

# Stony Brook University Medical Center - Death Certificate Instructions

(Please call Admitting at 4-2763 with any questions)

1. All certificates must be completed in black ink only.
2. Please do not cross out when writing on the certificate.
3. As long as a physician is on staff, regardless if they have a license, they are allowed to complete certificates.
4. Cardiopulmonary arrest / Cardiorespiratory failure is acceptable as the immediate cause of death only if followed by a more significant secondary cause.
5. If the next-of-kin consents to have an autopsy performed, Pathology will be responsible for completing the Death Certificate.
6. If it is a Medical Examiner (M.E.) case, a certificate does not have to be completed.
7. By New York State law, should a patient expire due to A.I.D.S., it must be documented on the certificate as such. Abbreviations are not acceptable for this disease or any others.
8. For patients that expire in the Emergency Department (ED), the ED physicians are responsible for signing death certificates when the case is not accepted by the M.E., and the private physician will not be available to sign.
9. A body cannot be released without a completed death certificate. Should a patient expire in the ED, and an outside physician is involved, the signed certificate must be brought to Admitting and then the body may be released.

**Please complete ONLY the highlighted sections shown below**

ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- OR -- CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER											
<b>25A. CERTIFICATION:</b> To the best of my knowledge, death occurred at the time, date and place and due to the causes stated.											
<b>Certifier's Name</b>			<b>License No.</b>			<b>Signature</b>			<b>Month Day Year</b>		
Certifier's Title: <input type="checkbox"/> Attending Physician <input type="checkbox"/> Physician acting on behalf of Attending Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Medical Examiner / Deputy Medical Examiner						Address					
<b>25B.</b> If coroner is not a physician, enter Coroner's Physician's name & title.						License No.			Signature		
<b>25C.</b> If certifier is not attending physician, enter Attending Physician's name & title.						License No.			Address		
<b>26A.</b> Attending physician attended deceased				Month Day Year		<b>26B.</b> Deceased last seen alive by attending physician		Month Day Year		<b>26C.</b> Physician Dead: M.E. or Coroner	
27. MANNER OF DEATH											
NATURAL CAUSE		ACCIDENT		HOMICIDE		SUICIDE		UNDETERMINED CIRCUMSTANCES		PENDING INVESTIGATION	
<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 3		<input type="checkbox"/> 4		<input type="checkbox"/> 5		<input type="checkbox"/> 6	
CONFIDENTIAL						SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH			CONFIDENTIAL		
<b>30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))</b>											
<b>PART I - IMMEDIATE CAUSE</b>											
(A) <b>DUE TO OR AS A CONSEQUENCE OF:</b>						*IF PRIOR DATE KEEPS ALL BETWEEN DATES: 1/1/01 - 12/31/01					
(B) <b>DUE TO OR AS A CONSEQUENCE OF:</b>											
(C) <b>DUE TO OR AS A CONSEQUENCE OF:</b>											
<b>PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, IF NOT RELATED TO CAUSE GIVEN IN PART I (A)</b>											
<b>31A. DATE OF INJURY</b>						<b>31B. PLACE OF INJURY</b>			<b>31C. DESCRIBE HOW INJURY OCCURRED</b>		
MONTH DAY YEAR		HOLR		M		STREET CITY/TOWN AND COUNTY AND STATE			31D. PLACE OF INJURY		
<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 3		<input type="checkbox"/> 4			<input type="checkbox"/> 5		
<b>32. WAS DECEASED HOSPITALIZED IN LAST 2 MONTHS?</b>						<b>33A. IF FEMALE</b>			<b>33B. DATE OF BIRTH</b>		
<input type="checkbox"/> NO <input type="checkbox"/> YES						<input type="checkbox"/> YES <input type="checkbox"/> NO			MONTH DAY YEAR		
<b>33C. DATE OF BIRTH</b>						<b>33D. DATE OF DEATH</b>			<b>33E. DATE OF DEATH</b>		
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4						<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		

