Improving Coroner-Reported Cause of Death

Division of Vital Records



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
- 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) 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>As</u>	SPHYXIA DUE TO STRANGULATIO	ON Due to (Or As A Consequence	or)					
Sequentially List Conditions, If Any, Leading T Line A. Enter The Underlying Cause (Disease		B		Due to (Or As A Consequence	or)					
The Events Resulting In Death) Last		C		Due to (Or As A Consequence	or)					
Det II. Entre Other Circuits and Conditions Contributio	a to Dooth But Not Dooulling	D	deduine Course Civen In Dedu	20 Wee An Automat	Deuferment2					
Part II. Enter Other Significant Conditions Contributin	ig to Death But Not Resulting	in The Und	denying Cause Given in Part I	29. Was An Autopsy I	Performed?	🛛 Yes	No			
				30. Were Autopsy Fin	ding Available To C	omplete The Cause (Of Death? 🛛 Yes 🗖 No			
31. Did Tobacco Use Contribute To Death?	32. If Female:				33. Manner Of D	eath:				
Yes Probably No 🛛 Unknown	Not Pregnant Within Past Ye	ar 🗌 Prej	egnant At Time Of Death 🔲 Not Pregnant, But Pr	regnant Within 42 Days Of Death	🗌 Natural 🛛 H	omicide 🔲 Accide	nt Pending Investigation			
	Not Pregnant, But Pregnant	43 Days To 1 y	year Before Death 🛛 🗙 Unknown if Pregnant	t Within The Past Year	Suicide C	ould Not Be Determin	ned			
 Date Of Injury (Month/Day/Year) 	35. Time Of Injury		 Place Of Injury (E.G., D 	ecedent's Home, Construc	tion Site, Restauran	t, Wooded Area)	37. Injury At Work?			
01/17/2016	18:47	,	RESIDENCE				🗆 Yes 🛛 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 Transporta	tion Injury, Specify:				
					Driver/Operator	Passenger Pedestriar	Other (Specify)			
					•					

...On Separate Lines

		Cause Of	Death (S	ee Instructions And	Examples)			App	roximate
28. Part I. Enter The <u>Chain Of Events</u> - Diseas Such As Cardiac Arrest, Respiratory Arrest, Or A Line. Add Additional Lines If Necessary.									val: Onset)eath
Immediate Cause (Final Disease Or Condition	Resulting In Death)	A. <u>ASPH</u>	/XIA		Due to (Or As A Consequence (or)		MINU	TES
Sequentially List Conditions, If Any, Leading T Line A. Enter The Underlying Cause (Disease		B. HANG	NG		Due to (Or As A Consequence (or)			
The Events Resulting In Death) Last		C			Due to (Or As A Consequence of	or)			
		D							
Part II. Enter Other Significant Conditions Contributing	g to Death But Not Resulting	In The Underlyi	ng Cause (Given In Part I	29. Was An Autopsy F	Performed?	Yes 🛛	No	
NO					30. Were Autopsy Fine	ding Available To Co		Of Death 2	′es 🔲 No
31. Did Tobacco Use Contribute To Death?	32. If Female:	_		_		33. Manner Of D			
🗌 Yes 🔲 Probably 🗋 No 🛛 Unknown	Not Pregnant Within Past Ye Not Pregnant, But Pregnant			h Not Pregnant, But Preg	-		omicide 🔲 Accide ould Not Be Determir		vestigation
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury		36. P	lace Of Injury (E.G., Dec	edent's Home, Construct	tion Site, Restaurant	t, Wooded Area)	37. Injury At W	/ork?
01/26/2016	00:01		HON	ΛE				Ves Yes	🛛 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 Transportat	tion Injury, Specify: Passenger Pedestrian	Other (Specify)	
HANG NG									

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											
28. Part I. Enter The <u>Chain Of Events</u> - Disease Such As Cardiac Arrest, Respiratory Arrest, Or A A Line. Add Additional Lines If Necessary.									val: Onset leath			
Immediate Cause (Final Disease Or Condition R	Resulting In Death)	A. <u>Al</u>	COHOL USE/	ABUSE	Due to (Or As A Consequence C	or)		HOUR	RS			
Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease C		B. <u>BL</u>	UNT FORCE	TRAMA	Due to (Or As A Consequence C	or)			NT			
The Events Resulting In Death) Last		C. BF	BROKEN NECK Due to (Or As A Consequence Of)						NT			
		D. FF	ACTURED SH	KULL				NTNS	ТАТ			
Part II. Enter Other Significant Conditions Contributing	to Death But Not Resulting	In The Und	lerlying Cause (Given In Part I	29. Was An Autopsy P	Performed?	🗆 Yes 🛛 🛛	No				
CARDIAC ARREST					30. Were Autopsy Find	-	omplete The Cause C	of Dooth2	es 🗖 No			
31. Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☑ No ☐ Unknown	32. If Female: Not Pregnant Within Past Ye	_	-		gnant Within 42 Days Of Death		lomicide 🛛 Accide		vestigation			
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury	lo Days To 1 y		Unknown if Pregnant W	cedent's Home, Construct		ould Not Be Determin t Wooded Area)	1ed 37. Injury At W	ork?			
02/17/2016	01:49 A	М		NIESS		,	,	X Yes	No 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 Transporta ⊠ Driver/Operator	tion Injury, Specify: Passenger Pedestrian	Other (Specify)				
SNOWMOB LE/SEMI TRA LER												

...Most Recent to Longest Term

		C	ause Of Death	(See Instruction	ns And Examples)			App	roximate
28. Part I. Enter The <u>Chain Of Events</u> - Disease Such As Cardiac Arrest, Respiratory Arrest, Or V A Line. Add Additional Lines If Necessary.								Inte	rval: Onset Death
Immediate Cause (Final Disease Or Condition R	Resulting In Death)	Α.	ACUTE HERO	DIN OVERDOSE				INST	ANT
					Due to (Or As A Consequence	of)			
Sequentially List Conditions, If Any, Leading To	The Cause Listed On	Β.	CHRONIC DR	RUG ABUSE				YEAF	RS
Line A. Enter The Underlying Cause (Disease C					Due to (Or As A Consequence	OT)			
The Events Resulting In Death) Last		C.			Such (On the A Opening of the	~			
					Due to (Or As A Consequence	01)			
		D.							
Part II. Enter Other Significant Conditions Contributing	to Death But Not Resulting	In The	Underlying Caus	se Given In Part I	29. Was An Autopsy F	Performed?	Yes 🛛	No	
					30. Were Autopsy Fin	ding Available To C		Of Death2	Yes 🗌 No
31. Did Tobacco Use Contribute To Death?	32. If Female:		_	_		33. Manner Of D			
🗋 Yes 📘 Probably 🖾 No 🔲 Unknown	Not Pregnant Within Past Ye Not Pregnant, But Pregnant				nt, But Pregnant Within 42 Days Of Death Pregnant Within The Past Year		lomicide 🛛 Accide Could Not Be Determir		nvestigation
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury		36	. Place Of Injury (E	G., Decedent's Home, Construct			37. Injury At V	Vork?
01/23/2016	12:00 /	١M	Н	OTEL				Ves	🛛 No
38. Location Of Injury - State	38a. City Or Town		38	8b. Street & Numb	er		38c. Apt. No.	38d. Zip Code	•
INDIANA									
39. Describe How Injury Occurred						40. If Transporta	ition Injury, Specify: Passenger Pedestrian	Other (Specify)	
FOUND UNCONSCIOUS WITH SYRINGE IN ARM	Ν								

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

Specify drugs identified from toxicology results

Cause Of Death (See Instructions And Examples)										
28. Part I. Enter The <u>Chain Of Events</u> - Disease Such As Cardiac Arrest, Respiratory Arrest, Or A Line. Add Additional Lines If Necessary.					On		Interval: Onset To Death			
Immediate Cause (Final Disease Or Condition F	Resulting In Death)	A. MULTIPL	E DRUG TOXICITY	Due to (Or As A Consequence C	n)					
Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease C The Events Resulting In Death) Last		В С.		Due to (Or As A Consequence C	গ)					
				Due to (Or As A Consequence C	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 P	erformed?	X Yes	No			
				30. Were Autopsy Find	ling Available To C		-			
31. Did Tobacco Use Contribute To Death?	32. If Female:	_	_	•	33. Manner Of D					
Yes Probably No 🛛 Unknown	Not Pregnant Within Past Ye Not Pregnant, But Pregnant			gnant Within 42 Days Of Death Within The Past Year		omicide 🛛 Accide ould Not Be Determir	nt Dending Investigation ned			
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury		36. Place Of Injury (E.G., De	cedent's Home, Constructi	ion Site, Restauran	t, Wooded Area)	37. Injury At Work?			
01/06/2016	21:45	;	RESIDENCE				🗖 Yes 🛛 No			
 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 Transporta	tion Injury, Specify: Passenger Pedestrian	Other (Specify)			

...List Specific Drugs

Cause Of Death (See Instructions And Examples)										
 Part I. Enter The <u>Chain Of Events</u> - Diseas Such As Cardiac Arrest, Respiratory Arrest, Or A Line. Add Additional Lines If Necessary. 									erval: Onset Death	
Immediate Cause (Final Disease Or Condition	Resulting In Death)	A. DRUG O	VERDO	SE, FENTANYL AND	BENZODIAZEPINE Due to (Or As A Consequence					
Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease					Due to (Or As A Consequence					
The Events Resulting In Death) Last		C	Due to (Or As A Consequence Of)							
		D								
Part II. Enter Other Significant Conditions Contributing	g to Death But Not Resulting	In The Underlying	Cause G	iven In Part I	29. Was An Autopsy	Performed?	X Yes	No		
					30. Were Autopsy Fin	iding Available To Co		Of Death 2	Yes 🔲 No	
31. Did Tobacco Use Contribute To Death?	32. If Female:	_		_		33. Manner Of D		_		
🗌 Yes 🔲 Probably 🗋 No 🛛 Unknown	Not Pregnant Within Past Y			Not Pregnant, But Pre			omicide 🛛 Accide ould Not Be Determin		Investigation	
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury		36. PI	ace Of Injury (E.G., De	ecedent's Home, Construc	tion Site, Restaurant	t, Wooded Area)	37. Injury At	Work?	
10/23/2016	19:20)	BAS	EMENT				Yes	🗵 No	
38. Location Of Injury - State	38a. City Or Town		38b.	Street & Number			38c. Apt. No.	38d. Zip Cod	e	
INDIANA										
39. Describe How Injury Occurred						40. If Transporta	tion Injury, Specify: Passenger Pedestrian	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										
28. Part I. Enter The <u>Chain Of Events</u> - Diseas Such As Cardiac Arrest, Respiratory Arrest, Or A Line. Add Additional Lines If Necessary.							Interval: Onset To Death				
Immediate Cause (Final Disease Or Condition F	Resulting In Death)	A. METHAN		DUE to (Or As A Consequence (MONIA prj:		HOURS				
Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease (В.		Due to (Or As A Consequence (Of):						
The Events Resulting In Death) Last	Ener ne onderlying oadde (bloedde o'r injury machinated										
		D.									
Part II. Enter Other Significant Conditions Contributing	g to Death But Not Resulting	In The Underlying	Cause Given In Part I	29. Was An Autopsy F			No				
HYPERTENSIVE CARDIOVASCULAR DISEASE				30. Were Autopsy Find	ding Available To Co	omplete The Cause O	of Death? Xes INO				
31. Did Tobacco Use Contribute To Death?	32. If Female:				33. Manner Of D	eath:					
🗋 Yes 🔲 Probably 🗋 No 🛛 Unknown	Not Pregnant Within Past Y		e Death Vot Pregnant, But Pregnant Death Unknown if Pregnant			omicide Accider ould Not Be Determin	nt Pending Investigation				
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury		36. Place Of Injury (E.G., D				37. Injury At Work?				
							🗋 Yes 📄 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 Transportat	ion Injury, Specify: Passenger Pedestrian	Other (Specify)				

... Use accurate terms & include injury details

Cause Of Death (See Instructions And Examples) Appro											
28. Part I. Enter The <u>Chain Of Events</u> - Diseas Such As Cardiac Arrest, Respiratory Arrest, Or A Line. Add Additional Lines If Necessary.							: Onset				
Immediate Cause (Final Disease Or Condition	Resulting In Death) A.	VERDOSE, MULTIPLE [DRUG RELATED, (HERO N, F Due to (Or As A Conseq	ENTANYL AND TRAM	ADOL)						
Sequentially List Conditions, If Any, Leading T Line A. Enter The Underlying Cause (Disease	To The Cause Listed On B Or Injury That Initiated		Due to (Or As A Conseq	uence Of)							
The Events Resulting In Death) Last	C		Due to (Or As A Conseq	uence Of)							
	D										
Part II. Enter Other Significant Conditions Contributin	ng to Death But Not Resulting In The Ur	nderlying Cause Given In Pa	art I 29. Was An Auto	psy Performed?	X Yes	No					
			30. Were Autops	y Finding Available To C	omplete The Cause C	Of Death? Xes	No No				
31. Did Tobacco Use Contribute To Death?	32. If Female:			33. Manner Of D							
Yes Probably No 🛛 Unknown	Not Pregnant Within Past Year Pr Not Pregnant, But Pregnant 43 Days To 1	-	Pregnant, But Pregnant Within 42 Days Of De nown If Pregnant Within The Past Year		omicide 🛛 Accide ould Not Be Determir	nt 🔲 Pending Inves	stigation				
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury	36. Place Of Inj	ury (E.G., Decedent's Home, Con	struction Site, Restauran	t, Wooded Area)	37. Injury At Work	?				
10/29/2016	19:47	RESIDENC					× No				
38. Location Of Injury - State	38a. City Or Town	38b. Street & N	lumber		38c. Apt. No.	38d. Zip Code					
INDIANA											
39. Describe How Injury Occurred				40. If Transporta	tion Injury, Specify: Passenger Pedestrian	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)										
 Part I. Enter The <u>Chain Of Events</u> - Disease Such As Cardiac Arrest, Respiratory Arrest, Or V A Line. Add Additional Lines If Necessary. 								val: Onset)eath		
Immediate Cause (Final Disease Or Condition R	esulting In Death)	A. LIGATUR	E SUSPENSION (HANG NG)	Due to (Or As A Consequence (Dr)					
Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease C		В.		Due to (Or As A Consequence (or)					
The Events Resulting In Death) Last	n injury mat initiateu	C		Due to (Or As A Consequence (Or)					
		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 F	Performed?	Ves 🛛	No			
				30. Were Autopsy Find	ding Available To Co		f Death2	′es 🔲 No		
31. Did Tobacco Use Contribute To Death?	32. If Female:	_	_		33. Manner Of D					
Yes Probably 🛛 No 🗌 Unknown	Not Pregnant Within Past Y	ear Pregnant At Tir	me Of Death Not Pregnant, But Pregn	nant Within 42 Days Of Death		omicide 🗌 Acciden		vestigation		
	Not Pregnant, But Pregnant	43 Days To 1 year Before	Death Unknown If Pregnant Wi	Ithin The Past Year	🛛 Suicide 🗌 Co	ould Not Be Determin				
Date Of Injury (Month/Day/Year)	35. Time Of Injury		36. Place Of Injury (E.G., Dec	edent's Home, Construct	tion Site, Restaurant	, Wooded Area)	37. Injury At W	/ork?		
01/23/2016	11:55 /	AM	GARAGE OF RESID	DENCE			Yes	🛛 No		
 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 Transportat	ion Injury, Specify: Passenger Pedestrian	Other (Specify)			
HANGED HIMSELF WITH DOG LEASH SECURE	D FROM GARAGE DOC	R								

...List Events due to Mechanism

Cause Of Death (See Instructions And Examples)											
28. Part I. Enter The <u>Chain Of Events</u> - Disease Such As Cardiac Arrest, Respiratory Arrest, Or A Line. Add Additional Lines If Necessary.								Interv To De	val: Onset eath		
Immediate Cause (Final Disease Or Condition R	Resulting In Death)	A. <u>Exsan</u>	GUINATIO	N	Due to (Or As A Consequence C	or)					
Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease C		B. TRANS	ECTION O	F THORACIC A	DRTA Due to (Or As A Consequence C	or)					
The Events Resulting In Death) Last					Due to (Or As A Consequence C	or)					
		D.									
Part II. Enter Other Significant Conditions Contributing	to Death But Not Resulting	In The Underlyin	ig Cause Gi	ven in Part I	29. Was An Autopsy P	erformed?	X Yes	No			
					30. Were Autopsy Find	ding Available To Co		Of Death2	es 🗌 No		
31. Did Tobacco Use Contribute To Death?	32. If Female:					33. Manner Of D					
Yes Probably No 🛛 Unknown	Not Pregnant Within Past Ye Not Pregnant, But Pregnant.				Pregnant Within 42 Days Of Death ant Within The Past Year		omicide 🛛 Accide ould Not Be Determir		/estigation		
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury		36. Pla	ice Of Injury (E.G.,	Decedent's Home, Construct	ion Site, Restaurant	, Wooded Area)	37. Injury At Wo	ork?		
01/17/2016	03:27 F	M	HIGH	WAY				🛛 Yes	No No		
38. Location Of Injury - State	38a. City Or Town		38b. S	Street & Number			38c. Apt. No.	38d. Zip Code			
INDIANA											
39. Describe How Injury Occurred 2 VEHICLE MOTOR VEHICLE ACC DENT						40. If Transportat	tion Injury, Specify: Passenger Pedestrian	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 Instruc	ctions And Examples)			Appro	ximate
28. Part I. Enter The <u>Chain Of Events</u> - Disease Such As Cardiac Arrest, Respiratory Arrest, Or A Line. Add Additional Lines If Necessary.							Interv To De	al: Onset ath
Immediate Cause (Final Disease Or Condition F	Resulting In Death)	A. <u>SEF</u>	PSIS	Due to (Or As A Consequence	OT):			
Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease (B		Due to (Or As A Consequence	or):			
The Events Resulting In Death) Last		C		Due to (Or As A Consequence	orj:			
		D.						
Part II. Enter Other Significant Conditions Contributing	to Death But Not Resulting	n The Unde	rlying Cause Given In Par	t I 29. Was An Autopsy F	Performed?	🗆 Yes 🛛 🛛	No	
SEPSIS				30. Were Autopsy Fin	-	omplete The Cause (Of Death2	s 🔲 No
31. Did Tobacco Use Contribute To Death?	32. If Female:	_			33. Manner Of De		_	
Yes Probably No 🛛 Unknown	Not Pregnant Within Past Ye Not Pregnant, But Pregnant	—		regnant, But Pregnant Within 42 Days Of Death wm if Pregnant Within The Past Year		omicide 🔟 Accide ould Not Be Determin	ent 🔲 Pending Inv ined	estigation
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury		36. Place Of Inju	ry (E.G., Decedent's Home, Construct	tion Site, Restaurant	, Wooded Area)	37. Injury At Wo	rk?
							Yes	No No
38. Location Of Injury - State	38a. City Or Town		38b. Street & N	umber		38c. Apt. No.	38d. Zip Code	
39. Describe How Injury Occurred	1		1		40. If Transportat	ion Injury, Specify: Passenger Pedestriar	n Other (Specify)	

7. Include Details for General Causes

		Cause Of D	eath (See Instructions An	d Examples)			App	roximate
28. Part I. Enter The <u>Chain Of Events</u> - Disease Such As Cardiac Arrest, Respiratory Arrest, Or A Line. Add Additional Lines If Necessary.					e On		Inter	val: Onset)eath
Immediate Cause (Final Disease Or Condition R	Resulting In Death)	A. MYOCAR	RDIAL INFARCTION	Due to (Or As A Consequence C	X):			
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 C	DT):			
		C		Due to (Or As A Consequence C	Df):			
		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 P	erformed?	🗆 Yes 🛛 🕅	No	
				30. Were Autopsy Find	ding Available To Co		of Death?	∕es 🔲 No
31. Did Tobacco Use Contribute To Death?	32. If Female:			•	33. Manner Of De			
🗋 Yes 🔲 Probably 🖾 No 🔲 Unknown	Not Pregnant Within Past Ye Not Pregnant, But Pregnant 4	_	Ime Of Death Not Pregnant, But Pr e Death Unknown If Pregnan			omicide 🔲 Accide ould Not Be Determir		vestigation
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury		36. Place Of Injury (E.G., D	ecedent's Home, Construct	ion Site, Restaurant	, Wooded Area)	37. Injury At W	/ork?
							Yes	No 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 Transportat	ion Injury, Specify: Passenger Pedestrian	Other (Specify)	
				·				

...Such as Leading & Resulting Cause

		Cause Of	Death (See Instructions And	d Examples)			Approximate
28. Part I. Enter The <u>Chain Of Events</u> - Diseas Such As Cardiac Arrest, Respiratory Arrest, Or A Line. Add Additional Lines If Necessary.							Interval: Onse To Death
Immediate Cause (Final Disease Or Condition F	Resulting In Death)	A. <u>Hemo</u>	PERICARDIUM	Due to (Or As A Consequence (Df):		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. MYOC	MYOCARDIAL INFARCTION Due to (Or As A Consequence Of):				
		C. <u>SEVER</u>	SEVERE CORONARY ATHEROSCLEROSIS Due to (Or As A Consequence Of):				
		D.					
Part II. Enter Other Significant Conditions Contributing	to Death But Not Resulting	In The Underlyi	ng Cause Given In Part I	29. Was An Autopsy F	Performed?	🛛 Yes 🛛	No
				30. Were Autopsy Fine	ding Available To Co		
31. Did Tobacco Use Contribute To Death?	32. If Female:	_	_		33. Manner Of De		_
🗋 Yes 🛛 Probably 🗋 No 🗋 Unknown	Not Pregnant Within Past Y	_		egnant Within 42 Days Of Death Within The Past Year	Natural Ho	nt Dending Investigation ned	
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury		36. Place Of Injury (E.G., D		37. Injury At Work?		
							Yes 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 Transportat	ion Injury, Specify: Passenger Pedestrian	Other (Specify)
				·	1		

8. Specify Primary Sites

Diagnoses should include a primary site, or state unknown

		Cause Of D	eath (See Instructions And	Examples)			Approximate		
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Inter 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 R	A. CANCER	1	Due to (Or As A Consequence C	DT):		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		в	Due to (Or As A Consequence Of):						
		D.		Due to (Or As A Consequence C	ז):				
Part II. Enter Other Significant Conditions Contributing	to Death But Not Resulting		Cause Given In Part I	29. Was An Autopsy P	erformed?	Ves 🛛	No		
CANCER				30. Were Autopsy Find	-	mplete The Cause O			
31. Did Tobacco Use Contribute To Death?	32. If Female:	_			33. Manner Of De				
🔲 Yes 🔲 Probably 🔲 No 🛛 Unknown	Not Pregnant Within Past Yes Not Pregnant, But Pregnant 4			inant Within 42 Days Of Death Vithin The Past Year		omicide 🔲 Accider ould Not Be Determin	nt Dending Investigation ed		
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury		36. Place Of Injury (E.G., Dec	37. Injury At Work?					
							Yes No		
38. Location Of Injury - State	38a. City Or Town		38b. Street & Number			38c. Apt. No.	38d. Zip Code		
39. Describe How Injury Occurred	I		I		40. If Transportat	ion Injury, Specify: Passenger Pedestrian	Other (Specify)		

9. No Abbreviations

		Cause	Of Death (Se	e Instructions And	l Examples)			Apr	proximate
28. Part I. Enter The <u>Chain Of Events</u> - Diseas Such As Cardiac Arrest, Respiratory Arrest, Or A Line. Add Additional Lines If Necessary.								Inte	erval: Onset Death
Immediate Cause (Final Disease Or Condition	Resulting In Death)	A. CHF						UNK	NOWN
					Due to (Or As A Consequence (Df):			
Sequentially List Conditions, If Any, Leading T		B			Due to (Or As A Consequence (~			
Line A. Enter The Underlying Cause (Disease Or Injury That Initiated					Due to (Of As A consequence)	orj.			
The Events Resulting In Death) Last		C			Due to (Or As A Consequence	ofi:			
		-			(
		D							
Part II. Enter Other Significant Conditions Contributing	g to Death But Not Resulting	In The Under	ying Cause Gi	ven In Part I	29. Was An Autopsy F	Performed?	🗆 Yes 🛛 🛛	No	
					30. Were Autopsy Find	ding Available To Co	omplete The Cause C	Of Death?	Yes 🔲 No
31. Did Tobacco Use Contribute To Death?	32. If Female:				•	33. Manner Of D	eath:		
Yes Probably X No Unknown	Not Pregnant Within Past Ye	Not Pregnant Within Past Year 🔹 Pregnant At Time Of Death 📄 Not Pregnant, But Pregnant Within 42 Days Of Death 🔯 Natural 🗋 Homicide 🗋 Accident 🛄 P						nt 🗌 Pending	Investigation
	Not Pregnant, But Pregnant	43 Days To 1 year Before Death Unknown If Pregnant Within The Past Year				Suicide Could Not Be Determined			
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury		36. Pla	ce Of Injury (E.G., De	(E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)				Work?
								Yes	No No
38. Location Of Injury - State	38a. City Or Town		38b. S	treet & Number			38c. Apt. No.	38d. Zip Cod	e
20. Describe Hamilting Oceaned						10. KT	ing this and the state		
39. Describe How Injury Occurred						40. If Transportal	tion Injury, Specify: Passenger Pedestrian	Other (Specify)	
					•	1			

10. Check Spelling

		Cause Of D	eath (See Instructions And	Examples)			Appro	ximate
28. Part I. Enter The <u>Chain Of Events</u> - Diseas Such As Cardiac Arrest, Respiratory Arrest, Or A Line. Add Additional Lines If Necessary.								al: Onset
Immediate Cause (Final Disease Or Condition	Resulting In Death)	A. EXSANN	EXSANNGUINATION FROOM CUTS TO NECK AND WRIST Due to (Or As A Consequence Of)					ES
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated		В		Due to (Or As A Consequence (Of)			
The Events Resulting In Death) Last	C		Due to (Or As A Consequence	or)				
		D.						
Part II. Enter Other Significant Conditions Contributing	g to Death But Not Resulting	In The Underlying	Cause Given In Part I	29. Was An Autopsy F	Performed?	X Yes	No	
				30. Were Autopsy Fin	ding Available To Co		Of Death 2	es 🔲 No
31. Did Tobacco Use Contribute To Death?	32. If Female:	_	_		33. Manner Of De		-	
🗖 Yes 📘 Probably 🛛 No 🗖 Unknown	Not Pregnant Within Past Ye Not Pregnant, But Pregnant		Ime Of Death Not Pregnant, But Preg e Death Unknown If Pregnant V			omicide 🔲 Accide ould Not Be Determin		estigation
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury		36. Place Of Injury (E.G., De	cedent's Home, Construct	tion Site, Restaurant	, Wooded Area)	37. Injury At Wo	rk?
02/02/2016	Unknov	wn	TRUCK STOP				Yes	🛛 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 Transportat	ion Injury, Specify: Passenger Pedestrian	Other (Specify)	
CUTS TO NECK AND WRIST								

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 D	eath (S	ee Instructions And	Examples)			Apr	proximate
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.									erval: Onset Death
Immediate Cause (Final Disease Or Condition	A. ASPHYX	ASPHYXIA Due to (Or As A Consequence Of)						JTES	
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	HANGING Due to (Or As A Consequence Of)						
		C			Due to (Or As A Consequence (or)			
	D								
Part II. Enter Other Significant Conditions Contributin	g to Death But Not Resulting I	In The Underlying	Cause G	iven In Part I	29. Was An Autopsy F	erformed?	🗌 Yes 🛛 🕅	No	
NO					30. Were Autopsy Find	-	omplete The Cause C	Of Death2	Yes 🔲 No
31. Did Tobacco Use Contribute To Death?	32. If Female:	_		_		33. Manner Of D		_	
🗌 Yes 🔲 Probably 🗋 No 🖾 Unknown	Not Pregnant Within Past Yea Not Pregnant, But Pregnant 4			Not Pregnant, But Preg		Natural H		Investigation	
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury		36. Pl	ace Of Injury (E.G., De	(E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) 37.				Nork?
01/26/2016	00:01		HON	IE				Yes	🛛 No
38. Location Of Injury - State	38a. City Or Town		38b.	Street & Number			38c. Apt. No.	38d. Zip Cod	e
INDIANA									
39. Describe How Injury Occurred						40. If Transporta	tion Injury, Specify: Passenger Pedestrian	Other (Specify)	
HANG NG									

...Leave the field Blank

		Cause C)f Death (S	See Instructions A	nd Examples)			App	oximate
 Part I. Enter The <u>Chain Of Events</u> - Disea Such As Cardiac Arrest, Respiratory Arrest, O A Line. Add Additional Lines If Necessary. 								Inter	val: Onset)eath
Immediate Cause (Final Disease Or Condition	Resulting In Death)	A. EXSA	EXSANGUINATION						
					Due to (Or As A Consequence (of)			
Sequentially List Conditions, If Any, Leading To The Cause Listed On		B. TRAN	SECTION	OF THORACIC AC					
Line A. Enter The Underlying Cause (Disease	Line A. Enter The Underlying Cause (Disease Or Injury That Initiated		Due to (Or As A Consequence Of)						
The Events Resulting In Death) Last		C. MOTO	MOTOR VEHICLE ACC DENT						
					Due to (Or As A Consequence (0)			
		D							
Part II. Enter Other Significant Conditions Contributin	ng to Death But Not Resulting	In The Underly	ing Cause (Given In Part I	29. Was An Autopsy F	Performed?	🛛 Yes	No	
					30. Were Autopsy Fine	ding Available To C		Of Dooth2	′es 🗌 No
31. Did Tobacco Use Contribute To Death?	32. If Female:				•	33. Manner Of E			
Yes Probably No 🛛 Unknown		Not Pregnant Within Past Year 🏾 Pregnant At Time Of Death 🗋 Not Pregnant, But Pregnant Within 42 Days Of Death 🗌 Natural 🗌 Hornicide 🖾 Accident						vestigation	
	Not Pregnant, But Pregnant	43 Days To 1 year B				Suicide 0			
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury		36. F	lace Of Injury (E.G.,	Decedent's Home, Construct	ecedent's Home, Construction Site, Restaurant, Wooded Area) 37. I			
01/17/2016	03:27 F	PM	HIG	HWAY				🛛 Yes	No 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 Transporta	tion Injury, Specify:		
2 VEHICLE MOTOR VEHICLE ACC DENT									
						-			

Resources

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

- -Training Documents
- -User Guidance

Vital Records Helpdesk (317) 233-7989