



MEDICAL CERTIFICATION *of* DEATH

Handbook for Filipino Physicians

Department of Health
Knowledge Management and Information Technology Service





MEDICAL CERTIFICATION *of* DEATH

HANDBOOK *for* FILIPINO PHYSICIANS
GUIDELINES *and* PROCEDURES

*This document has been produced with the assistance of the World Health Organization.
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Knowledge Management and Information Technology Service
Department of Health
Manila
2015

Medical Certification of Death: Handbook for Filipino Physicians

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Foreword



Relevant and effective policy emanates from good quality data.

In light of the changes in disease patterns and the health sector's inability to fully provide full access to services especially among mothers, their babies, and other vulnerable groups, policymakers and program managers look to reliable mortality data to guide them in discerning areas for intervention and in crafting policies. They would need to know how Filipinos die, what they die of, whether they die prematurely or in old age. A case in point, in the past decade, the Philippines has been waging an all-out war against maternal and neonatal mortality. We need to know whether our policies and programs to reduce maternal mortality and ensure that children do not die prematurely are working. We also need to know how many die from HIV-AIDS, accident, suicide, and other preventable sickness. We need the evidence so that we can develop appropriate and effective intermediation and strategies.

The primary source of mortality data is the death certificate. Thus, data quality depends on the accuracy and completeness of information entered in the death certificate. A recent assessment by our civil registration and vital statistics system shows the need to capacitate personnel in-charge with accomplishing the death certificate, particularly regarding cause of death, disease coding, and verbal autopsy.

In this regard, we are glad to share this handbook on medical certification on the cause of death. It is a quick and easy reference for physicians especially our municipal health officers in accomplishing death certificates. It provides information on the correct and proper way of certifying causes of death and accomplishing the death certificate.

This handbook represents one of our initial steps in improving the quality of mortality data. It is part of our continuing effort to strengthen the Philippine Health Information System.

Better information leads to better governance, which ultimately results to healthier Filipinos!


JANETTE LORETO-GARIN
Secretary of Health



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OVERVIEW

This tool aims to improve the accuracy of Certificates of Death in the Philippines by providing training exercises and guidelines designed to assist medical practitioners in the accurate completion of the Medical Certificate portion of the Certificate of Death. This will lead to improved classification in causes of death statistics, thus, ensuring more precise mortality data.

ABOUT THIS TOOL

This capacity-building tool has been produced by the Knowledge Management Division of the Knowledge Management and Information Technology Service of the Department of Health, with the assistance of the World Health Organization. The tool was adapted from the Handbook for Doctors on Cause-of-Death Certification of the Health Information Systems Knowledge Hub School of Population Health, the University of Queensland.

COD	Certificate of Death
COFD	Certificate of Fetal Death
C/MCR	City/Municipal Civil Registrar
C/MHO	City/Municipal Health Officer
CRVS	Civil Registration and Vital Statistics
DOH	Department of Health
ICD-10	International Classification of Diseases, 10th Revision
NBI	National Bureau of Investigation
NSO	National Statistics Office
OLCR	Office of the Local Civil Registrar
PNP	Philippine National Police
PSA	Philippine Statistics Authority
VA	Verbal Autopsy
WHO	World Health Organization



Abbreviations



Introduction

The certificate of death is a permanent legal record which contains an individual's death information. It provides important information and data on the circumstances surrounding the death. The information from the death certificate has various uses, it is used for settlement of claims, inheritance, insurance benefits as well as proof of death. The certificate is likewise provided to the family members since it is a requirement for burial arrangement.

The cause of death as certified by a doctor is a record of an individual's death information. Being responsible for the clinical diagnosis of the cause of death, the physician plays a critical role in the cause of death certification. The clinical diagnosis by a physician is the basis for certifying the cause of death. When entered into a certificate of death, it establishes the cause of death of that particular individual. The information on the death certificate, which is coded and classified using the International Classification of Diseases version 10, is entered into a database and consolidated by the Philippine Statistics Authority.

The consolidated mortality statistics is the foundation for the country's health policies, plans and programs. It informs the policy makers and planners on the leading causes of mortality and its patterns and trends. Thus, it is of utmost importance that the country's mortality data should be of good quality. The road to good quality data starts with the clinical diagnosis of the physician as to the cause of death. This is followed by precise manner of certifying the cause of death with immediate, antecedent, and underlying causes, entered accurately and in correct order.

For the many deaths occurring in the Philippines that is not attended by a physician, the best way of ascertaining the cause of death by the local health authority is through verbal autopsy. This is done by interviewing family members who are knowledgeable as to the probable cause of death. This is the task of the local health officer since he or she signs the death certificate for those not medically attended. Likewise, in the Philippines, all death certificates have to be reviewed by the local health officer, medically attended or otherwise.



Death Registration:
Legal Mandates, Rules,
and Procedures

Civil Registry Law-Act No. 3753

Civil registration in the Philippines was made compulsory with the enactment of the Civil Registry Law (Act No. 3753) approved on November 26, 1930 and took effect on February 27, 1931.

This act mandates the registration of all facts and acts concerning the civil status of persons from birth to death, including the changes in civil status taking place therein in appropriate civil registry books.

Civil registration is defined as the “continuous, permanent, compulsory, and universal recording of the occurrence and characteristics of vital events pertaining to the population.” This is carried out primarily for the purpose of establishing the legal documents.

The Philippine Statistical Act - Republic Act No. 10625

Article 6 (e) of RA 10625 mandates the Philippine Statistics Authority (PSA) to carry out, enforce, and administer civil registration functions in the country as provided for in Act No. 3753, the Law on Registry of Civil Status.

Civil Registration Services

Based on the organizational structure of the PSA (Rule 9 Art. 13 c (vii) of the Implementing Rules and Regulations), Civil Registration Services (CRS) is under the Civil Registration and Central Support Office. The CRS shall be responsible for the civil registry document management and archiving, policy advocacy and research on civil registration matters, court decrees and legal instruments affecting civil registry documents, administrative correction of civil registry documents, outlet and customer services and other civil registration concerns.

Code on Sanitation of the Philippines – Presidential Decree No. 856

Based on Presidential Decree No. 856, approved on December 23, 1975, the burial or cremation of remains is subject to the following requirements: a) No remains shall be buried without a Certificate of Death, which shall be issued by the attending physician. If there has been no physician in attendance, it shall be issued by the mayor or the secretary of the municipality where the death occurred. The death certificate shall be forwarded to the local civil registrar within 48 hours after death (Sec. 91).

For Muslim Filipinos, however, in accordance with Islamic law and jurisprudence, the dead body may be buried as soon as possible even without a Certificate of Death provided that the death shall be reported by the person who performed the burial rites (or by the nearest kin) to the local health officer within forty-eight hours after the date of burial.

Local Government Code - Republic Act No. 7160

Civil registration is a function of the local government through the city/municipal registrar but is under the technical supervision of the Civil Registrar General (CRG).

Registrable Acts & Vital Events

Death refers to the permanent disappearance of all evidence of life at any time after live birth has taken place, or the postnatal cessation of vital functions without capability of resuscitation.

Fetal Death is death prior to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such separation the fetus does not breathe nor show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

In cases when the fetus has an intra-uterine life of less than seven months, it is not deemed born if it dies within twenty-four hours after its complete delivery from the maternal womb. Table 1 is a matrix guide on when to register the fetus and what form to use.

TABLE 1
Guide to Fetal Death Registration

Intrauterine Life	Fetus lived less than 24 hours	Fetus lived more than 24 hours	Remarks
Less than seven (7) months	X		Accomplish COLB and COD, two (2) copies each with remarks "For statistical purposes" (One copy each for LCR and CRG)
		X	Accomplish four (4) copies and register (one copy each for the registrant, CRG, C/MCR, attendant at death)
More than seven (7) months	X	X	Accomplish four (4) copies and register (one copy each for the registrant, CRG, C/MCR, attendant at death)

Place of Registration

As a general rule, the place of registration is the city or municipality where the event occurs. Except in circumstances where the place of death is not ascertained, then the place of registration is the city or municipality of usual residence of the deceased or where the deceased will be buried.

Reporting of Vital Events Occurring Abroad

All vital events occurring to Filipinos residing abroad (permanently or temporarily) shall be reported to the Philippine Foreign Service Establishment of the country of residence or where the vital event took place or where none is located thereat, in the Philippine Foreign Service Establishments of the country nearest the place of residence of the party concerned or where the vital event occurred.

Flow of Submission of Document

When a vital event occurs, the event shall be reported by the persons responsible within 30 days from the time of occurrence to the City/Municipal Registrar (C/MCR). The civil registrar registers the event, compiles all the registered vital events on a monthly basis, and submits it to the Philippine Statistics Authority Provincial Office (PSA-PO) within ten (10) days following the month of registration. The PSA-PO compiles the reports of all cities/municipalities within its jurisdiction and submits the same to the PSA Central Office at the Civil Registration Services within sixty days after the reference month

Reminder: *Sec. 6 of the Civil Registry Law. Death Certificate and Register - No human body shall be buried unless the proper death certificate has been presented and recorded in the office of the local civil registrar.*

Dismembered Body Parts

In cases when a dismembered body part which is non-viable for attachment is brought to the ER, such body part shall be forwarded to the surgical pathology section of the laboratory for gross and microscopic examination and documentation. The surgical pathology report signed and issued by the pathologist shall serve as the Certificate of Dismembered Body Part which may be used for burial purposes or proper disposal.

Body parts surgically removed (e.g., amputated foot due to diabetes mellitus or accidental chopping off the hand of a machinist because of a technical machine problem) are not considered as death of a person. Hence, document containing such body parts should not be registered since these are for burial purposes only.

The practice of issuing a Certificate of Death by the attending physician for the dismembered body part is not necessary.

Who is Responsible in Reporting the Event and Preparing the Certificate of Death/Certificate of Fetal Death (COD/COFD)?

For Death that Occurred in the Hospital

When a death occurs, the physician who last attended the deceased or the administrator of the hospital or clinic where the person died is responsible to prepare the COD and certify as to the cause of death.

The certificate is forwarded, within 48 hours after death, to the local health officer who will review the certificate and affix his signature in the "Reviewed By" portion and direct its registration at within 30 days.

For Death in Hospital Emergency Room (ER)

Emergency Room deaths refer to deaths of patients occurring in the ER, including patients who were revived by initial resuscitative measures at the ER but eventually died there, regardless of the time of stay in ER. In such cases, the Certificate of Death shall be accomplished by the ER Officer if he can provide a definite diagnosis. Otherwise, the death should be referred to the medico-legal officer of the hospital or the local health officer who shall cause the issuance of the Certificate of Death.

For Death that Occurred in the Ambulance

When a death occurs in the ambulance while the patient is being transferred to another healthcare facility, the attending physician during the transport of the patient shall accomplish the Certificate of Death.

For Death that Occurred Outside the Hospital

If the deceased died without medical attendance, the nearest relative or any person who has knowledge of the death is responsible for reporting the event to the local health officer within 48 hours. The local health officer is the one who will prepare the COD/COFD, certify the cause(s) of death, review and direct its registration at the Office of the Local Civil Registrar (LCRO) within 30 days.

In the absence of the local health officer the death should be reported to the mayor, or to any member of the Sangguniang Bayan, or to the municipal secretary who shall issue the Certificate of Death for burial purposes.

Special Cases:

For death that occurred in a vehicle/vessel/airplane, the driver/ship captain/pilot, as the case maybe, shall report such death to the concerned local health officer or his authorized representative, who shall examine the deceased, prepare the COD, certify as to the cause of death, review and direct its registration to OLCR.

In accidents where there are no survivors, it is the responsibility of the owner of the vehicle/vessel/airplane to make the report of death to the concerned local health officer or his authorized representative, who shall examine the deceased, prepare the COD, certify as to the cause of death, review and direct its registration to OLCR.

When mass death occurs and several persons die during calamities, accidents, or epidemics and the deceased cannot be identified, the local health officer in the exercise of his wise discretion, may issue a corresponding number of Certificate of Death and cause the registration of these deaths at the Office of the local civil registrar. The certificates must bear an annotation "Body Not Identified." An affidavit by two disinterested persons must be submitted together with the Certificate of Death and should contain the following information: sex of the deceased;

estimated age; distinguishing features; date, place, and condition of the body when found; and the circumstances surrounding death.

The physician who completes and signs his name in the Medical Certificate portion of the Certificate of Death is attesting to the best of his knowledge that the person named on the certificate died from the cause or causes of death stated. This physician, thus, becomes the certifier of death; the reported causes of death represent his best medical opinion.

Entries to the Medical Certificate must be accomplished by the physician correctly and completely before causing its registration at the Office of the Local Civil Registrar since there is prohibition against change or correction of entries in the Certificate of Death without judicial order.

For Death of Filipino Muslim or Indigenous Cultural Communities/Indigenous Peoples

For Filipino Muslim, Indigenous Cultural Communities/Indigenous Peoples (ICCs/IPs), the dead body may be buried even without a Certificate of Death provided that the death shall be reported to the local health officer within 48 hours after the date of burial. The local health officer shall prepare the COD, certify the cause of death and submit the COD to the LCR for registration.

NOTE: Aside from the COD/COFD, it is required to have an attachment which shall constitute the facts of occurrence of the event.

Municipal Form 103 - Attachment for Muslim Death

IP Form 2 – Attachment for death of ICCs/Indigenous Peoples

For Death under Medico-Legal Examination

When faced with the duty of completing the Medical Certificate portion of the Certificate of Death, the physician has to determine first and foremost whether the death is reportable or not and then, determine whether another physician is more qualified to complete the certificate especially if the deceased was attended by another physician prior to his death.

If the physician has reasons to believe or suspect that the cause of death was due to violence or crime (or that he is dealing with a medico-legal case), then he is duty-bound to immediately report to the authorities of the Philippine National Police (PNP) or the National Bureau of Investigation (NBI).

There is violence or crime when the cause of death was due, but not limited, to the following:

- Stab wounds
- Gunshot wounds
- Suicide of any kind
- Strangulation
- Accident resulting to death
- Actual physical assault inflicting injuries upon a person resulting to death
- Any other acts of violence upon a person resulting to death
- Sudden death of undetermined cause.

When the death under medico-legal investigation has not been registered, the head of the PNP or NBI or his authorized representative shall cause the registration of such death through the local health officer of the city or municipality where the death occurred. The medico-legal officer of this investigative agency will accomplish and sign the Medical Certificate portion of the Certificate of Death.

Who certifies the Certificate of Death?

- If there is a medical attendant at death, the certifying officer is the attendant at death.
- If there is no medical attendant at death, the certifying officer is the Local Health Officer.
- In medico-legal cases, the certifying officer is the medico-legal officer.

Who Reviews the Certificate of Death?

In all cases, the Medical Certificate of death shall be reviewed and signed by the local health officer (Municipal/City Health Officer).

When can registration of death be denied?

The local civil registrar cannot deny registration except for insufficiency of information. The entries are essential to identify the deceased and his/her cause of death. It is important that these should be mandatorily entered in the death certificate, otherwise the document shall be considered valueless. Application for registration of death shall not be allowed if the entries in the full name of the deceased and the cause of death are not provided.

Delayed Registration

Registration of death beyond the 30-day period shall be considered for delayed registration, and shall be accepted only if the procedures and requirements are observed and complied with.

Requirements:

- Four copies of COD accomplished correctly and completely
- Affidavit for delayed registration which shall be executed by the hospital/ clinic administrator, if the person died in the hospital, clinic or similar institution, or if the person died elsewhere, by the attendant at death. Otherwise, the affidavit shall be executed by any of the nearest relative of the deceased, or by any person having legal charge of the deceased when he was still alive
- The affidavit referred to above shall state among other things, the name of the deceased, the facts of the death, the date and place of burial or cremation, and the circumstances why the death was not reported for registration within thirty days after death

- Authenticated copy of the certificate of burial, cremation or other means of corpse disposal
- Approval for registration by the health officer in the box provided in the COD

Reminder: *Entries in the Medical Certificate must be accomplished by the attending physician/local health officer/medico-legal officer correctly and completely before registration since there is prohibition against change or correction of entries without judicial order.*

Uses of Certificate of Death

- Prima facie evidence of death
- Claim of benefits, pensions, insurance, or tax exemption
- Evidence for settlement of estate
- Remarriage purpose of surviving spouse
- Designation of a guardian or foster parent for minor
- Determine health priorities for prevention of deaths due to similar causes in the future
- The information is also important for family members so that they know what caused the death and are aware of conditions that may occur or could be prevented in other family members

Uses of Death Statistics

- Provide the indicators of existing infectious diseases and epidemics that need immediate control measures
- Basis for designing programs to promote public safety and strategies for disease prevention and eradication
- Serve administrative purposes, specifically, in the clearing of files like disease-case registers, social security, military service files, electoral rolls and tax registers
- For the control of infectious diseases

- Basis for design of programs in public safety, accident prevention and crime eradication
- Mortality surveillance, health and epidemiologic research, health planning
- Study of mortality differentials
- Health decision makers and planners all around the world make extensive use of mortality statistics
- Printing and issuance of certified copies of encoded civil registry documents
- Generation of transmittal files

Data management and Philippine Civil Registry Information System (PhilCRIS)

PhilCRIS is an information system that would address the needs of the local civil registrars, hospitals, churches, attendants at births and deaths, solemnizing officers, and those who are involved in the preparation and recording of vital events.

The PhilCRIS software is the Windows version of the Civil Registry Information System (CRIS DOS version), which is available for use by the Offices of the Civil Registrars and other end-users.

It has been completely redesigned to deliver civil registry information management in a new, more user friendly and efficient way.

Features of PhilCRIS

- Enables encoding of relevant information from civil registry documents
- Storage of vital data
- Query and retrieval of encoded records
- Maintenance of the local civil registry database

Benefits of Using PhilCRIS

- Uses a more stable and secure database management ensuring the integrity and security of civil registry information
- Has easier data entry and coding of items
- Allows print preview and printing directly to the new civil registry forms
- Has better support for new printers

How to Avail of PhilCRIS

PhilCRIS is given for free. The OLCR/hospital/clinic or similar institution shall coordinate with the PSA Provincial Office regarding the conduct of PhilCRIS training.

Once the institution's designated staff have been trained, a Memorandum of Agreement (MOA) is executed between the PSA and the institution's authorized representative.

The MOA will be submitted to the PSA-Central Office for proper control and once received they shall send the PhilCRIS installer.

SECTION 1

Medical Certification

Death refers to the permanent disappearance of all evidence of life at any time after live birth has taken place, or the postnatal cessation of vital functions without capability of resuscitation.

Fetal Death is death prior to the complete expulsion or extraction from the mother of a product of conception, irrespective of the duration of pregnancy; death is indicated by the fact that after such separation, the fetus does not breathe nor show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

Understanding the Certificate of Death

The *Certificate of Death* (Municipal Form No. 103) that we use conforms to the *International Form of Medical Certificate* recommended by the World Health Organization (WHO) with some modifications. This certificate which was revised in January 2007 has a change in color from blue of the January 1993 version to white of the current 2007 version. Aside from this, the new version of the form also includes additional item, **No. 19c. Maternal Condition** (if the deceased is female aged 15-49 years old), which was not present in the old form.

The *Medical Certificate* portion of the *Certificate of Death* includes items **19b to 22** for deceased aged 8 days and above, (Fig. 1) and items **14 to 19a** for deceased children aged 0 to 7 days, (Fig 2) Entries to all of these items must be filled out by the attending physician or the

local health officer, if the deceased died without medical attendance. As **certifier of death**, the attending physician or local health officer must affix his signature in the last item, **number 22**. The last item also includes a **Reviewed By** portion where the local health officer will affix his signature after thorough evaluation and review of the certificate. If the deceased died without medical attendance, the local health officer will affix his signature twice, one as the **certifier of death** and the other as the **reviewer**.

The causes of death which must be filled out in item number 19b of the *Medical Certificate* refer to all those diseases, morbid conditions or injuries which either resulted in or contributed to death and the circumstances of the accident or violence which produced any such injuries.

The *Causes of Death* portion (item 19b) of the *Medical Certificate* is divided into two parts: **Part I**, which has three lines, marked (a), (b), and (c), for reporting the causes of death; and **Part II**, which includes other significant conditions contributing to death. The three lines in Part I are labeled accordingly as the **Immediate cause**, **Antecedent cause**, and **Underlying cause**.

There is one other part in item 19b of the *Medical Certificate* which must always be filled out by the certifier. This is the time interval between onset of cause, and death. See Figure 1. *Medical Certificate* portion of the *Certificate of Death* showing **Parts I and II** of item 19b and the column marked, *Interval Between Onset and Death*.

MEDICAL CERTIFICATE (For ages 0 to 7 days, accomplish items 14-19a at the back)	
19b. CAUSES OF DEATH (If the deceased is aged 8 days and over)	
I. Immediate cause : a. _____	Interval Between Onset and Death _____
Antecedent cause : b. _____	
Underlying cause : c. _____	
II. Other significant conditions contributing to death: _____	
19c. MATERNAL CONDITION (If the deceased is female aged 15-49 years old)	
_____ a. pregnant, not in labour	_____ b. pregnant, in labour
_____ c. less than 42 days after delivery	_____ d. 42 days to 1 year after delivery
_____ e. None of the choices	
19d. DEATH BY EXTERNAL CAUSES	
a. Manner of death (Homicide, Suicide, Accident, Legal intervention, etc.) _____	20. AUTOPSY (Yes / No) _____
b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.) _____	
21a. ATTENDANT	21b. If attended, state duration (mm/dd/yy)
1 Private Physician _____	From _____ To _____
2 Public Health Officer _____	
3 Hospital Authority _____	
4 None _____	
5 Others (Specify) _____	
22. CERTIFICATION OF DEATH	
I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I <input type="checkbox"/> have attended/ <input type="checkbox"/> have not attended the deceased and that death occurred at _____ am/pm on the date of death specified above.	
Signature _____	REVIEWED BY:
Name in Print _____	Signature Over Printed Name of Health Officer _____
Title or Position _____	Date _____
Address _____	
Date _____	

Figure 1. Medical Certificate portion of Certificate of Death

FOR CHILDREN AGED 0 TO 7 DAYS		
14. AGE OF MOTHER _____	15. METHOD OF DELIVERY (Normal spontaneous vertex, if others, specify) _____	16. LENGTH OF PREGNANCY: (in completed weeks) _____
17. TYPE OF BIRTH (Single, Twin, Triplet, etc.) _____	18. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc) _____	
MEDICAL CERTIFICATE		
19a. CAUSES OF DEATH		
a. Main disease/condition of infant _____		
b. Other diseases/conditions of infant _____		
c. Main maternal disease/condition affecting infant _____		
d. Other maternal disease/condition affecting infant _____		
e. Other relevant circumstances _____		
CONTINUE TO FILL UP ITEM 20		

Figure 2. Medical Certificate portion of Certificate of Death for children aged 0-7 days

MEDICAL CERTIFICATE (For ages 0 to 7 days, accomplish items 14-19a at the back)	
19b. CAUSES OF DEATH (if the deceased is aged 8 days and over) Interval Between Onset and Death	
I. Immediate cause : a. _____	_____
Antecedent cause : b. _____	_____
Underlying cause : c. _____	_____
II. Other significant conditions contributing to death: _____	
19c. Maternal Condition (if the deceased is female aged 15 - 49 years old)	
____ a. pregnant not in labour ____ b. pregnant in labour ____ c. less than 42 days after delivery ____ d. 42 days to 1 year after delivery ____ e. None of the choices	
19 d. DEATH BY EXTERNAL CAUSES	20. AUTOPSY (Yes/No)
a. Manner of death (Homicide, Accident, Legal intervention, etc.) _____	_____
b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, etc.) _____	
21 a. ATTENDANT	21b. If attendant, state duration (mm/dd/yy)
1 Private Physician 2 Public Health Officer 3 Hospital Authority 4 None 5 Others (Specify)	From _____ To _____
22. CERTIFICATION OF DEATH	
I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I <input type="checkbox"/> have attended/ <input type="checkbox"/> have not attended the deceased and that death occurred at _____ am/pm on the date of death specified above.	
Signature _____	REVIEWED BY:
Name in Print _____	_____
Title or Position _____	Signature Over Printed Name of Health Officer
Address _____	_____
_____ Date _____	_____ Date _____

Figure 1. Medical Certificate portion of Certificate of Death

19b CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval between Onset and Death
I. Immediate cause	:a. <u>Myocardial infarction</u>	<u>3 HOURS</u>
Antecedent cause	:b. _____	_____
Underlying cause	:c. _____	_____
II. Other significant conditions contributing to death: _____		

FOR CHILDREN AGED 0 TO 7 DAYS		
14. AGE OF MOTHER	15. METHOD OF DELIVERY (Normal spontaneous vertex, if others, specify)	16. LENGTH OF PREGNANCY (in completed weeks)
17. TYPE OF BIRTH (Single, Twin, Triplet, etc.)	18. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)	
MEDICAL CERTIFICATE		
19 a. CAUSES OF DEATH		
a. Main disease/condition of infant _____		
b. Other diseases/conditions of infant _____		
c. Main maternal disease/condition affecting infant _____		
d. Other maternal disease/condition affecting infant _____		
e. Other relevant circumstances _____		

Figure 2. Medical Certificate portion of Certificate of Death for children aged 0-7 days

Part I of the Medical Certificate Portion of the Certificate of Death

Part I of the *Medical Certificate* has three lines for reporting the sequence of events leading to death; these are labeled (a), (b), and (c). Entries to these lines must show a sequence of events leading to death reported in causal order, one cause per line, starting with the most

19b CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval between Onset and Death
I. Immediate cause	:a. <u>Lung abscess</u>	<u>5 DAYS</u>
Antecedent cause	:b. <u>Lobar pneumonia left lung</u>	<u>5 HOURS</u>
Underlying cause	:c. _____	_____
II. Other significant conditions contributing to death: _____		

recent condition or event on the top line and going backward in time on progressively lower lines until the underlying cause is reported on the lowest line.

The **underlying cause** of death is the disease or injury which initiated the train of morbid events leading to death, or the circumstances of the accident or violence which produced the fatal injury. It is the most important entry in the certificate since mortality statistics is based on this underlying cause. All certification of death must include an underlying cause in Part I. Regardless of how many lines are filled out by the certifier with causes of death in the certificate, the lowermost completed line in Part I, or the reported cause in line (a) when only one cause of death is reported, is always the underlying cause.

The most recent condition written on top line of the certificate that directly leads to death is the **immediate cause**. Other intervening cause (or causes) of death occurring between the underlying and immediate causes is called the **antecedent cause**. Depending on the number of entries or causes of death reported in the *Medical Certificate* portion of the *Certificate of Death*, there can be one, or more than one reported antecedent causes of death. It is even possible not to have an intervening

19b CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval between Onset and Death
I. Immediate cause	:a. <u>Hypovolemic shock</u>	<u>1 HOUR</u>
Antecedent cause	:b. <u>Multiple fractures</u>	<u>5 HOURS</u>
Underlying cause	:c. <u>Pedestrian hit by a truck</u>	<u>5 HOURS</u>
II. Other significant conditions contributing to death: _____		

cause at all if only one line (immediate cause) or two lines (immediate and underlying cause) are filled out.

Case Sample 1. When there is only one reported cause of death in the certificate

A 56 year old man dies from acute myocardial infarction within 3 hours of its onset. He did not have any other illnesses.

While it is rare to only have one event leading to death, it does occur. In these cases, cause of death would be reported at 19b I.a and it would also form the underlying cause of death.

Comment: In the case sample above, acute myocardial infarction is the immediate and underlying cause at the same time. There is no intervening cause reported.

As a rule, when the certificate has only one entry as cause of death, that entry is **both** the immediate cause of death and the underlying cause at the same time. When the certificate has two causes of death, entered one each in lines (a) and (b), the entry in line (a) is the immediate cause and the one in line (b) is the underlying cause. When there are three reported

19b CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval between Onset and Death
I. Immediate cause	:a. <u>Lobar pneumonia</u>	<u>4 DAYS</u>
Antecedent cause	:b. <u>High output cardiac failure due to severe anemia</u>	<u>2 WEEKS</u>
Underlying cause	:c. <u>Thalassemia</u>	<u>4 YEARS</u>
II. Other significant conditions contributing to death: _____		

causes, line (a) is the immediate cause, line (b) the antecedent cause, and line (c) the underlying cause.

Case Sample 2. When there are only two reported causes of death in the certificate

A 56 year old person dies from abscess of the lung, which resulted from lobar pneumonia of the left lung. When there are two causes of death reported, these are written below.

19b CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval between Onset and Death
I. Immediate cause	:a. <u>Lung abscess</u>	<u>5 DAYS</u>
Antecedent cause	:b. <u>Lobar pneumonia left lung</u>	<u>2 WEEKS</u>
Underlying cause	:c. _____	_____
II. Other significant conditions contributing to death: <u>Diabetes mellitus</u>		<u>10 YEARS</u>

19b CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval between Onset and Death
I. Immediate cause	:a. <u>Lung abscess</u>	<u>5 DAYS</u>
Antecedent cause	:b. <u>Lobar pneumonia left lung</u>	<u>5 HOURS</u>
Underlying cause	:c. _____	_____
II. Other significant conditions contributing to death: _____		

Comment: When there are only two reported causes of death as illustrated above, the first entry which is lung abscess corresponds to the immediate cause of death, while the second reported cause which is lobar pneumonia left lung does not necessarily correspond to the antecedent cause even that word is already written to its left. As a rule, the last entry is always the underlying cause, whether there are two, three, or more reported causes of death. In the case above, lobar pneumonia left lung is the underlying cause, and we simply disregard the word antecedent cause found to its left.

Case Sample 3. When there are three causes of death reported

A 32 year old man dies from hypovolemic shock after sustaining multiple fractures when he was hit by a truck.

19b CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval between Onset and Death
I. Immediate cause	:a. <u>Pulmonary hemorrhage</u>	<u>SIX HOURS</u>
Antecedent cause	:b. <u>Advanced pulmonary tuberculosis</u>	<u>SIX YEARS</u>
Underlying cause	:c. _____	_____
II. Other significant conditions contributing to death: _____		

19b CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval between Onset and Death
I. Immediate cause	:a. <u>Aspiration pneumonia</u>	<u>WEEKS</u>
Antecedent cause	:b. <u>Alzheimer's Disease</u>	<u>APPROXIMATELY 15 YEARS</u>
Underlying cause	:c. _____	_____
II. Other significant conditions contributing to death: _____		

19b CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval between Onset and Death
I. Immediate cause	:a. <u>Hypovolemic shock</u>	<u>1 HOUR</u>
Antecedent cause	:b. <u>Multiple fractures</u>	<u>5 HOURS</u>
Underlying cause	:c. <u>Pedestrian hit by a truck</u>	<u>5 HOURS</u>
II. Other significant conditions contributing to death: _____		

Comment: In the case sample above, the reported causes of death namely, hypovolemic shock, multiple fractures and pedestrian hit by truck, respectively corresponds to the immediate cause, antecedent cause, and underlying cause as is written on the left side of the Medical Certificate portion of the Certificate of Death.

Note that in the *Medical Certificate*, each of the lines (a), (b), and (c) has corresponding label written to its left: *Immediate Cause, Antecedent Cause, and Underlying Cause*, respectively. Such label of causes of death with regard to its corresponding line is true only when all three lines are completely filled out and used.

TABLE 2

Terms that imply mode of dying rather than the cause of death

Asphyxia	Exhaustion	Shock
Asthenia	Heart failure	Syncope
Brain failure	Hepatic failure	Uremia
Cachexia	Hepatorenal failure	Vagal inhibition
Cardiac arrest	Kidney failure	Vasovagal attack
Coma	Renal failure	Ventricular failure
Debility	Respiratory arrest	

Source: Medical certificate of cause of death. Southampton University Hospitals NHS Trust

Case Sample 4. When there are more than three reported causes of death

A 10 year old boy with a past medical history of Thalassemia for the past 4 years develops severe anemia leading to high output cardiac failure

TABLE 3
Garbage codes and the corresponding ill-defined conditions or causes of death

ICD-10 CODE	CAUSE
R00-R99	Deaths classified as ill-defined (except R95)
A40-A41	Streptococcal and other septicemia
C76, C80, C97	Ill-defined cancer sites
D65	Disseminated intravascular coagulation
E86	Volume depletion
I10	Essential hypertension
I269	Pulmonary embolism without mention of acute cor pulmonale
I469	Cardiac arrest
I472	Ventricular tachycardia
I490	Ventricular fibrillation and flutter
I50	Heart failure
I514	Myocarditis, unspecified
I515	Myocardial degeneration
I516	Cardiovascular disease, unspecified
I519	Heart disease, unspecified
I709	Generalized and unspecified atherosclerosis
I959	Hypotension, unspecified
I99	Other and unspecified disorders of circulatory system
J81	Pulmonary edema
J960	Respiratory failure, not elsewhere classified
J969	Respiratory failure, unspecified
K72	Hepatic failure, not elsewhere classified
N17	Acute renal failure
N18	Chronic renal failure
N19	Unspecified renal failure
P285	Respiratory failure of newborn
Y10-Y34, Y872	External cause of death not specified as accidentally or purposely inflicted

Source: World Health Organization. (2003). Strengthening civil registration and vital statistics for births, deaths and causes of death: Resource Kit. Luxembourg: World Health Organization.

2 weeks ago. Three (3) Days prior to admission, he developed cough and dyspnea with a respiratory rate of 44/minute. Chest xray showed lobar pneumonia. Despite antibiotic coverage and blood transfusion his condition deteriorated and he died the next day.

19b CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval between Onset and Death
I. Immediate cause	:a. <u>Lobar pneumonia</u>	<u>4 DAYS</u>
Antecedent cause	:b. <u>High output cardiac failure due to severe anemia</u>	<u>2 WEEKS</u>
Underlying cause	:c. <u>Thalassemia</u>	<u>4 YEARS</u>
II. Other significant conditions contributing to death: _____		

Comment: A certifier of death always has the option to add additional lines when there are more than three causes of death to report in the certificate. In the above illustration, there are four causes of death. In this case, lobar pneumonia is the immediate cause and both high output cardiac failure and severe anemia are antecedent causes, while Thalassemia, the last entry, is the underlying cause. However, since there are two antecedent causes and only one line for such, it is recommended that the two antecedent causes be entered side by side separated by "due to".

Part II of the Medical Certificate Portion of the Certificate of Death

Part II of the *Medical Certificate* portion of the *Certificate of Death* includes all other significant or contributory co-existing or pre-existing diseases or conditions that contributed to death but do not directly lead to the underlying cause of death listed in Part I. (See case sample 5 below.)

Case Sample 5. When there is reported condition contributing to death

19b CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval between Onset and Death
I. Immediate cause	:a. <u>Lung abscess</u>	<u>5 DAYS</u>
Antecedent cause	:b. <u>Lobar pneumonia left lung</u>	<u>2 WEEKS</u>
Underlying cause	:c. _____	_____
II. Other significant conditions contributing to death: <u>Diabetes mellitus</u>		<u>10 YEARS</u>

Comment: When a significant condition contributed to death as in the case of diabetes above, that condition must be indicated in Part II of the item 19b of the certificate. In the sample case above diabetes mellitus is only a contributory cause of death since in this case it did not cause the lobar pneumonia.

Interval between Onset and Death

The **spaces to the right of 19b. Part I and Part II** correspond to the entries for recording the interval between onset of the cause, and death. This time interval should always be filled out as accurately as possible by the certifier based on assessment and available information for all causes reported on the *Medical Certificate*. In most cases, the interval will have to be estimated and it is acceptable to list the interval as “unknown” or “approximately,” if such is the case. General intervals such as seconds, minutes, hours, days, weeks, months, and several years are also acceptable. A range such as seconds to minutes, minutes to hours, or terms such as “known for five years” may be used.

The stated interval between onset of cause and death helps to check that the causes of death are written in correct sequence – the underlying cause leading to antecedent cause, leading to the immediate cause. If it occurs that after filling out the time interval, the antecedent, or the immediate cause is older or has longer time interval than the underlying cause, then there could have been a mistake in the order of sequence of the cause of death. As a rule, the underlying cause occurred first in the sequence of events and would logically have the longest time interval.

Case Sample 6

A 65-year old man has a long history of on and off hemoptysis and weight loss has been diagnosed to have advanced pulmonary tuberculosis for six years. After a bout of massive hemoptysis while working in the farm, the patient died at home six hours later.

19b CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval between Onset and Death
I. Immediate cause	:a. <u>Pulmonary hemorrhage</u>	<u>SIX HOURS</u>
Antecedent cause	:b. <u>Advanced pulmonary tuberculosis</u>	<u>SIX YEARS</u>
Underlying cause	:c. _____	_____
II. Other significant conditions contributing to death: _____		

Case Sample 7

A 73-year old woman with known Alzheimer's disease for about 15 years had recurrent bouts of aspiration pneumonia and finally died in a hospital after few weeks.

19b CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval between Onset and Death
I. Immediate cause	:a. <u>Aspiration pneumonia</u>	<u>WEEKS</u>
Antecedent cause	:b. <u>Alzheimer's Disease</u>	<u>APPROXIMATELY 15 YEARS</u>
Underlying cause	:c. _____	_____
II. Other significant conditions contributing to death: _____		

Ill-defined or Nonspecific Causes of Death

The ill-defined causes of death under ICD-10 are vague categories and conditions that include signs and symptoms and abnormal clinical and laboratory findings. Deaths assigned to ill-defined causes are insufficiently detailed to be of value for public health purposes. Hence, as a rule, ill-defined conditions should never be entered on a *Certificate of Death* unless nothing else is known about the deceased. The term *septicemia* in the absence of a more specific condition is also ill-defined

19b. CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval Between Onset and Death
I. Immediate cause	: a. <input type="checkbox"/> Post-partum hemorrhage	APPROXIMATELY 4 HOURS
Antecedent cause	: b. <input type="checkbox"/> Retained placenta	APPROXIMATELY 4 HOURS
Underlying cause	: c. _____	
II. Other significant conditions contributing to death: _____		
19c. MATERNAL CONDITION (If the deceased is female aged 15-49 years old)		
<input type="checkbox"/> a. pregnant, not in labour	<input checked="" type="checkbox"/> b. pregnant, in labour	<input type="checkbox"/> c. less than 42 days after delivery
		<input type="checkbox"/> d. 42 days to 1 year after delivery
		<input type="checkbox"/> e. None of the choices

A common error is to report specific organ failure or the “mode of dying” as the underlying cause of death. These conditions are also considered ill-defined and should not be reported as the underlying cause of death since they do not usually occur without a precipitating cause. Therefore, if an organ failure is reported on the death certificate, the underlying condition responsible for the failure should also be reported. For example, acute renal failure due to diabetes mellitus or liver failure due to hepatitis B infection. Terms that imply a mode of dying rather than a cause of death are listed in Table 2.

The so-called “garbage codes” include all the above ill-defined or residual categories of major disease groups that do not provide meaningful information on the underlying disease or injury that caused death. See Table 3 for the list of garbage codes.

In general, the proportion of deaths coded to ill-defined categories should not exceed 10% of all deaths in the age group 65 years and over and should account for <5% of deaths occurring in those under 65 years of age.

Mechanistic Terminal Events

These are terminal pathophysiologic or biochemical derangements that are common final pathways that explain how a cause of death exerts its lethal effect.

19b. CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval Between Onset and Death
I. Immediate cause	: a. Undetermined natural cause	
Antecedent cause	: b.	
Underlying cause	: c.	
II. Other significant conditions contributing to death:		

In general, mechanistic terminal events have an almost limitless differential diagnoses and should never be reported in the Certificate of Death as one of the causes of death. They are extremely nonspecific and are of little value for mortality statistics that are derived from death certificates.

Mechanistic terminal events include the following:

- Respiratory arrest
- Cardiac arrest
- Asystole
- Ventricular fibrillation
- Electromechanical dissociation
- Cardiopulmonary arrest

TABLE 4.
Complications and associated common underlying cause

Complication	Common Underlying Cause
Pneumonia	Cerebro-vascular disease, Pulmonary disease, Cardiac disease, Dementia, Other neurologic or neuromuscular disorder
Sepsis	Urinary tract infection, Decubitus ulcer, Pneumonia
Urinary tract infection	Neurologic disease and other debilitating disease, Chronic catheterization
Malnutrition	Tuberculosis, Neoplasia, Other underlying systemic disease
Chronic bedridden state	Usually due to some identifiable underlying condition
Decubitus ulcer	Underlying debilitating, neurologic, or systemic disease process

Modified from Hanzlick, R. L., (Ed). (1997). Cause of death statements and certification of natural and unnatural deaths: Protocol and options. Northfield, Illinois: Autopsy Committee and the Forensic Pathology Committee of the College of American Pathologists

Relevant Entries that MUST be Filled Out by the Certifier

(Refer to Figure 1. Medical Certificate Portion of *Certificate of Death*)

When a death occurs in the hospital, the facility usually initiates the preparation of the *Certificate of Death*.

Personal information regarding the deceased are usually asked from a reliable informant by a nurse or a clerk; but the attending physician, as certifier of death, will complete the entries for the *Medical Certificate* portion of the *Certificate of Death*.

For deaths without medical attendance, the Municipal Health Office or the City Health Office (or in some cases the Office of Local Civil Registrar) prepares the certificate and its local health officer will provide entries for the *Medical Certificate* portion of the form.

Items that must be filled out by the certifier of death when completing the *Medical Certificate* portion of the *Certificate of Death*:

- 19b. Causes of death entry containing three lines marked (a), (b), and (c) with the corresponding lines for the entry of interval between onset and death, and a line for other significant conditions contributing to death.
- 19c. Maternal condition, if the deceased is female aged 15 to 49 years old
- 19d. Death by external causes which include manner of death and place of occurrence of external cause, when applicable
- 20. Autopsy, whether done or not
- 21a. Attendant before death, whether by a private physician, public health officer, hospital authority, none or others (specify)
- 21b. Dates for duration of time of attendance, if deceased was attended before death

MEDICAL CERTIFICATE	
19. CAUSES OF FETAL DEATH a. Main disease/condition of fetus _____ b. Other diseases/conditions of the fetus _____ c. Main maternal disease/condition affecting fetus _____ d. Other maternal disease/condition affecting fetus _____ e. Other relevant circumstances _____	
20. FETUS DIED: _____ 1 Before Labor _____ 2 During labor/delivery _____ 3 Unknown	
21. LENGTH OF PREGNANCY (in completed weeks) _____	22a. ATTENDANT (Physician, Nurse, Midwife, Healer or Traditional Birth Attendant, none, others (specify)) _____
22b. CERTIFICATION OF FETAL DEATH I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I <input type="checkbox"/> have attended/ <input type="checkbox"/> have not attended the death of the fetus at _____ am/pm on the date of delivery specified above.	
Signature _____ Name in Print _____ Title or Position _____ Address _____ _____ Date _____	REVIEWED BY: _____ Signature Over Printed Name of Health Officer _____ Date _____

Figure 3. Medical Certificate portion of Certificate of Fetal Death

22. Certification of death containing the time of death and whether the deceased was attended or not; signature, name, position and address of the CERTIFIER and the date signed; and name and signature of Local Health Officer as REVIEWER and the date signed.

Note: when applicable, fill the appropriate space or box with X

MEDICAL CERTIFICATE	
19. CAUSES OF FETAL DEATH a. Main disease/condition of fetus _____ SINGLE CORD COIL AROUND NECK b. Other diseases/conditions of the fetus _____ ASPHYXIA; PREMATURITY c. Main maternal disease/condition affecting fetus _____ PREMATURE LABOR; 34 WEEKS OF GESTATION d. Other maternal disease/condition affecting fetus _____ e. Other relevant circumstances _____	

General Guidelines for Completing the Medical Certificate of Certificate of Death

- Use the current form of Certificate of Death (Municipal Form No. 103, Revised January 2007) or Certificate of Fetal Death (Municipal Form No. 103A, Revised January 2007) as designated by the Office of the Local Civil Registrar.

MEDICAL CERTIFICATE	
19. CAUSES OF FETAL DEATH a. Main disease/condition of fetus _____ ANENCEPHALY b. Other diseases/conditions of the fetus _____ PREMATURITY; 36 WEEKS OF GESTATION c. Main maternal disease/condition affecting fetus _____ d. Other maternal disease/condition affecting fetus _____ e. Other relevant circumstances _____	

- For deaths of individuals aged 0 – 7 days, accomplish items 14 – 19a at the back of Certificate of Death (Municipal Form No. 103); for ages 8 days and above accomplish Items 19b – 22.
- For fetal deaths, accomplish items 19 – 22b of Certificate of Fetal Death.
- Do not make alterations or erasures. Obvious changes could affect the validity of a certificate and altered certificates may be rejected by the Local Civil Registrar.
- Verify the accuracy of the identification data, including the correct spelling of the name of the deceased.
- Do not use abbreviations or medical symbols.
- Record only one cause per line in the cause-of-death portion. Line (a) must always have an entry.
- If the condition on line (a) resulted from another condition, put this other condition on line (b), and so on, until the full sequence is reported. Always enter the underlying cause of death on the lowest used line in Part I. Never skip lines. Additional lines may be added if necessary.
- Never report signs and symptoms or abnormal clinical and laboratory findings as causes of death.
- If an organ failure (e.g. congestive heart failure) is reported as a cause of death, the underlying condition responsible for the failure should also be reported (e.g. liver failure due to hepatitis B infection).
- Mechanistic terminal events (e.g. cardiopulmonary arrest) should never be reported as one of the causes of death.
- If there is uncertainty in the entries for causes of death, it is acceptable to use qualifying terms such as “probable” or “presumed.”
- For deaths without medical attendance, a verbal autopsy may be conducted to determine cause.
- Complete each item legibly using a computer printer with high resolution or typewriter with black ribbon, or print with pen using permanent black ink.
- For signatures, use pen with permanent black ink. Rubber stamps or facsimile signatures are not acceptable.
- File original copies of the Certificate of Death with the Office of the Local Civil Registrar. Reproductions or duplicates are not acceptable.

- Complete all relevant portions of the Certificate of Death.

<p>19a. CAUSES OF DEATH</p> <p>a. Main disease/condition of infant _____</p> <p>b. Other diseases/conditions of infant _____</p> <p>c. Main maternal disease/condition affecting infant _____</p> <p>d. Other maternal disease/condition affecting infant _____</p> <p>e. Other relevant circumstances _____</p>
--

Figure 4. CAUSES OF DEATH, Medical Certificate portion Certificate of Death
(FOR CHILDREN AGED 0 TO 7 DAYS)

Guidelines for Reporting Causes of Death in Specific Groups or Conditions

Death Involving Women of Child-Bearing Age

In the revised Certificate of Death there is a new item (19c), labeled Maternal Condition, which must be filled out by the certifier for all deaths involving female aged 15 to 49 years, whether pregnant or not. The fact that a woman died during pregnancy or within 42 days of the termination of pregnancy should be clearly indicated in under Maternal Condition because this information, aside from its use in health research and statistics, is often used to identify those cases that need to be included in a Maternal Death Review.

A maternal death refers to “death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.” The top causes of maternal death are: postpartum bleeding; complications from unsafe abortion; hypertensive disorders of pregnancy; postpartum infections; and obstructed labor.

19a CAUSES OF DEATH	
a. Main disease/condition of infant	<u>NEONATAL RESPIRATORY DISTRESS SYNDROME</u>
b. Other diseases/conditions of the infant	<u>PREMATURITY - 24 WEEKS OF GESTATION</u>
c. Main maternal disease/condition affecting infant	<u>PREMATURE LABOR</u>
d. Other maternal disease/condition affecting infant	<u>PREVIOUS SPONTANEOUS ABORTIONS</u>
e. Other relevant circumstances	_____

Case Sample 8

A 36-year old G5P3A1 woman who delivered a full-term baby boy at home was brought to the Emergency Room because of placental retention. The woman apparently had severe bleeding and was hypotensive on her arrival at ER. She was transfused whole blood and manual extraction of the placenta was performed. However, the woman died four hours after delivery.

19b CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval between Onset and Death
I. Immediate cause	:a. <u>(FATAL DERANGEMENT)</u>	_____
Antecedent cause	:b. <u>(BODILY TRAUMA)</u>	_____
Underlying cause	:c. <u>(EXTERNAL EVENT)</u>	_____
II. Other significant conditions contributing to death: _____		

19b CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval between Onset and Death
I. Immediate cause	:a. <u>Perforating brain trauma</u>	<u>30 MINUTES</u>
Antecedent cause	:b. <u>Gunshot wound of head</u>	<u>30 MINUTES</u>
Underlying cause	:c. <u>Handgun discharge</u>	<u>30 MINUTES</u>
II. Other significant conditions contributing to death: _____		
19d DEATH BY EXTERNAL CAUSES		20 Autopsy
a. Manner of death (Homicide, Accident, Legal intervention, etc.) _____		(yes/no)
b. Place of Occurrence of External Cause (e.g. home, factory, street, etc.) _____		

19b CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval between Onset and Death
I. Immediate cause	:a. <u>Right intrathoracic hemorrhage</u>	<u>30 MINUTES</u>
Antecedent cause	:b. <u>Transection of right subclavian vein</u>	<u>30 MINUTES</u>
Underlying cause	:c. <u>Contact with sharp object, undetermined intent</u>	<u>30 MINUTES</u>
II. Other significant conditions contributing to death: _____		

19b CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval between Onset and Death
I. Immediate cause	:a. <u>Subarachnoid hemorrhage</u>	<u>MINUTES</u>
Antecedent cause	:b. <u>Blunt trauma of head</u>	<u>MINUTES</u>
Underlying cause	:c. <u>Pedestrian hit by a moving motorbike</u>	<u>MINUTES</u>
II. Other significant conditions contributing to death: _____		

19b CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval between Onset and Death
I. Immediate cause	:a. <u>Intra-abdominal hemorrhage</u>	<u>2 HOURS</u>
Antecedent cause	:b. <u>Lacerations of liver due to blunt force trauma of abdomen</u>	<u>2 HOURS</u>
Underlying cause	:c. <u>Fall from height</u>	<u>2 HOURS</u>
II. Other significant conditions contributing to death: _____		

19b CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval between Onset and Death
I. Immediate cause	:a. <u>Post-partum hemorrhage</u>	<u>APPROXIMATELY 4 HOURS</u>
Antecedent cause	:b. <u>Retained placenta</u>	<u>APPROXIMATELY 4 HOURS</u>
Underlying cause	:c. _____	_____
II. Other significant conditions contributing to death: _____		

19c Maternal Condition (If the deceased is female aged 15-49 years old)				
<input type="checkbox"/> a. pregnant not in labour	<input checked="" type="checkbox"/> b. pregnant in labour	<input type="checkbox"/> c. less than 24 days after delivery	<input type="checkbox"/> d. 42 days to 1 year after delivery	<input type="checkbox"/> e. none of the choices

Elderly Decedent

Reporting causes of death in elderly may be challenging because some elderly people may have several established medical conditions and they seem not to die from them but from “old age.” Most of the elderly apparently die “with the disease” and not from the disease. Hence, it has become the practice of some physicians to report “old age” or senility as a cause of death; others would report multi-organ failure because of the seemingly apparent effects of aging to several vital organs.

The use of terms such as senility, old age, senescence, and advanced age as entries for causes of death in elderly must be avoided since they have little value in public health planning and research. Entry for the age of the deceased is already recorded elsewhere and it serves no purpose

I9b CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval between Onset and Death
I. Immediate cause	:a. <u>Pseudomonas burn wound sepsis</u>	<u>5 DAYS</u>
Antecedent cause	:b. <u>Peritherapeutic cutaneous scald burn</u>	<u>12 DAYS</u>
Underlying cause	:c. _____	_____
II. Other significant conditions contributing to death: <u>Whirlpool therapy for leg contractures</u>		<u>12 DAYS</u>

repeating the apparent age of the deceased in the cause-of-death statement. To be useful, the cause-of-death entry must have specific, clear and distinct etiological sequence.

If there is uncertainty in the entries for causes of death, it is always acceptable to use qualifying terms such as “probable” or “presumed.” If the cause of a death cannot be determined with reasonable medical probability but seems to be due solely to a natural cause, the certifier

I9b CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval between Onset and Death
I. Immediate cause	:a. <u>Hospital acquired pseudomonas pneumonia</u>	<u>5 DAYS</u>
Antecedent cause	:b. <u>Necrotizing Fasciitis</u>	<u>7 DAYS</u>
Underlying cause	:c. <u>Psoriasis</u>	<u>20 YEARS</u>
II. Other significant conditions contributing to death: _____		_____

may report "Undetermined Natural Cause" as entry in the cause-of-death statement in the *Medical Certificate*. See case sample below.

19b CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval between Onset and Death
I. Immediate cause	:a. <u>Pneumocystis carinii pneumonia</u>	<u>2 WEEKS</u>
Antecedent cause	:b. <u>AIDS</u>	<u>17 MONTHS</u>
Underlying cause	:c. <u>HIV infection</u>	<u>MORE THAN 17 MONTHS</u>
II. Other significant conditions contributing to death: _____		

Case Sample 9

A 95-year old man was found dead on bed by his wife. He had chronic mild hypertension controlled by medication. His previous chest x-ray shows mild cardiomegaly, consistent with chronic hypertension. There was no suspicion or evidence of foul play. No specific cause of death could be identified.

19b CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval between Onset and Death
I. Immediate cause	:a. <u>Undetermined natural cause</u>	_____
Antecedent cause	:b. _____	_____
Underlying cause	:c. _____	_____
II. Other significant conditions contributing to death: _____		

When reporting the causes of death in elderly, always consider the possibility of abuse or neglect, suicides, or inconspicuous injuries such as falls and report them immediately to the PNP or other investigative agency as required by law.

19b CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval between Onset and Death
I. Immediate cause	:a. <u>Secondary Adenocarcinoma of Liver</u>	<u>1 Year</u>
Antecedent cause	:b. <u>PRIMARY UNKNOWN</u>	<u>Unknown</u>
Underlying cause	:c. _____	_____
II. Other significant conditions contributing to death: _____		

19b CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval between Onset and Death
I. Immediate cause	:a. <u>Secondary Adenocarcinoma of Liver</u>	<u>1 Year</u>
Antecedent cause	:b. <u>Primary Adenocarcinoma of Breast</u>	<u>3 years</u>
Underlying cause	:c. _____	_____
II. Other significant conditions contributing to death: _____		

The certifier must also be aware of common complications (See Table 4) that may cause one to overlook and fail to report the underlying cause in elderly decedent. These complications that can cause such problems are listed below along with their common underlying causes:

19b CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval between Onset and Death
I. Immediate cause	:a. <u>Intraoperative myocardial infarction</u>	<u>HOURS</u>
Antecedent cause	:b. <u>Atherosclerotic coronary heart disease</u>	<u>YEARS</u>
Underlying cause	:c. _____	_____
II. Other significant conditions contributing to death: <u>Resection, Primary Adenocarcinoma, Colon</u>		<u>HOURS</u>

Whenever one of these complications is reported by the informant as a possible cause of death, always attempt to identify and report the underlying cause of death which caused the complication.

19b CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval between Onset and Death
I. Immediate cause	:a. <u>Malignant hyperthermia</u>	<u> </u> HOURS
Antecedent cause	:b. <u>Perianesthetic complication of halothane therapy</u>	<u> </u> HOURS
Underlying cause	:c. <u> </u>	<u> </u>
II. Other significant conditions contributing to death: <u>Lingual hernia; herniorrhaphy</u>		<u> </u> YEARS; <u> </u> HOURS

Fetal Death

Fetal death is a death prior to the complete expulsion of a product of conception, irrespective of the period of pregnancy. The death is indicated by the fact that after such separation, the fetus does not breathe nor show any other evidence of life, such as the beating of the heart, pulsation of the umbilical cord, or definitive movement of voluntary muscles.

For all fetal deaths aged 20 weeks and above as calculated from the start of the last menstrual period to the date of delivery, a different form called *Certificate of Fetal Death* (Municipal Form No. 103A) must be prepared and the causes of death completely filled out by the certifier. This form has also been revised on January 2007 from its previous pink-colored version. See Appendix B for sample of *Certificate of Fetal Death*.

The *Medical Certificate* portion of the *Certificate of Fetal Death* has five lines marked a. to e. for entry of the CAUSES OF FETAL DEATH. See figure 3.

The certifier shall fill out lines (a) and (b) the diseases or conditions which had contributed to the death of the fetus. In reporting the causes of fetal death, conditions in the fetus, or of the placenta, cord, or membranes, should be reported if they are believed to have adversely affected the fetus.

The single most important or main disease/condition in the fetus is entered in line (a) and the remainder, if any, in line (b). In lines (c) and (d), the certifier reports all diseases/conditions in the mother which had

some effect on the fetus. The **main** maternal disease or condition should be entered in line (c) and the rest, if any, in line (d). Line (e) is for reporting of other relevant circumstances which have bearing on the death of the fetus but cannot be identified as a disease or condition of the fetus or the mother. See case samples that follow.

MEDICAL CERTIFICATE	
19. CAUSES OF FETAL DEATH	
a. Main disease/condition of fetus _____	
b. Other diseases/conditions of fetus _____	
c. Main maternal disease/condition affecting fetus _____	
d. Other maternal disease/condition affecting fetus _____	
e. Other relevant circumstances _____	
20. FETUS DIED: _____ 1 Before Labor _____ 2 During labor/delivery _____ 3 Unknown	
21. LENGTH OF PREGNANCY (in completed weeks)	22a. ATTENDANT (Physician, Nurse, Midwife, hilot or Traditional Birth Attendant, none, others (specify))
22b. CERTIFICATION OF FETAL DEATH	
I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I <input type="checkbox"/> have attended/ <input type="checkbox"/> have not attended the death of the fetus at _____am/pm on the date of death specified above.	
Signature _____	REVIEWED BY:
Name in Print _____	_____
Title or Position _____	Signature Over Printed Name of Health Officer
Address _____	_____
_____ Date _____	_____ Date _____

Figure 3. MEDICAL CERTIFICATE portion of CERTIFICATE OF FETAL DEATH

Case Sample 10

A 38-year old G3P2 was admitted at a birthing facility while 34 weeks pregnant. After six hours of premature labor, she delivered a stillborn baby boy with cord around his neck. The fetus is cyanotic with no gross fetal movement and no heartbeat.

SECTION 2

Introduction to Verbal Autopsy

19 CAUSES OF FETAL DEATH	
a. Main disease/condition of fetus	<u>SINGLE CORD COIL AROUND NECK</u>
b. Other diseases/conditions of the fetus	<u>ASPHYXIA; PREMATURITY</u>
c. Main maternal disease/condition affecting fetus	<u>PREMATURE LABOR; 34 WEEKS OF GESTATION</u>
d. Other maternal disease/condition affecting fetus	_____
e. Other relevant circumstances	_____

Verbal Autopsy

Case Sample 11

Verbal autopsy (VA) is a process for diagnosing causes of death based on the responses of reliable family members and/or caregiver to series of structured questions regarding signs and symptoms experienced by the deceased before his death. The responses are collected by a health worker or a trained lay person in an interview by visiting the household where the death has occurred. These responses are usually reviewed by a physician who will then sign an underlying cause of death on the basis of reported signs and symptoms on the VA questionnaire. This is commonly known as "physician-coded VA."

19 CAUSES OF FETAL DEATH	
a. Main disease/condition of fetus	<u>ANENCEPHALY</u>
b. Other diseases/conditions of the fetus	<u>PREMATURITY, 36 WEEKS OF GESTATION</u>
c. Main maternal disease/condition affecting fetus	_____
d. Other maternal disease/condition affecting fetus	_____
e. Other relevant circumstances	_____

The main objective of VA is to describe the causes of death at the community level or population level where civil registration and death certification systems are weak and where most people die at home without having had contact with the health system.

Relevant Entries that Must be Filled out by Certifier

A standard VA instrument comprises a VA questionnaire, a list of causes of death or mortality classification system, and sets of diagnostic criteria (either expert or data derived algorithms) for assigning causes of death. Aside from the causes of fetal death, the certifier has to indicate in the appropriate space or box the following information (indicate the response with X):

- **item 20** whether the fetus died before labor or during labor/delivery or unknown
- **item 21** report the length of the pregnancy, in completed weeks,
- **item 22a** the attendant at birth

Verbal autopsy instruments are based on the following assumptions:

- Each cause of death has a distinct pattern of signs, symptoms, severity and other characteristics.
- The signs and symptoms experienced by the deceased can be recognized, remembered, and reported by lay respondents.
- It is possible to correctly diagnose deaths based on the reported information and to categorize them into groups of causes of death that are useful for public health purposes.

There are two stages involved in verbal autopsy procedure which are:

Stage 1 - An interviewer (preferably a trained lay person or health worker but not a medical doctor) visits the household where a death has occurred to interview the family using a predesigned questionnaire, and to record all responses in a standardized manner.

Stage 2 - The pattern of responses is reviewed by a physician (never a lay person) to determine the probable cause of death based on the signs and symptoms reported by the respondents.

The principle behind the physician reviewing the VA is the assumption that only physicians can correctly interpret the signs and symptoms reported to have been experienced by the deceased, and hence accurately provide the cause of death.

Verbal autopsies are the most practical option for assessing cause-of-death patterns for deaths that occur outside health facilities and for deaths in health facilities with only limited diagnostic capability. This is also useful for delayed registration of deaths where the physician is obliged to certify deaths even those he did not attend and have occurred several years before.

In recent years, computer automated coding of VA has been introduced as an alternative to the traditional approach of physician-coded VA in determining the cause of death. Automated methods have the advantage of speed and reduce the burden on physicians who are generally required to prioritize their clinical responsibilities over the activities.

According to the World Health Organization, reliable data on the levels and causes of mortality are cornerstones for building a solid evidence base for health policy, planning, monitoring, and evaluation.

SECTION 3

Reviewing the
Certificate of Death

Republic Act 3753, Section 6, Circular No. 4, Series of 1973, April 6, 1973 states that "In all cases of death or fetal death even with medical attendance, the death or fetal death certificate must be reviewed and signed in any vacant space below the certificate by the local health officer before it shall be accepted for registration."

The objectives of the review are the following:

First, the local health officer must assure the completeness, correctness, consistency and clarity of information in the death certificate, particularly the Medical Certificate portion.

When we say completeness, all blanks should be filled out except in the cause of death when there is only one (1) or two (2) entries. There are items that need not be filled out, NA or not applicable can be used.

For correctness, all entries must be true with regard to the correct sequence of events, no mechanistic terminal events used, no abbreviations, no ill-defined causes of death; signatures must be original and not stamped or facsimile and; no any violations on the guidelines for filling out a death certificate.

For consistency, the reviewer must check/compare item numbers 1 and 2, numbers 4 and 5, numbers 5 and 19c (for female), numbers 21a and 22, and so on and so forth.

For clarity, check if the causes of death are legibly written. It is to the advantage of the encoders if these are typewritten. Likewise, COD trained hospital personnel can also review the death certificate prior to submission to the local health officer to prevent further delay in the registration.

Secondly, the local health officer can verify the authenticity of information from the informant or from the attending physician especially if there are inconsistencies, incorrectness, or doubts in the information provided.

Lastly, doing a review of the certificate of death can improve the local data and eventually improve the statistics of the Philippines, in general, thereby improve the planning and budgeting of programs by organizations.

The role of a reviewer is very critical, risky but very important. It is a must for local health officers to do a thorough review of the document before affixing their signatures. Remember, this is a legal/transactional document.



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Annexes

Annex 1: Certificate of Death

Municipal Form No. 103 (Revised January 2007)		(To be accomplished in quadruplicate using black ink)	
Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF DEATH			
Province _____		Registry No. _____	
City/Municipality _____			
1. NAME (First) _____ (Middle) _____ (Last) _____		2. SEX (Male/Female) _____	
3. DATE OF DEATH (Day, Month, Year) _____		4. DATE OF BIRTH (Day) _____ (Month) _____ (Year) _____	
5. AGE AT THE TIME OF DEATH (Fill-in below accord. to age category) a. IF 1 YEAR OR ABOVE [2] Completed years _____ [1] Months _____ [3] Days _____ Hours _____ Min/Sec _____ b. IF UNDER 1 YEAR _____ c. IF UNDER 24 HRS _____			
6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province) _____			7. CIVIL STATUS (Single/Married/Widow/Widower/Annulled/Divorced) _____
8. RELIGION/RELIGIOUS SECT _____	9. CITIZENSHIP _____	10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) _____	
11. OCCUPATION _____	12. NAME OF FATHER (First, Middle, Last) _____	13. MAIDEN NAME OF MOTHER (First, Middle, Last) _____	
MEDICAL CERTIFICATE (For ages 0 to 7 days, accomplish items 14-19a at the back)			
19b. CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval Between Onset and Death _____	
I. Immediate cause : a. _____			
Antecedent cause : b. _____			
Underlying cause : c. _____			
II. Other significant conditions contributing to death: _____			
19c. MATERNAL CONDITION (If the deceased is female aged 15-49 years old)			
_____ a. pregnant, not in labour _____ b. pregnant, in labour _____ c. less than 42 days after delivery _____ d. 42 days to 1 year after delivery _____ e. None of the choices _____			
19d. DEATH BY EXTERNAL CAUSES			20. AUTOPSY (Yes / No) _____
a. Manner of death (Homicide, Suicide, Accident, Legal intervention, etc.) _____			
b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.) _____			
21a. ATTENDANT		21b. If attended, state duration (mm/dd/yy)	
1 Private Physician _____ 2 Public Health Officer _____ 3 Hospital Authority _____ 4 None _____ 5 Others (Specify) _____		From _____ To _____	
22. CERTIFICATION OF DEATH			
<input type="checkbox"/> I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I <input type="checkbox"/> have attended/ have not attended the deceased and that death occurred at _____ am/pm on the date of death specified above.			
Signature _____		REVIEWED BY:	
Name in Print _____		Signature Over Printed Name of Health Officer _____	
Title or Position _____		Date _____	
Address _____		Date _____	
Date _____			
23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) _____	24a. BURIAL/CREMATION PERMIT Number _____ Date Issued _____	24b. TRANSFER PERMIT Number _____ Date Issued _____	
25. NAME AND ADDRESS OF CEMETERY OR CREMATORY _____			
26. CERTIFICATION OF INFORMANT		27. PREPARED BY	
I hereby certify that all information supplied are true and correct to my own knowledge and belief.			
Signature _____		Signature _____	
Name in Print _____		Name in Print _____	
Relationship to the Deceased _____		Title or Position _____	
Address _____		Date _____	
Date _____			
28. RECEIVED BY		29. REGISTERED BY THE CIVIL REGISTRAR	
Signature _____		Signature _____	
Name in Print _____		Name in Print _____	
Title or Position _____		Title or Position _____	
Date _____		Date _____	
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)			
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR			
5	8	9	10
			11
			19a(a)/19b
			19a(c)

FOR CHILDREN AGED 0 TO 7 DAYS		
14. AGE OF MOTHER	15. METHOD OF DELIVERY (Normal spontaneous vertex, if others, specify)	16. LENGTH OF PREGNANCY: (in completed weeks)
17. TYPE OF BIRTH (Single, Twin, Triplet, etc)	18. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc)	
MEDICAL CERTIFICATE		
19a. CAUSES OF DEATH a. Main disease/condition of infant _____ b. Other diseases/conditions of infant _____ c. Main maternal disease/condition affecting infant _____ d. Other maternal disease/condition affecting infant _____ e. Other relevant circumstances _____		
CONTINUE TO FILL UP ITEM 20		
POSTMORTEM CERTIFICATE OF DEATH		
I HEREBY CERTIFY that I have performed an autopsy upon the body of the deceased and that the cause of death was _____		
Signature _____ Title/Designation _____		
Name in Print _____ Address _____		
Date _____		
CERTIFICATION OF EMBALMER		
I HEREBY CERTIFY that I have embalmed _____ following all the regulations prescribed by the Department of Health.		
Signature _____ Title/Designation _____		
Name in Print _____ License No. _____		
Address _____ Issued on _____ at _____		
Expiry Date _____		
AFFIDAVIT FOR DELAYED REGISTRATION OF DEATH		
I, _____, of legal age, single/married/divorced/widow/widower, with residence and postal address _____, after being duly sworn in accordance with law, do hereby depose and say:		
1. That _____ died on _____ in _____ and was buried/cremated in _____ on _____.		
2. That the deceased at the time of his/her death: <input type="checkbox"/> was attended by _____; <input type="checkbox"/> was not attended.		
3. That the cause of death of the deceased was _____.		
4. That the reason for the delay in registering this death was due to _____.		
5. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.		
In truth whereof, I have affixed my signature below this _____ day of _____, _____ at _____, Philippines.		
_____ (Signature Over Printed Name of Affiant)		
SUBSCRIBED AND SWORN to before me this _____ day of _____, _____ at _____, Philippines, affiant who exhibited to me his Community Tax Cert. _____ issued on _____ at _____.		
_____ Signature of the Administering Officer		_____ Position / Title / Designation
_____ Name in Print		_____ Address

Annex 1: Certificate of Fetal Death

Municipal Form No. 103A (Revised January 2007)		Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL		(To be accomplished in quadruplicate using black ink)	
CERTIFICATE OF FETAL DEATH					
Province _____				Registry No. _____	
City/Municipality _____					
F E T U S	1. NAME (First) _____ (Middle) _____ (Last) _____				
	2. SEX (Male/Female/Undetermined) _____		3. DATE OF DELIVERY (Day) _____ (Month) _____ (Year) _____		
	4. PLACE OF DELIVERY (Name of Hospital/Clinic/Institution/ House No., St., Barangay) _____		(City/Municipality) _____		(Province) _____
	5a. TYPE OF DELIVERY (Single, Twin, Triplet, etc.) _____		5b. IF MULTIPLE DELIVERY, FETUS WAS (First, Second, Third, etc.) _____		
	5c. METHOD OF DELIVERY (Normal spontaneous vertex, f others, specify) _____		5d. BIRTH ORDER (live births and fetal deaths including this delivery) (First, Second, Third, etc.) _____		5e. WEIGHT OF FETUS _____ grams
M O T H E R	6. MAIDEN NAME (First) _____ (Middle) _____ (Last) _____				
	7. CITIZENSHIP _____	8. RELIGION/RELIGIOUS SECT _____	9. OCCUPATION _____	10. AGE at the time of this delivery (completed years) _____	
	11a. Total number of children born alive _____	11b. No. of children still living _____	11c. No. of children born alive but are now dead _____		
	12. RESIDENCE (House No., St., Barangay) _____		(City/Municipality) _____	(Province) _____	(Country) _____
F A T H E R	13. NAME (First) _____ (Middle) _____ (Last) _____				
	14. CITIZENSHIP _____	15. RELIGION/RELIGIOUS SECT _____	16. OCCUPATION _____	17. AGE at the time of this delivery (completed years) _____	
MARRIAGE OF PARENTS					
18a. DATE (Month) _____ (Day) _____ (Year) _____			18b. PLACE (City/Municipality) _____ (Province) _____ (Country) _____		
MEDICAL CERTIFICATE					
19. CAUSES OF FETAL DEATH					
a. Main disease/condition of fetus _____					
b. Other diseases/conditions of the fetus _____					
c. Main maternal disease/condition affecting fetus _____					
d. Other maternal disease/condition affecting fetus _____					
e. Other relevant circumstances _____					
20. FETUS DIED: 1 Before Labor _____ 2 During labor/delivery _____ 3 Unknown _____					
21. LENGTH OF PREGNANCY (in completed weeks) _____			22a. ATTENDANT (Physician, Nurse, Midwife, Healer or Traditional Birth Attendant, none, others (specify)) _____		
22b. CERTIFICATION OF FETAL DEATH					
<input type="checkbox"/> I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I <input type="checkbox"/> have attended/ <input type="checkbox"/> have not attended the death of the fetus at _____ am/pm on the date of delivery specified above.					
Signature _____ Name in Print _____ Title or Position _____ Address _____ Date _____			REVIEWED BY: Signature Over Printed Name of Health Officer _____ Date _____		
23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) _____		24. BURIAL/CREMATION PERMIT Number _____ Date Issued _____		25. AUTOPSY (Yes /No) _____	
26. NAME AND ADDRESS OF CEMETERY OR CREMATORY _____					
27. CERTIFICATION OF INFORMANT				28. PREPARED BY	
I hereby certify that all information supplied are true and correct to my own knowledge and belief.					
Signature _____ Name in Print _____ Relationship to the Deceased _____ Address _____ Date _____				Signature _____ Name in Print _____ Title or Position _____ Date _____	
29. RECEIVED BY				30. REGISTERED BY THE CIVIL REGISTRAR	
Signature _____ Name in Print _____ Title or Position _____ Date _____				Signature _____ Name in Print _____ Title or Position _____ Date _____	
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)					
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR					
7 _____		8 _____		9 _____	
10 _____		11 _____		12 _____	
13 _____		14 _____		15 _____	
16 _____		19a _____		19c _____	

POSTMORTEM CERTIFICATE OF FETAL DEATH	
I HEREBY CERTIFY that I have performed an autopsy upon the body of the deceased this _____ day of _____ and that the cause of death was as follows _____ _____	
Signature _____	Title/Designation _____
Name in Print _____	Address _____
Date _____	
CERTIFICATION OF EMBALMER	
I HEREBY CERTIFY that I have embalmed _____ following all the regulations prescribed by the Department of Health.	
Signature _____	Title/Designation _____
Name in Print _____	License No. _____
Address _____	Issued on _____ at _____
Expiry Date _____	
AFFIDAVIT FOR DELAYED REGISTRATION OF FETAL DEATH	
I, _____, of legal age, single/married/divorced/widow/widower, with residence and postal address _____, after being duly sworn in accordance with law, do hereby depose and say:	
1. That _____ died on _____ in _____ and was buried/cremated in _____ on _____.	
2. That the fetus at the time of his/her death:	
<input type="checkbox"/> was attended by _____.	
<input type="checkbox"/> was not attended.	
3. That the cause of death of the fetus was _____.	
4. That the reason for the delay in registering this fetal death was due to _____.	
5. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.	
In truth whereof, I have affixed my signature below this _____ day of _____, _____ at _____, Philippines.	
_____ (Signature Over Printed Name of Affiant)	
SUBSCRIBED AND SWORN to before me this _____ day of _____, _____ at _____, Philippines, affiant who exhibited to me his Community Tax Cert. _____ issued on _____ at _____.	
_____ Signature of the Administering Officer	_____ Position / Title / Designation
_____ Name in Print	_____ Address

Annex 1: Certificate of Dismembered Body Part

CERTIFICATE OF DISMEMBERED BODY PART			
_____ Name of Healthcare Facility Address			
Certificate No. _____			
CERTIFICATE OF DISMEMBERED BODY PART/S FOR DISPOSAL			
PART/S OF THE BODY a. _____ b. _____ c. _____	2. LATERALITY a. <input type="checkbox"/> Left <input type="checkbox"/> Right b. <input type="checkbox"/> Left <input type="checkbox"/> Right c. <input type="checkbox"/> Left <input type="checkbox"/> Right	3. MANNER/CAUSE OF AMPUTATION <input type="checkbox"/> Accident, specify (Date/Time) _____ Type: _____ <input type="checkbox"/> Operation (Date/Time) _____ Indication: _____ <input type="checkbox"/> Others, specify _____	
PLACE OF AMPUTATION (Name of Hospital/Clinic/Institution/Address in case of accident)			
AMPUTEE (First Middle Last)	6. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	AGE	8. CITIZENSHIP
RESIDENCE House No., Street, Barangay, City/Municipality	10. OCCUPATION		
1. CERTIFICATION I hereby certify that the foregoing particulars are correct as near as same can be ascertained. Signature _____ Name in Print _____ Title or Position _____ Address _____ Date _____			
2. INFORMANT Signature _____ Name in Print _____ Relationship to Amputee _____ Address _____		13. PREPARED BY: Signature _____ Name in Print _____ Title or Position _____ Address _____ Date _____	
14. MANNER OF DISPOSAL <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Others (Specify) _____		15. BURIAL/CREMATION PERMIT Number _____ Date Issued _____ Issued by: _____	
_____ NAME AND ADDRESS OF CEMETERY OR CREMATOR			

Annex 4: The Code on Sanitation of the Philippines



DEPARTMENT OF HEALTH

Manila, Philippines

1976

THE CODE ON
SANITATION
OF THE PHILIPPINES

PRESIDENTIAL DECREE NO. 856

CHAPTER XXI

DISPOSAL OF DEAD PERSONS

Section 89. Definition

As used in this Chapter, the following terms shall mean:

- (a) **Burial** - grounds cemetery, memorial park or any place duly authorized by law for permanent disposal of the dead.
- (b) **Embalming** - preparing, disinfecting and preserving a dead body for its final disposal.
- (c) **Embalmer** - a person who practices embalming.
- (d) **Undertaking** - the care, transport and disposal of the body of a deceased person by any means other than embalming.
- (e) **Undertaker** - person who practices undertaking.
- (f) **Funeral** - establishment any place used in the preparation and care of the body of a deceased person for burial.
- (g) **Remains** - the body of a dead person.
- (h) **Burial** - Interment of remains in a grave, tomb or the sea.
- (i) **Disinterment** - the removal or exhumation of remains from places of interment.

Section 90. Burial Grounds Requirements

The following requirements shall be applied and enforced:

- (a) It shall be unlawful for any person to bury remains in places other than those legally authorized in conformity with the provisions of this Chapter.
- (b) A burial ground shall at least be 25 meters distant from any dwelling house and no house shall be constructed within the same distance from any burial ground.
- (c) No burial ground shall be located within 50 meters from either side of a river or within 50 meters from any source of water supply.

Section 91. Burial Requirements

The burial remains is subject to the following requirements:

- (a) No remains shall be buried without a dead certificate. This certificate shall be issued by the attending physician. If there has been no physician in attendance, it shall be issued by the mayor, the secretary of the municipal board, or a councilor of the municipality where the death occurred. The death certificate shall be forwarded to the local civil registrar within 48 hours after death.
- (b) Shipment of remains abroad shall be governed by the rules and regulations of the Bureau of Quarantine.
- (c) Graves where remains are buried shall be at least one and one-half meters deep and filled well and firmly.
- (d) The cost of burial of a dead person shall be borne by the nearest kin. If the kin is not financially capable of defraying the expenses or if the deceased had no kin, the cost shall be borne by the city or municipal government.

- (e) The burial of remains in city or municipal burial grounds shall not be prohibited on account of race, nationality, religion or political persuasion.
- (f) If the person who issues a death certificate has reasons to believe or suspect that the cause of death was due to violence or crime, he shall notify immediately the local authorities concerned. In this case the deceased shall not be buried until a permission is obtained from the provincial or city fiscal. If these officials are not available the permission shall be obtained from any government official authorized by law.
- (g) Except when required by legal investigation or when permitted by the local health authority, no unembalmed remains shall remain unburied longer than 48 hours after death.
- (h) When the cause of death is a dangerous communicable disease, the remains shall be buried within 12 hours after death. They shall not be taken to any place of public assembly. Only the adult members of the family of the deceased may be permitted to attend the funeral.

Section 92. Disinterment Requirements

Disinterment of remains is subject to the following requirements:

- (a) Permission to disinter remains of persons who died of non-dangerous communicable diseases may be granted after a burial period of three years.
- (b) Permission to disinter remains of person who died of dangerous communicable diseases may be granted after a burial period of five years.
- (c) Disinterment of remains covered in paragraphs "a" and "b" of this Section may be permitted within a shorter time than that prescribed in special cases, subject to the approval of the Regional

Director concerned or his duly authorized representative.

- (d) In all cases of disinterment, the remains shall be disinfected and placed in a durable and sealed container prior to their final disposal.

Section 93. Funeral and Embalming Establishments

These establishments are subject to the following requirements:

- (a) Scope of inclusion for the purposes of this Section, requirements prescribed herein shall be applied and enforced to funeral chapels, embalming establishments and morgues.
- (b) Sanitary permit No establishment mentioned in the preceding paragraph shall be operated without a sanitary permit issued by the Secretary or his duly authorized representative. This permit shall be revoked in case of any violation of the provisions of this Chapter and the rules and regulations promulgated by the Secretary.
- (c) Classification Funeral establishment shall be classified in three (3) categories which are described as follows:
 - 1. Category I Establishments with chapels, and embalming facilities and offering funeral services.
 - 2. Category II Establishments with chapels and offering funeral services but without embalming facilities.
 - 3. Category III Establishments offering only funeral services from the house of the deceased to the burial ground.
- (d) Sanitary requirements

For funeral chapels

The requirements prescribed for places of public assembly in this Code shall be applied.

For embalming and dressing rooms

1. They should be constructed of concrete or semi-concrete materials with sufficient space to accommodate five bodies at one time.
2. The floors and walls shall be made of concrete or other durable impervious materials.
3. Ventilation and lighting should be adequately provided.
4. Embalming shall be performed on a table made of a single marble slab or other equally impervious materials. It shall be so constructed that all washings and body fluids shall flow to a drain connected to the waste piping system of the building.
5. Embalming and assistants shall use rubber gloves when working.
6. Washing facilities with soaps, detergents and germicidal solutions shall be provided for use of the following personnel.

Section 94. Licensing and Registration Procedures

The licensing and registration of undertakers and embalmers are subject to the following requirements:

- (a) Issuance of license to practice
 1. Any person who desires to practice undertaking or embalming shall be licensed to practice only after passing an examination conducted by the Department.
 2. Licensed undertakers or embalmers shall practice undertaking or embalming in accordance with requirements prescribed by the Department.
 3. Licensed undertakers or embalmers shall display their licenses conspicuously in the establishments where they work.

(b) Issuance of certificates of registration

1. An undertaker or embalmer shall apply annually for a registration certificates and pay an annual registration fee of twenty-five pesos to the Regional Health Office concerned.
2. The first registration certificate issued shall cover the period from the date of issuance to the last day of the current year. Subsequent certificates shall bear the date of January 1 of the year of issue and shall expire December 31 of the same year.
3. Certificates of registration shall be posed conspicuously in establishments concerned.

(c) Exemption, government and private physicians may perform embalming without license and registration certificates as exigencies require.

Section 95. Autopsy and Dissection of Remains

The autopsy and dissection of remains are subject to the following requirements:

(a) Person authorized to perform these are:

1. Health officers;
2. Medical officers of law enforcement agencies; and
3. Members of the medical staff of accredited hospitals.

(b) Autopsies shall be performed in the following cases:

1. Whenever required by special laws;
2. Upon orders of a competent court, a mayor and a provincial or city fiscal;
3. Upon written request of police authorities;

4. Whenever the Solicitor General, provincial or city fiscal as authorized by existing laws, shall deem it necessary to disinter and take possession of remains for examination to determine the cause of death; and
 5. Whenever the nearest kin shall request in writing the authorities concerned to ascertain the cause of death.
- (c) Autopsies may be performed on patients who die in accredited hospitals subject to the following requirements:
1. The Director of the hospital shall notify the next of kin of the death of the deceased and request permission to perform an autopsy.
 2. Autopsy can be performed when the permission is granted or no objection is raised to such autopsy within 48 hours after death.
 3. In cases where the deceased has no next of kin, the permission shall be secured from the local health authority.
 4. Burial of remains after autopsy, after an autopsy, the remains shall be interred in accordance with the provisions in this Chapter.

Section 96. Donation of Human Organs for Medical, Surgical, and Scientific purposes

Any person may donate an organ or any part of his body to a person, a physician, a scientist, a hospital or a scientific institution upon his death for transplant, medical, or research purposes subject to the following requirements:

- (a) The donation shall be authorized in writing by the donor specifying the recipient, the organ or part of his body to be donated, and the specific purpose for which it will be utilized.
- (b) A married person may make such donation without the consent of his spouse.
- (c) After the death of a person the next of kin may authorize the donation of an organ or any part of the body of the deceased for similar purposes in accordance with the prescribed procedure.
- (d) If the deceased has no next of kin and his remains are in the custody of an accredited hospital, the Director of the hospital may donate an organ or any part of the body of the deceased in accordance with the requirement prescribed in this Section.
- (e) A simple written authorization signed by the donor in the presence of two witnesses shall be deemed sufficient for the donation of organs or parts of the human body required in this Section, notwithstanding the provisions of the Civil Code of the Philippines on matters of donation. A copy of the written authorization shall be forwarded to the Secretary.
- (f) Any authorization granted in accordance with the requirements of this Section is binding to the executors, administrators, and members of the family of the deceased.

Section 97. Use of Remains for Medical Studies and Scientific Research

Unclaimed remains may be used by medical schools and scientific institutions for studies and research subject to the rules and regulations prescribed by the Department.

Section 98. Special Precautions for Safe Handling of Cadavers Containing Radioactive Isotopes

- (a) Cadavers containing only traces (very small dose) of radioactive isotope do not require any special handling precautions.
- (b) Cadavers containing large amounts of radioactive isotopes should be labelled properly identifying the type and amount of radioactive isotopes present and the date of its administration.
- (c) Before autopsy is performed, the Radiation Health Officer or his duly authorized representative should be notified for proper advice. The pathologist and/or embalmer should be warned accordingly of the radioactivity of the cadaver so that radiation precautions can be properly enforced.
- (d) Normal burial procedures, rules and regulations may be carried out on the above mentioned cadavers provided that their amount of radioactivity has decayed to a safe level which will be determined by the Radiation Health Officer or his authorized representative.
- (e) Cremation if cremation is performed without autopsy, there is no handling problem; otherwise, autopsy precautions should be strictly enforced. Precautions should be taken to prevent any possible concentration of radioactivity at the base of the stack of the crematorium.

Section 99. Responsibility of the Regional Director

The Regional Director shall:

- (a) Act on applications for the establishment of burial grounds; and
- (b) Close any burial ground which is a menace to public health.

Section 100. Responsibility of the Local Health Authority

The local health authority shall:

- (a) Administer city or municipal cemeteries;
- (b) Issue permits to inter, disinter, or transfer remains;
- (c) Apply prescribed measures when cause of death is due to a dangerous communicable disease;
- (d) Keep records of death occurring within his area of jurisdiction; and
- (e) Authorize the deliver of unclaimed remains to medical schools and scientific institutions for purposes specified in this Chapter and in accordance with the rules and regulations of the Department.

Section 101. Responsibility of Local Government

Local governments shall:

- (a) Reserve appropriate tracts of land under their jurisdiction, for cemeteries subject to approval of Regional Directors concerned;
- (b) Utilize judiciously grants, gifts, bequests of property or financial donations for the establishment or improvement of cemeteries; and
- (c) Close cemeteries under their jurisdiction subject to approval of the Regional Director.

Section 102. Penal Provisions

- (a) The Secretary or his duly authorized representative may revoke or suspend the license of an undertakers or embalmer who violates any provisions of this Chapter or the rules and regulations promulgated by the Secretary under this Chapter.

- (b) Any person who shall engage in the business of undertaking or embalming in violation of any provision of this Chapter shall be liable to a penalty of not more than one thousand pesos for each violation.
- (c) Each day or any part thereof during which any prohibited business or practice is continued shall be deemed a separate violation and subject to the same penalty prescribed in the preceding paragraph.

CHAPTER XXII

FINAL PROVISIONS

Section 103. Penal Provision

- (a) Unless otherwise provided in any Chapter or section in this Code, any person who shall violate, disobey, refuse, omit, or neglect to comply with any of the rules and regulations promulgated under this Code shall be guilty of misdemeanor and upon conviction shall be punished by imprisonment for a period not exceeding six months or by a fine of not exceeding one thousand pesos or both depending upon the discretion of the court.
- (b) Any person who shall interfere with or hinder, or oppose any officer, agent or member of the Department or of the bureaus and offices under it, in the performance of his duty as such under this Code, or shall tear down, mutilate, deface or alter any placard, or notice, affixed to the premises in the enforcement of the Code, shall be guilty of a misdemeanor and punishable upon conviction by imprisonment for a period not exceeding six months or by a fine of not exceeding one thousand pesos or both depending upon the discretion of the Court.

Section 104. Separability Clause

In the event that any section, paragraph, sentence, clause, or word of this Code is declared invalid for any reason, other provisions thereof shall not be affected thereby.

Section 105. Repealing Clause

All laws, as well as pertinent rules and regulations thereof which are inconsistent with the provisions of this Code, are hereby repealed or amended accordingly.

Section 106. Effectivity

This Code is hereby made part of the law of the land and shall take effect immediately.

Done in the City of Manila, this 23rd day of December, in the year of Our Lord, nineteen hundred and seventy-five.

Annex 5: Administrative Order No. 1
Series of 1993: “Implementing Rules and
Regulations of Act No. 3753 and Other Laws
on Civil Registration”

REPUBLIC OF THE PHILIPPINES

HIS EXCELLENCY

PRESIDENT FIDEL V. RAMOS

OFFICE OF THE CIVIL REGISTRAR-GENERAL

TOMAS P. AFRICA

Civil Registrar-General

CARLITO B. LALICON

Civil Registry Coordinator

National Statistics Office

Office of the Civil Registrar General

Manila

Title Four - Registration of Death

Rule 31. Death

- (1) Death is a permanent disappearance of all evidence of life at any time after live birth has taken place (postnatal cessation of vital functions without capability of resuscitation). (U.N. Statistical Commission) (N).
- (2) A fetus with an intra-uterine life of seven (7) months or more and born alive at the time it was completely delivered from the maternal womb but died later shall be considered as death and shall be registered in the Register of Deaths. (22:2a)
- (3) However, a fetus with an intra-uterine life of less than seven (7) months is not deemed born if it dies within twenty-four (24) hours after its complete delivery from the mother's womb. For statistical purposes, a certificate of Death shall be prepared in duplicate and a copy of each shall be forwarded to the Office of the Civil Registrar and the Office of the Civil Registrar-General. (22:3a)

Rule 32. Reglementary Period and Place of Registration

- (1) Registration shall be made in the Office of the civil Registrar of the city/municipality where it occurred within thirty (30) days from the time of death. (Sec. 5, P.D. 651) (14:2a)
- (2) The death of a person in a vehicle, airplane or vessel while in, transit within the jurisdiction of the Philippines and where the exact place of death cannot be determined, the Certificate of Death shall be issued by the health officer of the place of burial/cremation and shall be registered in the Office of the civil Registrar of the said city/

municipality. If the place of burial/cremation is outside the Philippines, the death shall be registered in the Office of the Civil Registrar of Manila. (18:1a)

- (3) When a citizen of the Philippines dies aboard a vessel or airplane en route to the Philippines and the exact place of death cannot be ascertained, the death shall be registered in the Office of the Civil Registrar of the city or municipality where. The person habitually resides before his death, if he was a resident of the Philippines. Otherwise, the death shall be registered in the Civil Registrar of Manila. If the deceased is a foreigner and a resident of the Philippines, the death shall be registered in the Office of the Civil Registrar where the deceased habitually resides. If the deceased is a foreigner and not a resident, his death shall be registered in the Office of the Civil Registrar of Manila. (N)
- (4) When a citizen of the Philippines dies aboard a vessel or airplane en route to other country from the Philippines, or from any other country, and the exact place of death cannot be ascertained, the death shall be reported in the Philippine Foreign Service Establishments of the country of destination of the deceased. (N)
- (5) The death of a person in a vehicular accident, airplane crash or shipwreck within the jurisdiction of the Philippines and the site of the accident or the place where the victim was found cannot be determined, the Certificate of Death shall be issued by the health officer of the place of burial and shall be registered in the Office of the Civil Registrar of the said city/municipality. (18:2a)
- (6) The death of a person aboard a vessel in the high seas shall be registered in the Office of the Civil Registrar of the place of burial upon presentation of a Certificate of Death issued by the health officer of the said place, or by the ship doctor, if any; otherwise, the ship captain shall issue and cause the registration of the death certificate. (19:1a)

- (7) If the person was buried or drowned in the high seas, or for any other reason, the body was not recovered, registration shall be made in the civil registry office of the place of last known address of the deceased in the Philippines, or if not resident of the Philippines, registration shall be made in the office of the civil registry of Manila. The ship doctor or captain or the health officer, in the exercise of his wise discretion, may issue and cause the registration of the death certificate. In such case, the following requirements shall be complied with:
- i. Affidavit of the surviving spouse, parent, guardian, or next of kin in the order mentioned stating, among other things, the circumstances surrounding the death, and
 - ii. The health officer shall make the annotation "Body Not Recovered" in the remarks/annotation box of the death certificate. (19:2a)

Rule 33. Persons Responsible to Report the Event

- (1) It shall be the responsibility of the physician who last attended the deceased or the administrator of the hospital or clinic where the person died to prepare the proper death certificate and certify as to the cause of death. The death certificate shall then be forwarded within forty-eight (48) hours after death to the health officer who shall examine the Certificate of Death and then affix his signature in the appropriate box and shall order its registration in the Office of the Civil Registrar. (15a)
- (2) It shall be the responsibility of the nearest relative or person who has knowledge of the death to report the same within forty-eight (48) hours if the deceased died without medical attendance. The health officer shall examine the deceased and shall certify as to the cause of death and direct the registration of the death certificate to the Office of the Civil Registrar within the reglementary period of thirty (30) days. (16a)

- (3) Where death occurs in a vehicle/vessel/airplane, the driver/ship captain/pilot, as the case maybe, shall report such death to the concerned health officer. In accidents where there are no survivors, it is the responsibility of the owner of the vehicle/vessel/airplane to make the report of death. (N)
- (4) In the absence of a health officer or his authorized representative in the place of registration, or when it is a non-working day and the health officer or his authorized representative is not expected to be in his office, the death should be reported within forty-eight (48) hours after its occurrence by the nearest kin of the deceased or by any person having knowledge of the death to the mayor, or to any member of the Sangguniang Bayan, or to the municipal secretary, who shall issue the Certificate of Death for burial Purposes. (20:1a)
- (5) The mayor, any member of the Sangguniang Bayan or the municipal secretary, as the case may be, shall sign the medical certification portion of the Certificate of Death, and the same shall be accepted for registration by the civil registrar concerned, provided that the certificate of Death and the Register of Deaths shall carry a remark that registration was made pursuant to Section 91 of P.D. No. 856. (20:2a)

Rule 34. Number of Copies to be Accomplished for Distribution

It shall be the duty of the person concerned to accomplish and send four (4) copies of the certificate of Death to the civil registrar for registration. After registration, the civil registrar shall distribute copies of the document bearing the civil registry number within five (5) days from receipt thereof as follows: first copy to the registrant; second copy to the Office of the civil Registrar General; third copy shall be retained for filing; and fourth copy to the attendant at death. (N)

Rule 35. Out-of-Town Reporting of Death

When registration is not possible in the place of death and the Certificate of Death was presented to the civil registrar of the city or municipality other than the place of death, it shall be accepted by the civil registrar not for registration but to be forwarded to the civil registrar of the city or municipality, where the death occurred, for registration. (21a)

The duty of accepting certificate of Death for out-of-town reporting by the concerned civil registrar may also be performed by the Civil Registrar-General or by his authorized representatives who are the Regional Administrators and Provincial Statistical Officers of the National Statistics Office.

The following procedures and requirements shall be observed and complied with by the concerned parties:

- a) the party who is applying for registration of death shall execute an affidavit declaring therein, among other things, the name of the deceased, the facts of death, and the reasons why said death was not recorded in the civil register of the city or municipality where it occurred. The affidavit which must be attested to by at least two (2) witnesses, shall serve as an application for registration and shall be submitted to the health officer of the place where the death certificate was presented;
- b) if the application is for delayed registration of death, the requirements under the rules governing delayed registration of death shall also be complied with;
- c) if there was no Certificate of Death issued for the deceased from the place of death, the health officer of the receiving civil registry office shall cause and direct the registration of the death by issuing the Certificate of Death, if the deceased is a civilian. If the deceased is

a member of the Armed Forces of the Philippines and the cause of death is related to military operations, the Certificate of Death shall be issued by the military physician;

- d) the receiving civil registrar or the authorized representative of the National statistics Office, after having been convinced that the Certificate of Death was correctly and completely accomplished and the registration of death was approved by the health officer, shall forward the same to the civil registrar of the place of death for registration. The civil registrar of the place of death shall indicate the date when the document was received by him and shall sign his name in the appropriate space in the Certificate of Death;
- e) after recording the death in the civil register and assigning registry number in the Certificate of Death, the civil registrar of the place of death shall send one copy to the other civil registrar for transmission to the registrant; and
- f) the Certificate of Death, for the purpose of this Rule, shall have marginal annotation in the form of the following remark: "Registered pursuant to Rule 35 of Administrative Order No.1. S. 1993." (N)

Rule 36. Mass Death

Mass death occurs when several persons die due to natural calamities, accidents, epidemics, among others. Where the deceased cannot be identified, the health officer, upon submission of an affidavit by two disinterested persons, in the exercise of his wise discretion, may issue and cause the registration of the death certificate bearing the annotation "Body Not Identified." The affidavit referred to in the aforementioned statement shall contain the following information:

- a) sex of the deceased;
- b) estimated age;

- c) distinguishing features;
- d) condition of the body when found;
- e) date when the body was found;
- f) place where the body was found; and
- g) circumstances surrounding the death. (N)

Rule 37. Death Under Medico-Legal Examination

(1) A case of death for investigation by the National Bureau of Investigation or other investigative agency of the government where the body of the deceased is subject to autopsy or examination by medico-legal officers is a case for medico-legal. (N)

(2) When the death under medico-legal investigation has not been registered in the place of death, the head of the National Bureau of Investigation or of other investigative agency or his authorized representative shall cause the registration of such death through the health officer of the city or municipality where the death occurred. The medico-legal officer shall accomplish and sign the medical certification of the Certificate of Death. (N)

Rule 38. Fetal Death

(1) Fetal death is the death prior to the complete expulsion of a product of conception, irrespective of the period of pregnancy. The death is indicated by the fact that after such separation, the fetus does not breathe nor show any other evidence of life, such as the beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles. (22:1a)

(2) The registration of fetal death shall follow the procedure in the registration of death. (N)

Annex 6 - Rules and Regulations Governing Registration of Acts and Events Concerning Civil Status of Muslim Filipinos

Republic of the Philippines

OFFICE OF THE CIVIL REGISTRAR GENERAL

National Statistics Office

Manila

ADMINISTRATIVE ORDER NO. 1, SERIES OF 2005

Pursuant to Section 2 of Act No. 3753, otherwise known as the Civil Registry Law of the Philippines, which took effect on 27 February 1931, in conjunction with Section 3, Executive Order No. 157 (E.O. 157), Establishing a Civil Registration System for Muslim Filipinos, and Chapters 1 and 2, Title VI, Book II of Presidential Decree No. 1083 (P.D. 1083), also known as the Code of Muslim Personal Laws of the Philippines, which took effect on 4 February 1977, the following rules and regulations are hereby promulgated for the information, guidance and compliance of all concerned.

PRELIMINARY STATEMENT

Administrative Order No. 2, Series of 1993 (AO No. 2, S. 1993) is hereby revised to provide a more responsive civil registration system for Muslim Filipinos whether residing here or abroad.

The head of the National Statistics Office is the Civil Registrar General (CRG). The City/Municipal Civil Registrar (C/MCR) is in charge of recording birth, marriage, death and other registrable acts and events occurring among the Muslims in cities and municipalities and is

appointed by the mayor in accordance with the Local Government Code of 1991 and/or the ARMM Local Government Code. For Muslim marriage, divorce, revocation of divorce and conversion to Islam, recording thereof is the responsibility of the Clerk of Court of the Shari'a Circuit Court hereinafter referred to as Circuit Registrar (Article 83, P. D. 1083). All judicial decrees and legal instruments concerning civil status of Muslim Filipinos issued by the Shari'a Court shall be registered in accordance with AO No. 1, S. 1993 and this Order.

Rule 8. Registration of Deaths

Registration of deaths of Muslim Filipinos shall be governed by the pertinent provisions of AO No. 1, S. 1993 and supplemented by the following specific rules:

In accordance with the Islamic law and jurisprudence, the dead body shall be buried as soon as possible even without the certificate of death; provided that the death shall be reported by the person who performed the burial rites (or by the nearest kin) within forty-eight (48) hours after the date of burial to the local health authority who shall certify the cause of death. In the absence of the health officer or his authorized representative, the death shall be reported to the mayor or any member of the Sangguniang Panlungsod/Bayan, or the municipal secretary as the case may be, who shall certify as to the possible cause of death.

Upon receipt of the Certificate of Death (Municipal Form 103, revised January 1993), the C/MCR shall examine Item No. 3 (Religion). In case the entry therein is "Islam," the C/MCR shall require the informant to accomplish or to give the following data in order to accomplish Municipal Form 103 Attachment: name of the deceased including Haj name if any, date of birth, name of the person who performed the burial rites, and the name of the surviving spouse(s).

Municipal Form No. 103 and the attachment shall be permanently kept together and shall constitute the record of death.

Annex 7 - 2012 WHO Verbal Autopsy Sample Questionnaire 1

DEATH OF A CHILD UNDER 4 WEEKS (0-28 DAYS)

Sample VA questionnaire 1: Death of a child aged under four weeks. This will determine causes of early neonatal deaths, late neonatal deaths, perinatal deaths and stillbirths. In addition to a “signs and symptoms noted during the final illness” list, the questionnaire contains questions concerning the history of the pregnancy; delivery; the condition of the baby soon after birth; and the mother’s health and contextual factors.

PREGNANCY HISTORY

1. Number of births/before this baby? Stillbirths
2. How many weeks was the pregnancy when the baby was born?
Number of weeks
3. During the pregnancy did the baby’s mother suffer from high blood pressure?
4. Did the baby’s mother have vaginal bleeding during the last 3 months of pregnancy but before labor started?
5. Did the baby’s mother have foul smelling vaginal discharge during pregnancy and/or after delivery?
6. During the last 3 months of pregnancy did the baby’s mother suffer from blurred vision?
7. During the last 3 months of pregnancy did the baby’s mother suffer from convulsions?
8. Was the child part of a multiple birth?

9. Was the child born in a complicated delivery?

DELIVERY HISTORY

1. Was the child born in a health facility?
2. Was the child born at home?
3. Was the child born somewhere else (e.g., on the way to a health facility)?
4. Did the mother receive professional assistance during the delivery?
5. Was the baby born 24 hours or more after the water broke?
6. Did the baby stop moving in the womb before labor started?
7. Was baby born in a normal vaginal delivery?
8. Was baby born with forceps/vacuum?
9. Was baby delivered by caesarean section?
10. Did the baby's bottom, feet, arm or hand come into the vagina before its head?

CONDITION OF THE BABY SOON AFTER BIRTH

1. Was the baby of abnormal size?
2. Was the baby smaller than normal, weighing under +2.5 kg?
3. Was the baby larger than normal, weighing over 4.5 kg?
4. Was the umbilical cord wrapped several times (more than once) around the neck of the child at birth?
5. Did the baby have any noticeable malformation?

6. Did the baby have a swelling/defect on the back?
7. Did the baby have a very large head?
8. Did the baby have a very small head?
9. Was the baby blue in color at birth?
10. Did the baby breathe after birth, even a little?
11. Was the baby given assistance to breathe at birth?
12. Did the baby ever cry after birth, even if only a little bit?
13. If the baby did not cry or breathe, was it born dead?
14. Was the dead baby macerated, that is, showed signs of decay?

HISTORY OF INJURIES/ACCIDENTS

1. Did the baby suffer from any injury or accident that led to her/his death?
2. Did the baby suffer from a road traffic accident?
3. Was the baby injured as a pedestrian?
4. Was the baby injured as an occupant of a car vehicle?
5. Was the baby injured as an occupant of a bus/heavy transport vehicle?
6. Was the baby injured as a passenger of a motorcycle?
7. Do you know anything about the counter part that was hit during the road traffic accident?
8. Was it a pedestrian?

9. Was it a stationary object?
10. Was it a car vehicle?
11. Was it a bus or heavy transport vehicle?
12. Was it a motorcycle?
13. Was it a pedal cycle?
14. Was it something else? -----
15. Was the baby injured in a non-road transport accident?
16. Was the baby injured in a fall?
17. Did the baby die of drowning?
18. Did the baby suffer from burns?
19. Did (s)he suffer from any plant/animal/insect bite or sting that led to her/his death?
20. Was it a dog?
21. Was it a snake?
22. Was it an insect?
23. Was the baby injured by a force of nature?
24. Was there any poisoning?
25. Was the baby subject to violence or assault?
26. Was the injury or accident intentionally inflicted by someone else?
27. Was the baby injured by a fire arm?

28. Was the baby injured from a stab, cut, or pierce?

29. Was the baby injured by machinery?

30. Was the baby struck by an animal or object?

NEONATAL ILLNESS HISTORY

1. Did the baby die suddenly?
2. Was the baby able to suckle or bottle-feed within first 24 hours after birth?
3. Did the baby stop suckling or bottle feeding 3 days after birth?
4. Did the baby have convulsions?
5. Did the baby have convulsions starting within the first day of life?
6. Did the baby have convulsions starting on the second day or later after birth?
7. Did the baby's body become stiff, with the back arched backwards?
8. Did the child have bulging or raised fontanelle?
9. Did the child have a sunken fontanelle?
10. Did the baby become unresponsive or unconscious soon after birth (within less than 24 hours)?
11. Did the baby become unresponsive or unconscious more than 1 day after birth?
12. Did the baby have a fever?
13. Did the baby become cold to the touch before it died?

14. Did the baby have a cough?
15. Did the baby make a whooping sound when coughing?
16. Did the baby have any breathing problem?
17. Did the baby have fast breathing?
18. Did the baby have breathlessness?
19. Did you see the lower chest wall/ribs being pulled in as the child breathed?
20. Did the baby have noisy breathing (grunting or wheezing)?
21. Did the baby have diarrhea?
22. At any time during the final illness was there blood in the stools?
23. Did the baby vomit?
24. Did the baby vomit "coffee grounds" or bright red/blood?
25. Did the baby have a more than usual protruding abdomen?
26. Did the baby have redness or discharge from the umbilical cord stump?
27. Did the baby have any skin problems?
28. Did the baby have any ulcers, abscess or sores anywhere except the feet?
29. Did the baby have any ulcers, abscess or sores on the feet?
30. During the illness that led to death, did the baby have any skin rash?
31. Did the baby have measles rash?

32. Did the baby have yellow palms or soles?

33. Did the mother receive tetanus toxoid (TT) vaccine?

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TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS

1. 3G100 Was s/he adequately vaccinated?
2. Did s/he receive any treatment for the illness that led to death?
3. Did s/he receive oral rehydration salts?
4. Did s/he receive (or needed) intravenous fluids (drip) treatment?
5. Did s/he receive (or needed) a blood transfusion?
6. Did s/he receive (or needed) treatment/food through a tube passed through the nose?
7. Did s/he receive (or needed) injectable (IV or IM) antibiotics?
8. Did s/he have (or needed) an operation for the illness?
9. Was s/he discharged from the hospital very ill?
10. In the final days, did the baby travel to a hospital or health facility?
11. Did s/he use motorized transport to get to the hospital or health facility?
12. Were there any problems during admission to the hospital or health facility?

13. Were there any problems with the way (s)he was treated (medical treatment, procedures, inter-personal attitudes, respect, dignity) in the hospital or health facility?
14. Were there any problems getting medications, or diagnostic tests in the hospital or health facility?
15. Does it take more than 2 hours to get to the nearest hospital or health facility from the deceased's household?
16. In the final days before death, were there any doubts about whether medical care was needed?
17. In the final days before death, was traditional medicine used?
18. In the final days before death, did anyone use a telephone or cell phone to call for help?
19. Over the course of illness, did the total costs of care and treatment prohibit other household payments?

Annex 8 - 2012 WHO Verbal Autopsy Sample Questionnaire 2

DEATH OF A CHILD AGED 4 WEEKS TO 14 YEARS

Sample VA questionnaire 2: Death of a child aged four weeks to 14 years. This is designed to ascertain the major causes of post-neonatal child mortality (i.e., starting from the fourth week of life), as well as causes of death that may be seen through 14 years. This includes all questions from Sample VA questionnaire 1, as well as questions related to causes of death in children aged four weeks to 11 months, and pregnancy related questions for 12 to 14 year old female children.

IF AGE IS LESS THAN 1 YEAR RECORD AGE IN MONTHS

Was this a woman who died more than 42 days but less than 1 year after being pregnant or delivering a baby?

DEATH REGISTRATION AND CERTIFICATION

1. Was there any diagnosis of Tuberculosis?
2. Was there any diagnosis of HIV/AIDS?
3. Did s/he have a recent positive test for Malaria?
4. Did s/he have a recent negative test for Malaria?
5. Was there any diagnosis of Measles?
6. Was there any diagnosis of High Blood Pressure?
7. Was there any diagnosis of Heart Disease?

8. Was there any diagnosis of Diabetes?
9. Was there any diagnosis of Asthma?
10. Was there any diagnosis of Epilepsy?
11. Was there any diagnosis of Cancer?
12. Was there any diagnosis of Chronic Obstructive Pulmonary Disease
13. Was there any diagnosis of Dementia?
14. Was there any diagnosis of Depression?
15. Was there any diagnosis of Stroke?
16. Was there any diagnosis of Sickle Cell disease?
17. Was there any diagnosis of Kidney disease?
18. Was there any diagnosis of Liver disease?
19. Did s/he die during the wet season?
20. Did s/he die during the dry season?
21. For how long was s/he ill before s/he died?
22. Did s/he die suddenly?

HISTORY OF INJURIES/ACCIDENTS

1. Did s/he suffer from any injury or accident that led to her/his death?
2. Did s/he suffer from a road traffic accident?
3. Was s/he injured as a pedestrian/walking?

4. Was s/he injured as an occupant of a car vehicle?
5. Was s/he injured as an occupant of a bus/heavy transport vehicle?
6. Was s/he injured as a driver or passenger of a motorcycle?
7. Was s/he injured as a pedal cyclist?
8. Do you know anything about the counterpart that was hit during the road traffic accident?
9. Was it a pedestrian?
10. Was it a stationary object?
11. Was it a car vehicle?
12. Was it a bus or heavy transport vehicle?
13. Was it a motorcycle?
14. Was it a pedal cycle?
15. Was it something else? YES (specify)
16. Was s/he injured in a non-road transport accident?
17. Was s/he injured in a fall?
18. Did s/he die of drowning?
19. Did s/he suffer from burns?
20. Did s/he suffer from any plant/animal/insect bite or sting that led to her/his death?
21. Was it a dog?
22. Was it a snake?

23. Was it an insect?
24. Was s/he injured by a force of nature?
25. Was there any poisoning?
26. Was s/he subject to violence or assault?
27. Was the injury or accident intentionally inflicted by someone else?
28. Was s/he injured by a fire arm?
29. Was s/he injured from a stab, cut, or pierce?
30. Was s/he injured by machinery?
31. Was s/he struck by an animal or object?
32. Do you think that s/he committed suicide?

SYMPTOMS AND SIGNS NOTED DURING THE FINAL ILLNESS OF INFANTS

1. Was the child born smaller than normal, weighing under 2.5 kg?
2. How many weeks was the pregnancy when the baby was born?
3. Did the child have bulging of the fontanelle?
4. Did the child have a sunken fontanelle?

SYMPTOMS NOTED DURING THE FINAL ILLNESS FOR ALL CHILDREN

1. Did the child have any noticeable malformation?

2. Did the child have a swelling or defect on the back?
3. Did the child have a very large head?
4. Did the child have a very small head?
5. Did s/he have a fever?
6. For how long did s/he have a fever?
7. Did s/he have night sweats?
8. Did s/he have a cough?
9. For how long did s/he have a cough?
10. Did s/he make a whooping sound when coughing?
11. Was the cough productive with sputum?
12. Did s/he cough out blood?
13. Did s/he have any breathing problem?
14. Did s/he have fast breathing?
15. For how long did s/he have fast breathing?
16. Did s/he have breathlessness?
17. For how long did s/he have breathlessness?
18. Was s/he unable to carry out daily routine activities due to breathlessness?

DEATH OF A CHILD AGED 4 WEEKS TO 14 YEARS

1. Was s/he breathless while lying flat?
2. Did you see the lower chest wall/ribs be pulled in as the child breathed?
3. Did s/he have noisy breathing (grunting or wheezing)?
4. Did s/he have severe chest pain?
5. Did s/he have diarrhea?
6. For how long did s/he have diarrhea?
7. At any time during the final illness was there blood in the stools?
8. Did s/he vomit?
9. Did s/he vomit "coffee grounds" or bright red/blood?
10. Did s/he have any abdominal problem?
11. Did s/he have severe abdominal pain?
12. For how long before death did s/he have severe abdominal pain?
13. Did s/he have a more than usual protruding abdomen?
14. For how long did s/he have a more than usual protruding abdomen?
15. Did s/he have any lump inside the abdomen?
16. For how long did s/he have the lump inside the abdomen?
17. Did s/he have a severe headache?
18. Did s/he have a stiff or painful neck?
19. For how long did s/he have a stiff or painful neck?

20. Did s/he have mental confusion?

DEATH OF A CHILD AGED 4 WEEKS TO 14 YEARS

1. For how long did s/he have mental confusion?
2. Was s/he unconscious for more than 24 hours?
3. Did the unconsciousness start suddenly, quickly (at least within a single day)?
4. Did s/he have convulsions? For how long did s/he have convulsions?
5. Did s/he become unconscious immediately after the convulsion?
6. Did s/he have any urine problems?
7. Did s/he pass no urine at all?
8. Did s/he go to urinate more often than usual?
9. During the final illness did s/he ever pass blood in the urine?
10. Did s/he have any skin problems?
11. Did s/he have any ulcers, abscess or sores anywhere except on the feet?
12. Did s/he have any ulcers, abscess or sores on the feet that were not also on other parts of the body?
13. During the illness that led to death, did s/he have any skin rash?
14. For how long did s/he have the skin rash?
15. Did s/he have measles rash?

16. Did s/he ever have shingles/herpes zoster?
17. Did s/he have bleeding from the nose, mouth, or anus?
18. Did s/he have noticeable weight loss?
19. Was s/he severely thin or wasted?

DEATH OF A CHILD AGED 4 WEEKS TO 14 YEARS

1. Did s/he have mouth sores or white patches in the mouth or on the tongue?
2. Did s/he have stiffness of the whole body or was unable to open the mouth?
3. Did s/he have swelling (puffiness) of the face?
4. Did s/he have both feet swollen?
5. Did s/he have any lumps?
6. Did s/he have a lumps or lesions in the mouth?
7. Did s/he have any lumps on the neck?
8. Did s/he have any lumps on the armpit?
9. Did s/he have any lumps on the groin?
10. Did s/he have paralysis of one side of the body?
11. Did s/he have difficulty or pain while swallowing liquids?
12. Did s/he have yellow discoloration of the eyes?
13. Did her/his hair color change to reddish or yellowish?

14. Did s/he look pale (thinning/lack of blood) or have pale palms, eyes or nail beds?
15. Did s/he have sunken eyes?
16. Was the child not growing normally?
17. Did (s)he drink a lot more water than usual?

SYMPTOMS AND SIGNS ASSOCIATED WITH PREGNANCY

1. Was she neither pregnant, nor delivered, within 6 weeks of her death?
2. Was she pregnant at the time of death?
3. Did she die within 6 weeks of giving birth?
4. Did she die within 6 weeks of a pregnancy that lasted less than 6 months?
5. Did she die within 24 hours after delivery?
6. Did she die during labour, but undelivered?
7. Was she breastfeeding at death?
8. How many births, including stillbirths, did she have NUMBER OF BIRTHS/
STILLBIRTHS before this baby?
9. Did she have any previous C-section?
10. Did she die during or after a multiple pregnancy?
11. During pregnancy, did she suffer from high blood pressure?
12. Did she have foul smelling vaginal discharge during pregnancy or after delivery?

13. During the last 3 months of pregnancy, did she suffer from convulsions?
14. During the last 3 months of pregnancy, did she suffer from blurred vision?
15. Did she give birth to a live, healthy baby within 6 weeks of death?
16. Was there any vaginal bleeding during pregnancy or after delivery?
17. Was there vaginal bleeding during the first 6 months of pregnancy?
18. Was there vaginal bleeding during the last 3 months of pregnancy but before labour started?
19. Was there excessive vaginal bleeding during labour?
20. Was there excessive vaginal bleeding after delivering the baby?
21. Was the placenta not completely delivered?
22. Did she deliver or try to deliver an abnormally positioned baby?
23. Was she in labour for unusually long (more than 24 hours)?
24. Did she attempt to terminate the pregnancy?
25. Did she recently have a pregnancy that ended in an abortion (spontaneous or induced)?
26. Did she give birth in a health facility?
27. Did she give birth at home?
28. Did she give birth elsewhere (e.g., on the way to a facility)?
29. Did she receive professional assistance for the delivery?
30. Did she have an operation to remove her uterus shortly before death?
31. Did she have a normal vaginal delivery?

32. Did she have an assisted delivery, with forceps/vacuum?

33. Was it a delivery with caesarean section?

34. Was the baby born more than one month early?

TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS

1. Was s/he adequately vaccinated?
2. Did s/he receive any treatment for the illness that led to death?
3. Did s/he receive oral rehydration salts?
4. Did s/he receive (or needed) intravenous fluids (drip) treatment?
5. Did s/he receive (or needed) a blood transfusion?
6. Did s/he receive (or needed) treatment/food through a tube passed through the nose?
7. Did s/he receive (or needed) injectable (IV or IM) antibiotics?
8. Did s/he have (or needed) an operation for the illness?
9. Did s/he have the operation within 1 month before death?
10. Was s/he discharged from the hospital very ill?
11. In the final days before death, did s/he travel to a hospital or health facility?
12. Did s/he use motorized transport to get to the hospital or health facility?

13. Were there any problems during admission to the hospital or health facility?
14. Were there any problems with the way s/he was treated (medical treatment, procedures, inter-personal attitudes, respect, dignity) in the hospital or health facility?
15. Were there any problems getting medications, or diagnostic tests in the hospital or health facility?
16. Does it take more than 2 hours to get to the nearest hospital or health facility from the deceased's household?
17. In the final days before death, were there any doubts about whether medical care was needed?
18. In the final days before death, was traditional medicine used?
19. Over the course of illness, did the total costs of care and treatment prohibit other household payments?

Annex 9 - 2012 WHO Verbal Autopsy Sample Questionnaire 3

Sample VA questionnaire 3: Death of a person aged 15 years and above. This is designed to identify all major causes of death among adolescents and adults (i.e., starting at age 15), including deaths related to pregnancy and childbirth.

DEATH OF A PERSON AGED 15 YEARS AND ABOVE

1. Was there any diagnosis of Tuberculosis?
2. Was there any diagnosis of HIV/AIDS?
3. Did s/he have a recent positive test for Malaria?
4. Did s/he have a recent negative test for Malaria?
5. Was there any diagnosis of Measles?
6. Was there any diagnosis of High Blood Pressure?
7. Was there any diagnosis of Heart Disease?
8. Was there any diagnosis of Diabetes?
9. Was there any diagnosis of Asthma?
10. Was there any diagnosis of Epilepsy?
11. Was there any diagnosis of Cancer?
12. Was there any diagnosis of Chronic Obstructive Pulmonary Disease?
13. Was there any diagnosis of Dementia?

14. Was there any diagnosis of Depression?
15. Was there any diagnosis of Stroke?
16. Was there any diagnosis of Sickle Cell disease?
17. Was there any diagnosis of Kidney disease?
18. Was there any diagnosis of Liver disease?
19. Did s/he die during the wet season?
20. Did s/he die during the dry season?
21. For how long was s/he ill before s/he died?
22. Did s/he die suddenly?

HISTORY OF INJURIES/ACCIDENTS

1. Did s/he suffer from any injury or accident that led to her/his death that led to her/his death?
2. Did s/he suffer from a road traffic accident?
3. Was s/he injured as a pedestrian/walking?
4. Was s/he injured as an occupant of a car vehicle?
5. Was s/he injured as an occupant of a bus/heavy transport vehicle?
6. Was s/he injured as a driver or passenger of a motorcycle?
7. Was s/he injured as a pedal cyclist?
8. Do you know anything about the counterpart that was hit during the road traffic accident?

9. Was it a pedestrian?
10. Was it a stationary object?
11. Was it a car vehicle?
12. Was it a bus or heavy transport vehicle?
13. Was it a motor cycle?
14. Was it a pedal cycle?
15. Was it something else? -----
16. Was s/he injured in a non-road transport accident?
17. Was s/he injured in a fall?
18. Did s/he die of drowning?
19. Did s/he suffer from burns?
20. Did (s)he suffer from any plant/animal/insect bite or sting that led to her/his death?
21. Was it a dog?
22. Was it a snake?
23. Was it an insect?
24. Was s/he injured by a force of nature?
25. Was there any poisoning?
26. Was s/he subject to violence or assault?
27. Was the injury or accident intentionally inflicted by someone else?
28. Was s/he injured by a fire arm?

29. Was s/he injured from a stab, cut, or pierce?

30. Was s/he injured by machinery?

31. Was s/he struck by an animal or object?

32. Do you think that s/he committed suicide?

SYMPTOMS AND SIGNS ASSOCIATED WITH ILLNESS OF WOMEN

1. Did she have an ulcer or swelling in the breast?
2. Did she have excessive vaginal bleeding in between menstrual periods?
3. Did her vaginal bleeding stopped naturally during menopause?
4. Did she have vaginal bleeding after menopause?

SYMPTOMS AND SIGNS ASSOCIATED WITH PREGNANCY

1. Was she neither pregnant, nor delivered, within 6 weeks of her death?
2. Was she pregnant at the time of death?
3. Did she die within 6 weeks of giving birth?
4. Did she die within 6 weeks of a pregnancy that lasted less than 6 months?
5. Did she die within 24 hours after delivery?
6. Did she die during labour, but undelivered?
7. Was she breastfeeding at death?
8. How many births, including stillbirths, did she have NUMBER OF BIRTHS/
STILLBIRTHS before this baby?

9. Did she have any previous C-section?
10. Did she die during or after a multiple pregnancy?
11. During pregnancy, did she suffer from high blood pressure?
12. Did she have foul smelling vaginal discharge during pregnancy or after delivery?
13. During the last 3 months of pregnancy, did she suffer from convulsions?
14. During the last 3 months of pregnancy, did she suffer from blurred vision?
15. Did she give birth to a live, healthy baby within 6 weeks of death?
16. Was there any vaginal bleeding during pregnancy or after delivery?
17. Was there vaginal bleeding during the first 6 months of pregnancy?
18. Was there vaginal bleeding during the last 3 months of pregnancy but before labour started?
19. Was there excessive vaginal bleeding during labour?
20. Was there excessive vaginal bleeding after delivering the baby?
21. Was the placenta not completely delivered?
22. Did she deliver or try to deliver an abnormally positioned baby?
23. Was she in labour for unusually long (more than 24 hours)?
24. Did she attempt to terminate the pregnancy?
25. Did she recently have a pregnancy that ended in an abortion (spontaneous or induced)?
26. Did she give birth in a health facility?

27. Did she give birth at home?
28. Did she give birth elsewhere, (e.g. on the way to a facility)?
29. Did she receive professional assistance for the delivery?
30. Did she have an operation to remove her uterus shortly before death?
31. Did she have a normal vaginal delivery?
32. Did she have an assisted delivery, with forceps/vacuum?
33. Was it a delivery with caesarean section?
34. Was the baby born more than one month early?

SYMPTOMS NOTED DURING THE FINAL ILLNESS

1. Did s/he have a fever?
2. For how long did s/he have a fever?
3. Did s/he have night sweats?
4. Did s/he have a cough?
5. For how long did s/he have a cough?
6. Was the cough productive with sputum?
7. Did s/he cough out blood?
8. Did s/he have any breathing problem?
9. Did s/he have fast breathing?
10. For how long did s/he have fast breathing?

11. Did s/he have breathlessness?
12. For how long did s/he have breathlessness?
13. Was s/he unable to carry out daily routine activities due to breathlessness?
14. Was s/he breathless while lying flat?
15. Did s/he have noisy breathing (grunting or wheezing)?
16. Did s/he have severe chest pain?
17. Did s/he have diarrhea?
18. For how long did s/he have diarrhea?
19. At any time during the final illness was there blood in the stools?
20. Did s/he vomit?
21. Did s/he vomit "coffee grounds" or bright red/blood?
22. Did s/he have any abdominal problem?
23. Did s/he have severe abdominal pain?
24. For how long before death did s/he have severe abdominal pain?
25. Did s/he have more than usual protruding abdomen?
26. For how long did s/he have a more than usual protruding abdomen?
27. Did s/he have any lump inside the abdomen?
28. For how long did s/he have the lump inside the abdomen?
29. Did s/he have a severe headache?

30. Did s/he have a stiff or painful neck?
31. For how long did s/he have a stiff or painful neck?
32. Did s/he have mental confusion?
33. For how long did s/he have mental confusion?
34. Was s/he unconscious for more than 24 hours?
35. Did the unconsciousness start suddenly, quickly (at least within a single day)?
36. Did s/he have convulsions?
37. For how long did s/he have convulsions?
38. Did s/he become unconscious immediately after the convulsion?
39. Did s/he have any urine problems?
40. Did s/he pass no urine at all?
41. Did s/he go to urinate more often than usual?
42. During the final illness did s/he ever pass blood in the urine?
43. Did s/he have any skin problems?
44. Did s/he have any ulcers, abscess or sores anywhere except the feet?
45. Did s/he have any ulcers, abscess or sores on the feet that were not also on other parts of the body?
46. During the illness that led to death, did s/he have any skin rash?
47. For how long did s/he have the skin rash?
48. Did s/he have measles rash?

49. Did s/he ever have shingles/herpes zoster?
50. Did s/he have bleeding from the nose, mouth, or anus?
51. Did s/he have weight loss?
52. Was s/he severely thin or wasted?
53. Did s/he have mouth sores or white patches in the mouth or on the tongue?
54. Did s/he have stiffness of the whole body or was unable to open the mouth?
55. Did s/he have swelling (puffiness) of the face?
56. Did s/he have both feet swollen?
57. Did s/he have any lumps?
58. Did s/he have any lumps or lesions in the mouth?
59. Did s/he have any lumps on the neck?
60. Did s/he have any lumps on the armpit?
61. Did s/he have any lumps on the groin?
62. Did s/he have paralysis of one side of the body?
63. Did s/he have difficulty or pain while swallowing liquids?
64. Did s/he have yellow discoloration of the eyes?
65. Did her/his hair color change to reddish or yellowish?
66. Did s/he look pale (thinning/lack of blood) or have pale palms, eyes or nail beds?

67. Did s/he have sunken eyes?

68. Did s/he drink a lot more water than usual?

TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS

1. Was s/he adequately vaccinated?
2. Did s/he receive any treatment for the illness that led to death?
3. Did s/he receive oral rehydration salts? Did s/he receive (or needed) intravenous fluids (drip) treatment?
4. Did s/he receive (or needed) a blood transfusion?
5. Did s/he receive (or needed) treatment/food through a tube passed through the nose?
6. Did s/he receive (or needed) injectable (IV or IM) antibiotics?
7. Did s/he have (or needed) an operation for the illness?
8. Did s/he have the operation within 1 month before death?
9. Was s/he discharged from the hospital very ill?

RISK FACTORS

1. Did s/he drink alcohol?
2. Did s/he smoke tobacco (cigarette, cigar, pipe, etc.)?
3. In the final days before death, did s/he travel to a hospital or health facility?
4. Did s/he use motorized transport to get to the hospital or health facility?



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