

2011 Revised Certificate of Death Implemented 01-01-2011 New Requirements in the Medical Certification

A revised Certificate of Death form was implemented by the Iowa Department of Public Health, Bureau of Vital Statistics, effective with deaths occurring at 0000, January 1, 2011.

Iowa's 2011 revision of the Certificate of Death is a reflection of the 2003 national standard developed by the National Center for Health Statistics (NCHS), pursuant to Iowa Code section 144.12 forms uniform, which states "In order to promote and maintain uniformity in the system of vital statistics, the forms of certificates, reports, and other returns shall include at a minimum the items recommended by the federal agency responsible for national vital statistics, subject to approval and modification by the department."

Nationally, the revision process begins with a consensus from the States that a revision is needed. The U.S. Standard Certificate of Death had ten revisions during the 20th century. The previous version of the certificate used in Iowa was first implemented in 1989. Discussions for the 2003 national standard began in 1998 when the National Center for Health Statistics (NCHS), a division of the Centers for Disease Control and Prevention, assembled an expert panel of data providers to evaluate the certificate and recommend changes. NCHS first issued specifications for this latest revision in 2001; however, due to other resource commitments, Iowa's implementation was pushed back until January 1, 2011. (Data collection revisions always implement on the first day of a new calendar year.)

The Certificate of Death is a permanent legal record that provides personal information about the deceased, the circumstances and cause of death, and final disposition. For survivors, it is needed to apply for insurance benefits, settle pension claims, transfer title of real and personal property, and provide legal prima facie evidence of the fact of death.

The death certificate is a vital source for state and national mortality statistics, and is used to determine which medical conditions receive research and development funding. Statistical data from death records are also used to identify public health problems and measure the results of programs established to alleviate these problems. Effective public health programs build on these data.

Mortality data can be valuable to physicians indirectly by influencing funding that supports medical and health research that may alter clinical practice, and directly as a research tool. Research topics include identifying disease etiology, evaluating diagnostic and therapeutic techniques, examining medical or mental health problems found among specific groups of people, and indicating areas in which medical research can have the greatest impact on reducing mortality.

In combination with natality statistics, mortality data are also used to estimate and project population sizes, which in turn are used to help forecast and plan health programs and services.

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When completed properly, the cause of death information should communicate the same essential information that a case history would.

Data Provider Responsibilities:

Pursuant to Iowa Code section 144.27, the funeral director who first assumes custody of a dead body for disposition is legally responsible for filing the Certificate of Death in the county of death. This legal responsibility requires that they obtain the personal data from the informant and obtain the medical certification from the “person responsible for completing the certification.” Pursuant to Iowa Code section 144.28, the “person responsible for completing the medical certification” is the “physician in charge of the patient’s care for the illness or condition which resulted in death” in the cases of natural death, or the county or state medical examiner in cases of non-natural death. Therefore, the physician or medical examiner is responsible for completing items #24 through #49 in the medical certification section.

New Items in the Medical Certification

Date & Time of Death – Pronounced & Actual – Required Items:

New items include #24-25, the date and time the death was pronounced. These two fields are required to be completed in every situation by the physician or medical examiner, as well as items #29-30, the actual date and time – even if both sets are the same. According to national standards, a death at midnight belongs to the new day and is entered as 0000. Prevailing local time is used; and it is acceptable to enter “Approx” before the time if the exact time of death is not known.

Pronouncing Person, if different:

The physician or medical examiner, as the certifier, is also responsible for completing items #26-28 about the person who pronounced death *if different* than themselves. Ultimately, it is the certifier’s judgment call to provide this information. However, compliance ensures that an accurate case history surrounding the death is recorded on the Certificate of Death and the profession performing this function is recognized statistically. Items #26-28 include the name, title, and license number of the person pronouncing death, *if different from the certifier*.

In Iowa, only MD and DO professions may pronounce death as well as certify to the cause of death. The following professions may pronounce death, but are not authorized to certify to the cause of death:

- Physician assistant (PA) (pursuant to 148C.4)
- Licensed practical nurse (LPN) (pursuant to 152.1)
- Professional registered nurse (RN & ARNP) (pursuant to 152.1)

Pursuant to the respective Code sections cited above, these professions “may make pronouncement of death for a patient whose death is anticipated if the death occurs in a

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licensed hospital, a licensed health care facility, a Medicare-certified home health agency, a Medicare-certified hospice program or facility, an assisted living facility, or a residential care facility, with notice of the death to a physician and in accordance with any directions of a physician.”

As required by the Code sections, these professions who meet the above criteria and pronounce death are required to provide notice of the death to the physician. The death report, therefore, should include the date and time the death was pronounced, as well as the pronouncer’s name, professional title, and license number, in order for the physician or medical examiner to accurately complete those items on the Certificate of Death. The actual signature of the person pronouncing death, *if different than the certifier*, is NOT required – a modification by Iowa from the national standards which originally specified ‘signature.’

While the names, titles, and license numbers of the funeral director, pronouncing person, and physician or medical examiner appear on the face of the certificate on file, only professional titles are published in statistical data.

Tobacco Use:

The contribution of tobacco use to the death (item #35) also now appears in the medical portion. This is a required field for every deceased person regardless of age and is based on the physician’s medical opinion. According to national standards, this item should be checked ‘yes’ if the death was due to a fire started by smoking.

If Female, Pregnancy:

A revised question in the medical portion asks if the female deceased person was pregnant at the time of death. Unlike in the past, this item now has checkbox options and is required for all deceased persons who are female, regardless of age.

Goal

Implementation of the revised certificate also put into force the directive to accept for registration only those records that have complied with national standards and are as accurate and complete as feasible. In the past, typos and incomplete information caused innumerable problems statewide due to corrections and exchanges of certified copies on behalf of the surviving family. Taking into consideration a learning curve, and with the assistance of data providers and county registrars, the goal is to improve the accuracy, consistency, and integrity of the data on Iowa’s death certificates.