
CV Accident cerebral vascular accident
CVD cardiovascular disease
CVHD cardiovascular heart disease
CVI cardiovascular insufficiency; cerebral vascular insufficiency
CVRD cardiovascular renal disease
CWP coal worker's pneumoconiosis
CX cervix
DA degenerative arthritis
DBI Phenformin hydrochloride
D&C dilation and curettage
DCR dacrocystorhinostomy
D&D drilling and drainage; debridement and dressing
D&E dilation and evacuation
DFU dead fetus in utero
DIC disseminated intravascular coagulation
DILD diffuse infiltrative lung disease
DIP distal interphalangeal joint; desquamative interstitial pneumonia
DJD degenerative joint disease
DM diabetes mellitus
DMT dimethyltriptamine
DOA dead on arrival
DOPS diffuse obstructive pulmonary syndrome
DPT diphtheria, pertussis, tetanus vaccine
DR diabetic retinopathy
DS Down's syndrome
DT due to; delirium tremens
D/T delirium tremens; due to
DU diagnosis unknown; duodenal ulcer
DUB dysfunctional uterine bleeding
DUI driving under influence
DVT deep vein thrombosis
DWI driving while intoxicated
DX dislocation; diagnosis; disease
EBV Epstein-Barr virus
ECCE extracapsular cataract extraction
ECG electrocardiogram
ECT electric convulsive therapy
EDC expected date of confinement
EEE Eastern equine encephalitis
EEG electroencephalogram
EFE endocardial fibroelastosis
EGL eosinophilic granuloma of lung
EH enlarged heart; essential hypertension
EIOA excessive intake of alcohol
EKC epidemic keratoconjunctivitis
EKG electrocardiogram
EKP epikeratoprosthesis
ELF elective low forceps
EMC encephalomyocarditis
EMD electromechanical dissociation
EMF endomyocardial fibrosis
EMG electromyogram
EN erythema nodosum
ENT ear, nose, and throat
EP ectopic pregnancy
ER emergency room
ERS evacuation of retained secundines
EST electric shock therapy
ETOH alcohol
EUA exam under anesthesia
EWB estrogen withdrawal bleeding
FB foreign body
FBS fasting blood sugar
Fe symbol for iron
FGD fatal granulomatous disease
FHS fetal heart sounds
FHT fetal heart tone
FLSA follicular lymphosarcoma
FME full-mouth extraction
FS frozen section; fracture site
FT full term
FTA fluorescent Treponemal antibody test
5FU Fluorouracil
FUB functional uterine bleeding
FULG fulguration
FUO fever unknown origin
FX fracture
FYI for your information
GAS generalized arteriosclerosis
GB gallbladder; Guillain-Barre syndrome
GC gonococcus; gonorrhea; general circulation (systemic)
GI gastrointestinal
GIT gastrointestinal tract
GOK God only knows
GSW gunshot wound
GTT glucose tolerance test
gtt drop
GU genitourinary; gastric ulcer
GVHR graft versus host reaction
GYN gynecology
HA headache
HAA hepatitis associated antigen
HASCVR hypertensive arteriosclerotic cardiovascular renal disease
HASVD hypertensive arteriosclerotic vascular disease
HB hemoglobin; heart block
HBP high blood pressure
HC Huntington's chorea
HCT hematocrit
HCVD hypertensive cardiovascular disease
HCVRD hypertensive cardiovascular renal disease
HD Hodgkin's disease; heart disease
HDN hemolytic disease of newborn
HDS herniated disc syndrome
HF heart failure; hayfever
HGB;Hgb hemoglobin
HHD hypertensive heart disease

HIV human immunodeficiency virus
HMD hyaline membrane disease
HN_2 Nitrogen Mustard
HNP herniated nucleus pulposus
H/O history of
HPN hypertension
HPVD hypertensive pulmonary vascular disease
HRE high-resolution electro-cardiology
HS herpes simplex; Hurler's syndrome
HTLV-III/LAV human T-cell lymphotropic virus-III/ lymphadenopathy-associated virus
HTLV-3 human T-cell lymphotropic virus-III
HTLV-III human T-cell lymphotropic virus -III
HVD hypertensive vascular disease
Hx history of
IADH inappropriate antidiuretic hormone
IASD interatrial septal defect
ICCE intracapsular cataract extraction
ICD intrauterine contraceptive device
I&D infectious disease; incision and drainage
IDA iron deficiency anemia
IDDM type 1 diabetes
IH infectious hepatitis
IHD ischemic heart disease
IHSS idiopathic hypertrophic subaortic stenosis
ILD ischemic leg disease
IM intramuscular; intramedullary; infectious mononucleosis
IMPP intermittent positive pressure
INAD infantile neuroaxonal dystrophy
INC incomplete
INE infantile necrotizing encephalomylopathy
INF infection; infected; infantile; infarction
INH Isoniazid; inhalation
INS idiopathic nephrotic syndrome
IO intestinal obstruction
IOH idiopathic orthostatic hypotension
IPD inflammatory pelvic disease
IPP intermittent positive pressure
IRDS idiopathic respiratory distress syndrome
IRHD inactive rheumatic heart disease
ISD interatrial septal defect
ITP idiopathic thrombocytopenic purpura
IU intrauterine
IUCD intrauterine contraceptive device
IUD intrauterine device (contraceptive); intrauterine death
IUP intrauterine pregnancy
IVC intravenous cholangiography; inferior vena cava
IVCC intravascular consumption coagulopathy
IVD intervertebral disc
IVH intraventricular hemorrhage
IVP intravenous pyelogram
IVSD intraventricular septal defect
IVU intravenous urethrography
IWMI inferior wall myocardial infarction
JBE Japanese B encephalitis
KFS Klippel-Feil syndrome
KS Klinefelter's syndrome
KUB kidney, ureter, bladder
K-W Kimmelstiel-Wilson disease or syndrome
LAP laparotomy
LAV lymphadenopathy-associated virus
LAV/ lymphadenopathy-associated
HTLV-III virus/Human T-cell lymphotrophic virus-III
LBBB left bundle branch block
LBNA lysis bladder neck adhesions
LBW low birth weight
LBWI low birth weight infant
LCA left coronary artery
LDH lactic dehydrogenase
LE lupus erythematosus; lower extremity; left eye
LKS liver, kidney, spleen
LLL left lower lobe
LMA left mentoanterior (position of fetus)
LMCAT left middle cerebral artery thrombosis
LML left mesiolateral; left mediolateral (episiotomy)
LMP last menstrual period; left mento-posterior (position of fetus)
LN lupus nephritis
LOA left occipitoanterior
LOMCS left otitis media chronic serous
LP lumbar puncture
LRI lower respiratory infection
LS lumbosacral;lymphosarcoma
LSD lysergic acid diethylamide
LSK liver, spleen, kidney
LSO left salpingo-oophorectomy
LTB laryngotracheobronchitis
LUL left upper lobe
LVF left ventricular failure
LVH left ventricular hypertrophy
MBD minimal brain damage
MD muscular dystrophy; manic depressive; myocardial damage
MDA methylene dioxyamphetamine
MEA multiple endocrine adenomatosis
MF myocardial failure; myocardial fibrosis; mycosis fungoides
MGN membranous Glomerulonephritis
MHN massive hepatic necrosis
MI myocardial infarction; mitral insufficiency
MID multi-infarct dementia
MLC myelomonocytic leukemia, chronic
MM malignant melanoma; multiple myeloma
MMOA mandible, maxillary, odontectomy, alveolectomy
MOD mode of death; moment of death
MPC meperidine, promethazine, chlorpromazine
MS multiple sclerosis; mitral stenosis
MT malignant teratoma
MUA myelogram
MVR mitral valve regurgitation
NACD no anatomical cause of death
NCA neurocirculatory asthenia
NDI nephrogenic diabetes insipidus
NFI no further information
NFTD normal full-term delivery
NH_3 symbol for ammonia

NIDDM type 2 diabetes
NMI no more information
NPD Niemann-Pick disease
NSD normal spontaneous delivery; nonsurgical delivery
NSR normal sinus rhythm; nasal submucous resection
NTG nontoxic goiter
NTN nephrotoxic nephritis
N&V nausea and vomiting
NVD nausea, vomiting, diarrhea
OA osteoarthritis
OAD obstructive airway disease
OB obstetrical
OBS organic brain syndrome
OBST obstetrical
OD oculus dexter (right eye); overdose; occupational disease
OHD organic heart disease
OM otitis media
OMI old myocardial infarction
OMS organic mental syndrome
ORIF open reduction, internal fixation
OS oculus sinister (left eye); occipitosacral (fetal position)
OT occupational therapy; old TB
OU oculus uterque (each eye); both eyes
PA pericious anemia; paralysis agitans; pulmonary artery; peripheral arterio sclerosis
PAC premature auricular contraction; phenacetin, aspirin, caffeine
PAF paroxysmal auricular fibrillation
PAOD peripheral arterial occlusive disease; peripheral arteriosclerosis occlusive disease
PAP primary atypical pneumonia
PAS pulmonary artery stenosis
PAT pregnancy at term; paroxysmal auricular tachycardia
Pb chemical symbol for lead
PCD polycystic disease
PCF passive congestive failure
PCP pentachlorophenol; pneumocystis carinii pneumonia
PCT porphyria cutanea tarda
PCV polycythemia vera
PDA patent ductus arteriosus
PE pulmonary embolism; pleural effusion; pulmonary edema
PEG pneumoencephalography
PET pre-eclamptic toxemia
PG pregnant; prostaglandin
PGH pituitary growth hormone
PH past history; prostatic hyertrophy; pulmonary hypertension
PI pulmonary infarction
PID pelvic inflammatory disease; pro-lapsed intervertebral disc
PIE pulmonary interstitial emphysema
PIP proximal interphalangeal joint
PKU phenylketonuria
PMD progressive muscular dystrophy
PMI posterior myocardial infarction; point of maximum impulse
PN periarteritis nodosa; pneumonia;pyelonephritis
PO postoperative
POC product of conception
POE point (or portal) of entry
PP postpartum
PPD purified protein derivative test for tuberculosis
PPH postpartum hemorrhage
PPLO pleuropneumonia-like organism
PPS postpump syndrome
PPT precipitated; prolonged prothrombin time
PROM premature rupture of membranes
PT paroxysmal tachycardia; pneumothorax; prothrombin time
PTA prior to admission; persistent truncus arteriosus
PTC plasma thromboplastin component
PU peptic ulcer
PUD peptic ulcer disease; pulmonary disease
PUO pyrexia of unknown origin
P&V pyloroplasty and vagotomy
PVC premature ventricular contraction
PVD peripheral vascular disease; pulmonary vascular disease
PVI peripheral vascular insufficiency
PVT paroxysmal ventricular tachycardia
PVS premature ventricular systole (contraction)
PWI posterior wall infarction
PWMI posterior wall myocardial infarction
PX pneumothorax
R right
RA rheumatoid arthritis; right atrium; right auricle
RAD radiation absorbed dose
RAI radioactive iodine
RBBB right bundle branch block
RBC red blood cells
RCA right coronary artery
RCS reticulum cell sarcoma
RD Raynaud's disease; respiratory disease
RDS respiratory distress syndrome
RE regional enteritis
REG radioencephalogram
RF rheumatic fever
RHD rheumatic heart disease
RLF retrolental fibroplasia
RLL right lower lobe
RMCA right middle cerebral artery
RMCAT right middle cerebral artery thrombosis
RMLE right mediolateral episiotomy
RNA ribonucleic acid
RND radical neck dissection
R/O rule out
RSA reticulum cell sarcoma
RSR regular sinus rhythm
Rt right
RT recreational therapy; right
RTA renal tubular acidosis
RV right ventricle
RVH right ventricular hypertrophy
RVT renal vein thrombosis
RX drugs <u>or</u> other therapy <u>or</u> treatment without
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
SF scarlet fever
SGA small for gestational age
SH serum hepatitis
SI saline injection
SIADH syndrome of inappropriate antidiuretic hormone
SICD sudden infant crib death
SID sudden infant death
SIDS sudden infant death syndrome
SLC short leg cast
SLE systemic lupus erythematosus; Saint Louis encephalitis
SMR submucous resection
SNB scalene node biopsy
SO or S&O salpingo-oophorectomy
SOB shortness of breath
SOM secretory otitis media
SOR suppurative otitis, recurrent
S/P status post
SPD sociopathic personality disturbance
SPP suprapubic prostatectomy
SQ subcutaneous
S/R schizophrenic reaction; sinus rhythm
S/p P/T schizophrenic reaction, paranoid type
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 radius (syndrome)
TAT tetanus anti-toxin
TB tuberculosis; tracheobronchitis
TBC,Tbc tuberculosis
TBLC term birth living child
TCI transient cerebral ischemia
TEF tracheo-esophageal fistula
TF tetralogy of Fallot
TGV transposition great vessels
TI tricuspid insufficiency
TIA transient ischemic attack
TIE transient ischemic episode
TL tubal ligation
TM tympanic membrane
TOA tubo-ovarian abscess
TP thrombocytopenic purpura
TSD Tay-Sachs disease
TTP thrombotic thrombocytopenic purpura
TUI transurethral incision
TUR transurethral resection (NOS) (prostate)
TURP transurethral resection of prostate
TVP total anomalous venous return
UC ulcerative colitis
UP ureteropelvic
UPJ ureteropelvic junction
URI upper respiratory infection
UTI urinary tract infection
VAMP vincristine, amethopterine, 6-mercaptopurine, and prednisone
VB vinblastine
VC vincristine
VD venereal disease
VDRL venereal disease research lab
VEE Venezuelan equine encephalomyelitis
VF ventricular fibrillation
VH vaginal hysterectomy; viral hepatitis
VL vas ligation
VM viomycin
V&P vagotomy and pyloroplasty
VPC ventricular premature contractions

VR	valve replacement	YF	yellow fever		
VSD	ventricular septal defect	ZE	Zollinger-Ellison (syndrome)	00	
VT	ventricular tachycardia	#	fracture	11	secondary to
WBC	white blood cell	'	minute		
WC	whooping cough	"	second(s)	00	
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 syphyllis
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 hemmorrhagic 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
Acidophil carcinoma
Adenocarcinoma
Adenocarcinomatosis
Adenofibroma
Adenoid cystic carcinoma
Adenoma
Adenomatous polyp
Adenomatous polyposis
Adenosarcoma
Adenosquamous (cell) cancer
Adenosquamous (cell) carcinoma
Aleukemic leukemia
Alveolar adenocarcinoma
Alveolar carcinoma
Alveolar cancer
Alveolar cell cancer
Alveolar cell carcinoma
Alveolar rhabdomyosarcoma
Anaplastic adenocarcinoma
Anaplastic astrocytoma
Anaplastic cancer
Anaplastic carcinoma
Anaplastic fulminant cancer
Anaplastic fulminant carcinoma
Angioblastic meningioma
Angioblastoma
Angioma
Angiomyosarcoma
Angiosarcoma
Apocrine cancer
Apocrine carcinoma
Astroblastoma
Astrocytoma
Astroglioma
Basal cell cancer

Basal cell carcinoma
Basal cell epithelioma
Basophil adenocarcinoma
Basophil cancer
Basophil carcinoma
Bile duct type cancer
Bile duct type carcinoma
C cell cancer
C cell carcinoma
Cancer
Carcinoid
Carcinoid malignancy
Carcinoid tumor
Carcinoma
Carcinomatosis
Cavernous hemangioma
Cavernous lymphangioma
Chemodectoma
Cholangiocarcinoma
Cholangiohepatoma
Cholangioma
Chondrosarcoma
Chordoma
Choriocarcinoma
Chorioepithelioma
Chorionic cancer
Chorionic carcinoma
Chromophobe adenocarcinoma
Chromophobe adenoma
Chromophobe cancer
Chromophobe carcinoma
Clear cell adenocarcinoma
Congenital leukemia
Craniopharyngioma
Cylindroma
Cystadenocarcinoma
Dermatofibroma
Dermatofibrosarcoma
Di Guglielmos disease
Duct cell carcinoma
Ductal cancer
Ductal carcinoma
Ductal cell carcinoma
Dukes adenocarcinoma
Dukes cancer
Dysgerminoma
Eaton lambert syndrome
Embryoma
Embryonal adenocarcinoma
Embryonal cancer
Embryonal carcinoma
Eosinophil adenocarcinoma
Eosinophil cancer
Eosinophil carcinoma
Ependymoblastoma
Ependymoma
Epidermoid cancer
Epidermoid carcinoma
Epidermoid cystic tumor
Epithelioma
Erythremic myelosis
Erythrocythemia
Erythroleukemia
Ewings sarcoma
Ewings tumor
Familial polyposis
Fibroid
Fibroid tumor
Fibrolipoma
Fibroliposarcoma
Fibroma
Fibromyoma
Fibromyosarcoma
Fibromyxolipoma
Fibromyxosarcoma
Fibrosarcoma
Fibrous histiocytoma
Follicular adenocarcinoma
Follicular lymphoma
Ganglioglioma
Gardners syndrome
Gastrinoma
Gastrocarcinoma
Germ cell carcinoma
Giant cell cancer
Giant cell carcinoma
Giant cell leukemia
Glioblastoma
Glioblastoma multiforme
Glioma
Gliosarcoma
Glomangioma
Granulocytic leukemia
Granulocytic leukemia blast crisis
Granulosa cell cancer
Granulosa cell carcinoma
Growth
Hemangioendothelioma
Hemangioma
Hemangiopericytoma
Hemangiosarcoma
Hemoleukemia
Hepatoblastoma
Hepatocarcinoma
Hepatocellular cancer
Hepatocellular carcinoma
Hepatocholangiocarcinoma
Hepatocholangiolitic cancer
Hepatocholangiolitic carcinoma
Hepatoma
Histiocytic leukemia
Histiocytic lymphoma
Histiocytoma
Hodgkins disease
Hodgkins disease
Hodgkins lymphoma
Hurthle cell adenocarcinoma
Hurthle cell adenoma
Hurthle cell cancer
Hurthle cell carcinoma
Hygroma
Hypernephroma
Immunoblastic sarcoma
Immunolymphosarcoma
Infiltrating duct adenocarcinoma
Infiltrating duct cancer
Infiltrating duct carcinoma
Infiltrating duct cell cancer
Infiltrating duct cell carcinoma
Infiltrating ductal carcinoma
Infiltrating lobular carcinoma
Inflammatory cancer
Inflammatory carcinoma
Insulinoma
Insuloma
Intraductal cancer
Intraductal carcinoma
Islet cell adenocarcinoma
Islet cell adenoma
Islet cell cancer
Islet cell carcinoma
Kaposi sarcoma
Kaposis sarcoma
Kasabach Merritt syndrome
Krukenbergs tumor
Large cell anaplastic cancer
Large cell anaplastic carcinoma
Large cell cancer
Large cell carcinoma
Large cell lymphoma
Large cell tumor
Leiomyosarcoma
Lesion
Leucosarcoma
Leukemia
Leukemic crisis
Leukemic infiltrate
Leukemic infiltration
Leukemic lymphosarcoma
Leukolymphosarcoma
Leukosarcoma
Linitis plastica
Lipoblastoma
Lipoblastomatosis
Lipofibroma
Lipoma
Lipomyosarcoma
Lipomyxoma
Lipomyxosarcoma
Liposarcoma
Lobular carcinoma

Lymphangiosarcoma
Lymphangiosarcoma
Lymphatic leukemia
Lymphocyte depleted
Lymphocytic leukemia
Lymphocytic lymphoma
Lymphocytic lymphosarcoma
Lymphogenous leukemia
Lymphohistiocytic lymphoma
Lymphoid leukemia
Lympholeukemia
Lymphoma
Lymphomatous disease
Lymphoproliferative disease
Lymphoproliferative disorder
Lymphoreticularproliferative disease
Lymphoreticularproliferative disorder
Lymphoreticulum cell leukemia
Lymphosarcoma
Lymphosarcoma cell leukemia
Lymphosarcoma leukemia
Malignancy
Mass
Medullary carcinoma
Medulloblastoma
Megaadenoma
Megakaryocytic leukemia
Megakaryocytic myelosclerosis
Megakaryocytoid leukemia
Megaloleukemia
Meigs syndrome
Melanoma
Meningioma
Mesenchymoma
Mesoepithelioma
Mesothelioma
Metastases
Metastasis
Microglioma
Mixed cell leukemia
Mixed cell lymphoma
Mixed leukemia
Monocytic leukemia
Monocytoid leukemia
Monoleukemia
Monoleukocytic leukemia
Monomyelocytic leukemia
Monomyelogenous leukemia
Mucinous adenocarcinoma
Mucinous adenofibroma
Mucinous cancer
Mucinous carcinoma
Mucinous cystadenocarcinoma
Mucinous cystadenocarcoma
Mucinous cystadenoma
Mucoepidermoid cancer
Mucoepidermoid carcinoma
Mucoid cell adenocarcinoma
Multiple myeloma
Myelogenous leukemia
Myeloid leukemia
Myeloleukemia
Myeloma
Myelomonocytic leukemia
Myeloproliferative disease
Myeloproliferative disorder
Myeloproliferative syndrome
Myelosis
Myoliposarcoma
Myoma
Myxofibrosarcoma
Myxoliposarcoma
Myxopapillary ependymoma
Myxosarcoma
Neoplasm
Neoplastic disease
Nephroblastoma
Nephroma
Neurilemmoma
Neurilemmosarcoma
Neuroblastoma
Neurofibromatosis
Neurofibrosarcoma
Neurogenic sarcoma
Nodular lymphcytic leukemia
Nodular lymphoma
Non Hodgkins lymphoma
Non oat cell carcinoma
Non small cell carcinoma
Oat cell cancer
Oat cell carcinoma
Oligodendroblastoma
Oligodendroglioma
Orchioblastoma
Osteochondrosarcoma
Osteofibrosarcoma
Osteogenic sarcoma
Osteosarcoma
Pancoast syndrome
Pancoast tumor
Pancoasts syndrome
Pancoasts tumor
Papillary adenocarcinoma
Papillary cancer
Papillary carcinoma
Papillary ependymoma
Papillary serous adenocarcinoma
Papillary serous cystadenocarcinoma
Papillary transitional (cell) carcinoma
Pheochromoblastoma
Pheochromocytoma
Pinealoblastoma
Pinealoma
Pineoblastoma
Pineocytoma
Plasma cell leukemia
Plasma cell myeloma
Plasmacytic myeloma
Plasmacytoma
Polycythemia
Polycythemia rubra vera
Polycythemia vera
Polyp
Polyposis
Promyelocytic leukemia
Pseudofollicular leukemia
Pseudomucinous adenocarcinoma
Pseudomucinous cancer
Pseudomucinous carcinoma
Pseudomucinous cystadenocarcinoma
Recklinghausens disease
Renal cell adenocarcinoma
Renal cell cancer
Renal cell carcinoma
Reticularproliferative disease
Reticuloendothelial tumor
Reticulum cell sarcoma

Retinoblastoma
Rhabdomyosarcoma
Rhabdosarcoma
Round cell cancer
Round cell carcinoma
Sarcoma
Sarcomatosis
Schilling type monocytic leukemia
Schwannoma
Scirrhous carcinoma
Seminoma
Serous adenocarcinoma
Serous adenofibroma
Serous cystadenocarcinoma
Signet cell adenocarcinoma
Sipples syndrome
Small cell cancer
Small cell carcinoma
Small cell lymphoma
Spindle cell cancer
Spindle cell carcinoma
Squamous cancer
Squamous carcinoma
Squamous cell cancer
Squamous cell carcinoma
Stem cell leukemia
Subependymoma
Subleukemic leukemia
Synovial sarcoma
T cell leukemia
T cell lymphoma
Teratoma
Theca cell cancer
Theca cell carcinoma
Thecoma
Thrombocythemia
Thrombocytic leukemia
Thymoma
Transitional (cell) cancer
Transitional (cell) carcinoma
Transitional cell tumor
Tumor
Vaguez disease
Vaguez Osler disease
Vernet Morrison syndrome
Verrucous carcinoma
Villous adenocarcinoma
Villous adenoma
Von Recklinghausens disease
Von Recklinghausens tumor
WDHA syndrome
Wilms tumor

6) <u>Unlikely underlying causes</u>. 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
Abdominal hemorrhage
Abdominal hem
Acute myocardial infarction
A MI
A Myocardial infarct
A Myocardial infarction
Acute MI
Acute myocardial infarct
AMI
Adhesions
Adult respiratory distress Syndrome
ARDS
Anemia
Altered mental status
Anoxia
Anoxic encephalopathy
Arrhythmia
Ascites
Aspiration
Aspir
Atrial fibrillation
AF
Bacteremia
Bedridden
Bed ridden condition
Bed ridden status
Bedridden state
Bedridden status
Biliary obstruction
Bowel obstruction
Obstructed bowel
Brain injury
Brain injuring
Brain stem herniation
Carcinogenesis
Carcinomatosis
Cardiac arrest
Cardiac dysrhythmia
Cardiomyopathy
CMY
Cardiopulmonary arrest
Cellulitis
Cerebellar tonsillar herniation
Cerebral edema
Cerebral Ed
Cerebrovascular accident
Cerebral vascular accident
Cerv accident
Cerva
CVA
CVACC
Chronic bedridden state
Cirrhosis
Cirrhosis D Cirrhosis disease
Cirrhotic
Coagulopathy
Compression fracture
Congestive Heart Failure
CHF
Congestive HFA
Congestive HTF
Congestive HTFA
Convulsions
Decubiti
Dehydration
Deh
Dementia (when not otherwise specified)
Diarrhea
Disseminated intravascular coagulopathy
Dis intravascular coagulopathy
Dysrhythmia
End-stage liver disease
End-stage renal disease
End stage renal D
Endstage renal
Endstage Renal D
Endstage renal disease
ESRD
Epidural hematoma
Exsanguination
Exsanguinated
Failure to thrive
FTT
Fracture

FX
Gangrene
Gastro Intestinal hem
Gastro Intestinal hemorrhage
Gastrointestinal Hem
Gastrointestinal hemorrhage
Gi hem
Gi hemorrhage
Gihem
G
Gangrenous
Gg
GOK
Heart failure
HFA
HTF
HTFA
Hemothorax
Hepatic failure
Hepatitis
Hepatorenal syndrome
Hepatorenal Sy
Hepatorenal syndrome
Hyperglycemia
Hyperkalemia
Hyponatremia
Hypotension
Hypovolemic shock
Immunosuppression
Increased intracranial pressure
Increase intracranial pressure
Intracranial pressure increased
Intracranial hemorrhage
Intracranial hem
Malnutrition
Metabolic encephalopathy
Multi-organ failure
Multiple system failure
Multiple systems failure
Multisystem failure
Multi organ system failure
Multi organ systems failure
Multi organs system failure
Multi organs systems failure
Multi system organ failure
Multi system organs failure
Multi systems organ failure
Multi systems organs failure
Multiorgan system failure
Multiorgan systems failure
Multiorgans system failure
Multiorgans systems failure
Multiple organ system failure
Multiple organ systems failure
Multiple organs system failure
Multiple organs systems failure
Multiple system organ failure
Multiple system organs failure
Multiple systems organ failure
Multiple systems organs failure
Multisystem organ failure
Multisystem organs failure
Multisystems organ failure
Multisystems organs failure
Organ system failure
Multi-system organ failure
Myocardial infarction
MI
Myocardial infarct
Myocardium infarct
Myocardium infarction
Necrotizing soft-tissue infection
Old age
Open (or closed) head injury
Closed head trauma
Pancytopenia
Paralysis
Perforated gallbladder
Peritonitis
Pleural effusions
Pleura effusion
Pleural effusion
Pneumonia
Pn
Pulmonary edema
Pul ed
Pul edema
Pulmonary ed
Pulmonary embolism
Pul embolism
Pul embolus
Pulem
Pulmonary emboli
Pulmonary embolus
Pulmonary insufficiency
Pul insuf
Pul insufficiency
Puli
Pulmonary insuf
Renal failure
Renfa
Respiratory arrest
Seizures
Seizure
Sepsis
Septic shock
Shock
Starvation
Subarachnoid hemorrhage
Sa hem
Sa hemorrhage
Subarachnoid hem
Subdural hematoma
Subd hematoma
Sudden death
Thrombocytopenia
Uncal herniation
Urinary tract infection
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:

NAMES	LENGTH	TYPE	VALUES
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

NAME	DESCRIPTION	VALUES	DEFINITION
AUTOP	Autopsy performed?	Y	Yes
		N	No
AUTOPF	Autopsy findings available?	Y	Yes
		N	No
		X	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:

NAMES	LENGTH	TYPE	VALUES

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:

NAME	DESCRIPTION	VALUES	DEFINITION
TOBAC	Tobacco use contributes to death?	Y	Yes
		N	No
		P	Probably
		U	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:

NAME	LENGTH	TYPE	VALUES
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:

NAME	DESCRIPTION	VALUES	DEFINITION
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	Not applicable
		9	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:

NAMES	LENGTH	TYPE	VALUES
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:

NAME	DESCRIPTION	VALUES	DEFINITION
MANNER		N	Natural
		A	Accident
		S	Suicide
		H	Homicide
		P	Pending investigation
		C	Could not be determined
CERT		D	Certifying Physician
		P	Pronouncing & Certifying Physician
		M	Medical Examiner/Coroner
		O	Other Individuals Legally Allowed To Certify
CERTL	Literal for other Certifier types	Literal response	
PEND37	Pending flag	0	Off
		1	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:

NAMES	LENGTH	TYPE	VALUES
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.

Item Title: **DATE OF INJURY**
TIME OF INJURY

Item Number: **38, 39**

Description: Actual or presumed date of injury
Actual or presumed time of injury

Source of Information:

Preferred Source: Medical Examiner or Coroner
Other Acceptable Source: Other Certifying Physician (depending on State law)

INSTRUCTIONS

FOR A PAPER RECORD:

Medical Examiner, Coroner, or Certifying Physician

If the death of this person involved an injury of any kind as indicated in item 32, either in parts I or II, complete items 38-44. If no injury is involved, leave items 38, 39, 41-44 blank. Go to item 45.

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

Estimates may be provided with "Approx." placed before the date or time.

Print or type the hour and minute of injury. Use a 24-hour clock.

Remember, the date of injury may differ from the date of death.

FOR AN ELECTRONIC RECORD:

EDR Developer

It is proposed that Date of Injury be a three-field entry with the month, day, and year entered in separate fields.

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 Certifer will proceed to complete items 38-44. If the "Yes" boxed 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:

NAME	DESCRIPTION	VALUES	DEFINITION
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.

ITEM NUMBER	FIELD	ENTRY	COMMENTS
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:

NAME	LENGTH	TYPE	VALUES
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:

NAME	DESCRIPTION	VALUES	DEFINITION
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:

NAME	LENGTH	TYPE	VALUES
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:

NAME	DESCRIPTION	VALUES	DEFINITION
WORKINJ	Injury at work?	Y	Yes
		N	No
		U	Unknown (not classifiable)
		X	Not applicable

EDITS:

Before the record is transmitted to the State

ELECTRONIC RECORDS

Electronic record must contain one of the valid responses indicated above. Certifer 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:

NAMES	LENGTH	TYPE	VALUES
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:

NAME	DESCRIPTION	VALUES	DEFINITION
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 bowsing 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:

NAME	DESCRIPTION	VALUES	DEFINITION
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:

NAMES	LENGTH	TYPE	VALUES
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:

NAME	DESCRIPTION	VALUES	DEFINITION
TRANSP	Role of the decedent in the traffic accident		
		DR	Driver/Operator
		PA	Passenger
		PE	Pedestrian
		OT	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:

NAME	LENGTH	TYPE	VALUES
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:

NAME	DESCRIPTION	LENGTH	VALUES
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:

NAME	DESCRIPTION	LENGTH	VALUES
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:

NAMES	DESCRIPTION	LENGTH	VALUES
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:

NAME	DESCRIPTION	VALUES	LENGTH	DEFINITIONS
CERT_YR	Year certified	4 digit year	4	4 digit year
CERT_MO	Month certified	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,
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.

D*ate 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:

NAME	DESCRIPTION	VALUES	DEFINITION
DEDUC	Education	1	8th grade or less
		2	9th through 12th 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:

NAMES	LENGTH	TYPE	VALUES
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:

NAME	DESCRIPTION	VALUES	DEFINITION
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:

NAMES	LENGTH	TYPE	VALUES
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:

NAME	DESCRIPTION	VALUES	DEFINITION
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:

NAMES	LENGTH	TYPE	VALUES
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:

NAME	DESCRIPTION	VALUES
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.

NAMES	LENGTH	TYPE	VALUES
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:

NAME	DESCRIPTION	VALUES	DEFINITION
FILENO	State file number	6-digit	Left fill zero if not 6 digits

NCHS TRANSMISSION FILE

VARIABLES:

NAMES	LENGTH	TYPE	VALUES
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:

NAME	DESCRIPTION	VALUES	DEFINITION
VOID	Flag indicating void	0	Valid record (default)
		1	Void record

NCHS TRANSMISSION FILE

VARIABLES:

NAMES	LENGTH	TYPE	VALUES
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:

NAME	DESCRIPTION	VALUES	DEFINITION
AUXNO	Auxiliary State file number	12-digit blank	Left fill zero if not 12 digits

NCHS TRANSMISSION FILE

VARIABLES:

NAMES	LENGTH	TYPE	VALUES
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:

NAME	DESCRIPTION	VALUES	DEFINITION
MFILED	Type of certificate	0	Electronic certificate
		1	Paper certificate
		2	Mixed mode

NCHS TRANSMISSION FILE

VARIABLES:

NAMES	LENGTH	TYPE	VALUES
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:

NAME	DESCRIPTION	VALUES	DEFINITION
BCNO	Birth certificate number	6-digit Blank	Left fill zero if not 6 digits

NCHS TRANSMISSION FILE

VARIABLES:

NAMES	LENGTH	TYPE	VALUES
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:

NAME	DESCRIPTION	VALUES	DEFINITION
ICOB_YR	Year of birth	4 digit year	4 digit year= Year of death or (Year of death-1)
		9999	Unknown
		Blank	Not an infant

NCHS TRANSMISSION FILE

VARIABLES:

NAMES	LENGTH	TYPE	VALUES

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:

NAME	DESCRIPTION	VALUES	DEFINITION
BSTATE	State of birth	Alpha	From NCHS part 8A

NCHS TRANSMISSION FILE

VARIABLES:

NAMES	LENGTH	TYPE	VALUES
BSTATE	2	Alpha character string	Appendix D

LIST OF APPENDICES

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 (1=Absolute)	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] 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	
ALBANIA	AL	
ALGERIA	AG	
AMERICAN SAMOA	AQ	
ANDORRA	AN	
ANGOLA	AO	
ANGUILLA	AV	
ANTARCTICA	AY	
ANTIGUA AND BARBUDA	AC	
ARGENTINA	AR	
ARMENIA [as of September 21, 1991]	AM	
UNION OF SOVIET SOCIALIST REPUBLICS [November 7, 1917 to December 26, 1991]	*UR*	*
ARUBA [as of January 1, 1986]	AA	
NETHERLANDS ANTILLES [prior to January 1, 1986]	*NA*	*
ASHMORE AND CARTIER ISLANDS	AT	
AUSTRALIA	AS	
AUSTRIA	AU	
AZERBAIJAN [as of August 30, 1991]	AJ	
UNION OF SOVIET SOCIALIST REPUBLICS [November 7, 1917 to December 26, 1991]	*UR*	*
BAHAMAS, THE	BF	
BAHRAIN	BA	
BANGLADESH	BG	
BARBADOS	BB	
BASSAS DA INDIA	BS	
BELARUS [as of August 25, 1991]	BO	
UNION OF SOVIET SOCIALIST REPUBLICS [November 7, 1917 to December 26, 1991]	*UR*	*
BELGIUM	BE	
BELIZE	BH	
BENIN	BN	
DAHOMEY [BENIN]	*DM*	*
BERMUDA	BD	
BHUTAN	BT	
BOLIVIA	BL	
BOSNIA AND HERZEGOVINA [as of April 5, 1992]	BK	
YUGOSLAVIA [December 1, 1918 to April 11, 1992]	*YO*	*
BOTSWANA	BC	
BOUVET ISLAND	BV	
BRAZIL	BR	
BRITISH INDIAN OCEAN TERRITORY	IO	
BRITISH VIRGIN ISLANDS	VI	
BRUNEI	BX	

BULGARIA	BU	
BURKINA FASO	UV	
BURMA	BM	
BURUNDI	BY	
CAMBODIA	CB	
CAMEROON	CM	
CANADA	CA	
CANTON AND ENDERBERRY ISLANDS	EQ	*
CAPE VERDE	CV	
CAYMAN ISLANDS	CJ	
CENTRAL AFRICAN REPUBLIC	CT	
CENTRAL AND SOUTHERN LINE ISLANDS	CL	*
CHAD	CD	
CHILE	CI	
CHINA	CH	
CHRISTMAS ISLAND	KT	
CLIPPERTON ISLAND	IP	
COCOS (KEELING) ISLANDS	CK	
COLOMBIA	CO	
COMOROS	CN	
CONGO (DEMOCRATIC REPUBLIC OF THE CONGO)	CG	
CONGO (REPUBLIC OF THE CONGO)	CF	
COOK ISLANDS	CW	
CORAL SEA ISLANDS	CR	
COSTA RICA	CS	
COTE D' IVOIRE	IV	
CROATIA [as of June 11, 1992]	HR	
YUGOSLAVIA [December 1, 1918 to April 11, 1992]	*YO*	*
CUBA	CU	
CYPRUS	CY	
CZECH REPUBLIC [as of January 1, 1993]	EZ	
CZECHOSLOVAKIA [October 28, 1918 to January 1, 1993]	CZ	*
DAHOMEY [BENIN]	DM	*
DENMARK	DA	
DJIBOUTI	DJ	
DOMINICA	DO	
DOMINICAN REPUBLIC	DR	
EAST BERLIN [prior to October 3, 1990]	EB	*
EAST GERMANY (GERMAN DEMOCRATIC REPUBLIC) [October 11, 1949 to October 3, 1990]	GC	*
EAST TIMOR [as of October 1999]	TT	
TIMOR [prior to 1975]	*PT*	*
ECUADOR	EC	
EGYPT	EG	
EL SALVADOR	ES	
ENGLAND (UNITED KINGDOM)	*UK*	
EQUATORIAL GUINEA	EK	
ERITREA	ER	
ESTONIA [as of August 20, 1991]	EN	
UNION OF SOVIET SOCIALIST REPUBLICS [November 7, 1917 to December 26, 1991]	*UR*	*
ETHIOPIA	ET	
EUROPA ISLAND	EU	
FALKLAND ISLANDS	FK	
FAROE ISLANDS	FO	
FIJI	FJ	
FINLAND	FI	
FRANCE	FR	
FRENCH GUIANA	FG	
FRENCH POLYNESIA	FP	
FRENCH SOUTHERN AND ANTARCTIC LANDS	FS	
FRENCH TERRITORY OF THE AFFARS AND ISSAS	FT	*
GABON	GB	
GAMBIA, THE	GA	
GAZA STRIP	GZ	
GEORGIA [as of April 9, 1991]	GG	
UNION OF SOVIET SOCIALIST REPUBLICS [November 7, 1917 to December 26, 1991]	*UR*	*
GERMANY [as of October 3, 1990]	GM	
EAST BERLIN [October 11, 1949 to October 3, 1990]	*EB*	*
EAST GERMANY (GERMAN DEMOCRATIC REPUBLIC) [October 11, 1949 to October 3, 1990]	*GC*	*
WEST BERLIN [September 21, 1949 to October 3, 1990]	*WB*	*

WEST GERMANY (FEDERAL REPUBLIC OF GERMANY) [September 21, 1949 to October 3, 1990]	*GE*	*
GHANA	GH	
GIBRALTAR	GI	
GILBERT ISLANDS	GS	*
GILBERT AND ELLICE ISLANDS	GN	*
GLORIOSO ISLANDS	GO	
GREAT BRITIAN (UNITED KINGDOM)	*UK*	
GREECE	GR	
GREENLAND	GL	
GRENADA	GJ	
GUADELOUPE	GP	
GUAM	GQ	
GUATEMALA	GT	
GUERNSEY	GK	
GUINEA	GV	
GUINEA-BISSAU	PU	
GUYANA	GY	
HAITI	HA	
HEARD ISLAND AND MCDONALD ISLANDS	HM	
HOLY SEE (VATICAN CITY)	VT	
HONDURAS	HO	
HONG KONG	HK	
HOWLAND ISLAND	HQ	
HUNGARY	HU	
ICELAND	IC	
INDIA	IN	
SIKKIM [prior to 1975]	*SK*	*
INDONESIA	ID	
IRAN	IR	
IRAQ	IZ	
IRAQ-SAUDI ARABIA NEUTRAL ZONE	IY	*
IRELAND	EI	
ISLE OF MAN	IM	
ISRAEL	IS	
ISRAEL-JORDAN DEMILITARIZED ZONE	IW	*
ISRAEL-SYRIA DEMILITARIZED ZONE	IU	*
ITALY	IT	
IVORY COAST, THE (COTE D' IVOIRE)	*IV*	
JAMAICA	JM	
JAN MAYEN	JN	
SVALBARD AND JAN MAYEN	JS	*
JAPAN	JA	
JARVIS ISLAND	DQ	
JERSEY	JE	
JOHNSTON ISLAND	JQ	
JORDAN	JO	
JUAN DE NOVA ISLAND	JU	
KAZAKHSTAN [as of December 16, 1991]	KZ	
UNION OF SOVIET SOCIALIST REPUBLICS [November 7, 1917 to December 26, 1991]	*UR*	*
KENYA	KE	
KIRIBATI	KR	
KUWAIT	KU	
KYRGYZSTAN [as of August 31, 1991]	KG	
UNION OF SOVIET SOCIALIST REPUBLICS [November 7, 1917 to December 26, 1991]	*UR*	*
LAOS	LA	
LATVIA [August 21, 1991]	LG	
UNION OF SOVIET SOCIALIST REPUBLICS [November 7, 1917 to December 26, 1991]	*UR*	*
LEBANON	LE	
LESOTHO	LT	
LIBERIA	LI	
LIBYA	LY	
LIECHTENSTEIN	LS	
LITHUANIA [as of March 11, 1990]	LH	
UNION OF SOVIET SOCIALIST REPUBLICS [November 7, 1917 to December 26, 1991]	*UR*	*
LUXEMBOURG	LU	
MACAU	MC	
MACEDONIA, F.Y.R.O. [as of September 17, 1991]	MK	
YUGOSLAVIA [December 1, 1918 to April 11, 1992]	*YO*	*
MADAGASCAR	MA	
MALAWI	MI	
MALAYSIA	MY	
MALDIVES	MV	

MALI	ML	
MALTA	MT	
MARSHALL ISLANDS	RM	
MARTINIQUE	MB	
MAURITANIA	MR	
MAURITIUS	MP	
MAYOTTE	MF	
MEXICO	MX	
MICRONESIA, FEDERATED STATES OF	FM	
MIDWAY ISLAND	MQ	
MOLDOVA [as of August 27, 1991]	MD	
UNION OF SOVIET SOCIALIST REPUBLICS [November 7, 1917 to December 26, 1991]	*UR*	*
MONACO	MN	
MONGOLIA	MG	
MONTSERRAT	MH	
MOROCCO	MO	
SPANISH NORTH AFRICA	*ME*	*
SPANISH SAHARA	*SS*	*
MOZAMBIQUE	MZ	
NAMIBIA	WA	
NAURU	NR	
NEPAL	NP	
NETHERLANDS	NL	
NETHERLANDS ANTILLES [as of January 1, 1986]	NT	
NETHERLANDS ANTILLES [prior to January 1, 1986]	NA	*
NEW CALEDONIA	NC	
NEW ZEALAND	NZ	
NICARAGUA	NU	
NIGER	NG	
NIGERIA	NI	
NIUE	NE	
NORFOLK ISLAND	NF	
NORTH KOREA	KN	
NORTH VIETNAM [October 26, 1955 to July 2, 1976]	VN	*
NORTHERN MARIANAS ISLANDS	CQ	
NORWAY	NO	
OMAN	MU	
PAKISTAN	PK	
PALAU	PS	
PALMYRA ATOLL	LQ	
PANAMA [as of October 1, 1979]	PM	
PANAMA [November 6, 1903 to October 1, 1979]	PN	*
PANAMA CANAL ZONE [November 6, 1903 to October 1, 1979]	PQ	*
PAPUA NEW GUINEA	PP	
PARACEL ISLANDS	PF	
PARAGUAY	PA	
PERU	PE	
PHILIPPINES	RP	
PITCAIRN ISLAND	PC	
POLAND	PL	
PORTUGAL	PO	
PUERTO RICO	RQ	
QATAR	QA	
REUNION	RE	
ROMANIA	RO	
RUSSIA [August 24, 1991]	RS	
UNION OF SOVIET SOCIALIST REPUBLICS [November 7, 1917 to December 26, 1991]	*UR*	*
RWANDA	RW	
RYUKYU ISLANDS, SOUTHERN	YQ	*
SAINT HELENA	SH	
SAINT KITTS AND NEVIS	SC	
SAINT LUCIA	ST	
SAINT PIERRE AND MIQUELON	SB	
SAINT VINCENT AND THE GRENADINES	VC	
SAMOA	WS	
SAN MARINO	SM	
SAO TOME AND PRINCIPE	TP	
SAUDI ARABIA	SA	
SENEGAL	SG	
SEYCHELLES	SE	
SIERRA LEONE	SL	
SIKKIM [prior to 1975]	SK	*
SINGAPORE	SN	

SLOVAKIA [as of January 1, 1993]	LO	
CZECHOSLOVAKIA [October 28, 1918 to January 1, 1993]	*CZ*	*
SLOVENIA [as of June 25, 1991]	SI	
YUGOSLAVIA [December 1, 1918 to April 11, 1992]	*YO*	*
SOLOMON ISLANDS	BP	
SOMALIA	SO	
SOUTH AFRICA	SF	
SOUTH GEORGIA AND THE SOUTH SANDWICH ISLANDS	SX	
SOUTH KOREA	KS	
SOUTH VIETNAM [October 26, 1955 to July 2, 1976]	VS	*
SOUTHERN RHODESIA [prior to April 18, 1980]	RH	*
SOVIET UNION (UNION OF SOVIET SOCIALIST REPUBLICS) [November 7, 1917 to December 26, 1991]	*UR*	*
SPAIN	SP	
SPANISH NORTH AFRICA	ME	*
SPANISH SAHARA	SS	*
SPRATLY ISLANDS	PG	
SRI LANKA	CE	
SUDAN	SU	
SURINAME	NS	
SVALBARD	SV	
SVALBARD AND JAN MAYEN	JS	*
SWAN ISLANDS	SQ	*
SWAZILAND	WZ	
SWEDEN	SW	
SWITZERLAND	SZ	
SYRIA	SY	
TAIWAN	TW	
TAJIKISTAN [as of September 9, 1991]	TI	
UNION OF SOVIET SOCIALIST REPUBLICS [November 7, 1917 to December 26, 1991]	*UR*	*
TANZANIA	TZ	
THAILAND	TH	
TIMOR [prior to 1975]	PT	*
TOGO	TO	
TOKELAU	TL	
TONGA	TN	
TRINIDAD AND TOBAGO	TD	
TROMELIN ISLAND	TE	
TRUST TERRITORY OF THE PACIFIC ISLANDS	TQ	*
TUNISIA	TS	
TURKEY	TU	
TURKMENISTAN [as of October 27, 1991]	TX	
UNION OF SOVIET SOCIALIST REPUBLICS [November 7, 1917 to December 26, 1991]	*UR*	*
TURKS AND CAICOS ISLANDS	TK	
TUVALU	TV	
UGANDA	UG	
UKRAINE [as of August 24, 1991]	UP	
UNION OF SOVIET SOCIALIST REPUBLICS [November 7, 1917 to December 26, 1991]	UR	*
UNITED ARAB EMIRATES [as of December 1, 1998]	AE	
UNITED ARAB EMIRATES [prior to December 1, 1998]	TC	*
UNITED KINGDOM	UK	
UNITED STATES	US	
UNITED STATES VIRGIN ISLANDS	VQ	
URUGUAY	UY	
US MISCELLANEOUS PACIFIC ISLANDS	IQ	*
UZBEKISTAN [September 1, 1991]	UZ	
UNION OF SOVIET SOCIALIST REPUBLICS [November 7, 1917 to December 26, 1991]	*UR*	*
VANUATU	NH	
VATICAN CITY (HOLY SEE)	*VT*	
VENEZUELA	VE	
VIETNAM [as of July 2, 1976]	VM	
NORTH VIETNAM [October 26, 1955 to July 2, 1976]	*VN*	*
SOUTH VIETNAM [October 26, 1955 to July 2, 1976]	*VS*	*
WAKE ISLAND	WQ	
WALLIS AND FUTUNA	WF	
WEST BANK	WE	
WEST BERLIN [September 21, 1949 to October 3, 1990]	WB	*
WEST GERMANY (FEDERAL REPUBLIC OF GERMANY) [September 21, 1949 to October 3, 1990]	GE	*
WESTERN SAHARA	WI	

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 [*December 1, 1918 to April 11, 1992*]	YO	*
ZAMBIA	ZA	
ZIMBABWE	ZI	
SOUTHERN RHODESIA [prior to April 18, 1980]	*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
See FIPS 55-3 name table	
Not classifiable	99999

Source: FIPS 55-3 name table at http://www.itl.nist.gov/fipspubs/

COUNTY

VALID	VALUE
See FIPS 6-4 name table	
Not classifiable	999

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 U.S. States	VALUES
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

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 is 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
Abdominal
Abdominalgia
Abdominalis
Abdominis
Abdominocentesis
Abdominoperineal
Abdominorectal
Abdominosigmoidal
Abdominothoracic
Abdominovesical
Abduction
Aberrant
Aberration
Ablatio
Ablation
Abnormal
Abnormalities
Abnormality
Abortion
Abortus
Above
Abrasion
Abrasions
Abruptio
Abruption
Abs
Abscess
Abscessed
Abscesses
Absence
Absent
Absinthe
Absinthemia
Absinthism
Absorption
Abstinence
Abuse
Abused
Abuser
Acantholysis
Acanthosis
Accelerated
Access
Accessory
Accreta
Accretio
Acephalia
Acephalic
Acephalism
Acephalus
Acephaly
Acetabular
Acetabulum
Acetaminophen
Acetone
Acetonemia
Acetylene
Acetylsalicylic
Achalasia
Achlorhydric
Achondroplasia
Achondroplastic
Achylia
Acid
Acidemia
Acidity
Acidophil
Acidosis
Acnitis
Acoustic
Acquired
Acrania
Acrocephaly
Acrodermatitis
Acromegalia
Acromegaly
Acromial
Acromicria
Acromioclavicular
Acromion
Acropathy
Acroscleroderma
Acrosclerosis
Acteryl
Actinic
Actinobacter
Actinobacterial
Actinomycosis
Actinomycotic
Action
Active
Activity
Actually
Acute
Adair
Adams
Addiction
Addison
Addisonian
Addisons
Adenitis
Adenocancer
Adenocarcinoma
Adenocarcinomatosis
Adenocystic
Adenofibroma
Adenoid
Adenoidectomy
Adenoids
Adenoma
Adenomatoid
Adenomatous
Adenopathy
Adenosarcoma
Adenosquamous
Adenoviral
Adherent
Adhesion
Adhesions
Adhesive
Adiposis
Adiposity
Administration
Adnexa
Adrenal
Adrenalectomy
Adrenalitis
Adrenitis
Adrenocortical
Adrenocorticotrophic
Adrenogenital
Adriamycin
Adult
Advanced
Adventitial
Adverse
Advil
Adynamic
Aeration
Aerobacter
Aerobic
Aerogenes
Aerosol
Aeruginosa
Affair
Affecting
Affective
Afferent
Afibrinogenemia
Agalactia
Agammaglobulinemia
Aganglionic
Aganglionosis
Age
Aged
Agenesis
Agent
Agglutinin
Aggravated
Aggressive
Aging
Agitans
Agitation
Agnogenic
Agonal
Agoraphobia
Agranulocytic
Agranulocytosis
Agyria
Ailment
Airway
Airways
Akinetic
Alactasia
Alactasis
Alba
Albers
Albertini
Albicans
Albright
Albumin
Alcohol
Alcoholic
Alcoholism
Aldrich
Aleukemic
Alexanders
Alimentary
Alimentation
Alkalemia
Alkali
Alkaline
Alkalosis
Alkaseltzer
Alkeran

Allergic
Allergy
Allograft
Alopecia
Alpha
Alports
Altered
Aluminum
Alvarez
Alveolar
Alveolarcapillary
Alveoli
Alveolitis
Alveolus
Alzheimer
Alzheimers
Amantadine
Amaurosis
Amaurotic
Amblyopia
Ambulate
Amebic
Ameloblastoma
American
Aminoglycoside
Aminophylline
Amiodarone
Amitriptyline
Ammonia
Amnesia
Amniocentesis
Amnion
Amnionitis
Amniotic
Amobarbital
Amoxapine
Amoxicillin
Amphetamine
Ampicillin
Ampulla
Ampullary
Amputated
Amputation
Amputations
Amputee
Amyelencephalus
Amyelia
Amyloid
Amyloidosis
Amyoplasia
Amyotonic
Amyotrophia
Amyotrophic
Amyotrophy
Anaerobic
Anafranil
Anal
Analbuminemia
Analgesia
Analgesic
Analgesics
Analyses
Analysis
Anaphylactic
Anaphylactoid
Anaphylaxis
Anaplastic
Anarthria
Anarthritic
Anasarca
Anastomic
Anastomosis
Anastomotic
Ancient
Andersens
Andersons
Anemia
Anemic
Anencephalia
Anencephalic
Anencephalus
Anencephaly
Anesthesia
Anesthetic
Aneurysm
Aneurysmal
Aneurysmectomy
Aneurysms
Angiitis
Angina
Anginal
Angioblastic
Angioblastoma
Angiodysplasia
Angioedema
Angioendotheliomatosis
Angiogram
Angiography
Angioimmunoblastic
Angioma
Angiomatosis
Angiomyosarcoma
Angioneurosis
Angioneurotic
Angiopathy
Angioplasty
Angiosarcoma
Angiosclerosis
Angiospasm
Angiospastic
Angle
Angulation
Anhydration
Anhydremia
Anicteric
Anitratum
Ankle
Ankles
Ankylopoietica
Ankylosed
Ankylosing
Ankylosis
Annular
Annuloplasty
Annulus
Anomalies
Anomalous
Anomaly
Anorectal
Anorectum
Anorexia
Anoxemia
Anoxemic
Anoxia
Anoxic
Antagonist
Antecubital
Antepartum
Anteriolateral
Anterior
Anterioseptal
Antero
Anterolateral
Anteroseptal
Anteversion
Anthonys
Anthracosilicosis
Anthracosis
Antibiotic
Antibodies
Antibody
Anticoagulant
Anticoagulants
Anticoagulation
Anticonvulsant
Antidepressant
Antidepressants
Antidiuretic
Antifreeze
Antigen
Antihistamine
Antiinflammatory
Antineoplastic
Antithrombin
Antitoxin
Antitrypsin
Antitumor
Antons
Antral
Antrectomy
Antritis
Antrogastric
Antrum
Anuria
Anuric
Anus
Anxiety
Aorta
Aortailiac
Aortic
Aorticopulmonary
Aortitis
Aorto
Aortobifemoral
Aortocaval
Aortocoronary
Aortocutaneous
Aortoenteric
Aortofemoral
Aortogram
Aortoiliac
Aortojejunal
Aortoplasty
Aortopopliteal
Aortopulmonary
Aortorenal
Aortosaphenous
Apathetic
Apepsia
Aperta
Aperts
Apertures
Apex
Apgar
Aphagia
Aphasia
Aphasic
Aphemia
Aphonia
Apical
Aplasia
Aplastic
Apnea
Apneic
Apocrine
Aponeurosis
Apoplectic
Apoplectiform
Apoplexia
Apoplexy
Appendage
Appendectomy
Appendiceal
Appendicitis

Appendix
Appetite
Apprehension
Apprehensive
Apraxia
Aqueduct
Arachnitis
Arachnodactyly
Arachnoid
Arachnoiditis
Arch
Area
Aregenerative
Areola
Arhinencephaly
Arias
Arm
Armenian
Arms
Arnold
Arrest
Arrested
Arrhythmia
Arrhythmic
Arrillaga
Arsenic
Arsenical
Arsenism
Arterial
Arteriectasis
Arteries
Arterio
Arteriocapillary
Arteriocardiorenal
Arteriofibrosis
Arteriogram
Arteriography
Arteriolar
Arterioles
Arteriolitis
Arteriolonephrosclerosis
Arteriolosclerosis
Arteriomesenteric
Arterionephrosclerosis
Arterioocclusive
Arteriopathic
Arteriopathy
Arteriorenal
Arteriosclerosis
Arteriosclerotic
Arterioseptal
Arteriospasm
Arteriosus
Arteriotomy
Arteriovascular
Arteriovenous
Arterioventricular
Arteritis
Artery
Arthritic
Arthritis
Arthrofibrosis
Arthropathy
Arthroplasty
Arthrosis
Arthus
Artificial
Arytenoid
Asbestos
Asbestosis
Ascariasis
Ascending
Aschoffs
Ascites
Ascitic
Aseptic
Asian
Asiderotic
Aspergilloma
Aspergillosis
Aspergillus
Asphyxia
Asphyxial
Asphyxiated
Asphyxiating
Asphyxiation
Aspirated
Aspiration
Aspirational
Aspirin
Asplenia
Astasia
Asterixis
Asthenia
Asthma
Asthmatic
Asthmaticus
Astroblastoma
Astrocytoma
Astroglioma
Asymmetric
Asymmetrical
Asynergia
Asynergy
Asystole
Asystolic
Ataxia
Ataxic
Atelectasis
Atelocardia
Atelomyelia
Atherogenesis
Atheroma
Atheromatosis
Atheromatous
Atherosclerosis
Atherosclerotic
Athetoid
Athetosis
Athletes
Athyrea
Athyroidism
Atlanto
Atlantoaxial
Atlantooccipital
Atlas
Atonia
Atonic
Atony
Atopic
Atransferrinemia
Atresia
Atrial
Atrioventrical
Atrioventricular
Atrioventriculare
Atrium
Atrophia
Atrophic
Atrophodermia
Atrophy
Atropine
Attack
Attacks
Attempt
Attempted
Attendance
Attending
Attention
Attrition
Atypical
Auditory
Aura
Aureus
Auricle
Auricles
Auricular
Auriculoventricular
Austin
Australia
Autism
Autoantibodies
Autodigestion
Autoerythrocyte
Autohemolysis
Autoimmune
Autoinfection
Autointoxication
Autolysis
Automatism
Autonomic
Autopsy
Autosensitivity
Autosomal
Autosomes
Autotopagnosia
Autotoxemia
Avascular
Avellis
Avian
Aviators
Avitaminosis
Avium
Avulsion
Axial
Axialis
Axilla
Axillary
Axillo
Axillofemoral
Axis
Axon
Ayalas
Ayerza
Ayerzas
Azotemia
Azygos
Babinski
Babinskis
Baby
Bacilli
Bacillus
Back
Bacteremia
Bacteremic
Bacteria
Bacterial
Bacterioides
Bacterium
Bacteriuria
Bacteroides
Bad
Bag
Balance
Ball
Balloon
Band
Banding
Bands
Bantis
Bar
Barbital
Barbiturate
Bardet

Barium
Barre
Barrett
Barretts
Barsony
Bartholin
Bartholins
Bartons
Bartters
Basal
Basalnuclear
Base
Basement
Basilar
Basophil
Basophilism
Bathycephaly
Batten
Battens
Battered
Battey
Baumgarten
Beats
Bechterew
Beck
Beckwith
Bedfast
Bedrest
Bedridden
Bedsore
Bedsores
Bee
Beer
Behcets
Belladonna
Bells
Belly
Below
Benedikts
Benign
Bennetts
Benzocaine
Benzodiazepine
Bernard
Bernheims
Berry
Besnier
Beta
Beverage
Bibasilar
Bicuspid
Biedl
Bielschowsky
Biemonds
Biermers
Bifascicular
Bifemoral
Bifida
Bifidum
Bifrontal
Bifurcation
Bilateral
Bilaterally
Bile
Biliary
Bilious
Bilirubinemia
Billroth
Billroths
Bilobar
Bing
Bioprosthetic
Biopsy
Bipolar
Birth
Birthweight
Bite
Bitemporal
Biventricular
Bjork
Black
Blackfan
Bladder
Blade
Blalock
Blalock-Taussig
Bland
Blast
Blastic
Blastoma
Blastomycosis
Blastomycotic
Bleach
Bleb
Bleed
Bleeder
Bleeding
Bleomycin
Blind
Blindness
Bloch
Block
Blockage
Blocked
Blocking
Blood
Bloodstream
Bloody
Bloom
Blowout
Blunt
Bochdalek
Bodechtel
Bodies
Bodily
Body
Boeck
Boecks
Boerhaaves
Bogaerts
Bone
Bones
Bonnevie
Bony
Borderline
Bordetella
Born
Botalli
Both
Botulism
Bound
Bout
Bouveret
Bouverets
Bovine
Bovis
Bowel
Boydii
Brachial
Brachycardia
Brachycephaly
Brady
Bradyarrhythmia
Bradycardia
Bradypnea
Bradytachyarrhythmia
Brailsford
Brain
Brainstem
Branch
Branhamella
Bravais
Brazilian
Breakdown
Breast
Breasts
Breath
Breathe
Breathing
Breathlessness
Breech
Brennemanns
Bright
Brights
Brittle
Broad
Brocas
Brock
Brocks
Brodies
Broke
Broken
Bronchi
Bronchial
Bronchiectasis
Bronchioalveolar
Bronchiogenic
Bronchiolar
Bronchiole
Bronchiolitis
Bronchitis
Broncho
Bronchoalveolar
Bronchoalveolitis
Bronchocutaneous
Bronchoesophageal
Bronchogenic
Bronchomediastinal
Bronchopleural
Bronchopleuromediastinal
Bronchopneumonia
Bronchopneumonitis
Bronchopulmonary
Bronchoscope
Bronchoscopy
Bronchospasm
Bronchospastic
Bronchostatic
Bronchostenosis
Bronchus
Bronze
Bronzed
Brow
Brown
Browns
Brugschs
Bruise
Bruised
Bruises
Bruising
Bubbly
Buccal
Budd
Buergers
Bulb
Bulbar
Bulbourethral
Bulimia
Bulla
Bullae
Bullosa
Bullosum
Bullous
Bundle

Burden
Burkitts
Burn
Burned
Burnetts
Burning
Burns
Burnt
Burr
Bursa
Burst
Bursted
Busulfan
Butabarbital
Butane
Butterfly
Buttock
Buttocks
Bypass
Bypasses
Cachexia
Cadaver
Caesarean
Cafe
Caffeine
Caffeys
Cage
Calcaneus
Calcareous
Calcemia
Calcific
Calcification
Calcified
Calcinosis
Calcium
Calciuria
Calculi
Calculous
Calculus
Calf
Callosum
Caloric
Calorie
Calvarium
Calyx
Campylobacter
Canal
Canavans
Cancer
Cancerous
Candida
Candidal
Candidemia
Candidiasis
Cannulation
Canthus
Capillaries
Capillary
Capitellum
Caplan
Capoten
Capsular
Capsulatus
Capsule
Capsulitis
Carbamazepine
Carbohydrate
Carbon
Carboxyhemoglobin
Carboxyhemoglobinemia
Carcinoid
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Cardiacpulmonary
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Cardioauditory
Cardiocerebral
Cardiochalasia
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Cardioesophagus
Cardiogenic
Cardiomalacia
Cardiomegalia
Cardiomegaly
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Cardionephropathy
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Cerebrocranial
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Cerebrohepatorenal
Cerebromacular
Cerebromalacia
Cerebromeningeal
Cerebroretinal
Cerebrorhinorrhea
Cerebrospinal
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Glottic
Glottis
Glucose
Glucuronyl
Glue
Gluteal
Gluten
Glutethimide
Gluteus
Glycogen
Glycogenic
Glycogenica
Glycogenosis
Glycol
Glycolipid
Glycopenia
Glycosuria
Goats
Goiter
Goldblatt
Goldblatts
Goldflam
Goltz
Gonadal
Gonadoblastoma
Gonococcal
Goodpastures
Gore
Gorlin
Gortex
Gout
Gouty
Gowers
Grade
Gradual
Graft
Grafting
Grafts
Gram
Grams
Gran
Grand
Granite
Granular
Granulocytic
Granulocytopenia
Granulocytopenic
Granuloma
Granulomatosis
Granulomatous
Granulosa
Gravel
Graves
Gravis
Great
Greater
Greenfields
Greenstick
Grippe
Groin
Grosong
Gross
Group
Growth
Grubers
Gubler
Guerin
Guglielmos
Guillain
Gullet
Gulls
Gum
Gumma
Gunns
Gunshot
Gut
Guttman
Gvh
Gynecologic
Gynecological
Gyri
Habit
Habits
Habitual
Hageman
Hagie
Hailey
Hair
Hairy
Hallerman
Hallopeaus
Hallucinosis
Hallux
Haloperidol
Halothane
Hamartoblastoma
Hamartoma
Hamman
Hammer
Hand
Handicapped
Handle
Handling
Hands
Hanged
Hanging
Hangover
Hanot
Hanots
Hard
Hardening
Hardware
Harelip
Harlequin
Hartmanns
Hashimotos
Haut

Hay
Head
Headache
Healed
Healing
Health
Hearing
Heart
Heat
Heavily
Heavy
Hebephrenia
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Heberdens
Heel
Heels
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Hemangioendothelial
Hemangioendothelioma
Hemangioma
Hemangiopericytoma
Hemangiosarcoma
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Hematochezia
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Hematologic
Hematoma
Hematomyelia
Hematomyelitis
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Hematoperitoneum
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Hematoporphyrinuria
Hematothorax
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Henoch
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Hepatoblastoma
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Hepatocellular
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Herricks
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Hips
Hirschsprungs
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Histiocytosis
Histocytoma
Histolytica
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Histoplasmosis
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Holes
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Honeycomb
Hook
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Hormone
Horn
Horner
Horseshoe
Hortons
Host
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Human
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Humeri
Humerus
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Humpback
Hunchback
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Hunters
Huntingtons
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Hurler
Hurlers
Hurthle
Hutchinson
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Hydrencephalomeningocele
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Hydrocephalus
Hydrocephaly
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Hydrocortisone
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Hydrohematopx
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Hydromicrocephaly

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Hydropericardium
Hydroperitoneum
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Hydrothorax
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Hydroxyzine
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Hygromas
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Hypogonadism
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Hypothyroidism
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Hypotony
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IDDM
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Idiocy
Idiopathic

Idiosyncracy
Idiot
Idioventricular
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IGG
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IHD
IHSS
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IIB
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IIIB
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Ileojejunal
Ileorectal
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Ileovesical
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Ileus
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Immersion
Immobility
Immobilization
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Immunodeficieny
Immunoglobulin
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Impediment
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Imperfecta
Imperforate
Impetigo
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Implantation
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Impotency
Improper
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Incision
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Incisive
Inclusion
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Induration
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Inhalation
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Inhibitors
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Injection
Injured
Injuries
Injury
Inner
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Inoculation
Inoperable
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Inquest
Inquinal
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Insanity
Insect
Insecticide
Inserted
Insertion
Insipidus
Inspissated
Instability
Instant
Instantaneous
Instrumental
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Insufficiency
Insufficient
Insufficieny
Insulin
Insulinoma
Insuloma
Insult
Insults
Intake
Integrity
Intemperance
Inter
Interabdominal

Interasd
Interatrial
Interauricular
Intercapillary
Intercerebral
Intercerhem
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Intercostal
Intercranial
Interior
Interlobar
Interlobular
Intermediate
Intermittent
Internal
Interposition
Interrupted
Interruption
Interscapular
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Interstitial
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Intervenous
Interventricular
Intervertebral
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Intracellulare
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Invagination
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Iritis
Iron
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Irregular
Irregularity
Irreversible
Irrigation
Irrigations
Irritability
Irritable
Irritation
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Ischiorectal
Ischium
ISD
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Islands
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Isoniazid
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Isopropyl
ITP
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IV
IVB
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Jackson
Jacksonian
Jacksons
Jaffe
Jakob
Jakschs
James
Jannettee
Jansky
Jaundice
Jaundiced
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Jawbone
Jejunal
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Jellyfish
Jervell
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Joaquin
Johnson
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Jugular
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Juxtaglomerular
K
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Kaposi
Kappa
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Kaschin
Kawasakis
Kelly
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Ketosis
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Kimmelstiel
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Klatskin
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Klebsiella
Klinefelters
Klippel
Klublattschadel
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Knees
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Kugelberg
Kuhn
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Kulchitzsky
Kulchitzskys

KW
Kwashiorkor
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Kyphosis
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Labia
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Latent
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Laurence
Lavage
Laxa
Laxative
LB
LBBB
LBW
LCA
LCAR
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Leaflet
Leaflets
Leak
Leakage
Leaking
Leaky
Lebers
Lederers
Left
Leg
Legally
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Legionnaires
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Leiomyosarcomatosis
Leiomysarcoma
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Lesser
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Libman
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Lid
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Like
Limb
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Limitation
Limited
Lindau
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Linitis
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Localized
Lockjaw
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Loculated
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Lofgrens
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Long
Loop
Loose
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Loss
Lou
Loud

Louis
Low
Lower
Lown
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LT
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Ludwigs
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Luetschers
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M
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Marcescens
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Marfans
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Marihuana
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Maxillary
Maxillofacial
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Mccune
Mcocar
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Megalocephalus
Megalocephaly
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Megalocystitis
Megalocytic
Megaloduodenum
Megaloesophagus
Megaloureter
Megarectum
Megasigmoid
Megaureter
Meigs
Melancholia

Melanoblastosis
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Mellaril
Mellitus
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Mesothelioma
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Microgyria
Microinfarct
Microinfarction
Micronase
Microndular
Micronodular
Microorganism
Microscopic
Microvascular
Microvesicular
Micturition
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Midbrain
Middle
Midgut
Midthoracic
Migraine
Migrans
Migratory
Mikity
Mild
Miliary
Milk
Milkmans
Millard
Millars
Miller
Millstone
Milroys
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Minded
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Miners
Mini
Minkowski
Minor
Minute
Mirabilis
Mis
Misadventure
Miscarriage
Mismatched
Misplaced
Misplacement
Misuse
Mitral
Mixed
Mixture
ML
MLCA
MLCAR
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Moderate
Moderately
Modified
Moist
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Monckebergs
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Mongolism
Mongoloid
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Moniliasis
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Monoclonal
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Monocytogenes
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Monoplegia
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Monosomy
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Monster
Monstrosity
Month
Moon
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Moores
Morbid
Morbus
Morgagni
Morganella
Morganii
Moron
Morphine
Morphinism
Morquio
Morrison
Mother
Mothers
Motility
Motor
Moulders
Mounier
Mount
Mountain
Mouth
Movement
Moyamoya
MPRCAR
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MS
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MUA
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Mucinous

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Mullerian
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Multiinfarction
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Multilobe
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Musculature
Musculo
Musculorum
Musculoskeletal
Mustard
Mute
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Mutism
MVR
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Myelosis
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Myonecrosis
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Myositis
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Nec
Neck
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Negative
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Neuroectodermal
Neuroendocrine
Neurofibroma
Neurofibromatosis
Neurofibrosarcoma

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Normocytic
Normotensive
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Not
Notch
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Npd
Ntg
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Nuck
Nuclear
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Nucleus
Nutmeg
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OA
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Obesity
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Obliterans
Obliteration
Obliterative
Oblongata
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Obsessive
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Obstructing
Obstruction
Obstructive
Obtundation
Obturator
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Occipitotemporal
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Occlusion
Occlusive
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Occulta
Occupational
Occupying
Oculopharyngeal
OCVA
ODDI
Odontoid
Oesophageal
Of
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Ogilvies
OHD
Old
Olecranon
Olfactory
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Oligodendroglioma
Oligohydramnios
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Onset
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Operated
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Ophthalmitis
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Opthalmic
Optic
Opticum
OR

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Orbit
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Orchiectomy
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Osteonecrosis
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Osteopetrosis
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Osteosarcoma
Osteosclerosis
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Over
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Overexertion
Overexposure
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Overindulgence
Overload
Oversew
Overstrained
Overweight
Overwhelming
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Oxycodone
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Pagets
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Pathologic

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Pathology
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Pentobarbital
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Polyangiitis
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Polyneuropathy
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Possible
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Posteroseptal
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Posthepatic
Posthepatitic
Postherpetic
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Postinfectious
Postinflammatory
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Postlaryngeal
Postmature
Postmaturity
Postmeasles
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Postmortem
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Postoperative
Postpartal
Postpartum
Postpharyngeal
Posttonsillar
Posttraumatic
Postural
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Potters
Potts
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Power
Pox
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Prader
Praecox
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Prepylorus
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Presbycusis
Presbyesophagus
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Presenility
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Pressure
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Previable
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Primary

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Prostatitis
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Prosthetic
Prostration
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Proteinosis
Proteinuria
Proteus
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Prothrombinase
Protozoal
Protracted
Protrusion
Prower
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Pseudo
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Reactive
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Rectocele
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Rectourethral
Rectouterine
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Rectovesicovaginal
Rectovulval
Rectum
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Recurrence
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Reduction
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Refractory
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Reinsertion
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Related
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Retention
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Retrorectal
Retrosternal
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Reyes
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Richardson
Richters
Rickets
Ridden
Ridge
Riemanns
Rifle
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Zoster
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Zygomatic
Abdominal
Abdominal Aorta
Abdominal Cavity

Abdominal Lymph Gland
Abdominal Lymph Node
Abdominal Organ
Abdominal Vena Cava
Abdominal Viscera
Abdominal Wall
Acetabular
Acoustic
Acromial
Acromial Process
Adenoid
Adnexa
Adrenal
Adrenal Cortex
Adrenal Cortical
Adrenal Gland
Adrenal Medulla
Alimentary
Alimentary Canal
Alimentary Tract
All Over Body
Alveolar
Alveolar Mucosa
Alveolar Process
Alveolar Ridge
Alveolar Ridge Mucosa
Alveolus
Ampulla Of Vater
Anal
Anal Canal
Anal Margin
Anal Skin
Anal Sphincter
Ankle
Anorectal
Anorectal Junction
Antecubital Fossa
Antecubital Space
Anterior Fossa
Antrum
Aortic
Aortic Body
Aponeurosis
Appendiceal
Appendix
Arachnoid
Areola
Arm
Arm Bone
Arterial
Ascending Colon
Auditory Canal
Auditory Nerve
Auricle Ear
Auricular
Auricular Canal
Auricular Cartilage
Autonomic Nerve
Autonomic Nervous System
Axilla
Axillary
Axillary Fold
Axillary Lymph Gland
Axillary Lymph Node
Back
Back Bone
Bartholins Gland
Basal Ganglia
Bile Duct
Bile Tract
Biliary
Biliary Duct
Biliary Tract
Biliary Tree
Bladder
Bladder Neck
Bladder Orifice
Bladder Wall
Blood
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Body
Bone
Bone Cartilage
Bone Marrow
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Both Lungs
Bowel
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Brain
Brain Meninges
Brain Stem
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Brow
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Calf
Calvarium
Canthus
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Cardia
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Cardioesophageal
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Carina
Carotid
Carotid Artery
Carotid Body
Cauda Equina
Cecal
Celiac Lymph Gland
Celiac Lymph Node
Central Nervous System
Cerebellar
Cerebellopontine
Cerebral
Cerebral Arachnoid
Cerebral Cortex
Cerebral Dura
Cerebral Hemisphere
Cerebral Meninges
Cerebral Peduncle
Cerebral Tentorium
Cerebral Ventricle
Cerebral White Matter
Cervical
Cervical Esophageal
Cervical Esophagus
Cervical Lymph Gland
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Cervical Node
Cervical Region
Cervical Spinal Cord
Cervix
Cervix Canal
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Cheek
Cheek Mucosa
Chest
Chest Wall
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Choroid
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Clitoris
Cloacogenic
Cloacogenic Zone
Coccygeal Body
Coccygeal Glomus
Coccygeal Vertebra
Coccyx
Colic Lymph Gland
Colic Lymph Node
Colonic
Colorectal
Common Bile Duct
Common Biliary Duct
Common Cystic Duct
Common Duct
Common Duct Gland
Common Duct Lymph Gland
Common Duct Lymph Node
Concha
Concha Nose
Conjunctiva
Conjunctival
Connective Tissue
Corpus Callosum
Corpus Striatum
Corpus Uteri
Corpus Uterus
Cortical
Costal Cartilage
Cowpers Gland
Cranial
Cranial Bone
Cranial Fossa
Cranial Meninges
Cranial Nerve
Craniopharyngeal
Craniopharyngeal Duct
Craniopharyngeal Pouch
Crerbral Dura
Cricoid Cartilage
Cutaneous
Cystic Biliary Duct
Cystic Duct
Descending Colon
Diaphragmatic
Diaphragmatic Lymph Gland
Diaphragmatic Lymph Node
Digestive Organ
Digestive System
Digestive Tract
Distal Colon
Distal Esophageal
Distal Esophagus
Douglas Cul De Sac
Douglas Pouch
Duodenal
Dura

Dura Mater
Ear
Ear Auricle Cartilage
Ear Canal
Ear Cartilage
Earlobe
Elbow
Elbow Bone
Endocardial
Endocervix
Endocervix Canal
Endocervix Gland
Endometrial
Epicardial
Epidural
Epiglottic
Epiglottic Cartilage
Epiglottis
Esophageal
Esophagogastric
Esophagogastric Junction
Ethmoid Bone
Ethmoid Sinus
Ethmoidal
Ethmoidal Sinus
Eustachian Tube
External Auditory Canal
External Auricular Canal
External Cheek
External Ear
External Meatus
External Meatus Ear
External Nose
Extrahepatic Bile Duct
Extrahepatic Gall Duct
Extremity
Eye
Eyebrow
Eyelid
Face Bone
Facial
Fallopian Tube
False Vocal Cord
Femoral
Fibula
Finger
Flank
Floor Mouth
Foot
Forearm
Forearm Bone
Forehead
Fourth Ventricle
Frontal Bone
Frontal Lobe
Frontooccipital
Frontoparietal
Frontotemporal
Gall Duct
Gallbladder
Gartners Duct
Gastric
Gastric Cardia
Gastric Lymph Gland
Gastric Lymph Node
Gastroesophageal
Gastroesophageal Area
Gastroesophageal Junction
Gastroesophageal Region
Gastrointestinal
Gastrointestinal Area
Gastrointestinal Region
Gastrointestinal Tract
Genital Organ
Genitourinary Tract
Gingiva
Gland
Glottic
Glottis
Gluteal Region
Great Vessels
Groin
Groin Lymph Gland
Groin Lymph Node
Gum
Gynecological
Hand
Hard Palate
Head
Heart
Heel
Hepatic
Hepatic Bile Duct
Hepatic Duct
Hepatic Flexure
Hepatic Flexure Colon
Hepatic Lymph Gland
Hepatic Lymph Node
Hepatobiliary
Highmore Antrum
Hilar Lymph Gland
Hilar Lymph Node
Hilum
Hilus
Hip
Hip Bone
Humerus
Hypopharyngeal
Hypophysis
Hypothalamic
Ileal
Ileocecal
Ileocecal Junction
Ileocecal Valve
Ileocolic Lymph Gland
Ileocolic Lymph Node
Ileum
Iliac
Iliac Lymph Gland
Iliac Lymph Node
Ilium
Inferior Maxilla
Inferior Vena Cava
Infraclavicular
Infraclavicular Region
Inguinal
Inguinal Lymph Gland
Inguinal Lymph Node
Inguinal Region
Inner Canthus
Inner Ear
Innominate
Intercostal Lymph Gland
Intercostal Lymph Node
Interlobular Bile Duct
Interlobular Biliary
Interlobular Biliary Canal
Internal Auditory Canal
Internal Auricular Canal
Internal Capsule
Internal Cheek
Internal Nose
Internal Os
Interscapular Region
Intestinal
Intestinal Lymph Gland
Intestinal Lymph Node
Intestinal Tract
Intraabdominal
Intraabdominal Lymph Gland
Intraabdominal Lymph Node
Intracranial
Intraductal
Intrahepatic Bile Duct
Intrahepatic Gall Duct
Intraorbital
Intrapelvic Lymph Gland
Intrapelvic Lymph Node
Intrathoracic Cavity
Intrathoracic Lymph Gland
Intrathoracic Lymph Node
Intrathoracic Organ
Ischial
Ischiorectal
Ischiorectal Fossa
Islands Of Langerhans
Islets Of Langerhans
Jaw
Jaw Bone
Jejunal
Kidney
Kidney Area
Kidney Calyx
Kidney Hilus
Kidney Pelvic
Kidney Pelvis
Kidney Region
Knee
Knee Bone
Labia
Labium
Lacrimal Gland
Large Bowel
Large Intestinal
Large Intestine
Laryngeal
Laryngeal Commissure
Laryngopharyngeal
Laryngopharynx
Left Colonic
Left Temporoparietal Area
Leg
Leg Bone
Lid
Limb
Lingual
Lingual Tonsil
Lip
Liver
Lower Alveolar
Lower Alveolar Mucosa
Lower Alveolar Ridge
Lower Alveolar Ridge Mucosa
Lower Esophageal
Lower Esophagus
Lower Extremity
Lower Eyelid
Lower Gingiva
Lower Gum
Lower Jaw Bone
Lower Lid
Lower Limb
Lower Lip
Lower Lobe
Lumbar Lymph Gland
Lumbar Lymph Node
Lumbar Spinal Cord
Lumbar Spine
Lumbosacral Plexus
Lung
Lung Alveolar
Lung Hilus
Lymph

Lymph Gland
Lymph Node
Lymphatic
Lymphatic Channel
Lymphatic Gland
Lymphatic Vessel
Main Bronchus
Mandible
Mandibular Gingiva
Marrow
Mastoid
Mastoid Antrum
Mastoid Bone
Maxilla
Maxillary
Maxillary Alveolar
Mucosa
Maxillary Alveolar Ridge
Maxillary Antrum
Maxillary Gingiva
Maxillary Sinus
Meckels Diverticulum
Mediastinal
Mediastinal Lymph Gland
Mediastinal Lymph Node
Medulla Oblongata
Meningeal
Mesenteric
Mesenteric Lymph Gland
Mesenteric Lymph Node
Mesoappendix
Mesocolon
Mesopharynx
Midbrain
Middle Ear
Middle Esophageal
Middle Esophagus
Middle Lobe
Mouth
Mouth Floor
Myocardial
Myometrial
Nasal
Nasal Bone
Nasal Cartilage
Nasal Cavity
Nasal Mucosa
Nasal Septum
Nasal Sinus
Nasal Skin
Nasal Turbinate
Nasopharyngeal
Nasopharyngeal Wall
Nasopharynx
Neck
Neck Lymph Gland
Neck Lymph Node
Nerve
Nervous System
Nipple
Nose Bone
Nostril
Occipital Bone
Occipital Lobe
Occipital Pole
Occipitofrontal
Occipitoparietal
Occipitotemporal
Omental
Omentum
Oral
Oral Cavity
Oral Mucosa
Orbit
Orbit Bone
Orbital
Oropharyngeal
Outer Canthus
Ovarian
Oviduct
Palate
Palmar Aponeurosis
Pancreas Tail
Pancreatic
Pancreatic Body
Pancreatic Duct
Pancreatic Head
Pancreatic Islet Cells
Pancreatic Tail
Pancreatic Tail
Papilla Of Vater
Pararectal
Parietal Bone
Parietal Lobe
Parotid
Parotid Duct
Parotid Gland
Parotid Lymph Gland
Parotid Lymph Node
Pelvic
Pelvic Bone
Pelvic Colon
Pelvic Floor
Pelvic Lymph Gland
Pelvic Lymph Node
Pelvic Viscera
Pelvic Wall
Pelvirectal Junction
Pelvis
Pelviureteric Junction
Penis
Perianal
Pericardial
Perineal
Peripancreatic
Peripheral Nerve
Perirectal
Peritoneal
Peritoneal Cavity
Pharyngeal
Pharyngeal Region
Pharyngeal Wall
Pia Mater
Pineal Gland
Piriform Fossa
Piriform Sinus
Pituitary
Pituitary Fossa
Pituitary Gland
Pituitary Lobe
Plantar Aponeurosis
Pleura
Pleural
Pleural Cavity
Pons
Popliteal Fossa
Popliteal Space
Posterior Fossa
Prepuce
Prepyloric
Prepyloric Area
Prepyloric Region
Prepylorus
Prostatic
Prostatic Gland
Proximal Esophageal
Proximal Esophagus
Pubic Bone
Pulmonary
Pulmonary Lymph Gland
Pulmonary Lymph Node
Pulmonary Parenchyma
Pyloric
Pyloric Antrum
Pyloric Lymph Gland
Pyloric Lymph Node
Pylorus
Pyriform Fossa
Pyriform Sinus
Radius
Rectal
Rectosigmoid
Rectosigmoid Area
Rectosigmoid Colon
Rectosigmoid Junction
Rectosigmoid Region
Rectovaginal Septum
Rectovesical Septum
Rectum
Rectum And Colon
Renal
Renal Calyx
Renal Pelvic
Renal Pelvis
Retina
Retinal
Retro Abdominal
Retrocecal
Retromolar
Retromolar Area
Retroperitoneal
Retroperitoneal Lymph Gland
Retroperitoneal Lymph Node
Retroperitoneum
Retropharyngeal
Retropharyngeal Lymph Gland
Retropharyngeal Lymph Node
Rib
Right Colon
Sacral
Sacral Vertebra
Sacrococcygeal Region
Salivary Duct
Salivary Gland
Scalene Lymph Gland
Scalene Lymph Node
Scalp
Scapula
Scapular Region
Scrotal
Sella Turcica
Shoulder
Shoulder Bone
Sigmoid
Sigmoid Colon
Sigmoid Colonic
Sigmoid Flexure
Sigmoid Flexure Colon
Sigmoidal Colonic
Sinus
Skeletal
Skeleton
Skin
Skull
Small Bowel
Small Intestinal
Small Intestine
Soft Palate
Soft Tissue
Sphenoid Bone
Sphincter Of Oddi
Spinal
Spinal Arachnoid
Spinal Column
Spinal Cord

Spinal Dura
Spinal Meninges
Splenic
Splenic Flexure
Splenic Flexure Colon
Splenic Lymph Gland
Splenic Lymph Node
Sternal
Stomach
Stomach Antrum
Stomach Cardia
Stomach Fundus
Subdural
Subglottic
Subglottis
Subhepatic Area
Subhepatic Region
Sublingual
Submandibular Gland
Submaxillary Duct
Submaxillary Gland
Submental
Superior Maxilla
Superior Maxillary
Superior Vena Cava
Supraclavicular Lymph Gland
Supraclavicular Lymph Node
Supraclavicular Region
Supraglottic
Supraglottis
Suprarenal
Suprarenal Gland
Suprasellar Region
Temporal
Temporal Bone
Temporal Lobe
Temporal Pole
Temporal Region
Temporofrontal
Temporooccipital
Temporoparietal
Temporopontine
Tentorial
Tentorium
Testicle
Testis
Thalamic
Thalamus
Thigh
Third Ventricle
Thoracic
Thoracic Aorta
Thoracic Area
Thoracic Bone
Thoracic Cavity
Thoracic Esophageal
Thoracic Esophagus
Thoracic Lymph Gland
Thoracic Lymph Node
Thoracic Spinal Cord
Thoracic Spine
Thoracic Wall
Thorax Bone
Throat
Thumb
Thymic
Thymic Gland
Thymus
Thyroglossal Duct
Thyroid
Thyroid Gland
Tibia
Toe
Tongue
Tonsil
Tonsil Pillar
Tonsillar
Tonsillar Fossa
Tracheal
Tracheal Carina
Tracheal Cartilage
Transverse Colon
Transverse Colonic
Trunk
Turbinate Bone
Tympanic Cavity
Ulna
Umbilical
Umbilicus
Upper Alveolar
Upper Alveolar Mucosa
Upper Alveolar Ridge
Upper Alveolar Ridge Mucosa
Upper Back
Upper Esophageal
Upper Esophagus
Upper Extremity
Upper Eyelid
Upper Gingiva
Upper Gum
Upper Jaw Bone
Upper Lid
Upper Limb
Upper Lip
Upper Lobe
Upper Lobe Cavity
Upper Lung
Upper Stomach
Ureteral
Urethral
Urethrovaginal
Urethrovaginal Septum
Urinary Bladder
Urinary Bladder Neck
Urinary Bladder Orifice
Urinary Bladder Wall
Urinary Organ
Urinary System
Uterine
Uterine Adnexa
Uterine Body
Uterine Cervix
Uterine Corpus
Uterine Fundus
Uvula
Vaginal
Vaginal Wall
Vaginovesical
Vaginovesical Septum
Vena Cava
Ventricle
Vertebra Column
Vertebral
Vertebral Column
Vesicovagina
Vesicovaginal
Vesicovaginal Septum
Visceral
Vocal Cord
Vulva
White Matter
Wrist
Acidophil Cancer
Acidophil Carcinoma
Acute Erythremia
Adenocarcinoma
Adenocarcinomatosis
Adenofibroma
Adenoid Cystic Carcinoma
Adenoma
Adenomatous Polyp
Adenomatous Polyposis
Adenosarcoma
Adenosquamous (Cell) Cancer
Adenosquamous (Cell) Carcinoma
Aleukemic Leukemia
Alveolar Adenocarcinoma
Alveolar Cancer
Alveolar Carcinoma
Alveolar Cell Cancer
Alveolar Cell Carcinoma
Alveolar Rhabdomyosarcoma
Anaplastic Adenocarcinoma
Anaplastic Astrocytoma
Anaplastic Cancer
Anaplastic Carcinoma
Anaplastic Fulminant Cancer
Anaplastic Fulminant Carcinoma
Angioblastic Meningioma
Angioblastoma
Angioma
Angiomyosarcoma
Angiosarcoma
Apocrine Cancer
Apocrine Carcinoma
Astroblastoma
Astrocytoma
Astroglioma
Basal Cell Cancer
Basal Cell Carcinoma
Basal Cell Epithelioma
Basophil Adenocarcinoma
Basophil Cancer
Basophil Carcinoma
Benign
Bile Duct Type Cancer
Bile Duct Type Carcinoma
Blast Cell
Blastic (Blast)
Blastic (Blast) Crisis
Blastic (Blast) Transformation
C Cell Cancer
C Cell Carcinoma
Cachexia Cancer
Cancer
Cancer Cachexia
Cancerous Cachexia
Cancerous Goiter
Cancinogensis Intoxication
Carcinoid
Carcinoid Malignancy
Carcinoid Tumor
Carcinoma
Carcinoma Cachexia
Carcinomatosis
Carcinomatous Cachexia
Cavernous Hemangioma
Cavernous Lymphangioma
Chemodectoma
Cholangiocarcinoma
Cholangiohepatoma
Cholangioma
Chondrosarcoma
Chordoma
Choriocarcinoma
Chorioepithelioma
Chorionic Cancer
Chorionic Carcinoma

Chromophobe Adenocarcinoma
Chromophobe Adenoma
Chromophobe Cancer
Chromophobe Carcinoma
Clear Cell Adenocarcinoma
Congenital Leukemia
Craniopharyngioma
Cylindroma
Cystadenocarcinoma
Dermatofibroma
Dermatofibrosarcoma
Dermoid Ovarian Cyst
Di Guglielmos Disease
Differentiated
Differentiated Type
Diffuse
Diffuse Type
Diffused
Disease
Disseminated
Distant
Duct Cell Carcinoma
Ductal Cancer
Ductal Carcinoma
Ductal Cell Carcinoma
Dukes Adenocarcinoma
Dukes Cancer
Dysgerminoma
Eaton Lambert Syndrome
Embryoma
Embryonal Adenocarcinoma
Embryonal Cancer
Embryonal Carcinoma
Eosinophil Adenocarcinoma
Eosinophil Cancer
Eosinophil Carcinoma
Ependymoblastoma
Ependymoma
Epidermoid Cancer
Epidermoid Carcinoma
Epidermoid Cystic Tumor
Epithelioma
Erythremia
Erythremic Myelosis
Erythrocythemia
Erythroleukemia
Ewings Sarcoma
Ewings Tumor
Extensive
Familial Polyposis
Fibroid
Fibroid Tumor
Fibrolipoma
Fibroliposarcoma
Fibroma
Fibromyoma
Fibromyosarcoma
Fibromyxolipoma
Fibromyxosarcoma
Fibrosarcoma
Fibrous Histiocytoma
Follicular Adenocarcinoma
Follicular Lymphoma
Ganglioglioma
Gardners Syndrome
Gastrinoma
Gastrocarcinoma
General
Generalized
Germ Cell Carcinoma
Giant Cell Cancer
Giant Cell Carcinoma
Giant Cell Leukemia
Glioblastoma
Glioblastoma Multiforme
Glioma
Gliosarcoma
Glomangioma
Grade III
Grade IV
Granulocytic Leukemia
Granulocytic Leukemia Blast Crisis
Granulosa Cell Cancer
Granulosa Cell Carcinoma
Growth
Hemangioendothelioma
Hemangioma
Hemangiopericytoma
Hemangiosarcoma
Hemoleukemia
Hepatoblastoma
Hepatocarcinoma
Hepatocellular Cancer
Hepatocellular Carcinoma
Hepatocholangiocarcinoma
Hepatocholangiolitic Cancer
Hepatocholangiolitic Carcinoma
Hepatoma
Histiocytic Leukemia
Histiocytic Lymphoma
Histiocytoma
Hodgkins Disease
Hodgkins Disease Lymphocyte Depleted
Hodgkins Lymphoma
Hurthle Cell Adenocarcinoma
Hurthle Cell Adenoma
Hurthle Cell Cancer
Hurthle Cell Carcinoma
Hygroma
Hypernephroma
Immunoblastic Sarcoma
Immunolymphosarcoma
Infiltrating
Infiltrating Duct Adenocarcinoma
Infiltrating Duct Cancer
Infiltrating Duct Carcinoma
Infiltrating Duct Cell Cancer
Infiltrating Duct Cell Carcinoma
Infiltrating Ductal Carcinoma
Infiltrating Lobular Carcinoma
Inflammatory
Inflammatory Cancer
Inflammatory Carcinoma
Insulinoma
Insuloma
Intraductal Cancer
Intraductal Carcinoma
Invasive
Islet Cell Adenocarcinoma
Islet Cell Adenoma
Islet Cell Cancer
Islet Cell Carcinoma
Kaposi Sarcoma
Kaposis Sarcoma
Kasabach Merritt Syndrome
Krukenbergs Tumor
Large Cell Anaplastic Cancer
Large Cell Anaplastic Carcinoma
Large Cell Cancer
Large Cell Carcinoma
Large Cell Lymphoma
Large Cell Tumor
Leiomyosarcoma
Lesion
Leucosarcoma
Leukemia
Leukemic Crisis
Leukemic Infiltrate
Leukemic Infiltration
Leukemic Lymphosarcoma
Leukolymphosarcoma
Leukosarcoma
Linitis Plastica
Lipoblastoma
Lipoblastomatosis
Lipofibroma
Lipoma
Lipomyosarcoma
Lipomyxoma
Lipomyxosarcoma
Liposarcoma
Lobular
Lobular Carcinoma
Local
Local Distant
Lymphangiosarcoma
Lymphangiosarcoma
Lymphatic Leukemia
Lymphocytic Leukemia
Lymphocytic Lymphoma
Lymphocytic Lymphosarcoma
Lymphogenous Leukemia
Lymphohistiocytic Lymphoma
Lymphoid Leukemia
Lympholeukemia
Lymphoma
Lymphomatous Disease
Lymphoproliferative Disease
Lymphoproliferative Disorder
Lymphoreticular Proliferative Disorder
Lymphoreticularproliferative Disaese
Lymphoreticularproliferative Disorder
Lymphoreticulum Cell Leukemia
Lymphosarcoma
Lymphosarcoma Cell Leukemia
Lymphosarcoma Leukemia
Malignancy
Malignancy To
Malignant
Malignant Cachexia
Malignant Goiter
Mass
Medullary Carcinoma
Medulloblastoma
Megaadenoma
Megakaryocytic Leukemia
Megakaryocytic Myelosclerosis
Megakaryocytoid Leukemia
Megaloleukemia
Meigs Syndrome
Melanoma
Meningioma
Mesenchymoma
Mesoepithelioma
Mesothelioma
Metastases
Metastases To
Metastasis

Metastasis To
Metastatic
Metastatic "Cell Type" To
Metastatic Disease To
Metastatic Lesion To
Metastatic To
Microglioma
Mixed Cell Leukemia
Mixed Cell Lymphoma
Mixed Leukemia
Monocytic Leukemia
Monocytoid Leukemia
Monoleukemia
Monoleukocytic Leukemia
Monomyelocytic Leukemia
Monomyelogenous Leukemia
Mucinous Adenocarcinoma
Mucinous Adenofibroma
Mucinous Cancer
Mucinous Carcinoma
Mucinous Cystadenocarcinoma
Mucinous Cystadenocarcoma
Mucinous Cystadenoma
Mucoepidermoid Cancer
Mucoepidermoid Carcinoma
Mucoid Cell Adenocarcinoma
Multiple
Multiple Myeloma
Myelogenous Leukemia
Myeloid Leukemia
Myeloleukemia
Myeloma
Myelomonocytic Leukemia
Myeloproliferation Syndrome
Myeloproliferative Disease
Myeloproliferative Disorder
Myeloproliferative Syndrome
Myelosis
Myoliposarcoma
Myoma
Myxofibrosarcoma
Myxoliposarcoma
Myxopapillary Ependymoma
Myxosarcoma
Necrotic
Necrotizing
Neoplasm
Neoplastic Disease
Nephroblastoma
Nephroma
Neurilemmoma
Neurilemmosarcoma
Neuroblastoma
Neurofibromatosis
Neurofibrosarcoma
Neurogenic Sarcoma
Nodular Lymphcytic Leukemia
Nodular Lymphoma
Non Hodgkins Lymphoma
Non Oat Cell Carcinoma
Non Small Cell Carcinoma
Oat Cell Cancer
Oat Cell Carcinoma
Obstructed
Obstructive
Old
Oligodendroblastoma
Oligodendroglioma
Orchioblastoma
Origin (Originated In)
Osteochondrosarcoma
Osteofibrosarcoma
Osteogenic Sarcoma
Osteosarcoma
Pancoast Syndrome
Pancoast Tumor
Pancoasts Syndrome
Pancoasts Tumor
Papillary Adenocarcinoma
Papillary Cancer
Papillary Carcinoma
Papillary Ependymoma
Papillary Serous Adenocarcinoma
Papillary Serous Cystadenocarcinoma
Papillary Transitional (Cell) Carcimona
Perforating Pheochromoblastoma
Pheochromocytoma
Pinealoblastoma
Pinealoma
Pineoblastoma
Pineocytoma
Plasma Cell Leukemia
Plasma Cell Myeloma
Plasmacytic Myeloma
Plasmacytoma
Polycythemia
Polycythemia Rubra Vera
Polycythemia Vera
Polyp
Polyposis
Poor Differentiated
Poorly Differentiated
Primary (1)
Primary Site
Probable
Progressive
Promyelocytic Leukemia
Pseudofollicular Leukemia
Pseudomucinous Adenocarcinoma
Pseudomucinous Cancer
Pseudomucinous Carcinoma
Pseudomucinous Cystadenocarcinoma
Pseudomucinous Ovarian Cyst
Recklinghausens Disease
Recurrent
Renal Cell Adenocarcinoma
Renal Cell Cancer
Renal Cell Carcinoma
Residual
Reticular Proliferative Disorder
Reticularproliferative Disease
Reticuloendothelial Tumor
Reticulum Cell Sarcoma
Retinoblastoma
Rhabdomyosarcoma
Rhabdosarcoma
Round Cell Cancer
Round Cell Carcinoma Sarcoma
Sarcomatosis
Schilling Type Monocytic Leukemia
Schwannoma
Scirrhous Carcinoma
Secondary
Seminoma
Serous Adenocarcinoma
Serous Adenofibroma
Serous Cystadenocarcinoma
Signet Cell Adenocarcinoma
Sipples Syndrome
Small Cell Cancer
Small Cell Carcinoma
Small Cell Lymphoma
Spindle Cell Cancer
Spindle Cell Carcinoma
Squamous Cancer
Squamous Carcinoma
Squamous Cell Cancer
Squamous Cell Carcinoma
Stage D
Stage I
Stage IB
Stage II
Stage III
Stage IIIB
Stage IV
Stage IVB
Stem Cell Leukemia
Subependymoma
Subepidermal Fibrosis
Subleukemic Leukemia
Synovial Sarcoma
Systemic
T Cell Leukemia
T Cell Lymphoma
Teratoma
Terminal
Theca Cell Cancer
Theca Cell Carcinoma
Thecoma
Thrombocythemia
Thrombocytic Leukemia
Thymoma
Transitional (Cell) Cancer
Transitional (Cell) Carcinoma
Transitional Cell Tumor
Tumor
Type Undetermined
Type Unknown
Unclassified
Undifferentiated
Undifferentiated Type
Unknown Type
Vaguez Disease
Vaguez Osler Disease
Vernet Morrison Syndrome
Verrucous Carcinoma
Villous Adenocarcinoma
Villous Adenoma
Von Recklinghausens Disease
Von Recklinghausens Tumor
Wdha Syndrome
Well Differentiated
Widely
Widely Disseminated
Widely Metastatic
Widely Spread
Widespread
Wilms Tumor