Glencoe Regional Health Services

Death Certificates

Dr. Peter Smyth

June 21, 2011

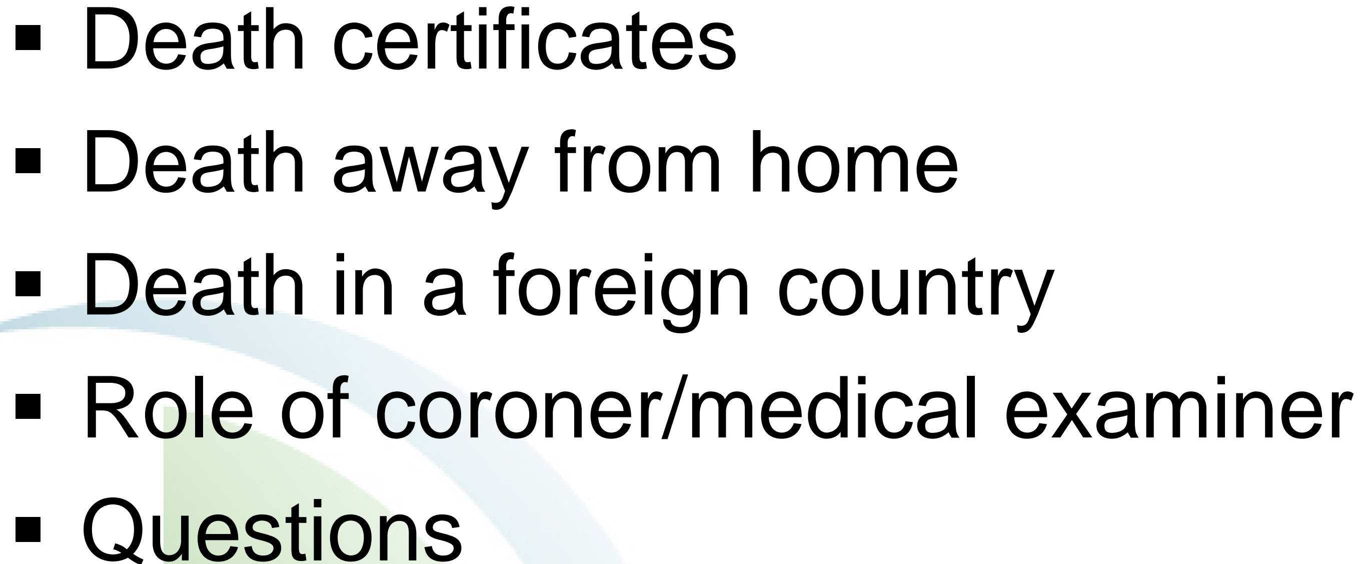
Important Notice

The information contained in this document is for informational purposes only. It is not intended to diagnose or treat specific patients and should not be used as a substitute for the medical care and advice of your health care provider. In addition, this document may contain references to specific products and/or medications. Such references, whether by brand name or generically, are provided for informational purposes only and do constitute endorsement, recommendation, or approval by GRHS or its medical providers. Always consult a medical professional if you have concerns regarding your health. If you are experiencing a medical emergency, dial 911.

Birth Certificate

Tonight we will cover:

- Death certificates
- Death away from home
- Death in a foreign country
- Role of coroner/medical examiner
- Questions



Documentation of Death Form from the Minnesota Dept. of Health, Office of the State Registrar

Minnesota Department of Health - Office of the State Registrar - MN VRV2000 Documentation of Death
For Administrative Use Only

1a Decedent's First Name | 1b Decedent's Middle Name

1c Decedent's Last Name | 1d Decedent's Maiden Name | 1e Prefix | 1f Suffix | 2 Sex | 3 SSN

4a Alias' First Name | 4b Alias' Middle Name | 4c Alias' Last Name | 4d Prefix | 4e Suffix

5a Date of Death | 5b Found ☐ Yes ☐ No | 6 Date of Birth | 7a Age (in years) | Under 1 Year: 7b months, 7c days | Under 1 Day: 7d hours, 7e minutes

8 Birthplace (City, State or Foreign Country) | 9 Father's Name (First, Middle, Last) | 10 Mother's Name (First, Middle, Maiden)

11a Marital Status ☐ Married ☐ Divorced ☐ Widowed ☐ Never Married | 11b Spouse's Name (First, Middle, Last/Maiden) | 12 Race (<2004 use box 12) (2004+ use Page 2) | 13 Hispanic Origin (<2004 use box 13) (2004+ use Page 2)

14 Education (Highest completed) | 15 Decedent's Usual Occupation | 16 Kind of Business or Industry | 17 U.S. Veteran ☐ Yes ☐ No

18a Residence of Decedent (Street and Number) | 18b State | 18c County | 18d City or Township | 18e Zip Code | 18f In City Limits ☐ Yes ☐ No

19a Informant's Name (First, Middle, Last) | 19b Informant's Relationship

20a. Place of Death (Specify One) ☐ Hosp. ☐ Hspc. ☐ N.H. ☐ Board/Care ☐ Supervised Facility ☐ Res. ☐ Other (Specify) | 20b Name of Facility Where Death Occurred (If not institution, specify street address) | 20c If Hospital (specify one) ☐ Inpatient ☐ ER ☐ DOA ☐ Other

21 County of Death | 22 City or Township of Death | 23 Method of Disposition (Check all that apply) ☐ Burial ☐ Entombment ☐ Donation ☐ Cremation ☐ Other (Specify)

24 Date of Disposition | 25a Cemetery Name

25b Cemetery State | 25c Cemetery City

26a If Cremation, Specify Crematory Name | 26b If Cremation, Specify Name of M.E./ Coroner Authorizing Cremation (First, Middle, Last)

27a Funeral Director's License Number | 27b Funeral Director's Name (First, Middle, Last)

28a Funeral Home's Establishment Number | 28b Funeral Home Responsible for Disposition

29a Physician's Lic# | 29b Physician's Name and Title ☐ M.D. ☐ Coroner/M.E. ☐ D.O.

30 Physician's Address (Street and Number, City, State, Zip)

31 Dates that physician attended the deceased
31a From Date | 31b To Date | 31c Last Date visited deceased | 32 Physician viewed the body after death ☐ Yes ☐ No

33 Part I — Enter the diseases, injuries, or complications that caused death. Do not enter the mode of dying, such as cardiac or respiratory shock or heart failure. List only one cause per line. | Interval between onset and death

IMMEDIATE cause of death (final disease or condition resulting in death) a.

Due to (or as a consequence of)

Sequentially list conditions, if any, leading to the immediate cause. Enter UNDERLYING cause last, (disease or injury that initiated events resulting in death). b.

Due to (or as a consequence of)

c.

Due to (or as a consequence of)

d.

34 Part II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

35 Time of Death | 36 Was Female Pregnant at Death? ☐ Yes ☐ No ☐ Unknown In Last 12 Months? ☐ Yes ☐ No ☐ Unknown

37 Manner of Death (If Manner of Death is not Natural then death must be referred to a M.E. or Coroner)
☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Cannot be Determined ☐ Not Classifiable

38 Autopsy ☐ Yes ☐ No | 39 Autopsy Results Available ☐ Yes ☐ No | 40 M.E./Coroner Notified ☐ Yes ☐ No | 41 Diagnosis Deferred ☐ Yes ☐ No | 42 Injury Occurred ☐ Yes ☐ No

43a Place of Injury (Street and Number, City, State, Zip)

43b Describe How Injury Occurred

43c Type of Place Where Injury Occurred | 43d Date of Injury | 43e Time of Injury | 43f Injury at Work ☐ Yes ☐ No

Funeral Director/Mortician Signature ______________________
(Signature and submission of form to MDH not required if filed electronically through MN VRV2000)

Coroner/Physician/ME Signature ______________________
(Signature and submission of form to MDH not required if filed electronically through MN VRV2000)

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1a Decedent's First Name	1b Decedent's Middle Name

1c Decedent's Last Name	1d Decedent's Maiden Name	1e Prefix	1f Suffix	2 Sex	3 SSN

4a Alias' First Name	4b Alias' Middle Name	4c Alias' Last Name	4d Prefix	4e Suffix

5a Date of Death	5b Found	6 Date of Birth	7a Age (in years)	Under 1 Year		Under 1 Day	
	☐ Yes ☐ No			7b months	7c days	7d hours	7e minutes

8 Birthplace (City, State or Foreign Country)	9 Father's Name (First, Middle, Last)	10 Mother's Name (First, Middle, Maiden)

11a Marital Status	11b Spouse's Name (First, Middle, Last/Maiden)	12 Race (<2004 use box 12) (2004+ use Page 2)	13 Hispanic Origin (<2004 use box 13) (2004+ use Page 2)
☐ Married ☐ Divorced ☐ Widowed ☐ Never Married			

14 Education (Highest completed)	15 Decedent's Usual Occupation	16 Kind of Business or Industry	17 U.S. Veteran
			☐ Yes ☐ No

18a Residence of Decedent (Street and Number)	18b State	18c County	18d City or Township	18e Zip Code	18f In City Limits
					☐ Yes ☐ No

19a Informant's Name (First, Middle, Last)	19b Informant's Relationship

Documentation of Death Form

20a. Place of Death (Specify One) ☐ Hosp. ☐ Hspc. ☐ N.H. ☐ Board/Care ☐ Supervised Facility ☐ Res. ☐ Other (Specify)	20b Name of Facility Where Death Occurred (If not institution, specify street address) 20c If Hospital (specify one) ☐ Inpatient ☐ ER ☐ DOA ☐ Other
21 County of Death	22 City or Township of Death
24 Date of Disposition	25a Cemetery Name
23 Method of Disposition (Check all that apply) ☐ Burial ☐ Entombment ☐ Donation ☐ Cremation ☐ Other (Specify)	
25b Cemetery State	25c Cemetery City
26a If Cremation, Specify Crematory Name	26b If Cremation, Specify Name of M.E./ Coroner Authorizing Cremation (First, Middle, Last)
27a Funeral Director's License Number	27b Funeral Director's Name (First, Middle, Last)
28a Funeral Home's Establishment Number	28b Funeral Home Responsible for Disposition

Documentation of Death Form

29a Physician's Lic#	29b Physician's Name and Title ☐ M.D. ☐ Coroner/M.E. ☐ D.O.		
30 Physician's Address (Street and Number, City, State, Zip)			
31 Dates that physician attended the deceased 31a From Date	31b To Date	31c Last Date visited deceased	32 Physician viewed the body after death ☐ Yes ☐ No

33 Part I	Enter the diseases, injuries, or complications that caused death. Do not enter the mode of dying, such as cardiac or respiratory shock or heart failure. List only one cause per line.	Interval between onset and death
IMMEDIATE cause of death (final disease or condition resulting in death).	a.	
	Due to (or as a consequence of) b.	
Sequentially list conditions, if any, leading to the immediate cause. Enter UNDERLYING cause last, (disease or injury that initiated events resulting in death).	Due to (or as a consequence of) c.	
	Due to (or as a consequence of) d.	

34 Part II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

35 Time of Death	36 Was Female Pregnant at Death? ☐ Yes ☐ No ☐ Unknown In Last 12 Months? ☐ Yes ☐ No ☐ Unknown

Documentation of Death Form

37 Manner of Death (If Manner of Death is not Natural then death must be referred to a M.E. or Coroner)

☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Cannot be Determined ☐ Not Classifiable

38 Autopsy	39 Autopsy Results Available	40 M.E./Coroner Notified	41 Diagnosis Deferred	42 Injury Occurred
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

43a Place of Injury (Street and Number, City, State, Zip)

43b Describe How Injury Occurred

43c Type of Place Where Injury Occurred	43d Date of Injury	43e Time of Injury	43f Injury at Work
			☐ Yes ☐ No

Funeral Director/Mortician Signature ______________________________

(Signature and submission of form to MDH not required if filed electronically through MN VRV2000)

Coroner/Physician/ME Signature ______________________________

(Signature and submission of form to MDH not required if filed electronically through MN VRV2000)

Documentation of Death Form Page 2

(Race & Hispanic Origin Data Collection)

Decedent's Name ______________________________

Date of Death ______________________________

Multiple Race and Hispanic Origin Collection Form
Dates of Death beginning January 1, 2004

(Deaths prior to 1/1/2004, complete boxes 12 and 13, Page 1)

RACE:

Check one or more races to indicate what the decedent considered himself or herself to be.

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (name of enrolled or principal tribe(s))______________________________
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (specify)______________________________
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (specify)______________________________
- ☐ Other (specify)______________________________
- ☐ Unknown
- ☐ Not Obtainable
- ☐ Refused

HISPANIC ORIGIN:

Check the box or boxes that best describe whether the decedent was Spanish/Hispanic/Latino. Check the "No" box if decedent was not Spanish/Hispanic/Latino

- ☐ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latino (specify)______________________________
- ☐ Unknown if Spanish/Hispanic/Latino
- ☐ Not Obtainable
- ☐ Refused

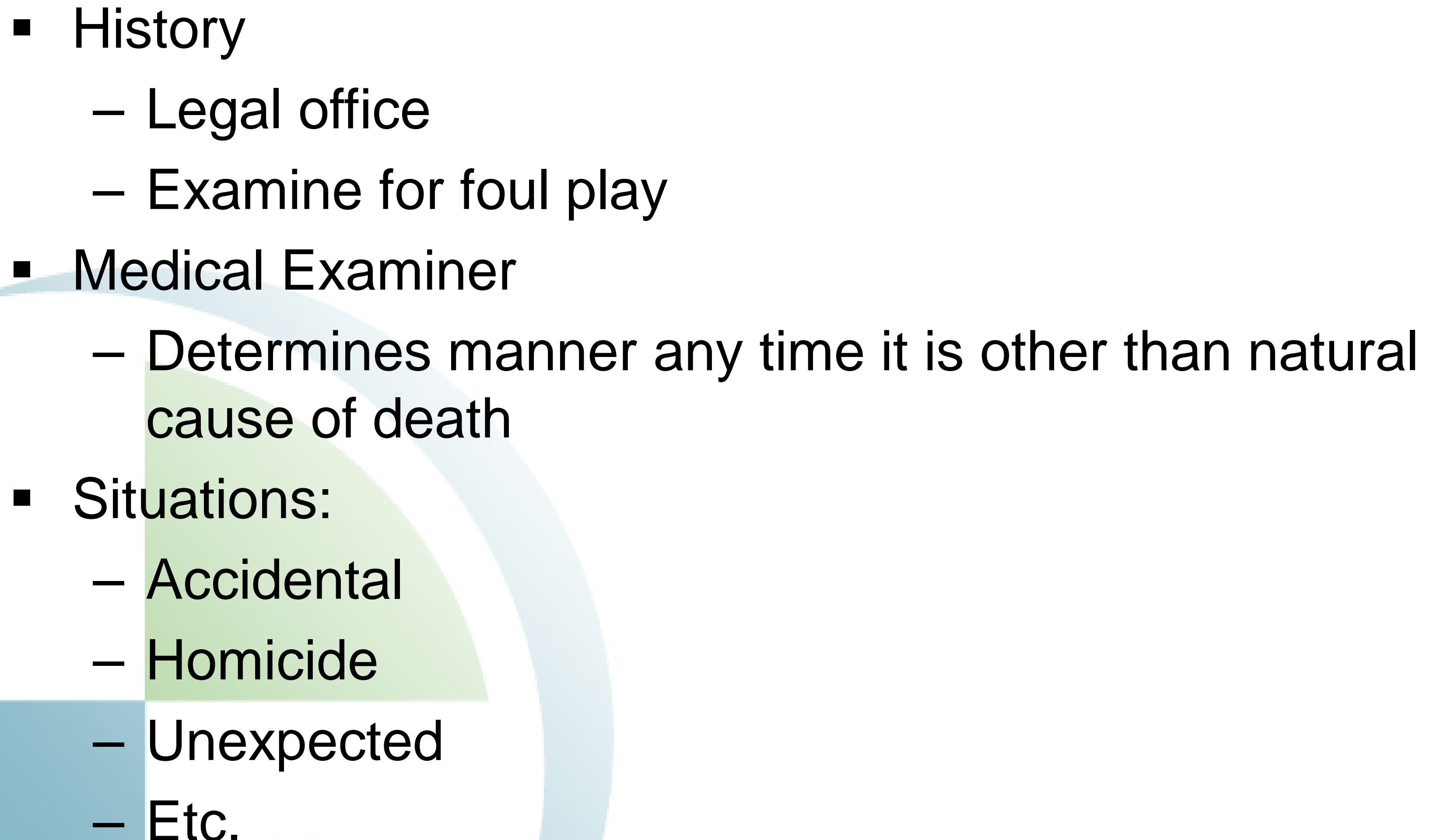
Death away from home

- Local authorities in charge
- Call your local funeral home or clinic
  - They will make arrangements and help

Death in a foreign country

- They are in control
  - U.S. Consulate
- Local funeral home

Coroner (Medical Examiner)



- History
  - Legal office
  - Examine for foul play
- Medical Examiner
  - Determines manner any time it is other than natural cause of death
- Situations:
  - Accidental
  - Homicide
  - Unexpected
  - Etc.

Questions