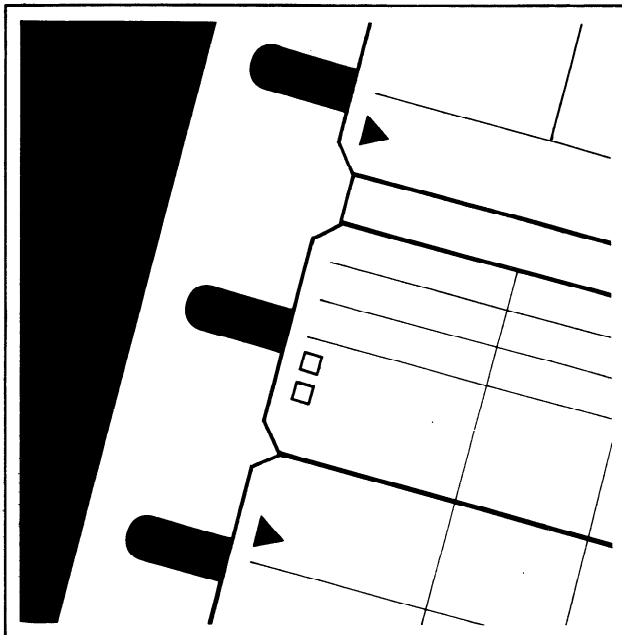


# Funeral Directors' Handbook on Death Registration and Fetal Death Reporting



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service  
National Center for Health Statistics

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# Preface

This handbook is prepared by the National Center for Health Statistics, U.S. Public Health Service, Department of Health and Human Services, and contains instructions for funeral directors<sup>1</sup> for completing and filing records of death and fetal death. It pertains to the 1989 revisions of the U.S. Standard Certificate of Death and the U.S. Standard Report of Fetal Death and the 1977 revision of the Model State Vital Statistics Act and Regulations. This handbook is intended to serve as a model for adaptation by any vital statistics registration area.

Other handbooks available as references on preparing and registering vital records are:

- *Physicians' Handbook on Medical Certification of Death*
- *Hospitals' and Physicians' Handbook on Birth Registration and Fetal Death Reporting*
- *Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting*
- *Guidelines for Reporting Occupation and Industry on Death Certificates*
- *Handbook on the Reporting of Induced Termination of Pregnancy*
- *Handbook on Marriage Registration*
- *Handbook on Divorce Registration*

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<sup>1</sup>Funeral service licensees are known by several titles in this country, including funeral director, undertaker, mortician, embalmer, mortuary science licensee, and mortuary science practitioner. For the purposes of this handbook, the term "funeral director" includes all of these titles as they relate to persons who have charge of the disposition of a dead body or fetus and who are responsible for completing and filing death certificates and, in some States, fetal death reports.

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# **Introduction**

## **Purpose**

This handbook is designed as an aid to acquaint the funeral director with the vital registration system in the United States and to provide instructions for completing and filing records of death and fetal death. Emphasis has been directed toward the responsibilities of the funeral director in handling these certificates and reports and in obtaining burial-transit permits. Background information is included on the importance of these documents for legal and statistical purposes and specific instructions for recording entries.

The funeral director is responsible for filing an accurate and complete death certificate with the proper registration official, although State laws vary in specific requirements. The current death certificate contains personal information about the decedent, medical certification, the signature of the physician or the medical examiner or coroner, and information dealing with the disposal of the remains. The fetal death report contains information about the fetus and parents, the cause of fetal death, and other medical and health information relating to the pregnancy and delivery.

## **Importance of death registration and fetal death reporting**

A death certificate is the permanent legal record of the fact of death of an individual. As a permanent legal record, the certificate is extremely important to the decedent's family. It is also needed for a variety of medical and health-related research efforts.

The death certificate provides important information about the decedent, such as age, sex, race, date of death, his or her parents, and, if married, the name of the spouse; information on circumstances and cause of death; and final disposition. This information is used in the application for insurance benefits, settlement of pension claims, and transfer of title of real and personal property. The certificate is considered to be prima facie evidence of the fact of death. It can therefore be introduced in court as evidence when a question about the death arises. As a service to the decedent's family, the funeral director should prepare the best death record possible. This responsibility makes the funeral director the backbone of this country's death registration system.

Statistical data from death certificates are used to identify public health problems and measure the results of programs established to alleviate these problems. These data are a necessary foundation on which to base effective public health programs. Health departments could not perform their duties without such data.

Mortality statistics are of considerable value to individual physicians and to medical science because they can be used to identify disease etiology and evaluate diagnostic techniques. Demographers use mortality statistics in combination with natality statistics to estimate and project population sizes, which are important in forecasting and program planning.

Because the information derived from death certificates can be no more accurate than the data on the certificate, it is very important that all persons concerned with the registration of deaths strive not only for complete registration but also for accuracy and promptness in reporting these events.

The fetal death report is recommended as a legally required statistical report. However, in a number of States it remains a legal certificate. The record, whether a certificate or a report, provides valuable health and research data. The information is used to study the causes of negative pregnancy outcome. These data are essential in planning and evaluating prenatal care services and obstetrical programs. They are also used to examine the consequences to the fetus of possible environmental and occupational exposures of parents.

## **U.S. standard certificates and reports**

The National Center for Health Statistics, U.S. Public Health Service, Department of Health and Human Services, provides leadership and coordination in the development of standard certificates and reports to serve as models for use by States. These certificates and reports are revised periodically in collaboration with State health officials, registrars, and statisticians; Federal agencies; and other providers or users of vital statistics, such as funeral directors, physicians, medical examiners, coroners, local registrars, midwives, and medical record personnel. The purpose of the revision is to ensure that the data collected relate to current and future needs. In the revision process, each item on the standard certificates and reports is evaluated thoroughly for its registration, legal, statistical, medical, and research value.

Each State is encouraged to adopt the recommended standard certificates and reports as a means of developing a uniform national vital registration and statistics system. Although many States use the recommended standard certificates and reports, some States modify them to comply with State laws and regulations or to meet their own particular needs for information.

Uniformity of data allows for comparable national statistics and the comparison of individual State data with national data. It also allows the comparison of individual State data with data from other States. Uniformity of death certificates among the States also increases their acceptability as legal records.

## Confidentiality of vital records

State and local registrars protect the information on vital records from unwarranted or indiscriminate disclosure. Vital records are available only to persons who are authorized access by State law and supporting regulations. Legal safeguards to the confidentiality of vital records have been strengthened in recent years. Funeral directors, physicians, and hospitals are assured that extensive legal and administrative measures are used to protect individuals and establishments from unauthorized disclosure of personal information.

The fetal death report is designed primarily to collect information for statistical and research purposes. In many States these records are not maintained in the official files of the State health department. Most States never issue certified copies of these records; the other States issue certified copies very rarely.

## Funeral director's responsibility

### Procedures for handling certificates of death

Although the death certificates in use in this country differ somewhat from State to State, they all contain the following types of information:

1. Information about the decedent and his or her family.
2. Information about the disposition of the body.
3. Certification by the physician or the medical examiner or coroner.
4. Information about the cause of death.
5. The signature of the registration official and the date he or she received the certificate. See Appendix A for a copy of the U.S. Standard Certificate of Death.

Funeral directors are responsible for getting the death certificate completed. In general, their duties are to:

- Complete, or have completed, *all* items on the death certificate.
- Obtain the cause-of-death information and certification statement from the attending physician, medical examiner, or coroner.
- Secure all necessary signatures on the certificate and review the certificate for completeness and accuracy.
- File the certificate with the proper State or local official within the time specified in the vital statistics laws of the State.

- Notify the medical examiner or coroner of any death that is believed to have been due to an accident, suicide, or homicide or to have occurred without medical attendance, unless this has already been done by the pronouncing or certifying physician or the police.
- Obtain and use all necessary permits and other forms associated with the death registration program.
- Cooperate with State or local registrars concerning queries on certificate entries.
- Cooperate with pathologists in cases involving postmortem examinations.
- Be thoroughly familiar with all laws, rules, and regulations governing the vital statistics system.
- Call on the local or State office of vital statistics for advice and assistance when necessary.

*Certification by Physician*—The procedure for obtaining the information and completing the death certificate varies in different locations. This may be regulated in part by State law and in part by local practice. The funeral director must be aware of the laws of the State or jurisdiction in which he or she operates.

If the death occurred in a hospital or other institution, the institution may assist the funeral director in obtaining the information needed to complete the death certificate. In some cases, the funeral director will be provided a completed death certificate with all or part of the personal information about the decedent and the cause-of-death section, including the signature of the attending physician. It is the responsibility of the funeral director to verify the personal information with the family, obtain and enter any information that has not been completed, and file the certificate within the statutory time limit. If the hospital or institution does not provide a partially completed certificate, the funeral director must initiate the process and obtain all required information.

In some States, when the attending physician (physician in charge of the patient's care for the condition that resulted in death) is not available at the time of death to certify to the cause of death, another physician on duty at the hospital or other institution may pronounce the decedent legally dead. With the permission of the attending physician, the "pronouncing physician" may authorize release of the body to the funeral director. In such cases, however, the funeral director must still obtain the cause-of-death certification from the attending physician before filing the certificate.

The certificate must be filed by the funeral director with the registration official where the death occurred. This must be done within the time limit specified in the laws of the State and prior to removal of the body from the State or other disposition of the body.

*Certification by medical examiner or coroner*—The medical examiner or coroner normally assumes jurisdiction when death occurred without medical attendance, when the cause of death is unknown, or when accident, suicide, or homicide has occurred. The funeral director should become familiar with the forms used and the practices



followed by these medical-legal officers in his or her area. If a death appears to be a medical-legal case but was certified by someone other than a medical examiner or coroner, the funeral director should notify the medical examiner or coroner before filing the death certificate.

In some jurisdictions, the medical examiner or coroner completes all the medical and personal information on the certificate. In such cases, the funeral director needs to complete only the information about disposition of the body. In other jurisdictions, the medical examiner or coroner completes only the cause-of-death and certifying sections and provides certain identifying information, such as name, address, race, and sex of the decedent. In such circumstances, the funeral director must obtain the remaining personal information.

### **Procedures for handling reports of fetal death**

The fetal death report, shown in appendix B, is used to report fetal deaths. A fetal death is defined as death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such expulsion or extraction the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles (appendix C).

The responsibility for completing and filing fetal death reports varies from State to State. In some States, the responsibility is placed on the hospital or other institution if the fetal death occurred there and on the attending physician if the fetal death occurred somewhere else. In other States, the funeral director is responsible for completing and filing the fetal death report. If the fetal death was the result of an accident, suicide, or homicide, the medical examiner or coroner must be notified and he or she must complete the cause of fetal death.

State laws also differ with regard to the gestational age at which fetal deaths must be reported. Some States require the reporting of all fetal deaths regardless of the length of gestation. Other States require only that fetal deaths of 20 completed weeks of gestation or more or those weighing 350 grams or more be reported. Other variations exist as well.

The funeral director should be familiar with the laws of the State in which he or she operates and, if required by law to complete and file these reports, should become familiar with the procedures involved.

The information necessary to complete the fetal death report should be obtained from the same persons and in the same manner as for death certificates. The hospital or the family should provide the required personal information; the attending physician should provide the required medical information; and, if any information regarding the disposition of the fetus is required on the form in use in a particular State, the funeral director should provide this information.

The report is to be filed with the registration official where the fetal death occurred within the time limit specified in the laws of the State.

## Information about disposition of body

The death certificate contains certain information about the disposition of the body. A facsimile of this portion of the death certificate is shown below. The funeral director is to complete all items in this section prior to filing the certificate with the appropriate registration official.

<b>DISPOSITION</b>	<b>20a. METHOD OF DISPOSITION</b> <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____	<b>20b. PLACE OF DISPOSITION</b> (Name of cemetery, crematory, or other place)	<b>20c. LOCATION</b> —City or Town, State
	<b>21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH</b>	<b>21b. LICENSE NUMBER</b> (of Licensee)	<b>22. NAME AND ADDRESS OF FACILITY</b>

## Authorization for final disposition of dead body or fetus

In most States, the funeral director must secure explicit authorization before he or she may remove, bury, cremate, entomb, disinter, reinter, or otherwise dispose of a dead body or fetus.

### Form of authorization

The form of the authorization for final disposition varies from State to State. In some States, the authorization is issued by the local registrar when a properly completed death certificate or fetal death report is presented. In other States, the authorization is issued over the signature of the attending physician or the medical examiner or coroner. The signature is obtained at the time the cause-of-death and certifier portions of the death certificate or fetal death report are completed. Several States require no authorization form for the disposition of the dead body or fetus, or they require one only under certain specified circumstances (for example, when the body is to be removed from the State). Still other States require only that the funeral director send a notification to the proper registration official indicating that a death or fetal death has occurred and that the body or fetus is being disposed of.

### When authorization is required

In States requiring authorization, it must be obtained prior to:

1. Removal of the body or fetus from the State.
2. Burial or entombment of the body or fetus in a grave, crypt, mausoleum, or tomb.
3. Cremation of the body or fetus.
4. Release of the body or fetus for scientific or educational study.
5. Final disposal of the body or fetus in any other manner.

### Obtaining and using the authorization

In all States that require authorization prior to disposition of a dead body or fetus, a properly completed death certificate or fetal death report is a prerequisite to

obtaining such authorization. It is the responsibility of the funeral director to know from whom the authorization is to be obtained, to know under what circumstances such authorization is required, and to obtain such authorization.

The authorization accompanies the dead body or fetus to its place of final disposition, where it is presented to the person in charge of the place of disposition. He or she is then required to return the authorization to the person specified by the laws of the State, usually the registration official who issued the authorization. The funeral director should be familiar with State requirements and inform the person in charge of the place of disposition where to return the authorization.

If there is no one in charge of the place where the body or fetus is disposed of, it is the responsibility of the funeral director to return the authorization to the proper official.

## **Cremation**

Many States require that an additional authorization be obtained prior to cremation of a dead body or fetus. The rationale for this requirement is to avoid the possibility of destroying evidence of foul play and to ensure the proper identification of the body before disposition. Normally this authorization is obtained from the medical examiner or coroner where the death or fetal death occurred. The funeral director should be familiar with any such requirements in his or her State and ensure that the authorization is obtained prior to cremation of the body or fetus.

## **Disinterment and reinterment of a dead body**

All States require that proper authorization be obtained prior to disinterring and reintering a dead body. Such authorization is normally issued only to a licensed funeral director upon application to the State or local registration official. The next of kin, a court of law, or other authorized person may execute the application. The authorization for disinterment and reinterment is handled in the same manner as an authorization for disposition. In cold weather States, where dead bodies may be placed in holding vaults until frozen ground thaws, the funeral director should check with the registrar to determine the proper procedures to follow when burial does occur.

## **Amending certificates and reports**

The State registrar has statutory authority to amend certificates and reports after they have been registered with the State office of vital statistics. This makes it possible to add information that was unknown at the time the certificate or report was completed and filed by the funeral director or to correct the record when erroneous information was recorded because of error, misrepresentation, or insufficient information pending autopsy or laboratory findings.

Each State has laws and regulations governing amendments. Within the framework of these laws and regulations, the State registrar requires the execution of certain forms

by a person eligible to do so, designates any documentary evidence needed to substantiate the amendment, and furnishes complete procedural instructions.

It is important to attain maximum accuracy and completeness for the benefit of the decedent's family, for the reliability of statistical data, and to protect the integrity of the vital registration and statistics system. Therefore, anyone having knowledge of the existence of an incomplete or incorrect record is encouraged to contact the State registrar.

# Part I—General instructions for completing certificates and reports

The data necessary for preparing the death certificate and the fetal death report are obtained from the following persons:

- Informant (in order of preference, the spouse, one of the parents, one of the children of the decedent, another relative, or other person who has knowledge of the facts).
- Pronouncing physician, certifying physician, pronouncing/certifying physician, or medical examiner or coroner.
- Hospital or physician records.

It is essential that the certificates and reports be prepared as permanent legal records.

- File the original certificate or report with the registrar. Reproductions or duplicates are not acceptable.
- Avoid abbreviations, except those recommended in the specific item instructions.
- Verify the spelling of names with the informant. Be especially careful with names that can have different spellings for the same sound (Smith or Smyth, Gail or Gayle, and Wolf or Wolfe).
- Refer problems not covered in these instructions to the State office of vital statistics or to the local registrar.
- Use the current form designated by the State.
- Type all entries whenever possible. If a typewriter cannot be used, print legibly in permanent black ink.
- Complete each item, following the specific instructions for that item.
- Do not make alterations or erasures.
- Obtain all signatures. Rubber stamp or other facsimile signatures are not acceptable.

## Part II—Completing the death certificate

These instructions pertain to the 1989 revision of the U.S. Standard Certificate of Death.

### **NAME OF DECEDENT: For use by Physician or Institution**

The left-hand margin of the certificate contains a line where the physician or hospital can write in the name of the decedent. This allows the hospital to assist in completing the death certificate before the body is removed by the funeral director. However, the funeral director is responsible for completion of the personal information about the decedent and the hospital frequently does not have the complete legal name of the decedent. Therefore, hospitals or physicians should enter the name they have for decedents in this item and funeral directors will then enter the full legal name in item 1.

#### **1. DECEDENT'S NAME** (*First, Middle, Last*)

Type or print the full first, middle, and last names of the decedent. Do not abbreviate. Alias or “also known as” names should also be entered above the legal name or in parentheses (for example, AKA-Smith).

*This item is used to identify the decedent.*

#### **2. SEX**

Enter male or female. Do not abbreviate or use other symbols. If sex cannot be determined after verification with medical records, inspection of the body, or other sources, enter “Unknown.” Do not leave this item blank.

*This item aids in the identification of the decedent. It is also used in research and statistical analysis to determine sex-specific mortality rates.*

#### **3. DATE OF DEATH** (*Month, Day, Year*)

Enter the exact month, day, and year that death occurred.

Enter the full name of the month—January, February, March, etc. Do not use a number or abbreviation to designate the month.

Pay particular attention to the entry of month, day, or year when the death occurs around midnight or on December 31. Consider a death at midnight to have occurred at the end of one day rather than the beginning of the next. For instance, the date for a death that occurs at midnight on December 31 should be recorded as December 31.

If the exact date of death is unknown, it should be approximated by the person completing the medical certification. "Approx." should be placed before the date.

*This item is used in conjunction with the hour of death to establish the exact time of death of the decedent. Epidemiologists also use date of death in conjunction with the cause-of-death information for research on intervals between injuries, onset of conditions, and death.*

#### **4. SOCIAL SECURITY NUMBER**

Enter the social security number of the decedent.

*This item is useful in identifying the decedent and facilitates the filing of social security claims.*

#### **5a-c AGE**

Make one entry only in either 5a, 5b, or 5c, depending on the age of the decedent.

##### **5a. AGE—Last Birthday (Years)**

Enter the decedent's exact age in years at his or her last birthday.

If the decedent was under 1 year of age, leave this item blank.

##### **5b. UNDER 1 YEAR (Months, Days)**

Enter the exact age in either months or days at time of death for infants surviving at least 1 month.

If the infant was 1-11 months of age inclusive, enter the age in completed months.

If the infant was less than 1 month old, enter the age in completed days.

If the infant was over 1 year or under 1 day of age, leave this item blank.

##### **5c. UNDER 1 DAY (Hours, Minutes)**

Enter the exact number of hours or minutes the infant lived for infants who did not survive an entire day.

If the infant lived 1-23 hours inclusive, enter the age in completed hours.

If the infant was less than 1 hour old, enter the age in minutes.

If the infant was more than 1 day old, leave this item blank.

*Information from this item is used to study differences in age-specific mortality and in planning and evaluating public health programs.*

#### **6. DATE OF BIRTH (Month, Day, Year)**

Enter the exact month, day, and year that the decedent was born.

Enter the full name of the month—January, February, March, etc. Do not use a number or abbreviation to designate the month.

*This item is useful in identification of the decedent for legal purposes. It also helps verify the accuracy of the age item.*

## 7. BIRTHPLACE (*City and State or Foreign Country*)

If the decedent was born in the United States, enter the name of the city and State.

If the decedent was not born in the United States, enter the name of the country of birth whether or not the decedent was a U.S. citizen at the time of death.

If the decedent was born in the United States but the city is unknown, enter the name of the State only. If the State is unknown, enter "U.S.—unknown."

If the decedent was born in a foreign country but the country is unknown, enter "Foreign—unknown."

If no information is available regarding place of birth, enter "Unknown."

*This item is used to match birth and death certificates of a deceased individual. Matching these records provides information from the birth certificate that is not contained on the death certificate and may give insight into which conditions led to death. Information from the birth certificate is especially important in examining the causes of infant mortality.*

## 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (*Yes or no*)

If the decedent ever served in the U.S. Armed Forces, enter "Yes." If not, enter "No." If you cannot determine whether the decedent served in the U.S. Armed Forces, enter "Unknown." Do not leave this item blank.

*This item is used to identify decedents who were veterans. This information is of interest to veteran groups.*

## 9a-d PLACE OF DEATH

### 9a. PLACE OF DEATH (*Check only one*)

#### HOSPITAL:

Inpatient  ER/Outpatient  DOA

#### OTHER:

Nursing Home  Residence  Other (*Specify*)

Check the type of place where the decedent was pronounced dead.

If the decedent was pronounced dead in a hospital, check the box indicating the decedent's status at the hospital: Inpatient, ER (emergency room)/Outpatient, or DOA (dead on arrival).

If the decedent was pronounced dead somewhere else, check the box indicating whether pronouncement occurred at a nursing home, residence, or other location. If death was pronounced at a licensed long-term care facility that is not a hospital (for example, nursing home, convalescent home, or old age home), check the box that indicates nursing home. If death was pronounced at a licensed ambulatory/surgical center or birthing center, check "Other (*Specify*)."

If "Other (*Specify*)" is checked, specify where death was legally pronounced, such as a physician's office, the highway where a traffic accident occurred, a vessel, or at work. If the decedent's body was found, the place where the body was found should be entered as the place of death.



**9b. FACILITY NAME** (*If not institution, give street and number*)

*Hospital deaths*

If the death occurred in a hospital, enter the full name of the hospital.

If death occurred en route to or on arrival at a hospital, enter the full name of the hospital. Deaths that occur in an ambulance or emergency squad vehicle en route to a hospital fall in this category.

*Nonhospital deaths*

If the death occurred at home, enter the house number and street name.

If the death occurred at some place other than those described above, enter the number and street name of the place.

If the death occurred on a moving conveyance, enter the name of the vessel, for example, "S.S. Emerald Seas (at sea)" or "Eastern Airlines Flight 296 (in flight)."

**9c. CITY, TOWN, OR LOCATION OF DEATH**

Enter the name of the city, town, village, or location where death occurred.

**9d. COUNTY OF DEATH**

Enter the name of the county where death occurred.

If the death occurred on a moving conveyance in the United States and the body was first removed from the conveyance in this State, complete a death certificate and enter as the place of death the address where the body was first removed from the conveyance.

If the death occurred on a moving conveyance in international waters, international airspace, or in a foreign country or its airspace and the body was first removed from the conveyance in this State, register the death in this State but enter the *actual* place of death insofar as it can be determined.

*Information on place of death is needed to determine who has jurisdiction for deaths that legally require investigation by a medical examiner or coroner. These items are also used for research and statistics comparing hospital and nonhospital deaths. Valuable information is provided for health planning and research on the utilization of health facilities.*

**10. MARITAL STATUS—Married, Never Married, Widowed,  
Divorced** (*Specify*)

Enter the marital status of the decedent at time of death. Specify one of the following: Married, never married, widowed, or divorced. A person is legally married even if separated. A person is no longer legally married when the divorce papers are signed by a judge.

If marital status cannot be determined, enter "Unknown." Do not leave this item blank.

*This information is used in determining differences in mortality by marital status.*

**11. SURVIVING SPOUSE** *(If wife, give maiden name)*

If the decedent was married at the time of death, enter the full name of the surviving spouse.

If the surviving spouse is the wife, enter her full maiden name.

*This item is used in genealogical studies and in establishing proper insurance settlement and other survivor benefits.*

**12a-b OCCUPATION AND INDUSTRY OF DECEDENT**

These items are to be completed for all decedents 14 years of age and over. Enter the information even if the decedent was retired, disabled, or institutionalized at the time of death.

**12a. DECEDENT'S USUAL OCCUPATION** *(Give kind of work done during most of working life. Do not use retired.)*

Enter the usual occupation of the decedent. This is not necessarily the last occupation of the decedent. "Usual occupation" is the kind of work the decedent did during most of his or her working life, such as claim adjuster, farmhand, coal miner, janitor, store manager, college professor, or civil engineer. Never enter "Retired."

If the decedent was a homemaker at the time of death but had worked outside the household during his or her working life, enter that occupation. If the decedent was a homemaker during most of his or her working life, and never worked outside the household, enter "Homemaker."

Enter "Student" if the decedent was a student at the time of death and was never regularly employed or employed full time during his or her working life.

**12b. KIND OF BUSINESS/INDUSTRY**

Enter the kind of business or industry to which the occupation listed in 12a is related, such as insurance, farming, coal mining, hardware store, retail clothing, university, or government. Do not enter firm or organization names.

If the decedent was a homemaker during his or her working life, and "Homemaker" is entered as the decedent's usual occupation in item 12a, enter "Own home" or "Someone else's home," whichever is appropriate.

If the decedent was a student at the time of death and "Student" is entered as the decedent's usual occupation in item 12a, enter the type of school, such as high school or college, in item 12b.

*These items are useful in studying occupationally related mortality and in identifying job-related risk areas. For example, correlating asbestos used in particular occupations in the shipbuilding industry to respiratory cancer was possible with this information. If you have questions about what classification to use for a decedent's occupation or industry, refer to the handbook Guidelines for Reporting Occupation and Industry on Death Certificates.*

## **13a-f RESIDENCE OF DECEDENT**

The residence of the decedent is the place where his or her household is located. This is not necessarily the same as “home State,” “voting residence,” “mailing address,” or “legal residence.” The State, county, city, and street address should be for the place where the decedent actually lived most of the time. Never enter a temporary residence, such as one used during a visit, business trip, or a vacation. However, place of residence during a tour of military duty or during attendance at college is not considered temporary and should be entered as the place of residence on the certificate.

If a decedent had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, this facility should be entered as the place of residence in items 13a through 13f.

If the decedent was a child, residence is the same as that of the parent(s), legal guardian, or custodian unless the child was living in an institution where individuals usually reside for long periods of time, as indicated above. In those instances the residence of the child is shown as the facility.

If the decedent was an infant who never resided at home, the place of residence is that of the mother or legal guardian. Do not use an acute care hospital as the place of residence for any infant.

### **13a. RESIDENCE—STATE**

Enter the name of the State in which the decedent lived. This may differ from the State in the mailing address. If the decedent was not a resident of the United States, enter the name of the country and the name of the unit of government that is the nearest equivalent of a State.

### **13b. RESIDENCE—COUNTY**

Enter the name of the county in which the decedent lived.

### **13c. RESIDENCE—CITY, TOWN, OR LOCATION**

Enter the name of the city, town, or location in which the decedent lived. This may differ from the city, town, or location used in the mailing address.

### **13d. RESIDENCE—STREET AND NUMBER**

Enter the number and street name of the place where the decedent lived.

If this place has no number and street name, enter the Rural Route number or box number.

### **13e. RESIDENCE—INSIDE CITY LIMITS? (*Yes or no*)**

Enter “Yes” if the location entered in 13c is incorporated and if the decedent’s residence is inside its boundaries. Otherwise, enter “No.”

### 13f. RESIDENCE—ZIP CODE

Enter the ZIP Code of the place where the decedent lived. This may differ from the ZIP Code used in the mailing address.

*Mortality data by residence are used with population data to compute death rates for detailed geographic areas. These data are important in environmental studies. Data on deaths by place of residence of the decedent are also used to prepare population estimates and projections. Local officials use this information to evaluate the availability and use of services in their area.*

*Information on residence inside city limits is used to properly assign events within a county. Information on ZIP Code and whether the decedent lived inside city limits is valuable for studies of deaths for small areas.*

### 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes—If Yes, specify Cuban, Mexican, Puerto Rican, etc.)

No  Yes Specify:

Check “No” or “Yes.” If “Yes” is checked, enter the specific Hispanic group. Item 14 should be checked on all certificates. Do not leave this item blank. The entry in this item should reflect the response of the informant.

For the purposes of this item, “Hispanic” refers to people whose origins are from Spain, Mexico, or the Spanish-speaking countries of Central or South America. Origin can be viewed as the ancestry, nationality, lineage, or country in which the person or his or her ancestors were born before their arrival in the United States.

There is no set rule as to how many generations are to be taken into account in determining Hispanic origin. A person’s Hispanic origin may be reported based on the country of origin of a parent, a grandparent, or some far-removed ancestor. The response should reflect what the decedent considered himself or herself to be and should not be based on percentages of ancestry. If the decedent was a child, the parent(s) should determine the Hispanic origin based on their own origin. Although the prompts include the major Hispanic groups of Cuban, Mexican, and Puerto Rican, other Hispanic groups may also be identified in the space provided.

If the informant reports that the decedent was of multiple Hispanic origin, enter the origins as reported (for example, Mexican-Puerto Rican).

If an informant identifies the decedent as Mexican-American or Cuban-American, enter the Hispanic origin as stated.

This item is not a part of the Race item. A decedent of Hispanic origin may be of any race. Each question, Race and Hispanic origin, should be asked independently.

*Hispanics comprise the second largest ethnic minority in this country. Reliable data are needed to identify and assess public health problems of Hispanics and to target efforts to their specific needs. Information from item 14 will permit the production of mortality data for the Hispanic community.*

Some States have a very small Hispanic population and may wish to obtain data on other groups. Therefore, they may opt to include a general Ancestry item on their certificate instead of a specific Hispanic origin item. Instructions for the general Ancestry item follow:

**ANCESTRY—MEXICAN, PUERTO RICAN, CUBAN, AFRICAN, ENGLISH, IRISH-GERMAN, HMONG, ETC. (*Specify*)**

Enter the ancestry of the decedent as obtained from the informant. This item should be completed on all certificates. Do not leave this item blank. The entry should reflect the response of the informant.

For the purposes of this item, ancestry refers to the nationality, lineage, or country in which the decedent or the decedent's ancestors were born before their arrival in the United States. American Indian and Alaska Native should be entered as such.

There is no set rule as to how many generations are to be taken into account in determining ancestry. A decedent's ancestry may be reported based on the country of origin of a parent, grandparent, or some far-removed ancestor. The response should reflect what the decedent considered himself or herself to be and should not be based on percentages of ancestry. If the decedent was a child, the parent(s) should determine the ancestry based on their own ancestry.

Some persons may not have identified with the foreign birthplace of their ancestors or with a nationality group, and the informant may report "American." If, after clarification of the intent of this item, the informant still feels that the decedent was "American," enter "American" on the record.

If the informant indicates that the decedent was of multiple ancestry, enter the ancestry as reported (for example, English-Scottish-Irish, Mexican-American).

If a religious group is reported—such as Jewish, Moslem, or Protestant—ask for the country of origin or nationality.

This item is not a part of the Race item. Both questions, Race and Ancestry, should be asked independently. This means that for certain groups, the entry will be the same in both items—such as Japanese, Chinese, or Hawaiian. Even if they are the same, the entry should be made in both items. However, an entry of "Black" or "White" should never be recorded in the ancestry item.

**15. RACE—American Indian, Black, White, etc. (*Specify*)**

Enter the race of the decedent as stated by the informant.

For Asians and Pacific Islanders, enter the national origin of the decedent, such as Chinese, Japanese, Korean, Filipino, or Hawaiian.

If the informant indicates that the decedent was of mixed race, enter both races or ancestries.

*Race is essential for identifying specific mortality patterns and leading causes of death among different racial groups. It is also used to determine whether specific health programs are needed in particular areas, as well as to make population estimates.*

**16. DECEDENT'S EDUCATION (*Specify only highest grade completed*)**

Elementary/Secondary (0-12)—College (1-4 or 5+)

Enter the highest number of years of regular schooling completed by the decedent in either the space for elementary/secondary school or the space for college. An entry should be made in only one of the spaces. The other space should be left blank. Report only those years of school that were completed. A person who enrolls in college but

does not complete one full year should not be identified with any college education in this item.

Count formal schooling. Do not include beauty, barber, trade, business, technical, or other special schools when determining the highest grade completed.

*This item is used in studies of the relationship between education and mortality and provides an indicator of socioeconomic status, which is also closely associated with mortality. This information is valuable in medical studies of causes of death and in prevention programs.*

## **17-18 PARENTS**

### **17. FATHER'S NAME** (*First, Middle, Last*)

Type or print the first, middle, and last name of the father of the decedent.

### **18. MOTHER'S NAME** (*First, Middle, Maiden Surname*)

Type or print the first, middle, and maiden surname of the mother of the decedent. This is the name given at birth or adoption, not a name acquired by marriage.

*The names of the decedent's mother and father aid in identification of the decedent's record. The maiden surname is important for matching the record with other records because it remains constant throughout a lifetime, in contrast to other names which may change because of marriage or divorce. These items are also of importance in genealogical studies.*

## **19a-b INFORMANT**

### **19a. INFORMANT'S NAME** (*Type/Print*)

Type or print the name of the person who supplied the personal facts about the decedent and his or her family.

### **19b. MAILING ADDRESS** (*Street and Number or Rural Route Number, City or Town, State, ZIP Code*)

Enter the complete mailing address of the informant whose name appears in item 19a. Be sure to include the ZIP Code.

*The name and mailing address of the informant are used to contact the informant when inquiries must be made to correct or complete any items on the death certificate.*

## **20a-c DISPOSITION**

### **20a. METHOD OF DISPOSITION**

- Burial  Cremation  Removal from State  
 Donation  Other (*Specify*) \_\_\_\_\_

Check the box corresponding to the method of disposition of the decedent's body. If "Other (*Specify*)" is checked, enter the method of disposition on the line provided (for example, "entombment").

If the body is to be used by a hospital or a medical or mortuary school for scientific or educational purposes, enter "Donation" and specify the name and location of the institution in items 20b and 20c. "Donation" refers only to the entire body, not to individual organs.

**20b. PLACE OF DISPOSITION** (*Name of cemetery, crematory, or other place*)

Enter the name of the cemetery, crematory, or other place of disposition.

If the body is removed from the State, specify the name of the cemetery, crematory, or other place of disposition to which the body is removed.

If the body is to be used by a hospital or a medical or mortuary school for scientific or educational purposes, give the name of that institution.

**20c. LOCATION—City or Town, State**

Enter the name of the city, town, or village and the State where the place of disposition is located.

If the body of the decedent is to be used by a hospital or a medical or mortuary school for scientific or educational purposes, enter the name of the city, town, or village and the State where the institution is located.

If there is any question about how to record the place of disposition, contact your State or local registrar.

*This information indicates whether the body was properly disposed of as required by law. It also serves to locate the body in case exhumation, autopsy, or transfer is required later.*

**21-22 FUNERAL SERVICE LICENSEE/FACILITY**

**21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH**

The funeral service licensee or other person first assuming custody of the body and charged with the responsibility for completing the death certificate should sign in permanent black ink. Rubber stamps or facsimile signatures are not permitted.

**21b. LICENSE NUMBER** (*of Licensee*)

Enter the personal State license number of the funeral service licensee. If some other person who is not a licensed funeral director assumes custody of the body, identify the category of license and corresponding State license number, or, if the individual possesses no license at all, enter "None."

**22. NAME AND ADDRESS OF FACILITY**

Enter the name and complete address of the facility handling the body prior to burial or other disposition.

*These items assist in quality control in filling out and filing death certificates. They identify the person who is responsible for filing the certificate with the registrar.*

The remaining items are not completed by the funeral director. Instructions for completing them are included so the funeral director can answer questions that may arise about their completion.

## **23a-c PRONOUNCING PHYSICIAN ONLY**

Items 23-26 allow a hospital physician to certify to only the fact and time of death so the body can be released to the funeral director if the attending physician is not available. The attending physician is still responsible for completing the cause of death section (item 27). The pronouncing physician is the person who determines that the decedent is legally dead but who was not in charge of the patient's care for the illness or condition that resulted in death. Items 23a-c are to be completed *only* when the physician responsible for completing the medical certification of cause of death is not available at the time of death to certify the cause of death. The pronouncing physician is responsible for completing items 23 through 26 only.

### **COMPLETE ITEMS 23a-c ONLY WHEN CERTIFYING PHYSICIAN IS NOT AVAILABLE AT TIME OF DEATH TO CERTIFY CAUSE OF DEATH**

**23a. To the best of my knowledge, death occurred at the time, date, and place stated.**

#### *Signature and Title*

Obtain the signature in ink and the degree or title of the physician who pronounces death. This physician certifies to the time, date, and place of death only. Rubber stamps or facsimile signatures are not permitted.

#### **23b. LICENSE NUMBER**

Enter the State license number of the physician who pronounces death.

#### **23c. DATE SIGNED** (*Month, Day, Year*)

Enter the exact month, day, and year the pronouncing physician signs the certificate. Do not use a number to designate the month.

If the attending physician is available to certify the fact of death, items 23a-c should not be completed; if available, the attending physician should complete items 24-26, 31a-d, and 32 as both pronouncing and certifying physician.

*This information is useful for the quality control program because it indicates that the medical certification was provided by the attending physician.*

Items 24-26 must be completed by the person who pronounces death—the pronouncing physician, pronouncing/certifying physician, or medical examiner/coroner.



## 24. TIME OF DEATH

Enter the exact time of death (hours and minutes) according to local time. If daylight saving time is the official prevailing time where death occurs, it should be used to record the time of death. Be sure to indicate whether the time of death is a.m. or p.m.

Enter 12 noon as “12 noon.” One minute after 12 noon is entered as “12:01 p.m.”

Enter 12 midnight as “12 mid.” A death that occurs at 12 midnight belongs to the night of the previous day, not the start of the new day. One minute after 12 midnight is entered as “12:01 a.m.” of the new day.

If the exact time of death is unknown, the time should be approximated by the person who pronounces the body dead. “Approx.” should be placed before the time.

*This item establishes the exact time of death, which is important in inheritance cases when there is a question of who died first. This is often important in the case of multiple deaths in the same family.*

## 25. DATE PRONOUNCED DEAD (*Month, Day, Year*)

Enter the exact month, day, and year that the decedent was pronounced dead.

Enter the full name of the month—January, February, March, etc. Do not use a number or abbreviation to designate the month.

*This is used to identify the date the decedent was legally pronounced dead.*

*This information is very helpful in cases in which a body of a person who has been dead for some time is found and the death is pronounced by a medical examiner or coroner.*

## 26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER?

*(Yes or no)*

Enter “Yes” if the medical examiner or coroner was contacted in reference to this case. Otherwise, enter “No.” Do not leave this item blank.

In cases of accident, suicide, or homicide, the medical examiner or coroner must be notified.

*This item records whether the medical examiner or coroner was informed when the circumstances required such action. The physician must ensure that necessary referrals are made.*

## 27. CAUSE OF DEATH

### Part I. CAUSE OF DEATH

### Part II. OTHER SIGNIFICANT CONDITIONS

Detailed instructions for the cause-of-death section, together with examples of properly completed records, are contained in the *Physicians' Handbook on Medical Certification of Death*. These items are to be completed by the attending physician or medical examiner or coroner who certifies to the cause of death. There must be an entry in the cause of death, even if the cause is shown as “Pending investigation.” The physician should list only one cause of death per line. In addition, the physician should not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure.

Cause of death is the most important statistical and research item on the death certificate. It provides medical information that serves as a basis for describing trends in human health and mortality and for analyzing the conditions leading to death. Mortality statistics provide a basis for epidemiological studies that focus on leading causes of death by age, race, and sex (for example, AIDS, heart disease, and cancer). They also provide a basis for research in disease etiology and evaluation of diagnostic techniques, which in turn lead to improvements in patient care.

**28a. WAS AN AUTOPSY PERFORMED? (Yes or no)**

Enter "Yes" if a partial or complete autopsy was performed. Otherwise, enter "No."

*An autopsy is important in giving additional insight into the conditions that lead to death. This additional information is particularly important in arriving at the immediate and underlying causes in violent deaths.*

**28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)**

Enter "Yes" if the autopsy findings were available and used to determine the cause of death. Otherwise, enter "No." If no autopsy was performed, leave this item blank.

*This information assists in determining whether, for the 10-15 percent of cases for which an autopsy is done, the information was used to assist in determining the cause of death. Knowing whether the autopsy results were used in determining the cause of death gives insight into the quality of the cause-of-death data.*

**29. MANNER OF DEATH**

- |                                   |                                                  |
|-----------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Natural  | <input type="checkbox"/> Pending investigation   |
| <input type="checkbox"/> Accident |                                                  |
| <input type="checkbox"/> Suicide  | <input type="checkbox"/> Could not be determined |
| <input type="checkbox"/> Homicide |                                                  |

Complete this item for all deaths. Check the box corresponding to the manner of death. Deaths not due to external causes should be identified as "Natural." Usually, these are the only types of deaths a physician will certify. "Pending investigation" and "Could not be determined" refer to medical examiner or coroner cases only.

*In cases of accidental death this information is used to justify the payment of double indemnity on life insurance policies. It is also used to obtain a more accurate determination of cause of death.*

If the manner of death checked in item 29 was anything other than natural, items 30a-f must be completed.

**30a-f ACCIDENT OR INJURY**

Complete these items in cases where violence caused or contributed to the death. Usually, deaths resulting from violence are certified by a medical examiner or coroner. However, there may be instances in which a medical examiner or coroner will not assume jurisdiction and the attending physician will certify to an accidental death. In these cases, when the manner of death is anything other than natural, the attending physician is to complete items 30a-f.

**30a. DATE OF INJURY** (*Month, Day, Year*)

Enter the exact month, day, and year that the injury occurred. Enter the full name of the month—January, February, March. Do not use a number or abbreviation to designate the month.

The date of injury may not necessarily be the same as the date of death.

**30b. TIME OF INJURY**

Enter the exact time (hours and minutes) that the injury occurred. Use prevailing local time. In cases in which the exact time is impossible to determine, an estimate should be made. Be sure to indicate whether the time of injury was a.m. or p.m.

**30c. INJURY AT WORK?** (*Yes or no*)

Enter “Yes” if the injury occurred while the decedent was at work (for example, if the decedent was on an assembly line while in a factory or a salesperson driving to meet a customer). If not, enter “No.” If this cannot be determined, enter “Unknown.”

**30d. DESCRIBE HOW INJURY OCCURRED**

Briefly and clearly describe how the injury occurred, explaining the circumstances or cause of the accident or injury, such as “fell off ladder while painting house,” “ran off roadway,” or “car-truck collision.” For motor vehicle accidents, indicate whether the decedent was a driver, passenger, or pedestrian.

**30e. PLACE OF INJURY—At home, farm, street, factory, office building, etc.**  
(*Specify*)

Enter the general category of the place where the injury occurred. Do not enter firm or organization names, just the general category for the place of injury, such as loading platform, office building, or baseball field.

**30f. LOCATION (Street and Number or Rural Route Number, City or Town, State)**

Enter the complete address where the injury took place.

*In cases of accidental death, these items are used in justifying the payment of double indemnity on life insurance policies. They are also needed for a more accurate determination of causes of death. Information from these items forms the basis of statistical studies of occupational injuries.*

**31a-d CERTIFIER**

**31a. CERTIFIER OF CAUSE OF DEATH** (*Check only one*)

- CERTIFYING PHYSICIAN (*Physician certifying cause of death when another physician has pronounced death and completed item 23)*

**“To the best of my knowledge, death occurred due to the cause(s) and manner as stated.”**

The CERTIFYING PHYSICIAN is the person who determines the cause of death (item 27). This box should be checked only in those cases in which the person

completing the medical certification of cause of death is not the person who pronounced death (item 23). The certifying physician is responsible for completing items 27 through 32.

**PRONOUNCING AND CERTIFYING PHYSICIAN** (*Physician both pronouncing death and certifying to cause of death*)

**“To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.”**

The PRONOUNCING AND CERTIFYING PHYSICIAN box should be checked when the same person is responsible for completing items 24 through 32; that is, when the same physician has both pronounced death and certified to the cause of death. If this box is checked, items 23a through 23c should be left blank.

**MEDICAL EXAMINER/CORONER**

**“On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.”**

The MEDICAL EXAMINER/CORONER box should be checked when investigation is required by the Post Mortem Examination Act and the cause of death is completed by a medical examiner or coroner. The medical examiner/coroner is responsible for completing items 24 through 32.

If the attending physician is available to certify the fact of death, items 23a-c should not be completed; the attending physician should then complete items 24-29, 31a-d, and 32 as both pronouncing and certifying physician.

*The two-physician certifier concept is optional and allows a hospital physician to certify to only the fact and time of death so the body can be released to the funeral director. The attending physician should complete the cause-of-death section. This certification method should result in improved data on cause of death because the physician having the most knowledge about the case completes the cause-of-death section.*

### **31b. SIGNATURE AND TITLE OF CERTIFIER**

The physician who certifies to the cause of death in item 31a signs the certificate in permanent black ink. The degree or title of the physician should also be indicated. Rubber stamps or facsimile signatures are not permitted.

### **31c. LICENSE NUMBER**

Enter the State license number of the physician who signs the certificate in item 31b. This number assists in State quality control programs when it is necessary to contact the certifier for additional information concerning the death.

### **31d. DATE SIGNED** (*Month, Day, Year*)

Enter the exact month, day, and year that the certifier signed the certificate.

Enter the full name of the month—January, February, March. Do not use a number or abbreviation to designate the month.

*These items are of legal value in attesting that the medical certification was completed and signed within the time limit required by statute.*

**32. NAME AND ADDRESS OF PERSON WHO COMPLETED THE CAUSE OF DEATH (ITEM 27) (Type/Print)**

Type or print the full name and address of the person whose signature appears in item 31b.

*This information is used by the State office of vital statistics for querying the certifier when a question about cause of death arises.*

**33-34 REGISTRAR**

**33. REGISTRAR'S SIGNATURE**

The registrar signs the certificate when it is filed and accepted.

*This documents that the certificate was filed and accepted by the registrar.*

**34. DATE FILED (Month, Day, Year)**

The registrar enters the date that the certificate is filed.

*The date documents whether the death certificate was filed within the time period specified by law.*

# Part III—Completing the report of fetal death

These instructions pertain to the 1989 revision of the U.S. Standard Report of Fetal Death.

## 1-3 PLACE OF DELIVERY

### 1. FACILITY NAME *(If not institution, give street and number)*

Enter the full name of the hospital, freestanding birthing center, or other facility where the delivery occurred.

If the delivery occurred on a moving conveyance en route to or on arrival at a facility, enter the full name of the facility followed by “En route.”

If the delivery occurred at home, enter the house number and street name of the place where delivery occurred.

If the delivery occurred at some place other than those described above, enter the number and street name of the location.

If the delivery occurred on a moving conveyance that was not en route to a facility, enter as the place of delivery the address where the fetus was first removed from the conveyance.

### 2. CITY, TOWN, OR LOCATION OF DELIVERY

Enter the name of the city, town, village, or location where the delivery occurred. For deliveries occurring on a moving conveyance, enter the city, town, village, or location where the fetus was first removed from the conveyance.

If a dead fetus is found in this State and the place of fetal death is unknown, the fetal death should be registered in this State. The place where the fetus was found should be considered the place of fetal death.

### 3. COUNTY OF DELIVERY

Enter the name of the county where the delivery occurred. For deliveries occurring on a moving conveyance, enter the county where the fetus was first removed from the conveyance.

*Items 1-3 identify the place of delivery, which is used to study relationships of hospital and nonhospital pregnancy terminations. It is also used by many States to produce statistical*

*data by specific facility. Information on place of delivery, together with residence information, provides data to evaluate the utilization and distribution of health services.*

#### **4. DATE OF DELIVERY (Month, Day, Year)**

Enter the exact month, day, and year the fetus was delivered.

Enter the full name of the month—January, February, March, etc. Do not use a number or abbreviation to designate the month.

Pay particular attention to the entry of month, day, or year when the delivery occurs around midnight or on December 31. Consider a delivery at midnight to have occurred at the end of one day rather than the beginning of the next day.

*This item is used in conjunction with date last normal menses began to calculate length of gestation, which is an essential element in the study of low-birth-weight deliveries.*

#### **5. SEX OF FETUS**

Enter male, female, or undetermined. Do not abbreviate or use other symbols. Do not leave this item blank.

*This information is used to measure fetal and perinatal mortality by sex. It helps identify differences in the impact of environmental and biological factors between the sexes.*

#### **6a. MOTHER'S NAME (First, Middle, Last)**

Type or print the first, middle, and last name of the mother. This is the mother's current legal name.

#### **6b. MAIDEN SURNAME**

Enter the last name of the mother as given at birth or adoption, not a name acquired by marriage.

*The mother's name is used to identify the record. The maiden surname is important for matching the record with other records because maiden surname remains constant throughout a lifetime, in contrast to other names, which may change because of marriage or divorce.*

#### **7. DATE OF BIRTH (Month, Day, Year) (Mother)**

Enter the exact month, day, and year that the mother was born.

Enter the full name of the month—January, February, March, etc. Do not use a number or abbreviation to designate the month.

*This item is used to calculate the age of the mother, which is one of the most important factors in the study of childbearing and pregnancy outcome.*

#### **8a-f MOTHER'S RESIDENCE**

The mother's residence is the place where her household is located. This is not necessarily the same as her "home State," "voting residence," "mailing address," or "legal residence." The State, county, city, and street address should be for the place

where the mother actually lives. Never enter a temporary residence, such as one used during a visit, business trip, or vacation. Residence for a short time at the home of a relative, friend, or home for unwed mothers for the purpose of awaiting the delivery is considered temporary and should not be entered here. However, place of residence during a tour of military duty or during attendance at college is *not* considered temporary and should be entered on the report as the mother's place of residence.

If the mother had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, this facility should be entered as the place of residence.

**8a. RESIDENCE—STATE (Mother)**

Enter the name of the State in which the mother lives. This may differ from the State in her mailing address. If the mother is not a U.S. resident, enter the name of the country and the name of the unit of government that is the nearest equivalent of a State.

**8b. RESIDENCE—COUNTY (Mother)**

Enter the name of the county in which the mother lives.

**8c. RESIDENCE—CITY, TOWN, OR LOCATION (Mother)**

Enter the name of the city, town, or location where the mother lives. This may differ from the city, town, or location used in her mailing address.

**8d. RESIDENCE—STREET AND NUMBER (Mother)**

Enter the number and street name of the place where the mother lives.

If this location has no number and street name, enter the rural route number or a description of the place that will aid in identifying the precise location.

**8e. RESIDENCE—INSIDE CITY LIMITS? (Yes or no) (Mother)**

Enter "Yes" if the location entered in item 8c is incorporated and the mother's residence is inside its boundaries. Otherwise, enter "No."

**8f. RESIDENCE—ZIP CODE (Mother)**

Enter the ZIP Code of the place where the mother resides.

*Statistics on fetal deaths are tabulated by place of residence of the mother. These data are used in planning for and evaluating community services and facilities, including maternal health programs. "Inside City Limits" is used to properly assign residence to either the city or the remainder of the county. ZIP Code information may also be used for environmental impact studies for small geographic areas.*

**9. FATHER'S NAME (First, Middle, Last)**

State laws vary. In general, if the fetus was:

- Born to a mother who was married at the time of delivery, type or print the name of her husband.



- Conceived in wedlock but delivered after a divorce was granted or after the husband died, type or print the name of the mother's deceased or divorced husband.
- Conceived and delivered out of wedlock to a divorced, widowed, or never-married mother, make no entry regarding the father's name and omit items 10, 11b, 12b, 13b, 14c, and 14d, except as authorized by State law. Refer problems not covered in these instructions to the State office of vital statistics.

*The father's name is used to identify the record.*

**10. DATE OF BIRTH** (*Month, Day, Year*) (Father)

Enter the exact month, day, and year that the father was born.

Enter the full name of the month—January, February, March, etc. Do not use a number or abbreviation to designate the month.

*This item is used to calculate the age of the father, which is important in the study of childbearing. For example, it is used to study the association between congenital anomalies and children of older parents.*

**11. OF HISPANIC ORIGIN?** (*Specify No or Yes—If yes, specify Cuban, Mexican, Puerto Rican, etc.*)

**11a. Mother**

No  Yes Specify:\_\_\_\_\_

**11b. Father**

No  Yes Specify:\_\_\_\_\_

Check “No” or “Yes.” If “Yes” is checked, enter the specific Hispanic group. Item 11 should be checked for the mother on all reports and for the father in all cases where the name of the father is shown on the report. Do not leave this item blank. The entry in this item should reflect the response of the informant.

For the purposes of this item, “Hispanic” refers to people whose origins are from Spain, Mexico, or the Spanish-speaking countries of Central or South America. Origin can be viewed as the ancestry, nationality, lineage, or country in which the person or his or her ancestors were born before their arrival in the United States.

There is no set rule as to how many generations are to be taken into account in determining Hispanic origin. A person may report his or her Hispanic origin based on the country of origin of a parent, grandparent, or some far-removed ancestor. The response should reflect what the person considers himself or herself to be and is not based on percentages of ancestry. Although the prompts include the major Hispanic groups of Cuban, Mexican, and Puerto Rican, other Hispanic groups should also be identified in the space provided.

If a person indicates that he or she is of multiple Hispanic origin, enter the origins as reported (for example, Mexican-Puerto Rican).

This item is not a part of the Race item. A person of Hispanic origin may be of any race. Each question, Race and Hispanic origin, should be asked independently.

*Hispanics comprise the second largest minority in this country. This item provides data to measure differences in pregnancy outcome and variations in health care for people of Hispanic and non-Hispanic origin. Without collection of data on persons of Hispanic origin it is impossible to obtain valid demographic and health information on this important group of Americans.*

Some States have a very small Hispanic population and may wish to obtain data on other groups. Therefore, they may opt to include a general Ancestry item on their report instead of a specific Hispanic origin item. Instructions for the general Ancestry item follow:

**ANCESTRY—Mexican, Puerto Rican, Cuban, African, English, Irish-German, Hmong, etc. (Specify)**

Enter the ancestry as obtained from the parent(s) or other informant. This item should be completed for the mother on all reports and for the father in all cases where the name of the father is shown on the report. Do not leave this item blank. The entry in this item should reflect the response of the informant.

For the purposes of this item, ancestry refers to the nationality, lineage, or country in which the person or his or her ancestors were born before their arrival in the United States. American Indian and Alaska Native ancestry should be entered as such.

There is no set rule as to how many generations are to be taken into account in determining ancestry. A person may report ancestry based on the country of origin of a parent, grandparent, or some far-removed ancestor. The response should reflect what the person considers himself or herself to be and is not based on percentages of ancestry.

Some persons may not identify with the foreign birthplace of their ancestors or with a nationality and may report "American." If, after clarification of the intent of this item, the person still feels that he or she is an "American," enter "American" on the record.

If a person indicates that he or she is of multiple ancestry, enter the ancestry as reported (for example, English-Scottish-Irish, Mexican-American).

If a respondent gives a religious group—such as Jewish, Moslem, or Protestant—ask for the country of origin or nationality.

This item is not a part of the Race item. Both questions, Race and Ancestry, should be asked independently. This means that for certain groups, the entry will be the same in both items—such as Japanese, Chinese, or Hawaiian. Even if they are the same, the entry should be made in both items. An entry of "Black" or "White" should never be recorded in the Ancestry item.

## **12. RACE—American Indian, Black, White, etc. (Specify below)**

### **12a. MOTHER**

### **12b. FATHER**

Enter the race of the mother and of the father as obtained from the parent(s) or other informant. This item should be completed for the mother on all reports and for the

father in all cases where the name of the father is shown on the report. The entry in this item should reflect the response of the informant.

For Asians and Pacific Islanders, enter the national origin of the mother and the father, such as Chinese, Japanese, Korean, Filipino, or Hawaiian.

If the informant indicates that the mother and/or father is of mixed race, enter both races or ancestries.

*These items are used to determine the race of the fetus. Race is essential in producing data for minority groups. It is used to study racial variations in childbearing, access to health care, and pregnancy outcomes (perinatal mortality and birth weight). Race is an important variable in planning for and evaluating the effectiveness of health programs.*

**13. EDUCATION** (*Specify only highest grade completed*)

Elementary/Secondary (0-12) – College (1-4 or 5+)

**13a. MOTHER**

**13b. FATHER**

Enter the highest number of years of regular schooling completed by the mother and father in either the space for elementary/secondary school or the space for college. An entry should be made in only one of the spaces. The other space should be left blank. Report only those years of school that were completed. A person who enrolls in college but does not complete one full year should not be identified with any college education in this item.

Count formal schooling. Do not include beauty, barber, trade, business, technical, or other special schools when determining the highest grade completed.

*Education is highly related to fertility and birth outcome and is used as an indicator of socioeconomic status. It is used to measure the effect of education and socioeconomic status on health, childbearing, and perinatal mortality.*

**14a-d OCCUPATION AND BUSINESS/INDUSTRY** (*Worked during last year*)

Enter the information even if the parent(s) was retired, disabled, or institutionalized at the time of fetal death.

**14a. MOTHER—Occupation**

**14c. FATHER—Occupation**

Enter the occupation of the parent(s) during the last year. The occupation is the kind of work the parent(s) did during most of the previous year, such as claim adjuster, farmhand, coal miner, homemaker, janitor, store manager, college professor, or civil engineer. Even if the mother resigned her employment early in the pregnancy, that occupation should be reported.

If the mother did not work outside her home in the previous 12 months, report her occupation as "Homemaker" and her industry (item 14b) as "Own home." If the father did not work during the previous 12 months, report his occupation as "Unemployed" and the industry (item 14d) as "None." In determining which occupation to report for a parent who held more than one job during the year, give the occupation held during the pregnancy. If both jobs were held during the pregnancy, give the occupation worked for the longest length of time.

Enter "Student" if the parent(s) was a student and was never regularly employed or employed full time during the year prior to delivery. If questions arise about what classification to use for an occupation or industry, you may find the handbook *Guidelines for Reporting Occupation and Industry on Death Certificates* helpful.

#### 14b. MOTHER—Business/Industry

#### 14d. FATHER—Business/Industry

Enter the kind of business or industry to which the occupation listed in items 14a and/or 14c was related, such as insurance, farming, coal mining, hardware store, retail clothing, university, or government. Do not enter firm or organization names.

*Information from these items is useful in studying occupationally related fetal mortality and in identifying job-related risk areas. These items are used to obtain information on the potential impact of the work environment on the fetus. Researchers believe that the occupational hazards (exposures) to the parent(s) which have the most deleterious effect on the fetus are those that occur during the pregnancy, particularly early in the pregnancy.*

### Medical and health information

#### 15a-e PREGNANCY HISTORY (Complete each section)

When certificates or reports are prepared for a plural delivery, items 15a-e on the certificate or report of the first-delivered should not include any of the deliveries in the present delivery. On the certificate or report of the second delivery, these items should include information about the first delivery of the plural birth. Similarly, for the third delivery, these items should include information about the first and second deliveries, and so on.

#### 15a-c LIVE BIRTHS

##### 15a. Now Living

Number \_\_\_\_\_  None

Enter the number of children born alive to this mother who are still living at the time of this delivery. Do not include children by adoption.

Check "None" if this is the first delivery to this mother or if all previous children are dead.

**15b. Now Dead**

Number \_\_\_\_\_  None

Enter the number of prior children born alive to this mother who are no longer living at the time of this delivery. Do not include children by adoption.

Check "None" if this is the first delivery to this mother or if all previous children are still living.

**15c. DATE OF LAST LIVE BIRTH** (*Month, Year*)

Enter the date (month and year) of birth of the last live-born child of the mother.

If this report is for the second delivery of a twin set, enter the date of birth for the first baby of the set, if it was born alive. Similarly, for triplets or other multiple deliveries, enter the date of birth of the previous live birth of the set. If all previously born members of a multiple set were born dead, enter the date of the mother's last delivery that resulted in a live birth.

Enter "-", "Not applicable," or "None," if the mother has not had a previous live birth. Do not leave this item blank.

Enter the full name of the month—January, February, March, etc. Do not use a number or abbreviation to designate the month.

**15d-e OTHER TERMINATIONS** (*Spontaneous and induced at any time after conception*)

**15d.** (*Do not include this fetus*)

Number \_\_\_\_\_  None

Enter the number of fetuses that were delivered dead regardless of the length of gestation. Include each recognized loss of a product of conception, such as ectopic pregnancy, miscarriage, stillbirth, and spontaneous or induced abortion. Do not include this fetus.

Check "None" if this is the first pregnancy for this mother or if all previous pregnancies resulted in live-born infants.

**15e. DATE OF LAST OTHER TERMINATION** (*Month, Year*)

Enter the date (month and year) of the last termination of pregnancy that was not a live birth regardless of the length of gestation.

If the mother has never had such a termination, enter "-", "Not applicable," or "None." Do not leave this item blank.

Enter the full name of the month—January, February, March, etc. Do not use a number or abbreviation to designate the month.

If this report is for the second delivery of a twin set and the first was born dead, enter the date of delivery of that fetus. Similarly, for other multiple births, if any previous member of the set was born dead, enter the date of delivery of that fetus. If all previously born members of a multiple set were born alive, enter the date of the mother's last delivery that resulted in a fetal death.

*These items are used to determine total-birth order, which is important in studying trends in childbearing and child spacing. They are also useful in studying health problems associated with birth order—for example, first births to older women—and determining the relationship of birth order to perinatal mortality.*

*In studying child spacing, the dates of last live birth and other termination are used to compute the intervals between live births and fetal deaths and between pregnancies. This information allows researchers to measure known risk factors associated with the mother's previous pregnancies, such as prior fetal loss, short interpregnancy interval, and high parity.*

**16. MOTHER MARRIED? (At delivery, conception, or any time between)**

*(Yes or no)*

Enter "Yes" if the mother was married at the time of conception, at the time of delivery, or at any time between conception and delivery. Otherwise, enter "No." In many States the father's name cannot be entered if the mother is not married. A woman is legally married even if she is separated. A person is no longer legally married when the divorce papers are signed by a judge. It may be necessary to check with your State or local registrar to determine how to complete this item.

*This information is used to monitor the substantial differences in health and fertility between married and unmarried women. It enables the study of health problems encountered during and after pregnancies of unmarried women. Unmarried women are likely to require more health services.*

**17. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)**

Enter the exact date (month, day, and year) of the first day of the mother's last normal menstrual period, as obtained from the physician or hospital record. If the information is unavailable from these sources, obtain it from the mother.

Enter the full name of the month—January, February, March, etc. Do not use a number or abbreviation to designate the month.

If the exact day is unknown but the month and year are known, obtain an estimate of the day from the mother, her physician, or the medical record. If an estimate of the date cannot be obtained, enter the month and year only.

Enter "Unknown" if the date cannot be determined. Do not leave this item blank.

*This item is used in conjunction with the date of delivery to determine the length of gestation. Gestational age is related to fetal morbidity and mortality. Length of gestation is linked with the weight of the fetus to determine the maturity of the fetus.*

**18-19 PRENATAL CARE**

**18. MONTH OF PREGNANCY PRENATAL CARE BEGAN—First, Second, Third, etc. (Specify)**

Enter the number of the *month in this pregnancy* (second, third, fourth, etc.) when the mother first received care from a physician or other health professional or attended a prenatal clinic. Do *not* enter the name of a month.

The month of the pregnancy in which prenatal care began is measured from the date the last normal menses began and not from the date of conception. Prenatal care begins when a physician or other health professional first examines and/or counsels the pregnant woman.

If no prenatal care was received, enter "None." If item 19 is reported "None," this item should also be completed as "None." Do not leave this item blank.

**19. PRENATAL VISITS—Total Number** (*If none, so state*)

Enter the number of visits made for medical supervision of the pregnancy by a physician or other health care provider during the pregnancy. If no prenatal care was received, enter "None." If item 18 is reported as "None," this item should also be completed as "None." Do not leave this item blank.

If "None" is entered in item 18 and a number is reported in item 19, check to determine if a mistake has been made.

*This information is used to determine the relationship of prenatal care to the outcome of the pregnancy. The number of prenatal visits can be used in conjunction with month of pregnancy prenatal care began to assess the adequacy of prenatal care. In addition, this information can be used with length of gestation to compute the Kessner Index,<sup>2</sup> a quantitative measure of the adequacy of prenatal care.*

**20. WEIGHT OF FETUS** (*Specify unit*)

Enter the weight of the fetus as it is recorded in the hospital record.

Enter the weight as shown in the hospital record in either grams or pounds and ounces. Do not convert from one measure to the other. Specify the type of measure used (grams or pounds and ounces).

*This is the single most important characteristic associated with the viability of the fetus. It is also related to prenatal care, socioeconomic status, marital status, and other factors surrounding the delivery. Consequently, it is used with other information to plan for and evaluate the effectiveness of health care.*

**21. CLINICAL ESTIMATE OF GESTATION** (*Weeks*)

Enter the length of gestation as estimated by the attendant. Do not compute this information from the date last normal menses began and date of delivery. If the attendant has not done a clinical estimate of gestation, enter "None." Do not leave this item blank.

*This item provides information on gestational age when the item on date last normal menses began contains invalid or missing information. This measure is the basis for reporting fetal deaths in many States. For a record with a plausible date last normal menses began, it provides a cross-check with length of gestation based on ultrasound or other techniques.*

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<sup>2</sup>D. M. Kessner, Singer, Jr., C. E. Kalk, E. R. Schlesinger: Infant Death: An Analysis by Maternal Risk and Health Care, in *Contrasts in Health Status*, Vol. 1, Washington, D.C. Institute of Medicine, National Academy of Sciences, 1973.

## 22a-b PLURALITY—BIRTH ORDER

When a plural delivery occurs, prepare and file a separate certificate or report for each child or fetus. File certificates and reports relating to the same plural delivery set at the same time. However, if holding the completed certificates or reports while waiting for incomplete ones would result in late filing, the completed certificate should be filed first.

### 22a. PLURALITY—Single, Twin, Triplet, etc. (Specify)

Specify the delivery as single, twin, triplet, quadruplet, etc.

### 22b. IF NOT SINGLE BIRTH—Born First, Second, Third, etc. (Specify)

Specify the order in which the fetus being reported was delivered—first, second, etc.

If this is a single delivery, leave the item blank.

*These items are related to other items on the report (for example, period of gestation and weight of fetus) that have important health implications. The occurrence of plural deliveries is related to the age of the mother and birth order. Survival differences related to order of delivery exist for multiple births.*

## 23-27 CHECKBOX ITEMS

The following medical and health items are formatted into checkboxes. It has been demonstrated that this format produces higher quality and more complete information than open-ended items do. Please review *each* checkbox listed, and carefully check the appropriate block(s). Clearly mark an “X” or check the block. The mark should not overlap more than one box.

### 23a. MEDICAL RISK FACTORS FOR THIS PREGNANCY

*(Check all that apply)*

- Anemia (Hct. <30/Hgb. <10).....01
- Cardiac disease.....02
- Acute or chronic lung disease.....03
- Diabetes .....04
- Genital herpes .....05
- Hydramnios/Oligohydramnios.....06
- Hemoglobinopathy.....07
- Hypertension, chronic .....08
- Hypertension, pregnancy-associated.....09
- Eclampsia .....10
- Incompetent cervix.....11
- Previous infant 4000+ grams .....12
- Previous preterm or small-for-gestational-age  
infant .....13
- Renal disease .....14
- Rh sensitization .....15
- Uterine bleeding .....16
- None .....00
- Other.....17

*(Specify)*



Check each of the medical risk factors that the mother experienced during this pregnancy. Complications should be entered even if they are a part of the cause of fetal death in item 28. If the mother experienced medical risk factor(s) not identified in the list—for example, other infectious diseases, AIDS, or syphilis—check “Other” and enter the risk factor on the line provided. Medical risk factors should be identified from the hospital or physician record. If there were no medical risk factors, check “None.” Do not leave this item blank.

*This information allows for the identification of specific maternal conditions that are often predictive of poor maternal and infant outcome. It can be used for planning intervention and prevention strategies.*

**23b. OTHER RISK FACTORS FOR THIS PREGNANCY (Complete all items)**

Tobacco use during pregnancy.....Yes  No

Average number cigarettes per day\_\_\_\_\_

Alcohol use during pregnancy .....Yes  No

Average number drinks per week\_\_\_\_\_

Weight gained during pregnancy\_\_\_\_\_ lbs.

Complete each question/statement. Check “Yes” for tobacco use if the mother smoked tobacco at any time during the pregnancy. Check “No” if the mother did not smoke during the entire pregnancy. If “Yes” is checked, specify the average number of cigarettes the mother smoked *per day* during her pregnancy. If, on the average, she smoked less than one cigarette per day, enter “Less than 1.” If “No” is checked, do not make any entry on the line requesting the average number of cigarettes per day.

Check “Yes” for alcohol use if the mother consumed alcoholic beverages at any time during her pregnancy. Check “No” if the mother did not consume any alcoholic beverages during the entire pregnancy. If “Yes” is checked, specify the average number of drinks she consumed *per week*. One drink is equivalent to 5 ounces of wine, 12 ounces of beer, or 1 1/2 ounces of distilled liquor. If, on the average, she drank less than one drink per week, enter “Less than 1.” If “No” is checked, do not make any entry on the line requesting the average number of drinks per week.

Enter the amount of weight *gained* by the mother during the pregnancy in pounds. Do not enter the total weight of the mother. If no weight was gained, enter “None.” If the mother lost weight during her pregnancy, enter the amount of weight lost (for example, “Lost 10 pounds”). Do not leave this item blank.

Information for this item should be obtained from the mother’s medical chart or the physician. If the medical chart is not available or does not include this information and the physician is unavailable, the informant should be asked to respond to these items.

*Smoking and drinking during pregnancy may have an adverse impact on pregnancy outcome. This information is used to evaluate the relationship between certain lifestyle factors and pregnancy outcome and to determine at what levels these factors clearly begin to affect pregnancy outcome.*

**24. OBSTETRIC PROCEDURES (Check all that apply)**

- Amniocentesis .....01
- Electronic fetal monitoring.....02
- Induction of labor.....03
- Stimulation of labor .....04
- Tocolysis.....05
- Ultrasound.....06
- None .....00
- Other.....07

*(Specify)*

Check each type of procedure that was used during this pregnancy. More than one procedure may be checked. If a procedure was used that is not identified in the list, check "Other" and specify the procedure on the line provided. If no procedures were used, check "None." Do not leave this item blank. This information should be obtained from the mother's medical chart or the physician.

*Information on obstetric procedures is used to measure the utilization of advanced medical technology during pregnancy and labor and to investigate the relationship of these procedures to type of delivery and pregnancy outcome.*

**25. COMPLICATIONS OF LABOR AND/OR DELIVERY (Check all that apply)**

- Febrile (> 100°F. or 38°C.) .....01
- Meconium, moderate/heavy .....02
- Premature rupture of membrane (> 12 hours) .03
- Abruptio placenta.....04
- Placenta previa .....05
- Other excessive bleeding .....06
- Seizures during labor .....07
- Precipitous labor (<3 hours) .....08
- Prolonged labor (>20 hours).....09
- Dysfunctional labor.....10
- Breech/Malpresentation .....11
- Cephalopelvic disproportion .....12
- Cord prolapse.....13
- Anesthetic complications .....14
- Fetal distress .....15
- None .....00
- Other.....16

*(Specify)*

Check each medical complication present during labor and/or delivery. Check complications here even if they are a part of the cause of fetal death in item 28. If a complication was present that is not identified in the list, check "Other" and specify the complication on the line provided. If there were no complications, check "None." Do not leave this item blank. This information should be obtained from the mother's medical chart or the physician.

*These data are used to identify the pregnancy complications during labor and delivery that are associated with fetal deaths and their relationship to method of delivery and pregnancy outcome.*

**26. METHOD OF DELIVERY** (*Check all that apply*)

- Vaginal .....01
- Vaginal birth after previous C-section .....02
- Primary C-section .....03
- Repeat C-section .....04
- Forceps .....05
- Vacuum.....06
- Hysterotomy/Hysterectomy .....07

Check the method of delivery of the fetus. If more than one method was used, check all methods that apply to this delivery. Do not leave this item blank. This information should be obtained from the mother's medical chart or the physician.

*This information is used to relate method of delivery with birth outcome, to monitor changing trends in obstetric practice, and to determine which groups of women are most likely to have cesarean delivery. The method of delivery is relevant to the health of mothers, especially if it is by cesarean section. Information from this item can be used to monitor delivery trends across the United States.*

**27. CONGENITAL ANOMALIES OF FETUS** (*Check all that apply*)

- Anencephalus .....01
- Spina bifida/Meningocele .....02
- Hydrocephalus.....03
- Microcephalus .....04
- Other central nervous system anomalies  
(Specify)\_\_\_\_\_05
- Heart malformations .....06
- Other circulatory/respiratory anomalies  
(Specify)\_\_\_\_\_07
- Rectal atresia/stenosis .....08
- Tracheo-esophageal fistula/Esophageal  
atresia.....09
- Omphalocele/Gastroschisis .....10
- Other gastrointestinal anomalies  
(Specify)\_\_\_\_\_11
- Malformed genitalia .....12
- Renal agenesis .....13
- Other urogenital anomalies  
(Specify)\_\_\_\_\_14
- Cleft lip/palate.....15
- Polydactyly/Syndactyly/Adactyly .....16
- Club foot.....17
- Diaphragmatic hernia .....18
- Other musculoskeletal/integumental anomalies  
(Specify)\_\_\_\_\_19
- Down's syndrome .....20
- Other chromosomal anomalies  
(Specify)\_\_\_\_\_21
- None .....00
- Other\_\_\_\_\_22

(Specify)

Check each anomaly of the fetus. Do not include birth injuries. The checklist of anomalies is grouped according to major body systems. If an anomaly is present that is not identified in the list, check "Other" and specify the anomaly on the line provided. Note that each group of system-related anomalies includes an "Other" category for anomalies related to that particular system. If there is a question as to whether the anomaly is related to a specific system, enter the description of the anomaly in "Other (Specify)" at the bottom of the list. If there are no congenital anomalies of the fetus, check "None." Do not leave this item blank. This information should be obtained from the medical chart or the physician.

*Information on congenital anomalies is used to identify health problems that would have required medical care had the infant been born alive. It is important for monitoring the incidence of these conditions among all known products of conception. Collection of this information is also necessary to study unusual clusters of selected anomalies and track trends among different segments of the population.*

## 28. CAUSE OF FETAL DEATH

These items are to be completed by the person whose name appears in item 30.

### Part I. CAUSE OF FETAL DEATH

Enter on line (a) the fetal or maternal condition directly causing the fetal death. Enter on lines (b) and (c) fetal and/or maternal conditions, if any, that gave rise to the immediate cause(s) on line (a), stating the underlying cause last. Also, specify whether the condition was fetal or maternal.

### Part II. OTHER SIGNIFICANT CONDITIONS

Enter any conditions contributing to the fetal death but not resulting in the underlying cause listed in Part I.

Cause of fetal death should include information provided by the pathologist if an autopsy or other type of postmortem exam was done. If microscopic exams for a fetal death are still pending at the time the report is filed, the hospital should report the additional information as soon as it is available.

*This item provides medical information for ranking causes of fetal death and for analyzing the conditions leading to fetal death. Information on cause of fetal death is correlated with information from other items on the report, such as length of gestation and prenatal care.*

## 29. FETUS DIED BEFORE LABOR, DURING LABOR OR DELIVERY, UNKNOWN (Specify)

Indicate when the fetus died by specifying one of the above choices.

*This item is used as a check to ensure that the delivery was properly reported as a fetal death and was not a live birth.*

## 30. ATTENDANT'S NAME AND TITLE (Type/Print)

Name \_\_\_\_\_

M.D.    D.O.    C.N.M.    Other   Midwife

Other (Specify) \_\_\_\_\_

Type or print the full name of the physician or other person in attendance at this delivery on the line provided and check the appropriate box to identify his or her title. M.D. = doctor of medicine, D.O. = doctor of osteopathy, C.N.M. = certified nurse midwife. Lay midwives should be identified as "Other Midwife." If "Other (Specify)" is checked, type or print the title of the attendant on the line provided.

*This item identifies the person to be contacted and queried for missing medical information. Additionally, the type of attendant is used to assess the service rendered and quality of care.*

**31. NAME AND TITLE OF PERSON COMPLETING REPORT (Type/Print)**

Name \_\_\_\_\_

Title \_\_\_\_\_

Type or print the full name and title of the person completing the report.

*This item identifies the person to be contacted for missing information.*

# Appendixes

- A. The U.S. Standard Certificate of Death
- B. The U.S. Standard Report of Fetal Death
- C. Definitions of Live Birth and Fetal Death
- D. The Vital Statistics Registration System in the United States

# Appendix A

## The U.S. Standard Certificate of Death

TYPEPRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE OTHER SIDE AND HANDBOOK		U.S. STANDARD CERTIFICATE OF DEATH				STATE FILE NUMBER	
NAME OF REGISTRAR: <b>J. LEONARD PALMER</b>		LOCAL FILE NUMBER		DECEDENT'S NAME (First Middle Last)		SEX	
				<b>John Leonard Palmer</b>		<b>Male</b>	
		3 SOCIAL SECURITY NUMBER		4 DATE OF BIRTH (Month, Day, Year)		5 DATE OF DEATH (Month, Day, Year)	
		<b>123-45-6789</b>		<b>April 23, 1911</b>		<b>June 20, 1989</b>	
		6a AGE—Last Birthday (Years) 78		6b UNDER 1 YEAR		6c UNDER 1 DAY	
		8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or no) <b>Yes</b>					
		9a PLACE OF DEATH (Check only one, see instructions on other side)					
		<input checked="" type="checkbox"/> <b>Home</b> <input type="checkbox"/> <b>Inpatient</b> <input type="checkbox"/> <b>ER/Outpatient</b> <input type="checkbox"/> <b>DOA</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/> <b>Nursing Home</b> <input type="checkbox"/> <b>Residence</b> <input type="checkbox"/> <b>Other (Specify)</b>					
		10a FACILITY NAME (If not institution, give street and number)		10b CITY, TOWN OR LOCATION OF DEATH		10c COUNTY OF DEATH	
		<b>Mountain Memorial Hospital</b>		<b>Frederick</b>		<b>Frederick</b>	
		11 SURVIVING SPOUSE (If wife, give maiden name)		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life (does not refer to present))		12b KIND OF BUSINESS/INDUSTRY	
		<b>Married</b>		<b>Public Accountant</b>		<b>Self-employed</b>	
		13a RESIDENCE STATE		13b COUNTY		13c CITY, TOWN OR LOCATION	
		<b>Maryland</b>		<b>Frederick</b>		<b>Thurmont</b>	
		13d STREET AND NUMBER		13e CITY, TOWN OR LOCATION OF DEATH		13f COUNTY OF DEATH	
		<b>245 Lone View Road</b>		<b>Thurmont</b>		<b>Frederick</b>	
		14 INSIDE CITY ZIP CODE		15 RACE—American Indian, Black, White etc (Specify)		16 DECEDENT'S EDUCATION (Specify only highest grade completed) (Elementary/Secondary 10-12/College 11, 4 or 5+)	
		<b>No 2012</b>		<b>White</b>		<b>4</b>	
		17 FATHER'S NAME (First, Middle, Last)		18 MOTHER'S NAME (First Middle, Maiden Surname)			
		<b>Stanley Leonard Palmer</b>		<b>Lorraine Ellen Russell</b>			
		19a INFORMANT'S NAME (Type/Print)		19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
		<b>Sheila Marie Palmer</b>		<b>245 Lone View Road, Thurmont, MD 20121</b>			
		20a METHOD OF DISPOSITION		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		20c LOCATION—City or Town, State	
		<input checked="" type="checkbox"/> <b>Burial</b> <input type="checkbox"/> <b>Cremation</b> <input type="checkbox"/> <b>Removal from State</b>		<b>Wesley Memorial Cemetery</b>		<b>Frederick, MD</b>	
		<input type="checkbox"/> <b>Donation</b> <input type="checkbox"/> <b>Other (Specify)</b>					
		21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		21b LICENSE NUMBER (of Licensee)		22 NAME AND ADDRESS OF FACILITY	
		<i>Robert S. Stone</i>		<b>2569114</b>		<b>Boone and Sons Funeral Home</b>	
						<b>475 E. Main St., Frederick, MD 20126</b>	
		23a Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death		23b DATE PRONOUNCED DEAD (Month, Day, Year)		23c DATE SIGNED (Month, Day, Year)	
		Signature and Title: <i>Julius P. Kovar, M.D.</i>		<b>June 20, 1989</b>		<b>June 20, 1989</b>	
		24 TIME OF DEATH		25 DATE PRONOUNCED DEAD (Month, Day, Year)		26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no)	
		<b>3:05 AM</b>		<b>June 20, 1989</b>		<b>No</b>	
		27 PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line					
		IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Pulmonary Embolism</b>					
		DUE TO OR AS A CONSEQUENCE OF: <b>Congestive Heart Failure</b>					
		DUE TO OR AS A CONSEQUENCE OF: <b>Acute Myocardial Infarction</b>					
		DUE TO OR AS A CONSEQUENCE OF: <b>Chronic Ischemic Heart Disease</b>					
		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: <b>Minutes</b>					
		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: <b>4 days</b>					
		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: <b>7 days</b>					
		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: <b>8 years</b>					
		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I					
		<b>Diabetes mellitus, Hypertension</b>					
		28a WAS AN AUTOPSY PERFORMED? (Yes or no)		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)			
		<b>No</b>		<b>No</b>			
		29 MANNER OF DEATH		30a DATE OF INJURY (Month, Day, Year)		30b TIME OF INJURY	
		<input checked="" type="checkbox"/> <b>Natural</b> <input type="checkbox"/> <b>Pending Investigation</b>					
		<input type="checkbox"/> <b>Accident</b> <input type="checkbox"/> <b>Suicide</b> <input type="checkbox"/> <b>Homicide</b>					
		<input type="checkbox"/> <b>Could not be determined</b>					
		30c PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify)		30d INJURY AT WORK? (Yes or no)		30e DESCRIBE HOW INJURY OCCURRED	
		31a CERTIFIER (Check only one)		31b SIGNATURE AND TITLE OF CERTIFIER		31c LICENSE NUMBER	
		<input checked="" type="checkbox"/> <b>CERTIFYING PHYSICIAN</b> (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated		<i>Edmund Matthew Stone, M.D.</i>		<b>1299654</b>	
		<input type="checkbox"/> <b>PRONOUNCING AND CERTIFYING PHYSICIAN</b> (Physician both pronouncing death and certifying to cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated					
		<input type="checkbox"/> <b>MEDICAL EXAMINER/CORONER</b> On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					
		31d DATE SIGNED (Month, Day, Year)		31e DATE SIGNED (Month, Day, Year)		31f DATE SIGNED (Month, Day, Year)	
		<b>June 22, 1989</b>		<b>June 22, 1989</b>		<b>June 22, 1989</b>	
		32 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print)		33 REGISTRAR'S SIGNATURE		34 DATE FILED (Month, Day, Year)	
		<b>Edmund Matthew Stone, M.D. 25 Porter Drive Frederick, MD 29885</b>		<i>Lori T. Burrette</i>		<b>June 23, 1989</b>	

# Appendix B

## The U.S. Standard Report of Fetal Death

**U.S. STANDARD REPORT OF FETAL DEATH**

STATE FILE NUMBER

1. FACILITY NAME (If not institution, give street and number) <b>Amsterdam Hospital</b>		3. COUNTY OF DELIVERY <b>El Paso</b>		4. DATE OF DELIVERY (Month/Day/Year) <b>December 31, 1989</b>		8. SEX OF FETUS <b>Female</b>	
2. CITY, TOWN, OR LOCATION OF DELIVERY <b>El Paso</b>		5. MOTHER'S SURNAME <b>Sanchez</b>		7. DATE OF BIRTH (Month/Day/Year) <b>July 26, 1950</b>			
6. MOTHER'S NAME (If not MARION LAST) <b>Carmen Marie Ravold</b>		9. CITY, TOWN OR LOCATION <b>El Paso</b>		10. STREET AND NUMBER <b>2277 Cumpowder Drive</b>			
11. RESIDENCE STATE <b>Texas</b>		12. ZIP CODE <b>49205</b>		13. FATHER'S NAME (If not MARION LAST) <b>Jose Marwell Ravoldo</b>		14. DATE OF BIRTH (Month/Day/Year) <b>September 9, 1947</b>	
15. OCCUPATION (Specify No. or Yes-If Yes, Specify: Cabinet Maker, Electrician, etc.) <b>Yes</b>		16. RACE—American Indian, Black, White, etc. (Specify ethnic) <b>White</b>		17. EDUCATION (Specify only highest grade completed) <b>12</b>		18. OCCUPATION (Specify) <b>Cashier</b>	
19. MOTHER'S OCCUPATION (Specify) <b>Dry cleaning shop</b>		20. FATHER'S OCCUPATION (Specify) <b>Auto engine repair shop</b>		21. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		22. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
23. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		24. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		25. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		26. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
27. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		28. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		29. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		30. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
31. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		32. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		33. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		34. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
35. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		36. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		37. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		38. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
39. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		40. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		41. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		42. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
43. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		44. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		45. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		46. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
47. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		48. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		49. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		50. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
51. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		52. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		53. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		54. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
55. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		56. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		57. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		58. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
59. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		60. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		61. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		62. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
63. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		64. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		65. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		66. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
67. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		68. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		69. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		70. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
71. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		72. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		73. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		74. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
75. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		76. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		77. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		78. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
79. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		80. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		81. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		82. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
83. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		84. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		85. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		86. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
87. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		88. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		89. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		90. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
91. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		92. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		93. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		94. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
95. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		96. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		97. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		98. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
99. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		100. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		101. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		102. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
103. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		104. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		105. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		106. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
107. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		108. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		109. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		110. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
111. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		112. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		113. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		114. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
115. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		116. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		117. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		118. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
119. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		120. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		121. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		122. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
123. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		124. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		125. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		126. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
127. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		128. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		129. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		130. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
131. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		132. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		133. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		134. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
135. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		136. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		137. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		138. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
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143. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		144. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		145. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		146. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
147. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		148. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		149. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		150. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
151. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		152. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		153. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		154. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
155. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		156. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		157. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		158. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
159. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		160. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		161. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		162. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
163. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		164. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		165. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		166. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
167. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		168. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		169. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		170. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
171. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		172. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		173. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		174. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
175. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		176. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		177. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		178. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
179. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		180. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		181. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		182. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
183. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		184. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		185. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		186. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
187. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		188. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		189. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		190. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
191. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		192. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		193. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		194. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
195. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		196. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		197. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		198. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	
199. MOTHER'S OCCUPATION (Specify) <b>Mechanic</b>		200. FATHER'S OCCUPATION (Specify) <b>Mechanic</b>		199. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>		200. BUSINESS/INDUSTRY (Specify) <b>Auto engine repair shop</b>	

16. DATE OF LAST LIVE BIRTH (Month/Year)  
**December, 1980**

17. DATE LAST NORMAL MENSTRUATION BEGAN (Month/Day/Year)  
**July 21, 1989**

18. MONTH OF PREGNANCY PRENATAL CARE BEGAN—First, Second, Third, etc. (Specify)  
**Second**

19. PRENATAL VISITS—Total Number (if none so state)  
**5**

20. WEIGHT OF FETUS (Specify)  
**900 grams**

21. GESTATION (Specify)  
**44 weeks**

22. PLURALITY—Single, Twin, Triplet, etc. (Specify)  
**Single**

23. CONGENITAL ANOMALIES OF FETUS (Check all that apply)

24. OBSTETRIC PROCEDURES (Check all that apply)

25. COMPLICATIONS OF LABOR AND/OR DELIVERY (Check all that apply)

26. OTHER RISK FACTORS FOR THIS PREGNANCY (Complete all items)

27. METHOD OF DELIVERY (Check all that apply)

28. IMMEDIATE CAUSE (Enter only one cause for a, b, and c)

29. FETUS DIED BEFORE LABOR, DURING LABOR OR DELIVERY UNKNOWN (Specify)

30. ATTENDANT'S NAME AND TITLE (If not present)

31. NAME AND TITLE OF PERSON COMPLETING REPORT (If not present)



## Appendix C

### Definitions of live birth and fetal death

The following definitions have been adopted by the World Health Assembly and are recommended for use in the United States.

#### Live birth

Live birth is the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.

*Important*—If an infant breathes or shows any other evidence of life after complete delivery, even though it may be only momentary, the birth must be registered as a live birth and a death certificate must also be filed.

#### Fetal death

Fetal death is death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such expulsion or extraction, the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

*Important*—The definitions of fetal death followed in some States differ from the standard definition, particularly with respect to the minimum period of gestation for which a fetal death report is required. If you have any questions about the definitions used in your State, contact your State office of vital statistics.

## Appendix D

### The Vital Statistics Registration System in the United States

The registration of births, deaths, fetal deaths, and other vital events<sup>3</sup> in the United States is a State and local function. The civil laws of every State provide for a continuous, permanent, and compulsory vital registration system. Each system depends to a very great extent on the conscientious efforts of the physicians, hospital personnel, funeral directors, coroners, and medical examiners in preparing or certifying information needed to complete the original records. For a graphic presentation of the registration system, see the accompanying chart, "The Vital Statistics Registration System in the United States."

Most States are divided geographically into local registration districts or units to facilitate the collection of vital records. A district may be a township, village, town, city, county, or other geographic area or a combination of two or more of these areas. In some States, however, the law provides that records of birth, death, and/or fetal death be sent directly from the reporting source (hospital, physician, or funeral director) to the State vital statistics office. In this system, functions normally performed by a local registration official are assumed by the staff of the State office.

In States with a local registrar system, the local registrar collects the records of events occurring in his or her area and transmits them to the State vital statistics office. The local registrar is required to see that a complete certificate is filed for each event occurring in that district. In many States this official also has the duty of issuing burial-transit permits to authorize the disposition of dead human bodies. In many States this official is also required to keep a file of all events occurring within his or her district and, if authorized by State law and subject to the restrictions on issuance of copies as specified by the law, may be permitted to issue copies of these records.

The State vital statistics office inspects each record for promptness of filing, completeness, and accuracy of information; queries for missing or inconsistent information; numbers the records; prepares indexes; processes the records; and stores the documents for permanent reference and safekeeping. Statistical information from the records is tabulated for use by State and local health departments, other governmental agencies, and various private and voluntary organizations. The data are used to evaluate health problems and to plan programs and services for the public.

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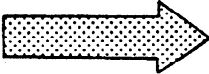
<sup>3</sup>Vital events are defined as live births, deaths, fetal deaths, marriages, divorces, and induced terminations of pregnancy, together with any change in civil status which may occur during an individual's lifetime.

An important function of the State office is to issue certified copies of the certificates to individuals in need of such records and to verify the facts of birth and death for agencies requiring legal evidence of such facts.

The National Center for Health Statistics (NCHS) in the Public Health Service is vested with the authority for administering vital statistics functions at the national level. Data tapes of information derived from individual records registered in the State offices—or, in a few cases, copies of the individual records themselves—are transmitted to NCHS. From these data or copies, monthly, annual, and special statistical reports are prepared for the United States as a whole and for the component parts—cities, counties, States, and regions—by various characteristics such as sex, race, and cause of death. The statistics are essential in the fields of social welfare, public health, and demography. They are also used for various administrative purposes, in both business and government. NCHS serves as a focal point, exercising leadership in establishing uniform practices through model laws, standard certificate forms, handbooks, and other instructional materials for the continued improvement of the vital statistics system in the United States.

# The Vital Statistics Registration System in the United States

## The Vital Statistics Registration System in the United States

<i>Responsible Person or Agency</i>	<i>Birth Certificate</i>	<i>Death Certificate</i>	<i>Fetal Death Report (Stillbirth)</i>
Hospital authority	<ol style="list-style-type: none"> <li>1. Completes entire certificate in consultation with parent(s).</li> <li>2. Files certificate with local office or State office per State law.</li> </ol>	<p>When death occurs in hospital, may initiate preparation of certificate: Completes information on name, date, and place of death; obtains certification of cause of death from physician; and gives certificate to funeral director.</p> <p>NOTE: If the attending physician is unavailable to certify to the cause of death, some States allow a hospital physician to certify to only the fact and time of death. With legal pronouncement of the death and permission of the attending physician, the body can then be released to the funeral director. The attending physician still must complete the cause-of-death section prior to final disposition of the body.</p>	<ol style="list-style-type: none"> <li>1. Completes entire report in consultation with parent(s).</li> <li>2. Obtains cause of fetal death and other medical and health information from physician.</li> <li>3. Obtains authorization for final disposition of fetus.</li> <li>4. Files report with local office or State office per State law.</li> </ol>
Funeral director		<ol style="list-style-type: none"> <li>1. Obtains personal facts about decedent and completes certificate.</li> <li>2. Obtains certification of cause of death from attending physician or medical examiner or coroner.</li> <li>3. Obtains authorization for final disposition per State law.</li> <li>4. Files certificate with local office or State office per State law.</li> </ol>	<p>If fetus is to be buried, the funeral director is responsible for obtaining authorization for final disposition.</p> <p>NOTE: In some States the funeral director, or person acting as such, is responsible for all duties shown above under hospital authority.</p>
Physician or other professional attendant	For in-hospital birth, verifies accuracy of medical information and signs certificate. For out-of-hospital birth, duties are same as those for hospital authority, shown above.	Completes certification of cause of death and signs certificate.	Provides cause of fetal death and other medical and health information.

<p>Local office* (may be local registrar or city or county health department)</p>	<ol style="list-style-type: none"> <li>1. Verifies completeness and accuracy of certificate and queries incomplete or inconsistent certificates.</li> <li>2. If authorized by State law, makes copy or index for local use.</li> <li>3. Sends certificates to State registrar.</li> </ol>	<ol style="list-style-type: none"> <li>1. Verifies completeness and accuracy of certificate and queries incomplete or inconsistent certificates.</li> <li>2. If authorized by State law, makes copy or index for local use.</li> <li>3. If authorized by State law, issues authorization for final disposition on receipt of completed certificate.</li> <li>4. Sends certificates to State registrar.</li> </ol>	<p>If State law requires routing of fetal death reports through local office, the local office performs the same functions as shown for the death certificate.</p>
<p>City and county health departments use data derived from these records in allocating medical and nursing services, following up on infectious diseases, planning programs, measuring effectiveness of services, and conducting research studies.</p>			
<p>State registrar, office of vital statistics</p>	<ol style="list-style-type: none"> <li>1. Queries incomplete or inconsistent information.</li> <li>2. Maintains files for permanent reference and is the source of certified copies.</li> <li>3. Develops vital statistics for use in planning, evaluating, and administering State and local health activities and for research studies.</li> <li>4. Compiles health-related statistics for State and civil divisions of State for use of the health department and other agencies and groups interested in the fields of medical science, public health, demography, and social welfare.</li> <li>5. Sends data derived from records or copies of records to the National Center for Health Statistics.</li> </ol>		
<p>Public Health Service, National Center for Health Statistics</p>	<ol style="list-style-type: none"> <li>1. Prepares and publishes national statistics of births, deaths, and fetal deaths; constructs the official U.S. life tables and related actuarial tables.</li> <li>2. Conducts health and social-research studies based on vital records and on sampling surveys linked to records.</li> <li>3. Conducts research and methodological studies in vital statistics methods, including the technical, administrative, and legal aspects of vital records registration and administration.</li> <li>4. Maintains a continuing technical assistance program to improve the quality and usefulness of vital statistics.</li> </ol>		

\* Some States do not have local vital registration offices. In these States, the certificates or reports are transmitted directly to the State office of vital statistics.