The PRONOUNCING PHYSICIAN is the person who determines the cause of death, even when death occurred in the hospital. If death occurred in a hospital, the CERTIFYING PHYSICIAN should be checked in the space provided. The CERTIFYING PHYSICIAN is the person who determines the cause of death (Item 27). This box should be checked ONLY in those cases when the person who is completing the medical certification of cause of death (Item 27) is not the same as the person who pronounced the death (Item 23). The certifying physician is responsible for completing Items 27 through 34. The PRONOUNCING and CERTIFYING physician box should be checked when the same person is responsible for completing Items 24 through 34; that is, when the same physician has both PRONOUNCED death and CERTIFIED the cause of death. If this box is checked, Items 22a through 23c should be left blank.

The MEDICAL EXAMINER/ CORONER box should be checked when investigation is required and the cause of death is completed by a medical examiner or coroner. The medical examiner or coroner is responsible for completing Items 24 through 34.

ITEM 27 - CAUSE OF DEATH: (Examples below) All entries must be legible. Use a computer printer with high resolution, typewriter with black ribbon or clean keys, or print legibly using permanent black ink when completing CAUSE OF DEATH section.

**Part I** (Chain of events leading directly to death)
- Only one cause should be entered on each line. Line 22a MUST ALWAYS have an entry. DO NOT leave blank. Additional lines may be added, if necessary.
- For each cause indicate best estimate of interval between presumed onset and date of death. "Unknown" or "Approximately" may be used. General terms, e.g., minutes, hours, days, are acceptable, if necessary. DO NOT leave blank.
- The terminal event (for example, cardiac arrest or respiratory arrest) should not be used. If a mechanism of death seems most appropriate for line (a), then always list its cause(s) on the line(s) below it (for example, cardiac arrest due to coronary artery atherosclerosis or cardiac arrest due to blunt impact to chest).
- If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause of death, always report its etiology on the line(s) beneath it (for example, renal failure due to Type I diabetes mellitus).
- When indicating neoplasms as a cause of death, include the following: 1) Primary site or that the primary site is unknown; 2) Benign or malignant; 3) Cell type or that the cell type is unknown; 4) Grade of neoplasm; 5) Part or site of organ affected. (For example, primary well-differentiated squamous cell carcinoma, lung, left upper lobe.)
- Always report the fatal injury (for example, stab wound of chest, the trauma (for example, transaction of subclavian vein), and impairment of function (for example, air embolism).

**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 below.
- 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.

**ITEM 28 - Did Tobacco Use Contribute to Death?** Check "Yes" if, in your opinion, the use of tobacco contributed to death. Tobacco use may contribute to deaths due to a wide variety of diseases; for example, tobacco use contributes to many deaths due to emphysema or lung cancer and to some heart disease.

**ITEM 29 - IF FEMALE** (Was Decedent Pregnant at Time of Death or within Past Year? This information is important in determining pregnancy-related mortality.

**ITEM 32b - Describe How Injury Occurred.** Specify role of decedent (e.g., driver, passenger). Driver or operator and passenger should be designated for modes other than motor vehicle such as bicycle. Other applies to watercraft, aircraft, animals, or occupants (unknown whether driver or passenger).

**ITEM 33** - Possibilities of a Death Scene Investigation: "Unnatural death" is a deceased body with an unknown cause of death. Include a detailed description of the environment and location of the death scene. The death scene may be the decedent's residence, place of business, recreational area, motor vehicle, or other location. Include a detailed description of the environment and location of the death scene. Include a detailed description of the environment and location of the death scene.