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- Handbook on death registration and



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HANDBOOK ON DEATH REGISTRATION AND FETAL DEATH REPORTING

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Minnesota Department of Health

Minnesota Center for Health Statistics

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INTRODUCTION

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Purpose

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This handbook is designed to provide morticians, physicians, medical examiners and coroners with guidelines for completing and filing death certificates and fetal death reports. Included in this handbook are specific guidelines for recording each entry and information explaining the importance of this information for legal and statistical purposes. In the state of Minnesota, morticians are responsible for filing an accurate and complete death certificate with the local registrar in the county where the death occurred.

If a registration question is not covered in this handbook, please contact the Minnesota Department of Health, Section of Vital Records Data Management, 717 Delaware Street S.E., Minneapolis, Minnesota 55440, telephone number: (612) 623-5130.

Importance of Death Registration and Fetal Death Reporting

A death certificate is the permanent legal record of the facts of death of an individual. As a permanent legal record, the certificate is extremely important to the decedent's next of kin; it is also needed for a variety of medical and health-related efforts. The death certificate provides demographic and personal information about the decedent, circumstances and causes of death, and information on final disposition of the decedent. This certificate is used to apply for insurance benefits, settle pension claims, and transfer the title of real estate and personal property. The certificate is considered to be prima facie evidence of the fact of death, therefore it can be introduced in court as evidence when a question about a death arises. As a service to the decedent's family, the death certificate should be as complete and accurate as possible. Statistical data from death certificates are used to identify public health problems and to measure the results of programs established to alleviate these problems. These data are a necessary foundation on which to base effective public health programs. Health departments could not perform their duties without such data. Mortality statistics are of considerable value to individual physicians and to medical science because they can be used to identify disease etiology and evaluate diagnostic techniques. Demographers use mortality statistics in forecasting and program planning. The information derived from death certificates can be no more accurate than the data on the certificate, therefore, it is very important that all persons concerned with the registration of deaths strive not only for complete registration but also for accuracy and promptness in reporting these events.

The fetal death report is a statistical report. The information is used to study the cause of negative pregnancy outcomes and is

essential in planning and evaluating prenatal care service and obstetrical programs. It is also used to examine the consequences to the fetus of possible environmental and occupational exposures of parents.

General Instructions For Completing Death Certificates and Reports of Fetal Death

Morticians are responsible for initiating the death certificate and filing it with the local registrar of the county where the death occurred. The data necessary for preparing death certificates and fetal death reports are obtained from the following sources:

1. Informant:
 - a. spouse
 - b. eldest adult child
 - c. parents
 - d. siblings
 - e. other next of kin
 - f. executor of estate
2. Certifying physician, medical examiner or coroner.
3. Hospital or physician records.

In general, duties of morticians are to:

- Use the current form provided by the Minnesota Department of Health. To reorder forms call (612) 623-5123.
- Complete items #1 through #28 of the death certificate.
- Avoid erasures and liquid correction products ("white out").
- Obtain the cause-of-death information and the signature of the person who certified the cause of death.
- Notify the medical examiner or coroner of any death that is believed to have been due to an accident, suicide, or homicide or to have occurred without medical attendance, unless this has already been done by the certifying physician or the police.
- Obtain and use all necessary permits and other forms associated with death registration; sign as subregistrar or obtain the signature of the subregistrar in the county where the death occurred.
- Sign item #27a of the death certificate and item #36a of the

Report of Fetal Death.

- File the death certificate with the appropriate local registrar. File the report of fetal death with the Minnesota Department of Health; this report is not filed by the local registrar.
- File a monthly report of deaths with the Minnesota Department of Health (MDH). The form for reporting the monthly report is provided by the MDH and may be obtained by calling (612) 623-5123.
- Respond to queries from state or local registrars. Send documentation to expedite amendments to death certificates and reports of fetal death.
- Refer problems not covered in these instructions to the Minnesota Center for Health Statistics (612) 623-5130.

COMPLETING THE DEATH CERTIFICATE

1a. DECEDENT'S NAME (first, middle, last, suffix)

Provide the first, middle, and last names of the decedent without abbreviation. When there is no middle name or middle initial, leave the space blank. The suffix name refers to names such as "Jr.", "Sr.", "II", "III", or any abbreviation following the surname. If there is no suffix name, leave this space blank.

(This item is used to identify the decedent.)

1b. ALIAS

Alias or "also known as" (AKA) names should be entered here. If there were no aliases, leave this space blank.

2. SOCIAL SECURITY NUMBER

Provide the social security number of the decedent.

(This item is useful in identifying the decedent and facilitates the filing of social security claims.)

3. SEX

Enter male or female. If sex cannot be determined after verification with medical records, inspection of the body, or other sources, enter "unknown."

(This item aids in the identification of the decedent. It is

also used in research and statistical analysis to determine sex-specific mortality rates.)

4. DATE OF DEATH (month, day, year)

Enter the exact month, day, and year of the death. Provide the full name of the month--January, February, March, etc. Avoid the use of numbers or abbreviations to document the month. If the exact date of death is unknown, it should be approximated by the person completing the medical certification and "Approximately" should be typed before the date.

If the date of death is unknown type "found" followed by the date the decedent was found.

(This item is used in conjunction with the hour of death to establish the exact time of death of the decedent. Epidemiologists use the date of death in conjunction with the cause-of-death information for research on intervals between injuries, onset of conditions, and death.)

GENERAL INSTRUCTIONS FOR AGE AND DATE OF BIRTH (Items 6a - 6e)

These items serve both legal and statistical purposes and are the most frequently incorrect items on death certificates. Calculate age by subtracting the year of birth from the year of death. This difference should be the age in item 6a unless the decedent did not live past the birthday in the year of the death. For example, an individual born March 25, 1905 who died May 1, 1988 was 83 at death ($88-5 = 83$); the decedent turned 83 on March 25, 1988. However, an individual born March 25, 1905 who died January 19, 1988 was only 82 because the deceased did not live until the 83rd birthday on March 25, 1988.

Complete items #6b - #6e only if the decedent is less than one year old.

5. DATE OF BIRTH (MONTH, DATE, YEAR)

Enter the exact month, day, and year that the decedent was born. Enter the full name of the month - January, February, March, etc. Avoid using numbers or abbreviations to document the month of birth.

(This item is useful in identification of the decedent for legal purposes (SSA benefits, insurance benefits, etc.); it also helps verify the accuracy of the age.)

6a. AGE - (IN YEARS)

Provide the decedent's age in years based on last birthday.

6a-6eAGE - (IN MONTHS, DAYS, HOURS, OR MINUTES)

When the decedent is less than one year old, provide the age in completed months and days. When the decedent is less than one day old, enter the age in hours or minutes.

(Information from this item is used to study differences in age-specific mortality and in planning and evaluating public health programs.)

7. PLACE OF BIRTH (CITY AND STATE/FOREIGN COUNTRY)

If the decedent was born in the United States, enter the name of the city and state of birth. If the decedent was not born in the USA, enter the name of the country of birth. If the decedent was born in the USA but the city is unknown, enter the name of the state only. If the state of birth is unknown, enter "USA - unknown state." If the decedent was born in a foreign country but the name of that country is unknown, enter "Foreign-unknown." If no information is available regarding place of birth, enter "unknown."

(This item is used to match birth and death certificates of a deceased individual. Matching these records provides information from the birth certificate that is not contained on the death certificate and may give insight into which conditions led to death. Information from the birth certificate is especially important in examining the causes of infant mortality.)

8a. FATHER'S NAME (first and middle)

Provide the first and middle names of the decedent's father.

8b. FATHER'S LAST NAME

Provide the last name of the decedent's father.

9. MOTHER'S NAME (first, middle, maiden surname)

Type or print the first, middle, and maiden surname of the decedent's mother. This is the last name given at birth or adoption, not a name acquired by marriage.

(The names of the decedent's mother and father aid in identification of the decedent's record. The maiden surname is important for matching the record with other records because it remains constant throughout a lifetime; other last names may change after marriage or divorce. These items are of importance in genealogical studies.)

10. RACE

Enter the race of the decedent as stated by the informant. Specify American Indian, Black or White, etc. For Asians and Pacific Islanders, enter the national origin of the decedent, such as Chinese, Japanese, Korean, Filipino, or Hawaiian. If the informant indicates the decedent was of mixed races, you may provide more than one race.

(Race is essential for identifying specific mortality patterns and leading causes of death among different racial groups. It is also used to determine whether specific health programs are needed in particular areas, as well as to make population estimates.)

11a/b. HISPANIC ORIGIN? (specify no or yes - if yes, specify Cuban, Mexican, Puerto Rican, etc. in item 11b)

Check "no" or "yes." If "yes" is checked, enter the specific hispanic group in item 11b.

The entry in this item should reflect the response of the informant. For the purposes of this item, "Hispanic" refers to people whose origins are from Spain, Mexico, or the Spanish-speaking countries of Central or South America. Origin can be viewed as the ancestry, nationality, lineage, or country in which the person or person's ancestors were born before their arrival in the United States. There is no set rule as to how many generations are to be taken into account in determining Hispanic origin. A person's Hispanic origin may be reported based on the country of origin of a parent, a grandparent, or some far-removed ancestor. The response should reflect what the decedents considered themselves to be and need not be based on percentages of ancestry. If the informant reports that the decedent was of multiple Hispanic origins, enter the origins as reported (for example, Mexican-Puerto Rican). If an informant identifies the decedent as Mexican-American or Cuban-American, enter the Hispanic origin as stated. This item is not part of the race item. A decedent of Hispanic origin may be of several races. Each question, race and Hispanic origin, should be asked independently.

(People of Hispanic ancestry comprise the second largest ethnic minority in this country. Reliable data are needed to identify and assess public health problems of Hispanic people and to target efforts to their specific needs. This item provides data to measure differences in fertility and pregnancy outcome as well as variations in health care for people of Hispanic and non-Hispanic origin. Without collection of data on persons of Hispanic origin, it is impossible to obtain valid demographic and health information

on this important group of Americans.)

12a/b. DECEDENT'S EDUCATION (specify only highest grade completed)

Enter the number of years of primary/secondary schooling (0-12) completed by the decedent in item #12a or the number of years of college schooling completed by the decedent in item #12b. Report only those years of school that were completed; a person who enrolls in college but does not complete one full year should not be identified with any college education in this item. Do not include beauty, barber, trade, business, technical, or other special schools when determining the highest grade completed.

(This item is used in studies of the relationship between education and mortality. This information is valuable in medical studies of causes of death and in prevention programs.)

13a. MARITAL STATUS

Check one of the spaces to report the marital status of the decedent at the time of death. Specify one of the following: married, divorced, widowed, or never married. A person is legally married even if separated from the spouse. If marital status cannot be determined, enter "Unknown." Minnesota does not recognize "common law" marriages.

(This information is used in determining differences in mortality by marital status.)

13b. NAME OF SPOUSE (if wife, specify maiden name)

If the decedent was married at the time of death, enter the full name of the surviving spouse. If spouse is deceased, enter the full name followed by "deceased." If the decedent is female, provide maiden surname.

(This item is used in genealogical studies and in establishing proper insurance settlements and other survivor benefits.)

14. DECEDENT'S USUAL OCCUPATION

Enter the usual occupation of the decedent. This is not necessarily the last occupation of the decedent. "Usual occupation" describes the occupation decedents had during most of their working lives, such as claim adjusters, farmhands, coal miners, janitors, store managers, college professors, or civil engineers. If the decedent was a student at the time of death and was never regularly employed, enter "student."

15. KIND OF BUSINESS/INDUSTRY

Enter the kind of business or industry to which the occupation listed in item #14 is related, such as insurance, farming, hardware store, retail clothing, university, or government. If the decedent was a student at the time of death and "student" is entered as the decedent's usual occupation in item 14, enter the type of school, such as high school or college, in item 15.

(These items are useful in studying occupationally related mortality and in identifying job-related risk areas. For example, correlating asbestos used in particular occupations in the shipbuilding industry to respiratory cancer was possible with this information.)

16. U.S. VETERAN (NO/YES)

If the decedent ever served in the U.S. Armed Forces, enter "Yes". If not, enter "No." If you cannot determine whether the decedent served in the U.S. Armed Forces, enter "Unknown".

(This item is used to identify decedents who were veterans. This information is of interest to veteran groups.)

17a-e. GENERAL INFORMATION/INSTRUCTIONS ON RESIDENCE OF DECEDENT

The residence of the decedent is the place where his or her household is located. The state, county, city, and street address should be for the place where the decedent actually lived most of the time. Never enter a temporary residence, such as one used during a visit, business trip, or a vacation. However, place of residence during a tour of military duty or during attendance at college is not considered temporary and should be entered as the place of residence on the certificate. If the decedent had been living in a facility where an individual usually resides for a long period of time, such as a group home, nursing home, penitentiary, or hospital for the chronically ill, this facility should be entered as the place of residence in items 17a through 17e. If the decedent was a minor, residence is the same as that of the parent(s), legal guardian, or custodian unless the child was living in an institution where individuals usually reside for long periods of time, as indicated before. In those instances the residence of the child is the facility. If the decedent was an infant who never resided at home, the place of residence is that of the mother or legal guardian.

17a. STATE OF RESIDENCE

Enter the name of the state in which the decedent lived. If the decedent was not a resident of the U.S.A., enter the name of the country and the name of the unit of government that is

the nearest equivalent of a state.

17b. COUNTY OF RESIDENCE

Provide the name of the county in which the decedent lived.

17c. CITY OR TOWNSHIP OF RESIDENCE

Provide the name of the city or township in which the decedent lived. This may differ from the city, township or location in item #17d (mailing address of decedent). If the decedent was a resident of a rural area, provide the most specific subdivision (township). The township of residence is the same as the township in which the decedent was registered to vote. If you know that the decedent lived in a township, but you do not know the name of the township, leave this item blank and check "township limits" in item #17e.

17d. ADDRESS OF DECEDENT (NUMBER, STREET, ZIP CODE)

Enter the house number, street name, apartment number, city, and zip code of the place where the decedent received mail delivery. If the place where the decedent lived has no number and street name, enter the rural route number or box number of the mailing address.

17e. RESIDENCE IN CITY OR TOWNSHIP

Check the appropriate space to specify whether the decedent resided in city limits or in township limits.

18a. CITY OR TOWNSHIP OF DEATH

Enter the name of the city or township where the death occurred. If the death occurred in a rural area, provide the most specific subdivision (township).

18b. COUNTY OF DEATH

Enter the name of the county in which the death occurred. If the death occurred in a moving conveyance in the U.S.A. and the body was first removed from the conveyance in Minnesota, complete a death certificate; the county where the body was first removed from the conveyance is reported as the place of death.

(Information on the place of death is required to determine who has jurisdiction for deaths that require investigation by a medical examiner or coroner. These items are also used for research and statistics, comparing hospital and nonhospital deaths. Valuable information is provided for health planning and research on the utilization of health facilities.)

19a. PLACE OF DEATH (specify one)

Check the type of place where the decedent was pronounced dead - hospital, nursing home, residence, or other. If "Other (Specify)" is checked, specify where the death was pronounced, such as a physician's office, the highway or street(s) where a traffic accident occurred, a vessel, or at work. If the decedent's body was found, the place where the body was found should be entered as the place of death preceded by the word "found."

19b. IF HOSPITAL (specify one)

Specify whether the decedent was an inpatient, emergency room patient, dead on arrival, or other. If the death did not occur in a hospital, leave this item blank.

19c. NAME OF FACILITY WHERE DEATH OCCURRED (if not institution, specify street address)

Institution deaths--If the death occurred in an institution, enter the full name of the hospital, nursing home, etc. Deaths that occur in an ambulance or emergency squad vehicle en route to a hospital are in this category.

Non institutional deaths--If the death occurred at home, enter the decedent's residence address. If the death occurred at some place other than those described above, enter the residence address of the place the person was pronounced dead.

(Mortality data by residence are used with population data to compute death rates for detailed geographical areas; this is important for environmental studies. Data on deaths by place of residence of the decedent are also used to prepare population estimates and projections. Local officials use this information to evaluate the availability and use of services in their area. Information on residence inside city limits is used to properly assign events within a county. Information on zip code and whether the decedent lived inside city limits is valuable for studies of deaths in rural areas.)

20a. INFORMANT'S NAME

Provide the name of the person who supplied the personal facts about the decedent.

20b. INFORMANT IS _____ OF THE DECEASED (spouse, child, parent, sibling, etc.)

Specify what the relationship of the informant is to the decedent,

21. METHOD OF DISPOSITION (burial, cremation, donation, entombment, other)

Check the box corresponding to the method of disposition of the decedent's body. If "Other (specify)" is checked, enter the method of disposition on the line provided. "Donation" refers to the entire body, not to individual organs.

22. DATE OF DISPOSITION

If the method of disposition was both "burial" and "cremation", enter the date of cremation. If the method of disposition is "donation", provide the date the body was received by the medical institution. If this is to be a spring burial, enter "spring burial" in item #22.

23. NAME OF CEMETERY

Enter the name of the cemetery, crematory, or other place of disposition. If the body is removed from Minnesota, specify the name of the cemetery, crematory, or other place of disposition to which the body is removed. If the body is to be used by a medical or mortuary school for scientific or educational purposes, enter the name of that institution.

(This information indicates whether the body was properly disposed of as required by law. It also serves to locate the body if exhumation, autopsy, or transfer is required later.)

24. IF CREMATION, SPECIFY NAME OF CREMATORY

If this was a cremation, enter the name of the crematory.

25. IF CREMATION, SPECIFY NAME OF M.E./CORONER AUTHORIZING CREMATION

This item does not require a signature; it should contain the name of the medical examiner, coroner, or deputy coroner.

26A. NAME OF FUNERAL ESTABLISHMENT

Enter the name of the funeral establishment handling the body prior to burial or other disposition.

26B. LICENSE NO.

Enter the permit number of the funeral establishment.

27A. SIGNATURE OF FUNERAL SERVICE LICENSEE

The funeral director or mortician first assuming custody of the body and charged with the responsibility for completing

the death certificate should sign.

27B. LICENSE NO.

This is the individual mortician's license number.

28. DATE SIGNED

This is the date the mortician signed the death certificate.

29A. NAME OF PERSON CERTIFYING CAUSE OF DEATH (please type)

Provide the name of the physician who certifies the cause of death in item #34.

29b. TITLE OF PERSON CERTIFYING CAUSE OF DEATH

Provide the title of the person who certifies the cause of death (M.D., Coroner/M.E., or D.O.) in item #34.

29c. LICENSE NO. OF CERTIFIER

Provide the Minnesota license number of the physician who signs the death certificate (this item may need to be completed by the physician's office). This number assists in Minnesota quality control programs when it is necessary to contact the certifier for additional information concerning the death.

29d-g. ADDRESS OF CERTIFIER (street and number)

This is the address of the person certifying the cause of death.

30. SIGNATURE OF M.D./CORONER/D.O.

This is the signature of the person certifying the cause of death.

31. DATE SIGNED

This is the date the death certificate was signed by the certifier.

32. SIGNATURE OF REGISTRAR

This is the signature of the local registrar who files the death certificate.

33. DATE FILED

This is the date the death certificate was filed by the local

registrar.

Items #34-44 are to be completed by the physician, medical examiner or coroner.

34. CAUSE OF DEATH

PART I: Type the diseases, injuries or complications that caused the death. List only one cause on each line.

Immediate Cause (final disease or condition resulting in death).

Underlying Cause (disease or injury) that initiated events resulting in death.

35. ATTENDANCE DATES

I attended the deceased from (mo,day,year) to (mo,day,year) and last saw him/her on (mo,day,year). I viewed the body after death (yes/no).

36. CAUSE OF DEATH, PART II - OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in PART I.

Detailed instructions for the cause-of-death section, with examples of properly completed records, are contained in the Physicians' Handbook on Medical Certification of Death. These items are to be completed by the attending physician, medical examiner or coroner who certifies the cause of death. There must be an entry in the cause of death, even if the cause is shown as "pending investigation." The physician should list only one cause of death per line.

(Cause of death is the most important statistical and research item on the death certificate. It provides medical information that serves as a basis for describing trends in human health and mortality, and for analyzing the conditions leading to death. Mortality statistics provide a basis for epidemiological studies that focus on leading causes of death by age, race, and sex. They also provide a basis for research in disease etiology and evaluation of diagnostic techniques, which in turn lead to improvements in patient care.)

**37. WAS FEMALE PREGNANT: AT DEATH? (yes/no/unknown)
IN LAST 12 MONTHS? (yes/no/unknown)**

If the decedent was female, please report whether or not she was pregnant at the time of death or within the past 12 months.

(This item is used to identify maternal deaths for Minnesota's Maternal Mortality Review Project. Without a special item to report pregnancy, maternal deaths due to non-pregnancy related causes would not be identifiable from the reported cause of death statements.)

38. TIME OF DEATH

Enter the exact time of death, indicating whether the time of death is A.M. or P.M. Enter 12 noon as "12 noon." Enter 12 midnight as "12 midnight." A death that occurs at 12 midnight belongs to the night of the previous day, not the start of the new day. If the exact time of death is unknown, the mortician should state the time approximated by the person who pronounces the body dead or the time approximated by the medical examiner or coroner; type "approx." before the time.

(This item establishes the exact time of death, which is important in inheritance cases when there is a question of who died first. This is often important in the case of multiple deaths in the same family.)

39. MANNER OF DEATH

Check the box corresponding to the manner of death. Deaths not due to external causes should be identified as "natural." Usually, these are the only types of deaths a physician will certify. "pending investigation" and "could not be determined" refer to medical examiner or coroner cases only.

(In cases of accidental death this information is used to justify the payment of double indemnity on life insurance policies. It is also used to obtain a more accurate determination of cause of death.)

40. M.E./CORONER NOTIFIED? (yes/no)

Enter "Yes" if the medical examiner or coroner was contacted in reference to this case, otherwise, enter "no." In cases of accident, suicide, or homicide, the medical examiner or coroner must be notified.

(This item records whether the medical examiner or coroner was informed when the circumstances required such action. The physician must ensure that necessary referrals are made.)

41. AUTOPSY (yes/no)

Enter "yes" if the autopsy findings were available and used to determine the cause of death, otherwise, enter "no."

**42. WERE AUTOPSY RESULTS AVAILABLE WHEN FILLING IN CAUSE OF DEATH?
(yes/no)**

Enter "yes" if the autopsy results were available and used to determine the cause of death, otherwise enter "no." If no autopsy was performed, leave this item blank.

(This information assists in determining whether the information was used to assist in determining the cause of death. Knowing whether the autopsy results were used in determining the cause of death gives insight into the quality of the cause of death data.)

43. DIAGNOSIS DEFERRED (YES)

If the diagnosis was deferred, check "yes".

44a. PLACE OF INJURY (street & number, city/township, state)

Enter the complete address where the injury occurred.

(In cases of accidental death, these items are used in justifying the payment of double indemnity on life insurance policies. They are also needed for a more accurate determination of causes of death. Information from these items forms the basis of statistical studies of occupational injuries.)

44b. DESCRIBE HOW INJURY OCCURRED

If this death was the result of an injury, describe how the injury occurred.

44c. TYPE OF PLACE WHERE INJURY OCCURRED

Enter the general category of the place where the injury occurred. Do not enter firm or organization names, just the general category for the place of injury, such as loading platform, office building, or baseball field.

44d. DATE OF INJURY

Enter the exact month, day, and year that the injury occurred. In cases in which the exact time is impossible to determine, an estimate should be made. Be sure to indicate whether the time of injury was A.M. or P.M.

44e. TIME OF INJURY

Enter the exact time (hours and minutes) that the injury occurred. In cases in which the exact time is impossible to determine, an estimate should be made. Be sure to indicate

whether the time of injury was A.M. or P.M.

44f. INJURY AT WORK? (yes/no)

If the death was the result of an injury at work, please state whether or not the injury occurred at work.

COMPLETING THE FETAL DEATH REPORT

The Minnesota Vital Statistics Act requires that a report be filed for the death of each fetus for whom 20 or more weeks of gestation have elapsed. The mortician, funeral director, hospital administrator, or other person in charge of the disposition of the remains, is responsible for completing this report. Filing the report of fetal death will require the assistance of morticians, physicians, and medical records officers. Medical risk factors should be identified from the hospital/physician records. Each fetal death which occurs within the state should be reported within five days to the state registrar on a Report of Fetal Death form provided by the state registrar. To order a supply of blank fetal death report forms, call (612) 623-5123.

1. Fetus Name (First, Middle, Last)

Type the full first, middle, and last names of the fetus without abbreviation. Space the names to avoid confusion as to whether a name is a first, middle, or last name.

2a. Date of Delivery (Month, Day, Year)

Enter the exact month, day, and year the fetus was delivered. Enter the full name of the month - January, February, March, etc. Consider a delivery at midnight to have occurred at the end of one day rather than the beginning of the next day.

(This item is used in conjunction with "Date Last Normal Menses Began" to calculate length of gestation, which is an essential element in the study of low-birth-weight deliveries.)

2b. Time of Delivery

Enter the exact time of delivery. Indicate whether the time of death is A.M. or P.M. Enter 12 noon as "12 noon". Enter 12 midnight as "12 midnight." A death that occurs at 12 midnight belongs to the night of the previous day, not the start of the new day. If the exact time of delivery is unknown, the time should be approximated by the person responsible for filing the report; this may be reported as "Approx." followed by the time.

3. Sex of Fetus

Enter male, female, or undetermined.

(This information is used to measure fetal and perinatal mortality by sex. It helps identify differences in the impact of environmental and biological factors between the sexes.)

4a. Plurality

Specify the stillbirth as single, twin, triplet, quadruplet or quintuplet.

4b. If Not Single Delivery, Born First, Second, Third, etc.

Specify the order of birth (first, second, etc.) for every multiple pregnancy. For single pregnancies, enter the word "single" in item #4a and leave #4b blank.

(The frequency of multiple births/stillbirths and their characteristics are of interest to medical professionals and to scientists engaged in the study of heredity.)

5. County of Delivery

Enter the name of the county where the delivery occurred. For deliveries occurring in a moving conveyance, enter the county where the fetus was first removed from the conveyance.

(This item identifies the place of delivery, which is used to study relationships of hospital and nonhospital pregnancy terminations. It is also used by many states to produce statistical data by specific facility. Information on place of delivery, together with residence information, provides data to evaluate the utilization and distribution of health services.)

6. City or Township of Delivery

Enter the name of the city or township where the delivery occurred. For deliveries occurring in a moving conveyance, enter the city or township where the fetus was first removed from the conveyance. If a fetus is found in Minnesota and the place of fetal death is unknown, the place where the fetus was found should be entered with the word "found" preceding the name of the city.

7. Place of Delivery

Check the appropriate box to reflect the place where the stillbirth occurred. A birthing center located in and operated by a hospital is considered part of the hospital and should be reported as occurring in the hospital. Freestanding birthing centers include facilities that are operated independently of hospitals. The "clinic/doctor's office" category includes other nonhospital outpatient facilities where births occasionally occur.

(This item identifies home deliveries, deliveries in freestanding birthing centers and deliveries in nonhospital clinics or physicians' offices. Such information permits analysis of the number and characteristics of births by type of facility and is helpful in determining the level of utilization and characteristics

of deliveries occurring in such facilities.)

8. Facility Name

Enter the full name of the hospital, freestanding birthing center, or other facility where the delivery occurred. If the delivery occurred in a moving conveyance en route to or on arrival at a facility, enter the full name of the facility followed by "En route." If the delivery occurred at home, enter the house number and street name of the place where delivery occurred. If the delivery occurred at some place other than those described above, enter the number and street name of the location. If the delivery occurred in a moving conveyance that was not en route to a facility, enter the address where the fetus was first removed from the conveyance.

(This item identifies the place of delivery, which is used to study relationships of hospital and nonhospital pregnancy terminations. It is also used by many states to produce statistical data by specific facility. Information on place of delivery, together with residence information, provides data to evaluate the utilization and distribution of health services.)

9a. Mother's Present Name (First, Middle, Last)

Enter the first, middle, and last names of the mother. This item should contain the mother's current legal name.

9b. Maiden Surname

Enter the last name of the mother as given at the time of her birth or adoption.

(The mother's name is used to identify the record. The maiden surname is important for matching the record with other records because maiden surnames remain constant throughout a lifetime, in contrast to other names, which may change because of marriage or divorce.)

10. Mother's Date of Birth (Month, Day, Year)

Enter the exact month, day, and year that the mother was born. Enter the full name of the month - January, February, March, etc. Do not use a number or abbreviation to designate the month.

(This item is used to calculate the age of the mother, which is one of the most important factors in the study of childbearing and pregnancy outcome.)

11. Mother's Birthplace (State or Foreign Country)

If the mother was born in the United States, enter the name of the

state in which she was born. If she was born in a foreign country or a U.S. territory, enter the name of the country or U.S. territory. If the mother was born in the United States but the state is unknown, enter "U.S. - Unknown state." If she was born in a foreign country but the country is unknown, enter "Foreign - Unknown."

(This item provides information on recent immigrant groups, such as Asian and Pacific Islanders, and is used for tracing family histories. It is also used with the U.S. Bureau of the Census data to compare the childbearing of women who were born in the United States with that of foreign-born women.)

12a.-13. General Information on Mother's Residence

The mother's residence is the place where her household is located; this is not necessarily the same as her mailing address. If the mother lives in a rural area, try to obtain the name of the township she lives in as well as the name of the city of her mailing address. Never enter a temporary residence, such as one used during a visit, business trip, or vacation. Residence for a short time at the home of a relative or friend is considered temporary and should not be entered here. However, place of residence during a tour of military duty or during attendance at college is not considered temporary and should be entered on the report as the mother's place of residence. If the mother had been living in a facility where an individual usually resides for a long period of time, such as a group home, psychiatric institution, nursing home or penitentiary, this facility should be entered as the place of residence.

12a. Residence of Mother - State

Enter the name of the state in which the mother lives. If the mother is not a U.S. resident, enter the name of the country and the name of the unit of government that is the nearest equivalent of a state.

12b. Residence of Mother - County

Enter the name of the county in which the mother lives.

12c. Residence of Mother - City or Township

Enter the name of the city or township where the mother lives. This may differ from the city used in her mailing address, especially if she lives in a rural area and receives her mail through the post office in the nearest city. Always enter the most specific subdivision (township) when she lives in a rural area.

12d. Residence of Mother - Street and Number

Enter the number and street name of the place where the mother lives. If this location has no number and street name, enter the rural route number or a description of the place that will aid in identifying the precise location.

12e. Residence of Mother - Inside city limits? (yes or no)

Enter "yes" if the mother lives inside city limits; enter "no" if she lives in a rural area outside of city limits.

(Statistics on births are tabulated by place of residence of the mother; this makes it possible to compute birth rates based on the population residing in the area. Data on births by place of residence of the mother are used to prepare population estimates and projections. These data are used in planning for and evaluating community services and facilities, including maternal and child health programs, schools, etc. Private businesses and industries also use these data for estimating demands for services. "Inside City Limits" is used to properly assign residence to either a city or a rural area of the county.)

13. Mother's Mailing Address

Enter the mailing address of the mother only if it is different from the residence address given in item #12d. If the mother lives in the city limits given in item #12c, enter the zip code only. If the mother lives outside of city limits and the name of a township is given in item #12c, provide the city and zip code of her mailing address.

(Statistics on fetal deaths are tabulated by place of residence of the mother. These data are used in planning for and evaluating community services and facilities, including maternal health programs. "Inside City Limits" is used to properly assign residence to either a city or a rural area of a county. Zip code information may also be used for environmental impact studies for small geographic areas.)

14. Father's Name

Type the first, middle, and last names of the father.

15. Father's Date of Birth

Provide the month, day, and year that the father was born. Enter the full name of the month - January, February, March, etc. Do not use a number or abbreviation to designate the month.

(This item is used to calculate the age of the father; this is important in the study of childbearing and health and genealogical

research.)

16a. Mother's Social Security Number

16b. Father's Social Security Number

Enter social security numbers of the parents.

17a. Of Hispanic Origin? (Mother)

17b. Of Hispanic Origin? (Father)

Check "no" or "yes." If "yes" is checked, enter the specific Hispanic group as obtained from the parent(s) or other informant. This item should be completed for the mother on all certificates and for the father in all cases where the name of the father is shown on the certificate. The entry in this item should reflect the response of the informant.

For the purposes of this item, "Hispanic" refers to people whose origins are from Spain, Mexico, or the Spanish-speaking countries of Central or South America. Origin can be viewed as the ancestry, nationality, lineage, or country in which the person or person's ancestors were born before their arrival in the United States.

There is no set rule as to how many generations are to be taken into account in determining Hispanic origin. A person may report Hispanic origin based on the country of origin of a parent, grandparent, or some far-removed ancestor. The response should reflect what the person considers himself or herself to be and is not based on percentages of ancestry. Although the prompts include the major Hispanic groups of Cuban, Mexican, and Puerto Rican, other Hispanic groups should also be identified in the space provided.

If a person indicates they are of multiple Hispanic origins, enter the origins as reported (for example, Mexican-Puerto Rican).

This item is not a part of the Race item. A person of Hispanic origin may be of several races. Each question; race and Hispanic origin, should be asked independently.

(People of Hispanic ancestry comprise the second largest ethnic minority in this country. This item provides data to measure differences in fertility and pregnancy outcome as well as variations in health care for people of Hispanic and non-Hispanic origin. Without collection of data on persons of Hispanic origin, it is impossible to obtain valid demographic and health information on this important group of Americans.)

18a. Race of Mother (Specify below)

**18b. Race of Father - American Indian, Black, White, etc.
(Specify below)**

Enter White, Black, Indian, Chinese, Japanese, Hawaiian, Filipino, Asian Indian, Korean, Samoan, Vietnamese, Guamanian, Other.

19a. Education of Mother

19b. Education of Father (Specify only highest grade completed)

Enter the highest number of years of regular schooling completed by the mother and father in either the space for elementary/secondary school or the space for college. An entry should be made in only one of the spaces, the other space should be left blank. Report only those years of school that were completed. A person who enrolls in college but does not complete one full year should not be identified with any college education in this item.

Count formal schooling only. Do not include beauty, barber, trade, business, technical, or other special schools when determining the highest grade completed.

(Education is correlated with fertility and birth outcome, and is used as an indicator of socioeconomic status. It is used to measure the effect of education and socioeconomic status on health, childbearing, and infant mortality.)

20. Weight of Fetus (specify unit)

Enter the birth weight of the fetus as it is recorded in the hospital record.

Enter the weight as shown in the hospital record, in either grams or pounds and ounces. Do not convert from one measure to the other. Specify the type of measure used (grams or pounds/ounces).

(This is the single most important characteristic associated with infant mortality. It is also related to prenatal care, socioeconomic status, marital status, and other factors surrounding the birth. Consequently, it is used with other information to plan for and evaluate the effectiveness of health care.)

21. Fetus Delivered in Wedlock? (yes or no)

Enter "Yes" if the mother was married at the time of conception, at the time of stillbirth, or at any time between conception and stillbirth; otherwise, enter "No."

(This information is used to monitor the substantial differences in health and fertility between married and unmarried women. It enables the study of health problems encountered during and after

pregnancies of unmarried women. This information allows researchers to measure medical risk factors of out-of-wedlock children and their mothers. These children tend to have lower birth weights and a higher infant mortality rate, and they may be born to mothers with less prenatal care. Because of these differences, unmarried women and their babies are more likely to require additional health services.)

22a. Live Births (Now Living)

Enter the number of prior children born to this mother who are still living at the time of this stillbirth. Do not include children by adoption.

22b. Live Births (Now Dead)

Enter the number of prior children born to this mother who are no longer living. Do not include any children by adoption.

Check "None" if all previous children are still living.

22c. Date of Last Live Birth (Month, Day, Year)

Enter the date (month and year) of birth of the last live-born child of the mother.

If this report is for the second delivery of a twin set, enter the date of birth for the first baby of the set, if twin #1 was born alive. Similarly, for triplets or other multiple deliveries, enter the date of birth of the previous live birth of the set. If all previously born members of a multiple set were born dead, enter the date of the mother's last delivery that resulted in a live birth.

Enter "None" if the mother has not had a previous live birth. Do not leave this item blank.

Enter the full name of the month--January, February, March, etc. Do not use a number or abbreviation to designate the month.

22d. Other Terminations - Spontaneous and induced at any time after conception (Do not include this fetus)

Enter the number of fetuses that were delivered dead regardless of the length of gestation. Include each recognized loss of a product of conception, such as ectopic pregnancy, miscarriage, stillbirth, and spontaneous or induced abortion.

Check "None" if this is the first pregnancy for the mother or if all previous pregnancies resulted in live-born infants.

22e. Date of Last Other Termination (Month, Year)

Enter the date (month and year) of the last termination of pregnancy regardless of the length of gestation.

If the mother has never had a termination of pregnancy, enter "None."

Enter the full name of the month--January, February, March, etc. Do not use a number or abbreviation to designate the month.

If this report is for the second delivery of a twin set and the first was born dead, enter the date of delivery of twin #1. Similarly, for other multiple deliveries, if any previous member of the set was born dead, enter the date of delivery of that fetus. If all previously-born members of a multiple set were born alive, enter the date of the mother's last delivery that resulted in a fetal death.

(These items are used to determine live-birth order and total-birth order, which are important in studying trends in childbearing and child spacing. They are also useful in studying health problems associated with birth order--for example, first births to older women--and determining the relationship of birth order to infant and perinatal mortality.)

In studying child spacing, the dates of last live birth and other terminations are used to compute the intervals between live births and fetal deaths and between pregnancies. This information allows researchers to measure known risk factors associated with the mother's previous pregnancies, such as prior fetal loss, short interpregnancy interval, and high parity.)

23. Date Last Normal Menses Began (Month, Day, Year)

Enter the exact date (month, day, and year) of the first day of the mother's last normal menstrual period, as obtained from the physician or hospital record. If the information is unavailable from these sources, obtain it from the mother.

If the exact day is unknown but the month and year are known, obtain an estimate of the day from the mother, her physician, or the medical record. If an estimate of the date cannot be obtained, enter the month and year only.

Enter "Unknown" if the date cannot be determined.

(This item is used in conjunction with the date of birth to determine the length of gestation, which is closely related to infant morbidity and mortality. Length of gestation is linked with birth weight to determine the maturity of the child at birth.)

24. Clinical Estimate of Gestation (Weeks)

Enter the length of gestation as estimated by the attendant. If the attendant has not done a clinical estimate of gestation, enter "None."

(This item provides information on gestational age when the item on the date the last normal menses began contains invalid or missing information. For a record with a plausible date that the last normal menses began, this item provides a cross-check with length of gestation based on ultrasound or other techniques.)

25. Month of Pregnancy Prenatal Care Began - First, Second, Third, etc. (Specify)

Enter the number of the month of this pregnancy that the mother first received care from a physician or other health professional or attended a prenatal clinic.

The month of pregnancy in which prenatal care began is measured from the date the last normal menses began.

Prenatal care begins when a physician or other health professional first examines or counsels the pregnant woman.

26. Prenatal Visits - Total Number

Enter the number of visits made for medical supervision of the pregnancy by a physician or other health care provider during the pregnancy. If no prenatal care was received, enter "None."

(This information is used to determine the relationship of prenatal care to the outcome of the pregnancy. The number of prenatal visits can be used in conjunction with the month that pregnancy prenatal care began to assess the adequacy of prenatal care. In addition, this information can be used with length of gestation to compute the Kessner Index, a quantitative measure of the adequacy of prenatal care.)

27a. Medical Risk Factors For This Pregnancy (Check all that apply)

Check each of the medical risk factors that the mother experienced during this pregnancy. Complications should be entered even if they are a part of the cause of fetal death in item 32. If the mother experienced medical risk factor(s) not identified in the list (for example, other infectious diseases, AIDS, or syphilis) check "Other" and enter the risk factor on the line provided. If there were no medical risk factors check "None."

(This information allows for the identification of specific maternal conditions that are often predictive of poor maternal and infant outcome. It can be used for planning intervention and

prevention strategies.)

27b. Other Risk Factors For This Pregnancy

Complete each question/statement. Enter the amount of weight gained by the mother during the pregnancy in pounds. If no weight was gained, enter "None". If the mother lost weight during her pregnancy, enter the amount of weight lost (for example, "Lost 10 pounds").

Check "Yes" for tobacco use if the mother smoked tobacco at any time during the pregnancy. Check "No" if the mother did not smoke during the entire pregnancy. If "Yes" is checked, specify the average number of cigarettes the mother smoked per day during her pregnancy. If, on the average, she smoked less than one cigarette per day, check "Less than 1."

Check "Yes" for alcohol use if the mother consumed alcoholic beverages at any time during her pregnancy. Check "No" if the mother did not consume any alcoholic beverages during the entire pregnancy. If "Yes" is checked, specify the average number of drinks she consumed per week. One drink is equivalent to 5 ounces of wine, 12 ounces of beer, or 1-1/2 ounces of distilled liquor. If, on the average, she drank less than one drink per week, enter "Less than 1."

Check appropriate box(es) for drug use during pregnancy.

(Smoking, drinking, and drug use during pregnancy may have an adverse impact on pregnancy outcome. This information is used to evaluate the relationship between certain lifestyle factors and pregnancy outcome and to determine at what levels these factors clearly begin to affect pregnancy outcome.)

28. Obstetric Procedures (check all that apply)

Check each type of procedure that was used during this pregnancy. More than one procedure may be checked. If a procedure was used that is not identified in the list, check "Other" and specify the procedure on the line provided. If no procedures were used, check "None".

(Information on obstetric procedures is used to measure the use of advanced medical technology during pregnancy and labor and to investigate the relationship of these procedures to the type of delivery and pregnancy outcome.)

29. Complications of Labor and/or Delivery

Check each medical complication present during labor and/or delivery. If a complication was present that is not identified in the list, check "Other" and specify the complication on the line

provided. If there were no complications, check "None".
(This information is used to identify pregnancy complications during labor and delivery and their relationship to the method of delivery and birth outcome.)

30. Method of Delivery

Check the method of delivery of the child. If more than one method was used, check all methods that applied to this delivery.

(This information is used to relate the method of delivery with birth outcome, to monitor changing trends in obstetric practice, and to determine which groups of women are most likely to have cesarean delivery. The method of delivery is relevant to the health of mothers, especially if it is by cesarean section. Information from this item can be used to monitor delivery trends in the United States.)

31. Congenital Anomalies Of Child

Check each anomaly of the child. Do not include birth injuries. The checklist of anomalies is grouped according to major body systems. If an anomaly is present that is not identified in the list, check "Other" and specify the anomaly on the line provided. Note that each group of system-related anomalies includes an "Other" category for anomalies related to that particular system. If there is a question as to whether the anomaly is related to a specific system, enter the description of the anomaly in "Other (Specify)" at the bottom of the list. If there are no congenital anomalies of the child, check "None."

(Information on congenital anomalies is used to identify health problems that require medical care and to monitor the incidence of the stated conditions. It is also used to study unusual clusters of selected anomalies, to track trends among different segments of the population, and to relate the prevalence of anomalies to other characteristics of the mother, infant, and the environment.)

32. Cause of Death

Part I. Immediate Cause - Fetal or maternal condition directly causing fetal death.

- a. Due to (or as a consequence of): fetal and/or maternal conditions, if any, giving rise to the immediate cause, stating the underlying cause last.
- b. Due to (or as a consequence of):
- c. _____

Enter on line (a) the fetal or maternal condition directly causing the fetal death. Enter on lines (b) and (c) fetal and/or maternal

conditions, if any, that gave rise to the immediate cause(s) on line (a), stating the underlying cause last. Also, specify whether the condition was fetal or maternal.

Part II: Other Significant Conditions

Enter any conditions contributing to the fetal death but not resulting in the underlying cause listed in Part I. Cause of fetal death should include information provided by the pathologist if an autopsy or other type of postmortem exam was done. If microscopic exams for a fetal death are still pending at the time the report is filed, the hospital should report the additional information as soon as it is available.

(This item provides medical information for ranking causes of fetal death and for analyzing the conditions leading to fetal death. Information on cause of fetal death is correlated with information from other items on the report, such as length of gestation and prenatal care.)

33. Fetal Death Occurred (Specify)

Indicate whether the fetal death occurred before labor, during labor or delivery, or whether this is unknown.

(This item is used as a check to ensure that the delivery was properly reported as a fetal death and was not a live birth.)

34a. Autopsy (Yes or No)

Enter "Yes" if a partial or complete autopsy was performed. Otherwise, enter "No."

34b. If "Yes" in #34a, Were Findings Considered In Determining Cause of Death? (Yes or No)

Enter "Yes" if autopsy findings were considered in determining the cause of death. Otherwise, enter "No." If no autopsy was performed, leave this item blank.

(Knowing whether the autopsy results were used in determining the cause of death gives insight into the quality of the cause-of-death data.)

35a. Attendant's Signature

The person who certifies to the cause of death in item #32 signs the report in item #35a.

35b. Attendant's License Number

Enter the Minnesota license number of the physician who signs item

#35a of the report. This number assists with quality control programs when it is necessary to contact the attendant for additional information concerning the death.

35c. Date signed (Month, Day, Year)

Enter the month, day, and year the attendant signed the report.

35d. Attendant's Name and Title (Type or print)

Type the full name and address of the physician or other person who signed item #35a of the report.

35e. Attendant's Mailing Address

Type the full name and address of the physician or other person who signed item #35a of the report.

(Items #35a - #35e identify the attendant who signed the fetal death report and the date the report was signed. This allows the attendant to be contacted for missing information.)

36a. Signature of Person Completing Report

The mortician, funeral director, hospital administrator, or other person in charge of the disposition of the remains signs in item #36a.

36b. Establishment Number of Funeral Home

Enter the Minnesota license number of the funeral establishment given in item #37.

36c. Date Signed

Enter the month, day, and year that the person signed item #36a of the report.

36d. Name and Title of Person Completing Report

Type the name of the person who signed item #36a of the report. Check one of the boxes to designate the title of this person.

37. Name and City of Hospital or Funeral Establishment

Provide the name and city of the funeral establishment or the hospital facility having responsibility for disposition of the remains.

38. Method Of Disposition

Check the box corresponding to the method of disposition of the fetus. If "Other (Specify)" is checked, enter the method of disposition on the line provided (for example, "entombment").