Why is the Death Certificate so Important?

Families cannot proceed with business without a completed death certificate. The death certificate is needed for multiple legal purposes such as probating estates, insurance claims, social security, Veteran's benefits, or retirement benefits, to name a few. The death certificate is also important to **Public Health** to monitor: leading Causes of Death, unintentional injury, suicide & homicide related deaths, infant deaths or occupational related deaths, etc.

Who Should Sign the death Certificate (§. 382.008, F.S.)

Was this your patient, were you the attending practitioner, were you prescribing medication, were you treating the patient within the 12 months preceding their death, or were you covering for a colleague? If so, you are the best person to complete the medical certification. Florida Statutes states the certificate must be signed by the practitioner in charge of the decedent's care for the illness or condition, which resulted in death, or the physician in attendance at the time of death or immediately after death.

Statutes also states, "…The practitioner or medical examiner shall certify over his or her signature the cause of death to the best of his or her knowledge and belief."

The cause of death should be recorded based on your best medical opinion. Terms such as "probable", "possible", etc. can be used when the certifier is not comfortable with an exact diagnosis.

The medical certification of the death certificate is not prima facie proof of cause of death and may be amended at any time should additional information become available.

How Long Do I Have to Complete the Cause of Death?

Pursuant to §. 382.008 (3), F.S, the certifier has 72 hours after receipt from the funeral director to complete the cause of death medical certification.

Under the same statute, the funeral director is required to complete and file the death certificate within 5 days after date of death. However, the Bureau of Vital Statistics allows for an extension of an additional 5 days to the funeral director to allow them to meet with families and obtain the medical certification from certifiers to complete the death record.

What Must be Reported to the Medical Examiner?

§406.11, F.S., outlines those circumstances of death that fall under the jurisdiction of the medical examiner and must be reported to them:

Criminal Violence
Accident, suicide, homicide
Poison
In police custody, in prison or penal institution
Suddenly, when in apparent good health
Criminal abortion
Unattended by practitioner

Unattended by practitioner does not include patients that die at home.

Once the medical examiner has determined there were no circumstances that would place the case under their jurisdiction, then the responsibility of certifying the death falls to the practitioner that treated the patient in the last 12 months.

Questions? Call the Bureau of Vital Statistics
Quality Assurance—904-359-6900 ext. 9020

DH Form #150-849

What the Practitioner Should Know about Certifying Cause of Death on the FLORIDA DEATH CERTIFICATE

The cause-of-death section consists of two parts. **Part I** is for reporting a chain of events leading directly to death, with the **immediate cause** of death (the final disease, injury, or complication directly causing death) on Line a and the **underlying cause** of death (the disease or injury that initiated the chain of morbid events that led directly and inevitably to death) on the lowest used line. **Part II** is for reporting all other significant diseases, conditions, or injuries that contributed to death, but which did not result in the underlying cause of death given in **Part I**. **The cause-of-death information should be YOUR best medical OPINION**. A condition can be listed as "probable" even if it has not been definitively diagnosed.

Below is an example of a properly completed medical certification:

TIPS: Take care to make the entries legible.

Cause of Death Part I (Chain of events leading directly to death)

- Only one cause should be entered on each line. **Line a MUST ALWAYS** have an entry. **DO NOT** leave blank. Additional lines may be added if necessary.

- If the condition on Line a resulted from an underlying condition, put the underlying condition on Line b, and so on, until the full sequence is reported. **ALWAYS** enter the underlying cause of death on the lowest used line in Part I.

- For each cause indicate the best estimate of the interval between the presumed onset and the date of death. The terms "unknown" or "approximately" may be used. General terms, such as minutes, hours, or days, are acceptable, if necessary. **DO NOT leave blank.**

- The terminal event (e.g., cardiac arrest or respiratory arrest) should not be used. If a mechanism of death seems most appropriate to you for Line a, then you must always list its cause(s) on the line(s) below it (e.g., cardiac arrest due to coronary artery atherosclerosis or cardiac arrest due to blunt impact to chest).

TIME OF DEATH

The time of decedent's death is to be entered according to the 24-hour (Universal Time Clock). Midnight is considered the beginning of the day and should be entered as "0000, the end of the day is "2359" - there is "2400". This can be important when determining the date of death.

PROBABLE MANNER OF DEATH

Always indicate the manner of death. Most cases certified by a practitioner, other then the medical examiner, are classified as a natural death.

Deaths in which an accident, suicide, or homicide has occurred, or those classified as Pending Investigation or Undetermined, come under the jurisdiction of the medical examiner.

PART II (OTHER SIGNIFICANT CONDITIONS)

Enter all diseases or conditions contributing to death that were not reported in the chain of events in Part I and that did not result in the underlying cause of death. See examples.

If two or more possible sequences resulted in death, or if two conditions seem to have added together, report in Part I the one that, in your opinion, most directly caused death. Report in Part II the other conditions or diseases.

OTHER MEDICAL ITEMS TO COMPLETE

Surgery—If mentioned, enter the condition for which surgery was performed and the date.

Tobacco contribute to death?

Pregnancy, if applicable

Transportation Injury