pennsylvania
DEPARTMENT OF HEALTH
Bureau of Health Statistics and Registries
FORM HD02036F REV 07/18

Medical Certification Worksheet

Medical certifiers are to use this form to report a death event that occurred within Pennsylvania if the funeral director of record is using the Electronic Death Registration System (EDRS). Medical certifiers that are already using EDRS should enter their information directly into EDRS and should not use this form. If the funeral director of record is still using the paper-based Certificate of Death form (H105-143), then the medical certifier should also use that form to report the death event.

Medical certifiers must complete all questions on the form except for those questions listed under the "For Funeral Director Use Only" section. ***Incomplete or illegible forms will delay the death event from being registered.***

Please note that the numbering on the form below aligns with the numbering on the Certificate of Death (H105-143) form.

1. Decedent's legal name (first, middle, last, suffix)
4. Date of death (mo/day/yr) (spell mo)
6. Date of birth (mo/day/yr) (spell mo)

15.a. Place of death (check only one)

If death occurred in a hospital: ☐ Inpatient ☐ Emergency room/outpatient ☐ Dead on arrival

If death occurred somewhere other than a hospital: ☐ Hospice facility ☐ Decedent's home ☐ Nursing home/long-term care facility ☐ Other (specify) ____________________

15b. Facility name (if not institution, give street and number)
15c. City or town, state, and zip code
15d. County of death

TO BE COMPLETED BY: MEDICAL CERTIFIER

ITEMS 23a-23d MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH

23a. Date pronounced dead (mo/day/yr)
23b. Signature of person pronouncing death (only when applicable)
23c. License number
23.d Date signed (mo/day/yr)
24. Time of death
25. Was medical examiner or coroner contacted: ☐ Yes ☐ No

CAUSE OF DEATH

26. **Part I.** 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. Enter only one cause on a line. Add additional lines if necessary.

Approximate interval: onset to death

IMMEDIATE CAUSE (Final disease or condition resulting in death) →

a. ____________________ ________
Due to (or as a consequence of):

b. ____________________ ________
Due to (or as a consequence of):

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.**

c. ____________________ ________
Due to (or as a consequence of):

d. ____________________ ________
Due to (or as a consequence of):

26. **Part II.** Enter other significant conditions contributing to death but not resulting in the underlying cause give in Part I.

27. Was an autopsy performed? ☐ Yes ☐ No

28. Were autopsy findings available to complete the cause of death? ☐ Yes ☐ No

29. If female:
- ☐ Not pregnant within past year
- ☐ Pregnant at time of death
- ☐ Not pregnant, but pregnant within 42 days of death
- ☐ Not pregnant, but pregnant 43 days to 1 year before death
- ☐ Unknown if pregnant within the past year

30. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☐ No ☐ Unknown

31. Manner of death ☐ Natural ☐ Homicide ☐ Accident ☐ Pending investigation ☐ Suicide ☐ Could not be determined

32. Date of injury (mo/day/yr) (spell mo)

33. Time of injury

34. Place of injury (e.g. home; construction site; farm; school)

35. Location of injury (street and number, city, county, state, zip code)

36. Injury at work ☐ Yes ☐ No

37. If transportation injury, specify: ☐ Driver/operator ☐ Pedestrian ☐ Passenger ☐ Other (specify) ____________

38. Describe how injury occurred:

39a. Certifier – physician, certified registered nurse practitioner, physician assistant, medical examiner/coroner (Check only one):
- ☐ Certifying only – To the best of my knowledge, death occurred due to the cause(s) and manner stated.
- ☐ Pronouncing & certifying – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
- ☐ Medical examiner/coroner – On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

Signature of certifier: ____________________ Title of certifier: ____________________

License number: ____________________

39b. Person completing cause of death (item 26)

Name ____________________ Phone ____________

Address ____________________ Zip code ____________

39c. Date signed (mo/day/yr)

FOR FUNERAL DIRECTOR USE ONLY:

EDRS case ID number: ____________________ Disposition permit no.: ____________________

To ensure accurate reporting, please print certifier's name listed in 39b above: ____________________