

<p>MICHIGAN DEPARTMENT OF COMMUNITY HEALTH</p> <p>Bureau of Epidemiology</p> <p>Vital Records & Health Data Development Section</p> <p>Approved by:</p> <p><u>//s// Glenn Copeland</u> Glenn Copeland, State Registrar</p>	<p>INSTRUCTION LETTER NUMBER <u> 14 </u></p> <p>Effective Date <u> January 1, 2004 </u></p> <p>Replaces Letter Number <u> 14 </u></p> <p>Dated <u> November 1, 1992 </u></p> <p>Page <u> 1 </u> of <u> 20 </u></p> <p>Date <u> March 1, 2004 </u> (last revised)</p>
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INSTRUCTIONS FOR: Completing the 2004 Version of the Certificate of Death

These instructions provide information on the proper completion of the certificate of death form as revised for use in the reporting of deaths that occur on or after January 1, 2004. This new form is identified as form number DCH-0483 (10/03) in the lower left hand corner of the certificate. The form is an 8½ inch by 11 inch form. All certificate of death forms dated earlier than 10/03 should be retained for use in reporting of deaths occurring in 2003 and earlier, until all are reported. The supplies of pre 10/03 forms will then become obsolete and must be destroyed. If reporting a 2003 death in 2004, it is important to properly match the form used with the death being recorded, as deaths reported on an incorrect form cannot be accepted for filing.

When a death occurs in this state, the responsibility to report the death rests with the funeral director who first takes charge of the body. A certificate of death must be prepared and filed for each individual that dies within the state as well as for individuals whose place of death is not known but the body is found and pronounced dead in this state.

The death certificate must be prepared and filed within 72 hours after the death or the finding of a body. The document must be filed with the local registrar for the place where the decedent was pronounced dead.

The certificate of death that is completed and filed is retained in the state vital records repository as a permanent legal record of the event. The document will be available for the issuance of certified copies to permit establishing the facts of death in settling the affairs of the decedent and will serve as a historical record of interest to descendants into the future. Great care should be taken in the preparation of these documents to insure each is complete, accurate and legible.

By exercising care in completing the death certificate, the intended purposes of supplying data on the mortality of people in Michigan and serving as a permanent legal record of the event can be accomplished. The immediate family of the deceased realizes the most direct value of a death certificate. Certified copies of the filed document will be an important part of handling pension and insurance claims, probating the estate, obtaining social security

<p style="text-align: center;">INSTRUCTIONS FOR: Completing the 2004 Version of the Certificate of Death</p>	<p style="text-align: center;">EFFECTIVE DATE: January 1, 2004</p>	<p style="text-align: center;">INSTRUCTION LETTER NUMBER: 14 PAGE <u> 2 </u> OF <u> 20 </u></p>
--------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------

benefits and other uses in the weeks and months just following the death. The document will become of historical and genealogical interest with time, as well. At the same time, the information on certificates of death will collectively be used in the study of mortality within the state in general as well as in very specific ways. The mortality data is an integral part of evaluating many public health and medical problems, program planning and evaluation and other valuable uses.

Responsibilities of the Funeral Director in Death Registration

The funeral director is the keystone in the death registration system. The funeral director or his/her authorized agent is responsible for seeing to the preparation and filing of the death certificate. In general, the duties of the funeral director are:

1. Obtaining the personal data on the deceased and completing the form.
2. Obtaining the physician's or medical examiner's certification of death.

Note: The medical certification must be completed and signed no later than 48 hours after death by the certifying physician or within 48 hours after taking charge of the case by the medical examiner.

3. Securing all necessary signatures on the certificate.
4. Notifying the medical examiner of any death that is believed to fall within the medical examiner's jurisdiction.
5. Obtaining and recording information on final disposition.
6. Reviewing the certificate for legibility, completeness and accuracy.
7. Filing the properly completed death certificate with the appropriate local registrar within 72 hours after death.
8. Obtaining all necessary permits.

The funeral director should also be familiar with the laws, rules and regulations governing the handling of death certificates and related permits.

Note: In accordance with Section 2651 of Act 368, P.A. 1978 as amended, an anatomy board member or a person acting under his/her directions may act as a funeral director in the handling of unclaimed bodies or bodies designated for scientific use.

Note: Medical examiner's cases are defined by law. Michigan Compiled Laws of 1970, Section 52.202 reads:

"County medical examiners or deputy county medical examiners shall make investigations as to the cause and manner of death in all cases of persons who have come to their death by violence; or whose death was unexpected; or without medical attendance during the 48 hours prior to the hour of death unless the attending physician, if any, is able to determine accurately the cause of death; or as the result of an abortion, whether self-induced or otherwise. If any prisoner in any county or city jail dies while so imprisoned, the county medical examiner, upon being notified of the death of the prisoner, shall make an examination upon the body of the prisoner."

<p>INSTRUCTIONS FOR: Completing the 2004 Version of the Certificate of Death</p>	<p>EFFECTIVE DATE: January 1, 2004</p>	<p>INSTRUCTION LETTER NUMBER: <u>14</u> PAGE <u>3</u> OF <u>20</u></p>
----------------------------------------------------------------------------------------------	-----------------------------------------------------	-------------------------------------------------------------------------------------

Section 2844 of Act 368, P.A. 1978, as amended reads:

“(1) When death occurs more than 10 days after the deceased was last seen by a physician, if the cause of death appears to be other than illness or conditions for which the deceased was being treated, or if the attending physician cannot accurately determine the cause of death, the case shall be referred to the county medical examiner for investigation to determine and certify the cause of death. If the county medical examiner determines that the case does not fall within his or her jurisdiction the county medical examiner shall refer the case back to the deceased’s physician within 24 hours for completion of the medical certification. (2) When an investigation is required under Act No. 181 of the Public Acts of 1953, as amended, being sections 52.201 to 52.216 of the Michigan Compiled Laws, the county medical examiner shall determine the cause of death and shall complete and sign the medical certification within 48 hours after taking charge of the case”.

General Instructions

Death registration is required for each individual who dies in this state. If the place of death is unknown, but the body is found in this state, the death certificate shall show this fact and shall be completed and filed in this state. The place where the body is found shall be shown as the place of death.

When death occurs in a moving conveyance in the United States and the body is first removed from the conveyance in this state, the death certificate shall show this fact and the place where the body is first removed from the conveyance shall be shown as the place of death.

When the death occurs in a moving conveyance while in international waters or air space or a foreign country and the body is first removed from the conveyance in this state, the death shall be registered in this state but the certificate shall show the actual place the death occurred insofar as the place can be determined.

The key words in completing a certificate of death are complete, accurate, and legible.

Use only the current Michigan Department of Community Health form DCH-0483 “Certificate of Death”.

Completion of the Certificate of Death

The documents must be completed using a typewriter with a black ribbon and clean keys or, if not typewritten, must be printed in black permanent ink. If the documents are to be computer generated, a high quality printer that is of “letter quality” must be used.

Signatures must be hand written in black unfading ink. Rubber stamp signatures or computer facsimiles are not acceptable.

The names of the individuals recorded on the document, including the decedent, a spouse and the parents must be written in English alphabetic characters, except that surname suffixes may be entered as Roman or Arabic numerals.

<p style="text-align: center;">INSTRUCTIONS FOR: Completing the 2004 Version of the Certificate of Death</p>	<p style="text-align: center;">EFFECTIVE DATE: January 1, 2004</p>	<p style="text-align: center;">INSTRUCTION LETTER NUMBER: <u>14</u> PAGE <u>4</u> OF <u>20</u></p>
----------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------

The document must not be corrected or altered in any way so as to damage the document or make the document appear altered. Minor changes or alterations must be made carefully so that the alteration cannot be detected on a copy of the document. The use of correcting fluid, image overlay or correcting tapes are not acceptable. Use of a correcting typewriter with a lift off process for correction is permitted, if the correction is not detectable upon copying. Along these lines, do not make extraneous marks on the document. Additionally, do not fold, bend, mutilate, staple or alter the form.

Complete all items on the death certificate unless the item instructions indicate that the item can or should be blank. Similarly, "unknown" or an entry of similar meaning is not an acceptable entry unless otherwise indicated in the specific instructions for that item. When an entry of "unknown" is permitted and is indicated use of a synonym for unknown is permitted. It is important to avoid abbreviations except as recommended for specific items.

The original certificate must be submitted for filing. The local registrar will not accept copies or duplicates.

Specific Instructions on the Completion of Individual Items

LE - (local file number)

Do not complete this item. This item is completed by the local registrar when the certificate is accepted for filing.

CE - (county file number)

Do not complete this item. This item is completed by the county clerk when the record is accepted for filing and within some city offices to renumber the file after the initial filing.

State File Number

Do not complete this item. The state file number for the document is entered in this item as the document is registered within the state repository.

Item 1 Decedent's Name

This is the most important item on the certificate for legal and personal use by the family. There are alternate spellings to many names and it is critical for the family to have the name spelled correctly. The hospital, nursing home, physician or coroner may have entered the name of the deceased in the left hand margin of the certificate. Do not copy this name for entry on the certificate; it may be incomplete or incorrect.

It is suggested that you print the name as provided to you by the informant and have the informant check the spelling and order of names before entering the name on the certificate. The name must consist of English alphabetic characters and punctuation marks, except that surname suffixes may be entered as Roman or Arabic numerals.

<p style="text-align: center;">INSTRUCTIONS FOR: Completing the 2004 Version of the Certificate of Death</p>	<p style="text-align: center;">EFFECTIVE DATE: January 1, 2004</p>	<p style="text-align: center;">INSTRUCTION LETTER NUMBER: <u>14</u> PAGE <u>5</u> OF <u>20</u></p>
----------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------

If a name such a "Baby Boy Watts" is obtained from medical records for the death of a newborn, check with the parents or other informant to see if the child had a given name. If the child had not been named, enter only the surname. If the medical examiner cannot determine the name of a found body, enter "Unknown" in the name field. Do not enter names such as "John Doe" or "Jane Doe".

Item 2 Date of Birth

Enter the exact date of the decedent's birth in the sequence of month, day and four-digit year.

Enter the full or abbreviated name of the month (Jan., Feb., March, etc.) Do not use a number for the month.

If the Date of Birth is unknown, print "Unknown". If part of Date of Birth is unknown, enter the known parts and leave the remaining parts blank. For example, for a person who is born in 1913 but the month and day are not known, print or type 1913. Or if the month and year are known and the day not known, print or type February, "blank", 1913.

Item 3 Sex

Enter male or female. Do not use initials or abbreviations.

If the sex cannot be determined, "undetermined" may be entered only if the age of the decedent is 28 days of age or less.

Unknown may be entered only if certified by a medical examiner.

Item 4 Date of Death

Enter the exact date that death occurred in the sequence of month, day and year. Enter the full or abbreviated name of the month (Jan., Feb., March, etc.) Do not use a number for the month. A death occurring July 7, 1915 should be entered as July 7, 1915 instead of 7/7/15.

When a death occurs at midnight it is considered to have occurred at the end of one day rather than at the start of the next day. If a person died at midnight on December 31, it should be entered as Dec. 31 not Jan. 1.

If the date of death is questionable, let the physician or medical examiner enter the date.

"Pending" may be entered only if certified by a medical examiner.

Note: The medical certifier must certify to the date of death. If it is incorrect, he/she must notify you (the funeral director) to correct it.

<p>INSTRUCTIONS FOR: Completing the 2004 Version of the Certificate of Death</p>	<p>EFFECTIVE DATE: January 1, 2004</p>	<p>INSTRUCTION LETTER NUMBER: <u>14</u> PAGE <u>6</u> OF <u>20</u></p>
------------------------------------------------------------------------------------------	-------------------------------------------------	-------------------------------------------------------------------------------------

Item 5 Name at Birth or Other Name Used for Personal Business

Enter the decedent's name at birth and/or other names the decedent used or was known as in their lifetime. It should be listed if it is substantially different from the decedent's legal name (e.g., Samuel Langhorne Clemens AKA Mark Twain, but not Jonathon Doe AKA John Doe). For women, enter the name before first married.

This item is intended to assist in accurately documenting the decedent and to facilitate handling the affairs of the decedent. Use this item to record alias names or other name variations that are considered important to document.

This item may be left blank.

Item 6a Age - Last Birthday

Enter the age of the decedent in years as of the last birthday. If decedent was under one year leave this space blank.

Item 6b Age (Under 1 Year)

Enter the age of the infant at the time of death in months or days. If the infant was between 1 and eleven months of age inclusive, enter the age in completed months. If the infant was less than 1 month old, enter the age in days.

If the infant was over one year old or less than one day of age, leave this item blank.

Item 6c Age (Under 1 Day)

Enter the number of hours or minutes the infant lived.

If the infant was between 1 and 23 hours old inclusive, enter the age in completed hours.

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

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

Item 7a Location of Death

Enter the name of the hospital or institution (hospice, nursing home, extended care facility) where the decedent was officially pronounced dead. If the decedent was pronounced dead en route to or on arrival at a hospital or institution, enter the name of the hospital or institution.

If the decedent was not pronounced dead in a hospital or other institution, enter the number, street and zip code of the locality where the decedent was pronounced dead.

This item must agree with items 7b and 7c.

<p style="text-align: center;">INSTRUCTIONS FOR: Completing the 2004 Version of the Certificate of Death</p>	<p style="text-align: center;">EFFECTIVE DATE: January 1, 2004</p>	<p style="text-align: center;">INSTRUCTION LETTER NUMBER: <u>14</u> PAGE <u>7</u> OF <u>20</u></p>
----------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------

Item 7b City, Village or Township of Death

Enter the name of the city, village, or township where death was officially pronounced.

Item 7c County of Death

Enter the name of the county where the decedent was formally pronounced dead.

Items 8a-8e Residence of Decedent

The residence of the decedent is the place where he/she actually resided. The actual residence is not necessarily the same as "home state", "voting residence", or "legal residence". Never enter a temporary residence such as one used during a visit, business trip or a vacation. Place of residence during a tour of military duty or attendance at college is not considered temporary and is to be considered as place of residence.

Decedents who at the time of death are living in institutions where persons stay for long periods of time such as prisons, mental institutions, homes for the needy and aged, nursing homes, sanitariums or hospitals for the chronically ill are considered residents of the institution for the purpose of completing these items. These places should not be considered temporary for the individual.

If the decedent is a minor child, the residence is the same as that of the parent(s), legal guardian, custodian or parent of custody, unless the child is a resident of a long-term institution such as a home for the mentally retarded.

"Unknown" may be entered for these items, if the place of residence for the decedent is unknown. If the decedent was homeless, enter as much of the address as is known.

Item 8a Current Residence – State

Enter the name of the state where the decedent actually resided. In some places the mailing address may be in a different state than the actual residence. Always enter the state of residence in this item.

Item 8b County of Residence

Enter the name of the county in which the decedent actually resided.

Item 8c Locality

Check the appropriate box of inside city or village of, inside township of, or unincorporated place, to describe the locality where the decedent resided. Reference list of incorporated places or consult local clerk if in doubt regarding the status of a locality.

Enter the name of the locality pertaining to the box checked.

<p style="text-align: center;">INSTRUCTIONS FOR: Completing the 2004 Version of the Certificate of Death</p>	<p style="text-align: center;">EFFECTIVE DATE: January 1, 2004</p>	<p style="text-align: center;">INSTRUCTION LETTER NUMBER: <u>14</u> PAGE <u>8</u> OF <u>20</u></p>
----------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------

Item 8d Street and Number

Enter the house number and street name of the place the decedent resided. If the place has no number and street name, enter the RFD number, box number or route number.

Item 8e Zip Code

Enter the ZIP Code for the mailing address of the decedent.

Item 9 Birth Place

If the decedent was born in the United States, enter the name of the city and state. For births outside a city, entry of the county or township of birth is acceptable but is not necessary.

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 the decedent was born in Canada, enter the province of birth.

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

Item 10 Social Security Number

Enter the social security number of the decedent. If the social security number is unknown enter "unknown".

If the decedent never obtained a social security number, enter "none".

Item 11 Decedent's Education

Enter the highest level of regular schooling completed or highest educational degree awarded to the decedent such as 8th grade, high school graduate, some college, B.A., M.S., M.D., etc. If unsure of the highest degree, enter multiple degrees, when appropriate.

Include formal schooling only. Do not include beauty, barber, trade, business, technical or other special schools reporting education.

Do not indicate only a number for years of college completed. For example, a '1' entered in this field would indicate that the decedent had completed 1st grade instead of completing one year of college.

INSTRUCTIONS FOR: Completing the 2004 Version of the Certificate of Death	EFFECTIVE DATE: January 1, 2004	INSTRUCTION LETTER NUMBER: <u>14</u> PAGE <u>9</u> OF <u>20</u>
---------------------------------------------------------------------------------	----------------------------------------	---------------------------------------------------------------------------

Item 12 Race

Enter the race of the decedent as obtained from the informant. Entry of multiple races is appropriate when applicable.

The entry for many groups other than White, Black and American Indian are determined by their national origins. For these groups enter the national origin of the decedent such as Chinese, Japanese, Korean, Filipino or Hawaiian, etc. If the informant indicates that the decedent is of "mixed race" enter all races or national origins. Do not use slang or colloquial names.

If the race or national origin is unknown, unknown may be entered but this item must not be left blank.

(Race is essential in studies of health characteristics for various racial groups in this country. It is used in planning and evaluating health programs.)

Item 13a Ancestry

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. Entry of multiple ancestries is appropriate when applicable. (If ancestry information is not available, enter unknown.)

If the decedent is an American Indian, enter the decedent's principal tribe in this item.

Otherwise, 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 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 the decedent was of multiple ancestries, enter the ancestries 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 - such as Japanese, Chinese, or Hawaiian, the entry will be the same in both items. The entry should be made in both items even if it is the same. However, an entry of "Black" or "White" should never be recorded in the ancestry item.

<p>INSTRUCTIONS FOR: Completing the 2004 Version of the Certificate of Death</p>	<p>EFFECTIVE DATE: January 1, 2004</p>	<p>INSTRUCTION LETTER NUMBER: <u>14</u> PAGE <u>10</u> OF <u>20</u></p>
------------------------------------------------------------------------------------------	-------------------------------------------------	--------------------------------------------------------------------------------------

Item 13b Was the Decedent of Hispanic Origin?

Enter "Yes", "No" or "Unknown". Hispanic refers to people whose origins are from Spain, Mexico, or the Spanish-speaking Caribbean Islands or countries of Central or South America. Origin includes ancestry, nationality, and lineage. As with the ancestry item, there is no set rule about how many generations are to be taken into account in determining Hispanic origin; it may be based on the country of origin of a parent, grandparent, or some far-removed ancestor.

This item is intended to compliment the information reported on ancestry and clarify the ethnicity of the decedent.

Item 14 Was Decedent Ever in U.S. Armed Forces?

If the decedent was ever in any branch of the United States military service, enter "Yes". If the decedent was never in any branch of the military service, enter "No".

If the decedent's military status cannot be determined, enter "Unknown".

Item 15 Usual Occupation

Enter the usual occupation of the decedent. "Usual Occupation" is the kind of work the decedent did during most of his/her working life, such as claim adjuster, farm hand, coal miner, janitor, store manager, research chemist, civil engineer, college professor, teacher, etc. "Retired" is not an acceptable entry. Enter "Student" if the decedent was a student at the time of death and was never regularly employed.

If the decedent was never employed enter "never employed".

If the usual occupation of the decedent is unknown enter "unknown".

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".

Items to check in filling out occupation:

1. All death certificates for persons 14 years of age or older should have entries for both "decedent's usual occupation" and "kind of business/industry."
2. Do not use "retired." If the decedent had retired from his or her usual occupation, the "usual occupation" and business/industry" of the decedent must be specified.
3. "Self-employed" by itself is incomplete. The kind of work must be determined. The entry for business/industry should include both the proper business/industry and the entry "Self-employed".
4. In the case of an adult woman, be certain to ask if she worked outside the home. If

INSTRUCTIONS FOR: Completing the 2004 Version of the Certificate of Death	EFFECTIVE DATE: January 1, 2004	INSTRUCTION LETTER NUMBER: <u>14</u> PAGE <u>11</u> OF <u>20</u>
---------------------------------------------------------------------------------	----------------------------------------	----------------------------------------------------------------------------

the decedent was a housewife or homemaker and also worked outside her own home

during most of her working life, enter the usual occupation and business/industry worked outside the home. If the decedent was a housewife or homemaker and worked only in her own home, enter "Housewife" or "Homemaker" for occupation and "Own home" for business/industry. If the decedent was a househusband, follow the same procedures as listed for a housewife. If the decedent was a homemaker and worked in someone else's home during most of his or her working life, enter "Homemaker" for occupation and "Someone else's home" for business/industry.

5. Avoid entering the job types below without further information. Attempt to qualify them further, i.e., for broker, specify stockbroker, real estate broker or livestock broker.

Accounting	Equipment operator	Program specialist
Accounting work	Factory worker	Programmer
Adjuster	Farm worker	Ranch worker
Agent	Fireman	Research
Analyst	Foreman	Sales
Broker	Heavy equip operator	Scientist
Caretaker or custodian	Helper	Shipping
Claims adjuster	Investigator	Supervisor
Clerk	Laborer	Sys analyst
Consultant	Layout worker	Teacher
Contractor	Maintenance worker	Technician
Counselor	Mechanic	Tester
Data processing	Nurse	Trucker
Doctor	Office clerk	Works in
Engineer	Office worker	office, etc.
Entertainer	Office work	

Item 16 Kind of Business or Industry

Enter the kind of business or industry to which the occupation in Item 9a was related, such as insurance, automobile, government, school, church, etc. DO NOT enter organization or firm names. If decedent was never employed, leave blank. If this information is unknown, enter unknown.

Items to check in filling out business/industry:

1. Industries listed below should also be classified as to type.

Agency	Laundry
Aircraft components	Lumber company
Aircraft parts	Manufacturer's agent
Auto or automobile components	Mine
Auto or automobile parts	Nylon factory
Bakery	Office

<p>INSTRUCTIONS FOR: Completing the 2004 Version of the Certificate of Death</p>	<p>EFFECTIVE DATE: January 1, 2004</p>	<p>INSTRUCTION LETTER NUMBER: <u>14</u> PAGE <u>12</u> OF <u>20</u></p>
------------------------------------------------------------------------------------------	-------------------------------------------------	--------------------------------------------------------------------------------------

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| Box factory | Oil industry |
| Coal company | Plastics factory |
| County or county government | Public utility |
| Credit company | Railroad car shop |
| City or city government | Packing house |
| Club, private | Pipeline |
| Dairy | Repair shop |
| Discount house | Research |
| Discount store | School |
| Electrical parts manufacturing | Tailor shop |
| Engineering company | Terminal |
| Express company | Textile mill |
| Factory, mill, or plant | Transportation company |
| Foundry | Water company |
| Freight company | Well |
| Fur company | |

2. Give the kind of industry, not the company name.

Item 17 Marital Status

Enter the marital status of the decedent at the time of death. Specify one of the following: married, never married, widowed, or divorced. A person is legally married even if separated.

If a married couple dies simultaneously or if a determination of which partner died first is not made by the certifying physician, the marital status of each should be listed as "married".

If the marital status of the decedent cannot be determined enter "unknown".

Item 18 Surviving Spouse

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

If a married couple dies simultaneously or if the order of their deaths is not determined by the certifying physician, the spouse should be recorded as the surviving spouse. The word "deceased" may be entered after or below the name or the spouse.

If the decedent is married and the name of the surviving spouse is unknown, enter unknown.

If the surviving spouse is the wife, enter her full name before first being married.

Leave blank if Item 17 is never married, widowed, divorced, or unknown.

Item 19 Father's Name

Enter the first, middle and last name of the decedent's father.

Unknown may be entered if the name of the decedent's father is not known.

<p style="text-align: center;">INSTRUCTIONS FOR: Completing the 2004 Version of the Certificate of Death</p>	<p style="text-align: center;">EFFECTIVE DATE: January 1, 2004</p>	<p style="text-align: center;">INSTRUCTION LETTER NUMBER: <u>14</u> PAGE <u>13</u> OF <u>20</u></p>
----------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------

Item 20 Mother's Name

Enter the full name of the mother of the decedent before she was first married in the following order: first, middle and last name. This is the name given at birth or adoption, not a name acquired by marriage. Unknown may be entered if the name before first married of the decedent's mother is unknown.

Item 21a Informant's Name

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

Item 21b Informant's Relationship to Decedent

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

Item 21c Mailing Address

Enter the complete mailing address of the informant whose name appears in Item 21a. Be sure to include the ZIP Code.

Item 22 Method of Disposition

Enter the method of disposition as burial, cremation, removal or donation. If the body is to be used by a hospital or a medical or mortuary school for scientific or educational purposes then specify "Donation". If the method was other than burial, cremation, removal or donation, enter the method of disposition (for example, "entombment"). Note that donation would refer only to the entire body, not to individual organs.

Item 23a Place of Disposition

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.

Item 23b Location

Enter the name of the city, village or township 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.

<p style="text-align: center;">INSTRUCTIONS FOR: Completing the 2004 Version of the Certificate of Death</p>	<p style="text-align: center;">EFFECTIVE DATE: January 1, 2004</p>	<p style="text-align: center;">INSTRUCTION LETTER NUMBER: <u>14</u> PAGE <u>14</u> OF <u>20</u></p>
----------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------

Item 24 Signature of Mortuary Science Licensee

The funeral director or other person authorized by law to act as a funeral director should sign in this space. The signature must be in unfading black ink. Rubber stamps or facsimile are not acceptable.

To sign a certificate of death, a funeral director must be a holder of a Michigan license.

Holding a license from another state is not sufficient to assume responsibility for the death certificate.

Item 25 License Number

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."

Item 26 Name And Address Of Facility

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

Items 27a-27c Certifying Physician

Item 27a Signature and Title

The signature of the physician certifying to the time, date, place and cause(s) of death should be placed here. This original signature must be in permanent black ink.

Item 27b Date Signed

The date the certifier signed the certificate should be entered here. The date should be entered in the sequence of month, day and year. The month should be spelled out or abbreviated. Numbers should not be used for the month.

Item 27c License Number

Enter the State license number of the physician/medical examiner who signs the certificate in #27a. This number assists in State quality control programs when it is necessary to contact the certifier for additional information concerning the death.

Item 28a Actual or Presumed Time of Death

The time of death (hours and minutes) should appear here. The time may be entered using a 24-hour clock, if desired. If not using a 24-hour clock, indicate whether AM or PM.

<p>INSTRUCTIONS FOR: Completing the 2004 Version of the Certificate of Death</p>	<p>EFFECTIVE DATE: January 1, 2004</p>	<p>INSTRUCTION LETTER NUMBER: <u>14</u> PAGE <u>15</u> OF <u>20</u></p>
------------------------------------------------------------------------------------------	-------------------------------------------------	--------------------------------------------------------------------------------------

Enter 12 noon as "12 noon" and 12 midnight as "12 MID." One minute after noon is entered as 12:01 PM and 1 minute after midnight is entered as 12:01 AM.

If the exact time of death is unknown, enter the approximate time. If the time cannot be approximated, enter 'unknown'.

Item 28b Pronounced Dead On

The month, day and year the decedent was pronounced dead should appear here.

Item 28c Time Pronounced Dead

The time death was pronounced (hours and minutes) should appear here. The time may be entered using a 24-hour clock, if desired. If not using a 24-hour clock, indicate whether AM or PM.

Enter 12 noon as "12 noon" and 12 midnight as "12 MID." One minute after noon is entered as 12:01 PM and 1 minute after midnight is entered as 12:01 AM.

Item 29 Was Medical Examiner Contacted?

"Yes" should be entered if the medical examiner was contacted in regard to the case, otherwise "no" should be entered. The medical examiner should be contacted when a death: involves violence, is accidental, is unexpected, is due to abortion, is to a prisoner, has no known cause of death, is unattended or is to someone who has not seen a doctor in more than ten days.

It is possible that the medical examiner might be contacted regarding a case but he/she may determine that medical examiner involvement is not necessary. In that situation, the medical examiner has no further responsibility in the completion of the death certificate. If the death is determined to be a medical examiner's case, refer to Instructions for Medical Examiners.

This item should not be left blank.

Item 30 Place of Death

A categorical description of the place where death was **pronounced**, as listed in item 7, should appear in this item.

This item should not be left blank.

Note: The actual place of death, which was collected prior to 2003 is no longer recorded.

Item 31 If Hospital

If the description of the place pronounced dead in item 30 is a hospital, an entry specifying inpatient, outpatient, emergency room patient or dead on arrival, must appear here.

If the decedent was pronounced dead in a nursing home or in any place other than a hospital, this item may be left blank.

<p style="text-align: center;">INSTRUCTIONS FOR: Completing the 2004 Version of the Certificate of Death</p>	<p style="text-align: center;">EFFECTIVE DATE: January 1, 2004</p>	<p style="text-align: center;">INSTRUCTION LETTER NUMBER: <u>14</u> PAGE <u>16</u> OF <u>20</u></p>
----------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------

Item 32 Medical Examiner's Case Number

Enter the medical examiner's case number. Use this item for medical examiners cases only. This item may be left blank if no case number was assigned. This field may contain a medical examiner's case number even if the case was not certified by a medical examiner.

Item 33 Name of Attending Physician if Other than Certifier

The name of the attending physician if other than the certifier should appear here. If the certifier is the attending physician no entry is required.

Item 34 Name and Address of Certifying Physician

The complete name and address of the medical certifier (physician or medical examiner) should appear here. It should be typed in black or printed legibly in black ink.

Item 35a Registrar's Signature

Leave this item blank. It will be completed by the local registrar when the certificate is accepted for filing.

Item 35b Date Filed

Leave this item blank. It will be completed by the local registrar when the certificate is accepted for filing.

Items 36-40b Information to be obtained from or to be completed by the certifying physician.

Item 36 Cause of Death

Part I

Enter the diseases, injuries, or complications that caused the death. Do not enter terminal events such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

The cause of death section cannot be left blank. In addition, reporting "Unknown" or "Natural Causes" are not acceptable entries. A death certificate can be accepted for registration when the cause of death is reported using terms for the mode of dying as the cause of death. Note, however, that the physician will be contacted by state vital records registry staff for clarification in such cases.

<p style="text-align: center;">INSTRUCTIONS FOR: Completing the 2004 Version of the Certificate of Death</p>	<p style="text-align: center;">EFFECTIVE DATE: January 1, 2004</p>	<p style="text-align: center;">INSTRUCTION LETTER NUMBER: <u>14</u> PAGE <u>17</u> OF <u>20</u></p>
----------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------

Line a. Immediate Cause:

The immediate or direct cause of death should appear here. There must always be an entry on this line. In some cases it may be the only entry.

“Pending” may be entered only if it is a medical examiner’s case and a medical examiner is certifying to the medical information.

Line b. Due to or as a consequence of:

If there was a causally related condition leading to the immediate cause of death it should appear here, otherwise, no entry is required here.

Line c. Due to or as a consequence of:

The condition, if any, which gave rise to the condition on line (b) should appear here. If no condition gave rise to the condition on line (b) no entry is required here.

On some occasions the medical certifier will add additional lines such as 36e, 36f, etc. so all conditions related to the immediate cause of death on line (a) can be entered.

Only one condition should appear on each line.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Space is provided at the end of lines (a), (b) and (c) for recording the approximate interval between onset and death. For each entry on lines (a), (b) and (c) an entry should appear in this space. This space must not be blank if entries appear on lines (a), (b) or (c). If the time of onset is obscure or entirely unknown the physician can state the interval is “unknown”.

If additional lines are added the interval between onset and death must be provided for each additional condition listed.

A certificate can be registered if the interval between onset and death was omitted, but the physician may be contacted by state vital records registry staff for clarification in such cases.

Part II Other Significant Conditions

Any other significant conditions that were present at the time of death and contributed to the death but were not related to the immediate cause of death should be entered here. There will not always be an entry in this item.

Item 37 Did Tobacco Use Contribute to Death?

Check ‘yes’ if in the physician’s clinical judgment, tobacco use contributed to this particular death.

Check ‘probably’ if tobacco use may have contributed to the death.

Check ‘no’ if, in the physician’s opinion, the use of tobacco did not contribute to death.

Unknown may be selected if the physician has no knowledge of tobacco exposure or use by

INSTRUCTIONS FOR: Completing the 2004 Version of the Certificate of Death	EFFECTIVE DATE: January 1, 2004	INSTRUCTION LETTER NUMBER: <u>14</u> PAGE <u>18</u> OF <u>20</u>
---------------------------------------------------------------------------------	----------------------------------------	----------------------------------------------------------------------------

the decedent.

This item should be completed for all deaths, but can be accepted for registration if blank.

Item 38 If Female

An item for females that requests information on the pregnancy status of the deceased woman within the last year of her life.

If the decedent is a female, check the appropriate box. If the decedent is a male, leave the item blank. If the female is either too old or too young to be fecund, check the not pregnant within the last year box.

This item should be completed for deaths to females aged 15 through 45 but can be accepted for registration if blank.

If the decedent is male, leave the item blank.

Item 39 Manner of Death

This item should be completed whether a physician or a medical examiner certifies to the cause of death. The manner of death: accident, suicide, homicide, natural or pending investigation should appear here. If anything other than natural appears, entries should appear in Item 41a through 41g, even though it may be a reiteration of information already on the certificate. If natural appears, no entries should appear in Items 41a through 41g.

Note that beginning in 2004, the manner of death item should be completed for all deaths including those not certified by a medical examiner. Note also that an entry of other than natural implies a medical examiner should be contacted on the death.

Item 40a Was an Autopsy Performed?

Enter "Yes" if a partial or complete autopsy was performed. Autopsy should involve both external and internal (organ dissection) examination of the body. Otherwise, enter "No."

Item 40b Were Autopsy Findings Available Prior to Completion Of Cause Of Death?

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.

Items 41a – 41g Injury

These items pertain to all cases certified by the medical examiner or determined to be accident, homicide, suicide or any other external cause of death.

Item 41a Date of Injury

The date of injury item must be completed if accident, suicide, or homicide is selected in item 39 and/or any injury is mentioned in item 36, either parts I or II. The exact date of the injury

INSTRUCTIONS FOR: Completing the 2004 Version of the Certificate of Death	EFFECTIVE DATE: January 1, 2004	INSTRUCTION LETTER NUMBER: <u>14</u> PAGE <u>19</u> OF <u>20</u>
---------------------------------------------------------------------------------	----------------------------------------	----------------------------------------------------------------------------

including month, day and year should appear here. If the exact date is not known an estimate must be provided. If no estimate is possible, unknown may be entered.

Note: Injury may be any harm to a person causing death to occur, the source of which is external or foreign.

Item 41b Time of Injury

The time of injury item must be completed if accident, suicide, or homicide is selected in item 39 and/or any injury is mentioned in item 36, either parts I or II. The time in hours and minutes that the injury occurred should appear here. Indicate AM or PM. Unknown may be entered if the hour of injury could not be determined.

Item 41c Describe How Injury Occurred

The description of how the injury occurred item must be completed if accident, suicide, or homicide is selected in item 39 and/or any injury is mentioned in item 36, either parts I or II. A statement describing how the injury occurred, such as "fell off ladder while painting house" should appear here. Unknown may be entered if it cannot be determined how the injury occurred.

Item 41d Injury At Work

The injury at work item must be completed if accident, suicide, or homicide is selected in item 39 and/or any injury is mentioned in item 36, either parts I or II, and the decedent is 14 years of age or older. If the decedent is less than 14 years of age, the item may be completed if warranted.

"Yes" should appear here if injury occurred at work. An injury at work could occur at work regardless of whether the injury occurred in the course of the decedent's "usual" occupation. If injury did not occur at work, "No" should appear in this item. Unknown may be entered if it cannot be determined whether or not injury occurred at work.

Item 41e Place of Injury

Item must be completed if response to item 39 is "accident," "suicide," or "homicide," and/or there is an injury recorded in item 36, part I or part II. The general category describing where injury occurred must appear here. Examples of the general category are: at home, farm, street, factory, office building, etc. Unknown may be entered if place of injury is unknown.

Item 41f If Transportation Injury

<p style="text-align: center;">INSTRUCTIONS FOR: Completing the 2004 Version of the Certificate of Death</p>	<p style="text-align: center;">EFFECTIVE DATE: January 1, 2004</p>	<p style="text-align: center;">INSTRUCTION LETTER NUMBER: <u>14</u> PAGE <u>20</u> OF <u>20</u></p>
----------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------

Item must be completed if response to item 39 is "accident," "suicide," or "homicide," **and** there is a transportation injury recorded in item 36, part I or part II. Enter the role of the decedent in the transportation accident. If unknown, enter "Unknown".

Item 41g Location

Item must be completed if response to item 39 is "accident," "suicide," or "homicide," and/or there is an injury recorded in item 36, part I or part II. This is the address where the injury occurred. Fill in as many of the items as are known. If any of the location fields are not known, leave the unknown field(s) blank but record as much information as is known.

A geographical description of the location may appear if the location can only be described geographically.

Filing a Death Certificate

Complete, accurate and legible death certificates must be filed with the local registrar within the time frame required in law (Section 2843(3) Act 368, P.A. 1978, as amended).

The original certificate must be submitted to a local registrar for filing. The local registrar will not accept copies or duplicates.

Upon filing the certificate the local registrar or his/her designated representative will review the record for completeness, legibility, accuracy and conformity to these instructions. If the record is not acceptable for filing, the record will not be accepted for filing and will be returned to you. You will be responsible for preparing another record acceptable for filing and for filing the replacement record within 5 days.

If you cannot meet the required filing date for submitting a replacement record, a written notification must be submitted to the local registrar stating the reason for the lateness and expected date of submission.

Upon filing the death certificate with the local registrar authorization for final disposition must be obtained.