



Better Death Certificates

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Before we begin

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Have a death? Don't know what to do?

- <https://ome.utah.gov>
- (801) 816-3850

What is a death certificate?

- Permanent legal record of an individual's death
 - Demographic data
 - Cause of death
 - Manner of death
 - Circumstances of injury and death
 - Certifier's name and title
- Required to obtain a burial/cremation permit
- Also used to:
 - Apply for insurance benefits
 - Settle pension claims
 - Transfer title of real and personal property

Death certificate structure

- Part I: [Immediate Cause of Death]
 - Due to:
 - Due to:
 - Due to:
- Part II: [Other Significant Conditions]
- Manner of Death:

Who is the primary audience?

- **Vital Records**
- Vital Records reviews every death certificate signed in Utah
- Vital Records flags atypical death certificates and sends them to the OME for review
 - Only mechanism as cause of death
 - Any death with manner other than Natural
 - Drugs listed in cause of death
 - Possible discordance between cause and manner

Vital Records is your audience

- It takes approximately 2 days for a questionable death certificate to get flagged and forwarded to the OME
- Next steps can take days or weeks:
 - Obtain pertinent medical records
 - Speak with family members
 - Speak with provider who signed death certificate
 - Speak with law enforcement
- This postpones final legal tasks and disposition of body



King Richard I

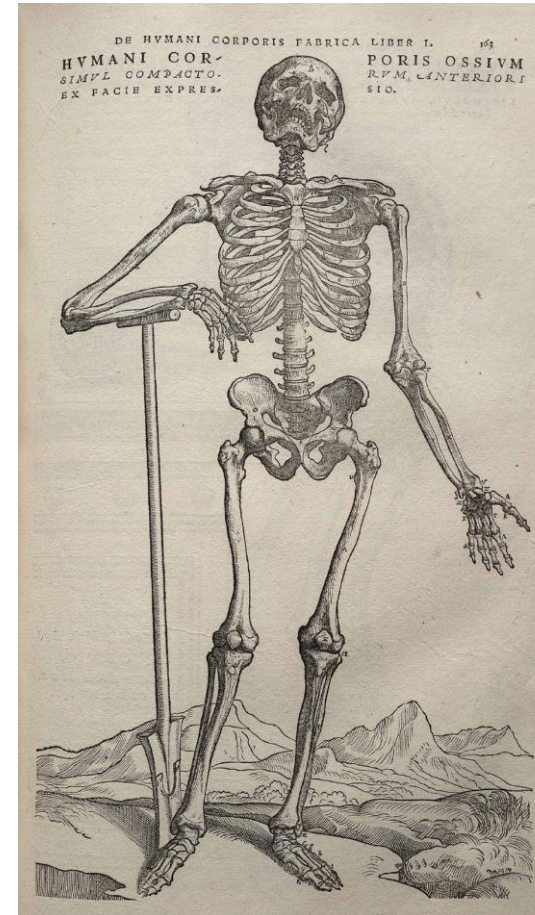


John



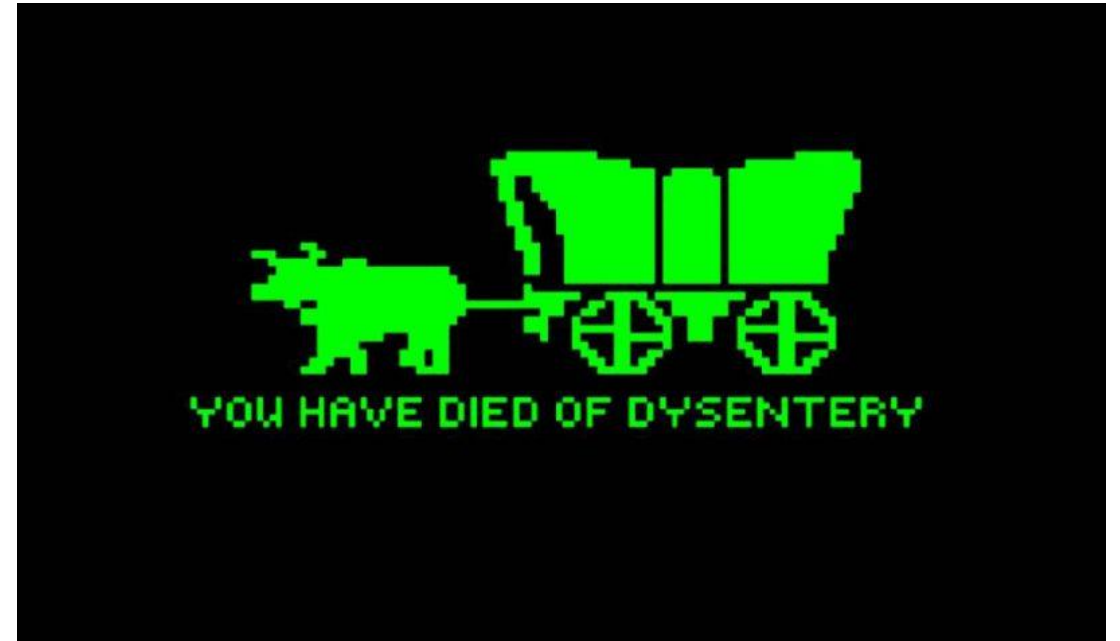
The coroner system

- Established by the Articles of Eyre (A.D. 1194)
- Revenue for Norman aristocracy
 - Property of felons forfeit to the crown
 - *Lex murdrorum*
- Counterbalance to Saxon sheriffs

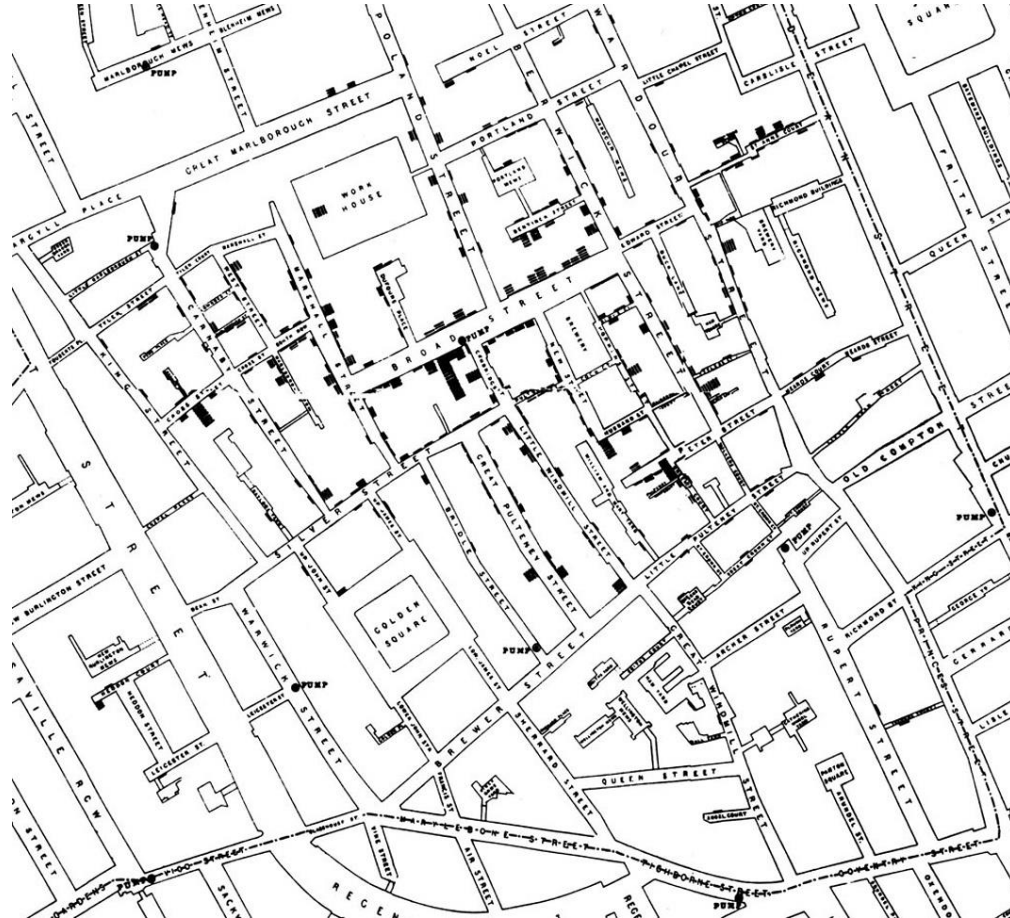


The birth of death certificates

- England (A.D. 1538)
 - Requirement for clergy
 - Christenings, marriages, burials
- Massachusetts Bay Colony (A.D. 1639)
 - New government job
 - Births, marriages, deaths



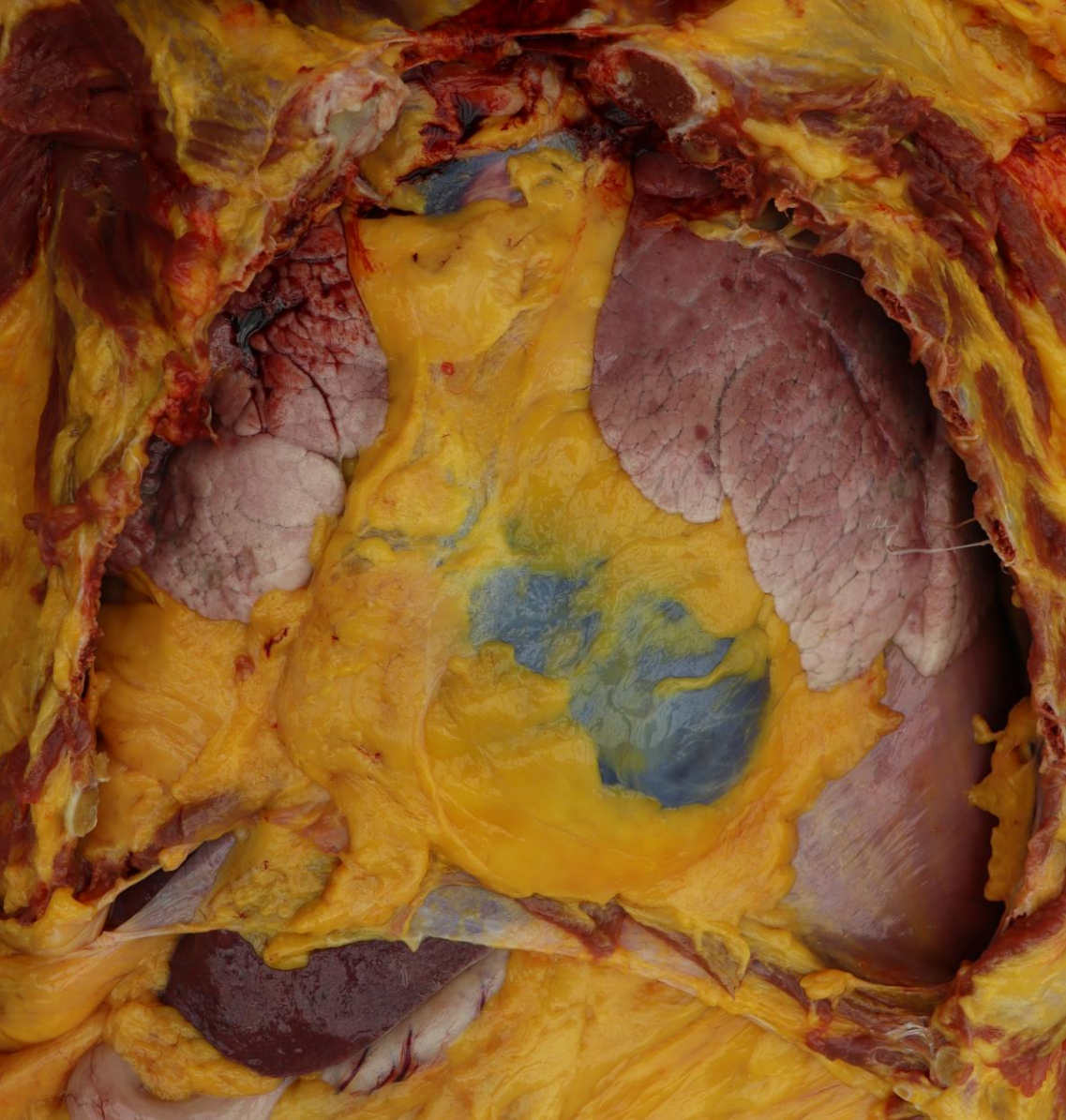
The utility of death certificates



Key points

- Virtually all of your death certificates should be **natural**
- Contact the OME if you think a natural death may fall under our jurisdiction
- Contact the OME **before** certifying a death as **accident**
- **Never** certify a manner of death as **suicide** or **homicide**
- Contact the OME if you have no idea what you are doing and need help*

*Applies only to death-related matters



DC 1A

- Part I: **Cardiac tamponade**
 - Due to: **Ruptured myocardial infarction**
 - Due to: **Coronary artery thrombus**
 - Due to: **Atherosclerotic cardiovascular disease**
- Part II:

- Manner of Death: **Natural**

DC 1B

- Part I: **Cardiac tamponade**
 - Due to: **Ruptured aortic dissection**
 - Due to: **Hypertensive and atherosclerotic cardiovascular disease**
 - Due to:
- Part II:
- Manner of Death: **Natural**

DC 1 Analysis

- Part I lays out the sequence of events that led to death
- “Due to” goes back as far as necessary
- Manner of death can be natural, accident, suicide, or homicide based on nature of original inciting event

DC 2

- Part I: **Cardiac arrest**
 - Due to:
 - Due to:
 - Due to:
- Part II:
- Manner of Death: **Natural**

RADFORD, Va., Feb. 6, 1985 – A 5,000-pound batch of nitroglycerine exploded at the Radford Army Ammunition Plant this morning, killing one worker, leaving another one missing and presumed dead, and turning the building where they were working into a half-acre crater.

One of the workers, James Ernest Brookman, 41, was talking on the telephone with a colleague about transporting a shipment of nitroglycerine when the explosion occurred at 8:53 a.m. Brookman was blown out of the building, where his body was found. The body of another employee, Earl Ray Burcham, 41, was not found – a common occurrence in blasts involving a highly volatile substance.

Source: Washington Post

DC 2 Analysis

- **Problem:** Only mechanism on death certificate
- **Solution:** Replace mechanism with disease, or add underlying disease that is responsible for mechanism

DC 2 – Better

- Part I: **Cardiac arrest**
 - Due to: **Hypertensive cardiovascular disease**
 - Due to:
 - Due to:
- Part II:
- Manner of Death: **Natural**

Sidebar

- You are tasked with developing a **public health** initiative that will improve the lives of the people in Utah
- You request that **Vital Statistics** pull 1,000 recent death certificates and organize them by cause of death
- What do you expect to find?

DC 3

- Part I: **Chronic kidney disease**
 - Due to: **Atherosclerotic cardiovascular disease**
 - Due to: **Chronic obstructive pulmonary disease (COPD)**
 - Due to: **Obesity**
- Part II:
- Manner of Death: **Natural**

DC 3 – Analysis

- **Problem:** Diseases are listed in Part I without regard to sequence of events
- **Solution:** Use professional judgement to decide most likely cause of death for Part I, include others in Part II if deemed significant

DC 3 – Better

- Part I: **Atherosclerotic cardiovascular disease**
 - Due to:
 - Due to:
 - Due to:
- Part II: **Chronic kidney disease, chronic obstructive pulmonary disease (COPD), obesity**
- Manner of Death: **Natural**

DC 4

- Part I: **Cardiac arrest**
 - Due to: **Hypertensive cardiovascular disease**
 - Due to:
 - Due to:
- Part II: **Obesity, diabetes mellitus, hip fracture from ground level fall**
- Manner of Death: **Natural**

DC 4 – Analysis

- **Problem:** Hip fracture is included on DC, this would make the manner **accident**
- **Solution 1:** If you feel the hip fracture contributed to death (very likely), contact the OME and *then* certify death as accident (designated representative case)
- **Solution 2:** If you feel the hip fracture did not contribute to death (unlikely but possible), remove it from the death certificate and certify it as natural



GLF
*





DC 4 – Better

- Part I: **Cardiac arrest**
 - Due to: **Hypertensive cardiovascular disease**
 - Due to:
 - Due to:
- Part II: **Obesity, diabetes mellitus, hip fracture from ground level fall**
- Manner of Death: **Accident**

DC 5

- Part I: **Probable myocardial infarction**
 - Due to: **Atherosclerotic cardiovascular disease**
 - Due to:
 - Due to:
- Part II: **Diabetes mellitus, obesity**
- Manner of Death: **Natural**

DC 5 – Analysis

- **Problem:** N/A
- The “burden of proof” for death certificates is a preponderance of evidence (more likely than not)
- It is acceptable to use terms like “probable” and “possible” to express some legitimate uncertainty while still conveying the best cause of death

DC 6

- Part I: **Complications of metastatic prostate cancer**
 - Due to:
 - Due to:
 - Due to:
- Part II:
- Manner of Death: **Natural**

DC 6 – Analysis

- **Problem:** N/A
- Death certificates often distill an immense amount of information into a few words on a few lines
- It is acceptable to use terms like “complications of” to condense myriad events that trace back to a common disease or event

DC 7


- Part I: **Natural causes incident to age**
 - Due to:
 - Due to:
 - Due to:
- Part II:
- Manner of Death: **Natural**

DC 7 – Analysis

- **Problem:** N/A
- “Natural causes” or “natural causes incident to age” are acceptable phrases to use on a death certificate
- This strategy is not very specific, but does exclude accident, suicide, and homicide

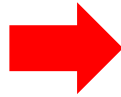
MCQ 1

Which of the following needs to be reported to the OME?

- A. 68-year-old female with recent diagnosis of ovarian cancer suffers cardiac arrest during a debulking surgery and cannot be resuscitated.
-  B. 38-year-old male with quadriplegia after being involved in a motor vehicle accident as a teenager, dies of septic shock after developing an infected decubitus ulcer.
- C. 9-year-old female with epilepsy becomes unresponsive after suffering a seizure and cannot be resuscitated.


MCQ 2

Which of the following needs to be reported to the OME?

- 
- A. 78-year-old female on hospice is diagnosed with a subdural hematoma after tripping on a rug and suffering a ground level fall. She has a DNR and is not resuscitated.
 - B. Mother delivers a demised fetus at the hospital. She has significant bruising on her abdomen and when confronted admits that she punched herself in the stomach because she was hoping to induce an abortion.
 - C. 50-year-old male with poorly controlled diabetes complicated by peripheral neuropathy and kidney failure is found deceased in bed by his wife.

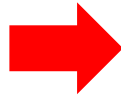
MCQ 3

Which of the following needs to be reported to the OME?

- A. 18-year-old non-mobile male with cerebral palsy dies of septic shock after developing an infected decubitus ulcer.
- B. 57-year-old male with liver cirrhosis due to chronic alcoholism is found unresponsive in his recliner by a friend. Law enforcement arrives at the scene and finds nothing suspicious.
-  C. 96-year-old female who resides at an assisted living senior care facility is found deceased with her head wedged between the bedrail and mattress during a routine nursing check.


MCQ 4

A 30-year-old male is involved in a motor vehicle accident, in which he suffered multiple skeletal fractures, left lung laceration with hemothorax, and liver laceration. He survived multiple surgical procedures but succumbed to his injuries 10 days later. Manner of death is considered an accident and you are acting as a Des Rep for the OME. What is the most appropriate way to fill out Part I of the DC?

- 
- A. Complications of blunt force injuries
 - B. Cardiopulmonary arrest due to motor vehicle collision
 - C. Anoxic brain injury

MCQ 5

A 50-year-old male is found deceased in bed by his wife. He has a complicated medical history including poorly controlled diabetes that has resulted in dialysis dependent end stage kidney disease, obesity, and atherosclerotic coronary artery disease. What is the most appropriate way to fill out Part I of the DC?

- A. Cardiopulmonary arrest
- B. Diabetes mellitus due to atherosclerotic coronary artery disease due to chronic obstructive pulmonary disease (COPD)
-  C. End stage kidney disease due to diabetes mellitus

Avoid the landmines

- Late DCs are generally worse than badly done DCs
 - Late DCs will cause problems for family members
 - No known litigation over badly done DCs
 - DCs are living documents and can be changed/amended
- The OME can help you, but will not necessarily save you the trouble
 - The OME is not responsible for DCs that do not fall under its jurisdiction
 - Not wanting to sign is not a legitimate reason to avoid signing a DC for your patient
 - Refusal to sign will pit you against the family of the decedent
- **Solution: Be thoughtful and sign in a timely manner**

Key points

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Questions?

