

The Certificate of Death (VS 11)

Overview Each death shall be registered with the local registrar in the district in which the death was officially pronounced or the body was found within eight days after the death and prior to any disposition. This section provides information on using the Electronic Death Registration System (EDRS) to complete the death certificate and the registration process.

REFERENCE: Health and Safety Code Section 102775

In this section

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Registration of Deaths

Importance of death registration

A death certificate is a permanent record of the fact of death for an individual. It provides important personal information about the decedent and about the circumstances and cause of death. Information from death records serves several important legal and statistical uses described below.

Legal uses

Upon registration by the local and state registrar, the death certificate becomes the State's legal record of that event and is prima facie evidence in all courts.

Additionally, the death certificate is used to:

- apply for insurance benefits
- settle pension claims, and
- verify transfer of title and personal property

REFERENCE: Health and Safety Code Section 103550

Statistical uses

Information from death certificate helps to define problems and measure the results of many aspects of public health work. This data is part of a necessary foundation used to evaluate the effectiveness of public health programs.

Medical and health research

In general, death statistics are of considerable value to the many health-related professionals in medical and health research

Areas of interest and study include:

an increase and/or decrease in the number of deaths
geographic distribution of deaths from certain diseases
risk of death from various causes at different ages
medical implications of the combinations of morbid conditions causing death
frequency of autopsies, and
proportion of deaths occurring in hospitals or nursing homes

Responsibilities of the Funeral Director, Physician, and Coroner

Responsibilities for death registration

The responsibilities of the funeral director, physician, and the county coroner/medical examiner in the registration of deaths are defined in this section.

Responsibilities of the funeral director

The funeral director, or person acting in lieu of, is responsible for the duties described below:

- Obtains the decedent's personal data from the informant (the person available to supply this information (see H&SC Sec. 7100 for more information)
- Completes all items on the certificate (a certificate is not complete or correct that does not supply all of the items of information or satisfactorily account for their omission)
- Notifies the coroner of any death that is required by law to be reported (see instructions for Field 108 or H&SC Sec. 102850 and GC Sec. 27491 for more information)
- Secures the physician or coroner's/medical examiner's certification signature on the cause of death section as appropriate
- Reviews the certificate for completeness and accuracy
- Files the certificate with the local registrar within eight days of the date of death and obtains a permit for final disposition
- Cooperates with state or local registrars concerning queries on certificate entries

REFERENCE: Health and Safety Code Sections 102135, 102780, 102790, 102850, 103785, GC Sec. 27491

Peace Officer killed in the line of duty

When a peace officer is killed in the line of duty, the law requires special processing to process the death certificate with exceptional speed. Extra measures to communicate with the informant, coroner/medical examiner and local registrar to complete the certificate timely.

REFERENCE: All County Letter 03-25

Responsibilities of the physician

The physician in attendance shall within 15 hours after the death, state on the *Certificate of Death* (VS 11):

- the time of death
- the direct causes of death
- the conditions, if any, that gave rise to these causes, and
- other medical and health section data required on the certificate
- if appropriate, the existence of cancer

The physician or physician's office should be contacted to obtain the information necessary to complete the medical portion of the certificate. Verify the identity of the decedent.

Responsibilities of the Funeral Director, Physician, and Coroner, Continued

Electronic signature Obtain from the physician his or her preference for electronically signing the certificate once the information is entered. Options are to have EDRS send the physician an official fax copy for signature, or to establish an electronic voice record the physician can use to telephonically record his verification of the death record.

Note re manual signatures If neither of these is acceptable to the physician, the EDRS can print a copy for manual signature, but this process consumes additional time, and requires the funeral director to relay the certificate to the physician, and then manually file the certificate with the local registrar.

In attendance In attendance means the existence of the relationship whereby a health care provider renders those services which are authorized by the health care provider's licensure or certification.

REFERENCE: California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 1, Article 1, number 16

EDRS Entry The information from the physician should then be entered into the EDRS. Once the information is entered, use the EDRS to electronically send the certificate to the physician

Physician's Attestation/ Certification

The following rules apply to the physician's signature on a death certificate:

- Under no circumstances may a physician sign a blank certificate. EDRS will not allow a physician to attest to a blank certificate
licensed California physicians may attest or sign the certificate
California medical residents *pending* receipt of their medical licenses and interns *may not attest or sign* death certificates
 - Federally employed physicians, state civil service physicians, shipboard physicians on the high seas, and county hospital physicians who are licensed out-of-state are considered *provisionally* licensed to legally sign a California death certificate.
 - If an out-of-state physician has attended the decedent *in the 20 days before death*, and the death is not otherwise a coroner's case, the physician has the authority to sign the death certificate. The decedent need not have died in the federal, state or county facility, or on federal, state or county property.
 - It is appropriate for a certifier to provide the necessary details regarding the death certificate to another person, such as a secretary, medical records clerk, funeral director, etc., and to empower that person to enter the medical data into EDRS according to the certifier's instructions. The physician subsequently must attest the accuracy of the entries either via the EDRS fax attestation or voice attestation method, or by personally reviewing and signing the death certificate.
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Responsibilities of the Funeral Director, Physician, and Coroner, Continued

Shipboard Physicians

Shipboard physicians may sign a California death certificate, provided *all* of the following conditions are met:

- The decedent dies after disembarking, but within 20 days of attendance by the shipboard physician
 - The physician is licensed in another state or country with laws and standards for shipboard physicians similar to those of the United States, such determination being at the discretion of the county coroner/medical examiner of the jurisdiction in which the decedent was first removed from aboard ship (first port of call)
 - The physician was the last physician in attendance on the decedent within the 20 days before death
 - The case is not otherwise a coroner's/medical examiner's case. If the coroner/medical examiner determines the shipboard physician has adequate knowledge to determine the cause of death the coroner/medical examiner may authorize the shipboard physician to sign the California death certificate.
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Responsibilities of the coroner/ medical examiner

The coroner/medical examiner shall within three days after examining the body state and certify the following information on the Certificate of Death (VS 11):

- the date, time, and place of death
 - the direct causes of the death
 - the conditions, if any, that gave rise to these causes, and
 - other medical and health section data required on the certificate
 - if appropriate, the existence of cancer
-

Coroner/ medical examiner investigation authority

The coroner/medical examiner investigates cases under his or her jurisdiction in which death occurred under any of the following circumstances:

- without medical attendance
- during the continued absence of the attending physician and surgeon
- when the attending physician is unable to state the cause of death
- where suicide is suspected
- following an injury or an accident
- under circumstances as to afford a reasonable ground to suspect the death was caused at the hand of another

REFERENCE: Health and Safety Code Section 102850, Government Code Section 27491

Responsibilities of the Funeral Director, Physician, and Coroner, Continued

Coroner's/ medical examiner's attestation/ certification

The coroner/medical examiner shall attest/sign the death certificate under the following criteria:

- if the attending physician is unable to state the underlying cause of death
- if death is due to an external cause
- if no physician was in attendance
- if the attending or assistant physician is not available to sign
- if Field 26 (Informant) on the death certificate states "Under Investigation"

When the coroner/ medical examiner is required to sign

The coroner may authorize the physician to attest to or sign the certificate

The coroner/medical examiner shall notify the funeral director when the certificate has been electronically signed by the coroner/medical examiner in EDRS, or, if manually processed, shall deliver the certificate to the funeral director.

REFERENCE: Health and Safety Code Section 102860

Physician and Coroner/ medical examiner both attest/sign

There may be cases where the physician certifier has completed the medical and health section data and Fields 114 through 118, and the coroner/medical examiner subsequently assumes jurisdiction over the death. Under these circumstances, the coroner may sign the certificate and add information previously left blank without the need to prepare a new certificate.

Responsibilities of the Funeral Director, Physician, and Coroner, Continued

Deaths to be reported to the coroner/medical examiner

Deaths due to the following must be referred to the coroner's/medical examiner's office:

- violent, sudden or unusual
- unattended
- the deceased has not been attended by a physician in the 20 days prior to death
- known or suspected homicide, suicide, or accidental poisoning
- known or suspected in whole or in part to be from or related to an accident or injury (either old or recent)
- deaths due to drowning, fire, hanging, gunshot, stabbing, cutting, exposure, starvation, acute alcoholism, drug addiction, strangulation, aspiration, or where the suspected cause of death is sudden infant death syndrome (not including aspiration pneumonia)
- death in whole or in part occasioned by criminal means
- deaths associated with a known or alleged rape or crime against nature
- deaths in prison or while under sentence
- deaths known or suspected as due to contagious disease and constituting a public hazard
- deaths from occupational diseases or occupational hazards
- deaths of patients in state mental hospitals serving the developmentally disabled and operated by the State Department of Mental Health
- deaths under such circumstances as to afford a reasonable ground to suspect the death was caused by the criminal act of another

REFERENCE: Government Code Section 27491

Additional coroner/medical examiner criteria

Individual county coroners/medical examiners may require that deaths occurring under other circumstances also be reported to the coroner's/medical examiner's office. Please contact the coroner of the county having jurisdiction over the death for additional information.

If the death has not been reported to the coroner/medical examiner

When the information on the certificate or known to exist by the funeral director indicates the death might be a coroner's case and it has not been referred to the coroner/medical examiner, it is the responsibility of the funeral director, physician, surgeon, physician assistant, or other person, including the local registrar to notify the coroner/medical examiner and confirm the coroner's/medical examiner's clearance for the physician to complete the medical certification.

REFERENCE: Health and Safety Code Section 102850

Responsibilities of the Funeral Director, Physician, and Coroner, Continued

No coroner/ medical examiner involvement in military deaths

Attorney General's opinion (1 Ops. Cal. Atty. Gen. 176, page 182, 1943) states specifically when the coroner should and should not become involved:

“...it is the opinion of this office that the county coroner may not act with reference to unnatural deaths occurring within military reservations under the exclusive jurisdiction of the federal government, deaths occurring in the line of duty of military personnel or where his activity will impede or hamper military operations. In case of deaths occurring under other circumstances, the coroner should exercise the authority of this office.”

Requirements for Completing the Death Certificate

Persons completing the form

All physicians, informants, and other persons having knowledge of the facts shall supply upon the prescribed forms any information they possess regarding any death. The certificate form shall be completed in accordance with the requirements set forth in the Health and Safety Code.

REFERENCE: Health and Safety Code Sections 102135, 102875

English Only

The form is to be completed using the 26 alphabetical characters of the English language.

REFERENCE: Constitution of California, Article 3, Section 6 and Government Code Section 8

Appropriate punctuation

Appropriate punctuation should be used for all entries. Examples of appropriate punctuation for purposes of vital records are as follows:

- hyphens such as "Smith-Jones"
- apostrophe as in "O'Hare"
- period as used with "Jr."

NOTE:

Abbreviations may or may not include a period. Certificates should not be rejected if the period is not at the end of an abbreviation. For example, Unk. or Unk would both be acceptable entries.

In general, EDRS will not accept punctuation or other characters not permitted in vital record registration.

Standard requirements for completing name fields

The standard requirements for completing the name fields are:

- enter the legal name in each appropriate field
 - do not enter titles such as Father, Sister, Lieutenant, Colonel, etc
 - only one line of information is allowed in each field
 - multiple names in the name fields may not be stacked
 - do not leave name fields blank. Enter a dash (-) as appropriate.
-

Unacceptable entries

EDRS will generally not accept unallowable entries. However, you should note that unacceptable entries include the following:

- pictographs – a picture, e.g., ☺
 - ideograms - a picture or symbol that represents a thing or idea
 - a title or facetious remark, e.g. Esq., human being
 - diacritical marks - any of various marks added to a letter to indicate its
 - pronunciation or to distinguish it in some way, for example è, ë, ĩ, ñ.
-

Requirements for Completing the Death Certificate, Continued

Proper printing

EDRS will set the proper font. However, you must be sure to use EDRS compatible Laser printers using the black/white setting. Ink printers are not acceptable. Color printing is not acceptable.

When printing official copies or Drop to Paper copies for hand signatures, you must use the official paper supplied by the State and distributed by the Local Registrars.

When printing working copies, you may use regular paper.

No alterations on a printed copy

No erasures, whiteout, or alterations of any kind are allowed on the printed certificate. Corrections may be made prior to submission (or printing certificates for hand signatures) within EDRS. If errors are discovered prior to submission for registration, return to EDRS and correct the errors. If the certificate has been submitted for registration but has not yet been registered, contact your local registrar. If it has been registered, an amendment will be necessary to correct the error.

REFERENCE: Health and Safety Code Section 102140

Use of "Pending"

An entry of "Pending" in one or more fields is only acceptable for coroner cases, at the direction of the coroner.

Eight day calculation

Each death must be registered within eight (8) days following the date of death and prior to disposition. The eight-day filing mandate is calculated by excluding the date of death and counting each day thereafter unless the eighth day falls on a Sunday or county holiday, at which time the ninth day would be the final day the death must be registered. Saturday is not treated in statute as a holiday.

REFERENCE: Government Code Sections 6700, 6701, and 6800.

Issuing a permit

A permit for disposition shall be issued only when an acceptable death certificate has been registered.

Stacking entries

EDRS controls which fields accept "stacking entries" where more than one line of text is allowed. This is done to assure the information provided is legible, unambiguous, reproducible and contained within the appropriate field area.

Decedent's Personal Data (Fields 1-19)

General Information (Fields 1-19)

The *Decedent Personal Data* section contains Fields 1 through 19. The collection of this information is authorized in statute. Following are the specific instructions for completing these fields.

REFERENCE: Health and Safety Code Section 102875

1, 2, & 3 Name of Decedent

Enter the decedent's legal name in each appropriate field. Legal names for purposes of vital event records are those acquired through birth, adoption, naturalization, court-ordered name change, marriage or consistent use on official U.S or State documents. The names must be printed in the available space on the official Certificate of Death Form; in the case of very long or hyphenated names it may be necessary to shorten the name to fit the available space. In this case, when the Certificate is completed, create an Affidavit to Amend a Record (VS 24e) to show the full name(s).

- 1 First (Given)
- 2 Middle
- 3 Last (Family)

NOTE: In some cases, the decedent may have more than one "legal" name. This most often occurs with individuals born in another country. The name to be entered in Fields 1 through 3 is the name that was used to verify the Social Security Number. If there was no Social Security Number verification, then use the name used for official purposes in the United States, for example for a drivers license, tax purposes, voter registration, etc. If there is another legal name, it should be placed in the AKA (Also Known As) fields.

The table on the next page provides additional guidance.

Decedent's Personal Data (Fields 1-19), Continued

What to do if...

The table below provides additional information for completing Fields 1 through 3.

If the decedent...	Then...
has only one name	enter dashes in Field 1 and Field 2 and the name in Field 3.
has no middle name or first name	enter a dash (-) in the appropriate field.
has a hyphenated name	enter the complete name in the appropriate field, space permitting. If additional space is needed, then submit an <i>Affidavit to Amend a Record</i> (VS 24).
has long or multiple names and additional space is necessary	enter as many characters as permitted by available space. If additional space is needed, then submit an <i>Affidavit to Amend a Record</i> (VS 24).
has not been identified	<p>the coroner/medical examiner will enter <i>John Doe</i> (Field 1 and Field 3) or <i>Jane Doe</i> (Field 1 and Field 3) and a dash in the middle name field (Field 2).</p> <p>A number, e.g., <i>John Doe No. 2</i> may be used if it is the coroner/medical examiner's policy. NOTE: EDRS will not accept a # sign.</p> <p>Do not enter Unknown or Unidentified Male, or Unidentified Female.</p>
is known by an AKA (also known as)	enter only the legal name in Fields 1, 2, and 3. See the AKA help screen for information on entering AKAs.
is a newborn	The name as it appears on the certificate of birth should be entered on the death certificate. However, if the parents request a different name be placed on the death certificate, list the birth certificate name as an AKA.
is an unnamed newborn	enter dashes for Fields 1 and 2 and the last name of the father, if available, or the mother in Field 3.

Decedent's Personal Data (Fields 1-19), Continued

AKA Also Known As

Enter any AKA's as provided by the informant in the box appropriately titled.

If the decedent does not have an AKA, the box may remain blank.

Example

If the decedent's name is John Anthony Harris (first, middle, and last names) and he has an AKA first name of Red, enter the information in the AKA box as Red Anthony Harris.

If the decedent's name is Elizabeth Mary Jones (first, middle and last names) and she has an AKA of Betty Jones-Harris, enter the information in the AKA box as Betty Mary Jones-Harris.

4 Date of Birth

Enter the date of birth of the decedent in numeric date (MM/DD/CCYY) format. Do not leave blank.

NOTE: EDRS uses the Date of Birth and the Date of Death information to automatically calculate age. However, if the date of death is "**found**", the estimated age in years must be manually entered into the system in Field 5.

Example

Format: MM/DD/CCYY

Example: 12/15/1928

NOTE: If a part of the date is not known, use double dashes for an unknown day, and double dashes for an unknown month. See the examples below.

What to do if...

If...	Then enter...
the day of birth is unknown	dashes for the day, i.e., 12/--/1925.
the month and day of birth are unknown	dashes for the month and day, i.e., --/--/1925.
no information is available	UNK

5 Age Years

Enter the age in years at the time of death. If the age is under one year this field may be left blank, contain a dash(-), or contain a zero (0).

What to do if...

The table below provides additional information for completing Item 5.

If...	Then enter...
under one year	the age in months and days under the If Under 1 Year column.
under 24 hours	the age in hours and minutes.
unknown	UNK

Decedent's Personal Data (Fields 1-19), Continued

**6
Sex** Enter Male or Female as appropriate.

Acceptable entries Using the dropdown list, select from the following:

- M (for male)
- F (for female)
- U (for unknown if a determination of the decedent's sex is not possible)

**7
Date of Death** Enter the date of death certified by the physician or coroner in numeric format.

Do not use dashes to separate the month, day, and year.

If the date of death is not known, enter the date the body was found and the abbreviation FND. in Item 7.

Example Format: MM/DD/CCYY
Example: 12/15/1999
use only slashes to separate the month, day, and year

**8
Hour** Enter the 24-hour military clock time that the physician or coroner/medical examiner certifies as the time of death. If the decedent was found (FND entered in Field 7) and the hour of death is not identified, enter UNK.

Example 4:16 p.m. is entered as 1616.

Regular Clock	24-Hour Clock	Regular Clock	24-Hour Clock
12:00 a.m.	0	12:00 noon	1200
1:00	100	1:00 p.m.	1300
2:00	200	2:00	1400
3:00	300	3:00	1500
4:00	400	4:00	1600
5:00	500	5:00	1700
6:00 a.m.	600	6:00 p.m.	1800
7:00	700	7:00	1900
8:00	800	8:00	2000
9:00	900	9:00	2100
10:00	1000	10:00	2200
11:00	1100	11:00	2300
		11:59	2359

Decedent's Personal Data (Fields 1-19), Continued**9
Birth
State/Foreign
Country**

Click on the magnifying glass to bring up the search browser, or, using the table below, enter the two-letter abbreviation for the state in which the decedent was born. If the decedent was born outside the United States, use one of the standard country abbreviations provided in the table below. If the decedent was born in a country not listed in the table, enter the full name of the country (up to nine characters), or the first nine characters of the country name (for countries with names longer than nine characters).

STANDARD STATE AND SELECTED FOREIGN COUNTRY ABBREVIATIONS			
State		State	
Alabama...	AL	New York...	NY
Alaska...	AK	North Carolina	NC
Arizona...	AZ	North Dakota...	ND
Arkansas...	AR	Ohio...	OH
California...	CA	Oklahoma...	OK
Colorado...	CO	Oregon...	OR
Connecticut...	CT	Pennsylvania...	PA
Delaware...	DE	Rhode Island...	RI
District of Columbia	DC	South Carolina...	SC
Florida...	FL	South Dakota...	SD
Georgia...	GA	Tennessee...	TN
Hawaii...	HI	Texas...	TX
Idaho...	ID	Utah...	UT
Illinois...	IL	Vermont...	VT
Indiana...	IN	Virginia...	VA
Iowa...	IA	Washington...	WA
Kansas...	KS	West Virginia...	WV
Kentucky...	KY	Wisconsin...	WI
Louisiana...	LA	Wyoming...	WY
Maine...	ME		
Maryland...	MD	Country	
Massachusetts	MA		
Michigan...	MI	Canada...	CN
Minnesota...	MN	China...	CH
Mississippi...	MS	Cuba...	CU
Missouri...	MO	Guam...	GU
Montana...	MT	Japan...	JA
Nebraska...	NE	Mexico...	MX
Nevada...	NV	Philippine Islands...	PI
New Hampshire	NH	Puerto Rico...	PR
New Jersey...	NJ	Vietnam...	VN
New Mexico...	NM	Virgin Islands...	VI
Enter the full name of other foreign countries (up to nine characters) or use the first 9 characters of the country's name.			

Decedent's Personal Data (Fields 1-19), Continued

What to do if...

The table below provides additional information for completing Item 9.

If ...	Then enter...
the decedent was born in a foreign country, but the country is unknown	FRN-UNK
the decedent was born on the high seas	FRN-UNK
the decedent was born in the U.S.A., but the State is unknown	USA-UNK
no information is available	UNK

10 Social Security Number

Carefully enter the decedent's United States nine-digit Social Security Number (SSN), without the dashes that separate the segments. Make sure the decedent's name, date of birth and sex are correct. Select "Request SSN Verification" from the Record Options Drop-Down List on the left side to open the verification form. Select "Yes" to confirm you have the authority to verify the SSN and then select "Continue." The Decedent folder will open, and the Status will start with "Pending", and the First Name, Last Name, Date of Birth, Sex and SSN will lock.

When a response is received from the SSA, the status will update and tell you if the verification passed or failed. To view the status, select the "Status Link or go to the Decedent Folder." If the verification failed, examine your entries and/or contact the Informant to attempt to obtain the correct information. Correct any entries on the death certificate, and then re-request SSN verification. You are allowed a maximum of 5 attempts for SSN verification.

NOTE: You do not have to wait for "Passed" to continue with completing and registering the certificate. Also, a certificate with a "pending" or "failed" SSN number verification may still be submitted for registration and registered.

If the SSN is unknown (UNK) or there is no SSN (NONE), SSN verification validations will display a SSN red error message. However, within EDRS, both UNK and NONE are acceptable entries and will not display a red EDRS error message or prevent you from continuing the registration process.

SPECIAL CAUTION: Once the Certificate has been filed with a validated SSN, any subsequent change to the SSN requires a special manual amendment process in Sacramento by the State.

What to do if...

The table below provides additional instructions for completing Field 10.

NOTE: CA-EDRS runs validations for the entries in this field on behalf of the Social Security Administration. If an error message occurs, go to http://www.edrs.us/edrs/documents/ssn_verification.pdf for more information.

If...	Then enter...
the decedent did not have a SSN issued by the United States	NONE
the number is unknown	UNK

Decedent's Personal Data (Fields 1-19), Continued

Unacceptable entries for SSN

Identification numbers such as health insurance claim numbers and Medicare numbers are not acceptable. International SSNs are not acceptable.

No alphabetical prefixes or suffixes should be entered with the SSN.

NOTE: Entering NONE or UNK will cause a "red" SSN error message during the SSN validation process, but will not prevent EDRS from completing and registering the record.

11 Ever in U.S. Armed Forces

From the dropdown list, select the information appropriate for the decedent.

If the decedent was in armed forces other than those of the United States, select the NO option.

If the information is not known, select UNK.

12 Marital status*

From the dropdown list, enter the marital status at the time of death.

Acceptable entries

Acceptable entries include:

- NEVER MARRIED
- MARRIED
- WIDOWED
- DIVORCED
- MARRIED/WID (in the case of a simultaneous death of the spouses)
- SRDP (in the case of a State-Registered Domestic Partner)
- SRDP SURV (in the case of a surviving SRDP)
- SRDP/SURV (in the case of a simultaneous death of the partners)
- UNKNOWN (if absolutely no information is available)

* Follow the Married rules for same sex legally married couples.

** The California Domestic Partner Rights and Responsibilities Act applies to partners who are members of the same sex, and to partners who are of opposite sexes when one or both of the partners are over 62 years of age. Other criteria for domestic partners are contained in Family Code section 297.

Decedent's Personal Data (Fields 1-19), Continued

13 Education – Highest Level/Degree Use the worksheet (or copy of the worksheet) located on the back of the Certificate of Death to gather information that best describes the highest degree or level of school completed at the time of death. Enter the education information on the front of the certificate

What to do if... The table below provides additional information for completing Field 13.

If the decedent...	Then...
did not complete one full year of formal education	select 0.
completed grades, 1, 2, 3...11	select the highest grade completed.
completed 12 th grade, but did not receive a diploma	select 12TH GRADE WITH NO DIPLOMA.
completed the GED (General Equivalency Diploma)	select GED.
completed high school	select HIGH SCHOOL DIPLOMA
Attended College but did not receive a degree	select SOME COLLEGE
received an Associate degree (e.g., AA, AS)	select ASSOCIATE'S DEGREE.
received a Bachelor's degree (e.g., BA, AB, BS)	select BACHELOR'S DEGREE.
received a Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)	select MASTER'S DEGREE.
received a Doctorate (e.g., PhD, EdD)	select DOCTORATE DEGREE
received a Professional degree (e.g., MD, DDS, DVM, LLB, JD)	select PROFESSIONAL DEGREE.
attended a specialty school such as a beauty, barber, business or technical school	do not include in the number of school years completed.
was educated outside the U.S.A.	identify and enter the number of years school was attended in comparison to U.S.A. education.
no information is available	select UNKNOWN.

Decedent's Personal Data (Fields 1-19), Continued

14 and 15 Was Decedent Spanish/ Hispanic/ Latino?

Instruct the informant to check the appropriate circle on the worksheet and to specify the decedent's Spanish/Hispanic/Latino origin or descent. The informant should write in information about the decedent's country of origin or ancestry, or may enter "Unknown" if the information is not known. Transfer the information from the worksheet to Fields 14 and 15 in EDRS. Click on the magnifying glass to bring up the search browser to make the selection.

If the worksheet was not completed, and if the decedent was of Hispanic/Latino/Spanish descent select the YES option, and specify the country from which the decedent or his/her family originally came. (for example Mexico, Guatemala, Nicaragua, Argentina).

The table below provides additional information for completing Item 14/15.

If the decedent is...	Then instruct the informant to...
not of Spanish/Hispanic/ Latino origin or descent	Select No
of Spanish/Hispanic/Latino origin or descent	Select Yes – and specify the decedent's origin or descent.
of more than one Spanish/ Hispanic/Latino origin or descent	Select Yes – and list the Spanish/ Hispanic/Latino countries of origin or descent separated by a comma. Check to see that the entries will fit in the space provided. Approximately 49 characters will fit.

Acceptable entry

Abbreviations are acceptable. If no information is available, enter UNKNOWN or UNK in Item 14/15.

Decedent's Personal Data (Fields 1-19), Continued

16 Decedent's Race

Instruct the informant to use the worksheet to select the decedent's race. The informant may select up to three races. Next to the race selected he or she may write in the race information desired to be printed on the certificate.

Example: The informant selects "American Indian" from the list, and then writes in "Navajo" in the space to the right of the selection.

To enter this information into Field 16:

1. Click on the dropdown button to the left of the 1st Race box. This will drop down a list of the major categories of races (those printed in **bold** on the worksheet).
2. Select the appropriate Race category (in this example American Indian or Alaskan Native) and click on it. This will open the race choices available under this Race category.
3. Click on the circle that matches the informant's selection on the worksheet. The selection will automatically be typed into the "printing box" at the bottom of the dropdown screen. In this example, "American Indian" will be in the "printing box."
4. Since this informant wrote in "Navajo" in the space provided, click on the magnifying glass to the right of the print box and the search window will open. Type in the first few letters of "Navajo" and click on search. Since there are two common spellings of Navajo, pick the one chosen by the informant and click on it. The search window will automatically close and the selection will automatically be placed in the "print box" and will be printed on the certificate.
5. Click on Save at the bottom of the dropdown window to save your selection.
6. Repeat the above steps as needed to enter a second or third race. The second race must be entered before the third race is entered.

Alternative for step 4:

You can directly type into the "print box" instead of using the magnifying glass and browser, if you are sure of the spelling of the entry.

Information entered for race may be truncated as necessary to fit in the space provided.

What to do if...

The table below provides additional information for completing Field 16.

If...	Then instruct the informant to...
none of the categories on the work sheet apply	select the race category "Unknown or Other", then select the "Other" circle. If the informant has written a race in the space provided on the worksheet, clear the word "Other" from the print box and type in the entry the informant has provided as space allows. Truncation is permitted; however, remember that whatever is entered in this space will print on the death certificate.
no information is available	select the race category "Unknown or Other", then select the Unknown circle.
you make a mistake and enter the wrong race	simply click on the correct race, and then click on the correct subcategory. This will change the race, and change the entry in the "print box."
you make a mistake and enter a second or third race when none should have been selected	simply click on the "Race not yet entered" circle at the top of the entry box. This will unselect the race and clear the print box.

Decedent's Personal Data (Fields 1-19), Continued

17 Usual Occupation

Click on the magnifying glass to bring up the search browser or enter the decedent's occupation; the work he or she did for the longest period of time. Provide the information exactly as stated by the informant, as specifically as possible. Avoid derogatory or nonsensical entries. Do not enter Retired.

What to do if...

The table below provides examples of possible entries for Field 17. Refer to Appendix B for additional sample occupations.

If the decedent...	Then specify type...
was a doctor	physician, dentist, veterinarian, chiropractor, etc.
worked in data processing	computer programmer, key data operator, etc.
was a nurse	registered nurse, nurse-midwife, nurse's aide, nurse practitioner, etc.
was a farm worker	farmer, farm hand, farm supervisor, fruit picker, migratory farm hand, etc.
was a business owner	enter owner
was a student	enter Student.
was an infant or child	enter Infant or Child.

Acceptable entries

- Unknown or UNK is an acceptable entry if no information is available.
- Infant is an acceptable entry for children age 12 months or less.
- Child is an acceptable entry for children age 13 months or over.
- Abbreviations are acceptable.

NOTE:

The above recommendations are intended as guidelines only and should be used as such. Certificates should not be rejected based on this entry alone.

Decedent's Personal Data (Fields 1-19), Continued

18 Kind of business or industry

Click on the magnifying glass to bring up the search browser or enter the decedent's specific kind of business or industry corresponding with the occupation reported in Field 17. Provide the information exactly as stated by the informant, as specifically as possible.

The description should indicate clearly and specifically the kind of business or industry where the decedent was employed. Avoid derogatory names.

Abbreviations are acceptable

Enter UNK if no information is available.

Examples of appropriate entries

The table below provides examples of possible entries for Field 18. Refer to Appendix C for additional information on the business/industry field.

If the business or industry is...	Then specify...
mining	copper mine, etc.
retail	bookstore, card store, etc.
manufacturer	fountain pen manufacturing, etc.
construction	road construction, housing construction, etc.
oil and gas industry	oil field drilling, petroleum refinery, retail gasoline station, wholesale oil distributor, natural gas pipeline, etc.
for a child or infant	None or a dash (-).
for a student	Public Education, Private Education, Home School, etc.

19 Years in occupation

Enter the number of years (cumulative) for the occupation that is listed in Field 17. Round the entry to the nearest full year.

What to do if...

The table below provides additional information for completing Field 19.

If...	Then enter...
no information is available	UNK
the decedent is a child that has not completed first grade	0 or a dash (-).
the decedent is a student	the highest grade completed.
the decedent worked less than six months	0 or a dash (-).
the decedent never worked	0 or a dash (-).

Usual Residence (Fields 20-25)

20 Decedent's Residence (street and number or location)

Enter the full address of the decedent's usual and customary street or rural address. Latitude and longitude coordinates are acceptable entries and may be useful for rural areas where a postal box is used for an address, for homeless individuals, etc. Note that there are two subfields within Field 20. Information should be entered into the subfield for Street Number if the decedent's address included a street number:

- 123 Harbor Way
- 8 Mippen Drive

If the decedent's street address **did not** include a street number, **or** the decedent's address is a rural route address, **or** the address is being provided as latitude and longitude coordinates, **do not enter this information into the street number subfield, use the street name subfield only:**

- South side of Evewaugh Lane
- RR 2 Box 18
- Lat 38.66204 Long. 121.510265

What to do if... The table below provides additional information for completing Field 20.

If the decedent...	Then enter...
was on tour of military duty or attending college	his or her current military or college address.
had been living in a facility for a period of one year or longer, e.g., group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill	the address of the facility.
had been living in a facility for a period of less than one year	the residence address where the individual lived prior to being institutionalized.
had been living in a long-term care facility for a period of less than one year and the person's prior address is unknown	the address of the facility.
was an infant less than one year of age or a child one year or older	the residence address of the parent(s), legal guardian, or custodian.
was homeless	Latitude and longitude of the physical location where the individual usually lived, or a description of the physical location, e.g., Under the XYZ Bridge, Parking lot at 4 th and Main Streets, etc. in the street name subfield.
is unknown and no address can be identified	Found, FND, or Fnd, followed by latitude and longitude or a description of the place where the body was found in the street name subfield.

Usual Residence (Fields 20-25), Continued

**21
City** Enter the name of the city associated with the decedent's usual residence (the address in Field 20).

**22
County/
Province** Use the dropdown to enter the decedent's county or province of residence if the decedent lived in California or province of residence if the decedent lived in Canada. If the decedent lived in another U.S. state, enter the out-of-state county or parish. If the decedent lived outside the U.S. or Canada, select OTHER and enter a dash.

What to do if... The table below provides additional information for completing Field 22.

If the decedent usually resided...	Then enter...
in the United States, but outside of California	the name of the out-of-state county if known or UNK.
in Canada	the name of the province if known or UNK.
outside of the United States or Canada	a dash (-).

**23
Zip Code** Enter the five or nine-digit United States zip code for the place where the decedent lived.
The zip code entry must be a minimum of five digits, but an entry of nine digits is acceptable.

If the decedent lived in the U.S. the entry must be in all numeric format.

If the decedent lived outside of the United States enter a dash (-).

If unknown enter a dash (-).

**24
Years in
county** Enter the total number of years the decedent lived in the county/province listed in Field 22.

Round the entry to the nearest full year, unless it would make the number of years in the county/province exceed the decedent's age.

What to do if... The table below provides additional information for completion of Field 24.

If...	Then enter...
less than 12 months	0
unknown	a dash (-) or UNK

Usual Residence (Fields 20-25), Continued**25
State or
Foreign
Country**

Click on the magnifying glass to bring up the search browser, or, using the table below, enter the two-letter abbreviation for the decedent's state of residence. If the decedent resided outside the U.S., enter the full name of the country if the name contains 9 or fewer characters. For countries with longer names, enter the first 9 characters of the country name. If the country name includes a compass direction (North, South, East, West), use N, S, E, or W followed by country name up to 8 characters and omit the space.

STANDARD STATE AND SELECTED FOREIGN COUNTRY ABBREVIATIONS			
State		State	
Alabama...	AL	New York...	NY
Alaska...	AK	North Carolina	NC
Arizona...	AZ	North Dakota...	ND
Arkansas...	AR	Ohio...	OH
California...	CA	Oklahoma...	OK
Colorado...	CO	Oregon...	OR
Connecticut...	CT	Pennsylvania...	PA
Delaware...	DE	Rhode Island...	RI
District of Columbia	DC	South Carolina...	SC
Florida...	FL	South Dakota...	SD
Georgia...	GA	Tennessee...	TN
Hawaii...	HI	Texas...	TX
Idaho...	ID	Utah...	UT
Illinois...	IL	Vermont...	VT
Indiana...	IN	Virginia...	VA
Iowa...	IA	Washington...	WA
Kansas...	KS	West Virginia...	WV
Kentucky...	KY	Wisconsin...	WI
Louisiana...	LA	Wyoming...	WY
Maine...	ME		
Maryland...	MD	Country	
Massachusetts	MA		
Michigan...	MI	Canada...	CN
Minnesota...	MN	China...	CH
Mississippi...	MS	Cuba...	CU
Missouri...	MO	Guam...	GU
Montana...	MT	Japan...	JA
Nebraska...	NE	Mexico...	MX
Nevada...	NV	Philippine Islands...	PI
New Hampshire	NH	Puerto Rico...	PR
New Jersey...	NJ	Vietnam...	VN
New Mexico...	NM	Virgin Islands...	VI
Enter the full name of other foreign countries (up to nine characters) or use the first 9 characters of the country's name.			

Usual Residence (Fields 20-25), Continued**What to do
if...**

The table below provides additional information for completing Field 25.

If ...	Then enter...
the decedent was born in a foreign country, but the country is unknown	FRN-UNK
the decedent was born on the high seas	FRN-UNK
the decedent was born in the U.S.A., but the State is unknown	USA-UNK
no information is available	UNK

Informant (Fields 26-27)

**26
Informant
Name,
relationship**

Enter the name of the person providing the personal data about the decedent. Enter the blood, legal, or other relationship of the informant to the deceased. Examples include husband, friend, mother, widow (for the surviving spouse of a married couple), SRDP, etc. Enter the relationship without quotation marks.

Note: The identity of the original person providing the personal data cannot be changed by a subsequent amendment. Once an individual has been identified as the informant no change to that informant's status is possible. Minor spelling errors in the informant's name may be corrected as long as the identity of the informant remains unchanged.

**What to do
if ...**

The table below provides additional information for completing Field 26.

If...	Then...
this is a pending coroner/ medical examiner's case and no informant has been located	enter Under Investigation.
this is a pending coroner/medical examiner's case and an informant is identified later	the informant's name may be added later via an amendment form (VS 24), which must be signed by the coroner/medical examiner.
a pre-need contract was provided by the deceased prior to death	enter the name of the person designated by the decedent to handle the disposition.
pre-need is entered erroneously	the survivors may need a court order to amend the death certificate.

**27
Informant
Mailing
address
(street and
number or
rural route
number, city
or town, state,
zip)**

Enter the informant's mailing address. This address may be a post office box number. The information is used to contact the informant to request missing and/or additional information.

All information must be legible, reproducible, and contained within the appropriate field area. In addition, the information may not overlap field titles or other information. Print and review a working copy to ensure all information is contained within the provided space.

Note: Minor spelling errors in the informant's address (e.g. street name, zip code, apartment number) may be corrected without an amendment, as long as the identity of the informant remains unchanged.

Spouse and Parent Information (Fields 28-38)

28
Name of
surviving
spouse-First

The instructions for completing Field 28 are provided in the table below.

If...	Then enter...
the decedent was married at the time of death	the first name of the surviving spouse.
there is no surviving spouse	a dash (-).
the spouse dies simultaneously	the first name of the spouse
the surviving spouse only has one name	dashes (-) in Field 28 and Field 29 and the name in Field 30.

OR

28
How to Enter
the First Name
of a Surviving
SRDP

If the decedent was in a SRDP at the time of death, enter the first name of a Surviving SRDP as follows:

Insert the letters "SRDP-" (without quotes) in front of the first name, then insert the first name in Field 28 First (Given)

Note: The instructions given above for entering the first name of a surviving spouse (including how to list persons with one name and simultaneous deaths) also apply to SRDPs.

29
Middle

Enter the middle name of the surviving spouse. If there is no surviving spouse or the surviving spouse has no middle name, enter a dash (-).

OR

How to Enter
the Middle
Name of a
Surviving
SRDP

The instructions given above for entering the surviving spouse's middle name also apply to SRDPs.

Spouse and Parent Information (Fields 28-38), Continued

30
Last (Birth
Name)

The instructions for completing Field 30 are provided in the table below.

If...	Then enter...
the decedent was married at the time of death	the surviving spouse's birth name.
the surviving spouse only has one name	dashes (-) in Field 28 and Field 29 and the name in Field 30.
the spouse dies simultaneously	the spouse's name and Mar/Wid in Field 12.
there is no surviving spouse or SRDP	a dash (-).

OR
How to Enter
the Last (Birth)
Name of a
Surviving
SRDP

The instructions given above for completing the last name of the surviving spouse (including how to list persons with one name) also apply to SRDPs.

In the case of simultaneous deaths of SRDPs, enter the SRDP's name and SRDP/SURV in Field 12.

Spouse and Parent Information (Fields 28-38), Continued

31, 32, & 33 Enter the father's legal names in each Field.

Full name of father Legal names for purposes of vital records are those acquired through birth, adoption, court-ordered name change, or marriage.

- 31 First
- 32 Middle
- 33 Last

SRDP If the parent is an SRDP, enter the SRDP's name as follows:

31, 32 & 33

- 31 First - Insert the word "Parent-" (without quotes) in front of the first name , then insert the first name in 31 First (Given)

How to Enter the Name of a SRDP Parent in the Name of Father fields

- 32 Middle
- 33 Last (Family)

Note: If SRDPs prefer not to insert the word "Parent-" before their first name, it is acceptable

What to do if... The table below provides additional information for completing Fields 31, 32, and 33.

If...	Then enter...
the father's/parent's first, middle or last name is unknown	Unknown or UNK. in the appropriate field.
the father/parent does not have a middle name	a dash (-).
the father/parent has long or multiple names and additional space is necessary	enter as many characters as permitted by available space. If additional space is needed, submit an Affidavit to Amend a Record (VS 24e) to record the full legal name.

NOTE: Withheld is not an option.

Spouse and Parent Information (Fields 28-38), Continued**34
Father's birth
state or foreign
country**

Click on the magnifying glass to bring up the search browser or, using the table below, enter the two-letter abbreviation for the state in which the decedent's father was born. If the decedent's father/parent was born outside the U.S., use one of the standard country abbreviations provided in the table below. If the decedent's father/parent was born in a country not listed in the table, enter the full name of the country (up to 9 characters), or the first 9 characters of the country's name. If the country name includes a compass direction (North, South, East, West), use N, S, E, or W followed by country name up to 8 characters and omit the space.

STANDARD STATE AND SELECTED FOREIGN COUNTRY ABBREVIATIONS			
State		State	
Alabama...	AL	New York...	NY
Alaska...	AK	North Carolina	NC
Arizona...	AZ	North Dakota...	ND
Arkansas...	AR	Ohio...	OH
California...	CA	Oklahoma...	OK
Colorado...	CO	Oregon...	OR
Connecticut...	CT	Pennsylvania...	PA
Delaware...	DE	Rhode Island...	RI
District of Columbia	DC	South Carolina...	SC
Florida...	FL	South Dakota...	SD
Georgia...	GA	Tennessee...	TN
Hawaii...	HI	Texas...	TX
Idaho...	ID	Utah...	UT
Illinois...	IL	Vermont...	VT
Indiana...	IN	Virginia...	VA
Iowa...	IA	Washington...	WA
Kansas...	KS	West Virginia...	WV
Kentucky...	KY	Wisconsin...	WI
Louisiana...	LA	Wyoming...	WY
Maine...	ME		
Maryland...	MD	Country	
Massachusetts	MA	Canada...	CN
Michigan...	MI	China...	CH
Minnesota...	MN	Cuba...	CU
Mississippi...	MS	Guam...	GU
Missouri...	MO	Japan...	JA
Montana...	MT	Mexico...	MX
Nebraska...	NE	Philippine Islands...	PI
Nevada...	NV	Puerto Rico...	PR
New Hampshire	NH	Vietnam...	VN
New Jersey...	NJ	Virgin Islands...	VI
New Mexico...	NM		
Enter the full name of other foreign countries (up to nine characters) or use the first 9 characters of the country's name.			

Spouse and Parent Information (Fields 28-38), Continued**What to do if...**

The table below provides additional instructions for completing Field 34.

If...	Then enter...
the decedent's father/parent was born in a foreign country, but the country is unknown	FRN-UNK.
the decedent's father/parent was born on the high seas	FRN-UNK.
the decedent's father/parent was born in the U.S.A., but the State is unknown	USA-UNK.
no information is available	UNK

35, 36, & 37 Full name of Mother

Enter the mother's legal names as they appear on her birth record.

- 35 First
- 36 Middle
- 37 Last (Birth Name)

OR**35, 36 & 37**

If the parent is an SRDP, enter the SRDP's name as follows:

How to Enter the Name of a SRDP Parent in the Name of Mother fields

- 35 First -Insert the word "Parent-" (without quotes) in front of the first name, then insert the first name in 35 First
- 36 Middle
- 37 Last (Birth Name)

Note: If the mother/parent prefers not to insert the word "Parent-" before the first name, it is acceptable

What to do if...

The table below provides additional information for completing Items 35, 36, and 37.

If...	Then enter...
the mother/parent has only one name	dashes in Item 35 and Item 36 and the name in Field 37.
the mother's/parent's first, middle or birth name is unknown	Unknown or UNK in the appropriate field.
the mother/parent does not have a middle name	a dash (-).
the mother/parent has long or multiple names and additional space is necessary	as many characters that fit in the space and add the remaining names on an Affidavit to Amend a Record (VS 24e).

Spouse and Parent Information (Fields 28-38), Continued**38
Mother's birth
state or foreign
country**

Click on the magnifying glass to bring up the search browser or, using the table below, enter the two-letter abbreviation for the state in which the decedent's mother was born. If the decedent's mother/parent was born outside the U.S., use one of the standard country abbreviations provided in the table below. If the decedent's mother/parent was born in a country not listed in the table, enter the full name of the country (up to 9 characters), or the first 9 characters of the country's name. If the country name includes a compass direction (North, South, East, West), use N, S, E, or W followed by country name up to 8 characters and omit the space.

STANDARD STATE AND SELECTED FOREIGN COUNTRY ABBREVIATIONS			
State		State	
Alabama...	AL	New York...	NY
Alaska...	AK	North Carolina	NC
Arizona...	AZ	North Dakota...	ND
Arkansas...	AR	Ohio...	OH
California...	CA	Oklahoma...	OK
Colorado...	CO	Oregon...	OR
Connecticut...	CT	Pennsylvania...	PA
Delaware...	DE	Rhode Island...	RI
District of Columbia	DC	South Carolina...	SC
Florida...	FL	South Dakota...	SD
Georgia...	GA	Tennessee...	TN
Hawaii...	HI	Texas...	TX
Idaho...	ID	Utah...	UT
Illinois...	IL	Vermont...	VT
Indiana...	IN	Virginia...	VA
Iowa...	IA	Washington...	WA
Kansas...	KS	West Virginia...	WV
Kentucky...	KY	Wisconsin...	WI
Louisiana...	LA	Wyoming...	WY
Maine...	ME		
Maryland...	MD	Country	
Massachusetts	MA	Canada...	CN
Michigan...	MI	China...	CH
Minnesota...	MN	Cuba...	CU
Mississippi...	MS	Guam...	GU
Missouri...	MO	Japan...	JA
Montana...	MT	Mexico...	MX
Nebraska...	NE	Philippine Islands...	PI
Nevada...	NV	Puerto Rico...	PR
New Hampshire	NH	Vietnam...	VN
New Jersey...	NJ	Virgin Islands...	VI
New Mexico...	NM		
Enter the full name of other foreign countries (up to nine characters) or use the first 9 characters of the country's name.			

Dispositions (Fields 39-41)

39 Disposition Date

Select the date of disposition from the calendar or enter in numeric date format (i.e. MM/DD/CCYY).

Example

MM/DD/CCYY
01/01/2000

What to do if...

The table below provides additional information for completing Field 39.

If...	Then enter...
the remains are to be removed from California	the date they will be shipped out of Calif. jurisdiction.
the remains are to be used for scientific or medical research	the date they will be accepted by the facility or curator.
the remains are to be cremated	the date to be cremated.
the remains are to be cremated and shipped to another location	the date of cremation. Only the date of cremation is necessary to file the death certificate and obtain a permit; the certificate must be amended if the date changes or is incorrect.
the remains are to be cremated and buried	the date of cremation.
the remains are put into temporary storage	the date stored.
the death is a coroner/medical examiner's case and final disposition is pending	a dash (-).
Buried (land or sea)	the date buried.

Changes

After the certificate has been filed, any change in disposition must be done via an amendment to the death certificate.

Dispositions (Fields 39-41), Continued

40
Place of final disposition

Information in this field should reflect the place of *final* disposition. Enter the name of the facility (or person controlling the cremains) in the first subfield. Enter the complete address of the facility or person in the subfields provided.

Definitions

Place of disposition - The place of disposition is an address sufficient to identify the final place of disposition. It may include any of the following:

- *latitude* (enter appropriate degree) and *longitude* (enter appropriate degree) for burial at sea or scattering of cremains.
- location where the remains are to be shipped if removed from California
- facility address if the body is donated for scientific use
- cemetery address if the remains are buried

Cemetery - Cemetery means any one, or a combination of more than one of the following in a place used, or intended to be used, and dedicated for cemetery purposes:

- a burial park (cemetery), for earth interment
- a mausoleum, for crypt or vault interment
- a columbarium for cinerary interment

REFERENCE: Health and Safety Code Section 7003

Example

Forest Lawn Cemetery, Quincy, CA 95971

Dispositions (Fields 39-41), Continued

What to do if...

The table below provides additional information for completing Item 40.

If...	Then enter...
the cremated remains are to be scattered at sea off the California coast, in a cemetery rose garden, or on private property (with the written permission of the property owner)	a description/address to identify the district of disposition, e.g., At Sea Off the Coast of Marin County; or <i>Forest Lawn Cemetery</i> , Point Reyes, CA 94956.
scattering is to be done in another State	the location or address of the scattering
the cremated remains are to be returned to the family.	Residence or Res. and the person's name and complete address (street name and number, city, state, and zip code).
the cremated remains are to be disposed of in more than one location, e.g. retained by two or more family members at separate locations	the address/location associated with the person with authority to dispose of the cremains. A permit must be purchased for each location if the cremains are disposed of in more than one location, even when only one address/location is listed on the certificate.
the cremated remains are being shipped to a mortuary outside of California for a family member residing out-of-state and the address is unknown	the name and address of the out-of-state mortuary or person assuming control of the remains.
the body is donated for scientific use	the name and address of the facility.
the remains will be temporarily stored	the facility address
the death is a pending coroner/medical examiner's case	a dash (-)
the body is to be disposed of by burial at sea	enter the appropriate degrees of latitude and longitude

Unacceptable entry

A post office box address is not acceptable.

Dispositions (Fields 39-41), Continued

**41
Type of
Disposition(s)** Select the type of disposition, or combination of dispositions, from the EDRS drop down list. Choose the selection that includes all intended dispositions, including those that are out-of-state, in the order that they are to occur. Death certificates must be amended to reflect any change in type of disposition.

REFERENCE: Health and Safety Code Sections 7001 through 7025.

Examples See the following table for a complete list of authorized dispositions and their abbreviations. Note that Transit (TR) is only used when the remains/cremains are to be transported out of California.

Authorized dispositions The table below defines the types of dispositions and the appropriate abbreviations to use when entering information in the Disposition item.

Type of Disposition	Definition	Abbreviation
Burial	Burial in a cemetery, interment, entombment, cryogenic suspension.	BU
Burial at Sea	Burial of whole bodies at sea as permitted by specific state and federal laws	BU/SEA
Cremation	Reduction of human remains to ashes by incineration.	CR
Cremation, Scattering Over Land***	Scattering ashes over private or public property in California.	CR/SCAT
Cremation, Scattering at Sea off California	Scattering of ashes at sea 500 yards or more off the coast of California.	CR/SEA
Cremation and Burial	Cremation, followed by burial of the cremains	CR/BU
Cremation, Placed in a Religious Shrine or Church **	Cremation, followed by placement of the cremains in a religious shrine or church location	CR/REL
Cremation, Residence	Cremation, followed by placement of the cremains in one or more family residences	CR/RES
Cremation, Transit out of State	Cremation, followed by transit to a location out of State	CR/TR
Cremation, Transit out of State for Placement in a Residence	Cremation, followed by transit out of State for placement in a Residence	CR/TR/RES
Cremation, Transit, Scattering over land	Cremation, followed by transit out of State for Scattering over land	CR/TR/SCAT
Cremation, Transit, Scattered at Sea	Cremation, Transit out of CA, followed by Scattering at Sea	CR/TR/SEA
Cremation, Transit out of State for Burial	Cremation, followed by transit out of State for Burial	CR/TR/BU

Dispositions (Fields 39-41), Continued

Type of Disposition	Definition	Abbreviation
Cremation, Transit out of State to a Religious Shrine or Church**	Cremation, followed by transit out of State for placement in a religious shrine or church location	CR/TR/REL
Mortuary or Hospital Temporary Envaultment	Remains are envaulted pending further disposition decisions. A subsequent Disposition Permit will be needed. Does not include Coroner's cases.	TEMP
Pending Coroner's Investigation	Remains are held pending a Coroner's investigation. A subsequent Disposition Permit will be needed.	PEND
Scientific Use *	A decedent's entire body is donated for medical research under the Uniform Anatomical Gift Act.	SU
Transit	Shipping remains or cremated remains out of California, usually to a mortuary or crematory. Subsequent disposition will occur in the new location.	TR
Transit for Burial out of State	Transit out of State for Burial	TR/BU
Transit for Cremation out of State	Transit out of State for Cremation. Subsequent disposition will occur in the new location.	TR/CR
Transit out of State for Scientific Use*	A decedent's entire body is donated for medical research under the Uniform Anatomical Gift Act and is Transported out of State to the scientific institution.	TR/SU
Transit out of State for Cremation and Burial	The decedent's body is shipped out of State for cremation followed by burial. Final details are handled under the laws of the destination state or country.	TR/CR/BU
Transit out of State for Cremation and placement in a Residence	The decedent's body is shipped out of State for cremation followed by placement of the cremains in one or more residences. Final details are handled under the laws of the destination state or country.	TR/CR/RES

- When the disposition is Scientific Use, only an officer of a duly accredited medical college or a funeral director may remove a body from one registration district to another prior to filing a death certificate and obtaining a permit. The death certificate must be filed and the permit obtained within the eight-day mandate.
- Cremated remains may be kept in a church or religious shrine upon written permission from the religious shrine and if no conflict exists with local use permit requirements or zoning laws.
- Scattering over land generally requires written permission of the land owner. Legal requirements governing public land should be researched.

Funeral Director and Local Registrar (Fields 42-47)

42 Certification of embalmer

Click on the magnifying glass in Field 43 to bring up the search browser to locate the embalmer's license number. Clicking on the license number will automatically populate the embalmer's name in Field 42 and put the license number in Field 43. The embalmer is to certify in Field 42 that embalming occurred.

If the body is not embalmed, enter Not Embalmed.

An embalmer may authorize his or her certification to be affixed to the certificate after he or she has embalmed a body.

REFERENCE: Health and Safety Code Section 102805 and Business and Professions Code 7649

What to do if...

The table below provides additional information for completing Field 42.

If...	Then...
the body is not embalmed	enter Not Embalmed.
the body is later embalmed	use a VS 24e (Affidavit to Amend a Record) to add the printed or typed name and license number of the embalmer.

Embalmer's certification

Once added to the certificate, the embalmer's certification may not be changed or deleted using a VS 24 (Affidavit to Amend a Record) form. If an error is discovered prior to registration, a new certificate must be completed. If an error is discovered after registration, adding, changing or deleting the certification may only be done to correct the error under direction of a court order to the State Registrar to seal the original and create a replacement.

43 License number

Click on the magnifying glass to bring up the search browser to locate the embalmer's license number. Clicking on the license number will automatically populate the embalmer's name in Field 42 and put the license number in Field 43. Otherwise, enter the embalmer's license number. Enter a dash (-) if the body was not embalmed.

What to do if...

The table below provides additional information for completing Field 43.

If...	Then...
the embalmer is not licensed in California, e.g., death occurred on a military base	enter a dash (-).

Funeral Director and Local Registrar (Fields 42-47), Continued

44**Name of funeral establishment**

Click on the magnifying glass to bring up the search browser. Clicking on the correct establishment that is either handling arrangements or has hired a transport company or removal service to handle the arrangements will populate both Field 44 and Field 45 with the correct information.

The search browser will now automatically "stack" the name of the funeral establishment in the box if it is too long to fit on one line. All but a very small number of California funeral establishment names will now fit in the box without the need to abbreviate.

Otherwise, enter the name of the licensed California funeral establishment.

If the decedent's relative, friend, or acquaintance is personally handling the California disposition or transportation of the decedent, enter the person's name.

All information must be legible, reproducible, and contained within the appropriate field area. In addition, the information may not overlap field titles or other information. Print and review a working copy to ensure that all information is contained within the provided space.

If you don't use the search browser, you must abbreviate the names of the funeral establishment as necessary to fit in the available space. Make sure the abbreviation allows for unambiguous identification of the funeral establishment, and verify your abbreviation fits in the space.

Licensing requirements

Funeral businesses and directors not licensed in California **cannot** conduct business or hire an unlicensed representative to conduct business within California.

Transport companies, removal services, etc., are **not** permitted to conduct funerary business for firms not licensed by the State of California.

Coroners/medical examiners, State-appointed curators, cryonic facilities, etc., are not required to hold a funerary license.

Funeral Director and Local Registrar (Fields 42-47), Continued

**45
License
number**

Click on the magnifying glass to bring up the search browser. Clicking on the correct license number for the establishment that is either handling arrangements or has hired a transport company or removal service to handle the arrangements will populate both Field 44 and Field 45 with the correct information. Otherwise, enter the California funeral director's establishment license number.

Although each funeral director is licensed individually and given a FDR number, the number entered on the certificate should be that of the funeral establishment. The numerical entry should be preceded by the letters FD.

Example: FD123456

If the decedent's relative, friend, or acquaintance is personally handling the California disposition or transportation of the decedent, no license is required. Enter NONE.

REFERENCE: Business and Professions Code Section 7616

**46
Signature of
local registrar**

This field is automatically completed when the Local Registration District (LRD) registers the certificate.

The local registrar reviews each death certificate for accuracy and completeness, and to ensure it has been completed in a manner consistent with the policies established by the State Registrar. If the certificate is acceptable, the local registrar signs and dates the certificate. If it is not acceptable, (e.g. missing certifications or required information), the certificate must be returned to the funeral director for correction and completion.

After the certificate is registered, corrections or additions can only be made through the amendment process. Amendments are covered in a separate section of EDRS.

**47
Date accepted
for registration**

This field is usually automatically completed by the EDRS. However, manual entry can be accomplished by the local Registrar in special circumstances.

Do not leave blank.

Example

Format: MM/DD/CCYY
Example: 12/20/1998

Place of Death (Fields 101-106)

101 Place of death

Enter a description such as Parkview Hospital. If a family residence is indicated in this item, the relationship to the deceased should be specified, e.g., Residence; Wife's Residence; Daughter's residence; Son's residence, etc. The name of the family member does not have to be indicated. If the body is found, that fact should be specified.

All information must be legible, reproducible, and contained within the appropriate field area. In addition, the information may not overlap field titles or other information. Print and review a working copy to ensure that all information is contained within the provided space.
Do not leave blank.

Acceptable entries

Latitude and longitude coordinates are acceptable entries. Descriptive terms such as a geographic location are acceptable, e.g., Mojave Desert; Under 3rd Street Bridge; Balboa Park, etc.

102/103 If hospital, specify one, If other than hospital, specify one.

NOTE: Fields 102/103 are combined, and together provide the possible options for the type of facility or residence in which the individual died. Select the appropriate entry. Only one entry is allowed.

If the death occurred or was pronounced in a licensed acute care hospital, make the appropriate selection from the Hospital group:

- *DOA* for dead on arrival
- *ER/OP* for emergency room or outpatient
- *IP* for inpatient

If the death did not occur in a licensed acute care hospital select an option from the "If Other Than a Hospital" group.

- *DECEDENT'S HOME*
- *HOSPICE*
- *NURSING HOME/LTC (LTC = Long Term Care)*
- *OTHER if none of the above responses are appropriate.*

REFERENCE: Health and Safety Code Section 1250

Place of Death (Fields 101-106), Continued

104 County

Select the name of the county where:

- *the death occurred*
- *the body was found*
- *the body was brought (the first port of call if death occurred at sea or enroute via airplane)*

105 Facility address or location where found

Enter the full street or rural address or a descriptive location where the body was found. Latitude and longitude coordinates are acceptable entries, and may be useful when the location has no defined address.

NOTE: There are two subfields within Field 105. Information should be entered into the subfield for Street Number only if the location where the body was found was at an address with a street number:

- *123 Harbor Way*
- *8 Mippen Drive*

If the location

did not include a street number, or was located at a rural route address, or latitude and longitude coordinates are used **do not enter this information into the street number subfield.**

Instead, use the street name subfield only:

- *South side of Evewaugh Lane*
- *RR2 Box 18*
- *Lat 38.66204 Long. -121.510265*

All information must be legible, reproducible, and contained within the appropriate field area. In addition, the information may not overlap field titles or other information. Print and review a working copy to ensure that all information is contained within the provided space.

Do not leave blank.

Acceptable entries

Examples of acceptable descriptive entries are as follows:

- *Willow Pass Road, approximately ¾ mile west of Elk Grove*
- *Airline enroute to Los Angeles*
- *Latitude = 33.1376, Longitude = -107.5781*

Unacceptable entries

General delivery and post office box number addresses are not acceptable.

Place of Death (Fields 101-106), Continued

**106
City**

Enter the name of the city where:

- the death occurred
 - the body was found
 - the body was brought (the first port of call if death occurred at sea or enroute via airplane)
-

**Long Beach,
Pasadena,
Berkeley, Rural
(Unincorporated)
Pasadena**

NOTE: Special care must be taken when entering the cities of **Long Beach** and **Pasadena** in Los Angeles County and **Berkeley** in Alameda County. These cities are local health jurisdictions. **If the city name is misspelled, the certificate will incorrectly route to the County instead of the City and processing will be delayed.**

SPECIAL NOTE: If the location is in unincorporated Pasadena (not within the city limits) enter **Rural Pasadena**. This will correctly route the certificate to Los Angeles County.

**Deaths
occurring on a
public
conveyance**

The death of a person at sea or on any other moving public conveyance such as a bus, ambulance, train, ship, or airplane, is required to be reported to the local registrar having jurisdiction over the place of first stop or first port of call.

Place of Death (Fields 101-106), Continued

What to do if...

The table below provides additional information for completing Place of Death information when the death occurs on a public conveyance.

If the death occurred...	Then in Field...	Enter...
in an airplane	101	Airplane.
	104	the county having jurisdiction over the city where airport of destination is located.
	105	enroute to (destination). Specify latitude and longitude.
	106	the city where the airport of destination is located.
on a ship at sea	101	Ship
	104	the county having jurisdiction over the city where the port of call (city) is located.
	105	enroute to (destination). Specify latitude and longitude.
	106	port of call (city).
in a bus, car, train, or ambulance	101	Bus, car, train, or ambulance, as appropriate.
	104	the county.
	105	indicate the nearest cross streets or position on highway, e.g., Intersection 4 th and Main Streets, or X miles east of Metro City on U.S. 40. Latitude and longitude coordinates are acceptable.
	106	the city.
in an unincorporated and/or rural area	101	the name of the closest town preceded by "rural," e.g., Rural "Metro Town."
	104	the county.
	105	a geographic description. Latitude and longitude coordinates are acceptable.
	106	the town.

Death and burial at sea

The death of a person at sea whose body is immediately buried at sea is not reported to the local registrar having jurisdiction over the first port of call. The death and burial should be reported to the Embassy or nearest Consulate having jurisdiction over the vessel or foreign waters. The U.S. Coast Guard may be contacted for vessels of U.S. registry.

Cause of Death (Fields 107-113)

The California Death Certificate provides four fields (Fields 107A through 107D) for certifiers to provide information on the decedent's cause(s) of death (COD). ***If there are four or fewer CODs to be entered, only one COD should be entered in each field, as described below.*** In some cases certifiers may find it necessary to provide five or more CODs. Additional guidelines for entering five or more CODs can be found at the end of this help screen.

**107A
Immediate
cause** Enter the immediate or direct cause of death in Field 107A. Do not leave blank. Only one cause may be listed on this line

**Definition of
underlying
cause** The underlying cause of death must have an etiologic or pathologic relationship to the immediate cause of death, or must be an antecedent condition that prepared the way for the subsequent cause. It must have initiated the lethal chain of events, no matter how long the time interval. It must be the last entry in the sequence. The underlying cause may be listed on any line in the certificate, but it must always be the sole entry on the last line used.

**107B
Due to** List any diseases, injuries, or complication(s) that may have led to the immediate or direct cause of death as entered in Field 107A. In situations in which the certifier includes five or more CODs more than one cause may be entered on this line, but all causes listed should fit within the approximate time frame listed in 107BT, or the time frame listed in 107BT should be the time frame for the most temporally distant cause listed in that line.

NOTE:

- Conditions listed in 107B, 107C and 107D must have been present before the cause listed in Field 107A with respect to both the time and pathological relationship.
 - If there are no other conditions, enter None, a dash (-), or leave blank in 107B, 107C, or 107D.
-

**107C
Due to** List any diseases, injuries, or complication(s) that may have led to the conditions reported in Fields 107A and 107B. Enter the information in Field 107C. In situations in which the certifier includes five or more CODs more than one cause may be entered on this line, but all causes listed should fit within the approximate time frame listed in 107CT, or the time frame listed in 107CT should be the time frame for the most temporally distant cause listed in that line.

**107D
Due to** List any disease, injury, or complication(s) that may have led to the conditions reported in Fields 107A, 107B, and 107C. Enter the information in field 107D. If the certifier has included causes in 107B and 107C the underlying cause must be listed here.

Cause of Death (Fields 107-113), Continued

Summary of guidelines for entering five or more causes of death on the death certificate:

- Enter only one COD into field 107A
- Enter only one COD into field 107D
- Use Fields 107B or 107C to enter two (or more, as necessary) CODs
- When two or more CODs are entered in Fields 107B or 107C, use the terms “AND” or “DUE TO” (as appropriate) to separate the CODs; if the separator “AND” is used, place the most recently occurring COD first, followed by the next most recently occurring COD, etc.
- If two or more causes have been entered into Field 107B (or 107C), use Field 107BT (or 107CT) to enter the time interval for the last cause listed in Field 107B (or 107C).

The following is an example to illustrate the above guidelines for entering five or more CODs on the death certificate. Note that Fields 107A and 107D have only one COD entered. Fields 107B and 107C each contain two CODs, with the time interval reflecting the time between onset and death for the last COD listed in each line (Deep Vein Thrombosis in 107B and Stroke in 107C).

	Cause of Death	Time Interval Between Onset and Death
Field 107A (Immediate Cause)	Cardiogenic Shock	Minutes
Fields 107B through 107D (Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE LAST)	Pulmonary Embolism due to Deep Vein Thrombosis	1 Day
	Hemiplegia due to Stroke	1 Year
	Adenocarcinoma of the Lung	3 Years

If you have any questions regarding this policy you may contact the EDRS Help Desk.

Note: Earlier state computer systems did not allow handling more than one cause of death per line. EDRS now has that capability, as discussed above.

Time intervals between onset and death

The time intervals between causes for Items 107AT, 107BT, 107CT, and 107DT must be listed in chronological order and must be supported by etiological sequence. Do **not** leave these items blank. The table below provides additional information for completing the time interval. Abbreviations are acceptable.

If...	Then...
the onset of death is unclear or unknown	enter <i>Unknown</i> or <i>Unk.</i>
a specific opinion is not possible	entries such as <i>Instant</i> , <i>Seconds</i> , <i>Hours</i> , <i>Weeks</i> , etc., may be entered.

Cause of Death (Fields 107-113), Continued

108 Death reported to coroner/medical examiner	<p>When the death is referred to the coroner/medical examiner, use the Refer to ME/Coroner menu option. Select the appropriate ME/Coroner office and provide a reason for referral. If the death is not referred to the coroner, no further action is required.</p> <p>Item 108 is the only item on the certificate where you do not select Yes or No. By default, the value is NO. To refer to the coroner, you must use the Refer to ME/Coroner Menu option in the yellow section at the top of the screen. It is located in the "Record Options" section which will drop down when you put your cursor over it. When you complete the referral process, the NO will be changed to a YES on the certificate. You should note that once the certificate has been referred to the ME/coroner you cannot change it back to a NO (Not Referred) status.</p>
<hr/>	
Referral number	<p>There is no specific format required by law for the coroner/medical examiner's referral number. Although most coroners will issue a referral number, it is not mandatory that a number be issued.</p> <p>NOTE: Do not enter a referral number until the coroner/medical examiner has taken action on a referred case. After the coroner/medical examiner reviews a referred case:</p> <ul style="list-style-type: none"> • If the coroner/medical examiner declines to take the case, the system will enter a value of NONE in this field; • If the coroner/medical examiner provides a referral number but has not entered it into the system, enter the referral number in the referral number field; • If the coroner/medical examiner does not provide a referral number, enter NONE in this field.
<hr/>	
Coroner/Medic al Examiner Referral Reasons	<p>California has two separate codes that require certain deaths to be reported to the County Coroner/Medical Examiner. Both specify that funeral homes/directors are among others responsible for this reporting. The more comprehensive list is contained in California Government Code Sec.27491. An abbreviated list is contained in the California Health and Safety Code Sec. 102850.</p>
<hr/>	
What to do if...	<p>The table on the next page specifies the circumstances under which a coroner/medical examiner may be required to sign a death certificate or specifically authorize a physician to do so.</p>
<hr/>	

Cause of Death (Fields 107-113), Continued

If...	Then...
the attending physician is unable to state the underlying cause of death	the coroner/medical examiner must certify.
the death is due to an external cause	the coroner/medical examiner must certify.
an attending physician is not available	the coroner/medical examiner must certify.
the physician has attended, but not within the last 20 days	the coroner/medical examiner may certify or may authorize the physician to certify. The coroner may also certify in addition to the physician certification.
no physician has attended the decedent within the last 20 days	the coroner/medical examiner may certify or may authorize the physician to certify. The coroner may also certify in addition to the physician certification.
the death was due to natural causes and the decedent was attended within the last 20 days	the attending physician must certify or may designate another physician to certify, providing the designee acts in consultation with the attending physician, and has access to the decedent's medical records.
the decedent was seen by a licensed physician assistant within the last 72 hours and was a patient in a skilled nursing center	the licensed physician assistant may certify and should provide a copy of the death certificate to the coroner/medical examiner.

**109
Biopsy
performed**

Select the YES or NO option.
Do **not** leave this Field blank.

**110
Autopsy
performed**

Select the YES or NO option.
Do **not** leave this Field blank.

**111
Used in
determining
cause**

Select the YES option if either a physician or coroner/medical examiner's office used an autopsy to make a determination as to the cause of death. If Field 110 is NO, then Field 111 may be NO or left blank.

Cause of Death (Fields 107-113), Continued

112 Other significant conditions contributing to death but not resulting in the underlying cause given in Field 107

Enter all other important diseases or conditions that were present at the time of death, but did not lead to the underlying cause listed in Field 107.

The conditions present at the time of death may be completely unrelated, arising independently of each other, or they may be causally related to each other. For example: one condition may lead to another which in turn leads to a third condition.

If no other conditions are known, enter NONE. Do not leave blank. If it is a *Pending* coroner/medical examiner's case, a dash (-) is acceptable.

All information must be legible, reproducible, and contained within the appropriate field area. In addition, the information may not overlap field titles or other information. Print and review a working copy to ensure that all information is contained within the provided space.

Significant conditions

Significant conditions may include:

- the existence of any cancer
- any disease, abnormality, or injury believed to have adversely affected the decedent
- use of alcohol and/or other substances
- a recent pregnancy believed to have contributed to death
- a history of tobacco use that may have contributed to death

REFERENCE: Health and Safety Code Section 102825

Text Limitation for Cause of Death Coding

Note: **Please be sure the most important conditions contributing to the death and/or the most important operations preceding the death are listed first.**

If information in Field 112 and Field 113 **combined** exceeds 240 characters, the information beyond the character limit **will not** be forwarded to the National Center for Health Statistics (NCHS) and cannot be used to assist in determining cause of death and underlying cause of death.

Cause of Death (Fields 107-113), Continued

113
Was operation performed for any condition in Fields 107 or 112? (If yes, list type of operation and date.)

Enter the type of operation(s) performed and the date(s).

If no operation was performed, acceptable entries include:

- dash (-)
- NONE
- NO

Do not leave blank. If it is a *Pending* coroner/medical examiner's case, a dash (-) is acceptable.

Enter the date of any operation in numerical date format: MM/DD/CCYY.
 Enter UNK for the date if the date is unknown.

All information must be legible, reproducible, and contained within the appropriate field area. In addition, the information may not overlap field titles or other information. Print and review a working copy to ensure that all information is contained within the provided space.

Example

Enter the date of any operation in numeric format.

Format: MM/DD/CCYY

Example: 01/01/2000

Enter UNK for the date if the date is unknown.

Text Limitation for Cause of Death Coding

Note: **Please be sure the most important conditions contributing to the death and/or the most important operations preceding the death are listed first.**

If information in Field 112 and Field 113 **combined** exceeds 240 characters, the information beyond the character limit **will not** be forwarded to the National Center for Health Statistics (NCHS) and cannot be used to assist in determining cause of death and underlying cause of death.

What to do if...

The table below provides additional information for completing Field 113.

If...	Then...
the exact date is unknown for any operation that occurred more than one year prior to the date of death	enter the estimated month and year only, e.g., 07/--/1998.
the month and day are unknown	enter the year only, e.g., --/--/1998.
no estimate can be made	enter UNK.

Cause of Death (Fields 107-113), Continued

113A If female, pregnant in last year?

Select YES, NO, or UNK as appropriate to indicate if the decedent was pregnant at the time of death or within the year prior to death. The information may be obtained by the following:

- observation
- autopsy, or
- review of the medical record

A pregnancy test, autopsy, and/or review of the medical records are not required to complete the death certificate.

NOTE: Nothing should be selected if the decedent is male. If an answer is selected and the decedent is male, the EDRS will give a red error message upon the next validation.

114 Dates of attendance

The physician must supply the date the decedent was first treated by the physician and the date the decedent was last seen alive by the physician (see below). The dates should be entered in numeric date format.

Example

Format: MM/DD/CCYY
Example: 12/18/1998

What to do if...

The table below provides additional information for completing Field 114.

If...	Then...
the decedent was last seen by the physician's licensed physician's assistant	enter the dates the licensed physician's assistant attended, <i>not</i> the dates the physician attended.
the decedent was last seen by a registered nurse, who is a member of a hospice care interdisciplinary team as defined by H&SC Sect. 1746	enter the dates the hospice team registered nurse attended, <i>not</i> the dates the physician attended.
the date of attendance is more than one year prior to the date of death and the exact date is unknown	enter dashes where the day and/or month would be, e.g., 07/--/1976 or
	--/--/1976. UNK is acceptable if the date is unknown.
the death certificate is completed by the attending physician's designee	enter the dates the attending physician saw the patient.

Physician's Certification (Fields 114-118), Continued

115 Certification and title of certifier

The certifier shall provide a signature or electronic attestation in Field 115. This field may not be left blank. If the certifier is providing an attestation, review the certificate for accuracy. Then enter the certifier's name and his or her degree or title by selecting the certifier's name from the EDRS browser. Selecting the name is easily done by moving to Field 116 and selecting the Certifier browser icon and searching for the certifier's name. Type in the first few letters of the first or last name or the license number. Select the correct Certifier and both Field 115 and Field 116 will auto-populate. If the certifier cannot be found in the browser, you may type in the information in each field. In either case, be sure to confirm that the correct certifier's name has been entered into EDRS.

NOTE: The only acceptable characters for this field are the 26 letters of the English alphabet, apostrophes (single quote marks), commas, periods, and dashes.

Examples:

John O'Hare
Molly Reed-Svenson
Joseph Jones

NOTE:

If a coroner/medical examiner signs the certificate, this Field may be left blank.

A signature should be contained within the field area provided. The signature and date must be legible and unambiguous. Any overlap into another field must not create an ambiguous uncertainty in that field. Ambiguous letters or numbers are cause for rejecting the attestation and the certificate.

Only one electronic signature may be entered in this Field

Chiropractors or retired physicians may not certify

All information must be legible, reproducible, and contained within the appropriate field area. In addition, the information may not overlap field titles or other information. Print and review a working copy to ensure that all information is contained within the provided space.

REFERENCE: Health and Safety Code Section 102800

Physician's Certification (Fields 114-118), Continued

116 License number

Use the Certifier Browser to select the certifier after reviewing the certificate for accuracy. This Field and Field 115 will both autopopulate if the browser is used. Selecting the name is easily done by selecting the Certifier Browser icon and searching for the certifier's name. Type in the first few letters of the first or last name or the license number. Select the correct certifier to autopopulate and both Fields 115 and 116. If the certifier cannot be found in the browser, you may type in the information in each field. In either case, be sure to confirm that the correct certifier's name has been entered into EDRS.

If the certifier, including provisionally licensed physicians, does not have a California license, enter the word "STATE" in caps, followed by a space and then the two-letter state abbreviation of the state where the physician is licensed (Example: STATE NY, if licensed in New York). If a coroner/medical examiner certifies the certificate, this item may be left blank. The license number should be that of the person (or designee) actually signing the certificate.

Voice Attestation

NOTE:

If the certifier provides a voice attestation, the attestation must conform to the following:

The certifier **must state all** of the following spoken in his or her own voice. Review the recording using the link in field 115 :

- the full name of the decedent as shown on the death certificate, including dual names (the names must exactly match those on the death certificate)
- his or her own name, spoken in his or her own voice
- the fact that he or she is attesting to the accuracy of the cause(s) of death of the decedent as shown on the death certificate

The certifier **must state all** of the following spoken in his or her own voice. Review the recording using the link in field 116 :

- his or her medical license number, (**the entire license number must be recorded**)

The voice attestation CANNOT be used to make any changes to the information shown on the death certificate. If there are any differences between the voice recording and the death certificate the voice attestation is INVALID, and another attestation must be done. If the physician desires changes, the changes must be incorporated into the death certificate before requesting another attestation.

Physician's Certification (Fields 114-118), Continued

117
Date

Leave this Field blank. EDRS will automatically fill in the date at the time the System accepts the certifier's attestation.

NOTE:

- The date of the attestation may not be prior to the date of death, nor after the date of registration.
 - If a coroner/medical examiner certifies the certificate, this item may be left blank.
-

118
Enter
attending
physician's
name, mailing
address, zip

Click on the magnifying glass to bring up the search browser. Select the *attending* physician's name, address and zip code, even if a designee or physician's assistant signs Field 115. When the attending physician is selected from the browser, EDRS will automatically fill in the name and the address, no further entry is required. Verify that the address is correct after the system fills the Field. Physicians may choose a different address than the address stored in the system browser; this is acceptable, but you will need to enter the alternate address into this Field. If the physician's name is not found in the browser, make sure the information is correct, and then enter it into the fields.

All information must be legible, reproducible, and contained within the appropriate field area. In addition, the information may not overlap field titles or other information. Print and review a working copy to ensure that all information is contained within the provided space.

NOTE: If you experience repeated difficulty obtaining timely physician's attestations, you may wish to send a letter to the physician regarding the California Health and Safety Code requirement for physician certification of deaths. A draft model letter is available in the Appendix. You may obtain it for copying and placing on your letterhead by clicking the hyper-link "HERE" on the Help Screen for this field or selecting the '*Physician Letter*' option from the '*Help References*' menu in EDRS.

Coroner's Use Only (Fields 119-128)

**119
Manner of
death**

The selection that most clearly describes the manner in which death occurred should be chosen. The selections are as follows:

- NATURAL
- SUICIDE
- HOMICIDE
- ACCIDENT
- PENDING INVESTIGATION
- COULD NOT BE DETERMINED

NOTE:

If "natural" is selected in Field 119, a dash will automatically be entered in Fields 120 through 125. However, at the coroner's option, the dash may be over-written by entering applicable data.

If the manner of death is suicide, homicide, accident or could not be determined, Fields 120 - 125 (injury information) must also be completed, and the coroner/medical examiner must certify the entries.

If the manner of death is pending, Fields 120 through 125 should be completed if the information is available, at the discretion of the coroner/medical examiner's office.

In general, these Fields are completed by the Office of the Coroner/Medical Examiner. Occasionally, the coroner/medical examiner may request the Funeral Home to enter the information on their behalf. However, the coroner/medical examiner must still review and certify the entries.

If the Coroner/Medical Examiner has accepted the case, they are required to select a manner of death and certify the death certificate.

**120
Injured at work**

Select YES, NO or UNK as appropriate. If "Natural" was selected in Field 119, a dash will automatically be entered.

Coroner's Use Only (Fields 119-128), Continued

**121
Injury date** Enter the actual or estimated date of injury. If "Natural" was selected in Field 119, a dash will automatically be entered.

Example The date of injury should be entered in numeric format as follows:

Format: MM/DD/CCYY

Example: 01/01/2010

**What to do
if...**

The table below provides additional information for completing Field 121.

If...	Then...
the exact date of the injury is unknown	enter the estimated month and year only, e.g., 07/--/1998.
the month and day are unknown	enter the year only, e.g., --/--/2010.
no estimate can be made	enter UNK

NOTE:

The date of injury and date of death may not necessarily be the same. Ordinarily, injury information should not be entered when manner of death is "Natural". However, if circumstances compel an entry, the dash may be manually overwritten.

**122
Hour**

Enter the estimated time that the injury occurred using the 24-hour clock. If no estimate is possible, enter UNK for unknown. Please refer to the time conversion chart below. If "Natural" was selected in Field 119, a dash will automatically be entered.

24-hour Clock

Regular Clock	24-Hour Clock	Regular Clock	24-Hour Clock
12:00 a.m.	0	12:00 noon	1200
1:00	100	1:00 p.m.	1300
2:00	200	2:00	1400
3:00	300	3:00	1500
4:00	400	4:00	1600
5:00	500	5:00	1700
6:00 a.m.	600	6:00 p.m.	1800
7:00	700	7:00	1900
8:00	800	8:00	2000
9:00	900	9:00	2100
10:00	1000	10:00	2200
11:00	1100	11:00	2300
		11:59	2359

NOTE:

Ordinarily, injury information should not be entered when manner of death is "Natural". However, if circumstances compel an entry, the dash may be manually overwritten.

Coroner's Use Only (Fields 119-128), Continued

123 Place of injury

If "Natural" was selected in Field 119, a dash will automatically be entered.

Otherwise, select from the drop-down list a general category for the type of place where the injury occurred.

- HOME
- RESIDENTIAL INSTITUTION
- SCHOOL, OTHER INSTITUTIONAL OR PUBLIC ADMINISTRATIVE AREA
- SPORTS AND ATHLETICS AREA
- STREET AND HIGHWAY
- TRADE AND SERVICE AREA
- INDUSTRIAL AND CONSTRUCTION AREA
- FARM
- OTHER SPECIFIED PLACES
- UNSPECIFIED PLACE
- NO INJURY
- --

If an appropriate category is not available from this list, then enter an appropriate description. Do not enter the name of a firm or organization.

124 Describe how injury occurred

If "Natural" was selected in Field 119, a dash will automatically be entered.

Otherwise, **BRIEFLY** describe how the injury occurred, indicating the circumstances of the accident or injury.

All information must be legible, reproducible, and contained within the appropriate field area. In addition, the information may not overlap field titles or other information. Print and review a working copy to ensure that all information is contained within the provided space.

Examples

- driver of car in car-truck collision
- passenger ejected from truck

NOTE:

- gunshot deaths must be identified as to rifle, shotgun, handgun, or as caused by some military connection involving a military weapon.
 - motorcycle and automobile-related deaths must state whether the decedent was the driver, passenger, etc. Include available information regarding seatbelt use in automobiles.
 - Ordinarily, injury information should not be entered when manner of death is "Natural". However, if circumstances compel an entry, the dash may be manually overwritten.
-

Coroner's Use Only (Fields 119-128), Continued

125

Location of injury (street and number, or location, and city, and zip)

If "Natural" was selected in Field 119, a dash will automatically be entered.

Enter the full street or rural address or a descriptive location where the body was found. Latitude and longitude coordinates are acceptable entries, and are especially useful when the location has no defined address.

NOTE: There are two subfields within Field 125. Information should be entered into the subfield for Street Number **only** if the location where the body was found was at an address with a street number:

- 123 Harbor Way
- 8 Mippen Drive

If the location

- **did not** include a street number, or
- was located at a rural route address, or
- latitude and longitude coordinates are used

do not enter this information into the street number subfield.

Instead, use the street name subfield only:

- South side of Evewaugh Lane
- RR2 Box 18
- Lat 38.66204 Long. -121.510265

All information must be legible, reproducible, and contained within the appropriate field area. In addition, the information may not overlap field titles or other information. Print and review a working copy to ensure all information is contained within the provided space.

126

Certification by coroner/medical examiner or deputy coroner

The electronic signature of the coroner/medical examiner or deputy coroner certifying the information on the certificate will be placed in Field 126 by EDRS when the coroner/medical examiner provides his or her attestation. When the coroner/medical examiner completes the coroner/medical examiner section, EDRS makes the electronic document available for the funeral home to transmit to the local registration district. The coroner's office should alert the funeral home via phone or fax that the certificate is ready.

127
Date

EDRS will insert the date that the attestation in Field 126 is provided. The date will be inserted in numeric date format.

NOTE: The date entered in Field 127 on the Death Certificate must be on or after the entered date of death.

The system will not accept a date prior to the entered date of death.

Coroner's Use Only (Fields 119-128), Continued

128**Typed name,
title of
coroner/medical
examiner or
deputy coroner**

EDRS will insert the title of the coroner/medical examiner or deputy coroner/medical examiner providing the attestation in Field 126.

NOTE: For Field 128, the information required will be entered by EDRS using information obtained from the certifier when he or she was authorized to use the system. The title entered in Field 128 on the Death Certificate should reflect the capacity in which the certifier is acting; i.e. the position held by the individual that provides the authority to certify the facts of death. In most cases, the title will be either that of a medical examiner physician, a coroner, or a deputy coroner. Any other title, such as a law enforcement title (e.g. Sheriff, Commander), that does not provide legal authority to certify the facts of death should not be used unless the authorizing title is also used.
