COUNTY OF SAN DIEGO
Department of Health Services
P.O. Box 85222, San Diego, CA 92138-5222

PHYSICIANS' BULLETIN

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Health Officer, 236-2237

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DEATH CERTIFICATE REVISED

The State's Certificate of Death has been revised significantly. Old copies of the certificate, dated 1/85, should be destroyed and only the new, dated 1/89, should be used. The following is an explanation of those changes along with a copy of the new certificate. Instructions cover only items in the shaded area, that portion of the certificate physicians are responsible for certifying.

Item 2A — **Date of Death.** While this section has not changed, it is important to note that the month must be spelled out or the standard abbrevation used. Do not use a number. This entry should be typewritten.

Item 2B — **Hour of Death.** This section has not changed but physicians are requested to use the 24-hour clock with no punctuation, i.e., for 8:00 p.m. use 2000 hours. This information should be typewritten.

Item 19 — **Place of Death.** All sections of this item should be typewritten.

A - Enter location where death occurred (e.g., residence, name of hospital, name of convalescent home, name of retirement home, etc.).

B - If death occurred in an acute care hospital, enter "IP" for In-Patient, "ER/OP" for Emergency Room or Out-Patient, or "DOA" for Dead on Arrival. If death did **not** occur in an acute care hospital, enter a dash or "n/a."

C - Enter the county of death.

D - Enter the street address where the death occurred. P.O. boxes are not acceptable. Please enter the physical location.

E - Enter the city of death.

Item 21 — **Cause of Death.** For statistical and research purposes, the causes of death must be reported as specifically and precisely as possible. Enter one condition per line with the most recently developed condition at the top and the underlying cause on the lowest line used. It is not necessary to use all three lines; use as many as are appropriate, as many as will give a clear picture of the cause of death.

(MORE)

A - Enter the immediate cause of death and the time interval between onset and death. This is the final disease or complication directly causing death. This does not mean the mode of dying. The mode of dying (for example, cardiac or respiratory arrest) is not specifically related to the disease process, but merely attests to the fact of death and provides no additional information on the cause of death.

B - Enter the disease or complication, if any, that gave rise to the immediate cause of death and the interval between onset and death.

C - Enter the underlying cause of death and the interval between onset and death. This is the disease that initiated the sequence of events leading directly to death.

NOTE: If death was caused by a complication of, or from an accident in surgery or other medical procedure, it is important to report what the complication or accident was, what medical procedure was performed, and what condition was being treated.

Item 22 **Report to Coroner.** Mark the appropriate box, "Yes" or "No." Enter the Coroner's waive (referral) number if "Yes" is marked. If you call the Coroner's office to report the case and they **do not** give you a waive number, you must mark "No." There are times when you may want to discuss a case with the Coroner's office, but they do not consider the case reportable. They will not issue a waive number because they do not want to inflate their statistics on reportable cases. Mark the "Yes" box only when you are given the waive number by the Coroner's staff.

Item 23 **Biopsy.** Mark "Yes" or "No" as appropriate.

Item 24A **Autopsy.** Mark "Yes" or "No" as appropriate.

Item 24B **Autopsy.** If autopsy findings were used in determining the cause of death, mark "Yes." If no autopsy was performed, this item may be left blank.

Item 25 **Other Conditions.** List other important diseases or conditions that were present at the time of death but did not lead to the underlying cause listed in Item 21. You **must** include the existence of any cancer (if not already listed in Item 21) per Health and Safety Code 10225.

Any disease, abnormality or injury you believe to have adversely affected the decedent should be reported. If the use of alcohol and/or other substances or a smoking history or a recent pregnancy was believed to have contributed to death, this condition should be reported. The conditions present at the time of death may be completely unrelated, arising independently of each other, or they may be causally related to each other.

Item 26 **Operations.** Enter the dates and types of any operations relating to a condition listed in Items 21 and 25.

(MORE)

Item 27A **Attendance Dates.** Enter the date the deceased was first attended and the date he or she was last attended alive. Report the death to the Coroner (694-2895) if the deceased had not been attended by a physician in the 20 days before death (Govt. Code Sec. 27491).

Items 27B-D **Signature.** The licensed physician last in attendance or his/her designated physician must sign the completed statement, including degree, license number, and date of certification. Rubber stamps or other facsimile signatures are not acceptable.

If the designated physician is signing in place of the attending physician, he/she must enter his/her **own** license number, but the **dates of attendance** must be those of the **attending** physician.

Item 27E **Typed Name.** Type in the name, degree and address of the attending physician. If the certificate is being signed by the designated physician, type in the name of the signing physician, the word "for" and the name and address of the attending physician (both names must appear).

If there are any questions on these instructions, please contact Vicki Call or Twila Scribner of County Health Services' Vital Records office, 236-2297.

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CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (FAMILY) | 2A. DATE OF DEATH—MONTH, DAY, YEAR | 2B. HOUR | 3. SEX

4. RACE | 5. SPANISH/HISPANIC ☐ YES ☐ NO SPECIFY | 6. DATE OF BIRTH—MONTH, DAY, YEAR | 7. AGE IN YEARS | IF UNDER 1 YEAR: MONTHS, DAYS | IF UNDER 24 HOURS: HOURS, MINUTES

8. STATE OF BIRTH | 9. CITIZEN OF WHAT COUNTRY | 10A. FULL NAME OF FATHER | 10B. STATE OF BIRTH | 11A. FULL MAIDEN NAME OF MOTHER | 11B. STATE OF BIRTH

12. MILITARY SERVICE? 19 ___ TO 19 ___ ☐ NONE | 13. SOCIAL SECURITY NUMBER | 14. MARITAL STATUS | 15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)

16A. USUAL OCCUPATION | 16B. USUAL KIND OF BUSINESS OR INDUSTRY | 16C. USUAL EMPLOYER | 16D. YEARS IN USUAL OCCUPATION | 17. NUMBER OF HIGHEST GRADE COMPLETED (1–12 OR COLLEGE 13–17+)

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION | 18B. CITY | 18C. ZIP CODE

18D. COUNTY | 18E. NUMBER OF YEARS IN THIS COUNTY | 18F. STATE OR FOREIGN COUNTRY | 20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT

PLACE OF DEATH

19A. PLACE OF DEATH | 19B. IF HOSPITAL, SPECIFY ONLY IP, ER/OP, DOA | 19C. COUNTY

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION | 19E. CITY | TIME INTERVAL BETWEEN ONSET AND DEATH | 22. WAS DEATH REPORTED TO CORONER? ☐ YES ☐ NO REFERRAL NUMBER

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)—TYPE OR PRINT

IMMEDIATE CAUSE (A) ▶ | 23. WAS BIOPSY PERFORMED? ☐ YES ☐ NO

DUE TO (B) ▶ | 24A. WAS AUTOPSY PERFORMED? ☐ YES ☐ NO

DUE TO (C) ▶ | 24B. IF YES, WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☐ NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 | 26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? MONTH, DAY, YEAR TYPE

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR | DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR | 27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN ▶ | 27C. PHYSICIAN'S LICENSE NUMBER | 27D. DATE SIGNED

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS

CORONER'S USE ONLY

I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. | 28A. SIGNATURE OF CORONER OR DEPUTY CORONER ▶ | 28B. DATE SIGNED

29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined | 30A. PLACE OF INJURY | 30B. INJURY AT WORK ☐ YES ☐ NO | 30C. DATE OF INJURY MONTH, DAY, YEAR | 31. HOUR

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY) | 33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION | 34B. PLACE OF FINAL DISPOSITION | 34C. DATE OF DISPOSITION MONTH, DAY, YEAR | 35A. SIGNATURE OF EMBALMER | 35B. LICENSE NUMBER

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) | 36B. LICENSE NO. | 37. SIGNATURE OF LOCAL REGISTRAR ▶ | 38. REGISTRATION DATE

STATE REGISTRAR

A. | B. | C. | D. | E. | F. | CENSUS TRACT

VS-11 (REV. 1-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS