

**DEATH CERTIFICATE FORM INSTRUCTIONS**  
**DTH, VERSION H, 09/20/2021**  
**DTH QxQ 09/20/2021**

**I. GENERAL INSTRUCTIONS**

The Death Certificate Form is completed 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.

**SPECIAL NOTE ON POSSIBLE DUPLICATION:**

Since many deaths are listed on both the hospital discharge index and the state death index, survey personnel must compare these lists carefully to avoid duplicating the investigation of in-hospital CHD deaths.

**II. DETAILED INSTRUCTIONS FOR VARIOUS QUESTIONS**

**A. INFORMATION FROM DEATH INDEX/CERTIFICATE**

Item 1. Decedent's Name. Enter the first, middle, and last name of the decedent. Begin each name in the leftmost box using capital letters. The name fields on the DTH form are populated from the CEL form, if available.

Item 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.

Item 3. Social Security Number. If the Social Security Number is on the death certificate, copy it exactly. If for some reason the entire SSN cannot be abstracted, then abstract all digits available and leave the rest blank.

Item 3a. Decedent's place of residence at time of death, including street, city, state, and zipcode. If the decedent is homeless, use the address of the shelter for residence at time of death. Enter "No" if the decedent's place of residence is unavailable and skip to item 4.

Item 3b. Address Information This item has been divided into five major components: [3.B.1] PO Box, Box and / or Route and Number; [3.B.2-4] Street Number; [3.B.5-8] Street Name; [3.B.9-12] Unit; and [3.B.13] Other. Pertinent fields should be completed only when necessary. Other fields should remain blank. Please see Appendix A for examples.

Item 3.b.1. If there is no PO Box, Box or Route and Number, leave blank. PO Box, Box and / or Route should include all relevant descriptors and numbers, e.g. "PO BOX" (post office box), "BOX", "R" (route), "RR" (rural route), et cetera.. For example, if the address in the medical record is "Route 16, Box 14-A", item 3.B.1 = ROUTE 16 BOX 14 A.

Item 3.b.2. Street Number Prefix (refers only to prefixes for the number in 3.b.3.) If there is no street number, leave blank. This item is designed for alphanumeric characters that may precede street numbers and may be

separated from them by a hyphen. Hyphens should be dropped at data entry. An example might be B-21 East Main Street. The “B” would be entered in 3.b.2.

Item 3.b.3. Street Number This question should include numeric street data only. If there is no street number, leave blank. For example, if the address is B 21 Main Street, “21” would be recorded in 3b.3.

Item 3.b.4. Street Number Suffix (refers only to suffixes for the number in 3.b.3.) This item is designed for alphanumeric characters that may follow street numbers and may be separated from them by a hyphen. Hyphens should be dropped at data entry. An example might be 21-B East Main Street. The “B” would be entered in 3.b.4. If there is no suffix, leave blank.

Item 3.b.5. Street Name Prefix This item typically refers to street directions (e.g. EAST; NORTH; SOUTH; WEST) or their common abbreviations and combinations (e.g. E; N; NE; NO; NW; S; SE; SO; SW; W). Generally, only a prefix or a suffix [question 3.b.8.]—but not both—are available. For example, if the address is 21-B East Main Street, the “E” is entered in item 3.b.5. If there is no street prefix, leave blank.

Item 3.b.6. Street Name This item refers to the name of the street, avenue, etc. If the address is 21-B East Main Street, then “Main” would be entered into item 3.b.6. Digits must be used for entering numbered street names. For example “1300 South Second Street” should be entered as - street prefix “S”, and street name “2ND”, and “ST” as street type; “Five Public Square” should be entered as “5 Public Square”. The “street number” for any street must also be expressed as digits (although street number prefix and/or suffix could be letters).

Item 3.b.7. Street Name type This item refers to the type of roadway used in the address. If the address is 21-B East Main Street, then “Street” would be entered into item 3.b.7. If none leave blank.

Item 3.b.8. Street Name Suffix This item typically refers to street directions (e.g. EAST; NORTH; SOUTH; WEST) or their common abbreviations and combinations (e.g. E; N; NE; NO; NW; S; SE; SO; SW; W). Generally, only a suffix or a prefix [question 3.b.5.], but not both, are available. For example, if the address is 21-B Main Street East, the “E” is entered in item 3.b.8.

Item 3.b.9, 10, 11, 12. Unit Type/Unit Prefix/Unit Identifier/Unit Suffix Item [3.b.9] Unit Type usually designates a building, apartment or other unit in a residential complex or neighborhood. These units are often abbreviated in standard format e.g. “BLDG”, “APT” et cetera. They are often labeled by an alphanumeric identifier and prefix or suffix. If none leave blank.

For example, if the address in the medical record includes “Apt A-1”, then item [3.b.9] Unit Type = APT; [3.b.11] Unit Identifier = A, and [3.b.12] Unit Suffix = 1. When two units are included in the same address, e.g. “Bldg A Apt 1”, both units and identifiers should be recorded and separated by a forward slash “/”, as follows: [3.b.9] Unit Type = BLDG/APT; [3.b.11] Unit Identifier = A/1. Note that item [3.b.12] Unit Suffix should remain blank in the latter example.

Item 3.b.13. Other Formal names (e.g. professional or business offices, residential neighborhoods or complexes, and assisted-living or skilled nursing facilities) that may accompany street addresses are typically superfluous. They should be separated from the remainder of the address and recorded in item [3.b.13].

Item 3.c.1. City The city of residence for the address being transcribed. Please recognize that abbreviations of city (W-S, G’boro, Mnpls, Bham, Pgh, NYC, Brklyn, LA, SD, et cetera) must be transcribed in full into the address entry panel.

Item 3.d.1. County The county of residence for the address being transcribed. If the county is unavailable or suspect, leave blank. It can be compared to information from the Federal Information Processing Codes returned by the geocoding vendor at the time of analysis. NOTE: Some states do not have cities that reside in counties, so county information may not be available.

3.e. State The state of residence for the address being transcribed. Abbreviations for states should follow the standard U.S.P.S. two-character format (Abbreviations can be found in the field help in the DMS).

3.e.1 Country (enter only if not in U.S.A.) The country of residence for the address being transcribed if not U.S.A.

3.f. Zip Code The zip code associated with the address being transcribed. If available, zip code information in 5+4 format should be transcribed in full, since they are more informative.

Item 4. Sex. Record the decedent's sex.

Item 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 "O", and indicate appropriately in Item 6 below.

Item 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.

Item 7. Marital Status. Record as listed. If certificate just says "never married" or "S", record as "Single".

Item 7a. Decedent's Veteran Status. Record as listed

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

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

Item 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 leave blank and set the field status to "Missing." in each field.

Item 11. Time of Death. Convert all times to a 24 hr. clock and record. Enter unknown as leave blank and set the field status to "Missing" in each field.

Item 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 in a hospice, enter "H". If the decedent died at home or at another residence, or at a non-hospital institution circle "O" and then specify the information as written on the death certificate for the location of death. If obviously the home, indicate this in parentheses. Note the skip pattern.

Item 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).

Item 14. Hospital/Nursing Home/Hospice. Enter the name and location of the hospital, or the nursing home, or the hospice where the decedent died. Include the city and state.

Item 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.

Item 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.

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

Item 18. ICD-10 code for underlying cause of death. The underlying cause is the most important or primary cause that led 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 ICD-10 Code for the underlying cause of death recorded on the central death index computer listing. Description of valid ICD-10 diagnosis codes: CNY.YYYC where C is A-Z, N is 0-9, Y is A-Z except U. Here the decimal portion of the code and the number of characters after the decimal are optional. Examples of valid codes: I21, I21.1, R99.6, U07.0, U07.1, I21., I21.01, I21.A, O9A, C50.919, S06.5X4A, T83.511A

Item 19. All listed ICD-10 codes for death. Record all other ICD-10 codes, up to ten, exactly as they are listed on the central 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.

Item 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.

Item 21. Other significant conditions. Transcribe the other significant conditions contributing to the death, exactly as recorded on the death certificate.

Item 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."

Item 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.

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

Item 25. Item deleted.

Item 26. Certifying physician. Record the name and address of the certifying physician who signed the death certificate, if not the coroner or medical examiner.

## **B. ADMINISTRATIVE INFORMATION**

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

Item 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.

Item 29. COR form. Record if a COR form is needed. Record “yes” if the form is needed or “No” if it is not needed. In the DMS this is automatically determined (if Q16=Y and Q18=E10-14, I10-11, I20-25, I46-51, I70, I97 (except I97.2), J81, J96, R96, R98, or R99 regardless of decimal).





