

How to complete a death certificate

(with a cause of death that feels right, meets the CDC expectations,
and gets you in and out of EDRS without too much grief)

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Office of Chief Medical Examiner



Objectives

- Identify the role and responsibilities of Maine's Office of Chief Medical Examiner (OCME)
- Learn why Maine's Electronic Death Registry System (EDRS) has become increasingly sensitive/particular/crabby/infuriating and what you can do to work within it.
- Understand the power of the "due to" on a death certificate and perhaps embrace the word "complications."

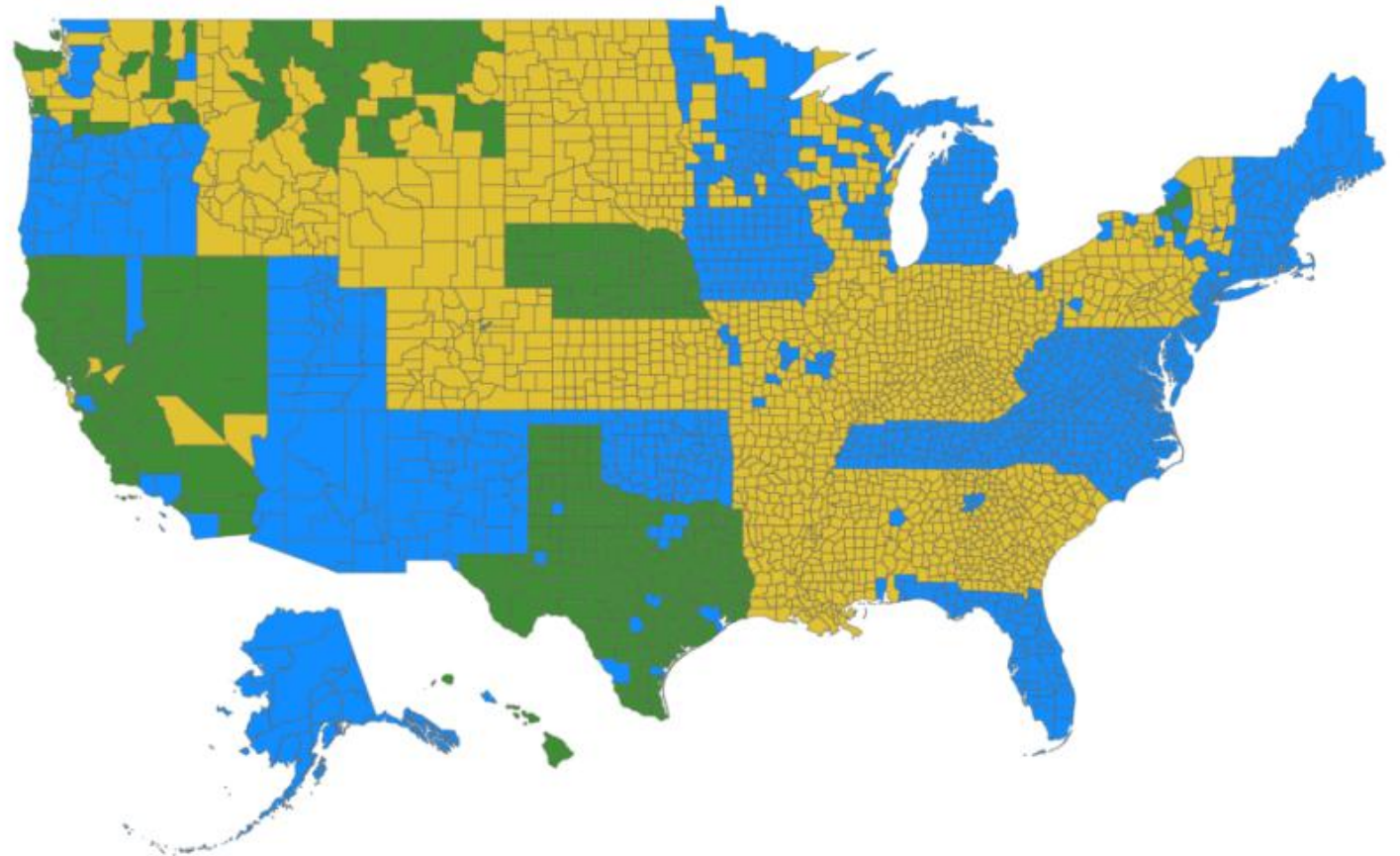
About Maine's OCME

- Medical examiner system
 - Physician-based (no coroners)



Map 1: Type of Medicolegal Death Investigation System, by County

● Coroner ● Medical Examiner ● Other County Official



About Maine's OCME

- Medical examiner system
 - Physician-based (no coroners)
 - Centralized system
 - One Office. One Chief.
 - Before 1968, death was investigated by county.
 - Chief is appointed by the Governor for a term of 7 years.
 - Can extend their tenure if all are in agreement
- OCME has had 5 Chiefs in 58 years.
- 2024: Dr. Alice J. Briones
 - Colonel, U.S. Air Force Colonel (Retired)
 - Director of Armed Forces Medical Examiner System



About Maine's OCME

- Two buildings in 58 years.
 - 1992
 - Coming soon!



Role of OCME

- Must investigate all sudden, unexplained, or violent deaths in the state
 - Any component of injury, even remote
 - In custody, under public guardianship
 - May investigate any death at the discretion of the Chief
- The Chief or her designee determines what type of investigation is needed for each death.

Title 22: HEALTH AND WELFARE
Subtitle 2: HEALTH
Part 6: BIRTHS, MARRIAGES AND DEATHS
Chapter 711: MEDICAL EXAMINER ACT

Role of OCME

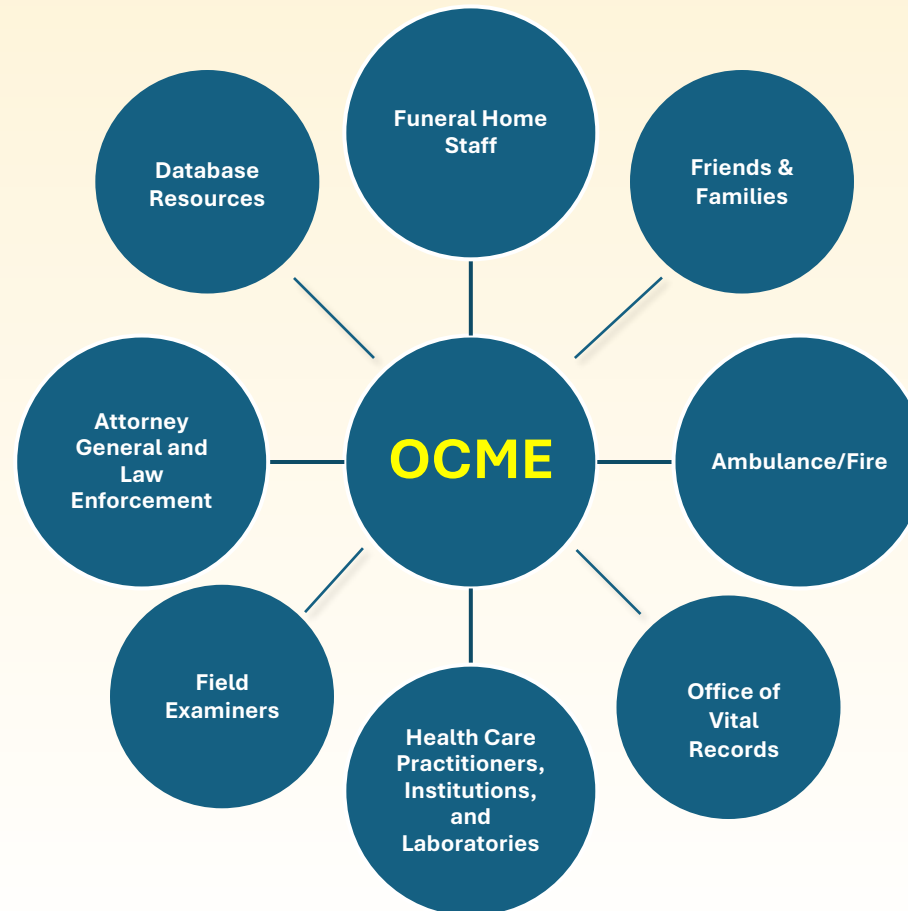
- Establishes
 - Cause of death
 - Gunshot wound of head, Hypertensive cardiovascular disease, Acute cocaine intoxication, Blunt force injury of head, Complications of peripheral vascular disease
 - Manner of death
 - Natural, Accident, Suicide, Homicide, Undetermined
 - In some jurisdictions, there is also Medical Misadventure (unintended or unexpected fatal injury from treatment, a recognized complication or risk of treatment)'
 - Not in Maine
 - Determines positive identification
 - DNA studies, Fingerprint analysis

Role of OCME

- Only a medical examiner are permitted to sign a death certificate that includes a component of injury
 - Chief, Deputy Chief, field volunteers for hire who are MD or DO
- Did they fall down the stairs, or were they pushed?
- Did they hang themselves, or were they hanged?
- The best friend stated he saw the decedent shoot himself. How do we know this is true?
- They arrived at the hospital with fentanyl on board. They died 6 days later. Did fentanyl cause or contribute to death?

Role of OCME


- All of these deaths must have a medicolegal investigation.



- 16,000 deaths in annually in Maine
- 4,000 deaths reported to OCME
- 2,500 deaths investigated
 - Autopsy
 - Examination
 - Medical record review

Role of OCME

- Documents generated
 - Autopsy report with testing (toxicology, genetics, histology, neuropathology, etc.)
 - Examination report with testing
 - Medical records review report with testing
- Death certificate
 - Department of Health and Human Services
 - Office of Vital Records Database Application for Vital Events (DAVE)
 - Birth certificates
 - Death certificates

Health care providers and staff at any Maine hospital may login to the DAVE system to create (or find and complete) a birth or death record. Funeral directors and staff at any Maine funeral establishment may login to create (or find and complete) a death or fetal death certificate. 

Electronic Death Registry System (EDRS)

- The Office of Chief Medical Examiner does not own or manage EDRS.
 - OCME works within it, just like you.
- <https://www.maine.gov/dhhs/mecdc/vital-records/dave>

Who do I call or e-mail if I need help with the DAVE system?

The help desk may assist with usernames and passwords, error overrides, registering for a DAVE account, orders for safety paper, checking the status of VitalChek or mail orders, funeral home orders, and case management. Please contact the DAVE Application Support and Help Desk at 1-888-664-9491 (Option 7) or (207) 287-5447. Users may also e-mail the help desk at vitalrecords.dhhs@maine.gov.

For all other inquiries related to vital records, please use the staff list below that provides specific duties.

- [Vital Records Staff Listing \(PDF\)](#)

Information for Health Care Providers and Staff

- [Print a Working Copy of a Birth or Death Record \(PDF\)](#)
- [Online Training Video for Medical Certifiers: How to Enter and Certify a Death in Maine](#)
- [Online Training Video for Cause of Death Reporting](#)
- [How to Certify a Death Case in Dave \(PDF\)](#)
- [Cause of Death Terms for Referral to Medical Examiner \(PDF\)](#)
- [Physicians Handbook on Medical Certification of Death \(PDF\)](#)
- [Birth Resources for Maine Hospitals \(PDF\)](#)
- [Attaching Files in Dave \(PDF\)](#)
- [Electronic Amendment and Correction to Personal Items on a Death Record \(PDF\)](#)
- [Electronic Amendment and Corrections to a Medical Items on a Death Record \(PDF\)](#)

Vital Records
has a Help Desk

There's an EDRS
tutorial

EDRS Flag Words:
Refer to Medical
Examiner

EDRS Flag Words

- Many of these words are clearly suggestive of trauma
 - Fractures, gunshot, hanging, electrocution
- Many are not so clear
 - Accident (cerebrovascular accident)
 - Anesthesia (ischemic stroke while receiving anesthesia)
 - Aspiration
 - Hemorrhage (gastrointestinal hemorrhage)
- Not listed: pneumonia
 - OCME would include it
- EDRS does not always catch flag words
 - The system is not perfect.

These following COD's cannot be approved in DAVE
Any case with the below COD term must be referred to the
Medical Examiner's Office

Abrasion	Embolism	Neglect
Abuse	Embolus	Overdose
Accident	Explosion	Paraplegia
Adverse	Exposure	Paraplegic
Alcohol	Exsanguination	Poisoning
Anaphylaxis	Failure to Thrive	Puncture
Anesthesia	Fall	Quadriplegia
Asbestosis	Fire	Quadriplegic
Asphyxia	Foreign	Reaction
Asphyxiation	Fracture	Seizure(s)
Aspiration	Fractured	Sepsis
Assault	Fractures	Smothering
Bite	Gunshot	Stab
Bleed	Hanging	Stabbed
Blunt	Hematoma	Stabbing
Bolus	Hemorrhage	Sting
Broken	Homicide	Strangulation
Bruise	Hyperthermia	Suffocation
Burn(s)	Hypothermia	Suicide
Cachexia	Impact	Surgery
Choking	Inadvertent	Surgical
Concussion	Ingestion	Therapeutic
Contusion	Injection	Therapy
Crash	Injury	Thrive
Crushing	Intoxication	Toxicity
Cut	Intravenous	Trauma
Drowning	Laceration	Traumatic
Drug(s)	Medication	Undetermined
Electric	Misadventure	Vehicle
Electrocution	Motor	Work
Emboli	Nailing	Wound

Cause of Death

- The disease or injury that produced the physiological derangement that resulted in death
- Stab wound of neck, hanging, hypertensive and atherosclerotic cardiovascular disease
- OCME often has death certificates that are this concise
 - Underlying cause of death (Part 1, Line a) is all that is listed

[WHOIS Recommendations for Entry of Cause of Death](#)

Enter the chain of events- diseases, injuries, or complications- that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. DO NOT ENTER OLD AGE. Enter one cause on a line. Add additional lines if necessary.

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.

Cause of Death		Approximate Interval	Onset to Death
PART I Line a	Immediate Cause (Final disease or condition resulting in death)		
Line b	Due to or as a consequence of		
Line c	Due to or as a consequence of		
Line d	Due to or as a consequence of		
PART II Other significant conditions			

(Underlying) Cause of Death

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ICD-10 Recommendations for Entry of Cause of Death

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Line a	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	Due to or as a consequence of		
Line d	<input type="text"/>	<input type="text"/>	<input type="text"/>
PART II	Other significant conditions		
	<input type="text"/>		

Mechanism of Death

- Physiologic derangement produced by the underlying issue that results in death.
 - They are not specific to a single cause of death.
- Hemorrhage (due to gunshot wound of abdomen)
- Hemorrhage (due to ruptured esophageal varices)

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PART II	Other significant conditions		
	<input type="text"/>		

In no universe...

- ...would a small bowel obstruction be traumatic.
- Small bowel obstruction due to surgical adhesions following treatment of stab wound of abdomen
- Small bowel obstruction due to surgical adhesions following treatment of abdominal hernia

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PART II	Other significant conditions		
	<input type="text"/>		

Immediate Cause of Death

- Needs a due to
 - Respiratory failure due to gastrointestinal hemorrhage due to duodenal ulcer
 - Hemopericardium due to ruptured aortic aneurysm due to hypertensive and atherosclerotic cardiovascular disease

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Flag Words

- EDRS has a seemingly ever-growing list of flag words to catch causes of death that lack (but need) a due to.
 - The goal is to help OCME catch medical examiner cases that weren't reported.
- Cause of death: Pneumonia
- Cause of death: Pneumonia due to Covid-19
- Cause of death: Pneumonia due to aspiration due to dementia
- Cause of death: Pneumonia
- Cause of death: Pneumonia due to aspiration following the treatment of femur fracture
 - Unwitnessed fall

Flag Words

- “Pressure ulcer” does not flag in EDRS.
- Cause of death: Pressure ulcer due to cachexia
- Cause of death: Pressure ulcer due to cachexia due to dysphagia due to stroke
 - Complications of stroke (respiratory, septic, hemodynamic, etc.)
- Cause of death: Complications of paraplegia due to blunt force injury of head
 - How injury occurred:
 - Driver of pick-up truck that left roadway and crashed
 - Assaulted by other(s)

Flag Words

- Cause of death: Pulmonary embolism
 - Due to deep vein thrombosis
 - OSC: Factor V Leiden
 - OSC: Class III Obesity
 - OSC: Tobacco use
 - OSC: Covid-19
- Cause of death: Pulmonary embolism following prolonged immobilization after a fall
- Cause of death: Pulmonary embolism due to fat embolus due to blunt force injury of leg

Due to

- It explains the chain of events.
- However, with EDRS, the more you write, the more likely you are to get hung up
- Pathologists tend to use bundle words.
 - Complications
 - Complications of end-stage renal disease (death in a healthcare setting)
 - Blunt force injury of chest complicating end-stage chronic obstructive pulmonary disease (death in a healthcare setting)
 - End-stage renal disease (death at home)
 - The terminal events were not witnessed/recorded, but the doctor understands the likely terminal events of this disease.

Flag Words

- If you are asked to sign a death certificate for a death the medical examiner released, the death is non-traumatic.
- If you are uncertain what the circumstances are of the death, you can call law enforcement for information or OCME.
 - Law enforcement said the patient fell at home, broke their neck, and died. Will you sign the death certificate?
 - The decedent was found near the bottom of a staircase. Will you sign the death certificate?

What are the expectations?

- Determine cause of death based on your expertise and the available information.
- OCME appreciates that accurate medical coding for cause of death is important for identifying health conditions and tracking trends, etc.
- Death certificates that are referred to OCME in EDRS are reviewed. The referral is declined (if it's obviously natural) or OCME takes control of the case.
 - Providers have to go back into EDRS to certify cases OCME declines.
 - During business hours, providers can call OCME and have us decline a case that minute.
 - Sometimes this service is available on weekends.

EDRS

- The days of being able to write anything on a paper death certificate and be done with it are over.
 - The funeral director had to enter those certificates by hand.
- “I know providers who write Dementia for every cause of death because they know EDRS will accept it.
 - That skews mortality data, but I understand the reasoning.
- Please call OCME to report deaths that aren’t natural.
 - Cause of death: femur fracture from fall, manner natural
 - That certificate sits in EDRS until someone discovers there’s an issue.
- Please call OCME for help when you are stuck wording a death certificate for a natural death. Please consider us a resource.