Physicians' and Coroners' Handbook

2004 Revision

On Medical Certification of Death and Stillbirth

Vital Statistics
British Columbia
Vital Statistics Agency

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Foreword

This handbook on filling out provincial "medical certifications of death" and "medical certificates of stillbirth" has been prepared by the British Columbia Vital Statistics Agency, Knowledge Management and Technology Division, Ministry of Health Services. It is a reference for British Columbia's many physicians and coroners, and includes explanations about the kinds of information required by the Vital Statistics Agency.

Most mortality data that the Vital Statistics Agency processes comes from the medical part of death forms that are filled out by BC's physicians and coroners. Besides requiring this information for official records, the Agency's Information and Resource Management Branch utilizes mortality data for various aspects of health planning and education. They produce and disseminate relevant measures of health status that can be focused at a community level, thus providing valuable information to health care researchers, planners and providers alike. In order for the Agency to do the most thorough and useful job possible, however, we depend on the accuracy and completeness of the data received via certification of death and stillbirth forms.

Thank you for your contribution to the ongoing task of recording and analyzing the vital events of British Columbians. It is an important job, one that literally could not be done without your help. If you have any questions, please contact the Medical Coding Section of the British Columbia Vital Statistics Agency (see Appendix D - page 24).

I. Introduction

This handbook is a guide for physicians and coroners on completing and submitting the province's "Medical Certification of Death" and "Medical Certificate of Stillbirth" forms. Information from certifications of death is ultimately recorded, coded and processed by the British Columbia Vital Statistics Agency.

Importance of death and stillbirth certification

Death registrations and medical certifications are a permanent, legal record of the death of an individual. Aside from its importance in the issuance of burial permits and settlement of estates, this information is used to update everything from voter lists to a variety of agencies such as Canada Pension, Workers' Compensation, and the BC Cancer Agency. Because the record also provides information about the circumstances and cause of death as well as other medical particulars, it is valuable for medical and health research purposes.

Information from certifications of death and stillbirth provide the basis for provincial and national mortality statistics. These data are used for many purposes, such as:

- To produce accurate and timely Annual Reports and other publications that are valuable research and public information tools;
- To assess the general health of the population;
- To evaluate the success of medical treatment or the impact of specific health care programs;
- To examine medical problems that may be more prevalent among certain population groups or geographic areas;
- To identify those areas in which medical research can have the greatest impact for promoting health and preventing disease;
- To monitor trends and follow up, where appropriate, on health status issues such as infant deaths, maternal deaths, infectious diseases, accidents, cancer mortality, suicides;
- To measure health at the provincial and local level by examining such epidemiological concerns as the leading and lifestyle-related causes of death, and calculating various standardized mortality measures such as potential years of life lost (PYLL), standardized mortality ratio (SMR), and age standardized mortality rate (ASMR); and,
- An aid to investigations examining genetic, environmental, and perinatal concerns using data derived from the Birth Defect Monitor or Health Status Registry for which deaths and stillbirths are additional data sources.

These are just a few examples of the type of data analyses tasks that the Information and Resource Management Branch of the Vital Statistics Agency does for clients as varied as Statistics Canada, the province's Medical Health Officers, medical researchers and the public throughout British Columbia. However, statistical analyses and information can only be as good as the raw data from which it is derived. Physicians and coroners can help the Agency do an even better job by making sure that the certifications of death are filled in as completely as possible.

British Columbia standard registration

There are federal standards for vital statistics certificates and reports that have been adopted by the provinces. The use of nationally uniform vital registration and statistics standards allows for comparison of both national and provincial data. In addition to national standards, each province is encouraged to incorporate additions or modifications that address particular needs for information at the provincial level. Thus, the recently revised "Medical Certification of Death" form, which is the primary subject of this handbook, contains sections particular to health status issues in British Columbia. Likewise, the "Medical Certificate of Stillbirth" conforms to national standards but additional statistical information is obtained from Notices of Birth.

Confidentiality of vital records

Provincial laws protect the information on vital records from unwarranted or indiscriminate disclosure. All data used for research purposes are stripped of personal identifiers in order to ensure strict confidentiality and privacy. Physicians and coroners can be assured that extensive legal and administrative measures are used to protect against unauthorized disclosure of personal information.

II. Responsibility of Physicians and Coroners re. Certification of Death

This province's physicians and coroners are legally responsible for completing all medical certifications of death, which form part of the complete death registration. The completed certification of death must be made available to the appropriate funeral director, who requires it to obtain a burial permit. The physician or coroner is expected to:

- Be familiar with provincial legislation regarding medical certification for deaths without medical attendance or involving external causes.
- Enter the full name, sex, personal health number;
- Enter the date of death, date of birth (month [by name], day, year), approximate time of death and age if under one day;
- Identify and describe the place of death;
- Complete the entire "medical cause of death" section;
- Complete the "certification by physician or coroner" section;
- Have the signed death certification ready for pick up by the funeral director; and,
- Submit a **replacement certification** of death to the Vital Statistics office as soon as possible when autopsy findings or further investigation reveal the cause of death to be different from what was originally reported. Photocopies or faxes will be accepted if all changes have been initialled and the form has been re-signed and dated. Clearly marked "replacement" certifications should be mailed or faxed to the Victoria Vital Statistics Agency office – attention Medical Coding Unit.

III. Completing the "Certification of Death" Form - (see Appendix B - 9(1) regarding deaths to be reported by a Coroner).

The following section is a "walk through" of the certification of death form (a sample of which is in Appendix A). It covers items that relate directly to the death being recorded, then briefly refers to the "certification by physician/coroner" section. Where some of the requirements are potentially complex – such as sequencing the various underlying causes of death – there are examples from actual forms. As well, this handbook's subsequent *Supplementary Information* section (page 11) offers more in-depth explanations on the best way to record deaths from specific causes such as cancer, for which there is "preferred" statistical information.

Name of Deceased

Enter the decedent's full legal name. The legal surname or the name assumed to be the legal surname goes on the upper line, with all given names listed below. If the name of the individual is unknown, then indicate "unknown" on the upper line. If at some time in the future, the identity of the individual is confirmed, an amendment may be made to the record.

Other identifying information that is required includes sex and Personal Health Number.

Actual Date of Death/Date of Birth

Date of death and birth are entered in order as month (by name), day, year. Time of death is to be based upon the 24 hour system. When an infant dies less than 24 hours after birth, it is necessary to provide this statistic in hours and minutes. The year of birth should always include the century, e.g. 1896 or 1996.

If the exact date of death is unknown, as is the case in some coroner investigations, the date will be the one determined through the investigation. Note that an initial date must be indicated; the Vital Statistics Agency cannot accept a range of approximate dates or a date of birth or death as "unknown." In this situation, a date of birth may have to be stated as Jan. 01, of a year commensurate with the approximate age of the individual. For historical accuracy, the fact that a date is an approximation may be noted on the record. If, at some time in the future, a more exact date is found to be different than the one reported, an amendment may be made to the record.

Place of Death

If the place of death does not have an address, then the exact location should be described using the postal code of nearest community. In addition, identify the nature of the place, e.g. hospital, nursing home, industrial site, farm, residence, jail, highway, etc. "DOA at hospital" does not describe where the death actually occurred.

Released to

Name and telephone number of funeral home.

Medical Cause of Death

The "medical cause of death" section consists of two parts. "Part I" is for reporting the sequence of events *proceeding backwards* from the immediate disease, condition, or event. Secondary conditions that contributed to the death are reported in "Part II". Any disease, abnormality, injury, or poisoning – if believed to have adversely affected the decedent in any way – should be reported. If either smoking or the use of alcohol and/or other substances was believed to have been a contributing factor, then this should be reported.

Part I of the Medical Cause of Death Section

It is preferable that only one cause should be entered on each line of Part I. Additional lines should be added between the printed lines when necessary. Please include the underlying cause of death (UCOD), which refers to either the cause or injury that initiated the train of morbid events leading directly to death, or else the nature of the accident or violence that produced the fatal injury, as determined by the International Classification of Diseases (ICD). The UCOD should be entered on the lowest line used in Part I, and may be the only entry in this section.

Approximate Interval Between Onset and Death

For each cause, indicate in the space provided the approximate interval between the date of onset (not necessarily the date of diagnosis) and the date of death. This should be entered for all conditions in Part I. These intervals are usually established on the basis of available information. In some cases, the interval will have to be estimated. If the time of onset is entirely unknown, write "unknown" in the space provided. This information is useful to the Vital Statistics Agency in the coding of certain diseases as it provides a sequential element to the conditions listed.

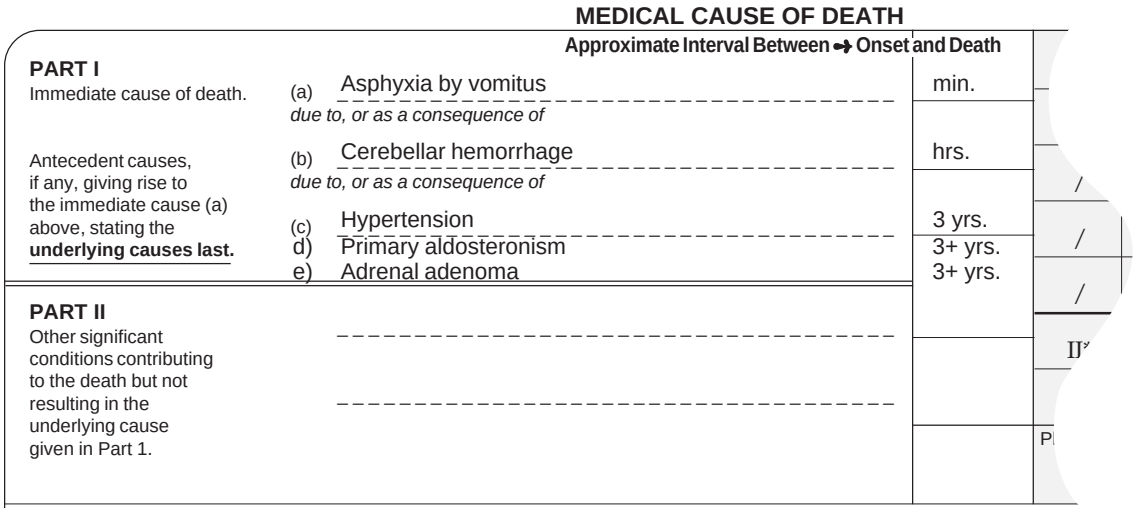
Line (a) Immediate cause of death

In Part I, the immediate cause of death is reported on line (a). This is the final disease, injury, or complication directly causing the death. **This does not mean the mode of dying. The mode of dying, such as cardiac or respiratory arrest, merely attests to the fact of death and should not be reported as the immediate cause of death.**

An immediate cause of death reported on line (a) can be the only entry in this section if that condition is solely responsible for causing the death.

Lines (b), (c) ... due to (or as a consequence of)

On line (b) report the disease, injury, or complication, if any, that gave rise to the immediate cause of death. If this in turn resulted from a further condition, record that condition on line (c). If there are additional conditions involved in the sequence, this "due to" process can be continued by adding lines. (See sample below.)



MEDICAL CAUSE OF DEATH

			Approximate Interval Between ➔ Onset and Death
PART I Immediate cause of death.	(a)	Asphyxia by vomitus	min.
		due to, or as a consequence of	
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the **underlying causes last.**	(b)	Cerebellar hemorrhage	hrs.
		due to, or as a consequence of	
	(c)	Hypertension	3 yrs.
	d)	Primary aldosteronism	3+ yrs.
	e)	Adrenal adenoma	3+ yrs.
PART II Other significant conditions contributing to the death but not resulting in the underlying cause given in Part 1.			

The words "due to, or as a consequence of" that are printed between the lines of Part I, apply not only in sequences with an etiological or pathological basis, but also to sequences in which an antecedent condition is believed to have prepared the way for a subsequent cause by damage to tissues or impairment of function.

If the immediate cause of death arose as a complication of surgery or other medical procedure, it is important to report the immediate cause, what the procedure and complication were, and what condition was being treated.

Part II of the Medical Cause of Death Section (Other significant conditions)

All other important diseases or conditions that were present at the time of death and which may have contributed to the death but did not lead to the UCOD, should be recorded on these lines. In this section, more than one condition can be reported per line.

When there are two or more possible sequences resulting in death (for example, multiple conditions among the elderly), the certifier must choose and report in Part I the sequence he or she thinks had the greatest impact. Conditions from the other sequence(s) should be reported in Part II. For example, in the case of a diabetic with chronic ischemic heart disease who dies from pneumonia, the certifier might report pneumonia due to diabetes in Part I with chronic ischemic heart disease in Part II.

MEDICAL CAUSE OF DEATH

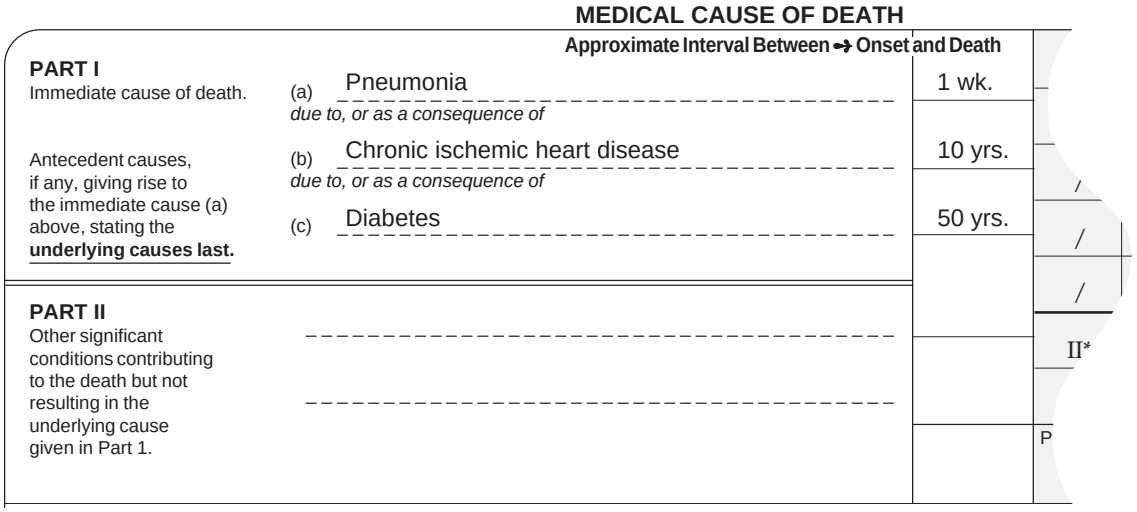
		Approximate Interval Between ➔ Onset and Death
PART I Immediate cause of death.	(a) Pneumonia	1 wk.
	due to, or as a consequence of	
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the **underlying causes last.**	(b) Diabetes	50 yrs.
	due to, or as a consequence of	
	(c)	
PART II Other significant conditions contributing to the death but not resulting in the underlying cause given in Part 1.	Chronic ischemic heart disease	10 yrs.

Another possibility might be pneumonia due to the chronic ischemic heart disease in Part I with diabetes in Part II.

MEDICAL CAUSE OF DEATH

		Approximate Interval Between ➔ Onset and Death
PART I Immediate cause of death.	(a) Pneumonia	1 wk.
	due to, or as a consequence of	
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the **underlying causes last.**	(b) Chronic ischemic heart disease	10 yrs.
	due to, or as a consequence of	
	(c)	
PART II Other significant conditions contributing to the death but not resulting in the underlying cause given in Part 1.	Diabetes	50 yrs.

Or the certifier might consider the pneumonia to be due to the ischemic heart disease that was due to the diabetes, and report this entire sequence in Part I.



Because these three different possibilities would result in different UCOD, it is important for the certifier to decide which sequence he or she thinks best describes the circumstances of this particular death.

Recording secondary diseases and conditions

Although the UCOD approach is the standard method for recording mortality statistics, information on the other diseases or conditions noted in Part II of the certification of death is also important, especially for the interpretation of medical data at the provincial and community level and for expanding research possibilities using multiple code analysis. It is from this secondary data that researchers are able to study various diseases or conditions – such as pneumonia, diabetes, or Alzheimer's – that are rarely the UCOD but often contribute to death.

All conditions, diseases, and events noted on the certification of death are coded and tabulated according to the latest revision of the International Classification of Diseases (ICD), which was adopted by the World Health Assembly in 1975. There is a complex set of rules that applies to the selection of the UCOD, and the medical certifier is in the best position to ensure that this part of the form is filled out correctly. By providing complete and accurate information on both the underlying and multiple causes of death, the certifier can help guarantee that any subsequent data analysis is medically sound.

Completing the second half of the form

The **"Other Medical Particulars"** section of the form requests yes/no responses to questions regarding recent surgery, specific past surgical information, or the existence of any relevant environmental, occupational, or lifestyle factors. In some cases, a "yes" response requires a brief explanation (see sample below). The "recent surgery" section refers to a period of 28 days or less prior to death. The surgery may or may not be directly related to the cause of death. The environmental or lifestyle factor(s) may or may not manifest in pathology that is related to causes and conditions mentioned in Parts I and II; for example, "asbestos exposure" without mention of asbestosis or "maternal alcohol use" in a neonatal death.

Other Medical Particulars	Recent surgery *(28 days or less prior to death)* ☑ Yes ☐ No If Yes, date Oct. 20, 1998 Surgery & Findings repair of hip	Coronary bypass ☐ Yes ☑ No Heart valve replaced ☑ Yes ☐ No Organ transplant recipient ☐ Yes*(specify)* _____ ☑ No	Environmental/occupational/lifestyle *(e.g. pesticides, asbestos, abuse of tobacco, alcohol etc.)* ☑ Yes *(specify)* tobacco use ☐ No ☐ Unknown

In addition, there are questions relating to autopsy, manner of death (for example, natural, suicide, etc.), pregnancy particulars, and to the circumstances of accidental or violent death.

On the Physician's Medical Certification of Death, selection choices for the **"Manner of Death"** consist only of "natural", or "pending", as these are the only types of deaths that physicians may certify. All other cases must be referred to the coroner (see Appendix C). As a guideline, definitions of "manner of death" as appropriate for physician or coroner, are noted on the back sides of the Medical Certification of Death forms as follows:

- Natural - a death *primarily* resulting from a disease or progressive fatigue of the bodily systems.
- Suicide - self inflicted injury *with intent* to cause death.
- Homicide - a death due to injury *intentionally* inflicted by the action of another person.
- Accident - a death *primarily* due to an event happening in an unexpected manner apart from planned human agency.
- Undetermined - a death in which the cause and manner are, and will remain, unknown; OR a death from an injury or poisoning in which the pathology/type of event is known and described in Parts I and II but the circumstances (manner) could not be determined.

- Pending - the pathology and/or circumstances (manner) are unknown at the present time. Further information will follow. Deaths that are "pending investigation" may still report what information is known. For example, unknown injuries from a fall which is not yet determined to be intentional or unintentional could still describe that a fall occurred and where and when the event took place. All deaths in which the manner of death are "pending investigation" must be updated when investigation is complete.

If an **autopsy** or other postmortem examination is done, the cause of death should, if possible, include information provided by the pathologist. If pending pathological findings offer additional information or alter the original report, the new information should be reported as soon as it is available by submission of a replacement certification clearly identified as such.

Details describing the location, date, and circumstances of an **accident or other violent event** should, be noted. This information should be entered whether the event was the UCOD (Part I) or merely contributed to the death (Part II). In addition to locating the place of injury as precisely as possible, the nature of the place (e.g. home, farm, industrial/work site, nursing home, recreation centre, highway, etc.) should also be provided.

All parts of the **Certification by Physician/Coroner** section must be completed by a physician or coroner. Signature, name, address, coroner's number or physician's MSC personal number, and phone number should be clearly printed or typed. If a physician/coroner is signing on behalf of another physician or coroner, this should be noted on the certificate.

IV. Supplementary Information re. "Medical Cause of Death"

The following section provides further explanations about the type and detail of medical information that is required to most effectively fill out a certification of death.

Symptomatic or immediate descriptive conditions

Such conditions as respiratory failure, cardiac arrest, asthenia, general debility, or cachexia should not be the only condition noted in Part I of the Medical Cause of Death. In fact, it is not necessary to include these "mode of death" conditions.

Sudden Infant Death Syndrome (S.I.D.S.)

The sudden death of any infant one year or less, which is unexpected by history, and in which a thorough postmortem examination fails to demonstrate an adequate cause for death, i.e. no evidence of accident, foul play, or disease process.

Old age and senility

It is preferable to avoid a situation in which an ill-defined condition such as "old age" is selected as the UCOD. When faced with a simultaneous deterioration of several body systems, selecting the most significant pathology or generalized chronic condition is preferable.

Infectious disease

If known, the causative organism of an infectious disease should be identified. If possible, "septicemia" should be traced to its source (for example, abscess or infected site) and, ideally, the causative organism identified.

Cancer

A death due to cancer should provide the following information: primary site, functional activity, and morphology (if known).

The BC Vital Statistics Agency is interested in considerable site detail in cancer cases: our coding allows not only for identification of the primary organ involved (for example, lung) but can also note smaller areas (such as the bronchus or lower lobe). It is desirable that secondary sites be stated in sequential order. If the origin of the cancer is not known it is best to state "unknown primary."

It is preferable that the certifier identify the functional activity of the cancer and avoid such non-specific diagnoses as "brain tumour." Because the Vital Statistics Agency is obliged to code neoplasms as either malignant, benign, in-situ, of uncertain behaviour, or of unspecified nature, it is important for physicians to record detailed cancer information whenever possible. The terms "cancer" or "carcinoma," unless otherwise specified, are considered to mean malignant.
Some morphologies are assigned a functional activity based upon the fact that exceptions are rare. For example, unless otherwise specified, adenoma, meningioma or papilloma are coded as benign; sarcoma, adenocarcinoma, glioma are coded as malignant; ureteral papilloma is considered in-situ; and chorioadenoma is designated a neoplasm of uncertain behaviour.

Although morphology (if known) serves as an aid to identification of functional activity and in some cases to site, not all morphology is site-specific. It is thus important that cancer sites be noted on the certification of death. For example, mesothelioma can be found either in the pleura or peritoneum; and unless the site is formally identified, a cause of death that is described simply as "mesothelioma" will have to be coded as malignant neoplasm of unknown origin.

Environmental and lifestyle diseases

Any mention of environmental or lifestyle factors (such as tobacco use or exposure to asbestos) should be accompanied by any pathological consequences (for example, lung cancer, asbestosis, mesothelioma of pleura, etc.). For smoking-related deaths involving, for example, certain cancers, emphysema, chronic bronchitis and Chronic Obstructive Pulmonary Disease, please indicate that tobacco use was/was not a factor.

The "Environmental/occupational/lifestyle" area on the form was added to death certifications in 1993 in order to provide relevant health information that, since they do not manifest as disease or event-specific might not otherwise have been noted. Information that has been provided in this area, in addition to alcohol abuse/intoxication and tobacco have included, for example; IV drug user, marijuana et. al. use, refusal of treatment on religious grounds, failure to practice standard safety, exposure to . . . . There need not necessarily be a direct relationship between this information and that provided in Parts I and II.

Diseases associated with alcohol

Even though conditions such as cirrhosis, Laennec's, or Korsakoff's syndrome are almost always due to alcoholism, it is still important to specify alcohol as a causal agent. Unless alcohol is explicitly identified, the Agency has to code these deaths as non-alcoholic; indicating the presence or absence of alcohol strongly enhances the statistical value of this information.

Deaths involving poisoning

Whenever possible, in cases involving drugs or toxic substances, the drug, combination of drugs (including alcohol), and/or other toxic substances should be identified. In addition, the decedent should be identified as a dependent or non-dependent drug abuser (if relevant). Cases involving toxicity of iatrogenic origin should be so indicated in order to differentiate these from overdose or poisoning. For example, "ASA toxicity" in the presence of a gastrointestinal hemorrhage or "toxic affect of acetaminophen" with liver disease probably do not involve toxic levels of these drugs. To take the guess-work out of the application of a correct ICD code, it is preferable to write "adverse effect of...", "adverse reaction to...", or "(therapeutic dose/use)" to distinguish these drug-related accidents.

Suicide with associated conditions

Suicides sometime occur as a result of stress and depression because the decedent may have been suffering from a terminal or debilitating illness or mental disorder. Whenever this is known by the certifier, the disease should be entered in Part II.

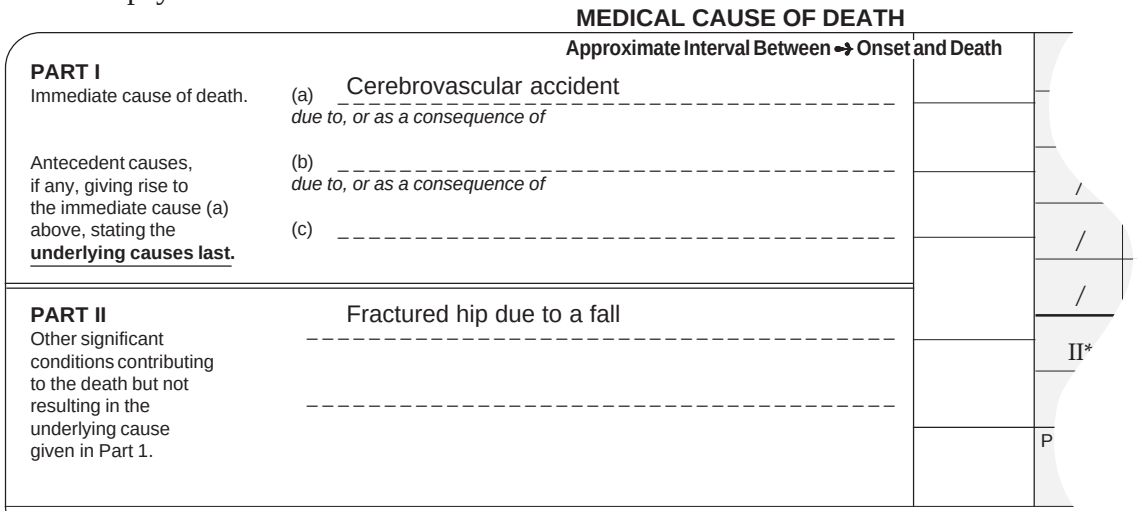
Motor vehicle traffic and non-traffic accidents

When detailing the circumstances of this event, please clarify whether the accident occurred on a public roadway or elsewhere (such as a farm). It would be helpful if the certifier included the exact location of the accident and the following information:

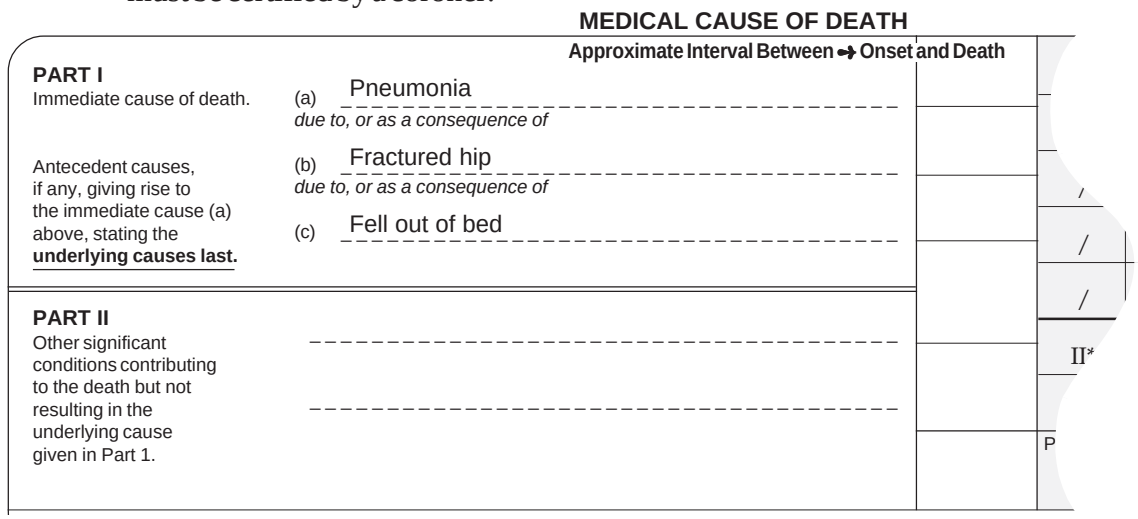
- position of deceased (for example, driver, passenger, pedestrian, cyclist);
- vehicle(s) involved (for example, car, truck, snowmobile, bike); and,
- nature of collision (for example, vehicle and train, two or more vehicles, hitting a parked car or other obstacle such as an abutment or utility pole, or a single vehicle overturning or leaving the roadway due to loss of control).

Fracture - Accident or Natural?

In the first example below, it would be interpreted that the person fell and fractured their hip following a cerebrovascular accident and that the fracture was only contributive to the death. In this situation, the **Manner of Death** would be natural and may be certified by physician.



In the following case, the **Manner of Death** is accidental since the fall was the underlying cause of death which initiated the events which lead to the pneumonia and must be certified by a coroner.

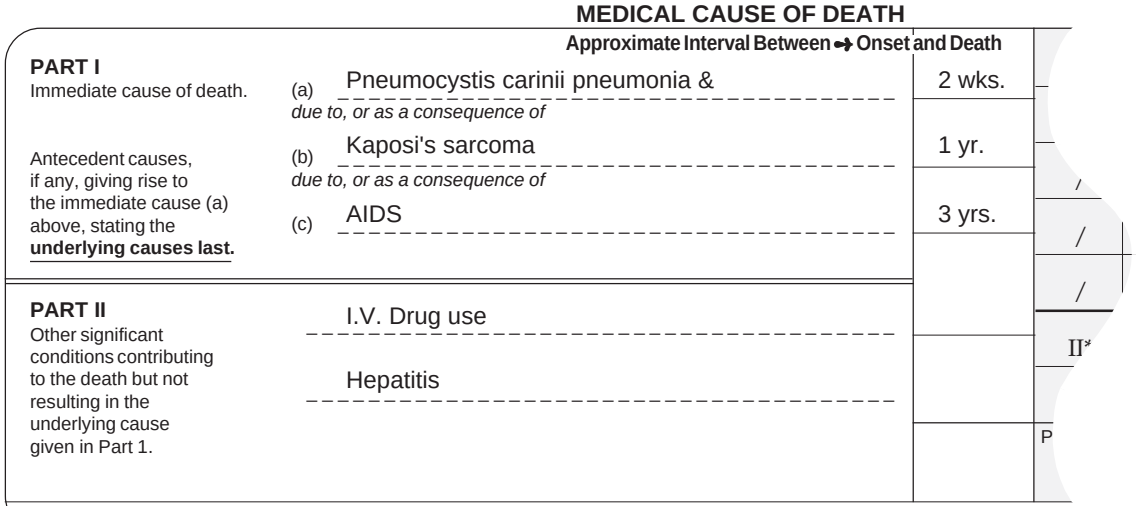


The **Accident or Violence** part of the certification form should be completed in both of the above cases.

AIDS

It is important to obtain the most accurate and complete data possible as a contribution to AIDS information and research and to report these deaths in a consistent manner. As a guide, please note:

- The terms "HIV disease", "HIV infection", "AIDS-related disease", "LAV disease" and, most especially "HIV positive" are not synonymous with AIDS. Further, "HIV positive" can never be the underlying cause of death.
- Whenever possible, report opportunistic and associated diseases. Be specific. It is preferable to note candidiasis rather than fungal infection, pneumocystosis rather than nonspecific pneumonia, lymphoma of... rather than cancer of... .
- If the intention is to report an AIDS (as UCOD) death, be certain that the information so designating the death is noted in PART I. If possible, identify "lifestyle" or other contributive factors such as hemophilia, contaminated blood transfusion, homosexuality, prostitution, drug abuse, etc. either in PART II or in the area on the form under **"Other Medical Particulars."**



Use Qualifying or Differentiating Terminology

- spontaneous vs. traumatic - to clarify such conditions as fractures, subdural hematoma, subarachnoid hemorrhage etc.
- congenital vs. acquired - without duration, such conditions as hydrocephalus, scoliosis can not be differentiated
- myelodysplasia vs. myelodysplastic syndrome - these two terms are not interchangeable
- starvation vs. refusal to eat vs. malnutrition - the former alone implies an absence of food, the second, a psychological condition and the later refers to a metabolic condition without regard of cause

V. Final Notes on Completing the Certification of Death

Death registrations and certifications are legal records. It is essential that they be prepared with care. Please keep the following in mind:

- The certification of death form should be completed within 48 hours of death;
- Use the current form designated by the Vital Statistics Agency (check with the Agency if you are uncertain);
- The funeral director should be provided with the original or fax certification;
- All applicable items on the form should be complete and legible: either typed or printed clearly using permanent blue ink;
- Each alteration should be initialled (see "Responsibility of Physicians and Coroners", page 3);
- Avoid the use of abbreviations;
- Physicians/coroners who, at a later date, must make a change to the original cause of death should submit an amended certification of death clearly marked "replacement" and mail or fax it to the Victoria office of the Vital Statistics Agency; and,
- Refer problems not covered in these instructions to the Medical Coding Section of the Vital Statistics Agency, Victoria office [see Appendix D].

Special circumstances

When the death occurs in a hospital, medical staff may initiate the preparation of the certification of death; the attending physician then completes the cause of death section and signs the certification at the hospital or other institution. When a coroner is not involved, the attending physician is responsible for certifying as to the cause of death. In the instances when the attending physician is unavailable, these duties may be delegated to another physician. In this case, the certifying physician should indicate the name of the practitioner for whom he is signing. (For further information refer to the Vital Statistics Act, which is footnoted in Appendix B.)

If the attending physician is for any reason unable to complete the medical certification within 48 hours after the death, the funeral director or the physician should notify the coroner. Certification of death **must** be signed by a physician or coroner.

VI. Completing the "Medical Certificate of Stillbirth"

Definition of a stillbirth

The complete expulsion or extraction from its mother after at least 20 weeks of pregnancy or after attaining a weight of at least 500 grams, of a product of conception in which, after expulsion or extraction, there is no breathing, beating of the heart, pulsation of the umbilical cord or unmistakable movement of voluntary muscle.

Vital Statistics' forms recording a stillbirth

A stillbirth is simultaneously both a birth and a death event. As with most live birth events, birth-related information for stillbirths is derived from the "**Notice of a Live Birth or Stillbirth**" (NOB) and from the "**Registration of Stillbirth**" completed by the parent(s). Medical particulars of the death aspect of the stillbirth event is provided by the certifier on the **"Medical Certificate of Stillbirth"** which is on the back of the parent registration form (see Appendix A, page 20).

For convenience, there is a section at the bottom of the "Medical Certificate of Stillbirth" explaining how to fill out the form along with six examples. This section is on the following page.

It should also be noted, that the first question under **Delivery and Labour** is a two-part question. The second part is dependent on the answer to the first part. That is, if the delivery was unassisted (ticked "no"), then the following question can remain blank.

As with other medical certifications, all information should be clearly printed and abbreviations avoided.

If there is knowledge of "lifestyle" maternal conditions that are considered to have an adverse affect on the fetus, such as alcohol, tobacco, drug use, or certain prescribed medications, these should be noted in Part II.

Updating stillbirth certificates

If the initial cause of stillbirth is "unknown" or ambiguous, a letter and photocopy of the original certificate with a self addressed postage paid envelope is sent to the certifier from the Medical Coding Unit. These should be returned when no additional information remains – to either update or confirm no change to the original (see Appendix A, page 21).

VII. Appendices - Appendix A

Physician's "Medical Certification of Death" - sample

BRITISH COLUMBIA

Ministry of Health Planning

BRITISH COLUMBIA
VITAL STATISTICS AGENCY

DOCUMENT CONTROL NUMBER (Office Use Only): **20161846**

REGISTRATION NUMBER (Office Use Only):

PHYSICIAN'S

MEDICAL CERTIFICATION OF DEATH

This is a permanent legal record ñ Type or print clearly ñ Complete all items ñ Use blue or black ink only ñ See reverse for instructions

Important Notice to Physicians ñ Issue the Medical Certification of Death promptly to avoid delaying funeral arrangements. If the medical practitioner is for any reason unable to complete the Medical Certification within 48 hours of death, the funeral director or the physician shall notify a Coroner.

Name of Deceased
Surname (Print or Type): SMITH
All given names: John James
Sex: ☑ M ☐ F ☐ U/K
Personal Health Number: 9 9 4 3 2 4 7 9 1 9

Actual Date of Death
Month (By Name) Day Year: DEC 10 1998
Approximate Time of Death (24 hour clock): 0340

Date of Birth
Month (By Name) Day Year: FEB 19 1936
If under 1 day: Hours ____ Minutes ____

Place of Death
Name of Hospital or Institution (Otherwise give exact location where death occurred, eg. address): Vancouver General Hospital
City, town or other place (By Name): Vancouver
Postal Code: V5P-5S2
Type of place (e.g. Hospital, Nursing Home, Home, Street, Workplace etc.): Acute Care Hospital

Released to
Name of Funeral Home: Vancouver Funeral Services
Telephone Number: 604-555-1111

MEDICAL CAUSE OF DEATH

		Approximate Interval Between ➡ Onset and Death	SHADED AREA - OFFICE USE ONLY
PART I Immediate cause of death.	(a) Congestive heart failure	4 days	I
	due to, or as a consequence of		/
Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the **underlying causes last.**	(b) Acute myocardial infarction	7 days	/
	due to, or as a consequence of		/
	(c) Ischemic heart disease	10 yrs.	/
	(d)		/
PART II Other significant conditions contributing to the death but not resulting in the underlying cause given in Part 1.	Diabetes	30 yrs.	II*
	Hypertension	20 yrs.	/
	Smoking	30 yrs.	Place of accident or violence: Reject:

Other Medical Particulars
Recent surgery (28 days or less prior to death): ☑ Yes ☐ No
If Yes, date: Nov 28, 1998
Surgery & Findings: angioplasty
Coronary bypass: ☑ Yes ☐ No
Heart valve replaced: ☐ Yes ☑ No
Organ transplant recipient: ☐ Yes(specify) ____ ☑ No
Environmental/occupational/lifestyle (e.g. pesticides, asbestos, abuse of tobacco, alcohol etc.): ☑ Yes (specify) tobacco ☐ No ☐ Unknown

Autopsy Particulars
Autopsy being held? ☐ Yes ☑ No
Does cause of death stated above take account of autopsy findings? ☐ Yes ☐ No
May further information relating to cause of death be available later? ☐ Yes ☑ No

Manner of Death
State whether death was ☑ Natural ☐ Pending finalized details of natural causes.
N.B. The Coroner MUST be notified of any unexpected death.
Case discussed with Coroner: ☐ Yes ☐ No **If yes, Coroner's Name** ____

Pregnancy Particulars
Death occurred during pregnancy? ☐ Yes ☐ No
Death occurred within 42 day post partum? ☐ Yes ☐ No
Death occurred between 43 days or 1 year post partum? ☐ Yes ☐ No

Accident or Violence *(if applicable)*
Place of injury (exact location and type of place):
Date of injury: Month (By Name) Day Year
How did injury occur? (describe circumstance)

Certification by Physician
I viewed the body after death: ☑ Yes ☐ No
I attended the deceased for the final illness on: Month (By Name) Day Year: DEC 09 1998
I certify to the best of my knowledge and belief this person died on the date and from the cause(s) stated herein.
Signature of Physician: x John Kildare
Date signed: Month (By Name) Day Year: DEC 10 1998
Name of Physician (Print or Type): Dr. John Kildare
MSC Number: 12345 755
Phone No.: 4692
Address: 1234 W. Broadway, Vancouver, BC
Postal Code: V2R-1P5

VSA 406A REV 2003/05/07 **IMPORTANT:** Any change or correction made in the completion of this form must be initialled by the person certifying the original information.

Coroner's "Medical Certification of Death" - sample

BRITISH COLUMBIA

Ministry of Health Planning

BRITISH COLUMBIA
VITAL STATISTICS AGENCY

DOCUMENT CONTROL NUMBER (Office Use Only): **30050012**

REGISTRATION NUMBER (Office Use Only):

CORONER'S

MEDICAL CERTIFICATION OF DEATH

This is a permanent legal record ñ Type or print clearly ñ Complete all items ñ Use blue or black ink only ñ See reverse for instructions

Important Notice to Coroners ñ Issue the Medical Certification of Death promptly to avoid delaying funeral arrangements.

Name of Deceased

Surname (Print or Type): JOHNSON

Sex: ☑ M ☐ F ☐ U/K

All given names: Terrence Robert

Personal Health Number: 9 9 4 3 2 4 7 9 1 9

Actual Date of Death

Month (By Name) / Day / Year: NOV 01 1998

Approximate Time of Death (24 hour clock): 0115

Date of Birth: Month (By Name) / Day / Year: SEP 13 1968

If under 1 day — Hours: ____ Minutes: ____

Place of Death

Name of Hospital or Institution (Otherwise give exact location where death occurred, eg. address): Intersection of Haliburton and Pat Bay Highway

Type of place (e.g. Hospital, Nursing Home, Home, Street, Workplace etc.): Highway

City, town or other place (By Name): Victoria

Postal Code: V8Z 4B6

Released to

Name of Funeral Home: Local Funeral Services

Telephone Number: 250-555-1111

MEDICAL CAUSE OF DEATH

Approximate Interval Between ➡ Onset and Death

SHADED AREA - OFFICE USE ONLY

PART I
Immediate cause of death. (a) Fractured skull with

due to, or as a consequence of (b) intracerebral hemorrhage

Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the **underlying causes last.** due to, or as a consequence of (c) Motor Vehicle Accident

(d)

PART II
Other significant conditions contributing to the death but not resulting in the underlying cause given in Part 1.

Hemothorax, fractured pelvis

alcohol intoxication

I / / / / II* /

Place of accident or violence: Reject:

Other Medical Particulars

Recent surgery (28 days or less prior to death) ☐ Yes ☑ No

If Yes, date _____

Surgery & Findings _____

Coronary bypass ☐ Yes ☑ No

Heart valve replaced ☐ Yes ☑ No

Organ transplant recipient ☐ Yes (specify) _____ ☑ No

Environmental/occupational/lifestyle (e.g. pesticides, asbestos, abuse of tobacco, alcohol etc.)

☑ Yes (specify) alcohol ☐ No ☐ Unknown

Autopsy Particulars

Autopsy being held? ☑ Yes ☐ No

Does cause of death stated above take account of autopsy findings? ☑ Yes ☐ No

May further information relating to cause of death be available later? ☐ Yes ☑ No

Manner of Death

State if death was ☐ Natural ☑ Accident ☐ Suicide ☐ Undetermined ☐ Homicide ☐ Pending investigation

Pregnancy Particulars

Death occurred during pregnancy? ☐ Yes ☐ No

Death occurred within 42 days post partum? ☐ Yes ☐ No

Death occurred within 43 days and 1 year post partum? ☐ Yes ☐ No

Accident or Violence (if applicable)

Place of injury (exact location and type of place): Highway

Date of injury: Month (By Name) / Day / Year: NOV 01 1998

How did injury occur? (describe circumstances): Driver of northbound car struck merging pick-up truck

Certification by Coroner

I viewed the body after death ☑ Yes ☐ No

I certify to the best of my knowledge and belief this person died on the date and from the cause(s) stated herein.

Signature of Coroner: x John Smith

Date signed (Month (By Name) / Day / Year): NOV 02 1998

Name of Coroner (Print or Type): John Smith

Number: 5678938

Phone No.: 386 464 6922

Address: 47 Government Street, Victoria, BC

Postal Code: V5P 2N7

VSA 406B REV 2002/02/05 **IMPORTANT:** Any change or correction made in the completion of this form must be initialled by the person certifying the original information.

"Medical Certificate of Stillbirth" - sample

REGISTRATION NUMBER
(Office Use Only)

MEDICAL CERTIFICATE OF STILLBIRTH

		Check whether Foetal (F) or Maternal (M)	
	Part I	F	M
CAUSE OF STILLBIRTH	**Immediate cause ñ Foetal disease or condition directly leading to stillbirth** (a) **Anoxia** due to (or as a consequence of)	☐	☐
	Antecedent causes ñ Foetal and/or maternal conditions, if any, giving rise to the immediate cause (a) above, stating the underlying cause last (b) **Intra-uterine growth retardation** due to (or as a consequence of)	☑	☐
	(c) **Partial abruptio placenta**	☐	☑
	(d) **Smoking & alcohol consumption**	☐	☑
	Part II		
	Other significant conditions of foetus or mother which may have contributed to the stillbirth but were not causally related to the immediate cause (a) above	☐	☐

AUTOPSY PARTICULARS	Autopsy being held? ☐ Yes ☑ No	Does the cause of stillbirth stated above take account of autopsy finding? ☐ Yes ☑ No	Will further information relating to the cause of stillbirth be available later? ☐ Yes ☑ No

DELIVERY AND LABOUR			
	Manipulative, instrumental or other operative procedure for delivery? ☑ Yes ☐ No	If yes, was foetus dead before such procedure? ☑ Yes ☐ No	
	Nature of procedure (low, middle or high forceps, version and extraction, caesarean section, craniotomy, etc.) **Low forceps**		
	Did death occur before labour? ☑ Yes ☐ No	During labour? ☐ Yes ☐ No	Labour induced? (If yes, specify method(s)) ☑ Yes ☐ No **Rupture membrances & oxytocin**

CERTIFICATION (attending physician/ midwife/ coroner, etc.)					
	I certify that the statements herein are true and correct to the best of my knowledge and belief	Signature (attending physician/midwife/coroner, etc.)	Attending Physician ☑	Midwife ☐	Physician Examining body after death ☐ / Coroner ☐
	Name of physician/midwife/coroner (print or type) **Dr. Jeffrey P. Marshal**				Physician/Midwife/ Coroner Number
	Address (including postal code) **256 Maine Street, Kelowna, BC P3N 4L2**	Date certified: Month (By Name) **N O V**	Day **0 1**	Year **1 9 9 8**	

NOTES FOR THE CERTIFYING PHYSICIAN/MIDWIFE/CORONER

A "stillbirth" is defined for purposes of registration under the British Columbia Vital Statistics Act as follows:
"Stillbirth" means the complete expulsion or extraction from its mother, after at least 20 weeks' pregnancy, or after attaining a weight of at least 500g., of a product of conception in which, after the expulsion or extraction, there is no breathing, beating of the heart, pulsation of the umbilical cord or unmistakable movement of voluntary muscle.

Certifier's Statement of Cause of Stillbirth: The morbid conditions relating to stillbirth in the Medical Certificate of Stillbirth are divided into two groups. In Group I are those related to the **"Immediate cause,"** i.e. "the foetal disease or condition directly leading to stillbirth," and **"Antecedent causes,"** and in Group II, **"Other significant conditions"** in the foetus or the mother which contributed to the death of the foetus but which were not causally related to the Immediate cause. In most cases a statement of cause under Group I will suffice. In many cases a single cause will adequately describe the case (see Example 1); however, where it is necessary to record more than one cause it is important that these be stated in etiological sequence and in the position provided on the form so as to indicate their mutual relationship. Information is sought in this organized fashion so that the selection of the "cause" of stillbirth for tabulation purposes (as described below) may be made in the light of the certifier's viewpoint.

Cause of Stillbirth Assignment – The "cause" selected for coding and tabulation of the official "cause-of-stillbirth" statistics is the "underlying cause," that is, "the disease or injury which initiated the train of events leading to the death of the foetus." This "cause" will ordinarily be the last condition mentioned in Part I of the Certificate.

Foetal or Maternal Diseases or Conditions – Conditions which may be reported as Antecedent cause(s) (Part I) or Contributory cause(s) may, of course, relate to either the foetus or the mother. It is therefore important to indicate whether the reported condition was, in fact, a "foetal" (F) or "maternal" (M) condition by checking off (✔ or X) in the appropriate box as illustrated in the examples below.

Autopsy and Autopsy Findings – An indication of whether or not an autopsy is being held and whether the certified causes of stillbirth take account of autopsy findings is valuable in assessing the reliability of cause-of-stillbirth statistics. Where an autopsy is being held and the recorded statement of cause of stillbirth does not take account of the autopsy findings, a supplementary enquiry of the certifying physician may be initiated by the Chief Executive Officer of Vital Statistics.

Further Information – If there is an indication that "further information relating to the cause of stillbirth may be available later"–from autopsy or other finding – the Chief Executive Officer will initiate a supplementary enquiry of the certifying physician or coroner.

The following examples illustrate the essential principles in completing the cause of stillbirth certificate:

Part I	Example 1	F	M	Example 2	F	M	Example 3	F	M
Immediate Cause	(a) Anencephaly due to (or as a consequence of)	☐	☐	(a) Anoxia due to (or as a consequence of)	☐	☑	(a) Intra-ventricular hemorrhage due to (or as a consequence of)	☐	☑
	(b) due to (or as a consequence of)	☐	☐	(b) Premature separation of placenta due to (or as a consequence of)	☐	☑	(b) Dystocia with cranial compression due to (or as a consequence of)	☐	☑
Antecedent Causes	(c)	☐	☐	(c) Severe pre-eclampsia	☐	☑	(c) Congenital hydrocephalus	☑	☐
	(d)	☐	☐	(d)	☐	☐	(d)	☐	☐
Part II									
Other significant conditions	Diaphragmatic hernia (massive)	☑	☐	Chronic nephritis	☐	☑		☐	☐
		☐	☐		☐	☐		☐	☐

Part I	Example 4	F	M	Example 5	F	M	Example 6	F	M
Immediate Cause	(a) Compression of prolapsed cord due to (or as a consequence of)	☐	☐	(a) Exsanguinating hemorrhage due to (or as a consequence of)	☐	☐	(a) Anoxia (foetal distress) due to (or as a consequence of)	☐	☐
	(b) Breech presentation due to (or as a consequence of)	☐	☑	(b) Ruptured uterus and placental vessels due to (or as a consequence of)	☐	☑	(b) Severe intra-uterine growth retardation due to (or as a consequence of)	☑	☐
Antecedent Causes	(c) Premature onset of labour (incompetent cervical os)	☐	☑	(c) Automobile accident injuring mother	☐	☑	(c) Small placenta with multiple infarcts (placental insufficiency)	☐	☑
	(d)	☐	☐	(d)	☐	☐	(d)	☐	☐
Part II									
Other significant conditions		☐	☐		☐	☐	Hypertension	☐	☑
		☐	☐		☐	☐		☐	☐

Appendix B

Legislation, Sections of the Vital Statistics Act (Feb. 29, 1988)

Medical certificate

18 (1) A medical certificate must be prepared in accordance with subsection (2) in any of the following circumstances:

(a) if a medical practitioner

(i) attended the deceased during the deceased's last illness,

(ii) is able to certify the medical cause of death with reasonable accuracy, and

(iii) has no reason to believe that the deceased died under circumstances which require an inquiry or inquest under the Coroners Act;

(b) if the death was natural and a medical practitioner

(i) is able to certify the medical cause of death with reasonable accuracy, and

(ii) has received the consent of a coroner to complete and sign the medical certificate;

(c) if a coroner conducts an inquiry or inquest into the death under the Coroners Act.

(2) Within 48 hours after the death, the medical practitioner or the coroner, as applicable, must

(a) complete and sign a medical certificate in the form required by the director stating in it the cause of death according to the international classification, and

(b) make the certificate available to the funeral director.

(3) If

(a) a death occurred without the attendance of a medical practitioner during the last illness of the deceased, or

(b) the medical practitioner who attended the deceased is for any reason unable to complete the medical certificate within 48 hours after the death, the funeral director or the medical practitioner, as the case may be, must promptly notify the coroner.

(4) If a cause of death cannot be determined within 48 hours after the death and

(a) an autopsy is performed, or

(b) an inquiry or inquest is commenced under the Coroners Act, and the medical practitioner who performs the autopsy or the coroner who commences an inquiry or inquest under the Coroners Act, as the case may be, considers that the body is no longer required for the purposes of the autopsy, inquiry or inquest, the medical practitioner or the coroner, as the case may be, may, despite subsection (1), issue and must make available to the funeral director an interim medical certificate in the form required by the director.

(5) After the conclusion of the autopsy, inquiry or inquest referred to in subsection (4), the medical practitioner or coroner must complete and sign the medical certificate referred to in subsection (2) and deliver it to the director.

Sections of the Coroners Act (June, 2000)

Deaths to be reported

9 (1) A person must immediately notify a coroner or a peace officer of the facts and circumstances relating to a death if he or she has reason to believe that a person has died

(a) as a result of violence, misadventure, negligence, misconduct, malpractice or suicide,

(b) by unfair means,

(c) during pregnancy or following pregnancy in circumstances that might reasonably be attributable to pregnancy,

(d) suddenly and unexpectedly,

(e) from disease, sickness or unknown cause, for which the person was not treated by a medical practitioner,

(f) from any cause, other than disease, under circumstances that may require investigation, or

(g) in a correctional centre or penitentiary or a police prison or lockup.

(2) The person in charge of an institution must immediately give notice to the coroner of the death of a person who dies

(a) while a resident of or an in-patient in

(i) [Repealed 1999-39-6.],

(ii) a place for the examination, diagnosis, treatment or rehabilitation of mentally disordered persons to which the Mental Health Act applies, or

(iii) a public or private hospital to which the person was transferred from a place referred to in subparagraph (ii), or

(b) while the person is, whether or not on the premises or in actual custody,

(i) a patient of a place referred to in paragraph (a) (ii), or

(ii) committed to a correctional centre, penitentiary or police prison or lockup.

(3) If a person dies while detained by or in the actual custody of a peace officer, the peace officer must immediately notify the coroner.

(4) A peace officer who is notified under subsection (1) must notify a coroner.

Inquest required for death of person in custody

10 The coroner must issue a warrant to hold an inquest in the case of a death in a police prison or lockup or of a death in the circumstances referred to in section 9(3).

Report by doctor

10.1 A medical practitioner who was last in attendance during the last illness or on the death of any person who dies under circumstances that require an inquiry or inquest under this Act must, within 24 hours after having notice or knowledge of the death of the person, notify, in writing, the coroner within whose jurisdiction the death occurs.

Appendix C

Certifying Deaths -
Accidental or natural event?
Should the coroner be notified?

There is a need for clarification regarding certification of accidental versus natural deaths. This is particularly evident in the area of fractures and falls in the elderly.

Vital Statistics refers possible accidental deaths to the Coroners Service. These referrals initiate an investigation by the coroners which is time consuming and costly for the coroner and the physician.

The "Medical Certification of Death" needs to clearly indicate whether the death is natural or accidental. In the case of falls and fractures, the physician needs to decide if this is the underlying cause of death. If this is the case, the coroner should be notified, and it may become a coroner's case. The coroner would then be responsible for completing the "Medical Certification of Death". If the fall is **not** the underlying cause of death, **it should be placed in Part 2** of the Medical Certification of Death, which may then be completed by the physician.

As per the Coroners Act, there are several instances when a physician must notify the coroner about a death. Notification must take place when a person has died:

- As a result of violence, misadventure, negligence misconduct, malpractice or suicide,
- By unfair means,
- During pregnancy or following pregnancy in circumstances that might reasonably be attributable to pregnancy,
- Suddenly and unexpectedly,
- From disease, sickness or unknown cause, for which the person was not treated by a medical practitioner,
- From any cause, other than disease, under circumstances that may require investigation, or
- In a correctional institution, lockup or prison.

In order for the Agency to do the most thorough and useful job possible, we depend on the accuracy and completeness of the data received via certification of death forms.

It is hoped that these suggestions will provide clarification for physicians when completing the Medical Certification of Death.

Should you have any questions, please do not hesitate to call the Medical Coding Unit of the Vital Statistics at 250-952-2591 or 250-952-1835.

Appendix D

British Columbia Vital Statistics Agency Offices

818 Fort Street
Victoria, BC V8W 1H8

250 - 605 Robson Street
Vancouver, BC V6B 5J3

101 - 1475 Ellis Street
Kelowna, BC V1Y 2A3

433 Queensway Street
Prince George, BC V2L 5M2

Mail or fax "replacement" certifications to:
British Columbia Vital Statistics Agency
Knowledge Management and Technology Division
Ministry of Health Services
PO Box 9657 Stn Prov Govt
Victoria BC V8W 9P3
Attention: Medical Coding Unit

Phone: 250-952-2591 or 250-952-1835
Fax: 250-952-2519

Stock Order Contact:

Phone: 250-952-2571
Fax: 250-952-2576
Email: HLTH.VSStock@gems3.gov.bc.ca

BRITISH COLUMBIA

Ministry of Health Services

British Columbia Vital Statistics Agency
Knowledge Management and Technology Division
Ministry of Health Services
PO BOX 9657 STN PROV GOVT
VICTORIA BC V8W 9P3

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