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**Information Paper**

**Cause of Death  
Certification**

**Australia**

**2004**



New  
Issue

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**Cause of Death  
Certification**

**Australia**

**2004**

**Susan Linacre**  
**Acting Australian Statistician**

AUSTRALIAN BUREAU OF STATISTICS

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## INQUIRIES

- For further information about these and related statistics, contact Health & Vitals Statistics Unit (QLD) on (Toll Free) 1800 620 963.

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## PREFACE

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### PURPOSE

This booklet is produced for the guidance of Medical Practitioners in completing Medical Certificates of Causes of Death.

Accurate cause of death information is important:

- To the public health sector and medical researchers for evaluating and developing measures to improve the health of Australians generally.
- To family members, now and for the future, to know what caused a loved one's death and to be aware of conditions that may occur in other family members.

Susan Linacre  
Acting Australian Statistician





## ABORIGINAL OR TORRES STRAIT ISLANDER INFORMATION

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WAS THE DECEASED  
PERSON OF ABORIGINAL  
OR TORRES STRAIT  
ISLANDER ORIGIN ?

For persons of both Aboriginal and Torres Strait Islander origin, mark *both* 'yes' boxes.

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander

*Why is this information  
needed?*

The capacity of Commonwealth, State and Territory governments to report on issues such as the health status, service use and access to services by Indigenous people is reliant on *being able to accurately identify Indigenous Australians*.

Indigenous deaths information allows us to compare mortality rates, leading causes of death and life expectancy for the Aboriginal and Torres Strait Islander population with those for the Australian population as a whole.

After identifying at-risk groups within the population, remedial policies can be formulated and funds allocated more appropriately. Services can be customised to address the areas of most need. Hopefully, better planning and services will reduce the number of premature Indigenous Australian deaths.

*How can I answer the  
Question?*

Consult administrative data eg. hospital admission records.

Make sure that the information you transcribe is correct. If possible verify the information using other sources.

Ask the Indigenous origin question of a close family member of the deceased.

(Note: It is not always possible to tell who is of Indigenous origin simply by their appearance, family name etc.)

*Is it discriminatory to ask  
the Question?*

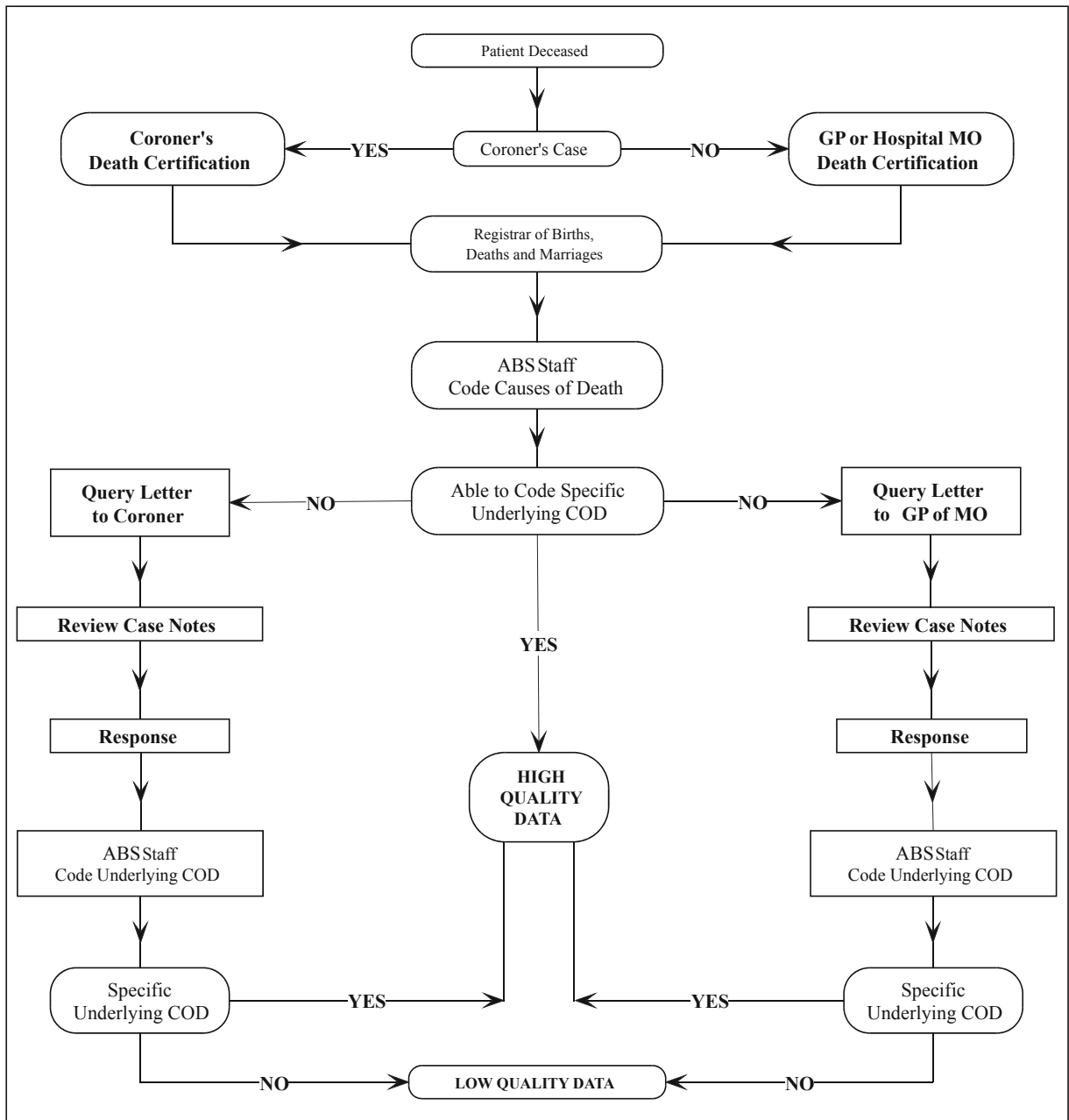
No. The information is being collected for statistical purposes to improve the health of the Aboriginal and Torres Strait Islander community. Without it, important information would not be available for decision-makers. The information will also help to provide accurate estimates and projections of the size of the Aboriginal and Torres Strait Islander population.

*What about  
confidentiality?*

Agencies involved in the collection of data have a responsibility to ensure the protection of the information supplied to them. Every agency collecting this type of information is bound by rules which protect the identity of individuals.

# HOW TO USE THE DEATH CERTIFICATION BOOKLET

Death Certification &  
Query Letter Process



## HOW TO USE THE DEATH CERTIFICATION BOOKLET *continued*

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### *How to use the Death Certificate Booklet*

*Important note:* This booklet is not intended as a guide to the legal requirements of death certification, notification of death or of cases that require reporting to the coroner. These requirements differ between jurisdictions. For advice on your legal obligations contact your State or Territory Coroner's Office.

### *How to use this booklet*

It is the aim of this booklet to assist Medical Practitioners in the accurate completion of the Medical Certificate of Cause of Death. Sufficiently detailed cause of death information will ensure accurate and timely cause of death data are available to data users and free medical practitioners from the burden of answering queries relating to incomplete or inadequate documentation on the certificate.

Medical Practitioners should read this booklet in full and keep it handy for future reference. The first part details your responsibilities in completing the Medical Certificate of Cause of Death, what happens to this information and how the data generated are disseminated and utilised.

The second part of the booklet provides information on common problems that are encountered in completing the death certificate and determining the underlying cause of death. It also provides examples to assist Medical Practitioners in providing the required detail in these common problem areas, and how to complete the Perinatal Medical Certificate of Cause of Death.

*Note: The examples in this booklet provide additional information for the most COMMON problems encountered. Please refer to the FULL LIST of INADEQUATE TERMS on pages 22 to 27.*

### *Quick reference guide*

A quick reference guide is at the back of this booklet. It provides quick reference for certifiers on the common problems described in the booklet. A copy of the quick reference guide should be kept with the blank Medical Certificates of Cause of Death in a prominent position in the area/s where certification takes place, or, with the person responsible for overseeing the death certification process within your organisation eg. Mortuary attendant.

### *Assistance*

This booklet is to assist Medical Practitioners to provide accurate information on the cause of death to facilitate subsequent mortality coding. However, if you have any questions or would like further information please contact the Australian Bureau of Statistics (ABS):

Phone Toll Free: 1800 620 963      Fax: 07 3222 6038

### *Or Mail to:*

AUSTRALIAN BUREAU OF STATISTICS

HEALTH & VITALS STATISTICS UNIT

MORTALITY

GPO BOX 9817

BRISBANE Q 4001

### *Recording of Deaths Information*

#### *What is required?*

As Medical Practitioners you are required to lodge Medical Certificates of Cause of Death and Medical Certificates of Cause of Perinatal Death with your State or Territory Registrar of Births, Deaths and Marriages. To obtain blank Cause of Death Certificates please contact your relevant State or Territory Registrar of Births, Deaths & Marriages. Contact phone numbers are listed on page 6.

#### *What is coded?*

The ABS code every condition stated on the death certificate. In a large proportion of deaths, a sequence of morbid events will have led to death. From the standpoint of prevention, the objective is to break the sequence as early as possible.

#### *How is the information on the Medical Certificate of Cause of Death used?*

After registration of the death the Registrar General passes the information from the death certificates to the ABS, where staff in the Health & Vitals Statistical Unit code the causes of death according to the World Health Organisation's (WHO) International Statistical Classification of Diseases and Related Health Problems - 10th Revision (ICD-10).

The statistical data produced by the ABS is used by government bodies, researchers, clinicians, educational institutions and many other organisations. The deaths data are processed on a calendar year basis and the ABS publishes summary data in *Causes of Death, Australia (3303.0)*. Special tabulations are available upon request from the ABS.

#### *Have I supplied quality information?*

The quality of the statistics of causes of death depends on the quality of the information on the death certificate, which should be *YOUR BEST MEDICAL OPINION* as to the sequence of events leading to death.

If the ABS staff do not have sufficient information to be able to allocate codes, a query letter is sent to the certifying doctor requesting further or more specific information. This booklet contains guides to assist certifiers in providing quality information in areas where common problems occur. The use of these guides will not only expedite the processing of death certificates, and aggregation of cause of death data, but minimise time spent by certifying doctors responding to query letters.

There is a quick reference guide located at the back of this booklet. Keep this quick reference guide with the Medical Certificate of Cause of Death forms for quick and easy reference by certifiers. Additional quick reference guides are available upon request from the ABS.

## HOW TO USE THE DEATH CERTIFICATION BOOKLET *continued*

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### *Recording of Deaths Information continued*

#### *Legibility*

Handwritten details can be difficult to distinguish and may lead to misinterpretation and error. Please avoid abbreviations and *PRINT CLEARLY in BLOCK LETTERS*.

The following are examples of terms which are often difficult to distinguish:

cardio/cerebro	empyema/emphysema	infection/infarction
congenital/congestive	silicosis/scoliosis	hypotension/hypertension
coronary/cerebral	valvular/vascular	

#### *How much detail is required?*

This booklet highlights groups of diseases and conditions for which the required detail is often lacking. As well as the guides for common problems a detailed list of inadequate medical terms, specifying the required detail, can be found on pages 22 to 27.

Appreciation of the deficiencies indicated will to a large extent eliminate the need for further inquiries from the ABS.

### *Should The Death be Referred to the Coroner?*

All deaths due to violence or unnatural causes should be referred to the Coroner. In some States and Territories legislation requires that a death due to a complication of surgery or other procedure may be required to be referred to the Coroner. If you are in any doubt as to whether a death should be reported to the Coroner, contact the Coroner's Office in your State or Territory for further advice.

#### *Deaths from complications of fractured neck of femur in the elderly*

Depending on differing legal requirements between the States and Territories notifications of these deaths to the coroner may be unnecessary when the injury occurs as the result of a fall at home in the following circumstances:

- If the fracture has occurred due to fragility of the bone caused by osteoporosis.
- When the fall is contributed to by the general condition of the patient, (eg. because of loss of agility, slow reflexes, poor balance and deteriorated vision).

The fall and consequent injury may therefore be considered as a feature of the patient's general frailty. Each case should be carefully considered and *the coroner notified or consulted in cases of doubt*.

# HOW TO USE THE DEATH CERTIFICATION BOOKLET *continued*

The Standard Medical  
Certificate of Cause of  
Death

INTERNATIONAL FORM OF MEDICAL CERTIFICATE OF CAUSE OF DEATH		Approximate interval between onset and death
CAUSE OF DEATH		
<p style="text-align: center;"><b>I</b></p> <p><i>Disease or condition directly leading to death*</i></p>	<p>(a)..... due to (or as a consequence of)</p>	<p>.....</p>
<p><i>Antecedent causes</i> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last</p>	<p>(b)..... due to (or as a consequence of)</p> <p>(c)..... due to (or as a consequence of)</p> <p>(d).....</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p style="text-align: center;"><b>II</b></p> <p><i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i></p>	<p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p>
<p>*This means the disease, injury or complication which caused death NOT ONLY, for example, the mode of dying, such as "heart failure, asthenia" etc.</p>		

The Medical Certificate of Cause of Death is recommended by the World Health Organisation for international use. This general format is used by all Australian States and Territories although some local variations will occur eg. an extra line, Part I (e) may appear on some forms.

*Where Do I Obtain a Medical Certificate of Cause of Death?*

Medical Certificates of Cause of Death may be requested from the Registrar of Births, Deaths and Marriages in your State or Territory.

<i>NSW</i>	Registry of Birth, Deaths & Marriages	Ph. 1300 655 236
<i>Vic</i>	Registry of Births, Deaths & Marriages	Ph. 03 9603 5856
<i>Qld</i>	Registry of Births, Deaths & Marriages	Ph. 07 3247 9201
<i>SA</i>	Births, Death and Marriages	Ph. 08 8204 9599
<i>WA</i>	Registry of Births, Deaths & Marriages	Ph. 08 9264 1555
<i>Tas</i>	Registry of Births, Deaths & Marriages	Ph. 03 6233 3793
<i>NT</i>	Registrar General's Office	Ph. 08 8999 6119
<i>ACT</i>	Registrar General's Office	Ph. 02 6207 0460

*How to Complete the  
Medical Certificate of  
Cause of Death*

*Part I, Line (a), Disease or condition directly leading to death*

Enter on line I(a) the direct cause of death ie. the disease or complication which led directly to death. There must always be an entry on line I(a), this condition may be the only condition reported in Part I of the certificate only if it was itself due to, or did not arise as a consequence of any disease or injury that occurred before the direct cause of death.

If conditions such as cardiac arrest, respiratory failure, chronic renal failure etc. are entered on line I(a) always enter the underlying cause(s) on I(b), I(c) etc. to indicate the sequence of events leading to death. Always use consecutive lines, never leave blank lines in the sequence.

*Part I, Lines (b), (c) and (d), Antecedent causes*

If the direct cause of death on line I(a) was due to, or arose as a consequence of another disease, this disease should be entered on line I(b). If the condition entered on line I(b) was itself due to another condition or disease this other condition should be reported on line I(c). Similarly, a condition antecedent to that reported on line I(c) should be reported on line I(d). Enter any additional antecedent conditions in Part I(d).

A condition should be regarded as being antecedent not only in an aetiological or pathological sense, but also where it is believed that this condition prepared the way for the direct cause by damage of tissues or impairment of function, even after a long interval.

Occasionally two independent diseases may be thought to have contributed equally to the fatal issue, and in such unusual circumstances they may be entered on the same line.

*Part II, Other significant conditions*

After completing Part I, the certifier must consider whether there were any other significant conditions which, though not included in the sequence in Part I, contributed to the fatal outcome. If so, these conditions should be entered in Part II.

For example :

Part I

(a) Renal failure 1 year; (b) Nephritic syndrome 3 years; (c) Diabetes mellitus 20 years;

Part II

Ischaemic Right foot 3 months.

## HOW TO USE THE DEATH CERTIFICATION BOOKLET *continued*

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*How to Complete the  
Medical Certificate of  
Cause of Death continued*

### *Duration between onset and death*

The duration between the onset of each condition entered on the certificate and the date of death, should be entered in the column provided. Where the time or date of onset is not known, the best estimate should be made. The unit of time should be entered in each case.

In a correctly completed certificate, the duration entered for I(a) will never exceed the duration entered for the condition on line I(b) or I(c) or I(d); nor will the duration for I(b) exceed that for I(c) or I(d).



## COMMON PROBLEMS

**COMMON PROBLEMS**  
*Pulmonary Embolism*

It is rare for pulmonary embolism to occur spontaneously in anyone below the age of 75 years of age, and there are a large variety of underlying causes of this condition. Where Pulmonary Embolism is the direct cause or mode of death it should be entered as such in Part 1a of the death certificate, with its underlying cause(s) sequenced in the due to relationship on the lines below it. (See Example 1).

*Operations*

In most jurisdictions, death during or following an operation must be reported to the Coroner for investigation. See also: Should the Death be Referred to the Coroner, page 4.

When entering a post operative complication, or a complication of a medical procedure always include the condition for which the operation was performed and when the operation was performed (See Example 1).

*Example 1.* A male aged 54 years admitted to hospital for surgery to remove the colon due to carcinoma of the sigmoid colon. The patient developed a postoperative deep vein thrombosis. A pulmonary embolism later developed and the patient died shortly after. As the carcinoma of the sigmoid colon was the condition necessitating the surgery, this will be selected as the underlying cause of death.

	CAUSE OF DEATH	Approximate interval between onset and death
<b>I</b>		
<i>Disease or condition directly leading to death*</i>	(a)... <b>PULMONARY EMBOLISM</b> ..... due to (or as a consequence of)	..... <b>1 HOUR</b> .....
<i>Antecedent causes</i> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(b)... <b>DEEP VEIN THROMBOSIS</b> ..... due to (or as a consequence of)	..... <b>2 DAYS</b> .....
	(c) ... <b>COLECTOMY DUE TO CANCER OF COLON</b> .... due to (or as a consequence of)	..... <b>3 DAYS</b> .....
	(d)... <b>PRIMARY CARCINOMA OF SIGMOID COLON.</b>	..... <b>18 MONTHS</b> .....
<b>II</b>		
<i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i>	..... <b>..ISCHAEMIC HEART DISEASE</b> .....	..... <b>10 YEARS</b> .....

\*This means the disease, injury or complication which caused death NOT ONLY, for example, the mode of dying, such as "heart failure, asthenia", etc.

*Pneumonia and Bronchopneumonia*

When a death is due to pneumonia or bronchopneumonia please identify if the condition is primary hypostatic or due to aspiration. State the cause of any underlying condition that led to the pneumonia and identify the causative organism. If the pneumonia has been caused by debility or inactivity please state the condition leading to the inactivity or debility. (See Example 2).

**COMMON PROBLEMS** *continued*

*Pneumonia and  
Bronchopneumonia  
continued*

*Example 2.* A male aged 64 years admitted to hospital with an arteriosclerotic cerebral infarction. Transferred to rehabilitation where he developed hypostatic pneumonia. In ICU sputum cultured Klebsiella pneumoniae and the patient died shortly after. As the arteriosclerosis was the condition beginning the sequence of morbid events, this will be selected as the underlying cause of death.

	CAUSE OF DEATH	Approximate interval between onset and death
<b>I</b>		
<i>Disease or condition directly leading to death*</i>	(a).... <b>KLEBSIELLA PNEUMONIA</b> ..... due to (or as a consequence of)	..... <b>1 WEEK</b> .....
<i>Antecedent causes</i> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(b)..... <b>INACTIVITY</b> ..... due to (or as a consequence of)	..... <b>2 MONTHS</b> .....
	(c)..... <b>CEREBRAL INFARCTION</b> ..... due to (or as a consequence of)	..... <b>2 MONTHS</b> .....
	(d)..... <b>ARTERIOSCLEROSIS</b> .....	..... <b>MANY YEARS</b> .....
<b>II</b>		
<i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i>	..... <b>ALCOHOLISM</b> .....	..... <b>20 YEARS</b> .....
	..... <b>ISCHAEMIC HEART DISEASE</b> .....	..... <b>10 YEARS</b> .....
*This means the disease, injury or complication which caused death NOT ONLY, for example, the mode of dying, such as "heart failure, asthenia", etc.		

*Renal Failure*

Where renal failure is entered on to the Medical Certificate of Cause of Death, please identify if the renal failure was acute, chronic or end-stage, the underlying cause and type of renal failure if known. (See Example 3).

*Example 3.*

	CAUSE OF DEATH	Approximate interval between onset and death
<b>I</b>		
<i>Disease or condition directly leading to death*</i>	(a).... <b>END STAGE RENAL FAILURE</b> ..... due to (or as a consequence of)	..... <b>1 WEEK</b> .....
<i>Antecedent causes</i> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(b)..... <b>FOCAL GLOMERULAR SCLEROSIS</b> ..... due to (or as a consequence of)	..... <b>2 YEARS</b> .....
	(c)..... <b>IDDM</b> ..... due to (or as a consequence of)	..... <b>25 YEARS</b> .....
	(d).....	.....
<b>II</b>		
<i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i>	.....	.....
	..... <b>CIGARETTE SMOKER</b> .....	..... <b>10 YEARS</b> .....
*This means the disease, injury or complication which caused death NOT ONLY, for example, the mode of dying, such as "heart failure, asthenia", etc.		

*Pregnancy*

If the deceased was pregnant or died within 42 days post partum this should also be included on the death certificate even if the pregnancy was unrelated to the cause of death (See Example 4).

**COMMON PROBLEMS** *continued*

*Pregnancy continued*

*Example 4.* A female aged 24 years, pregnant for 4 months, was admitted to hospital with sudden onset of hemiplegia. Her history revealed that she had suffered from rheumatic fever at the age of 10 years, and a diagnosis of mitral stenosis was made. On her second day in hospital the patient died. The pregnancy contributed to death, but is not related to the pre-existing condition, it should be reported in Part II of the certificate.

	CAUSE OF DEATH	Approximate interval between onset and death
<b>I</b>		
<i>Disease or condition directly leading to death*</i>	(a)..... <b>HEMIPLEGIA</b> ..... due to (or as a consequence of)	..... <b>2 DAYS</b> .....
<i>Antecedent causes</i> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(b)..... <b>CEREBRAL EMBOLISM</b> ..... due to (or as a consequence of)	..... <b>2 DAYS</b> .....
	(c)..... <b>MITRAL STENOSIS</b> ..... due to (or as a consequence of)	..... <b>14 YEARS</b> .....
	(d)..... <b>RHEUMATIC FEVER (INACTIVE)</b> .....	.....
<b>II</b>		
<i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i>	..... <b>PREGNANCY</b> .....	..... <b>4 MONTHS</b> .....
*This means the disease, injury or complication which caused death NOT ONLY, for example, the mode of dying, such as "heart failure, asthenia", etc.		

*Smoking, Alcohol and Drugs*

If the use of alcohol, tobacco or any other drug contributed to death, this should be reported on the certificate. Also indicate if the deceased was addicted to any substance. (See Example 5)

*Example 5.* Here alcohol addiction contributed to the death, but is not related to the coronary occlusion and is documented in Part II of the certificate.

	CAUSE OF DEATH	Approximate interval between onset and death
<b>I</b>		
<i>Disease or condition directly leading to death*</i>	(a)..... <b>CORONARY OCCLUSION</b> ..... due to (or as a consequence of)	..... <b>IMMEDIATE</b> .....
<i>Antecedent causes</i> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(b)..... <b>CORONARY ATHEROSCLEROSIS</b> ..... due to (or as a consequence of)	..... <b>5 YEARS</b> .....
	(c)..... due to (or as a consequence of)	.....
	(d).....	.....
<b>II</b>		
<i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i>	..... <b>EMPHYSEMA</b> .....	..... <b>20 YEARS</b> .....
	..... <b>ALCOHOL ADDICTION</b> .....	..... <b>MANY YEARS</b> .....
*This means the disease, injury or complication which caused death NOT ONLY, for example, the mode of dying, such as "heart failure, asthenia", etc.		

## COMMON PROBLEMS *continued*

**Infectious and Parasitic Diseases** Where possible, give the name of the causative agent, if the disease name does not imply this, and the site of the infection. Where the causative organism is unknown, document this on the death certificate as Organism Unknown. (See Examples 6 and 7)

**Primary Infection** Certifiers should identify whether a primary infection was bacterial or viral, and the causative organism, if known. (see Example 6)

**Sepsis and Septicaemia** Certifiers should document the site of the original infection and the causative organism on the death certificate where septicaemia is the direct cause of death. (See Example 7)

*Example 6.* Here the site of the original infection and the causative organism have been clearly identified. Lack of this information would result in a query letter to the certifier.

CAUSE OF DEATH		Approximate interval between onset and death
<p style="text-align: center;"><b>I</b></p> <p><i>Disease or condition directly leading to death*</i></p> <p><i>Antecedent causes</i> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last</p>	(a)..... <b>SEPTIC SHOCK</b> ..... due to (or as a consequence of)	..... <b>1 DAY</b> .....
	(b)..... <b>STAPHYLOCOCCUS AUREUS SEPSIS</b> ..... due to (or as a consequence of)	..... <b>5 DAYS</b> ..... ..... <b>1 WEEK</b> .....
	(c)..... <b>STAPHYLOCOCCUS AUREUS MENINGITIS</b> ... due to (or as a consequence of)	
	(d).....	
<p style="text-align: center;"><b>II</b></p> <p><i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i></p> <p>*This means the disease, injury or complication which caused death NOT ONLY, for example, the mode of dying, such as "heart failure, asthenia", etc.</p>	..... <b>RENAL TRANSPLANT</b> .....	..... <b>6 YEARS</b> .....
	..... <b>TYPE II DIABETES</b> .....	..... <b>15 YEARS</b> .....

*Example 7.* The certifier has identified that no further information is available.

CAUSE OF DEATH		Approximate interval between onset and death
<p style="text-align: center;"><b>I</b></p> <p><i>Disease or condition directly leading to death*</i></p> <p><i>Antecedent causes</i> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last</p>	(a)..... <b>SEPTICAEMIA</b> ..... due to (or as a consequence of)	..... <b>1 WEEK</b> .....
	(b)..... <b>URINARY TRACT INFECTION</b> ..... due to (or as a consequence of)	..... <b>MONTHS</b> .....
	(c)..... <b>ORGANISM UNKNOWN</b> ..... due to (or as a consequence of)	..... <b>MONTHS</b> .....
	(d).....	
<p style="text-align: center;"><b>II</b></p> <p><i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i></p> <p>*This means the disease, injury or complication which caused death NOT ONLY, for example, the mode of dying, such as "heart failure, asthenia", etc.</p>	..... <b>TYPE II DIABETES</b> .....	..... <b>6 YEARS</b> .....
	.....	.....

**COMMON PROBLEMS** *continued*

*Place of Occurrence*

ICD-10 coding requires a place of occurrence code for selected external causes of death. The ABS needs the certifier to indicate on the form the place where the injury which led to death occurred eg. at home, on a farm, industrial building, on highway etc.

*Accidental Deaths*

In most instances accidental deaths must by law be referred to the Coroner. When a medical practitioner has occasion to issue a Medical Certificate of Cause of Death relating to an accidental death, such as an accidental fall, the circumstances of the fall should be stated, for example 'accidental fall on stairs at home', or 'fall from bed in nursing home'. Please include all injuries sustained eg. fracture of skull with cerebral haemorrhage (do not use non-specific terms such as multiple injuries).

If a death is due to late effects of a previous injury, please state the circumstances of this injury eg. bronchopneumonia due to paraplegia due to motor vehicle accident - 3 years ago.

*Example 8.* Female aged 80 years, fell on stairs at home and sustained a fracture of the neck of the left femur. She had an operation for insertion of a pin the following day. Four weeks later her condition deteriorated, she developed hypostatic pneumonia and died two days later.

	CAUSE OF DEATH	Approximate interval between onset and death
<b>I</b>		
<i>Disease or condition directly leading to death*</i>	(a)..... <b>TERMINAL HYPOSTATIC PNEUMONIA</b> ..... due to (or as a consequence of)	..... <b>2 DAYS</b> .....
<i>Antecedent causes</i>	(b).. <b>FRACTURED LEFT NECK OF FEMUR (PINNED)</b> .. due to (or as a consequence of)	..... <b>4 WEEKS</b> .....
Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(c)..... <b>STUMBLER WHILE VACUUMING AT HOME..</b> .. due to (or as a consequence of)	..... <b>4 WEEKS</b> .....
	(d)..... <b>GENERAL FRAILTY</b> .....	..... <b>3 YEARS</b> .....
<b>II</b>		
<i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i>	.....	.....
	.....	.....
*This means the disease, injury or complication which caused death NOT ONLY, for example, the mode of dying, such as "heart failure, asthenia", etc.		

Where the underlying cause of death is due to external causes, information regarding the circumstances is required. Please state whether the injury was due to an accident, deliberately self-inflicted or due to assault; and the place of occurrence (eg. 'at home', 'in a hospital', etc.)

*Neoplasms*

Neoplasms are classified according to whether they are benign or malignant, and by site. Hence the terms 'neoplasm', 'growth' and 'tumour' should not be used without qualification as to whether malignant or benign and the primary site should always be indicated, even though the primary growth may have been removed long before death. If a secondary growth is included in the sequence of events leading to death, state the site of the secondary growth due to the site of the primary growth. If the primary site is unknown, this MUST be stated on the certificate.

**COMMON PROBLEMS** *continued*

*Neoplasms continued*

*Example 9.* A female aged 54 years admitted to hospital for palliative care due to secondary adenocarcinoma of the liver. The secondary growth occurred due to the primary adenocarcinoma of the breast and, even though the primary was removed and has not reoccurred, will be selected as the underlying cause of death.

	CAUSE OF DEATH	Approximate interval between onset and death
<b>I</b>		
<i>Disease or condition directly leading to death*</i>	(a)... <b>SECONDARY ADENOCARCINOMA OF LIVER..</b> due to (or as a consequence of)	..... <b>1 YEAR</b> .....
<i>Antecedent causes</i> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(b)... <b>LEFT BREAST MASTECTOMY.....</b> due to (or as a consequence of)	..... <b>3 YEARS AGO</b> .....
	(c)... <b>PRIMARY ADENOCARCINOMA OF BREAST....</b> due to (or as a consequence of)	..... <b>3 ½ YEARS</b> .....
	(d).....	.....
<b>II</b>		
<i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i>	..... <b>..ISCHAEMIC HEART DISEASE.....</b>	..... <b>10 YEARS</b> .....
<p><small>*This means the disease, injury or complication which caused death NOT ONLY, for example, the mode of dying, such as "heart failure, asthenia", etc.</small></p>		

A similar case as the example above, however the primary site is UNKNOWN.

	CAUSE OF DEATH	Approximate interval between onset and death
<b>I</b>		
<i>Disease or condition directly leading to death*</i>	(a)... <b>SECONDARY ADENOCARCINOMA OF LIVER..</b> due to (or as a consequence of)	..... <b>1 YEAR</b> .....
<i>Antecedent causes</i> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(b)... <b>PRIMARY UNKNOWN.....</b> due to (or as a consequence of)	..... <b>Over 1 YEAR</b> .....
	(c)..... due to (or as a consequence of)	.....
	(d).....	.....
<b>II</b>		
<i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i>	..... <b>..ISCHAEMIC HEART DISEASE.....</b>	..... <b>10 YEARS</b> .....
<p><small>*This means the disease, injury or complication which caused death NOT ONLY, for example, the mode of dying, such as "heart failure, asthenia", etc.</small></p>		

## COMMON PROBLEMS *continued*

### *Neoplasm Certification Guide*

The precise site of the primary neoplasm should always be indicated. See the examples in the following list. The histology of the neoplasm should also be stated if known. For neoplasms of bone, where the histology is unknown, the kind of tissue of origin (ie. marrow, osseous tissue) should be indicated. In the following table is a list of sites and the specificity required for coding neoplasms as underlying cause of death. This list highlights those neoplasms that cause the most classification problems and is not exhaustive. Certifiers should be as specific as possible when certifying the site of any neoplasm, not just those sites listed below. Where specific site detail is not available, identify so by documenting the detail as Unknown. eg. 'malignant carcinoma of uterus site unknown'

#### *QUICK REFERENCE CERTIFICATION GUIDE - MALIGNANT NEOPLASMS*

Clearly identify the malignancy, morphology, exact site and behaviour of all neoplasms.

Tumor / Growth - Identify site and as benign, malignant primary, malignant secondary or unknown behaviour.

Neoplasm - Identify the morphology, malignancy, site and behaviour.

Metastatic - Identify whether metastatic TO (Secondary) or metastatic FROM (Primary).

Secondary - Identify primary site or document Primary as Unknown.

If the site of any primary neoplasm is unknown, 'Primary unknown' MUST be documented on the Medical Certificate of Cause of Death.

The principles of site specificity, and primary unknown, apply to all malignant neoplasms, not just those listed in the following table. The primary neoplasm sites listed in the following table require one of the subset qualifying terms, to provide necessary detail for identification of the underlying cause of death and to minimise queries from ABS staff for more specific information at a later date.

**COMMON PROBLEMS** *continued*

**Site of Primary Neoplasm** Please be more specific if you are able. (eg. Primary carcinoma of inner aspect lower lip)

<p><b>Lip</b> lower upper commissure skin of lip overlapping unknown</p>	<p><b>Mouth</b> cheek (mucosa) vestibule retro molar overlapping unknown</p>	<p><b>Pharynx</b> nasopharynx hypopharynx oropharynx tonsil pyriform sinus overlapping</p>	<p><b>Oral</b> tongue salivary gland palate gum overlapping unknown unknown</p>	<p><b>Skin</b> vulva vagina penis scrotum melanoma (by site) other specified type (by site) unknown</p>
<p><b>Liver</b> sarcoma angiosarcoma hepatoblastoma hepatocellular intrahepatic duct unknown</p>	<p><b>Intestine</b> large (colon) small colon with rectum unknown</p>	<p><b>Uterus</b> cervix uteri corpus uteri ligament overlapping unknown</p>	<p><b>Endocrine Gland</b> parathyroid pituitary craniopharyngeal pineal aortic body pluriglandular unknown</p>	<p><b>Adrenal Gland</b> medulla cortex unknown</p>
<p><b>Respiratory</b> nasal cavity middle ear accessory sinuses mediastinum trachea thymus bronchus larynx overlapping unknown</p>	<p><b>CNS</b> meninges brain "specific" lobe "specific" ventricle brain stem cranial nerve spinal cord cauda equina overlapping unknown</p>	<p><b>Female Genitalia</b> ovary adnexa placenta uterine ligament broad ligament round ligament parametrium fallopian tube overlapping unknown</p>	<p><b>Urinary Organs</b> kidney ureter bladder urethra paraurethral gland overlapping unknown</p>	

**If the required detail is unknown, please document this on the Medical Certificate of Cause of Death**

**Medical Certification of Cause of Death should, at all times, be your BEST MEDICAL OPINION**



## PERINATAL DEATHS

### *Medical Certificate of Cause of Perinatal Death*

The World Health Organisation recommends use of a separate Medical Certificate of Cause of Perinatal Death. A copy of the form recommended by WHO is shown on the following page. It seeks information on maternal obstetric history, with a view to identifying those conditions which require the greatest clinical monitoring to avoid the occurrence of perinatal deaths. Here the 'sequence' system of reporting as used in the general medical certificate is not used for the perinatal death certificate. Please note that each State and Territory uses a slightly different version of this form.

In all States and Territories, it is a legal requirement that the Medical Certificate of Cause of Perinatal Death be completed in respect of a child not born alive, of at least 20 weeks gestation or 400 grams weight or a live born child who dies within 28 days of birth.

### *How to complete the Medical Certificate of Cause Perinatal Death*

The Medical Certificate of Cause of Perinatal Death provides five sections for the entry of causes of perinatal deaths, labelled (a) to (e). In sections (a) and (b) enter the diseases or conditions of the infant or fetus. The single most important or main condition in the child should be entered in section (a) and the remainder, if any, in section (b). 'The most important or main condition' is the pathological condition which in the opinion of the certifier made the greatest contribution to the death of the infant or fetus. The mode of death, eg. heart failure, asphyxia, anoxia, should not be entered in section (a) unless it was the only fetal or infant condition known. This also holds true for prematurity.

In sections (c) and (d), the certifier should enter all diseases or conditions in the mother which in his or her opinion had some effect on the infant or fetus. The most important one of these should be entered in section (c) and the others, if any, in section (d). Section (e) is provided for the reporting of any other circumstances which the certifier considers to have a bearing on the death but which cannot be described as a disease or condition of the infant or the mother. An example of this might be delivery in the absence of an attendant.

*In certifying causes of perinatal deaths, please take careful note of the following points:*

#### *Congenital malformations*

Please specify the organ and part of organ involved unless this is obvious from the name of the malformation. Avoid the use of eponyms wherever possible.

#### *Birth injuries*

Please state the organ involved, type of injury (eg. haemorrhage, tear), under 'conditions in fetus or infant', and the cause of the injury (eg. abnormality of pelvis, malposition of fetus, abnormal forces of labour), under 'maternal diseases or conditions'.

#### *Prematurity*

If possible, please state the complication directly causing death eg. pulmonary immaturity.

#### *Conditions in the mother*

Please indicate whether any disease condition present in the mother was related to the pregnancy. For example, conditions such as hypertension and pyelonephritis should be qualified as to whether they arose during pregnancy or were present before pregnancy.

**PERINATAL DEATHS** *continued*

**MEDICAL CERTIFICATE OF CAUSE OF PERINATAL DEATH**

To be completed in respect of:

- (i) a child not born alive, of at least 20 weeks gestation or 400 grams weight:
- (ii) a live born child dying within twenty-eight days after birth:

**Note: Please answer all question and tick relevant boxes**

**A. Particulars related to Mother**

- 1. Full name..... 2. Age.....years
  - 3. Address of usual residence.....
  - 4. Number of previous pregnancies resulting in
 

All issue live born	_ _
One or more issue born dead	_ _
Abortion	_ _
  - 5. Outcome of last previous pregnancy
 

All issue live born	<input type="checkbox"/>
One or more issue born dead	<input type="checkbox"/>
Abortion	<input type="checkbox"/>
- Date of last previous pregnancy \_/ \_/ \_

Current pregnancy:

- 6. Estimated duration of pregnancy was.....completed weeks from first day of last menstrual period to date of delivery.
- 7. Antenatal care two or more visits
 

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not known	<input type="checkbox"/>
- 8. Method of delivery
 

Spontaneous	<input type="checkbox"/>
Forceps delivery	<input type="checkbox"/>
Forceps and rotation	<input type="checkbox"/>
Vacuum extractor	<input type="checkbox"/>
Caesarean section	<input type="checkbox"/>
Other surgical or instrumental	<input type="checkbox"/>
- 9. Presentation
 

Vertex	O.A.	O.P.	<input type="checkbox"/>
Brow			<input type="checkbox"/>
Breech			<input type="checkbox"/>
Face			<input type="checkbox"/>
Shoulder			<input type="checkbox"/>
Transverse			<input type="checkbox"/>
Other (specify).....			<input type="checkbox"/>
- 10. Attendant at birth
 

Doctor	<input type="checkbox"/>
Trained midwife	<input type="checkbox"/>
Other trained person (specify).....	<input type="checkbox"/>
Other (specify).....	<input type="checkbox"/>

**B. Particulars relating to Child**

- 11. Name if given..... 12. Sex.....
- 13. Place of death..... 14. Birthweight was..... grams.
- 15. This birth was: Single  First twin  Second twin  Other multiple
- 16. For child born alive: Time and date of birth was.....a.m./p.m. on.....Date of death.....  
After delivery, heartbeat ceased at.....a.m./p.m. on.....(date) Age.....
- 17. For child not born alive, time and date of delivery was.....a.m./p.m. on.....(date).
- 18. For child not born alive, heartbeat ceased (a) before labour  (b) during labour but before delivery   
(c) before delivery but not known whether before or during labour
- 19. If heartbeat ceased before labour commenced, please estimate how long before:.....days .....hours
- 20. It is not known whether heartbeat ceased before or after delivery

21. **CAUSES OF DEATH** Approximate interval between onset and death, If known

- (a) Main disease or condition in fetus or infant
- (b) Other diseases or conditions in fetus or infant
- (c) Main maternal disease or condition affecting fetus or infant
- (d) Other maternal diseases or conditions affecting fetus or infant
- (e) Other relevant circumstances

- 22. Certified cause of death has been confirmed by autopsy  Autopsy information may be available later   
Autopsy not being held
- 23. Post mortem carried out on.....
- 24. Post mortem ordered or authorised by..... Coroner
- 25. If born alive, last attended by me on.....  
I certify that, to the best of my information and belief, the particulars set out above are correct.  
Signature..... Prof. title.....  
Surname (block letters).....  
Address.....

## PERINATAL DEATHS *continued*

*Examples of Completed  
Medical Certificates of  
Cause of Perinatal Death*

Please PRINT details on the Medical Certificate of Cause of Perinatal Death in BLOCK LETTERS

### *Prematurity and Premature Labour*

Prematurity and premature labour are not acceptable as an underlying cause of perinatal death and will be queried. Please identify the underlying cause on the Medical Certificate of Cause of Perinatal Death or indicate that the cause is unknown (See Example 11)

*Example 11.* The mother whose previous pregnancies had ended in spontaneous abortions at 12 and 18 weeks, was admitted when 24 weeks pregnant, in premature labour. There was spontaneous delivery of a 700 gram infant who was treated in an Intensive Care Nursery, but died during the first day of life. Chest x-ray had shown dense lung fields consistent with severe hyaline membrane disease.

CAUSES OF DEATH	
a. Main disease or condition in fetus or infant	<b>HYALINE MEMBRANE DISEASE (RESPIRATORY DISTRESS SYNDROME)</b>
b. Other diseases or conditions in fetus or infant	<b>EXTREME IMMATUREITY</b>
c. Main maternal disease or condition affecting fetus or infant	<b>PREMATURE LABOUR</b>
d. Other maternal diseases or conditions affecting fetus or infant	<b>PREVIOUS SPONTANEOUS ABORTIONS</b>
e. Other relevant circumstances	—

### *Diabetes Mellitus*

Where diabetes is documented on the Medical Certificate of Cause of Perinatal Death, please state whether the diabetes is a pre-existing condition or gestational diabetes. If diabetes is pre-existing please indicate if it is IDDM or NIDDM. (See Example 12).

*Example 12.* A known diabetic was controlled during her first pregnancy with difficulty. She developed megaloblastic anaemia at 32 weeks. Labour was induced at 38 weeks. There was spontaneous delivery of an infant weighing 3200g. The baby developed hypoglycaemia, and had a loud murmur present with a large heart noted on chest x-ray. Echocardiography showed the presence of a truncus arteriosus. The baby died on the second day of life.

CAUSES OF DEATH	
a. Main disease or condition in fetus or infant	<b>TRUNCUS ARTERIOSUS</b>
b. Other diseases or conditions in fetus or infant	<b>HYPOGLYCAEMIA</b>
c. Main maternal disease or condition affecting fetus or infant	<b>DIABETES MELLITUS - IDDM</b>
d. Other maternal diseases or conditions affecting fetus or infant	<b>MEGALOBLASTIC ANAEMIA</b>
e. Other relevant circumstances	—

### *Conditions in the Mother affecting the fetus or infant*

The main condition in the mother that has affected the fetus or infant should be entered on line (c) of the Medical Certificate of Cause of Perinatal Death and other conditions affecting the fetus or infant on line (d). Any condition in the mother that is relevant to the circumstances of the delivery or death of the fetus or infant should be entered on line (e). (See Examples 13 and 14).

## PERINATAL DEATHS *continued*

*Examples of Completed  
Medical Certificates of  
Cause of Perinatal Death  
continued*

*Conditions in the Mother affecting the fetus or infant continued*

*Example 13.* The patient was a 30 year old woman with a healthy four year old boy. She had a normal second pregnancy apart from hydramnios. Ultrasound examination of the fetus at 36 weeks noted the presence of anencephaly. Labour was induced. A stillborn anencephalic fetus weighing 1500g was delivered.

CAUSES OF DEATH	
a. Main disease or condition in fetus or infant	<b>ANENCEPHALY</b>
b. Other diseases or conditions in fetus or infant	—
c. Main maternal disease or condition affecting fetus or infant	—
d. Other maternal diseases or conditions affecting fetus or infant	—
e. Other relevant circumstances	<b>HYDRAMNIOS</b>

As there was no condition in the mother which affected the development of the fetus, lines (c) and (d) remain blank.

*Example 14.* A primigravida aged 26 years with a history of regular menstrual cycles, received routine antenatal care starting at the 10th week of pregnancy. At 27 weeks, fetal growth retardation was noted clinically, and confirmed at 30 weeks. There was no evident cause apart from symptomless bacteriuria. A caesarean section was performed and a liveborn boy weighing 800g was delivered. The placenta weighed 300g and was described as infarcted. Respiratory distress syndrome developed which was responding to treatment. The baby deteriorated suddenly on the third day, becoming pale and lethargic. A cranial ultrasound revealed extensive Grade IV intraventricular haemorrhage. The child died that same day.

CAUSES OF DEATH	
a. Main disease or condition in fetus or infant	<b>INTRAVENTRICULAR HAEMORRHAGE</b>
b. Other diseases or conditions in fetus or infant	<b>RESPIRATORY DISTRESS SYNDROME RETARDED FETAL GROWTH</b>
c. Main maternal disease or condition affecting fetus or infant	<b>PLACENTAL INSUFFICIENCY</b>
d. Other maternal diseases or conditions affecting fetus or infant	<b>BACTERIURIA IN PREGNANCY CAESAREAN SECTION</b>
e. Other relevant circumstances	—

Placental insufficiency is the main condition that affected the fetus and infant and is entered on line (c). Bacteriuria and the caesarian section are both entered on line (d), as other maternal conditions that affected the fetus and infant.

## INADEQUATE CODING TERMS

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*LIST OF TERMS*

*INADEQUATE FOR CODING*

*CAUSES OF DEATH*

A full list of inadequate terms can be found on the following pages.

## INADEQUATE CODING TERMS *continued*

### LIST OF TERMS INADEQUATE FOR CODING CAUSES OF DEATH

<i>Term</i>	<i>Additional information required</i>
Abscess	Site Cause / organism
Adhesions	If following an operation, the underlying condition for which surgery was performed and length of time since surgery. (See, Operations, page 9)
Agranulocytosis	Cause. If due to drug therapy, specify condition for which drug given.
Airways disease (chronic)	Nature of disease (eg. obstructive)
Anaemia	Primary (specify type) Secondary (specify underlying cause)
Aneurysm	Site (eg. cerebral, aortic) Cause (eg. arteriosclerotic) Ruptured or dissecting
Antepartum haemorrhage	Cause (eg. coagulation defects, placenta praevia)
Anoxia (fetal)	If occurred before or during labour
Appendicitis	Whether acute or chronic With peritonitis or abscess
Arteriosclerosis, Atheroma or Atherosclerosis	If associated with hypertension, specify type (eg. benign, malignant) Arteries involved (eg. coronary, cerebral)
Arteritis	Arteries involved (eg. coronary, cerebral) Cause (eg. arteriosclerotic, syphilitic)
Arthritis	Type (rheumatoid, juvenile) Cause (eg. traumatic) Site
Asphyxia (fetal)	If occurred before or during labour
Aspiration of vomitus	Cause (eg. acute alcoholic toxicity, drug overdose, chronic alcohol abuse, or circumstances of drug use ie. addict, occasional user)
Asthma	Allergic or late onset
Atelectasis	Underlying cause
Birth injury	Site Type of injury Cause
Bronchitis	Type: acute or chronic With: asthma, emphysema etc.
Bronchopneumonia	Primary, hypostatic or aspiration Causative agent and underlying cause if any contributing disease or condition (See Pneumonia and Bronchopneumonia, page 9)
Burns	Site Percentage and degree of burns.
Cachexia	(See Malnutrition, page 26)
Calculus	Site and if with obstruction
Cancer, carcinoma	(See Neoplasms, pages 13 - 14)
Cardiac failure, dilation, hypertrophy	Underlying disease causing this condition
Cardiovascular disease	Specific disease condition eg. hypertensive
Carditis	Site: myocardium endocardium pericardium Type: acute rheumatic meningococcal or viral

## INADEQUATE CODING TERMS *continued*

### LIST OF TERMS INADEQUATE FOR CODING CAUSES OF DEATH *continued*

<i>Term</i>	<i>Additional information required</i>
Cerebral degeneration	Underlying cause
Cerebral effusion	Underlying cause
Cerebral sclerosis	Atherosclerosis or disseminated sclerosis
Cerebrovascular disease	Nature of disease (eg. atherosclerosis causing infarction, haemorrhage, occlusion - thrombotic/embolic)
CVA	Cause: infarction, haemorrhage, thrombotic/embolic
Chorea	Type: rheumatic with heart involvement without heart involvement Huntington's gravidarum
Cirrhosis of liver	Cause (eg. alcoholic)
Cor pulmonale	Underlying cause, and whether acute or chronic
Coryza	Complication leading to death
Curvature of spine	Type: acquired (eg. tuberculous) congenital With: heart disease and/or hypertension
Cytomegalic inclusion disease	If due to AIDS or other HIV illness
Debility	Underlying cause
Deep venous thrombosis	If following an operation, condition for which operation performed If due to inactivity, the condition causing the inactivity
Dementia	Cause (eg. senile, alcoholic, atherosclerotic, Alzheimer's or multi-infarct)
Dermatitis	Type Cause eg. drug induced (state condition necessitating drug therapy)
Diabetes mellitus	Type: insulin dependant or non-insulin dependant diabetes With: complication(s) eg. nephropathy, peripheral vascular disease
Diarrhoea	Underlying cause (if unknown, whether believed infectious or not)
Dysentery	Type: amoebic (and, if so, whether acute or chronic) bacterial other protozoal
Embolism	Site If following an operation: condition for which surgery performed If due to inactivity: underlying condition causing the inactivity
Encephalitis	Type: acute viral late effect of viral postvaccinal idiopathic meningococcal suppurative tuberculous
Endocarditis	Acute or chronic Site: mitral valve, aortic valve Cause: rheumatic, bacterial
Failure, Renal	Acute or chronic Cause: analgesic, diabetes etc. (Renal Failure, example page 10)
Fatty degeneration	Site eg. of heart or liver
Fractures	Site Pathological or traumatic (if due to trauma, state circumstances of trauma)
Gangrene	Site Type: atherosclerotic, diabetic, due to gas bacillus etc.
Gastro-enteritis	Cause: infectious or non-infectious

## INADEQUATE CODING TERMS *continued*

### LIST OF TERMS INADEQUATE FOR CODING CAUSES OF DEATH *continued*

<i>Term</i>	<i>Additional information required</i>
Goitre	Type: simple toxic diffuse uninodular multinodular
Haematemesis	Cause: gastric ulcer, adverse effects of medications etc.
Haemorrhage	Site Cause (if due to trauma, state circumstances of trauma)
Hemiplegia	Cause and duration (eg. spinal cord injury from MVA - 20 years previously)
Hepatitis	Type: acute or chronic alcoholic of newborn of pregnancy, childbirth or puerperium viral (and if so, whether Type A, B, C, D, E)
Hydrocephalus	Congenital or if acquired, and if so, the underlying cause
Hypertension	With: heart involvement cerebrovascular involvement renal involvement pregnancy If secondary, specify underlying cause
Immaturity	Cause Complication leading to death
Infarction - cerebral	If due to occlusion, stenosis, embolism/thrombosis
Infarction - myocardial	Site Acute, healed or old
Influenza	With: pneumonia other manifestation (specify)
Injury	Site and type of injury circumstances surrounding the injury(s) and if due to accident, suicide, homicide (See, Place of Occurrence and Activity and Accidental Deaths, page 13)
Intestinal infection	Causative organism
Intestinal obstruction, occlusion, stenosis or stricture	Cause
Kaposi's sarcoma	If due to AIDS or other HIV illness
Leukaemia	Acute, sub-acute or chronic Type eg. lymphatic myeloid monocytic
Liver failure; hepatic failure	Cause (eg. acute infective, post-immunisation, post-transfusion, toxemia of pregnancy or of puerperium)
Lung disease (chronic)	Nature of disease (eg. obstructive)
Lymphadenitis	Cause (eg. tuberculous, septic wound)
Lymphoma	Type (eg. Hodgkin's disease; Non-Hodgkin's lymphoma, mixed-cell type)
Malignant neoplasm	(See Neoplasms, pages 13 - 14)
Malnutrition	Type: congenital if due to deprivation or disease (specify) protein deficient, (specify type and degree of severity)
Melaena	Underlying cause eg. Primary carcinoma of transverse colon
Meningitis	Cause: meningococcal tuberculous haemophilus influenzae other organism (specify)
Mental retardation	Underlying physical condition
Myocarditis	Acute or chronic Cause (eg. rheumatic fever, atherosclerosis)



## INADEQUATE CODING TERMS *continued*

### LIST OF TERMS INADEQUATE FOR CODING CAUSES OF DEATH *continued*

<i>Term</i>	<i>Additional information required</i>
Neoplasm	Type: Benign, Malignant with site of primary growth (See Neoplasms, pages 13 - 14)
Nephritis/ Glomerulonephritis	Type: acute, sub-acute chronic with oedema infective or toxic (cause) If associated with: hypertension arteriosclerosis heart disease pregnancy
Obstruction of intestine	Cause If paralytic following operation, state condition for which surgery performed
Obstructive airways disease	Type: chronic acute lower respiratory infection acute exacerbation of asthma, bronchiectasis, emphysema etc.
Occlusion - cerebral	Site With: infarction, due to embolism, thrombosis etc.
Oedema of lungs	Type: acute hypostatic secondary to heart disease with hypertension If hypostatic or terminal, specify conditions necessitating inactivity If chronic and due to external agents (specify cause)
Paget's disease	Of bone, breast, skin (specify site) or malignant
Paralysis, paresis	Cause (eg. due to birth injury, syphilis) Precise form (eg. infantile, agitans)
Paralytic ileus	Underlying cause
Pelvic abscess	)
Parametritis	)
Peritonitis	)Cause, particularly whether due to puerperal or post-abortive infection
Phlebitis	)
Peptic ulcer	Site: stomach, gastric duodenum With: haemorrhage, perforation
Peripheral vascular disease	Cause (eg. atherosclerosis)
Pleural effusion	Cause, particularly whether tuberculosis
Pneumoconiosis	Whether: silicosis anthracosilicosis asbestosis associated with tuberculosis other (specify)
Pneumocystosis pneumonia	If due to AIDS or other HIV illness
Pneumonia	Type of organism If hypostatic or terminal, specify underlying illness (See Pneumonia and Bronchopneumonia, page 9)
Pneumothorax	Cause
Prematurity	Cause Complication leading to death
Pulmonary embolism	If following an operation, condition for which surgery performed If due to inactivity, the condition causing the inactivity (See Pulmonary Embolism, page 9)
Pulmonary oedema	Cause
Renal disease or failure	Acute or chronic Underlying cause eg. diabetic nephropathy With: hypertension, heart disease, necrosis (See Renal failure, page 10)

## INADEQUATE CODING TERMS *continued*

### LIST OF TERMS INADEQUATE FOR CODING CAUSES OF DEATH *continued*

<i>Term</i>	<i>Additional information required</i>
Respiratory failure	Underlying cause
Respiratory infection	Nature, location and causative organism if known
Rheumatic fever	Active or inactive With: nature of heart disease hypertrophy, carditis, endocarditis
Sclerosis	Arterial: coronary, cerebral (specify whether disseminated or atherosclerosis) disseminated, spinal (lateral, posterior), renal
Scoliosis	Acquired (eg. tuberculous, osteoporosis) Congenital
Senility	With: dementia, Alzheimer's disease etc.
Septicaemia	Underlying illness Type of organism (See Sepsis and Septicaemia, page 12)
Septic infection	If localised, specify site and organism
Silicosis	If associated with tuberculosis
Softening of brain	Cause: embolic, arteriosclerotic etc.
Spondylitis	Whether: ankylosing, deformans, gonococcal, sacro-iliac, tuberculous
Stenosis, stricture	Site If congenital or acquired (specify cause)
Syphilis	Site affected Type: congenital early or late, primary, tertiary, secondary
Tetanus	If following minor injury (specify) If following major injury (specify) Puerperal, obstetric
Thrombosis	Arterial (specify artery) Intracranial sinus: pyogenic non-pyogenic late effect post-abortion puerperal venous (specify site) portal If post-operative or due to confinement in bed, specify condition which necessitated operation or immobilisation
Toxaemia	Underlying cause Pregnancy (specify): albuminuria eclampsia hyperemesis hepatitis hypertension pre-eclampsia
Toxoplasmosis	If due to AIDS or other HIV illness
Tuberculosis	Primary site Associated pneumoconiosis if present
Tumours	(See Neoplasms, pages 13 - 14)

## INADEQUATE CODING TERMS *continued*

### LIST OF TERMS INADEQUATE FOR CODING CAUSES OF DEATH *continued*

<i>Term</i>	<i>Additional information required</i>
Ulcer	Site Perforated or with haemorrhage
Ulcer, leg	Nature (eg. peripheral, varicose) Cause (eg. atherosclerosis)
Uraemia	Cause Associated childbirth or pregnancy
Urinary tract infection	Primary: specify organism and precise location, eg. ureter or kidney Secondary: specify underlying disease, eg. diabetes
URTI	Complication leading to death Organism if identified
Valvular disease	Valve(s) affected Acute or chronic If rheumatic: active or inactive If non-rheumatic: specify cause
Vascular disease	Nature (eg. hypertensive, peripheral) Cause
Wound(s)	Site Cause Circumstances surrounding wounds (place of occurrence, activity etc.)

# QUICK REFERENCE CERTIFICATION GUIDE

## QUICK REFERENCE CERTIFICATION GUIDE

### QUICK REFERENCE- COMPLETING THE MEDICAL CERTIFICATE OF CAUSE OF DEATH(COD)

#### Part One of the Certificate:

Direct Cause of death    Line **1a** The direct cause of death  
 Antecedent causes    Line **1b** The cause of Line 1a  
                                   Line **1c** The cause of Line 1b  
                                   Line **1d** The cause of Line 1c

#### Example of Completed Medical Certificate of COD

<b>Part 1a</b>	<b>KLEBSIELLA PNEUMONIA</b>	<b>1 week</b>
<b>1b</b>	<b>INACTIVITY</b>	<b>2 months</b>
<b>1c</b>	<b>CEREBRAL INFARCTION</b>	<b>2 months</b>
<b>1d</b>	<b>ATHERIOSCLEROSIS</b>	<b>years</b>

#### Part Two of the Certificate:

Other significant conditions contributing to death but not related to the disease or condition causing it.

<b>Part II</b>	<b>ISCHAEMIC HEART DISEASE</b>	<b>10 years</b>
	<b>ALCOHOLISM AND SMOKING</b>	<b>20 years</b>

Where two independent diseases have contributed equally to the fatal sequence they may be entered on the same line.

**Duration between onset and death:** Enter the duration of time, between onset of each condition and the date of death.  
 Note: The shortest duration should be on Line 1a and increase sequentially to the last entry in part one. See example above.

**If you have any questions regarding Cause of Death Certification Freecall the ABS on 1800 620 963**

### QUICK REFERENCE CERTIFICATION GUIDE GENERAL CONDITIONS AND DISEASES

Please provide the required detail for the conditions and diseases listed below.

Where your best medical opinion does not permit you to document the required detail, please document this detail as UNKNOWN.

**Note:** This principle applies to ALL conditions and diseases that are documented on the Medical Certificate of Cause of Death, not only those listed below and overleaf. For information on the required detail for other conditions, not listed below, refer to the booklet "Cause of Death Certification Australia" pages 22 - 27.

<b>Pneumonia</b>	Primary, hypostatic or aspiration. Cause of any underlying condition Causative organism. <b>If due to inactivity/debility</b> - condition leading to inactivity/debility	<b>Infarction</b>	Atherosclerotic or thrombolytic <b>If thrombolytic</b> - see Thrombosis below.
<b>Infection</b>	Primary or secondary Causative organism If primary - bacterial or viral If secondary - details of primary infection	<b>Thrombosis</b>	<b>If arterial</b> -specify artery <b>If intra cranial sinus</b> - pyogenic non-pyogenic, late effect, post-abortive, puerperal, venous (specify vein). <b>If post-op or due to immobility</b> - condition necessitating surgery or immobility. <b>If venous</b> - specify vein
<b>UTI</b>	Site within urinary tract Causative organism Underlying cause <b>If due to inactivity/debility</b> - condition leading to inactivity.	<b>Pulmonary Embolism</b>	<b>If under 75 years of age</b> - underlying cause <b>If postoperative</b> -condition requiring surgery
<b>Renal Failure</b>	Acute, chronic or end stage, Underlying cause. eg hypertension, arteriosclerosis, pregnancy or heart disease. <b>If due to immobility</b> - condition leading to inactivity/debility.	<b>Cardiac Arrest</b>	Underlying cause
<b>Hepatitis</b>	Acute or chronic Due to alcohol Of new born Of pregnancy, childbirth, puerperium <b>If viral</b> - type (A,B,C,D OR E)	<b>Septicaemia</b>	Site of original infection Underlying cause and organism
<b>Pregnancy</b>	<b>Document pregnancy on certificate even if unrelated to COD</b> - If pregnant at time of death or within 42 weeks - If pregnant between 6 weeks and 12 months of death	<b>Leukaemia</b>	Acute, sub acute or chronic Type - lymphatic, myeloid or monocytic
		<b>Alcohol/Drugs</b>	Harmful use or addiction
		<b>Complication Of Surgery</b>	Condition requiring surgery
		<b>Dementia</b>	Cause (senile, Alzheimer's, multi infarct etc)
		<b>Accidental Death</b>	Circumstances surrounding the death. Accidental, suicidal, homicidal or undermined intent Place of occurrence & Activity at time of death

**If ANY of the detail requested above is UNKNOWN, please document this on the certificate.**

# QUICK REFERENCE CERTIFICATION GUIDE *continued*

## QUICK REFERENCE CERTIFICATION GUIDE

**Medical Certification of Cause of Death (COD) should, at all times, be your BEST MEDICAL OPINION. If your best medical opinion does not permit you to document the required detail outlined on this guide, please identify this by documenting the required detail as UNKNOWN.**

### QUICK REFERENCE CERTIFICATION GUIDE - MALIGNANT NEOPLASMS

**Clearly identify the malignancy, morphology, exact site and behaviour of all neoplasms.**

**Tumor / Growth** - Identify site and as benign, malignant primary, malignant secondary or unknown behaviour.  
**Neoplasm** - Identify the morphology, malignancy, site and behaviour.  
**Metastatic** - Identify whether metastatic **TO** (Secondary) or metastatic **FROM** (Primary).  
**Secondary** - Identify primary site or document Primary as Unknown.

### HOW SPECIFIC SHOULD YOUR RECORDING OF NEOPLASM SITE BE?

If the site of any primary neoplasm is unknown, **"Primary unknown" MUST be documented** on the Medical Certificate of Cause of Death.

The principles of site specificity, and primary unknown, apply to all malignant neoplasms, not just those listed below. The primary neoplasm sites listed below require one of the subset qualifying terms, to provide necessary detail for identification of the underlying cause of death and to avoid queries from ABS staff for more specific information at a later date.

**Site of Primary Neoplasm** Please be more specific if you are able. (eg. Primary carcinoma of inner aspect lower lip)

<b>Lip</b> lower upper commissure skin of lip overlapping unknown	<b>Mouth</b> cheek (mucosa) vestibule retro molar overlapping unknown	<b>Pharynx</b> nasopharynx hypopharynx oropharynx tonsil pyriform sinus overlapping unknown	<b>Oral</b> tongue salivary gland palate gum overlapping unknown	<b>Skin</b> vulva vagina penis scrotum melanoma (by site) other specified type (by site) unknown
<b>Liver</b> sarcoma angiosarcoma hepatoblastoma hepatocellular intrahepatic duct unknown	<b>Intestine</b> large (colon) small colon with rectum unknown	<b>Uterus</b> cervix uteri corpus uteri ligament overlapping unknown	<b>Endocrine Gland</b> parathyroid pituitary craniopharyngeal pineal aortic body pluriglandular unknown	<b>Adrenal Gland</b> medulla cortex unknown
<b>Respiratory</b> nasal cavity middle ear accessory sinuses mediastinum trachea thymus bronchus larynx overlapping unknown	<b>CNS</b> meninges brain "specific" lobe "specific" ventricle brain stem cranial nerve spinal cord cauda equina overlapping unknown	<b>Female Genitalia</b> ovary adnexa placenta uterine ligament broad ligament round ligament parametrium fallopian tube overlapping unknown	<b>Urinary Organs</b> kidney ureter bladder urethra paraurethral gland overlapping unknown	

### QUICK REFERENCE CERTIFICATION GUIDE ACCIDENTAL DEATH

All deaths due to violence or unnatural causes should be referred to the Coroner. Death due to a complication of surgery, a procedure or fractured neck of femur in the elderly may require referral to the Coroner. If you are in any doubt as to whether a death should be reported to the Coroner, contact the Coroner's Office in your State or Territory for further advice.

#### Deaths from complications of fractured neck of femur in the elderly

Depending on differing legal requirements between the States and Territories notifications of these deaths to the coroner may be unnecessary when the injury occurs as the result of a fall at home in the following circumstances:

- ◆ If the fracture has occurred due to fragility of the bone caused by osteoporosis.
- ◆ When the fall is contributed to by the general condition of the patient, (eg. loss of agility, slow reflexes, poor balance or deteriorated vision).

The fall and consequent injury may therefore be considered as a feature of the patient's general frailty. Each case should be carefully considered and **the coroner notified or consulted in cases of doubt.**





## FOR MORE INFORMATION . . .

- INTERNET* **www.abs.gov.au** the ABS web site is the best place to start for access to summary data from our latest publications, information about the ABS, advice about upcoming releases, our catalogue, and Australia Now—a statistical profile.
- LIBRARY* A range of ABS publications is available from public and tertiary libraries Australia-wide. Contact your nearest library to determine whether it has the ABS statistics you require, or visit our web site for a list of libraries.
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