DEATH CERTIFICATE FORM

EVENT ID:          SEQUENCE NUMBER: 01  FORM CODE: DTH  VERSION: A 10-09-8

LAST NAME:                  INITIALS:

INSTRUCTIONS:
The Death Certificate Form is completed for each eligible death as determined by the Surveillance Event Eligibility Form, and for all Cohort deaths. Event ID and Name must be entered above. Refer to this form's Q by Q instructions for information on entering numerical responses. For multiple choice and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

DEATH CERTIFICATE FORM (VHA page 1 of 6)

A. INFORMATION FROM DEATH INDEX/CERTIFICATE

1. Decedent:
   a. First Name: ....
   b. Middle Name: ....
   c. Last Name: ....

2. Death Certificate Number: ....

3. Social Security Number: ....

4. Sex: ............ Male M  Female F

5. Race or ethnic group: ............ White/Caucasian W  Black/Negro B  Asian/Pacific Islander A  American Indian/Native Alaskan I  Unknown/Not Recorded U
DEATH CERTIFICATE FORM (UTAH page 2 of 6)

6. Hispanic: ..... Yes Y
       No  N
       Unknown  U

7. Marital status: .......... Married  M
       Single (never married)  S
       Separated  P
       Divorced  D
       Widowed  W
       Other  O
       Unknown/not recorded  U

8. Date of birth: .......... [ ] - [ ] - [ ]
       Month  Day  Year

9. Date of death: .......... [ ] - [ ] - [ ]
       Month  Day  Year

10. Age at death: .......... [ ]

11. Time of death (24 hr clock): ...... [ ] : [ ]

12. Where did the decedent die? ...... Hospital within catchment area  A
       Hospital out of catchment area or location unknown  B
       Nursing home  N
       Other  O
       n.(specify): __________________________

       Go to Item 15, Page 3

       Go to Item 14, Page 3
13. If decedent died in hospital: ........ Dead on arrival  
   Emergency room patient  A  
   Outpatient  B  
   Inpatient  C  
   None of above  D  
   Not recorded  E  

14. Name and location of hospital or nursing home: ........
   a. Name: ________________________________
   b. City: ________________________________
   c. State: ________________________________

15. Was this a coroner's or medical examiner's case? ....... Yes Y  
   No  N
   Go to Item 17

16. Coroner or Medical Examiner: ........
   a. Name: ________________________________
   b. Address: ________________________________
      ________________________________

17. Was an autopsy performed? ........ Yes Y  
   No  N

18. ICD9 code for underlying cause of death:  
   [ ] [ ] [ ] [ ]
19. All other listed ICD9 codes:
   a. 
   b. 
   c. 
   d. 
   e. 
   f. 
   g. 
   h. 
   i. 
   j. 

20. Transcribe up to 3 causes of death as they were recorded on the death certificate: ...........
   a. Immediate cause:
      ____________________________________________
   b. Due to or as a consequence of (1):
      ____________________________________________
   c. Due to or as a consequence of (2):
      ____________________________________________

21. Transcribe other significant conditions as they were recorded on the death certificate: ...........
   ____________________________________________
   ____________________________________________
   ____________________________________________
DEATH CERTIFICATE FORM (DHIA page 5 of 6)

12. Interval between onset and death
   for immediate cause of death: \(\ldots\ldots\ldots\) 3 minutes or less  A
   1 hour or less  B
   1 day or less  C
   1 week or less  D
   1 month or less  E
   More than 1 month  F
   Unknown or not recorded  U

23. Informant: \(\ldots\ldots\ldots\ldots\)
   a. Name: ________________________________
   b. Address: ________________________________

24. Relationship of informant to deceased: \(\ldots\ldots\ldots\ldots\) Spouse  S
   Other  O
   Unknown  U
   a. (specify): ________________________________

25. Spouse (If not informant listed above): \(\ldots\ldots\ldots\ldots\)
   a. Name: ________________________________
   b. Address: ________________________________

26. Certifying physician: \(\ldots\ldots\ldots\ldots\)
   a. Name: ________________________________
   b. Address: ________________________________
Based solely on the information gathered in this form, indicate what additional forms are needed:

<table>
<thead>
<tr>
<th>Form</th>
<th>Criteria based on this form</th>
</tr>
</thead>
<tbody>
<tr>
<td>IFI</td>
<td>(Item 12=0 or N) or (Item 12=A or B and Item 13=A,B, or C). Items 23 and/or 25 completed (contact relatives first when possible).</td>
</tr>
<tr>
<td>IFI</td>
<td>(Item 12=0 or N) or (Item 12=A or B and Item 13=A,B, or C). Items 23 and/or 25 completed (informant not already selected above).</td>
</tr>
<tr>
<td>PHQ</td>
<td>(Item 12=0 or N) or (Item 12=A or B and Item 13=A,B, or C). Item 26 completed and this is not the coroner or medical examiner.</td>
</tr>
<tr>
<td>PHQ</td>
<td>Item 12 = N and Item 14 completed.</td>
</tr>
<tr>
<td>EFA</td>
<td>Item 12 = A and Item 13 = D, E, or F. (Surveillance only)</td>
</tr>
<tr>
<td>EFA</td>
<td>Item 12 = A or B and Item 13 = D, E, or F. (Cohort only)</td>
</tr>
<tr>
<td>COR</td>
<td>(Item 12=0 or N) or (Item 12=A or B and Item 13=A,B, or C). Item 16 completed.</td>
</tr>
<tr>
<td>AUT</td>
<td>Item 17 completed (Cohort only)</td>
</tr>
</tbody>
</table>
DEATH CERTIFICATE FORM INSTRUCTIONS

I. GENERAL INSTRUCTIONS

The Death Certificate Form is completed for each eligible death as determined by the Surveillance Event Eligibility Form, and for all cohort deaths. The abstractor must be certified and should be familiar with the document titled "General Instructions For Completing Paper Forms" prior to completing this form. Event ID Number and Name (of decedent) should be completed in the form header section as described in that document.

II. DETAILED INSTRUCTIONS FOR VARIOUS QUESTIONS

1. Decedent's Name. Enter the first, middle, and last name of the decedent. Begin each name in the leftmost box using capital letters.

2. Death Certificate Number. This number will be found stamped or typed on the death certificate. If a computer printout is used, it must include this information. Record the number starting in the leftmost box. Do not add zeroes to the right of the number.

3. Social Security Number. If the Social Security Number is on the death certificate, copy it exactly. If none, enter '=' in each field.

4. Sex. Record the decedent's sex.

5. Race. Circle the response that corresponds to the race specified on the death certificate. If missing, record "U". If the death certificate just indicates Hispanic origin, then record "U", and indicate appropriately in Item 6 below.

6. Hispanic. Record "Y" (yes) if the death certificate clearly indicates that the decedent was of Hispanic origin. Record "N" (no) if the death certificate clearly indicates some other origin, i.e., "German", or "Scandinavian". If there is no information at all then record "U", i.e., if the death certificate merely indicates "White", then record "W" in Item 5 above, and record "U" in Item 6.

7. Marital Status. Record as listed. If certificate just says "not married" or "S", record as "Single".

8. Date of Birth. Enter as listed on the death certificate.

9. Date of Death. Enter as listed on the death certificate.

10. Age at death. If the age at death is recorded on the death certificate, check by using the following algorithm. Also if age is not recorded, then use this algorithm to compute it.

   1) If the month and day of birth fall before the month and day of death, subtract the year of birth from the year of death.

   2) If the month and day of birth fall after the month and day of death, subtract (year of birth + 1) from the year of death.

Record the correct age on the form. If the age at death cannot be computed then enter "=" in each field.
1. **Time of Death.** Convert all times to a 24 hr. clock and record. Enter unknown as '=' in each field.

12. **Location of Death.** If in a hospital or other institution, its name will usually be listed; otherwise, a street address is usually provided. If a hospital location, refer to your center's list of catchment area hospitals, and indicate whether or not it is in the catchment area. If so, this would indicate the need for hospital record abstraction. If the decedent died in a nursing home, enter "N". If the decedent died at home or at another residence, or at a non-hospital institution enter "O" and then specify. If "other", transcribe as written on death certificate for the location of death. If obviously the home, indicate this in parentheses. Note the skip pattern.

13. **In Hospital Location.** If an in-hospital death most death certificates will specify whether it was DOA, ER, inpatient, etc. If this information is not recorded then circle "F" (not recorded).

14. **Hospital.** Enter the name and location of the hospital, including the city and state.

15. **Coroner's Case.** Record "Y" or "N" as indicated on the death certificate. Coroners cases will be investigated using the COR Form, for out-of-hospital deaths only. Note the skip pattern.

16. **Coroner or Medical Examiner.** Record the name and address of the medical examiner or coroner who signed the death certificate. Provide as much detail as is recorded on the death certificate.

17. **Autopsy.** Record "Y" if the death certificate indicates that an autopsy was performed. If not recorded circle "N".

18. **ICD9 code for underlying cause of death.** The underlying cause is the most important or primary cause that lead to this death. It may not be the same as the first or "immediate" cause, and is assigned by a nosologist or a computer. Enter the ICD9 Code for the underlying cause of death recorded on the central death index computer listing. If the first character is a letter, record that letter in the first box, followed by the 3-digit number (right justified to the decimal point). Otherwise, record the 3-digit number with the first box left blank. If a fourth digit (i.e. to the right of decimal point) is not given, leave decimal field blank. Do not zero fill! See examples on the Surveillance Event Eligibility Form Instructions.

19. **All other listed ICD9 codes.** Record all other ICD9 codes for the other causes of death, up to ten, exactly as they are listed on the death index computer listing. This list may include the code for the underlying cause of death recorded in Item 18. Enter the codes in the same way as for Item 18.

20. **Causes of death.** Transcribe the causes of death exactly as recorded on the death certificate. Sometimes two causes will be listed on one line of the death certificate. Record them similarly on the form.
1. Other significant conditions. Transcribe the other significant conditions contributing to the death, exactly as recorded on the death certificate.

22. Interval between onset and death. Enter the shortest possible category for the immediate cause of death, as recorded on the death certificate. If this is missing, do not substitute the interval for another cause. Instantaneous should be recorded as "5 minutes or less."

23. Informant. Most death certificates have a line for informant. Often this is the spouse, but it may be a co-worker, etc. Record the name and address. Provide as much detail as is recorded on the death certificate.

24. Relationship of informant. Record as listed on the death certificate. If no information is provided then record "U". Note the skip pattern.

25. Spouse. Record the name and address of the decedent's spouse if not the informant already listed in Item 23. If the death certificate does not contain any information on the spouse then leave blank.

26. Certifying physician. Record the name and address of the certifying physician who signed the death certificate. In some cases this may also be the coroner or medical examiner.

27. Date abstract completed. Record the date the death certificate abstract is completed.

28. Code number of abstractor. The field center staff member who has performed the abstraction and completed the form must enter his/her valid ARIC code number in the boxes provided.

Complete the form flags at the end of the form by placing an X in the appropriate box(es), indicating other forms that need to be collected for this event. Each form flag refers to one or more items on this form that define the criteria for that form flag.

NOTE: Do not complete this section for cohort deaths that are not eligible by the criteria established in the Cohort Event Eligibility Form.