

Improving Coroner-Reported Cause of Death

Division of Vital Records



Indiana State
Department of Health

Top Rules for Good Cause of Death

1. If you feel like you need to use a phrase like “due to,” “as a result of,” “secondary to,” etc., then go to the next cause line
2. Check your event order -> Immediate Cause should be listed as Cause A in Part I, with Underlying listed last in Part I
3. Specify drugs and details for overdose-related deaths
4. Utilize applicable terms for overdose-related deaths & include injury details
5. Don't list a mechanism as the only cause in Part I, list events that led to death as a result of the mechanism
6. Use the correct fields -> be sure you don't enter the next cause in an interval field
7. Don't use generalized causes without more detail
8. Specify primary sites, or state “unknown”
9. Don't abbreviate, even common medical terminology
10. Check spelling
11. If there are no contributing conditions for Part II, leave the field blank

1. “Due to”

If you feel like you need to use a phrase like “due to,” “as a result of,” “secondary to,” etc., then go to the next cause line

Cause Of Death (See Instructions And Examples)				Approximate Interval: Onset To Death
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.				
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. <u>ASPHYXIA</u> DUE TO <u>STRANGULATION</u>			
	Due to (Or As A Consequence Of)			
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last	B. _____			
	Due to (Or As A Consequence Of)			
	C. _____			
Due to (Or As A Consequence Of)				
D. _____				
Part II. Enter Other <u>Significant Conditions Contributing to Death</u> But Not Resulting In The Underlying Cause Given In Part I			29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
			30. Were Autopsy Finding Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input checked="" type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined	
34. Date Of Injury (Month/Day/Year) 01/17/2016	35. Time Of Injury 18:47	36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) RESIDENCE		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Location Of Injury - State INDIANA	38a. City Or Town [REDACTED]	38b. Street & Number [REDACTED]	38c. Apt. No. [REDACTED]	38d. Zip Code [REDACTED]
39. Describe How Injury Occurred			40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	

...On Separate Lines

Cause Of Death (See Instructions And Examples)				Approximate Interval: Onset To Death
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.				
Immediate Cause (Final Disease Or Condition Resulting In Death)	A.	ASPHYXIA	Due to (Or As A Consequence Of)	MINUTES
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last	B.	HANGING	Due to (Or As A Consequence Of)	
	C.		Due to (Or As A Consequence Of)	
	D.			
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I			29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NO			30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined	
34. Date Of Injury (Month/Day/Year) 01/26/2016	35. Time Of Injury 00:01	36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) HOME		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Location Of Injury - State INDIANA	38a. City Or Town [REDACTED]	38b. Street & Number [REDACTED]	38c. Apt. No. [REDACTED]	38d. Zip Code [REDACTED]
39. Describe How Injury Occurred HANG NG			40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	

2. Event Order

Check your event order -> Immediate Cause should be listed as Cause A in Part I, with Underlying listed last in Part I

Cause Of Death (See Instructions And Examples)				Approximate Interval: Onset To Death
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.				
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. <u>ALCOHOL USE/ABUSE</u>	Due to (Or As A Consequence Of)		HOURS
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last	B. <u>BLUNT FORCE TRAMA</u>	Due to (Or As A Consequence Of)		INSTANT
	C. <u>BROKEN NECK</u>	Due to (Or As A Consequence Of)		INSTANT
	D. <u>FRACTURED SKULL</u>			NTNSTAT
Part II. Enter Other <u>Significant Conditions Contributing to Death</u> But Not Resulting In The Underlying Cause Given In Part I		29. Was An Autopsy Performed?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
CARDIAC ARREST		30. Were Autopsy Finding Available To Complete The Cause Of Death?		<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Did Tobacco Use Contribute To Death?	32. If Female:		33. Manner Of Death:	
<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		<input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined	
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury	36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		37. Injury At Work?
02/17/2016	01:49 AM	BUSNISS		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
38. Location Of Injury - State	38a. City Or Town	38b. Street & Number	38c. Apt. No.	38d. Zip Code
INDIANA				
39. Describe How Injury Occurred		40. If Transportation Injury, Specify:		
SNOWMOB LE/SEMI TRA LER		<input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		

...Most Recent to Longest Term

Cause Of Death (See Instructions And Examples)				Approximate Interval: Onset To Death
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.				
Immediate Cause (Final Disease Or Condition Resulting In Death)	A.	ACUTE HEROIN OVERDOSE	Due to (Or As A Consequence Of)	INSTANT
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last	B.	CHRONIC DRUG ABUSE	Due to (Or As A Consequence Of)	YEARS
	C.		Due to (Or As A Consequence Of)	
	D.			
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I			29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined	
34. Date Of Injury (Month/Day/Year) 01/23/2016	35. Time Of Injury 12:00 AM	36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) HOTEL		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Location Of Injury - State INDIANA	38a. City Or Town [REDACTED]	38b. Street & Number [REDACTED]	38c. Apt. No. [REDACTED]	38d. Zip Code [REDACTED]
39. Describe How Injury Occurred FOUND UNCONSCIOUS WITH SYRINGE IN ARM			40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	

3. Don't state Multiple or Polydrug...

Specify drugs identified from toxicology results

Cause Of Death (See Instructions And Examples)				Approximate Interval: Onset To Death
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.				
Immediate Cause (Final Disease Or Condition Resulting In Death)		A.	MULTIPLE DRUG TOXICITY	
			Due to (Or As A Consequence Of)	
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last		B.		
			Due to (Or As A Consequence Of)	
		C.		
			Due to (Or As A Consequence Of)	
		D.		
Part II. Enter Other <u>Significant Conditions Contributing to Death</u> But Not Resulting In The Underlying Cause Given In Part I			29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
			30. Were Autopsy Finding Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input checked="" type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined	
34. Date Of Injury (Month/Day/Year) 01/06/2016	35. Time Of Injury 21:45	36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) RESIDENCE		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Location Of Injury - State INDIANA	38a. City Or Town [REDACTED]	38b. Street & Number [REDACTED]		38c. Apt. No. [REDACTED]
39. Describe How Injury Occurred		38d. Zip Code [REDACTED]		
		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		

...List Specific Drugs

Cause Of Death (See Instructions And Examples)				Approximate Interval: Onset To Death
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.				
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. <u>DRUG OVERDOSE, FENTANYL AND BENZODIAZEPINE</u> RELATED			
	Due to (Or As A Consequence Of)			
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last	B. _____			
	Due to (Or As A Consequence Of)			
	C. _____			
	Due to (Or As A Consequence Of)			
	D. _____			
Part II. Enter Other <u>Significant Conditions Contributing to Death</u> But Not Resulting In The Underlying Cause Given In Part I				29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				30. Were Autopsy Finding Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input checked="" type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined	
34. Date Of Injury (Month/Day/Year) 10/23/2016	35. Time Of Injury 19:20	36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) BASEMENT		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Location Of Injury - State INDIANA	38a. City Or Town [REDACTED]	38b. Street & Number [REDACTED]	38c. Apt. No. [REDACTED]	38d. Zip Code [REDACTED]
39. Describe How Injury Occurred			40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	

4. Utilize appropriate OD terms & details...

Utilize words such as overdose, intoxication, use, abuse, & poisoning accurately; provide injury details

Cause Of Death (See Instructions And Examples)				Approximate Interval: Onset To Death
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.				
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. <u>METHAMPHETAMINE</u> <u>INTOXICATION</u> AND BROCHOPNEUMONIA <small>Due to (Or As A Consequence Of):</small>			HOURS
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last	B. _____ <small>Due to (Or As A Consequence Of):</small>			
	C. _____ <small>Due to (Or As A Consequence Of):</small>			
	D. _____ <small>Due to (Or As A Consequence Of):</small>			
Part II. Enter Other <u>Significant Conditions Contributing to Death</u> But Not Resulting In The Underlying Cause Given In Part I				
HYPERTENSIVE CARDIOVASCULAR DISEASE				
29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Could Not Be Determined
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury	36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Location Of Injury - State	38a. City Or Town	38b. Street & Number	38c. Apt. No.	38d. Zip Code
39. Describe How Injury Occurred			40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	

...Use accurate terms & include injury details

Cause Of Death (See Instructions And Examples)				Approximate Interval: Onset To Death
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.				
Immediate Cause (Final Disease Or Condition Resulting In Death)		A. <u>OVERDOSE, MULTIPLE DRUG RELATED, (HERO N, FENTANYL AND TRAMADOL)</u>		
		Due to (Or As A Consequence Of)		
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last		B. _____		
		Due to (Or As A Consequence Of)		
		C. _____		
		Due to (Or As A Consequence Of)		
		D. _____		
Part II. Enter Other <u>Significant Conditions Contributing to Death</u> But Not Resulting In The Underlying Cause Given In Part I			29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
			30. Were Autopsy Finding Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined
34. Date Of Injury (Month/Day/Year) 10/29/2016	35. Time Of Injury 19:47	36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) RESIDENCE		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Location Of Injury - State INDIANA	38a. City Or Town [REDACTED]	38b. Street & Number [REDACTED]	38c. Apt. No. [REDACTED]	38d. Zip Code [REDACTED]
39. Describe How Injury Occurred			40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	

Drug Death Term Suggestions

Recommended for Part I, Cause of Death:

- **Poisoning/Overdose:** use of any substance that interferes with normal bodily functions, leading to acute adverse physical or mental effects, and may result in harm or death
- **Intoxication/Toxicity/Toxic Effects:** harmful, noxious, or deleterious effects of a drug, or the condition of having/experiencing such effects

Recommended for Part II, Other Significant Contributing Conditions:

- **Abuse:** long-term, continued substance use despite knowledge of potential harm
- **Use:** self-administration of substances

5. Don't list Mechanism only...

Cause Of Death (See Instructions And Examples)				Approximate Interval: Onset To Death
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.				
Immediate Cause (Final Disease Or Condition Resulting In Death)		A. <u>LIGATURE SUSPENSION (HANG NG)</u>		
		Due to (Or As A Consequence Of)		
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last		B. _____		
		Due to (Or As A Consequence Of)		
		C. _____		
		Due to (Or As A Consequence Of)		
		D. _____		
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I			29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined
34. Date Of Injury (Month/Day/Year) 01/23/2016	35. Time Of Injury 11:55 AM	36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) GARAGE OF RESIDENCE		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Location Of Injury - State INDIANA	38a. City Or Town [REDACTED]	38b. Street & Number [REDACTED]	38c. Apt. No. [REDACTED]	38d. Zip Code [REDACTED]
39. Describe How Injury Occurred HANGED HIMSELF WITH DOG LEASH SECURED FROM GARAGE DOOR			40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	

...List Events due to Mechanism

Cause Of Death (See Instructions And Examples)				Approximate Interval: Onset To Death
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.				
Immediate Cause (Final Disease Or Condition Resulting In Death)		A. <u>EXSANGUINATION</u>		
		Due to (Or As A Consequence Of)		
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last		B. <u>TRANSECTION OF THORACIC AORTA</u>		
		Due to (Or As A Consequence Of)		
		C. <u>MOTOR VEHICLE ACC DENT</u>		
		Due to (Or As A Consequence Of)		
		D. _____		
Part II. Enter Other <u>Significant Conditions Contributing to Death</u> But Not Resulting In The Underlying Cause Given In Part I			29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
			30. Were Autopsy Finding Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined
34. Date Of Injury (Month/Day/Year) 01/17/2016	35. Time Of Injury 03:27 PM	36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) HIGHWAY		37. Injury At Work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
38. Location Of Injury - State INDIANA	38a. City Or Town [REDACTED]	38b. Street & Number [REDACTED]	38c. Apt. No. [REDACTED]	38d. Zip Code [REDACTED]
39. Describe How Injury Occurred 2 VEHICLE MOTOR VEHICLE ACC DENT			40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	

6. Use Correct Fields

Use the correct fields -> be sure you don't enter the next cause in an interval field

Cause Of Death (See Instructions And Examples)				Approximate Interval: Onset To Death
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.				<div>UINARY TRAC INFECTIO</div>
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. <u>SEPSIS</u>	Due to (Or As A Consequence Of):		
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last	B.	Due to (Or As A Consequence Of):		
	C.	Due to (Or As A Consequence Of):		
	D.			
Part II. Enter Other <u>Significant Conditions Contributing to Death</u> But Not Resulting In The Underlying Cause Given In Part I		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
SEPSIS		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined	
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury	36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Location Of Injury - State	38a. City Or Town	38b. Street & Number		38c. Apt. No.
				38d. Zip Code
39. Describe How Injury Occurred			40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	

7. Include Details for General Causes

Cause Of Death (See Instructions And Examples)				Approximate Interval: Onset To Death
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.				
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. <u>MYOCARDIAL INFARCTION</u>		Due to (Or As A Consequence Of):	
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last	B. _____		Due to (Or As A Consequence Of):	
	C. _____		Due to (Or As A Consequence Of):	
	D. _____		Due to (Or As A Consequence Of):	
Part II. Enter Other <u>Significant Conditions Contributing to Death</u> But Not Resulting In The Underlying Cause Given In Part I			29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined	
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury	36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Location Of Injury - State	38a. City Or Town	38b. Street & Number	38c. Apt. No.	38d. Zip Code
39. Describe How Injury Occurred			40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	

...Such as Leading & Resulting Cause

Cause Of Death (See Instructions And Examples)				Approximate Interval: Onset To Death
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.				
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. <u>HEMOPERICARDIUM</u> <small>Due to (Or As A Consequence Of):</small>			<u>MINUTES</u>
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last	B. <u>MYOCARDIAL INFARCTION</u> <small>Due to (Or As A Consequence Of):</small>			
	C. <u>SEVERE CORONARY ATHEROSCLEROSIS</u> <small>Due to (Or As A Consequence Of):</small>			
	D. _____ <small>Due to (Or As A Consequence Of):</small>			
Part II. Enter Other <u>Significant Conditions Contributing to Death</u> But Not Resulting In The Underlying Cause Given In Part I				29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				30. Were Autopsy Finding Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined	
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury	36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Location Of Injury - State	38a. City Or Town	38b. Street & Number	38c. Apt. No.	38d. Zip Code
39. Describe How Injury Occurred			40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	

8. Specify Primary Sites

Diagnoses should include a primary site, or state unknown

Cause Of Death (See Instructions And Examples)				Approximate Interval: Onset To Death
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.				
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. <u>CANCER</u>	Due to (Or As A Consequence Of):		NA
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last	B. _____	Due to (Or As A Consequence Of):		
	C. _____	Due to (Or As A Consequence Of):		
	D. _____	Due to (Or As A Consequence Of):		
Part II. Enter Other <u>Significant Conditions Contributing to Death</u> But Not Resulting In The Underlying Cause Given In Part I		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
CANCER		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined	
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury	36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Location Of Injury - State	38a. City Or Town	38b. Street & Number	38c. Apt. No.	38d. Zip Code
39. Describe How Injury Occurred			40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	

9. No Abbreviations

Cause Of Death (See Instructions And Examples)				Approximate Interval: Onset To Death
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.				
Immediate Cause (Final Disease Or Condition Resulting In Death)	A.	CHF	Due to (Or As A Consequence Of):	UNKNOWN
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last	B.		Due to (Or As A Consequence Of):	
	C.		Due to (Or As A Consequence Of):	
	D.		Due to (Or As A Consequence Of):	
Part II. Enter Other <u>Significant Conditions Contributing to Death</u> But Not Resulting In The Underlying Cause Given In Part I			29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined	
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury	36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Location Of Injury - State	38a. City Or Town	38b. Street & Number	38c. Apt. No.	38d. Zip Code
39. Describe How Injury Occurred			40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	

10. Check Spelling

Cause Of Death (See Instructions And Examples)				Approximate Interval: Onset To Death
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.				
Immediate Cause (Final Disease Or Condition Resulting In Death)	A.	EXSANNGUINATION FROOM CUTS TO NECK AND WRIST <small>Due to (Or As A Consequence Of)</small>	MINUTES	
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last	B.	 <small>Due to (Or As A Consequence Of)</small>		
	C.	 <small>Due to (Or As A Consequence Of)</small>		
	D.	 <small>Due to (Or As A Consequence Of)</small>		
Part II. Enter Other <u>Significant Conditions Contributing to Death</u> But Not Resulting In The Underlying Cause Given In Part I		29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 30. Were Autopsy Finding Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined	
34. Date Of Injury (Month/Day/Year) 02/02/2016	35. Time Of Injury Unknown	36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) TRUCK STOP		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Location Of Injury - State INDIANA	38a. City Or Town [REDACTED]	38b. Street & Number [REDACTED]	38c. Apt. No. [REDACTED]	38d. Zip Code [REDACTED]
39. Describe How Injury Occurred CUTS TO NECK AND WRIST		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		

11. If there is nothing for Part II

If there are no conditions to list, do not state “No,” “None,” “N/A,” etc.

Cause Of Death (See Instructions And Examples)				Approximate Interval: Onset To Death
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.				
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. <u>ASPHYXIA</u>	Due to (Or As A Consequence Of)		<u>MINUTES</u>
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last	B. <u>HANGING</u>	Due to (Or As A Consequence Of)		
	C. _____	Due to (Or As A Consequence Of)		
	D. _____			
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NO		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined	
34. Date Of Injury (Month/Day/Year) 01/26/2016	35. Time Of Injury 00:01	36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) HOME		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Location Of Injury - State INDIANA	38a. City Or Town [REDACTED]	38b. Street & Number [REDACTED]	38c. Apt. No. [REDACTED]	38d. Zip Code [REDACTED]
39. Describe How Injury Occurred HANG NG			40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	

...Leave the field Blank

Cause Of Death (See Instructions And Examples)				Approximate Interval: Onset To Death
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.				
Immediate Cause (Final Disease Or Condition Resulting In Death)		A. <u>EXSANGUINATION</u>		
		Due to (Or As A Consequence Of)		
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last		B. <u>TRANSECTION OF THORACIC AORTA</u>		
		Due to (Or As A Consequence Of)		
		C. <u>MOTOR VEHICLE ACC DENT</u>		
		Due to (Or As A Consequence Of)		
		D. _____		
Part II. Enter Other <u>Significant Conditions Contributing to Death</u> But Not Resulting In The Underlying Cause Given In Part I			29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
			30. Were Autopsy Finding Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined
34. Date Of Injury (Month/Day/Year) 01/17/2016	35. Time Of Injury 03:27 PM	36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) HIGHWAY		37. Injury At Work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
38. Location Of Injury - State INDIANA	38a. City Or Town [REDACTED]	38b. Street & Number [REDACTED]	38c. Apt. No. [REDACTED]	38d. Zip Code [REDACTED]
39. Describe How Injury Occurred 2 VEHICLE MOTOR VEHICLE ACC DENT			40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	

Resources

IDRS: <http://www.in.gov/isdh/26839.htm>

- Training Documents

- User Guidance

Vital Records Helpdesk

(317) 233-7989