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HISTORY AND BACKGROUND

The National Center for Health Statistics (NCHS) is responsible for the compilation and annual publication of national statistics on causes of death based upon information reported on death certificates filed for each death occurring in the United States. Since 1968, NCHS has used the International Classification of Diseases (ICD) to manually code all causes of death reported on each death certificate. These multiple cause codes then serve as input data for the Automated Classification of Medical Entities (ACME) computer program which assigns an underlying cause of death code for each death in accordance with internationally agreed upon rules.

The rules for manually coding multiple causes of death are in the Part 2b of the Vital Statistic Instruction Manual Series. The rules are complicated and require a lengthy training period coupled with long-term on-the-job experience to acquire proficiency. In July of 1983, NCHS staff began development of a computer system to replace the manual system. This system is called MICAR for Mortality Medical Indexing Classification and Retrieval.

Data entry under PC-MICAR required that the user enter the full text in standardized nomenclature, an abbreviation, or a numeric code for each disease, injury, and external cause reported on a death certificate. PC-MICAR significantly reduced the complexity of manual multiple cause-of-death coding; however, terms had to be translated into a format acceptable to PC MICAR.

SuperMICAR is an enhanced version of PC-MICAR. The main purpose of this improved version of MICAR is to allow users to enter the cause of death information as it is literally reported. With essentially no translation or standardization of the input required, training is minimal. A literal entry system is essential to the development of an electronic death certificate system.

Specified non-medical items (e.g., age, sex) that may impact on the classification of the reported conditions are also captured in coded form.

This manual documents: (1) creation of a SuperMICAR file, (2) instructions for machine entry of selected data from the demographic portion of a death certificate, and (3) entry of the information reported in the Medical Certification Section into machine-acceptable language. It is to be used in conjunction with the special rules booklet¹ for a given State. Training in medical terminology and anatomy are suggested as a means to help read the many variations in reporting of a medical term. For additional information about SuperMICAR features, see the MMDS help document.

The ICD is not needed by the operator. MICAR internally performs all conversions to ICD multiple cause codes based on the data input and its "knowledge" of the coding rules contained in Part 2b of the Vital Statistics Instruction Manual Series. In addition, MICAR permanently retains entity reference numbers for each term reported on a death certificate for use in retrieval of data for specific disease research.

Questions encountered during actual data entry of death records should be resolved as follows in the order indicated:

- 1. Refer to Table of Contents of this manual
- 2. Refer to MMDS Help document
- 3. Refer question to supervisor
- Refer question to NCHS staff State Specialist first Then email: ICD10@cdc.gov

¹A document that describes certificate format variations unique to each State along with any special rules for handling these variations in the coding process.

In the United States, the certificate of death is a legal document used to establish the fact of death for insurance purposes and for other legal matters. Much of the information reported on the certificate is also used for statistical purposes and is recorded, compiled for analysis, and published by the NCHS. (See Illustration 2.1, page 5.)

The items to be entered from the death certificate as input to the MICAR system can be classified into two basic groups: (1) those that are primarily non-medical in nature and (2) those that are primarily medical in nature. The former includes sex of the decedent (Item 2), age of the decedent (Item 4), and date of death (Item 29), as well as control information (e.g., year, State, and State file number) needed to either identify a particular certificate or a given batch of certificates. Chapter IV of this document provides instructions for entering data for non-medical items. The U.S. Standard Certificate of Death provides space for the certifier to record information concerning the diseases and/or injuries which either resulted in or contributed to death, as well as, the circumstances of the injuries. Each of these is defined as a cause of death; that is, a morbid condition or disease process, abnormality, injury, or poisoning leading directly or indirectly to death.

The medical certification portion of the death certificate (Item 32) is designed to obtain the opinion of the certifier on the relationship and relative significance of the causes that are reported. The certifier is requested to report in Part I on line (a) the immediate cause of death and the antecedent conditions on lines (b), (c), and (d) which gave rise to the cause reported on line (a). The underlying cause, the disease or injury, which initiated the train of events leading to death or the circumstances that produced the fatal injury, is stated lowest in the sequence of events. Any other significant condition which unfavorably influenced the course of the morbid process and thus contributed to the fatal outcome, but was not related to the immediate cause of death, is entered in Part II.

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	26. SIGNATURE OF PER	SON PRONOUNC	CING DEATH (C	Only when app	plicable)	27. LICEN	SE NUMBE	R 2	8. DATE SI	GNED (Mo/Day	(M)
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In the following example, there are three causes reported. On line (c) the underlying cause is entered—congenital heart disease. Congenital heart disease gave rise to congestive heart failure (line b) which in turn led to a myocardial infarction (line a)--the immediate cause of death.

- (a) Myocardial infarction
 - (b) Congestive heart failure
 - (c) Congenital heart disease
 - (d)

Ш

As demonstrated by the following example, the certifier may list more than one cause per line.

- (a) Myocardial infarction and pulmonary embolism with congestive heart failure
 - (b)
 - (c)
 - (d)

Ш

Likewise, the causes may not be reported in an acceptable sequence. In the following example, cancer is reported as due to diabetes.

- I (a) Cancer
 - (b) Diabetes
 - (c)
 - (d)

Ш

To date, the causes of the majority of cancers are still unknown so the causal relationship tables stored in the NCHS computer preclude the assumption that diabetes caused the cancer. Cancer is selected as the underlying cause of death from this certification for statistical purposes. However, the selection of the underlying cause of death is not relevant for this manual. For data entry purposes, the order and position of each cause of death reported on the death certificate must be interpreted accurately so

the computer software can then determine the correct underlying cause of death.

There is an average of three causes listed per certificate. Approximately 20 percent of certificates have only one cause of death and 45 percent have three or more causes. Frequently, a cause will be reported on line (a) in Part I and a cause in Part II with no other reported causes. For other records, several causes may all be reported on a single line of the certificate or they may be entered on several lines in Part I. Rarely, the only cause(s) reported may be in Part II. Representative examples follow:

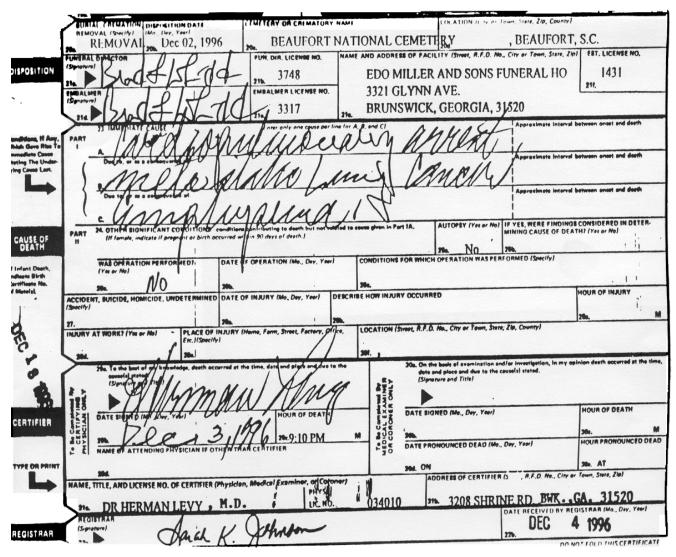
1. I II	(a) Pneumonia(b)(c)(d)Diabetes	2.	I II	(a) (b) (c) (d)	Cancer
3. I	(a) (b) (c) (d) Diabetes	4.	I II	(a) (b) (c) (d) Ren	Acute myocardial infarction half disease

- 5. I (a) AMI, renal disease, pulmonary embolism
 - (b)
 - (c)
 - (d)

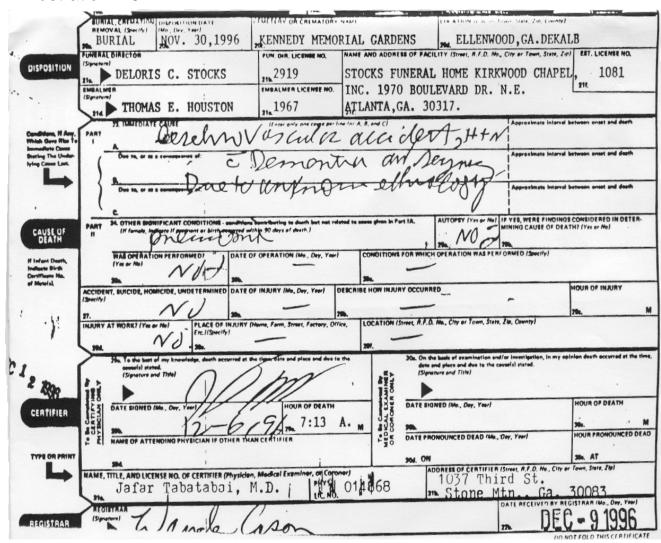
The medical certification section of the death certificate is standard on most state certificates. However, not all states used the exact format of the U.S. Standard Certificate of Death. Therefore, Special Rules Booklet for each State has been developed to determine if any special format considerations are applicable.

Exercise 1: Reading Death Certificates

One of the most difficult tasks for SuperMICAR entry staff is reading the certifiers handwriting. The following certificates are an example of how challenging this task can be.



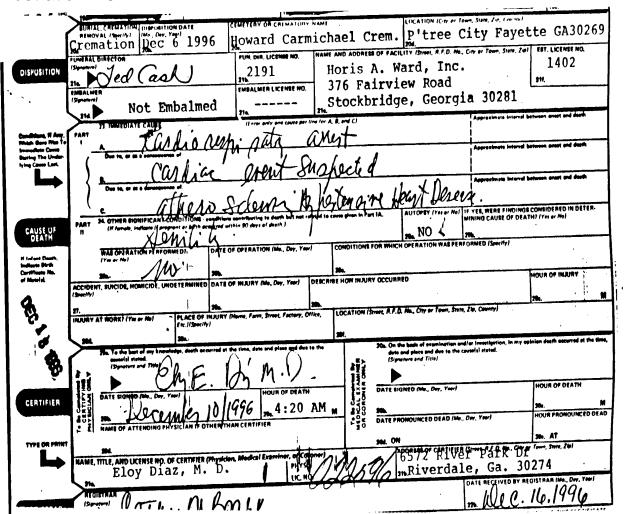
- a) Cardiopulmonary arrest
- b) Metastatic lung cancer
- c) Emphysema



- a) Cerebrovascular accident, HTN
- b) with Dementia and seizures
- c) Due to unknown etiology
- II Pneumonia

	MA							1300	Vp		I control (co		, State, Zip, County)		-
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lying Couse Last.	(Dee 10, or m	7.70	4/00	na l	PACTERIO	A Pr	SS A	NO	MOUL	runor		240		
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	(c.	A5 10	10 Ur										COMMINSOR IN DETER	_
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	(Specify)														м
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TYPE OR PRINT										304. ON				30s. AT	
-	NAME,	TITLE, AND LIC	ENSE NO. OF	CERTIFIER (PI	hysician, N	ledical Examine	r, or Corpn	er)	1	Al	997700 Mey	Ely Bi	M.F.D. No., City or	Town, State, Zipl	
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The state of the s		V	Part V	1	1							122			-

- a) Cerebrovascular accident
- b) Intracerebral/Posterior fossa hemorrhage
- c) ASPVD/HTN
- II ASHD/CABG/HTN/AT.Fib/Diabetes mellitus



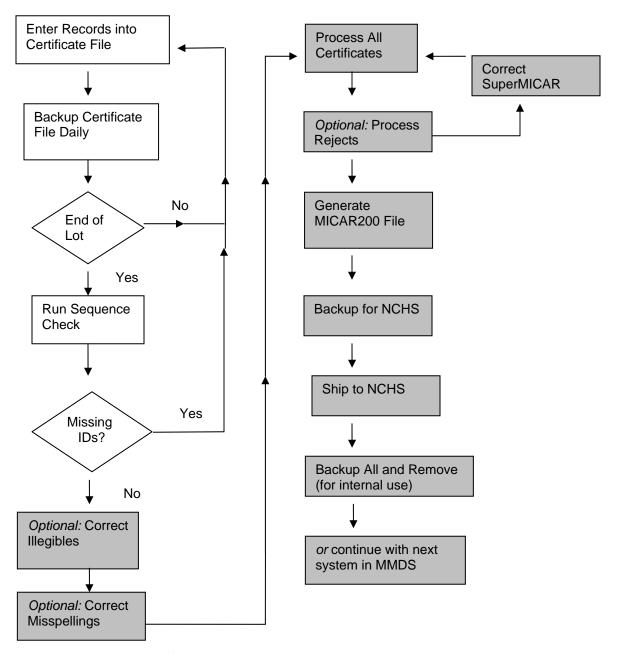
- a) Cardiorespiratory arrest
- b) Cardiac event suspected
- c) Atherosclerosis Hypertensive Heart Disease II Senility

THE DEATH CERTIFICATE

01	Donation Dother (Specify) Scenic Hills Memor	rial Park	Ashland, Orego	n
B 10	218 SIGNATURE OF FUNERAL SERVICE LICENSEE OR 216 LICENSEE NUMBER (OF Licensee)	22 NAME ADDRESS Litwiller	AND ZIP OF FACILITY - Simonsen Fune	
REGISTRAN	23 DATE FILED (MONIF OF, Year) OCT 1 0 1995	24 REGISTRAR S SIG	Delia	Pohon
(25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?	YES [NO DALA	26 WAS GIFT MADE? [YES	
ſ			COMPLETED ONLY BY MEDICAL E	YAMINED .
	TO BE COMPLETED BY CERTIFYING PHYSICIAN 27 TIME OF DEATH 26 WAS MEDICAL EXAMINER NOTIFIED?	31a TIME OF DEATH	316 DATE PRONOUNCED DEAD	
1 9139	10:20 P.M. M Ves □No	w		
CESTARES	29 To the best of my anowiedge death occurric at the time, date, place and due to the causers, and manner stated (Signature,	32 On the basis of examal the time, date, planture)	mination and/or investigation in mace and due to the cause(s) and m	ny opinion death occurre nanner stated.
<u>, 5352</u>	30 DATE SIGNED (MO-17, Day, Year)	33 DATE SIGNED (Mont	n, Day, Year)	COUNTY
_	34 NAME TITLE ADDRESS AND ZIP OF CERTIFIERMEDICAL EXAMINER (Type or Print)		Market Control	
	William Sager, MD 472 Scenic Drive		Ashland,	OR 97520
CONDITIONS IF ANY WHICH GAVE RISE TO MMEDIATE CAUSE STATING THE	35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 36 IMMEDIATE CAUSE IENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c), Do poi of PART (a) AND	nier mode of dying e.g. Co	rdiac of Apaphiatory Affect.	interval between on: and death
UNDERLYING CAUSE LAST	DUE TO OF AS A PORTEOUENCE OF SOLLY	Ario		interval between on: and death M. 25
CAUSE OF	DUE TO, OR AS A CONSCOUENCE OF			interval between on and death
BEATH	PART OTHER SIGNIFICANT CONDITIONS	37 Did tobacco use o		If YES were findings cor
	Condition/contributing to death but not resulting in the subscripting cause great in the	□ No: □ P	mbably Ves ENo	Yes No NA
	40 MANNER OF DEATH 41a DATE OF INJURY 41b TIME OF NJURY AT WO	RK?	INJURY OCCURRED	
	Undetermined Manner Manner Legal Intervention Other Undetermined Manner 41e PLACE OF INJURY At home, farm, street, factory, building etc. (Specify)		et and Number or Rural Route No	umber, City or Town,
[RESERVED FOR REGISTRAR'S USE			

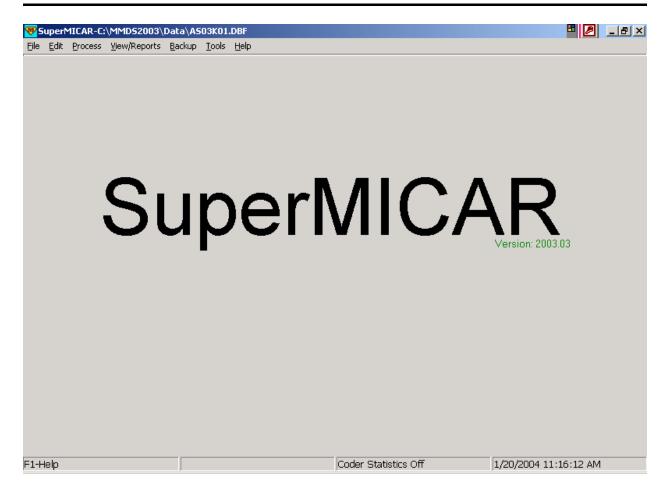
- a) Suffocation sec to aspiration of oral secretions b) Amyotrophic lateral sclerosis
- **Immediate** 10 years

The following flowchart indicates the primary steps used within SuperMICAR:



The major emphasis of this manual is to provide data entry instruction. Explanations of the processing steps are discussed later in the manual.

After data entry is completed for a batch of records, the first step is to run a sequence check to determine if the file is complete.

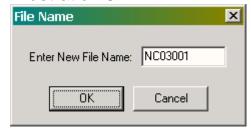


A. Creating a New SuperMICAR File

Before data can be entered into a certificate file, a file must be created and opened. To create a new certificate file:

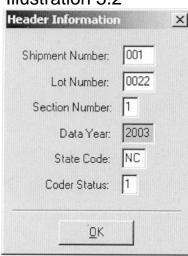
- 1. From the main screen, press {Alt+F} to select the **File** Menu Option.
- 2. Use the up and down arrow keys to highlight the **New** File Function and press {ENTER}.
- 3. If a file is currently open, a message window will be displayed.
 - a. To close the currently open file and open a new one, press {Y} and go on to step 4.
 - b. To cancel opening a new file and keep using the currently open file, press {N}. The main screen will be re-displayed. Continue using SuperMICAR normally.
- 4. A window will be displayed requesting a filename. Type in the desired 7-character filename (without the extension) and press {ENTER}. If a file with that name already exists in the data directory, a message will prompt that a different name be chosen. A filename MUST be 7 characters with no file extension (Example: NC03001). Refer to MMDS help document, File Naming Conventions for information on suggested file name conventions.

Illustration 3.1



- 5. To accept the name for the new file, press "OK." A second window will then be displayed asking to confirm the name for the new file. To accept this name for the new file, press {Y} and the Edit Header Information Screen will be displayed. To reject this name, press {N} to return to the File Name dialog box.6.
- 6. The Specify Header Information screen will be displayed (the header information will be the same for each record in the file). After filling out all of the fields on the Header Information Screen, press {OK} to create the new file, or {ESC} to cancel creation of the file. For specifics on the Header Information fields, see below.





CHAPTER III

BASIC DATA ENTRY INSTRUCTIONS

Shipment - Three characters to identify the batch when the

file is sent to NCHS. The first character can be either alpha or numeric; the second and third

characters must be numeric.

Lot # - A number from 1-9999.

Section # - A number from 0-9. This may prove very useful

when dividing batches.

Data Year - Four-digit year from the death certificate.

State Code - A two-letter abbreviation identifying the state from which

the death certificate originates. (For a full list of these codes, see Appendix C). If the program does not

recognize the code, it will display an error message and then show a pick-list of states. Entering a question mark {?} in this field will also cause the pick-list of states to be

displayed.

Coder Status - A number from 0-9 used to identify the status of

the coder.

Example: Codes for a batch of certificates being processed for

data year 2004, from the State of Alaska, with

shipment number U03, lot 0002, and coder status 1

would have the following entries:

Shipment U03

Lot # 0002

Section 5

Data Year 2004

State Code AK

Coder Status 1

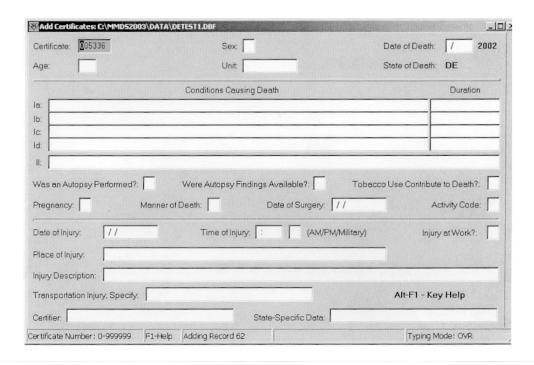
BASIC DATA ENTRY INSTRUCTIONS

- 7. To save the header information and open the database file for use, press {ENTER}. The main screen will now show the new file name at the top.
- 8. If {ESC} is pressed, a pop-up menu is displayed with the message that no file was created. All files must have complete header information.

B. Entering and Saving Certificate Data

Illustration 3.3

SuperMICAR Certificate Entry Screen



The SuperMICAR screen is designed to approximate the medical certification section from the US standard death certificate.

C. Adding Certificates Using SuperMICAR

In order to add certificates, the following actions must have already been performed:

Opening a file (New Certificate File or Open an Existing File) - Adding certificates to a file is the primary data entry function. Use the instructions below to add the certificates to an open file.

- 1. From the main screen, press {Alt+E} to select the **Edit** Menu Option.
- 2. Use the up and down arrow keys to highlight the **Certificate** Function and press {ENTER}.
- 3. The Certificate Information Screen will be displayed. See Appendix A, the SuperMICAR Hotkey List, as a useful reference for editing shortcuts.
- 4. Enter the certificate information in the corresponding fields on the screen. NCHS rules on entering the data entered have been provided with each field description (displayed on the leftmost panel of the status bar, or "hover" the mouse over the field). Remember, the {TAB} and {SHIFT+TAB} keys can be used to move from field to field.

Certificate - Enter the certificate number. The certificate number is usually in the upper right hand corner of the death certificate. It is also called the State File Number on the certificate.

Note: If a user tries to create a duplicate certificate number (certificate already exists in current file), a message window will be displayed informing the user of the problem. In this case, the window will ask whether to overwrite the original record or not.

Sex - Type M for Male, F for Female, or U for Unknown. If Sex is not stated on the certificate, determine sex by name. If the sex cannot be determined, enter a U for Unknown. The numeric codes for sex may also be entered here (e.g., "1" for male or "2" for female).

Date of Death - The date of the decedent's death as reported on the death certificate. Enter it in the following format: MM/DD, where MM = the month (01-12, 99) and DD = the day of the month (01-31, 99). The year will be automatically supplied from the header information. Dates after the current date will not be accepted. If any element of the date of death is unknown, enter "99." For example, enter "99/99" for a totally unknown date of death.

Age: Number of Units - Enter the number for age of the decedent. The units of time (years, months, minutes, etc) will be entered in the Unit field (Example: For 27 years old, type 27; for 3 days, type 3).

Age: Unit - The units of time for the Age: Number of Units field. Units will be given in minutes, hours, days, months, or years. Type {?} and press {ENTER} to obtain a list of valid units. Highlight the desired unit name with the arrow keys and press {ENTER} to select it. If this field is left blank, the age unit will default to YEARS.

- a. Age Field The age field holds the age of the decedent. The unit of measurement for age is reported in a separate field (the Unit field). If the age is unknown, enter 999 for Unknown. Age is a required field – coders MUST enter an age.
 - For example: If the certificate reports age as "few minutes," leave the Age (Number of Units) field blank (system will insert 999) and type MINUTES in the UNIT field.
- b. If age is not reported on the certificate, derive the decedent's age from the Date of Birth and Date of Death entries on the certificate.

- c. If age is not stated and date of birth and date of death are the same consider decedent under 1 day old, leave the Age (Number of Units) field on the screen blank and type HOURS in the UNIT field.
- d. If Age and the Date of Birth entries on the certificate are blank, leave the Age (Number of Units) field blank on the screen. Enter the UNIT as indicated on the certificate or type UNKNOWN if units are not indicated.
- e. If age cannot be determined from the certificate, but entries of "newborn," "infant," etc., indicate an age of less than 1 year old, leave the Age (Number of Units) field on the screen blank and type HOURS in the UNIT field.
- f. Disregard fractions reported in the number of units for age on the certificate.
- g. If the number of units on the certificate is reported with "approximately," "about," etc., enter the number only.
- h. 1. If the estimated date of death and found date are given, both occurring in the same year, enter estimated date of death.
 - 2. If the data year is different for estimated date of death and found date, enter the date within the data year being processed.
- i. If a span is reported for month or day of death, enter the earlier date. For 3-5, enter 02 for month and 03 for day.

Part I, Cause of Death - Type in the cause of death exactly as it appears on the death certificate. Do not make any alterations. If any word or words in the Cause of Death are illegible, type ILLEGIBLE in place of the illegible words. All other legible words should still be entered.

Ditto ("), "Same", "As above", should not be entered in the Cause of Death durations items.

Appendix D contains a list of symbols which cannot be easily entered using a PC keyboard. Refer to this appendix to enter the correct text.

Certifiers may include abbreviations for medical conditions. It is correct to enter these abbreviations as they are reported. In addition, SuperMICAR users may use abbreviations given in Appendix E. These are the ONLY acceptable abbreviations that can be used by the coder to shorten entries. When one of these abbreviations is used, a semi-colon (;) must be entered after the abbreviation if it is a complete condition. Enter abbreviations that are not on this list only when this information is reported on the record by the certifier.

Read the reported conditions carefully and accurately. Use abbreviations only when certain that it is correct to do so. For example, HEM is an acceptable abbreviation for Hemorrhage but never for Hemorrhagic. If in doubt, it is best to enter full text. Abbreviations should be used to conserve time and increase production, and should not bog down work and prove more time consuming than full text.

Duration - Type in the interval between the onset of the condition and death <u>exactly</u> as it appears on the death certificate. Do not make any alterations. Example: 3-4 WEEKS, 2 1/2 MONTHS, etc.

- a. Duration may be reported using units of time (YEARS, MONTHS, WEEKS, DAYS, HOURS, etc.) or with words such as BRIEF, CHRONIC, CONGENITAL, MOMENTS, NEWBORN, etc.
- Some of the special symbols listed under Cause of Death, Part I also apply to the Duration field. See Special Symbols in SuperMICAR.
- c. If a number other than a "1" or a "2" appears with a degree symbol (Example: 8°) in the Duration, ignore the number and symbol. Do not enter the number and symbol.

Part II, Cause of Death - Type in any other significant conditions that are listed in the Cause of Death section of the death certificate in the order as reported.

If more than one entry for Part II is listed on the certificate, enter the information in the order it appears on the certificate. Try to duplicate the information exactly as it is reported, using whatever punctuation is used on the certificate.

All abbreviations and symbols listed in Special Symbols (Appendix D) in SuperMICAR also apply to Cause of Death, Part II.

Was an Autopsy Performed? – Enter the single-character code for whether an autopsy was performed or not. Typing a question mark {?} will display the following pick-list of valid choices:

- N No
- Y Yes
- U Unknown Blank

Use the arrow keys to highlight the desired entry and press {ENTER} to select it.

Were Autopsy Findings Available? – Enter the single-character code for whether any autopsy findings were available. Typing a question mark {?} will display the following pick-list of valid choices:

- N No
- Y Yes
- U Unknown Blank

Use the arrow keys to highlight the desired entry and press {ENTER} to select it.

Tobacco Use Contribute to Death? – Enter the single-character code for whether or not tobacco use contributed to death. Typing a question mark {?} will display the following pick-list of valid choices:

- N No
- Y Yes
- P Probably
- U Unknown
- C Not on certificate Blank

Use the arrow keys to highlight the desired entry and press {ENTER} to select it.

Pregnancy: – Enter the single-character code for any conditions of pregnancy of the decedent. Typing a question mark {?} will display the following pick-list of valid choices: Use the arrow key to highlight the desired entry and press {ENTER} to select it.

- 1 Not pregnant within past year
- 2 Pregnant at time of death
- 3 Not pregnant, but pregnant within 42 days of death
- 4 Not pregnant, but pregnant 43 days to 1 year before death
- 7 Not on certificate
- 8 Not applicable
- 9 Unknown if pregnant within last year Blank

Manner of Death - Type in the code for the Manner of Death listed on the certificate. Type a question mark {?} and press {ENTER} to display the following pick-list of valid manner of death codes:

N Natural
A Accident
S Suicide
H Homicide
P Pending Investigation
C Could Not Be Determined
Blank

Use the arrow keys to highlight the desired entry and press {ENTER} to select it. Blanks are acceptable. If no manner of death is reported, leave field blank. Do not assume natural. Any entry in this item that is not listed as a manner of death should be entered as the last entry in Part II.

Date of Surgery - Used only by states that have a specific surgery item on the certificate. If the certificate states that the date of surgery is unknown, then enter "99/99/9999" for the year. If a date is given, enter MM/DD/YYYY where MM = two-digit month, DD = two-digit day, and YYYY = four-digit year. A blank for date of surgery is valid. If more than one surgery date is specified, enter the most current date.

- a. If "yes" is entered in the "Was operation performed" item on the certificate and no Date of Surgery is specified, type SURGERY as the last condition in Part II. Separate SURGERY from any other items in Part II with a semicolon (;). For example, if "yes" is entered, the certificate data should be entered as follows:
 - I (a) CARDIAC ARREST
 - (b) BREAST CANCER
 - (c)
 - (d)
 - II PNEUMONIA; SURGERY

- b. If "yes" is entered in the "Was operation performed" item on the certificate and surgery (or a named type of surgery) is recorded elsewhere on the certificate, <u>do not</u> add SURGERY to Cause of Death, Part II. For example, if "yes" is entered with a specific type of surgery already named, the certificate data would be entered as follows:
 - I (a) CARDIAC ARREST
 - (b) BREAST CANCER; MASTECTOMY
 - (c)
 - (d)
 - II PNEUMONIA
- c. If "yes" and a date of surgery are entered in the "Was operation performed" item on the certificate, do not enter SURGERY in Cause of Death, Part I or II. Enter the date of the surgery in the Date of Surgery field.
- d. If diseases, injuries, or named surgeries are reported in the "Was operation performed" block, enter these diseases, injuries, or named surgeries as the last entry in Cause of Death, Part II.
- e. The date of surgery cannot be after the date of death. SuperMICAR will not allow such an entry.

Activity Code (Optional) – Beginning with ICD-10, WHO provided for a single-digit code for the activity that the decedent was undertaking when death occurred. NCHS has not implemented the coding of this information; however, the SuperMICAR screen includes a field for collection of the data. Use of this field is optional. Typing a question mark {?} will display the following pick-list of valid activity codes:

- 0 While Engaged in Sports Activity
- 1 While Engaged in Leisure Activity
- While Engaged for Income
- While Engaged in Other Types of Work
- While Resting, Sleeping, Eating, or engaging in other vital activities
- 8 While Engaged in Other Specified Activity
- 9 During Unspecified Activity

Blank Blank

Use the arrow keys to highlight the desired entry and press {ENTER} to select it.

Date of Injury – Month (01-12, blank), day (01-31, blank), and year (0000-current year, 9999, blank) injury occurred (Ex: 01/01/2004). If the certificate reports the date of injury as unknown, then enter '99/99/9999'.

- a. If the date of an injury or external cause appears anywhere on the certificate except the Duration section of Part I, enter the date of that injury or external cause here.
- b. If a span of time is reported for month, day, or year for the injury, enter the earlier date. Example: January 1-7, 2004 would be typed in as 01/01/2004.
- c. The date of injury cannot be after the date of death; so SuperMICAR will not allow such an entry.

Time of Injury - This field holds 4 digits that compromise a valid time (00:00, blank) plus the unit of time field immediately following. All four characters must be filled. If the certificate reports the time of injury as "unknown", then enter 99:99. Leave AM/PM blank. If a time or "unknown" is not stated, leave blank. If no unit of time is entered, DO NOT enter a unit. DO NOT assume that it is military time. The unit of time MUST be entered as reported. For 6:30 AM enter **06:30A**.

Α	AM)	Valid values shown in message if
Р	PM	L	a value other than what is shown
M	Military Time		on the screen (AM/PM/Military) is
	Blank	J	displayed

Use the arrow keys to highlight the desired pick-list entry and press {ENTER} to select it.

Injury at Work - Type the appropriate code according to what was reported on the death certificate.

Y Yes N No U Unknown Blank

Place of Injury - Type the full text in the Place of Injury field as it appears on the death certificate. After validation of this field, the code assigned to this entry will be displayed to the right of the field in parentheses.

Injury Description - Type in the description <u>exactly</u> as it appears on the death certificate.

Transportation Injury - This field can hold up to thirty (30) characters. Typing a question mark {?} and pressing {Enter} will display the following pick-list of valid Transportation codes:

DR Driver/Operator

PA Passenger

PE Pedestrian

Enter the full text or use the arrow keys to highlight the desired entry and press {ENTER} to select it.

Certifier - This field can hold up to thirty (30) characters. Typing a question mark {?} and pressing {Enter} will display the following list of Certifier codes:

- D Certifying Physician
- P Pronouncing & Certifying Physician
- M Medical Examiner/Coroner

Type in full text for an individual title, legally allowed to certify, or use one of the standard codes for the certifier by typing in the code (this field has a **display** box only, not a pick-list). If no title, leave blank. If no title, and box not checked, leave blank. After viewing the display list, select the "OK" button with the mouse or press {Esc} to close the display list box.

State Specific Data – Optional (for use by the states). This field can hold up to 30 characters of state-specific data. Consult with the System Manager for details on how to use the State-Specific Data field.

5. When all data for this certificate has been entered, press {PgDown}. The certificate will be saved and a blank screen for a new record will be displayed.

BASIC DATA ENTRY INSTRUCTIONS

- 6. The Add Certificate Information screen will be re-displayed with all but one of the fields blank (the certificate number field will contain data). The certificate number will be automatically incremented by the program. Go to step 4 above to enter field information for another certificate.
- 7. To exit the Add or Edit Certificate Function, either press the {ESC} key or press Alt-F9. If {ESC} or {Alt-F9} is selected from a certificate screen that contains unsaved data, a message box will ask whether you want to save the certificate information before leaving Add or Edit mode.
- 8. The main screen will be displayed.

D. Exercise 2: Entering Information from Death Certificates

In the exercise, create a new file and enter the following records. After the records have been entered, do a sequence check to determine that all 16 have been entered. (See page 48 - 50)

File Name: TEST002

Header Information:

Shipment Number: 002 Lot Number; 0002

Section Number: 1

Data Year: 2006

State Code: AL (or post office abbreviation for any

state)

Coder Status: 1

Enter today's date as the date of death on all examples.

CHAPTER III

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

FT 07/	08/2002		U.S.	STANDA	RD CERT	IFICATE OF	DEATH						
	OCAL FILE NO		's if any) (Firs	t, Middle, Last)			STATE	FILE NO). <i>O</i>	OOOO /			
								F					
	4a. AGE-Last Birthday (Years)	46. UNDER 1			ER 1 DAY	5. DATE (OF BIRTH (Mo/Day	M) 6. BIRTHP	LACE (City and	State or Foreign Country)			
	68	Months	Days	riours	Minutes								
	RESIDENCE-STATE		7b. COUN	TY			7c. CITY OR TO)WN	_	-			
	7d. STREET AND NUMBER					17e. APT. NO.	71. ZIP CODE			7g. INSIDE CITY			
B.										LIMITS?			
ed/Verified B	ARMED FORCES?	9. MARITAL ST	Married, but se	eparated DV	5 to 5 of	10. SURVIVING S	POUSE'S NAME	(If wife, give nar	ne prior to first n	narriage)			
S ₩	11. FATHER'S NAME (Fire			- 0		12. MOTHER'S N	AME PRIOR TO F	IRST MARRIA	E (First, Middle	, Last)			
e Completed/Verified FUNERAL DIRECTOR	13a. INFORMANT'S NAME		13b.	RELATIONSH	IP TO DECEDEN	T 13c. M	AILING ADDRESS	S (Street and Nu	mber, City, Stat	e, Zip Code)			
2 2						(Check only one: s							
8 E	IF DEATH OCCURRED IN		D Dead on An			RED SOMEWHER Nursing home/L			'shome ClOt	her (Specify):			
P	15. FACILITY NAME (If no					OWN, STATE, AN		.,	- CI	17. COUNTY OF DEATH			
P	18. METHOD OF DISPOSIT	TION: D Burial	Cremation		19. PLACE O	F DISPOSITION (N	lame of cemetery,	crematory, other	r place)	<u> </u>			
l	Other (Specify):				1								
	20. LOCATION-CITY, TO	WN, AND STATE		21.	NAME AND CO	OMPLETE ADDRES	SS OF FUNERAL	FACILITY					
	22. SIGNATURE OF FUNE	RAL SERVICE LIC	ENSEE OR O	THER AGENT					3. LICENSE	NUMBER (Of Licensee)			
1													
	ITEMS 24-28 MUST WHO PRONOUNC				24. DATE PRO	NOUNCED DEAD	(Mo/Day/Yr)		5. TIME PRON	IOUNCED DEAD			
	26. SIGNATURE OF PERS	SON PRONOUNCI	NG DEATH (O	only when appli	cable)	27. LICENS	SE NUMBER	28. DATE SI	GNED (Mo/Day/	Yr)			
	20 ACTUM OR PRESUM	ED DATE OF DEA	TH		100 ACTI	IAI OD POESIIME	D TIME OF DEAT	H 21	WAS MEDICAL	EVAMINER OR			
	29. ACTUAL OR PRESUMED DATE OF DEATH 30. ACTUAL OR PRESUMED TIME OF DEATH 31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? U yes U No CAUSE OF DEATH (See instructions and examples)												
	IMMEDIATE CAUSE (Find disease or condition —— resulting in death) Sequentially list condition if any, leading to the caus listed on line a. Enter the UNDERLYING CAUSE (disease or injury that	- 13. Pr	erebr eval neum	fail Due to lo	as a consequent	ce of).				7 ωKs 4 ωKs 1 ω K			
	initiated the events result in death) LAST PART II. Enter other signific		with without to do	ath had and san	dies is the water	tidas causa aluas	- DADT I	ha was	N AUTOPSY P	ERECRIFED?			
Be Completed By: DICAL CERTIFIER	PARI E. Enter other signal	care conditions con	anound to de	<u>aur</u> out not res	using at the choc	nying Cause given	araci L	34. WERE	0 Yes 0 N	Io DINGS AVAILABLE TO COMP			
ag T	35 DID TOBACCO USE O	CONTRIBUTE TO	36. IF	FEMALE:			37. M	ANNER OF DEA	тн				
Ē. 2	DEATH?			lot pregnant w					-1-14-				
ાઈ ₹	Yes D Probab	ły		Pregnant at tim	•	- 40 44 4		latural DHor		_			
To Be MEDI(O No O Unknow	wn	0.	lot pregnant, b		n 42 days of death ays to 1 year before past year		ulcide Co	•				
	38. DATE OF INJURY (Mo/Day/Yr) (Spell Mo	nth)	39. TIME OF	INJURY 40	PLACE OF INJU	JRY (e.g., Deceder	it's home; constru	ction site; restau	rant; wooded an	41. INJURY AT WORK			
1													
	42. LOCATION OF INJURY	f: State:			City or Town:								
	Street & Number: 43. DESCRIBE HOW INJU	BY OCCURRED:				- Ap	artment No.:	144.	Zip Code:	TATION INJURY, SPECIFY:			
								01	river/Operator Passenger Pedestrian				
1	45. CERTIFIER (Check only one):												
	Certifying physician-T D Pronouncing & Certify D Medical Examiner/Cor	ing physician-To th	e best of my k	nowledge, dea yand/or invest	th occurred at the	time, date, and pl	ace, and due to th	e cause(s) and o , and place, and	manner stated. I due to the cau	pe(s) and manner stated.			
	Signature of certifier: 46. NAME, ADDRESS, AN	ZIP COOE OF PE	RSON COMP	LETING CAUS	SE OF DEATH (III	iom 32]							
1	17 TITLE OF CERTIFIER	48. LICEN	E NUMBER		49. DATE	CERTIFIED (Mo/	Day/Yrl	50. FOR REG	ISTRAR ONLY	DATE FILED (Mo/Day/Yr)			
1	Physician	しーリント	156	١.	1								

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

DRAFT 07/08/2002

	1. DECEDENT'S LEGAL N	IAME (Include AKA)	s if any) (First, Midd	le, Last)				2. SEX	1 3 500	AL SECURITY NUMBER
	4a. AGE-Last Birthday (Years)	46. UNDER 1	YEAR	c. UNDE	R 1 DAY	5. DATE OF	BIRTH (Mo/D	6. BIRT	HPLACE (City an	nd State or Foreign Country
	34	Months	Days	lours	Minutes			1		
	7a. RESIDENCE-STATE		76. COUNTY				7c. CITY OR 1	OWN .	4.5	
	7d. STREET AND NUMBER			-		7e. APT. NO.	71 ZIP CODE			7g. INSIDE CITY
By:	F. GINEET PAID HOMBE	-				114 41.10	ri. Zir CODE			LIMITS?
	8. EVER IN US ARMED FORCES?	9. MARITAL STA	TUS AT TIME OF	DEATH		10. SURVIVING SP	OUSE'S NAME	(If wife, give I	name prior to first	(marriage)
£ 5	□ Yes □ No		larried, but separate lever Married 🚨 Ur		lowed					
ed/Verified DIRECTOR	11). FATHER'S NAME (Firs		over manior — or			12. MOTHER'S NA	ME PRIOR TO	FIRST MARRI	AGE (First, Midd	le, Last)
Completed/Verified	13a. INFORMANT'S NAME		113b. RELA	IONSHIP	TO DECEDEN	T 13c MA	ILING ADDRE	SS (Street and	R Number, City, St	ate, Zip Code)
Ē.,,						.				
ķΨ	IF DEATH OCCURRED IN	N A HOSPITAL:				(Check only one: se		N A HOSPITAL		
	O Inpatient O Emergency 15. FACILITY NAME (If no			OH-	ospice facility	OWN, STATE, AND	ng term care fa	citity O Deced	ent's home O	Other (Specify):
	15. FACILITY NAME (IF NO	t institution, give stre	let & number)	- 1	16. CITTOR I	OWN, SIAIE, AND	ZIP CODE			17. COUNTY OF DE
	18. METHOD OF DISPOSI				19. PLACE O	F DISPOSITION (Na	ame of cemeter	y, crematory, o	ther place)	
	☐ Donation ☐ Entombr ☐ Other (Specify);	ment U Removal fro	m State							
	20. LOCATION-CITY, TO	WN, AND STATE		21.	NAME AND CO	OMPLETE ADDRES	S OF FUNERA	L FACILITY		
	22. SIGNATURE OF FUNE	ERAL SERVICE LIC	ENSEE OR OTHER	AGENT					23. LICENSE	NUMBER (Of Licensee)
	ITEMS 24-28 MUST			ON	24. DATE PRO	ONOUNCED DEAD (Mo/Day/Yr)		25. TIME PRO	ONOUNCED DEAD
	WHO PRONOUNC			en acretico	dde)	27. LICENSI	E NUMBER	28 DATE	SIGNED (Mo/Da	wWn
	26. SIGNATURE OF PERS	SON PRONOUNCIN	IG DEXTH (Only wi	en applica	iolej	27. CICENS	ENUMBER	20. UNIE	SIGNED (MODE	gr11)
¥	29. ACTUAL OR PRESUM		Н		30. ACT	UAL OR PRESUME	TIME OF DE	ATH 3	1. WAS MEDIC	AL EXAMINER OR
1	(Mo/Day/Yr) (Spell Mont)	"012	003		1				CORONER C	ONTACTED? DYes
						tions and exa				Approximate inter
	32. PART I. Enter the ch respiratory arrest, or	ain of events—disease ventricular fibrillation	ses, injuries, or com n without showing th	plications e etiology	-that directly co	sused the death. DO BREVIATE. Enter on	NOT enter ter ly one cause o	minal events s n a line. Add a	uch as cardiac ar dditional lines if	rrest,
	necessary. IMMEDIATE CAUSE (Final	ai .	1	له ر -	4	1	1 2	ilve		
	disease or condition resulting in death)	→ • <u> </u>	ONY	ue lo jor i	is a consequen	COOD:	7 7 1			
	Sequentially list condition if any, leading to the cause	<u></u>	TOMA	ue to (or a	S a consequen	EA W	TLA	ENIC	weha.	<i>9</i>
	listed on line a. Enter the UNDERLYING CAUSE	ه								
	(disease or injury that initiated the events result	ling		Due to (or	as a consequer	nce of):				
	in death) LAST	d	ribution to death but	l not resul	loo lo the water	ddaa causa chaa k	DADTI	las wa	S AN AUTOPSY	DEBEORNEDS
	Co. 15 Sept. Block State of the Co.								O Yes O	
: œ	PART II. Enter other signifi	diali	M FAAC	,,,,		1252 0				
d By: FIER	PART II. Enter other signifi	dia) 1	NFARC				, ece	34. WE	RE AUTOPSY FI	INDINGS AVAILABLE TO
eted By: RTIFIER	PART II. Enter other signifi	Intor	y. IN.	su f		ENCY		34. WE THE CA	USE OF DEATH	INDINGS AVAILABLE TO (7 D Yes D No
mpleted By: . CERTIFIER	PART II. Enter other signifi	Intor	7. IN.	5 <i>V -}</i>			37.	34. WE THE CA	EATH	INDINGS AVAILABLE TO (?
Completed By:	PART II. Enter other signifi	CONTRIBUTE TO	38. IF FEMAL IN Not pre	SU-F LE: gnant with nt at time	fic	ENCY	37.	MANNER OF D	EATH Comicide	? GYes GNo
Be Completed By: EDICAL CERTIFIER	PART II. Enter other signifi	CONTRIBUTE TO	36. IF FEMAL II Not pre	SU-F LE: gnant with nt at time gnant, but	fic past year of death pregnant within		37.	MANNER OF D	EATH fornicide Pending Investiga	? Q Yes Q No
To Be Completed By: MEDICAL CERTIFIER	PART II. Enter other signifi	CONTRIBUTE TO	36. IF FEMAL IN Not pre	SU F LE: gnant with nt at time gnant, but gnant, but	fic past year of death pregnant within	ENC 9	37.	MANNER OF D	EATH Comicide	? Q Yes Q No
To Be Completed By: MEDICAL CERTIFIER	PART IL Enter other significance of the control of	CONTRIBUTE TO	36. IF FEMALO Not pre	SU J LE: gnant with nt at time of gnant, but gnant, but wn if pregr	in past year of death pregnant within pregnant 43 di annt within the p	ENC 9	death o	34. WE THE CA	EATH formicide Pending Investigational Could not be determined.	ation area 41. INJURY AT V
To Be Completed By: MEDICAL CERTIFIER	PART IL Enter other <u>storiff</u> My O C A C 35. DID TOBACCO USE O DEATH? Yes □ Probat □ No □ Unknown	CONTRIBUTE TO	36. IF FEMALO Not pre	SU J LE: gnant with nt at time of gnant, but gnant, but wn if pregr	in past year of death pregnant within pregnant 43 di annt within the p	ENC 9	death o	34. WE THE CA	EATH formicide Pending Investigational Could not be determined.	7 © Yes © No
To Be Completed By: MEDICAL CERTIFIER	PART IL Enter other significance of the control of	CONTRIBUTE TO	36. IF FEMALO Not pre	SU F LE: gnant with nt at time gnant, but gnant, but yn if pregr RY 40. I	in past year of death pregnant within pregnant 43 di annt within the p	ENC 9	death o	34. WE THE CA	EATH formicide Pending Investigational Could not be determined.	ation area 41. INJURY AT V
To Be Completed By: MEDICAL CERTIFIER	PART IL. Enter other significance of the control of	CONTRIBUTE TO John	36. IF FEMALO Not pre	SU F LE: gnant with nt at time gnant, but gnant, but yn if pregr RY 40. I	in past year of death pregnant within pregnant 43 do ant within the p	ENC 9	death o	MANNER OF D Matural D I Accident D I Suicide D I uction site; res	USE OF DEATH EATH Homicide Pending Investigation Could not be detailement; wooded in Zip Code	ation area) 41. INJURYATY O Yes O N
To Be Completed By: MEDICAL CERTIFIER	PART II. Enter other significance of the control of	CONTRIBUTE TO John	36. IF FEMALO Not pre	SU F LE: gnant with nt at time gnant, but gnant, but yn if pregr RY 40. I	in past year of death pregnant within pregnant 43 do ant within the p	ENC 9	death C	MANNER OF D Matural D I Accident D I Suicide D o uction site; res	USE OF DEATH CATH Control Could not be dete aurant; wooded i Zip Code 4. IF TRANSPO Driver/Operato	stion amined 41. INJURY AT V O Yes O N ERTATION INJURY, SPECI
To Be Completed By: MEDICAL CERTIFIER	PART IL. Enter other significance of the control of	CONTRIBUTE TO John	36. IF FEMALO Not pre	SU F LE: gnant with nt at time gnant, but gnant, but yn if pregr RY 40. I	in past year of death pregnant within pregnant 43 do ant within the p	ENC 9	death C	DA. WETHE CA	USE OF DEATH EATH tomicide Pending Investigs Could not be dete aurant; wooded is Zip Code 4. IF TRANSPO 3 Passenger 3 Passenger 3 Passenger 3 Passenger 3 Passenger	alion amined 41. INJURY AT W O Yes O N RTATION INJURY, SPECIE
To Be Completed By: MEDICAL CERTIFIER	PART IL. Enter other significance of the control of	CONTRIBUTE TO DAY MAIN MAIN MAIN MAIN MAIN MAIN MAIN MAIN	36. IF FEMALO Not pre	SU F LE: gnant with nt at time gnant, but gnant, but yn if pregr RY 40. I	in past year of death pregnant within pregnant 43 do ant within the p	ENC 9	death C	DA. WETHE CA	EATH Comicide Could not be determine; wooded in the property of the property	alion amined 41. INJURY AT W O Yes O N RTATION INJURY, SPECIE
To Be Completed By: MEDICAL CERTIFIER	PART II. Enter other significance of the control of	CONTRIBUTE TO bly wwn with wind with the bast of my lone; for the bast of my lone;	36. IF FEMA I Not pre I Not pre I Not pre I Unknot	SU-F LE: gnant with the time of time o	Pic) in past year of death pregnant within pregnant 43 di ant within the p PLACE OF INA City or Town:	ENC 9 n 42 days of death ays to 1 year before past year URY (e.g., Decedent) Apa	death 0	AAANNER OF D Natural O I Accident O I Suicide O I Suicide I I Suicide I I Suicide I I Accident I	USE OF DEATH FEATH Conficide Could not be determine; wooded in Zip Code A. IF TRANSPO Diver/Operation Passenger J Pedestrian J Other (Specify)	elion ermined area) 41. INJURY AT V D Yes D N RTATION INJURY, SPECIE
To Be Completed By: MEDICAL CERTIFIER	PART II. Enter other significance of the control of	CONTRIBUTE TO bly wwn with wind with the bast of my lone; for the bast of my lone;	36. IF FEMA I Not pre I Not pre I Not pre I Unknot	SU-F LE: gnant with the time of time o	Pic) in past year of death pregnant within pregnant 43 di ant within the p PLACE OF INA City or Town:	ENC 9 n 42 days of death ays to 1 year before past year URY (e.g., Decedent) Apa	death 0	AAANNER OF D Natural O I Accident O I Suicide O I Suicide I I Suicide I I Suicide I I Accident I	USE OF DEATH FEATH Conficide Could not be determine; wooded in Zip Code A. IF TRANSPO Diver/Operation Passenger J Pedestrian J Other (Specify)	alion amined 41. INJURY AT W O Yes O N RTATION INJURY, SPECIE
To Be Completed By: MEDICAL CERTIFIER	PART II. Enter other signiff My O C AR 35. DID TOBACCO USE (DEATH? X Yes D Probat DEATH? X Yes D Probat DEATH? A DESCRIBE HOW INJ. 42. LOCATION OF INJURY (Mo/Day/Yr) (Spell Mo 43. DESCRIBE HOW INJ. 45. CERTIFIER (Check on A Certifying physician-T D Pronouncing & Certify Ind Medical Examination) Cartifying physician-T D Pronouncing & Certifying Signature of Certifier:	CONTRIBUTE TO CONTRIBUTE TO bly wm TY: State: URY OCCURRED: To the best of my kno known-On the beats of my kno throner-On the beats of my known-On the beats of my	36. IF FEMA I Not pre Preigna Not pre Unknow 39. TIME OF BUJUI	SU FLE: gnant with nt at time gnant, but gnant, but if pregr RY 40. I	in past year of death, pregnant within pregnant 43 di ant within the pPLACE OF BUILD City or Town:	ENC 9 142 days of death ays to 1 year before past year URY (e.g., Decedent Apa and manner stated, a time, date, and planion, death occurred	death 0	AAANNER OF D Natural O I Accident O I Suicide O I Suicide I I Suicide I I Suicide I I Accident I	USE OF DEATH FEATH Conficide Could not be determine; wooded in Zip Code A. IF TRANSPO Diver/Operation Passenger J Pedestrian J Other (Specify)	elion ermined area) 41. INJURY AT V D Yes D N RTATION INJURY, SPECIE
To Be Completed By: MEDICAL CERTIFIER	PART II. Enter other signiff MYOCAR 35. DID TOBACCO USE (DEATH? X Yes	CONTRIBUTE TO CONTRIBUTE CONTRIBUTE TO CONTRIBUTE TO CONTRIBUTE	36. IF FEMA I Not pre Preigna Not pre Unknow 39. TIME OF BUJUI	LE: gnant with nt at time gnant, but gnant, but gnant, but your if pregr RY 40. I	in past year of death, pregnant within pregnant 43 di ant within the pPLACE OF BUILD City or Town:	ENC 9 142 days of death ays to 1 year before past year URY (e.g., Decedent Apa and manner stated, a time, date, and planion, death occurred	death 0	AAANNER OF D Natural O I Accident O I Suicide O I Suicide I I Suicide I I Suicide I I Accident I	USE OF DEATH FEATH Conficide Could not be determine; wooded in Zip Code A. IF TRANSPO Diver/Operation Passenger J Pedestrian J Other (Specify)	elion ermined area) 41. INJURY AT V D Yes D N RTATION INJURY, SPECIE

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

DRAFT 07/08/2002

	LOCAL FILE NO						51.	ATE FI	LE N	u. <i>OD</i>	0003
	1. DECEDENT'S LEGAL N	AME (Include AKA's i	fany) (First, Middle	, Last)					2. SEX	3. SOCIA	SECURITY NUMBER
	4a. AGE-Last Birthday (Years)	46. UNDER 1 YE	AR 4c.	UNDER	1 DAY	5. DATE	OF BIRTH	(Mo/Dey/Yr)	6. BIRTH	PLACE (City and	State or Foreign Country)
	79	Months	Days itio	ours .	Minutes						and the same of the same
	7a. RESIDENCE-STATE		76. COUNTY		-		7c. CIT	OR TOWN			7.73
	7d. STREET AND NUMBER				175	76. APT. NO	71. ZIP (ODE	. 100	#1507	7g. INSIDE CITY LIMITS?
By:	B. EVER IN US	19. MARITAL STAT	III AY YIME OF DE			I C C I I C	CONTINE	NAME ///	fo	ame prior to first	☐ Yes ☐ No
Pel	ARMED FORCES?	□ Married □ Mar			owed	10. SURVIVING	arouse a	POWE (II W	ile, give na	anie prior to irst	marriage)
Veri	O Yes O No	☐ Divorced ☐ Nev			-00	12, MOTHER'S	NAME PRI	D TO FIRS	MARRIA	GF (First Middle	Ladi
bed .		,									
PAI A	13a. INFORMANT'S NAME		13b. RELATIO	ONSHIP	IO DECEDE	136.	MAILING AI	DUKESS (SI	reet and N	umber, City, Sta	ie, Zip Code)
Be Completed/Verified FUNERAL	IF DEATH OCCURRED IN	A HOSPITAL:		4. PLAC	E OF DEATH	(Check only one:	see instruc	ions) THAN A H	SPITAL		
To Be	15. FACILITY NAME (If not	Room/Outpatient O	Dead on Arrival			O Nursing home/			Decede	nt's home OO	her (Specify):
۲	is racin rounce (a no	risalasi, gre sava		ľ	o. 0111 OK			~			
	18. METHOD OF DISPOSIT O Donation O Entombro O Other (Specify):			1	9. PLACE C	OF DISPOSITION	(Name of ce	metery, crem	natory, oth	er place)	
1	20. LOCATION-CITY, TOW	IN, AND STATE		21. N	IAME AND C	OMPLETE ADDR	ESS OF FU	NERAL FAC	IUTY		
	22. SIGNATURE OF FUNE	RAL SERVICE LICEN	SEE OR OTHER A	GENT						23. LICENSE	NUMBER (Of Licensee)
	ITEMS 24-28 MUST WHO PRONOUNCE			ON 2	4. DATE PRO	ONOUNCED DEA	D (Mo/Day/	m		25. TIME PROP	IOUNCED DEAD
	26. SIGNATURE OF PERS	ON PRONOUNCING	DEATH (Only when	n applicab	ole)	27. LICE	ISE NUMBI	R 26	. DATE S	IGNED (Mo/Day	Mj
	29. ACTUAL OR PRESUME (Mo/Day/Yr) (Spell Month				30. ACT	UAL OR PRESUM	ED TIME O	F DEATH	31		L EXAMINER OR
		inuary	1,2003							CORONER CO	Approximate interval:
	disease or condition ————————————————————————————————————	e art	rupocl	lat to (or as	a conseque	heart	dis	iase	,		3.mo
	in death) LAST	d			-1-4		- DART		22 14/40	AN AUTOPSY F	
	PART II. Enter other signific	ant conditions contrib	uting to death but n	not resultir	ng in the und	enying cause give	n in PART I		33. WAS	O Yes O	
ted By	-									E AUTOPSY FIN SE OF DEATH?	DINGS AVAILABLE TO CO
흘병	35 DID TOBACCO USE C DEATH?	ONTRIBUTE TO	36. IF FEMALE Not pregn		past year			37. MANN	ER OF DE	ATH	
	☐ Yes ☐ Probabl	y	O Pregnant					Natur		omicide	
요복			□ Not pregn	nant, but p	regnant withi	in 42 days of deat	•	D Accid	ent DP	ending Investigat	
Be Completed By:	Y No □ Unknow	n	O Not pregn	nant, but p	regnant 43 d	ays to 1 year befo	re death	0.00		wild and he deter	mined
To Be Con MEDICAL	X No 🗆 Unknow	•			oregnant 43 d int within the p		re death	C) Suick	te 🗆 Ca	ould not be deter	mined
	No Unknow 38. DATE OF INJURY (Mo/Day/Yr) (Spell Mon	[39.		if pregna	nt within the	past year					
	38. DATE OF INJURY (Mo/Day/Yr) (Spell Mon 42. LOCATION OF INJURY:	m) 39.	□ Unknown	if pregna	nt within the	pest year URY (e.g., Decede	ni's home;	construction		urant; wooded ar	(1) 41. INJURY AT WO
	38. DATE OF INJURY (Mo/Day/Yr) (Spell Mon	(h) 39.	□ Unknown	if pregna	ACE OF INJ	pest year URY (e.g., Decede		construction	sile; resta	Zip Code:	(1) 41. INJURY AT WO
	38. DATE OF INJURY (Mo/Day/Yr) (Spell Mon 42. LOCATION OF INJURY: Street & Number:	(h) 39.	□ Unknown	if pregna	ACE OF INJ	pest year URY (e.g., Decede	ni's home;	construction	site; resta	Zip Code: IF TRANSPOR Driver/Operator Passenger	41. INJURY AT WO
	38. DATE OF INJURY (Mo/Day/Yr) (Spell Mon 42. LOCATION OF INJURY: Street & Number:	(h) 39.	□ Unknown	if pregna	ACE OF INJ	pest year URY (e.g., Decede	ni's home;	construction	site; resta	Zip Code: IF TRANSPOR Driver/Operator	41. INJURY AT WO
	38. DATE OF INJURY (Mo/Day/Yr) (Spell Mon 42. LOCATION OF INJURY: Street & Number: 43. DESCRIBE HOW INJUI 45. CERTIFIER (Check only	State: RY OCCURRED:	O Unknown	If pregna (40. PL	nt within the particular of th	past year URY (e.g., Decedo	nn's home; partment No	construction	site; resta	Zip Code: IF TRANSPOR Driver/Operator Passenger Pedestren	41. INJURY AT WO
	38. DATE OF INJURY (Mo/Day/Yr) (Spell Mon 42. LOCATION OF INJURY: Street & Number: 43. DESCRIBE HOW INJUI 45. CERTIFIER (Check only D Certifying physician-To	State: RY OCCURRED: one): the best of my knowledge. To the best of my knowledge.	Unknown TIME OF INJURY	# Pregna (40. PL	the cause(s)	past year URY (e.g., Decede A	partment No	to the case	ite; resta	Zip Code: IF TRANSPOR Driver/Operator Passenger Padestrian Other (Specify)	41. INJURY AT WOI
	38. DATE OF INJURY (Mo/Day/Yr) (Spell Mon 42. LOCATION OF INJURY: Street & Number: 43. DESCRIBE HOW INJUI 45. CERTIFIER (Check only 10 Certifying physician-To 10 Pronouncing & Certifying Cledical Examiner/Cord	State: RY OCCURRED: one): the best of my knowing physician-To the bener-On the bests of a	Unknown TIME OF INJURY	# Pregna (40. PL	nt within the in ACE OF INJI ity or Town: the cause(s) occurred at the ion, in my opinion.	past year URY (e.g., Decede A	partment No	to the case	ite; resta	Zip Code: IF TRANSPOR Driver/Operator Passenger Padestrian Other (Specify)	41. INJURY AT WOI
	38. DATE OF INJURY (Mo/Day/Yr) (Spell Mon 42. LOCATION OF INJURY: Street & Number: 43. DESCRIBE HOW INJUI 45. CERTIFIER (Check only D Certifying physician-To	State: RY OCCURRED: one): the best of my knowledge griphysician-To the braner-On the bests of a	Unknown TIME OF INJURY	do PL do PL ci do due to to e, death o investigat	int within the interest of the cause(s) occurred at the long, in my opinion.	past year URY (e.g., Deceding the second sec	partment No	to the case	ite; resta	Zip Code: IF TRANSPOR Driver/Operator Passenger Padestrian Other (Specify)	41. INJURY AT WOI
	38. DATE OF INJURY (Mo/Day/Yr) (Spell Mon 42. LOCATION OF INJURY: Street & Number: 43. DESCRIBE HOW INJUI 45. CERTIFIER (Check only Certifying physician-To C Pronouncing & Certifyi Modeled Examiner/Core Signature of certifier;	State: RY OCCURRED: one): the best of my knowledge griphysician-To the braner-On the bests of a	Unknown TIME OF INJURY	do PL do PL ci do due to to e, death o investigat	int within the interest of the cause(s) occurred at the long, in my opinion.	past year URY (e.g., Deceding the second sec	partment No	ue to the cau	site; resta	Zip Code: IF TRANSPOR Detver(Operator Passenger Pedesirian Other (Specify) manner stated. d due to the cau	41. INJURY AT WOI

47 TITLE OF CERTIFIER

48. LICENSE NUMBER

BASIC DATA ENTRY INSTRUCTIONS

DR.

L	OCAL FILE NO						STATE	FILE N	10. <i>00</i>	0004
	1. DECEDENT'S LEGAL N	IAME (Include AK	A's if any) (First, I	Middle, Last)				2. SEX		SECURITY NUMBER
	4a. AGE-Last Birthday (Years)	4b. UNDER	1 YEAR	4c. UNDER	1 DAY	5. DATE O	F BIRTH (Ma/Day	m 6. BIRT	HPLACE (City and S	state or Foreign Country)
	48	Months	Days	Hours	Minutes	7				
	7a. RESIDENCE-STATE		76. COUNTY				7c. CITY OR TO	WN	The West	* 1
	7d. STREET AND NUMBER		1			7e. APT. NO.	71. ZIP CODE			7g. INSIDE CITY
								•		LIMITS?
INERAL DIRECTOR	8. EVER IN US ARMED FORCES?		TATUS AT TIME			. SURVIVING SI	POUSE'S NAME	(If wife, give	name prior to first ma	arriage)
ភ្ជ	□ Yes □ No		Married, but sepa Never Married							
DIRECTOR	11. FATHER'S NAME (Firs	t, Middle, Last)			12	2. MOTHER'S NA	AME PRIOR TO F	IRST MARR	AGE (First, Middle,	Last)
AL	13a. INFORMANT'S NAME		13b. RE	LATIONSHIP T	O DECEDENT	13c. M/	AILING ADDRESS	(Street and	Number, City, State,	Zip Code)
FUNERAL				14 PLAC	E OF DEATH (C	heck only one: s	ee instructions)			
FU	IF DEATH OCCURRED IN			IF DE	ATH OCCURRE	ED SOMEWHER	E OTHER THAN			
	□ Inpatient □ Emergency 15. FACILITY NAME (If no	Room/Outpatient tinstitution, give st	Dead on Arriv reet & number)			WN, STATE, AND		ity U Deced	ent's home OOthe	17. COUNTY OF DEAT
										the state of the s
	18. METHOD OF DISPOSIT Donation Dentombr	TION: D Burial ment D Removal f	Cremation rom State	,	9. PLACE OF	DISPOSITION (N	ame of cemetery,	crematory, o	ther place)	
	C Other (Specify):									
	20. LOCATION-CITY, TO	WN, AND STATE		21. N	IAME AND CON	IPLETE ADDRES	S OF FUNERAL	FACILITY		
	22. SIGNATURE OF FUNE	RAL SERVICE LI	CENSEE OR OTH	HER AGENT			4		23. LICENSE NO	MBER (Of Licensee)
	29. ACTUAL OR PRESUM (Mo/Day/Yr) (Spell Mont)		50	DEATH (S		ons and exa	D TIME OF DEAT	н !	CORONER CON	TACTED? D Yes D
	32. PART L Enter the <u>ch</u> respiratory arrest, or	ain of events—dise	ases, injuries, or	complications—	that directly caus	sed the death. D	O NOT enter term	inal events s	uch as cardiac arres	
	necessary. IMMEDIATE CAUSE (Final	0		ny ara energy.		- 1				1
	disease or condition resulting in death)	<u>-</u> • ⊤∑	mono		a consequence	of:	<u> </u>			-
	Sequentially list condition if any, leading to the cause	· · yo	Detruc)	LLCERO	V, Cau	<u> άε ωη</u>	Know	<u> </u>		-
	listed on line a. Enter the UNDERLYING CAUSE	<i>``\</i>	heuma		arthi	ritis				
	(disease or injury that initiated the events result	ing		Due to (or as	a consequence	of):			· .	
	in death) LAST PART II. Enter other signific	cant conditions con	ntribution to deat	but not resultin	o in the underly	ing cause given i	n PART I.	33. WA	S AN AUTOPSY PE	REORMED?
œ	Wide one		hanm	·	Luna	and connection for the connection of		-	□Yes □No	
RTIFIER	Macigan				J			34. WE	RE AUTOPSY FIND	INGS AVAILABLE TO C
돑	35. DID TORACCO USE (CONTRIBUTE TO	36. IF FE	MAI E:			37. M	ANNER OF D	FATH	
MEDICAL CE	DEATH?	CONTRIBUTE TO	O No	pregnant within						
₹	☐ Yes ☐ Probab	ły		gnant at time of		2 days of death		latural 01	Homicide Pending Investigation	
ă	□ No □ Unknow	MR.			-	s to 1 year before			Could not be determi	
Σ				known if pregna						
	38. DATE OF INJURY (Mo/Day/Yr) (Spell Mo	nth)	39. TIME OF I	JURY 40. PL	ACE OF INJUR	Y (e.g., Deceden	l's home; constru	ction site; res	taurant; wooded area	
										□ Yes □ No
	42. LOCATION OF INJURY Street & Number:	r: State:		C	ity or Town:	And	artment No.:		Zip Code:	-
	Oliver a realition.					~				TION INJURY, SPECIFY
	43. DESCRIBE HOW INJU	JRY OCCURRED:							4. IF ITOMSFORTA Diver/Operator	TION HOUNT, OF ECH

50. FOR REGISTRAR ONLY-DATE FILED (Mo/Day/Yr)

2s

49. DATE CERTIFIED (Mo/Day/Yr)

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

DRAFT 07/08/2002 U.S. STANDARD CERTIFICATE OF DEATH

	1. DECEDENT'S LEGAL NA	ME (Inchese AVA's	if any (First Middle	e Leet				12. SE	×	3 SOCIAL SE	OOO S
	i. becebeni d cede in	INC (810000 70V.0	a any) (First, missor					Ė	•	3. SOURE 30	CORTT NOMBER
1	4a. AGE-Last Birthday (Years) -	46. UNDER 1 Y	YEAR 4	c. UNDER	1 DAY	5. DATE C	OF BIRTH (M	Obyryn 6. Bi	RTHPLA	CE (City and Sta	te or Foreign Country)
1 1	56	Months	Days H	ours	Minules			- 1			
1 1	7a, RESIDENCE-STATE		76. COUNTY				7c. CITY O	R TOWN		V5-12-	
1 1		22.524									
. 1	7d. STREET AND NUMBER					7e. APT. NO.	71. ZIP COI	Œ,	.7573		LIMITS?
, B	A. EVER IN US	9. MARITAL STA	TUS AT TIME OF D	EATH		10. SURVIVING SI	POUSE'S NA	ME (If wife, giv	e name		☐ Yes ☐ No lage)
19.5	ARMED FORCES?		arried, but separated		owed						
\$ W	11. FATHER'S NAME (First.		ever Married O Uni	known	-	12. MOTHER'S N	AME PRIOR	TO FIRST MAR	RIAGE	First, Middle, La	st)
Be Completed/Verified FUNERAL DIRECTOR											
를	13a. INFORMANT'S NAME		13b. PELAT	IONSHIP 1	TO DECEDEN	T 13c. M	MILING ADD	RESS (Street a	nd Nemb	er, City, State, Z	ip Code)
质발				14. PLAC	E OF DEATH	(Check only one: s	ee instruction	rs)			
8 ₽	IF DEATH OCCURRED IN A □ Inpatient □ Emergency R			IF DE	ATH OCCUR	RED SOMEWHER Nursing home/Lo	RE OTHER T	HAN A HOSPIT		non DOber	Specific
	15. FACILITY NAME (If not i	nstitution, give street	et & number)			OWN, STATE, AND			oucik s		7. COUNTY OF DEAT
ľ I											
	 METHOD OF DISPOSITION Donation □ Entombrie 			1	9. PLACE O	F DISPOSITION (N	Name of ceme	ilery, crematory	, other p	lace)	
	Other (Specify):										
1	20. LOCATION-CITY, TOW	N, AND STATE		21. A	NAME AND CO	OMPLETE ADDRES	SS OF FUNE	RAL FACILITY			
1 1	22. SIGNATURE OF FUNER	AL SERVICE LICE	NSEE OR OTHER	AGENT					23.	LICENSE NUM	BER (Of Licensee)
	ITEMS 24-28 MUST I			ON 2	. DATE PRO	NOUNCED DEAD	(Mo/Day/Yr)		25.	TIME PRONOUN	NCED DEAD
	WHO PRONOUNCE										
1 1	26. SIGNATURE OF PERSO	ON PRONOUNCING	G DEATH (Only whe	en applicat	ale)	27. LICENS	SE NUMBER	28. DA	E SIGN	ED (Mo/Day/Yr)	
	29. ACTUAL OR PRESUME	D DATE OF DEATH	H		30. ACTU	JAL OR PRESUME	D TIME OF	EATH	31. W	AŞ MEDICAL EX	AMINER OR
1 1	(Mo/Day/Yr) (Spell Month)		1.20	ΛZ	1				co	RONER CONTA	CTED? DYes D
1 1		<u>Januari</u>	AUSE OF DE		٠						Approximate interva
	Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE	ASI	40°	ue to (or las	a consequen						-
	(disease or injury that initiated the events resulting in death) LAST	• ,	u	ue to (or a:	s a consequer	ice oi):					
	PART II. Enter other significa	ent conditions contri	buting to death but	not resultin	ng in the unde	riving cause given i	in PART I.	33. V	VAS AN	AUTOPSY PERF	ORMED?
					•					Yes O No	* -
: 02											
By:								34. V	VERE AL	TOPSY FINDING	GS AVAILABLE TO CO
ted By:								THE	CAUSE (OF DEATH?	GS AVAILABLE TO CO
pleted By: CERTIFIER	35. DID TORACCO USE CO	XMTRIBUTE TO	36. IF FEMALI		past year		31	34. V THE	CAUSE (OF DEATH?	GS AVAILABLE TO CO Yes D No
Completed By:	DEATH?	,	36. IF FEMALI	nant withir		 ,	lar	. MANNER OF	CAUSE (OF DEATH?	GS AVAILABLE TO CO Yes D No
Se Completed By:	DEATH?	,	☐ Not preg ☐ Pregnant ☐ Not preg	nant within t at time of nant, but p	death pregnant within	n 42 days of death		. MANNER OF	DEATH Homici	de	GS AVAILABLE TO CO Yes (I) No
Be Co	DEATH?	,	☐ Not preg ☐ Pregnant ☐ Not preg ☐ Not preg	nant within t at time of nant, but p nant, but p	death pregnant within pregnant 43 da	rys to 1 year before		MANNER OF	DEATH DEATH Homici Pendin	de	Yes 🗆 No
To Be Co	DEATH? D Yes D Probably D No 5C Unknown	•	☐ Not preg ☐ Pregnani ☐ Not preg ☐ Not preg ☐ Unknow	nant within t at time of nant, but p nant, but p n if pregna	death pregnant within pregnant 43 da ant within the p	nys to 1 year before last year	death	Natural D Accident	DEATH DEATH DHomidi DPendin	de g Investigation not be determine	Yes 🗆 No
To Be Co	DEATH?	la	☐ Not preg ☐ Pregnant ☐ Not preg ☐ Not preg	nant within t at time of nant, but p nant, but p n if pregna	death pregnant within pregnant 43 da ant within the p	rys to 1 year before	death	Natural D Accident	DEATH DEATH DHomidi DPendin	de g Investigation not be determine	Yes 🗆 No
To Be Co MEDICAL	DEATH? D Yes D Probably No 9C Unknown 38. DATE OF INJURY (MorDay/Yr) (Spell Monti	h) 31	☐ Not preg ☐ Pregnani ☐ Not preg ☐ Not preg ☐ Unknow	nant within t at time of mant, but p mant, but p n if pregna Y 40. PL	death pregnent within pregnant 43 da ant within the p	nys to 1 year before last year	death	Natural D Accident	DEATH DEATH DHomidi DPendin	de g Investigation not be determine	d k1. INJURYAT WO
To Be Co MEDICAL	DEATH? D Yes D Probably No 9C Unknown 38. DATE OF INJURY (Mo/Day/Yr) (Spell Mont) 42. LOCATION OF INJURY	h) 31	☐ Not preg ☐ Pregnani ☐ Not preg ☐ Not preg ☐ Unknow	nant within t at time of mant, but p mant, but p n if pregna Y 40. PL	death pregnant within pregnant 43 da ant within the p	nys to 1 year before last year JRY (e.g., Decedent	death	Natural D Accident	DEATH DEATH DHomidi DPendin	de de g Investigation not be determined; wooded area)	d k1. INJURYAT WO
To Be Co MEDICAL	DEATH? D Yes D Probably No 9C Unknown 38. DATE OF INJURY (MorDay/Yr) (Spell Monti	h) State:	☐ Not preg ☐ Pregnani ☐ Not preg ☐ Not preg ☐ Unknow	nant within t at time of mant, but p mant, but p n if pregna Y 40. PL	death pregnent within pregnant 43 da ant within the p	nys to 1 year before last year JRY (e.g., Decedent	death	Natural D Accident	DEATH D Homici D Pendin D Could in estauran	de g Investigation not be determine t; wooded area) Zip Code: TRANSPORTATIO	d k1. INJURYAT WO
To Be Co MEDICAL	DEATH? O Yes O Probably No y Unknown 38. DATE OF INJURY (Mo/Dey/Yr) (Spell Mont) 42. LOCATION OF INJURY Street & Number:	h) State:	☐ Not preg ☐ Pregnani ☐ Not preg ☐ Not preg ☐ Unknow	nant within t at time of mant, but p mant, but p n if pregna Y 40. PL	death pregnent within pregnant 43 da ant within the p	nys to 1 year before last year JRY (e.g., Decedent	death	Natural D Accident	DEATH DHornici Pendin Could Could Destauran	de g Investigation not be determine t; wooded area) Zip Code: TRANSPORTATION totOperator	d 41. INJURY AT WO
To Be Co MEDICAL	DEATH? O Yes O Probably No y Unknown 38. DATE OF INJURY (Mo/Dey/Yr) (Spell Mont) 42. LOCATION OF INJURY Street & Number:	h) State:	☐ Not preg ☐ Pregnani ☐ Not preg ☐ Not preg ☐ Unknow	nant within t at time of mant, but p mant, but p n if pregna Y 40. PL	death pregnent within pregnant 43 da ant within the p	nys to 1 year before last year JRY (e.g., Decedent	death	Natural D Accident	DEATH D Horrici D Pendin D Could D Stauran	de g Investigation not be determine t; wooded area) Zip Code: TRANSPORTATION originals renger	d 41. INJURY AT WO
To Be Co MEDICAL	DEATH? O Yes O Probably No y C Unknown 38. DATE OF INJURY (Mo/Day/Yr) (Spell Monti 42. LOCATION OF INJURY Street & Number: 43. DESCRIBE HOW INJURY	State:	☐ Not preg ☐ Pregnani ☐ Not preg ☐ Not preg ☐ Unknow	nant within t at time of mant, but p mant, but p n if pregna Y 40. PL	death pregnent within pregnant 43 da ant within the p	nys to 1 year before last year JRY (e.g., Decedent	death	Natural D Accident	DEATH D Horrici D Pendin D Could D Stauran	de g Investigation not be determine t; wooded area) Zip Code: TRANSPORTATIO	d 41. INJURY AT WO
To Be Co MEDICAL	DEATH? O Yes O Probably No y Unknown 38. DATE OF INJURY (Mo7Dey/Yr) (Spell Monti 42. LOCATION OF INJURY Street & Number: 43. DESCRIBE HOW INJUR 45. CERTIFIER (Check only)	State: RY OCCURRED:	O Not preg O Pregnant O Not preg O Not preg O Not preg O Unknown	nant within t at time of nant, but p nant, but p nant, but p 1 f pregna Y 40. PL	death regnant within regnant 43 di int within the puace of INJA	sys to 1 year before ast year RRY (e.g., Decedent	death a's home; con artment No.:	Natural D Accident	DEATH D Horrici D Pendin D Could D Stauran	de g Investigation not be determine t; wooded area) Zip Code: TRANSPORTATION originals renger	d 41. INJURY AT WO
To Be Co MEDICAL	DEATH? Des Deposition No gC Unknown St. DATE OF INJURY (Mo/Day/Y) (Spell Mont) 42. LOCATION OF INJURY Street & Number: 43. DESCRIBE HOW INJURY 45. CERTIFIER (Check only) D Certifyling physician-To-	State: Y OCCURRED: one): the best of my know	O Not preg O Pregnani O Not preg O Not preg O Unknow O. TIME OF INJURY	nant within t at time of nant, but p nant, but p nant, but p 140. Pt C	death regnant within regnant 43 da nt within the p. ACE OF INJL Rity or Town:	nys to 1 year before usd year IRY (e.g., Decedent Apa and manner stated.	death	Mahaner of Mahaner of Accident (DEATH DEATH Dendin Could Could Could Destauran Destauran Dendin	de g Investigation not be determine t; wooded area) Zip Code: TRANSPORTATION TRANSPORTATION TO persion tenger testrian or (Specify)	d 41. INJURY AT WO D YES D No
To Be Co MEDICAL	DEATH? O Yes O Probably No y Unknown 38. DATE OF INJURY (Mo/Day/Yr) (Spell Monti 42. LOCATION OF INJURY Street & Number: 43. DESCRIBE HOW INJURY 45. CERTIFIER (Check only) O Certifying physician-Te D Pronouncing & Certifyin Medical Examiner/Corox	State: Y OCCURRED: one): the best of my know	O Not preg O Pregnani O Not preg O Not preg O Unknow O. TIME OF INJURY	nant within t at time of nant, but p nant, but p nant, but p 140. Pt C	death regnant within regnant 43 da nt within the p. ACE OF INJL Rity or Town:	nys to 1 year before usd year IRY (e.g., Decedent Apa and manner stated.	death	Mahaner of Mahaner of Accident (DEATH DEATH Dendin Could Could Could Destauran Destauran Dendin	de g Investigation not be determine t; wooded area) Zip Code: TRANSPORTATION TRANSPORTATION TO persion tenger testrian or (Specify)	d 41. INJURY AT WO D YES D No
To Be Co	DEATH? Des Deposition No gC Unknown St. DATE OF INJURY (Mo/Day/Y) (Spell Mont) 42. LOCATION OF INJURY Street & Number: 43. DESCRIBE HOW INJURY 45. CERTIFIER (Check only) D Certifyling physician-To-	State: Y OCCURRED: one): the best of my know g physician-To the I non-Cn/the Layis of	O Not preg O Pregnant O Not preg O Not preg O Not preg Unknow S. TIME OF INJURY Medge, death occum bust of pry knowled; eysternament	nant within tat time of mant, but p mant, but p mant, but p mant, but p n if pregna Y 40. Pt	death regnant within regnant 43 du nt within the p ACE OF INJL lity or Town: the cause(s) a cocurred at th tion, in my opin tion, in my opin	ast year before ast year RRY (e.g., Decedent Apa Apa and manner stated, 1 time, date, and pin inion, death occurrent	death	Mahaner of Mahaner of Accident (DEATH DEATH Dendin Could Could Could Destauran Destauran Dendin	de g Investigation not be determine t; wooded area) Zip Code: TRANSPORTATION TRANSPORTATION TO persion tenger testrian or (Specify)	d 41. INJURY AT WO D YES D No
To Be Co MEDICAL	DEATH? O Yes O Probably No O Unknown 38. DATE OF INJURY (Mo/Dey/r/) (Spell Mont) 42. LOCATION OF INJURY Street & Number: 43. DESCRIBE HOW INJUR 45. CERTIFIER (Check only) O Certifying physician-To O Pronouncing & Certifying Medical Examiner/Corror Signature of certifior:	State: Y OCCURRED: one): the best of my know g physician-To the I non-Cn/the Layis of	O Not preg O Pregnant O Not preg O Not preg O Not preg Unknow S. TIME OF INJURY Medge, death occum bust of pry knowled; eysternament	nant within tat time of mant, but p mant, but p mant, but p mant, but p n if pregna Y 40. Pt	death regnant within regnant 43 du nt within the p ACE OF INJL lity or Town: the cause(s) a cocurred at th tion, in my opin tion, in my opin	ast year before ast year RRY (e.g., Decedent Apa Apa and manner stated, 1 time, date, and pin inion, death occurrent	death	Mahaner of Mahaner of Accident (DEATH DEATH Dendin Could Could Could Destauran Destauran Dendin	de g Investigation not be determine t; wooded area) Zip Code: TRANSPORTATION TRANSPORTATION TO persion tenger testrian or (Specify)	d 41. INJURY AT WO D YES D No

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

DRAFT 07/08/2002

	LOCAL FILE NO) .					STATE F	FILE NO). <i>000</i>	006
	1. DECEDENT'S LEGAL NA	WE (Include AKA)	's if any) (First, M	iddle, Last)				2. SEX	3. SOCIAL SEC	
	4a. AGE-Last Birthday	4b. UNDER 1	YEAR	4c. UNDE	R 1 DAY	5. DATE O	F BIRTH (Mo/Day/Y/)	6. BIRTHP	LACE (City and State	e or Foreign Country)
	50 (Years)	Months	Days	Hours	Minutes	-				
	7a. RESIDENCE-STATE		7b. COUNTY				7c. CITY OR TOW	N -		
1								•	1.0	
ļ	7d. STREET AND NUMBER					7e. APT. NO.	71. ZIP CODE	•	70	INSIDE CITY LIMITS?
<u>à</u> ~	8. EVER IN US	9. MARITAL STA	ATUS AT TIME C	F DEATH		IO. SURVIVING SI	POUSE'S NAME (IF	wife, give nam		DYes D No
Completed/Verified JNERAL DIRECTOR	ARMED FORCES?	□ Married □ M	Aarried, but sepa	raled DW	200000					•
E C	11. FATHER'S NAME (First	□ Divorced □ N	lever Married	Unknown		12 MATUENE N	AME PRIOR TO FIR	ST WADDIAG	E /First Middle I as	
P E	II. PAINERS ROME (FES	, madule, Cast)				12. MOTHER S N	AME PRIOR TO PIR	SI MARRIAG	C (FIRST, MIGUIE, LES	
필	13a. INFORMANT'S NAME		13b. RE	LATIONSHIE	TO DECEDEN	T 13c. M	AILING ADDRESS (Street and Nu	mber, City, State, Zi	Code)
e Complet FUNERAL				14 PL/	CE OF DEATH	(Check only one: s	ee instructions)			
Be D	IF DEATH OCCURRED IN			IF	DEATH OCCUR	RED SOMEWHER	RE OTHER THAN A			
10	☐ Inpatient ☐ Emergency I 15. FACILITY NAME (if not			4 JOH		Nursing home/Lo OWN, STATE, AND	ong term care facility D ZIP CODE	O Decedent		Specify): COUNTY OF DEA
					[
	18. METHOD OF DISPOSIT				19. PLACE O	F DISPOSITION (N	lame of cemetery, cr	emalory, othe	r place)	
	Other (Specify):		Clair	-						
	20. LOCATION-CITY, TOW	WN, AND STATE		21.	NAME AND CO	MPLETE ADDRES	SS OF FUNERAL FA	CILITY		
1	22. SIGNATURE OF FUNE	RAL SERVICE LIC	ENSEE OR OTH	ER AGENT				I:	23. LICENSE NUM	BER (Of Licensee)
L_								[
	ITEMS 24-28 MUST				24. DATE PRO	NOUNCED DEAD	(Mo/Day/Yr)	2	5. TIME PRONOUN	ICED DEAD
	WHO PRONOUNCE									
	26. SIGNATURE OF PERS	ON PRONOUNCIN	NG DEATH (Only	when applic	able)	27. LICENS	SE NUMBER	28. DATE SIG	GNED (Mo/Day/Yr)	
	29. ACTUAL OR PRESUME	ED DATE OF DEAT	тн		30. ACTU	IAL OR PRESUME	D TIME OF DEATH	31.	WAS MEDICAL EX	AMINER OR
· ·	(Mo/Day/Yr) (Spell Month	hours	11.20	つる					CORONER CONTA	CTED? GYes G
1	<u> </u>		<u> 1,20</u>		San Instant	tions and exa	amples'			Approximate intervi
	Sequentially list conditions if any, leading to the caus- listed on line a. Enter the UNDERLYING CAUSE (disease or injury that		wwe		as a consequen	ce o()	vaice L	man		
	initialed the events resulting in death) LAST	ng d.					- 150 CM		K1175W - 3461V	
	PART II. Enter other signific	ant conditions cont	tributing to death	but not resu	iting in the under	tying cause given	in PART L	33. WAS A	N AUTOPSY PERF	ORMED?
<u>∺</u> %	1								□ Yes □ No	
	M:nan	· Jha	rdach	••					AUTOPSY FINDING E OF DEATH?	S AVAILABLE TO C Yes O No
CAL CERTIFIER	35. DID TOBACCO USE C		DO UCH				37. MAN	NER OF DEA	тн	
탈병	DEATH?		□ Not	pregnant will	hin past year					
일본	☐ Yes ☐ Probable	y		pnant at time		42 days of death		tural □ Hor	nicide nding investigation	
mā	□ No 🗡 Unknow	m				ys to 1 year before			iding investigation ald not be determined	
유밀	1		O Unk	nown if preg	nant within the p	ast year				
	38. DATE OF INJURY (Mo/Day/Yr) (Spell Mon	ath)	39. TIME OF IN	JURY 40.	PLACE OF INJU	IRY (e.g., Deceden	it's home; construction	on sile; reslau	rant; wooded area)	41. INJURY AT W
	,, (,,	·								□ Yes □ No
l	42. LOCATION OF INJURY	: State:	-		City or Town:)	<u> </u>
	I					- Ap	ertment No.:		Zip Code:	
	Street & Number:							44.	IF TRANSPORTATION	ON INJURY, SPECIF
	Street & Number: 43. DESCRIBE HOW INJU	RY OCCURRED:								
		RY OCCURRED:				~		. 06	assenger	
	43. DESCRIBE HOW INJU					~ <u>`</u>		. 06		
								. 06	Passenger Pedestrian	
	43. DESCRIBE HOW INJU	y one): o the best of my kno						0 P	Passenger Pedestrian Other (Specify)	
	43. DESCRIBE HOW INJU 45. CERTIFIER (Check only	y one): o the best of my kno ng physician-To the	e best of my know of examination, a	włodge, deal nd/or inwestic	h occurred at the pation, in my opin	time, date, and pla	ace, and due to the o	Cause(s) and r	Passenger Pedestrian Other (Specify)	and manner stated.
	43. DESCRIBE HOW INJU 45. CERTIFIER (Check only Contitying physician-To - Pronouncing & Certifyi Ol Modela Examine/Core Signature of contiller:	y one): the best of my knoing physician-To the basis of t	e best of my know of examination, as LQ	ndoge, deal nd/or investig	n occurred at the pation, in my opin	time, date, and planion, death occurre	ace, and due to the o	Cause(s) and r	Passenger Pedestrian Other (Specify)	
	43. DESCRIBE HOW INJU 45. CERTIFIER (Check only Q Cartifying physician-To Pronouncing & Cartifyi G Medical Examiner/Con:	y one): the best of my knoing physician-To the basis of t	e best of my know of examination, as LQ	ndoge, deal nd/or investig	n occurred at the pation, in my opin	time, date, and planion, death occurre	ace, and due to the o	Cause(s) and r	Passenger Pedestrian Other (Specify)	and manner stated.
100 m	43. DESCRIBE HOW INJU 45. CERTIFIER (Check only Contitying physician-To - Pronouncing & Certifyi Ol Modela Examine/Core Signature of contiller:	y one): to the best of my knot one physician-To the basis of the basis	e best of my know of examination, as LQ	ndoge, deal nd/or investig	h occurred at the gation, in my opin 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	time, date, and planion, death occurre	ace, and due to the o	cause(s) and r	essenger redestrian Other (Specify) manner stated. I due to the cause(s)	

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

DRAFT 07/08/2002

				iddle, Last)				2	m	3. SOCIAL	SECURITY NUMBER
	4a. AGE-Last Birthday (Years)	4b. UNDER 1	YEAR	4c. UND	ER 1 DAY	5. DATE	OF BIRTH (Ma	Dey/Yr) 6.	BIRTHPLA	CE (City and :	State or Foreign Coun
ı	70	Months	Days	Hours	Minutes	_					
	7a. RESIDENCE-STATE		76. COUNTY	-			7c. CITY OF	TOWN		100	
	21 070557 1110 111 11105				-	13. 407 110	7/ 7/0 000				D HISTOR STRA
<u>ا د</u>	7d. STREET AND NUMBER	•				76. API. NO.	74. ZIP COD	E			7g. INSIDE CITY LIMITS?
d By:	8. EVER IN US ARMED FORCES?	9. MARITAL STA	ATUS AT TIME O	F DEATH		10. SURVIVING	SPOUSE'S NA	ME (If wife,	give name	prior to first m	
불음	□ Yes □ No	☐ Married ☐ N			/idowed						
ed/Verified DIRECTOR	11. FATHER'S NAME (Fire		-	0		12. MOTHER'S	NAME PRIOR 1	O FIRST M	ARRIAGE	(First, Middle,	Last)
9 0	13a. INFORMANT'S NAME		13b. REI	ATIONSHII	P TO DECEDER	NT 13c. I	MAILING ADDF	ESS (Street	and Numb	per, City, State	, Zip Code)
Ē								-			
Be Completed/Verified DIRECTOR	IF DEATH OCCURRED IN	A HOSPITAL:		14. PU	ACE OF DEATH DEATH OCCUR	(Check only one: RRED SOMEWHE	see instruction RE OTHER TH	S) AN A HOSP	ITAL:		
To B	O Inpatient O Emergency 15. FACILITY NAME (If no			01		□ Nursing home/L TOWN, STATE, AF		facility 00	ecedent's	home DOth	er (Specify):
۴	15. PACILITY NAME (II NO	ansulution, give site	ot a mulliper)		la carron	IOWN, SIAIE, A					III. COUNTY OF U
1	18. METHOD OF DISPOSI				19. PLACE C	OF DISPOSITION (Name of ceme	ery, cremato	ry, other p	lace)	F-1 - 1-1
	☐ Donation ☐ Entomber☐ Other (Specify):	ment Removal Iro	m State		1						
	20. LOCATION-CITY, TO	MN, AND STATE		21.	NAME AND C	OMPLETE ADDRE	SS OF FUNE	AL FACILIT	Υ		
1	22. SIGNATURE OF FUNE	RAL SERVICE LICE	ENSEE OR OTH	R AGENT					23.	LICENSE N	UMBER (Of Licensee)
	ITEMS 24-28 MUST				24. DATE PRO	ONOUNCED DEAD	(Mo/Day/Yr)		25.	TIME PRONC	DUNCED DEAD
	WHO PRONOUNC					127 LICEN	SE NUMBER	130.0	ATE SIGN	ED (Mo/Day/Y	·
	26. SIGNATURE OF PERS	SON PRUNCUNCIN	G DEATH (Only	wnen appiic	aole)	21. 000	SE NOMSEK	-	ATE SIGN	ED (MGOE)/ I	•••
	29. ACTUAL OR PRESUM		Н		30. ACT	UAL OR PRESUM	ED TIME OF D	EATH	31. W	AS MEDICAL	EXAMINER OR
	(Mo/Day/Yr) (Spell Mont	n)							a	RONER CON	ITACTED? D Yes
	Sequentially list condition	بالحصاء	α	Due to (or	ne	umer	1 4 6				
	if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result	· Cor	relia	Due to (or	Red as a conseque	the	rilea Vue -	e C	ue 21	to n	nt
	if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that	. <u>Cos</u> ing . <u>Cas</u>	relia relia	Due to (or	as a conseque	nce of): 2.5 + (C) nce of): they (priving cause given	rile Due -	2 C	ue 217 WASAN	to M Residence AUTOPSYPE	sclero
:: 8:	if any, leading to the cau listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST PART II. Enter other signifi	. <u>Cos</u> ing . <u>Cas</u>	relia	Due to (or multiput not reso	as a conseque	nce of: 2 + 10 nce of: the (artying cause given	OLL .			AUTOPSY PE	Sclaro RFORMED?
d By: IFIER	if any, leading to the cau listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST PART II. Enter other signifi	. <u>Cos</u> ing . <u>Cas</u>	rges relia Buding to death	Due to (or	as a conseque	nce of: A file noe of: the (entying cause given	Nie .	34.	WERE A	AUTOPSY PE	Scleso RFORMED?
ernfier	if any, leading to the cau listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST PART II. Enter other signifi	c. CO3	36. IF FEN	MLE:		nce of:		34.	WERE A	AUTOPSY PE Yes ON JTOPSY FIND OF DEATH?	REFORMED?
ompleted By: L CERTIFIER	if any, leading to the caurisated on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST PART E. Enter other significant of the Communication of th	c. CO3	36. IF FEN	IALE: regnant will	hin past year	nce of: On the form of the fo		34. TH	WERE A	AUTOPSY PE Yes I No UTOPSY FIND DF DEATH?	REFORMED?
e Completed By: ICAL CERTIFIER	if any, leading to the caurisated on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST PART E. Enter other significant of the Communication of th	ing Control co	36. IF FEN O Not p O Preg	IALE: regnant with	hin past year	nce of: And	37	34. TH	WERE ALL E CAUSE OF DEATH	AUTOPSY PE Yes I No UTOPSY FIND DF DEATH?	ERFORMED? DINGS AVAILABLE TO Yes No
Be Col	if any, leading to the caurisated on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST PART E. Enter other significant of the Communication of th	ing Control co	36. IF FEN O Not p O Preg O Not p	IALE: regnant with nant at time regnant, but regnant, but	hin past year of death at pregnant with at pregnant 43 d	in 42 days of death ays to 1 year befor	37	34. TH MANNER	WERE ALL E CAUSE OF DEATH	AUTOPSY PE Yes D No JTOPSY FIND OF DEATH?	ERFORMED?
To Be Completed By: MEDICAL CERTIFIER	if any, leading to the cauristed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST PART E. Enter other significant of the control o	cant conditions control contr	36. IF FEN. D Not p D Preg D Not p D Not p	IALE: regnant will nant at time regnant, bu regnant, bu	hin past year of death of pregnant within at pregnant 43 d mant within the	in 42 days of death lays to 1 year befor past ye ar	37 e desth	MANNER O Natural O Accident O Suicide	WERE ALL E CAUSE OF DEATH Hornic Pendid	AUTOPSY PE Yes D No JTOPSY FIND OF DEATH?	ERFORMED?
Be Co	if any, leading to the caurisated on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST PART E. Enter other significant of the Communication of th	contribute to	36. IF FEN O Not p O Preg O Not p	IALE: regnant will nant at time regnant, bu regnant, bu	hin past year of death of pregnant within at pregnant 43 d mant within the	in 42 days of death ays to 1 year befor	37 e desth	MANNER O Natural O Accident O Suicide	WERE ALL E CAUSE OF DEATH Hornic Pendid	AUTOPSY PE Yes D No JTOPSY FIND OF DEATH?	ERFORMED?
Be Co	if any, leading to the caurilisted on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST PART E. Enter other significant of the control of the contro	cand conditions contains contribute to	36. IF FEN. D Not p D Preg D Not p D Not p	IALE: regnant will nant at time regnant, bu regnant, bu	thin past year of death of pregnant within of pregnant 43 d point within the PLACE OF INJ	in 42 days of death lays to 1 year befor past ye ar	37 e desth	MANNER O Natural O Accident O Suicide	WERE ALL E CAUSE OF DEATH Hornic Pendid	AUTOPSY PE Yes D No JTOPSY FIND OF DEATH?	REFORMED? DINGS AVAILABLE TO D'YES D'NO
Be Co	if any, leading to the caurilisted on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST PART E. Enter other significant of the control of the contro	cand conditions contains contribute to	36. IF FEN. D Not p D Preg D Not p D Not p	IALE: regnant will nant at time regnant, bu regnant, bu	hin past year of death of pregnant within at pregnant 43 d mant within the	in 42 days of death ays to 1 year befor past year URY (e.g., Decede	e death	MANNER O Natural O Accident O Suicide	WERE ALL E CAUSE OF DEATH Hornic Pendid	AUTOPSY PER Yes No. 170PSY FIND OF DEATH?	REFORMED? DINGS AVAILABLE TO D'YES D'NO
Be Co	if any, leading to the caurilisted on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST PART E. Enter other significant of the control of the contro	cant conditions control contro	36. IF FEN. D Not p D Preg D Not p D Not p	IALE: regnant will nant at time regnant, bu regnant, bu	thin past year of death of pregnant within of pregnant 43 d point within the PLACE OF INJ	in 42 days of death ays to 1 year befor past year URY (e.g., Decede	37 e desth	MANNER O Natural O Accident O Suicide	WERE AN E CAUSE OF DEATH Homic Pendin Could restaurer	AUTOPSY PER Yes No. Yes No. TOPSY FIND OF DEATH? Idde ide ide ig Investigation not be determ it; wooded are Zip Code: TEANSPORT.	REFORMED? DINGS AVAILABLE TO D'YES D'NO
Be Co	if any, leading to the cauristed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST PART E. Enter other signification of the events result in death) LAST DEATH? I Yes I Probab No I Unknow 38. DATE OF INJURY (Mo/Day/Yr) (Spell Model) 42. LOCATION OF INJURY Street & Number:	cant conditions control contro	36. IF FEN. D Not p D Preg D Not p D Not p	IALE: regnant will nant at time regnant, bu regnant, bu	thin past year of death of pregnant within of pregnant 43 d point within the PLACE OF INJ	in 42 days of death ays to 1 year befor past year URY (e.g., Decede	e death	MANNER O Natural O Accident O Suicide	WERE ALE CAUSE OF DEATH	AUTOPSY PE Yes NY FIND YES NY	CREFORMED? DINGS AVAILABLE TO O Yes O No In No.
Be Co	if any, leading to the cauristed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST PART E. Enter other signification of the events result in death) LAST DEATH? I Yes I Probab No I Unknow 38. DATE OF INJURY (Mo/Day/Yr) (Spell Model) 42. LOCATION OF INJURY Street & Number:	cant conditions control contro	36. IF FEN. D Not p D Preg D Not p D Not p	IALE: regnant will nant at time regnant, bu regnant, bu	thin past year of death of pregnant within of pregnant 43 d point within the PLACE OF INJ	in 42 days of death ays to 1 year befor past year URY (e.g., Decede	e death	MANNER O Natural O Accident O Suicide	WERE ALE CAUSE OF DEATH	AUTOPSY PER Yes No. Yes No. TOPSY FINAL Topsy FINAL Ide Ide Ide Ide Ide Ide Ide Id	CREFORMED? DINGS AVAILABLE TO O Yes O No In No.
Be Co	if any, leading to the caurilated on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result indesth) LAST PART II. Enter other signification of the control of the contr	cant conditions control cant conditions control contribute to Ay wn T: State: IRY OCCURRED:	36. IF FEM. D Not p D Prog. D Not p D Not p D Not p D Not p	IALE: regnant with nant at time regnant, bu regnant, bu own if preg URY 40.	hin past year of deeth of pregnant within at pregnant 43 d mant within the p PLACE OF INJ City or Town:	in 42 days of death ays to 1 year befor past year URY (e.g., Decede	e death rif's home; con	MANNER O Natural O Accident O Suicide	WERE ALE CAUSE OF DEATH	AUTOPSY PEC Yes No. You No.	CREFORMED? DINGS AVAILABLE TO O Yes O No In No.
Be Co	if any, leading to the cauristed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result indesth) LAST PART II. Enter other signification of the control of the contro	cant conditions control cant condition control	36. IF FEM. D Not p D Preg D Not p	IALE: regnant with sent at time regnant, bu regnant, bu own if preg URY 40.	hin past year of death of pregnant within at pregnant 43 d mant within the p PLACE OF INJ City or Town:	in 42 days of death ays to 1 year befor past year URY (e.g., Decede And and manner stated to time, date, and o	e death It's home; con partment No.:	34. TH MANNER Netural Accident Suicide struction site	WERE ALE CAUSE OF DEATH Homico Pendia Could restaurer 144. IF Don't Pae Dead Don't	AUTOPSY PEN Yes No. Yes No.	REFORMED? DINGS AVAILABLE TO DI
Be Co	if any, leading to the caurisated on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST PART II. Enter other signification of the events result in death) LAST PART II. Enter other signification of the events result in death) LAST OPERATOR OF INJURY (Mo/Day/YY) (Spell Mo/Day/YY) (Sp	cant conditions control cant cant conditions control c	36. IF FEND IN NOT IT IN N	regnant with mant at time regnant, but regnant, but the regnant with regnant to the regnant th	thin past year of death at pregnant within the pregnant 43 dignant within the PLACE OF INJ	in 42 days of death ays to 1 year befor past year URY (e.g., Decede and manner stated and manner stated e time, deste, and p inling, desth occurr	e death It's home; con partment No.:	34. TH MANNER Netural Accident Suicide struction site	WERE ALE CAUSE OF DEATH Homico Pendia Could restaurer 144. IF Don't Pae Dead Don't	AUTOPSY PEN Yes No. Yes No.	REFORMED? DINGS AVAILABLE TO DI

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

FT 07/0	08/2002		U.S. 9	STANDAR	D CERTI	FICATE OF				
	OCAL FILE NO						STATE	FILE NO	. 00	0008
	1. DECEDENT'S LEGAL N	AME (Include AK	('s if any) (First,	Middle, Last)				ľM	J. SOCIAL S	ECURITY NUMBER
	4a. AGE-Last Birthday (Years)	4b. UNDER	Days	4c. UNDER	1 DAY IMinutes	5. DATE O	OF BIRTH (Mo/Day)	6. BIRTHPL	ACE (City and St	ate or Foreign Country)
	7a. RESIDENCE-STATE		7b. COUNT				7c. CITY OR TO	WN .		
	7d. STREET AND NUMBER					T7a. APT. NO.	7f. ZIP CODE			7g. INSIDE CITY
B.	•									DYes D No
led E	ARMED FORCES?	9. MARITAL ST		OF DEATH		O. SURVIVING S	POUSE'S NAME ((If wife, give nam	e prior to first mai	riage)
ed/Verified DIRECTOR	☐ Yes ☐ No 11. FATHER'S NAME (First	□ Divorced □				12. MOTHER'S N	AME PRIOR TO F	IRST MARRIAGE	(First, Middle, L	ast)
L DIF	13a. INFORMANT'S NAME		113b F	ELATIONSHIP T	O DECEDEN	T 113c M	AILING ADDRESS	(Street and Nun	noër, Crty, State.	Zio Code)
Be Completed/Verified FUNERAL DIRECTOR	TOE. HE O'CHOUCH O'CHOOL	•								
FUN C	IF DEATH OCCURRED IN			IF DE	ATH OCCUR		E OTHER THAN			
ToE	15. FACILITY NAME (If no					OWN, STATE, AN	ong term care facili D ZIP CODE	ty Decedent	shome U Other	17. COUNTY OF DEATH
	18. METHOD OF DISPOSIT	DON: C Rurial	Cremation .		9. PLACE OF	F DISPOSITION (F	lame of cemetery,	crematory, other	place)	
	☐ Donation ☐ Entombr ☐ Other (Specify):			_ [•	•		
	20. LOCATION-CITY, TO	WN, AND STATE		21. N	IAME AND CO	MPLETE ADDRES	SS OF FUNERAL	FACILITY		
2.	22. SIGNATURE OF FUNE	RAL SERVICE LIC	ENSEE OR OT	HER AGENT				2	3. LICENSE NU	MBER (Of Licensee)
_	ITEMS 24-28 MUST	DE COMPLE	TED BY D	EBSON 2	A DATE PRO	NOUNCED DEAD	(Mo/Day/Yr)	2:	S. TIME PRONO	UNCED DEAD
	WHO PRONOUNC			EKSON P			()	Γ		
	26. SIGNATURE OF PERS	SON PRONOUNCE	NG DEATH (On	nly when applicable	ie)	27. LICENS	SE NUMBER	28. DATE SIG	NED (Mo/Day/Yr)
	29. ACTUAL OR PRESUM		тн		30. ACTU	AL OR PRESUME	D TIME OF DEAT	H 31. 1	WAS MEDICAL E	XAMINER OR
	(Mo/Day/Yr) (Spell Monti	"Lanua	iry 1	2003				(CORONER CONT	ACTED? O Yes O No
	IMMEDIATE CAUSE (Find disease or condition — resulting in death) Sequentially list condition if any, leading to the causisted on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result initiated the events result.	. 10	nges	Clig to (or as	a consequent	ce of)	eure			3 mes
1	in death) LAST PART II. Enter other signific	· 	ntributing to dea	th but not resultin	ng in the under	tving cause given	in PART I.	33. WAS A	N AUTOPSY PER	REORMED?
mpleted By: CERTIFIER					•			34. WERE	O Yes O No AUTOPSY FINDI E OF DEATH?	NGS AVAILABLE TO COMP
Completed	35. DID TOBACCO USE	CONTRIBUTE TO		EMALE:			37. M	WINER OF DEAT	н	
CALC	DEATH?			ot pregnant within regnant at time of			94	latural O Hom	icide	
• ≥	<i>[</i>	wn				42 days of death ys to 1 year before		ccident © Pen	•	
To B				nknown if pregna			U S	kuicide 🗆 Coul	g not be determine	
	38. DATE OF INJURY (Mo/Day/Yr) (Spell Mo	nth)	39. TIME OF	INJURY 40. PL	ACE OF INJU	IRY (e.g., Deceder	nt's home; construc	tion site; restaur	ant; wooded area	11. INJURY ATWORK
	42. LOCATION OF INJURY	f: State:			ity or Town:		-			
1	Street & Number: 43. DESCRIBE HOW INJU	IDV OCCI IDDED					artment No.:	lu. 1	Zip Code: F TRANSPORTA	TION INJURY, SPECIFY:
	13. DESCRIBE NOW INC.	MT OCCURRED.						0 Pr	iver/Operator issenger idestrian ther (Specify)	
	45. CERTIFIER (Check on	y one):								
	Certifying physician-T Pronouncing & Certify Medical Examiner/Cor	ina abraicina.To #	a best of our ke	outedos desileo	warmed at the	time date and of	ace, and due to the	cause(s) and m and place, and	anner stated. due to the caused	s) and manner stated.
	Signature of certifies:	D ZIP CODE OF P	ERSON COMP	LETING CAUSE	OF DEATH (III	M /				
				(1			•		
	47, TITLE OF CERTIFIER	48. LICEN	SE NUMBER 0007	,	49. DATE	CERTIFIED (Mo/	Day/Yr]	50. FOR REG	STRAR ONLY- D	ATE FILED (Mo/Day/Yr)
	1110	1710	1000		and the same of the same			1		

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

DRAFT 07/08/2002

	4a. AGE-Last Birthday	4b. UNDER	1 VEAD	I4c. UNDER 1	1 DAV	IS DATE?	E DIOTA ALLE	11	HOLACE (O)	d State or Foreign Coun
	(Years)	Months	Days	Hours	Minutes	-	or birtin (movey)	M) B BIRI	HPLACE (City and	d State or Foreign Coun
	/a. RESIDENCE-STATE		7b. COUNTY	nous	Millutes		j/c. CITY OR TO			
	74. RESIDENCE-STATE		J.D. COOKIT				PE. CHTORIO	WN		
	7d. STREET AND NUMBE	R				7el APT. NO.	76. ZIP CODE	-		7g. INSIDE CITY LIMITS?
. B	8. EVER IN US	9. MARITAL ST	TATUS AT TIME O	F DEATH	110	SURVIVING SI	POUSE'S NAME (If wife, give	name prior to first	D Yes D No
Verified	ARMED FORCES?		Married, but separ							
INEC	11. FATHER'S NAME (First	The state of the s	Never Married □	Unknown	12.	MOTHER'S N	AME PRIOR TO F	IRST MARR	IAGE (First, Middle	e, Lasi)
0 0	13a. INFORMANT'S NAMI		Inch DE	LATIONSHIP TO	DECEDENT	110-11	All HIC ADDDCCC	/C11 ond	Number City Sta	to Tip Code:
RAI	ISA. INFORMANTS NAME		ISO. REL	LATIONSHIP TO	DECEDENT	IISC M	AILING ADDRESS	(Street and	Number, City, Sta	ite. Zip Code;
Be Complete	IF DEATH OCCURRED IN	N A HOSPITAL		14. PLACE	OF DEATH (Ch	sck only one: s	ee instructions)	A HOSPITAL		
To Be	D Inpatient D Emergency 15. FACILITY NAME (If no	Room/Outpatient	Dead on Arrival		cice facility ON		ong term care facili	y Deced	ent's home DO	ther (Specify):
۴	15. PACIEITI NAME (II II	n mismonori, give en	reat a number;	100	CITT OR TOW	N, 5171E, 7N	D ZIF CODE			111. 000111 010
	18. METHOD OF DISPOSI			19	. PLACE OF DI	SPOSITION (N	ame of cemetery,	crematory, o	ther place)	41,114
	Other (Specify):	ment U Removal fr	om sulle	-						
	20. LOCATION-CITY, TO	WN, AND STATE		21. NA	AME AND COMP	LETE ADDRES	S OF FUNERAL	ACILITY		
	22. SIGNATURE OF FUN	ERAL SERVICE LIC	CENSEE OR OTHE	ER AGENT					23. LICENSE	NUMBER (Of Licensee)
				L:					he were	101 more 5512
	ITEMS 24-28 MUST			10011	DATE PRONO	UNCED DEAD	(Mo/Day/Yr)		25. TIME PRO	NOUNCED DEAD
	26. SIGNATURE OF PER				e)	27. LICENS	E NUMBER	28. DATE	SIGNED (Mo/Day	Mr)
		7		••						
	29. ACTUAL OR PRESUM (Mo/Day/Yr) (Spell Mont		ТН		30. ACTUAL	OR PRESUME	D TIME OF DEAT	H	1. WAS MEDICA	
	January 15							- 1	CORONER CO	NTACTED? • Yes
	32. PART I. Enter the chrespiratory arrest, or necessary. IMMEDIATE CAUSE (Fin disease or condition ——resulting in death) Secuentially list condition	alin of events—diserventricular fibrillation alian al	cause of the sees, injuries, or or or or without showing of the sees of the se	omplications the ticlogy. D	NOT ABBREV	d the death. Do NATE. Enter of	O NOT enter terminly one cause on a	nel ovente s i line. Add a	uch as cardiac am dditional lines if	Approximate into
	necessary. IMMEDIATE CAUSE (Fin disease or condition —— resulting in death) Sequentially list condition if any, leading to the causisted on line a. Enter the UNDERLYING CAUSE (disease or injury that	ain of events—diser ventricular fibrillation a	on without showing	Due to (or as a	to directly couse NO NOT ABBREN	the death. D NATE. Enter of SEASC J. Glar	O NOT enter terminly one cause on a	nel events s	uch as cardiac am ddilional lines if	
	necessary. IMMEDIATE CAUSE (Fin disease or condition — resulting in death) Sequentially list condition if any, leading to the causisted on line a. Enter the UNDERLYING CAUSE	ain of events—diser ventricular fibrillation a	on without showing	Due to (or as a	at directly cause to NOT ABBREV Ty -	the death. D NATE. Enter of SEASC J. Glar	O NOT enter terminly one cause on a			Onset to death
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BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

	LOCAL FILE NO				01	AILLIL	INO. CO	0010
	1. DECEDENT'S LEGAL N		s if any) (First, Middle,	Last)				ECURITY NUMBER
	4a. AGE-Last Birthday	J4b. UNDER 1	YEAR I4c.	UNDER 1 DAY	15. DATE OF BIRTH	(Mo/Day/Yr) 6. B	IRTHPLACE (City and S	tate or Foreign Country)
	(Years)	Months	Days Hou					and an energy occuracy;
	32 7a. RESIDENCE-STATE		7b. COUNTY		IZC. CIT.	Y OR TOWN		
	7d. STREET AND NUMBER	}			7e. APT. NO. 7f. ZIP	CODE		7g. INSIDE CITY LIMITS?
By	8. EVER IN US	9. MARITAL ST	ATUS AT TIME OF DE	ATH	10. SURVIVING SPOUSE'S	NAME (If wife, g	ive name prior to first ma	□ Yes □ No
Fied	ARMED FORCES?	□ Married □ N	Married, but separated	□ Widowed				
ed/Verified DIRECTOR	11. FATHER'S NAME (First		Never Married Unkn	own	12. MOTHER'S NAME PRI	OR TO FIRST MA	RRIAGE (First Middle I	asti
Pad								
불	13a. INFORMANT'S NAME		13b. RELATIO	INSHIP TO DECEDE	NT 13c. MAILING A	DDRESS (Street	and Nulhber, City, State,	Zip Code)
le Completed/Verified FIJNERAL DIRECTOR			1	4. PLACE OF DEATH	H (Check only one: see instru	ctions)		
8 E	IF DEATH OCCURRED IN		D Dead on Arrival		RRED SOMEWHERE OTHE • Nursing home/Long term of			(Specify):
ို	15. FACILITY NAME (If not				TOWN, STATE, AND ZIP CO			17. COUNTY OF DEATH
				10 PLACE	OF DISPOSITION (Name of c	emelen, cremelo	ov other place)	Santa de la formación
	18. METHOD OF DISPOSIT	nent 🗆 Removal fro	om State	1	or Disrosition (mails of c	ametery, cremeto	y, outer place)	
	20. LOCATION-CITY, TOV	MI AND STATE		131 NAME AND C	OMPLETE ADDRESS OF FU	INEDAL FACILITY		-
					OMPLETE ADDRESS OF PO	MEIOL PAULIT	Salar Sa	
	22. SIGNATURE OF FUNE	RAL SERVICE LIC	ENSEE OR OTHER AC	SENT			23. LICENSE NU	MBER (Of Licensee)
_	ITEMS 24-28 MUST	DE COMPLE	TED BY BEREA	AL DA DATE PR	ONOUNCED DEAD (Mo/Day)	Mr)	25. TIME PRONO	LINCED DEAD
	WHO PRONOUNCE				, , , , , , , , , , , , , , , , , , ,	,		
1	26. SIGNATURE OF PERS	SON PRONOUNCIN	NG DEATH (Only when	applicable)	27. LICENSE NUMB	ER 28. D/	ATE SIGNED (Mo/Day/Yr	,
	 ACTUAL OR PRESUM (Mo/Day/Yr) (Spell Month 				TUAL OR PRESUMED TIME (OF DEATH	31. WAS MEDICAL E	EXAMINER OR FACTED? Diges Di
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Januar	y 1 st , 2α	03			CORONER CON	Approximate interval
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To Be Completed By: MEDICAL CERTIFIER	necessary. IMAEDATE CAUSE (Fine disease or condition resulting in death) Sequentially list conditions if any, leading to the caus listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST PART IL Enter other signification of the condition	a a b a a a a a a a a a a a a a a a a a	Due Due Due Due Due Due Due Due	to (or as a conseque ant within past year at time of death ant, but pregnant with ant, but pregnant within the 40. PLACE OF INLI	in 42 days of death lays to 1 year before death past year	33. 34. THE 37. MANNER C □ Natural □ Accident □ Suicide construction site;	WAS AN AUTOPSY PEF D Yes D No WERE AUTOPSY PINDI CAUSE OF DEATH? Homicide /Pending Investigation Could not be determine restaurant; wooded area	NOS AVAILABLE TO COI D Yes D No
To Be Completed By: MEDICAL CERTIFIER	necessary. IMAEDATE CAUSE (Fine disease or condition resulting in death) Sequentially list condition: if any, leading to the caus listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST PART IL Enter other signific 35. DID TOBACCO USE COEATH? Yes Probab No Linknow 38. DATE OF INJURY (Mo/DayNY) (Spell More) 42. LOCATION OF INJURY	a a b a a a a a a a a a a a a a a a a a	Due Due Due Due Due Due Due Due	to (or as a conseque ant within past year at time of death ant, but pregnant with ant, but pregnant within the 40. PLACE OF INLI	ince of): ince of):	33. 34. THE 37. MANNER C □ Natural □ Accident □ Suicide construction site;	WAS AN AUTOPSY PEF □ Yes □ No WERE AUTOPSY FINDI CAUSE OF DEATH? □ Homicide Vending Investigation □ Could not be determine Zip Code: 14. IF TRANSPORTA' □ Christoperator	NOS AVAILABLE TO COL D Yes D No
To Be Completed By: MEDICAL CERTIFIER	necessary. IMAEDATE CAUSE (Fine disease or condition resulting in death) Sequentially list conditions if any, leading to the caus listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST PART IL Enter other signification of the condition	a a b a a a a a a a a a a a a a a a a a	Due Due Due Due Due Due Due Due	to (or as a conseque ant within past year at time of death ant, but pregnant with ant, but pregnant within the 40. PLACE OF INLI	ince of): ince of):	33. 34. THE 37. MANNER C □ Natural □ Accident □ Suicide construction site;	WAS AN AUTOPSY PEF □ Yes □ No WERE AUTOPSY FINDI CAUSE OF DEATH? □ Homicide Vending Investigation □ Could not be determine Zip Code: 144. IF TRANSPORTA: □ ChreefOperator □ Passenger □ Pedestrian	NOS AVAILABLE TO COL D Yes D No
To Be Completed By: MEDICAL CERTIFIER	necessary. IMAEDATE CAUSE (Fine disease or condition resulting in death) Sequentially list conditions if any, leading to the caus listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST PART IL Enter other signification of the condition	and an	Due Due Due Due Due Due Due Due	to (or as a conseque ant within past year at time of death ant, but pregnant with ant, but pregnant within the 40. PLACE OF INLI	ince of): ince of):	33. 34. THE 37. MANNER C □ Natural □ Accident □ Suicide construction site;	WAS AN AUTOPSY PER U Yes U No WERE AUTOPSY FINDI CAUSE OF DEATH? U Homicide (Pending Investigation U Could not be determin restaurant; wooded area Zip Code: 44. IF TRANSPORTA U Chreel/Operator U Passenger	NOS AVAILABLE TO COL D Yes D No
To Be Completed By: MEDICAL CERTIFIER	necessary. IMAEDATE CAUSE (Fine disease or condition resulting in death) Sequentially list conditions if any, leading to the caus listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST PART IL Enter other signification of the condition	a a b a a a a a a a a a a a a a a a a a	Due	to (or as a conseque no or as a conseque to (or as a conseque to (or as a conseque ant within past year at time of death and, but pregnant with and, but pregnant with and, but pregnant with and City or Town:	in 42 days of death lays to 1 year before death past year URY (e.g., Decedent's home;	33. 34. THE 37. MANNER C □ Natural □ Accident □ Suicide construction site;	WAS AN AUTOPSY PEF □ Yes □ No WERE AUTOPSY FINDI CAUSE OF DEATH? □ Homicide Vending Investigation □ Could not be determine Zip Code: 144. IF TRANSPORTA: □ ChreefOperator □ Passenger □ Pedestrian	NOS AVAILABLE TO COL D Yes D No
To Be Completed By: MEDICAL CERTIFIER	necessary. IMAEDATE CAUSE (Fine disease or condition resulting in death) Sequentially list conditions if any, leading to the caus listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST PART IL Enter other signific to the condition of t	and an	Due Due Due Due Due Due Due Due	to (or as a conseque no or as a conseque to (or as a conseque to (or as a conseque ant within past year at time of death ant, but pregnant with ant, but pregnant within the 40. PLACE OF INJ City or Town:	in 42 days of death lays to 1 year before death past year URY (e.g., Decedent's home; and manner stated, te time, date, and place, and	33. 34. THE 37. MANNER C D Natural D Accident D Suicide construction site;	WAS AN AUTOPSY PEF O Yes O No WERE AUTOPSY FINDI CAUSE OF DEATH? F DEATH Homicide (Pending Investigation Could not be determine restaurant; wooded area Zip Code: 44. If TRANSPORTA Divive/Operator Passenger Pedestrian Other (Specify)	NGS AVAILABLE TO COLD Yes ID NO
To Be Completed By: MEDICAL CERTIFIER	necessary. IMAEDATE CAUSE (Fine disease or condition resulting in death) Sequentially list conditions if any, leading to the caus listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST PART IL Enter other signification of the condition	and conditions continued to the best of my land up the best of my la	Due Due Stributing to death but no Stributing to death but no Stributing to death but no Not pregnat Not pregnat Unknown in Stributing to death but no Not pregnat Unknown in Stributing to death but no Not pregnat Unknown in Stributing to death but no Not pregnat Onto pregnat Ont	to (or as a conseque to (or as	in 42 days of death lays to 1 year before death past year URY (e.g., Decedent's home; Apartment N	33. 34. THE 37. MANNER C D Natural D Accident D Suicide construction site;	WAS AN AUTOPSY PEF O Yes O No WERE AUTOPSY FINDI CAUSE OF DEATH? F DEATH Homicide (Pending Investigation Could not be determine restaurant; wooded area Zip Code: 44. If TRANSPORTA Divive/Operator Passenger Pedestrian Other (Specify)	NGS AVAILABLE TO COLD Yes ID NO
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To Be Completed By: MEDICAL CERTIFIER	necessary. IMAEDATE CAUSE (Fine disease or condition resulting in death) Sequentially list conditions if any, leading to the caus listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in death) LAST PART IL Enter other signification of the condition	and conditions continued to the base of my land up the base of my la	Due Due Tributing to death but no Selection of the pregnate	to (or as a conseque to (or as a conseque to (or as a conseque ant within past year at time of death ant, but pregnant within the tipegnant within the 40. PLACE OF BILL City or Town:	in 42 days of death lays to 1 year before death past year URY (e.g., Decedent's home; and manner stated, se time, date, and place, and sinion, death occurred at the 5	33. 34. THE 37. MANNER C D Natural D Accident D Suicide construction site;	WAS AN AUTOPSY PEF O Yes O No WERE AUTOPSY FINDI CAUSE OF DEATH? F DEATH Homicide (Pending Investigation Could not be determine restaurant; wooded area Zip Code: 44. If TRANSPORTA Divive/Operator Passenger Pedestrian Other (Specify)	NGS AVAILABLE TO COND ON THE PROPERTY OF THE P

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2 DRAFT 07/08/2002

_	L	OCAL FILE NO							STATE F	ILE N	Ο.	0	0	10//
		1. DECEDENT'S LEGAL N	AME (Include AKA's	if any) (First, Mi	ddie, Last)					2. SEX		3. SOCIAL	SECU	RITY NUMBER
		4a. AGE-Last Birthday (Years)	4b. UNDER 1 Y	/EAR		ER 1 DAY	15. D/	ATE OF	F BIRTH (Mo/Day/Yr)	6. BIRTI	(PLAC	E (City and	State o	r Foreign Country)
		74. RESIDENCE-STATE	Months	7b. COUNTY	Hours	Minutes			- 0.54 00 404					
		. RESIDENCE-STATE		76. COUNTY					7c. CITY OR TOW	N				
ا،		7d. STREET AND NUMBER	1	•			70. APT.	NO.	71. ZIP CODE				1	NSIDE CITY LIMITS?
11:	A By	B. EVER IN US	9. MARITAL STA	TUS AT TIME OF	DEATH		10. SURVIVI	NG SP	OUSE'S NAME (IF	wife, give n	ame p	rior to first m		Yes No
	CT0	ARMED FORCES?	O Married O Ma			idowed								
	Be Completed/Verified FUNERAL DIRECTOR	11. FATHER'S NAME (Firs					12. MOTHER	R'S NA	ME PRIOR TO FIR	ST MARRIA	AGE (I	irst, Middle,	Last)	40.5
	plete VAL I	13a. INFORMANT'S NAME		13b. REL	ATIONSHII	P TO DECEDEN	T 12	3c. MA	ILING ADDRESS (Street and I	Numbe	r, City, State	e, Zip (ode)
li.	NE				14. PL	ACE OF DEATH	(Check only o	one: se	e instructions)					
	E Be	IF DEATH OCCURRED IN O Inpatient O Emergency	Room/Outpatient D			tospice facility	□ Nursing ho	me/Lor	OTHER THAN A P			ome OOth	ner (Sp	acify):
DECEDENT	0	15. FACILITY NAME (If not	institution, give stree	it & number)		16. CITY OR 1	OWN, STATE	E, AND	ZIP CODE				17.	COUNTY OF DEATH
ଲ୍ଲ ।		18. METHOD OF DISPOSIT	NON: O Burial O	Cremation		19. PLACE O	F DISPOSITION	ON (Na	ome of cemelery, cr	ematory, of	her pla	ice)		
8		Other (Specify):												
- 1		20. LOCATION-CITY, TO				NAME AND C	OMPLETE AD	DORES	S OF FUNERAL FA	CILITY				
		22. SIGNATURE OF FUNE	RAL SERVICE LICE	NSEE OR OTHE	R AGENT		77				23.	LICENSE N	IUMBE	R (Of Licensee)
-		ITEMS 24-28 MUST				24. DATE PRO	ONOUNCED D	DEAD (Mo/Day/Yr)		25.	TIME PRON	OUNC	ED DEAD
		WHO PRONOUNCE 26. SIGNATURE OF PERS				able)	[27 11	CENS	NUMBER :	A DATE	IGNE	D (Mo/Day/	Yr)	
	*	29. ACTUAL OR PRESUM (Mo/Day/Yr), (Spell Monit			-	30. ACT	UAL OR PRES	SUMED	TIME OF DEATH	3		S MEDICAL		INER OR ED? O Yes O No
	M	Janes	con /	200.		See Instru	tions and	1 ava	mnles)					Approximate interval:
ļ.		82. PART L Enter the ch respiratory arrest, or	ain of eventsdisease	es, injuries, or co	molication	s-that directly c	aused the dea	nth. DC	NOT enter termina	l events su ne. Add ad	ch as	cardiac arre		Onset to death
- 1		necessary. IMMEDIATE CAUSE (Final		Part	<i>l</i> .	~1	//	1	,					
- 1		disease or condition resulting in death)	-> a	11	Due to (or		ice of	. #	- 11				_	 -
-		Sequentially list conditions if any, leading to the caus listed on line a. Enter the	e	I HOM		as a consequer	ice of k	4	0,40				-	
		UNDERLYING CAUSE (disease or injury that initiated the events result	- C		Due to (or	as a consequer	nce of):				_		-	
		in death) LAST	d							lan mar	_	TODAY O	_	
	: œ	PART II. Enter other <u>signific</u>	ant conditions contri	outing to death t	out not resu		riying cause g	jiven in	-	33. WA		UTOPSY PE		MEDI
-	To Be Completed By: MEDICAL CERTIFIER	Endetay	e /hu	me	rea	al du	m	d	Lug C	34. WEF	RE AU	TOPSY FINE	DINGS O Ye	AVAILABLE TO COMPL 6 D No
	ERT E	35. DID TOBACCO USE O	CONTRIBUTE TO	36. IF FEM				0		NER OF DE	ATH			
	F S	DEATH? Yes D Probab		1 ~ .	regnant wit nant at time	hin past year of death -			₩Nah	ıral OH	omicio			
	흡증	No Unknow	•			t pregnant within				dent OP	ending	Investigation	on	
	은 뿔					it pregnant 43 di nant within the p		betore (D Suic	ide 🗆 C	ould n	ot be determ	nined	
		38. DATE OF INJURY (Mo/Day/Yr) (Spell Mor		9. TIME OF INJ	ŰRY 40.	PLACE OF INJ	URY (e.g., Dec	cedent	's home; construction	n site; rest	aurant	wooded are	ea)	1. INJURY AT WORK?
-														. O Yes O No
		42. LOCATION OF INJURY Street & Number:	f: State:			City or Town:		Apa	riment No.:			Zip Code:		
		43. DESCRIBE HOW INJU	IRY OCCURRED:			1.7							ATION	INJURY, SPECIFY:
										10	Pass	enger		
		45. CERTIFIER (Check onl	y one):					-	2	lo	Othe	(Specify)		
		Certifying physician-To	the best of my know	dedge, death oc	curred due	to the cause(s)	and manner st	lated.						
		☐ Pronouncing & Certify ☐ Medical Examiner/Con	ing physician-To the I	best of my knowl	edge, deal	h occurred at the	e lime, dale, a	ind plac	e, and due to the c at the time, date, a	nd place, a	manr nd du	er stated. to the caus	e(s) an	d manner stated.
		Signature of certifier:	72P CODE OF PER	SON COMPLET	ING CAUS	E OF DEATH (II	lem 32)		7./		-	_	_	
			with	es.	eend	IT -	503	5	Man	1	4			7-4
		47 TITLE OF CERTIFIER	48. LICENSE	NUMBER		49. DATE	CERTIFIED	(Mo/D	syff(r)	O. FOR RE	GÍST	RAR ONLY	DATE	FILED (Mo/Day/Yr)
		. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1								

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

	1. DECEDENT'S LEGAL NA	ME (Include AKA	's if any) (First, I	Middle, Last)			1		2. SEX	3. SOCIA	OOO AL SECURI	TYNUMBER
					87619	15.5	ATE OF BIRT	(Mo/DayWr)	A BIRTHE	PLACE (City at	nd State or	Foreign Country)
ľ	la, AGE-Last Birthday (Years)	46. UNDER 1	Control of the Control	4c. UNDE	Zeryanie Straya			See St. M.	o, birtin	choc (on) an	ila Olato oi	
		Months	Days	Hours 4	Minutes	• /	-/-2	003				
	7a. RESIDENCE-STATE		76. COUNTY				10. 01	, or roun				
	7d. STREET AND NUMBER					7e. APT	. NO. 71. ZIP	CODE			7g. IN	ISIDE CITY LIMITS? 'es D No
ECTOR	8. EVER IN US ARMED FORCES? O Yes O No 11. FATHER'S NAME (First	☐ Married ☐ ☐ Divorced ☐ ☐ Middle, Last)	ATUS AT TIME (Married, but sep Never Married (arated DWi		12. MOTHE	ING SPOUSE	IOR TO FIRS	T MARRIA	GE (First, Mide	st marriage dle, Last))
RA I	13a, INFORMANTS NAME		136. K	ELATIONSHIP	TO DECEDE		100. 1111 11211 10				+	
3 5		TURRETTAL		TIET	SEATUROCCE	TH (Check only JRRED SOME	WHERE OTH	ER THAN A H	OSPITAL:			
Be P	IF DEATH OCCURRED IN ☐ Inpatient ☐ Emergency	Room/Outpatient	D Dead on Arri	val DH	tospice facility	Nursing h	ome/Long terr	care facility	□ Decede	nt's home	Other (Sp	ecity):
-	15. FACILITY NAME (II not	institution, give su	reet a number)									
	18. METHOD OF DISPOSIT ☐ Donation ☐ Entombri ☐ Other (Specify):	TON; □ Burial ment □ Removal	☐ Cremation from State		19. PLACE	OF DISPOSIT	TION (Name of	cemetery, cre	matory, oth	ner place)		_ = =
	20. LOCATION-CITY, TOW	N, AND STATE		121.	NAME AND	COMPLETE	ADDRESS OF	FUNERAL FA	CILITY			
	22. SIGNATURE OF FUNE	RAL SERVICE LI	CENSEE OR OT	PER AGENT				o State		23. LICENS	SE NUMBE	R (Of Licensee)
					Ta		DEAD #4-10			25. TIME PR	RONOLING	ED DEAD
	ITEMS 24-28 MUST WHO PRONOUNCE	BE COMPLE'S OR CERTIF	TED BY PER	RSON	24. DATE P	RONOUNCED	DEAD (MO/D	iy/Yr)		25. TIME F	101100110	
	28. SIGNATURE OF PERS				able)	27.	LICENSE NU	MBER :	28. DATE	SIGNED (Mo/C	Day(Yr)	
						CTUAL OR PR	ECUMED TIM	E OF DEATH	13	1. WAS MED	ICAL EXA	MINER OR
	29. ACTUAL OR PRESUM (Mo/Day/Yr) (Spell Mont)	h)	АТН		30. A	CTUAL OR PR	ESUMED IIM	E OF DEATH	1			
	32. PART I. Enter the chrespiratory arrest, of necessary. IMMEDIATE CAUSE (Findisease or condition	nain of eventsdis- ventricular fibrillati	CALICEC	or complication	ne-that direct		nd example death. DO NO Enter only on	S) Tenter termin cause on a l	al events s ine. Add a	CORONER uch as cardiac dditional lines		
	32. PART I. Enter the crespiratory arrest, of necessary. IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition if any, leading to the cau listed on line a. Enter the UNDERLYING CAUSE	nain of eventsdisventricular fibrillation a	CALICEC	Due to (o	ras a consec	quence of): quence of): quence of):	nd example death, DO NO Enter only on	S) T enter termin	al events s ine. Add s			Approximate interva
	32. PART I. Enter the crespiratory arrest, of necessary. IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition if any leading to the cause of the cau	nain of eventsdisventricular fibrillation a	CALICEC	Due to (o	r as a sonseq	quence of): quence of): quence of):	nd example death. DO NO Enter only on	S) Tenter termine e cause on a l		uch as cardiac dditional lines	o arrest,	Approximate interva Onset to death
	32. PART I. Enter the chrespiratory arrest, or necessary. IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition if any, leading to the cau listed on line a. Enter the UNDERLYING CAUSE (disease or injury that in death) LAST metally part of the cause of th	nain of events-distribution in the control of events and a	CAUSE CO	Due to (o	or as a consector as	quence of): quence of): quence of): quence of):	hage	T enter termin		uch as cardiac dditional lines	o arrest, if	Approximate interva Onset to death
By: IER	32. PART I. Enter the chrespiratory arrest, or necessary. IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition if any, leading to the cau listed on line a. Enter the UNDERLYING CAUSE (disease or injury that in death) LAST metally part of the cause of th	nain of events-distribution in the control of events and a	CAUSE CO	Due to (o	or as a consector as	quence of): quence of): quence of): quence of):	hage	T enter termin	33. WA	uch se cardiac dditional lines	o arrest, if	Approximate interva Onset to death RMED?
sted By: RTIFIER	32. PART I. Enter the chrespiratory arrest, or necessary. IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition if any, leading to the cau listed on line a. Enter the UNDERLYING CAUSE (disease or injury that in death) LAST metally part of the cause of th	nain of events-distribution in the control of events and a	CAUSE Consequence of the contributing to de	Due to (c) Due to (c) Due to (c)	or as a consector as	quence of): quence of): quence of): quence of):	hage	T enter termin	33. W/ 34. WB COMPL	uch as cardia; dditional lines S AN AUTOP TYPES RE AUTOPS ETE THE CAI	o arrest, if	Approximate interva Onaet to death RMED?
o Be Completed By: EDICAL CERTIFIER	32. PART I. Enter the chrespiratory arrest, or necessary. IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition if any, leading to the cau listed on line a. Enter the UNDERLYING CAUSE (disease or injury that in death) LAST metally part of the cause of th	hain of eventadis- ventricular tibrillati ial ns, b. (see d	CAUSE Constitution in the contributing to de	FEMALE: lot pregnant at tim lot pregnant, it.	ra, a poised or as a consector or as a consector or as a consector or as a consector within past yes e of death out regnant v but pregnant v	quence of): 43 days to 1 yes	cheeth. DO NO Enter only on the party of death	RT I.	33. W/ 34. WE COMPL NNER OF [itural	uch as cardia; dditional lines S AN AUTOP TYPES RE AUTOPS ETE THE CAI	o arrest, If SY PERFO No No No Stigation	Approximate interva Onset to death RMED? S AVAILABLE TO ATH? Yes D N
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BASIC DATA ENTRY INSTRUCTIONS

Exercise 2 DRAFT 07/08/2002

	I. DECEDENT STEEDE IN	WE (Include AKA's	if any) (First, Mic	idie, Lest)				2. SE	-	3. SOCIAL S	ECURITY NUMBER
	4a. AGE-Last Birthday	46. UNDER 1 Y	TEAR	4c. UND	ER 1 DAY	5. DATE	OF BIRTH (Mo/D	YYY) 6. BIR	THPLAC	CE (City and S	tate or Foreign Country
	(anea)	Months	Days	Hours	Minutes	\dashv		- 1			
	7a. RESIDENCE-STATE		7b. COUNTY				7c. CITY OR	OWN			
			hi de	n. n. n. n. nemisidi	Section 1						
By:	7d. STREET AND NUMBER			0.00			7f. ZIP CODE			ſ	7g. INSIDE CITY LIMITS? Yes No
Completed/Verified I	8. EVER IN US ARMED FORCES? © Yes © No	9. MARITAL STA	arried, but separa	ted DW	idowed	10. SURVIVING S	SPOUSE'S NAME	(If wife, give	name p	orior to first ma	trriage)
d/ve	11. FATHER'S NAME (First,		iver mained 'O'	JIMIOMI		12. MOTHER'S	VAME PRIOR TO	FIRST MARI	RIAGE (First, Middle,	Last)
e Completed/Verified FUNERAL DIRECTOR	13a. INFORMANT'S NAME		136. REL	ATIONSHII	P TO DECEDEN	T 13c. A	AAILING ADDRE	SS (Street an	d Numbe	or, City, State,	Zip Code)
ONE C	IF DEATH OCCURRED IN	A HOSPITAL:				(Check only one:		N A HOSPITA	Œ:		
n -	O Inpatient □ Emergency F 15. FACILITY NAME (If not	Room/Outpatient D			lospice facility	Nursing home/L	ong term care fa			ome DOthe	or (Specify):
10	15. PACILITY NAME (IF NO.	institution, give stree	et & number)		I. CITTOR	OWN, SIAIE, AN	ID ZIP CODE				17. COUNTY OF DE
	18. METHOD OF DISPOSIT Donation Deniombro Other (Specify):				19. PLACE O	F DISPOSITION (Name of cemeter	y, crematory,	other pla	ace)	
	20. LOCATION-CITY, TOW	VN, AND STATE		21.	NAME AND CO	OMPLETE ADDRE	SS OF FUNERA	L FACILITY			
	22. SIGNATURE OF FUNE	RAL SERVICE LICE	NSEE OR OTHE	R AGENT					23.	LICENSE NO	JMBER (Of Licensee)
	ITEMS 24-28 MUST			SON	24. DATE PRO	NOUNCED DEAD		_	25. 1	TIME PRONO	UNCED DEAD
	WHO PRONOUNCE	,					05-0				
	26. SIGNATURE OF PERS	ON PRONOUNCING	G DEATH (Only w	hen applic	able)	27. LICEN	SE NUMBER	28. DATE	E SIGNE	D (Mo/Day/Yo)
	29. ACTUAL OR PRESUME		1		30. ACTU	JAL OR PRESUME	ED TIME OF DE	ТН	31. WA	S MEDICAL	EXAMINER OR
	(Ma/Day/Yr) (Spell Month	W 4	200	3	- 1			- 1	COF	RONER CON	TACTED? DYes (
	PART I. Enter the <u>charespiratory arrest</u> , or vinecessary. IMMEDIATE CAUSE (Final disease or condition resulting in death)	in of events-disease entricular fibrillation	es, injuries, or co without showing actus	molications the etiolog Due to for	y. DO NOT ABB	rib	camples) DO NOT enter teronly one cause o	minal events n a line. Add	such as addition	cardiac arrest al lines if	Approximate inten Onset to death
	necessary. IMMEDIATE CAUSE (Final disease or condition	in of events-disease entricular fibrillation	es, injuries, or co without showing actus	Due to (or	y. DO NOT ABB	rused the death. I REVIATE. Enter of Control	on NOT enter teronty one cause of	bon	such as addition	cardiac arrest al lines if	
	necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause	in of events—disease entricular fibrillation a. From b. Maria	es injuries, or co without showing actur etast	Due to (or	as a consequen	rused the death. I REVIATE. Enter of Control	camples) DO NOT enter ter only one cause o	bon	such as addition	cardiac arrest al lines if	
ed By: TIFIER	necessary. IMMEDIATE CAUSE (Final disease or condition —— resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resultin death) LAST PART II. Enter other signific.	in of events—disease entroder fibrillation From L. M. C.	es, injuries, or co without showing actus etast unca	Due to (or	as a consequent as a consequent as a consequent	ce of:	brea	133. W	AS AN A	UTOPSY PEI	Onset to death
pleted By: SERTIFIER	necessary. IMMEDIATE CAUSE (Final disease or condition —— resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resultin death) LAST PART II. Enter other signific.	in of events—disease seniroular fibrillation of the control of the	es, injuries, or co without showing actust etast wccr busing to death to	Due to (or Due to (or Due to (or	as a consequent as a consequen	ce of:	DO NOT enter te only one cause o	133. W	AS AN A	UTOPSY PEI	Onset to death RFORMED?
Sompleted By: AL CERTIFIER	necessary. IMMEDIATE CAUSE (Final disease or condition —— resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter other UNDERLYING CAUSE (disease or injury that initiated the events resultin death) LAST PART II. Enter other signification of the condition of the c	in of events—disease seniroular fibrillation of the control of the	es, injuries, or co without showing actus etast wccs busing to death to So. IF FEM. (Not pu	Due to (or Due to (or Due to (or	as a consequen	ce of:	DO NOT enter te only one cause o	33. W. 34. W. THE C	AS AN A	UTOPSY PEI D Yes No TOPSY FIND F DEATH?	Onset to death RFORMED?
Be Completed By: DICAL CERTIFIER	necessary. IMMEDIATE CAUSE (Final disease or condition —— resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter other UNDERLYING CAUSE (disease or injury that initiated the events resultin death) LAST PART II. Enter other signification of the condition of the c	in of events—disease seniroular fibrillation of the control of the	actuffes, or co without showing actuff etast wca buting to death to 36. IF FEM (Not property or property)	Due to for	as a consequent as a consequen	REVATE. Enter of the death. It REVATE. Enter of the configuration of the	DO NOT enter to ordy one cause o	33. W. 34. W. THE C. WANNER OF Natural	AS AN A CERE AU AUSE O DEATH Homicic Pending	UTOPSY PEI DYSS KNO TOPSY FIRD F DEATH?	Onset to death Onset to death RFORMED?
る点	necessary. IMMEDIATE CAUSE (Final disease or condition —— resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter other UNDERLYING CAUSE (disease or injury that initiated the events resultin death) LAST PART II. Enter other signification of the condition of the c	in of events—disease seniroular fibrillation of the control of the	actuffes, or co without showing actuff etast wca buting to death to 36. IF FEM (Not property or property)	Due to for	as a consequent as a consequen	reprint the death. If REVATE. Enter of the configuration of the configur	DO NOT enter to ordy one cause o	33. W. 34. W. THE C. WANNER OF Natural	AS AN A CERE AU AUSE O DEATH Homicic Pending	UTOPSY PEI D Yes A No TOPSY FIRD F DEATH?	Onset to death Onset to death RFORMED?
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To Be Completed By: MEDICAL CERTIFIER	Induced The Cause (Final disease or condition	b Property of the control of the con	Buting to death by Proping O Not ping O Union	Due to for	as a consequent at pregnant within the pregnant within	rhying cause given 142 days of death 1year beforeast 142 days of death 1year beforeast 142 days of death 143 days of death 144 days of death 145 days of death 145 days of death 145 days of death 145 days of death 146 days of death 147 days of death 148 days of death 149 days of death 149 days of death	breas	33. W. 34. W. THE C	AS AN A CERE AUSE O DEATH DEATH Homick Pending	UTOPSY PEI O Yes AND TOPSY FIRD F DEATH?	Onset to death RFORMED? INGS AVAILABLE TO (
To Be Completed By: MEDICAL CERTIFIER	INMEDIATE CAUSE (Final disease or condition	b Property of the control of the con	Buting to death to Not program on the Not program of Not program o	Due to for	as a consequen as a consequen as a consequen as a consequen thin past year of death at pregnant within at pregnant within the p PLACE OF INJU	representation of the death. If REVATE. Enter of the Conference of	breas	33. W. 34. W. THE C	Q AS AN A ERE AU AUSE O DEATH Homick O Pending	UTOPSY PEI O Yes Mo TOPSY FIRO F DEATH?	Onset to death RFORMED? INGS AVAILABLE TO (D Yes D No
To Be Completed By: MEDICAL CERTIFIER	necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause tasted on line a. Enter the UNIDERLYING CAUSE (disease or injury that initiated the events resultin death) LAST PART II. Enter other signification of the condition of the cond	on of events—disease sentroular fibrillation on the control of the	Bulling to death to Not program Not progra	Due to for	as a consequent as a consequen	representation of the death. If REVATE. Enter of the Configure of the Conf	breasing in PART L. 37. In PART L. 37. In PART L.	33. W. 34. W. THE C	AS AN A C C C ERE AU AUSE O DEATH Homicic Pending C Could n O Death HAL IF T O Drive D Pass	DYES NOTOPSY PEI DYES NOTOPSY FIRD F DEATH? Je g krvestigation tot be determi ; wooded area Zip Code: RANSPORTA #Doperator anger	Onset to death RFORMED? INGS AVAILABLE TO (D Yes D No
To Be Completed By: MEDICAL CERTIFIER	necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause tasted on line a. Enter the UNIDERLYING CAUSE (disease or injury that initiated the events resultin death) LAST PART II. Enter other signification of the condition of the cond	in of events—disease sentroular fibrillation sentroular fibrillation in the control of the contr	Butling to death to St. 16 FEM. 36. IF FEM. Not pp. 10 Not pp. 1	Due to for	as a consequent as a consequen	Age of the death. If REVATE. Enter of the Cook of the	breazing home; construction of the constructio	33. W. 34. W. THE C MANNER OF Natural O Accident O Sulcide O uction site; re	AS AN A C C EREAU AUSE O DEATH I Homicic O Could n O Could n O Could n O Pesse O Pesse O Othe	UITOPSY PEI Yes No TOPSY FIRP TOPSY FIRP Is g Investigation tot be determined to the determined to	Onset to death Onset to death RFORMED? INGS AVAILABLE TO C O Yes D No O Yes D NO
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BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

DRAFT 07/08/2002 U.S. STANDARD CERTIFICATE OF DEATH

1	LOCAL FILE NO					U.//!-	TILL NO	00	0014
1	1. DECEDENT'S LEGAL N	AME (Include AKA's if	any) (First, Middl	le, Last)			2. SEX	3. SOCIAL SE	ECURITY NUMBER
	4a. AGE-Last Birthday	46. UNDER 1 YE	AR 4	c. UNDER 1 DAY	5. DATE O	F BIRTH (Mo/Day/Y	6. BIRTHPL	ICE (City and St	ate or Foreign Country)
	74 (Years)	Months C	Days H	lours Minutes					
	7a. RESIDENCE-STATE	- 	b. COUNTY			7c. CITY OR TO	WN		***
	7d. STREET AND NUMBER				7e. APT. NO.	7f. ZIP CODE			g. INSIDE CITY LIMITS?
8	8. EVER IN US	J 9. MARITAL STATU	IS AT TIME OF D	EATH	10. SURVIVING SP	OUSE'S NAME (I	f wife, give name	prior to first man	Tiage)
fied	ARMED FORCES?	O Married O Marri				,	.,•		
Veri	11. FATHER'S NAME (First	Divorced D Neve	er Married Uni	known	1				
ody									
Be Completed/Verified FUNERAL	13a. INFORMANT'S NAME		13b. RELAT	IONSHIP TO DECEDE	NT 13c MA	ILING ADDRESS	(Street and Num	per, City, State, 2	Zip Code)
e Comple				14. PLACE OF DEATH	/Check only one: se	e inela clionel			,
₩ Ξ	IF DEATH OCCURRED IN			IF DEATH OCCU	rred somewhere	OTHER THAN A			
110	☐ Inpatient ☐ Emergency I 15. FACILITY NAME (If not	Room/Outpatient Di institution, give street &	ead on Arrival & number)	16. CITY OR	□ Nursing home/Lor TOWN, STATE, AND	ng term care facility ZIP CODE	Decedent's		(Specify): 17. COUNTY OF DEAT
								· · · · · ·	
۴	18. METHOD OF DISPOSIT ☐ Donation ☐ Entombm ☐ Other (Specify):			19. PLACE	OF DISPOSITION (Na	ime of cemelery, c	rematory, other p	lace)	
	20. LOCATION-CITY, TOW	N, AND STATE		21. NAME AND C	OMPLETE ADDRESS	S OF FUNERAL F	ACILITY		
	22. SIGNATURE OF FUNE	RAL SERVICE LICENS	EE OR OTHER A	AGENT			23.	LICENSE NUM	ABER (Of Licensee)
	ITEMS 24-28 MUST	BE COMPLETE	D BY PERSO	ON 24. DATE PR	ONOUNCED DEAD (F	Mo/Day/Yr)	25.	TIME PRONOU	NCED DEAD
1	WHO PRONOUNCE	S OR CERTIFIE	S DEATH						
1	26. SIGNATURE OF PERS	ON PRONOUNCING D	EATH (Only when	n applicable)	27. LICENSE	NUMBER	28. DATE SIGN	ED (Mo/Day/Yr)	
1	29. ACTUAL OR PRESUME	D DATE OF DEATH		[20, 407	UAL OR PRESUMED	THE OF DEATH	la. w	AS MEDICAL EX	
1	(Mo/Day/Yr) (Spell Month))		30. 201	UAL OR PRESUMED	TIME OF DEATH	1		CTED? DYes D
i	Jan 01,	2003		ATH (See instru				NONER CONTA	Approximate interva
1	disease or condition resulting in death)	1		e Shock	ce off. · · · · · · · · · · · · · · · · · ·				
	resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE	1	ture	e to for as a conseque	and le		220		
	resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resultin	, Frac	ture Du	e to for as a consequer	and lead lead lead lead lead lead lead lea				
	resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resultin in death) LAST) had	tur e ou	e to (or as a consequer e to (or as a consequer to (or as a consequer	nce of):		= = = = = = = = = = = = = = = = = = = =	· · · · · · · · · · · · · · · · · · ·	
	resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resultin) had	tur e ou	e to (or as a consequer e to (or as a consequer to (or as a consequer	nce of):			WTOPSY PERF	FORMED?
By: IER	resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resultin in death) LAST) had	tur e ou	e to (or as a consequer e to (or as a consequer to (or as a consequer	nce of):		34. WERE AL	Yes No	GS AVAILABLE TO CO
ted By: TTFIER	resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resultin in death) LAST) had	tur e ou	e to (or as a consequer e to (or as a consequer to (or as a consequer	nce of):		34. WERE AL	Yes O No	GS AVAILABLE TO CO
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e Completed By:	resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resultin in death) LAST PART II. Enter other signification of the control of	e	Du Du Ing to death but a	e to for as a consequent to consequent to the co	ince of):	PART I.	34. WERE AL THE CAUSE O	Yes ONO TOPSY FINDIN OF DEATH? O	GS AVAILABLE TO CO
o Be Completed By:	resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resultin in death) LAST PART II. Enter other signification. 36. DID TOBACCO USE Of DEATH?	e	Out Du Sing to death but in So. IF FEMALE D Not pregn Pregnant D Not pregn	e to for as a consequent of the consequent of th	nee of): LEC Coe of): In thing cause given in 142 days of death age to 1 year before de	PART I. 37. MAN	34. WERE ALTHE CAUSE OF DEATH	Yes ONO TOPSY FINDIN OF DEATH? O	GS AVAILABLE TO CO Yes D No
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To Be Completed By: MEDICAL CERTIFIER	resulting in death) If any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resultin In death) LAST PART II. Enter other significa 35. DID TOBACCO USE CO DEATH? Yes Probably No Unknown 38. DATE OF INJURY (Mo/Day/Yr) (Spell Mont) 42. LOCATION OF INJURY?	ant conditions contribution	Du D	e to for as a consequent of consequent of the co	nos of): Ithing cause given in 142 days of death age to 1 year before d ast year IRY (e.g., Decedent's	PART I. 37. MAN Nat Acc Suit	34. WERE AL THE CAUSE O NER OF DEATH ural Homici ident D Pendin cide C Could i on sile; restaurant	O Yes O No TOPSY FINDIN F DEATH? O de g Investigation tot be determine wooded area) Zip Code: RRNSPORTATI	d 41. INJURY AT WO
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To Be Completed By: MEDICAL CERTIFIER	resulting in death) If any, leading to the cause Issue conditions, if any, leading to the cause Issue con live a. Enter the United States of the cause Issue con live a. Enter the United States of the cause Issue con live a. Enter the United States of the cause Issue con live and indicated the events resultin Ideath) LAST PART E. Enter other signification 36. DID TOBACCO USE CO DEATH? Yes Probably No Unknown 42. LOCATION OF INJURY (Mol/Day/YY) (Spell Mont 43. DESCRIBE HOW INJURY Street & Number: 43. DESCRIBE HOW INJURY United States of the confidence of	b Jacobs of any knowled g physician-To the best of my knowled a physician-To the best of my knowled g physician-To the best of my knowled g physician-To the best of my knowled g physician-To the best of any knowledge	Du Du Du Selection of the selection o	e to (or as a consequent of the consequent of th	nce of): Ince of): In 42 days of death rays to 1 year before death rays to 1 year be	PART I. 37. MAN O Nat Acc U Suli home: construction ment No.:	34. WERE AL THE CAUSE O NER OF DEATH urel	O'Yes O No TTOPSY FINDIN F DEATH? O Je Je Je Je Je Je Je Je Je J	d 41. INJURY AT WO ON INJURY, SPECIFY

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

DRAFT 07/08/2002

i	1. DÉCEDENTS LÉGAL NA	ME (Include AKA	's if eny) (First, Mi	ddle, Last)				2.	SEX	3. SOCIAL SE	CURITY NUMBER
	4a. AGE-Last Birthday	J4b. UNDER 1	YEAR	4c. UNDE	R 1 DAY	-/ <i>3</i> . D.	ATE OF BIRTH (Mo/Day/Yri 6.	BIRTHPL	ACE (City and Sta	ite or Foreign Country)
	(Years)	Months	Days	Hours	Minutes			·			- "
	28			1.003			12 0/20				
	7a. RESIDENCE-STATE		7b. COUNTY				I/c. CITY	ÓR TOWN			
l	7d. STREET AND NUMBER					7e. APT.	NO. 71 ZIP CO	ODE]70	INSIDE CITY
						1	1				LIMITS?
ج کے	8. EVER IN US ARMED FORCES?	9. MARITAL ST.	ATUS AT TIME O	F DEATH		IO. SURVIVI	NG SPOUSE'S I	NAME (If wife,	give name	prior to first marri	age)
Completed/Verified JNERAL DIRECTOR	□ Yes □ No	☐ Married ☐ N			dowed						
	1). FATHER'S NAME (First,		Never Married	Unknown	<u>-</u>	12. MOTHE	R'S NAME PRIO	R TO FIRST M	ARRIAGE	(First, Middle, La	st)
ada	13a. INFORMANT'S NAME		13b. REL	ATIONSHIP	TO DECEDEN	r 11	Sc. MAILING AD	DRESS (Stree	and Num	ber, City, State, Z	ip Code)
te Complet FUNERAL				14. PLA	CE OF DEATH	Check only	one: see instructi	ions)			
Be C	IF DEATH OCCURRED IN			IF D	EATH OCCUR	RED SOME	WHERE OTHER	THAN A HOS			· · · · · · · · · · · · · · · · · · ·
10 E	☐ Inpatient ☐ Emergency F 15. FACILITY NAME (If not						me/Long term ca		ecedent's	home Other	(Specify): 7. COUNTY OF DEATI
~	,			1						J	
	18. METHOD OF DISPOSIT				19. PLACE OF	DISPOSITI	ON (Name of cer	netery, cremat	ory, other p	place)	
	☐ Donation ☐ Entombm ☐ Other (Specify):	ent Removal fro	om State								
	20. LOCATION-CITY, TOW	N, AND STATE		121.	NAME AND CO	MPLETÉ AC	DRESS OF FUN	ERAL FACILI	Υ		
											10F0 /0/1
	22. SIGNATURE OF FUNE	AL SERVICE LIC	ENSEE OR OTHE	R AGENT					23	s. LICENSE NUN	IBER (Of Licensee)
					24 DATE BES	NOUNCES :	EAD (14-20		25	TIME PRONOU	VCET) DEAC
	ITEMS 24-28 MUST I				ca. DATE PRO	NOUNCED L	EAD (Mo/Day/Y	''	Z5.	IME FRONOU	TOLD DEAD
	WHO PRONOUNCE			i	£1-1	107	CENCE MACE	1 1 1 1	J ATE CIC:	IED /Ma/DW-1	
	26. SIGNATURE OF PERSO	IN PRONOUNCIN	iG DEATH (Only v	vnen applica	ibië)	27. Li	CENSE NUMBE	r /8. L	mie SIGN	NED (Mo/Day/Yr)	
	29. ACTUAL OR PRESUME	D DATE OF DEAT	ГН		30. ACTU	AL OR PRES	SUMED TIME OF	DEATH	31. V	VAS MEDICAL EX	AMINER OR
	(Mo/Day/Yr) (Spell Month)								0	ORONER CONTA	CTED? OYes ON
	<u>Jan, OI,</u>	2003	CAUSE OF D								Approximate interval:
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE	> a^ . b	Junsho	Due to (or a	as a consequence	ce of):	aac				
ĺ	(disease or injury that initiated the events resulting	<u>-</u>		Due to (or a	as a consequen	ce of):					t
	in death) LAST								****		-1
	PART II. Enter other signific	ant conditions con	Iributing to death	but not result	ting in the under	tying cause	given in PART I.	33	. WAS AN	AUTOPSY PERI	-OKMED?
3. ER:								1	WEDE A	UTOPSY FINDIN	GS AVAILABLE TO CO
P I	-		`					34. TH	E CAUSE	OF DEATH?	Yes D No
Completed By:	35. DID TOBACCO USE C	ONTRIBUTE TO	36. IF FEM	ALE:				37. MANNER	OF DEAT	н	
	DEATH?			regnant withi	in past year		*		~		
Be Cor	D Yes D Probably	,	_	ant at time o		45.4		☐ Natural	□ Homi		
8 2	□ No □ Unknow	٠.			pregnant within pregnant 43 day			.,		ing investigation	ed.
일	1		=	-	ant within the pa			∫A(Suicide	- Couk	d not be determine	~
	38. DATE OF INJURY		39. TIME OF INJ	URY 40. P	LACE OF INJU	RY (e.g., Dec	edent's home; c	onstruction site	; restaura	nt; wooded area)	1. INJURY AT WO
	(Mo/Day/Yr) (Spell Mont	1)		-		-					□ Yes □ No
	<u> </u>	l			24T						J.,
	42. LOCATION OF INJURY:	State:		C	City or Town:		Apartment No.			Zip Code:	
	Street & Number: 43. DESCRIBE HOW INJUI	RY OCCURRED					cyanunem No.			TRANSPORTAT	ION INJURY, SPECIFY
	Sell-intly	ited,	by 25	5 Cal	wer				. □ Pa	iver/Operator issenger idestrian her (Specify)	, jon .
			your)						1-00		· · · · · · · · · · · · · · · · · · ·
	45. CERTIFIER (Chack only	one):	0				09/2/07	1546 20 55 1	9 70 12 + 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	45. CERTIFIER (Check only	•	nudedoe desth on	curred due !	o the cause/s) a				2 Y		
	Certifying physician-To	the best of my kno	e best of my know	ledge, death	occurred at the	time, date_a	ind place, and di	ie to the cause	(s) and m	anner stated.	\d
	Certifying physician-To Pronouncing & Certifying Medical Examiner/Corg	the best of my kno	e best of my know	ledge, death	occurred at the	time, date_a	ind place, and di	ue to the cause ne, date, and p	(s) and ma	anner stated. due to the cause(s) and manner stated.
	Certifying physician-To Pronouncing & Certifyin Medical Examiner/Corg	the best of my kno ng physician-To th ger-Oorthe basis	e best of my know of examination, an	ledge, death dior investig	occurred at the ation, in my opi	time, date, s pion death o	ind place, and di	ue to the cause ne, date, and p	(s) and ma lace, and d	anner stated. due to the cause(s) and manner stated.
	Certifying physician-To Pronouncing & Certifying Medical Examiner/Corg	the best of my kno ng physician-To th ger-Oorthe basis	e best of my know of examination, an	ledge, death dior investig	occurred at the ation, in my opi	time, date, pion death o	ind place, and di	ue to the cause ne, date, and p	(s) and ma	anner stated. due to the cause(s) and manner stated.
<i>3</i> 8€/	Certifying physician-To Pronouncing & Certifyin Medical Examiner/Corg	the best of my kno ng physician-To th ger-Oorthe basis	e best of my know of examination, an	ledge, death dior investig	occurred at the ation, in my opinion. OF DEATH (III)	time, date, spoor death of the master of the	ind place, and di	ne, dale, and p	ace, and o	due to the cause(s) and manner stated.

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

DRAFT 07/08/2002 U.S. STANDARD CERTIFICATE OF DEATH

	DECEDENT'S LEGAL N			1 2	1, 200	AL SECURITY NUMBER				
	41. AGE Last Bettiday	40 UNDER	1 YEAR	4c UND	ER I DAY	S DATE	OF BIRTH (MelDayre)	E BERTH	TACE (CA) W	nd Susse or Fareign Coursey)
	34	Moren	Clays	HOUS	Moures			1		,,
	TA RESIDENCE-STATE		75 COUNT			,	TE CITY OR TOW	<u></u>	-	
									* **	
By:	76 STREET AND NUMBER					7. APT NO	ZIP COOE	•		O Yes D No
B &	B EVER IN US	9 MARITAL S	TATUS AT TIME	OF DEATH		1" SURVIVING S	POUSE'S NAME IN	e gre na	me prior io firs	marriage;
를	D'yes C No		Married, but sep- hever Married		-dower					
ed/Verified DIRECTOR	TATHER S NAME (FOR		1000 100 100			13 MOTHER'S N	ME PRIOR TO FIR	ST MAPRIA	GE (Fre. Mac	Se, Law)
	13a INFORMANT S NAME		126 Pi	ELATIONSHI	PTODECEDE	13c M	MAIL ING ADDRESS (Street and N	offer Cay Si	ale, Zip Code)
I Comple	# DEATH OCCURRED IN	A HOURSTAN		14 PL	ACF OF DEATH	(Check only one	ee instructions.	A CRITAL		
I 80	Disposers D Emergency		D Dead on Arm				RE OTHER THAN A I ong term care lacility		renome Do	Other (Specify)
۵	15 FACILITY NAME (II no				16 CITY OR T	TOWN, STATE, AN	D ZIP COUE			17 COUNTY OF BEAT
	C Donason O Enternior C Other (Specify)	16. METHOD OF DISPOSITION D Bunas D Cremation D Donason O Enternational D Revious I from State D Other (Specify)					Name of cemelery, or		or pusce;	•
•	20 LOCATION-CITY TO			21	NAME AND CO	CHAPLETE AGORE	SS OF FUNERAL FA	CLITY		
ı	22 SKINATURE OF FUNE	AAL SERVICE LI	CENSEE OR OTO	HER AGENT					23 LICENSE	NUMBER (Of Licensee)
	ITEMS 24-28 MUST WHO PRONOUNCE				24. DATE PRO	DHOUNCED DEAD	(Ma/Dey/Yr)		25 TIME PRO	MOUNCED DEAD
	26 SIGNATURE OF PERS	ON PRONOUNCE	ING DEATH (DN)	ly when applic	catdo)	27 LICEN	SE NUMBER	N DATES	GNED (Mo/Da	yrr)
¥	29. ACTUAL OR PRESUM (Mo/Day/YL) (Spet Mont		ATH		X ACT	UAL OR PRESUME	D TIME OF DEATH	31	WAS MEDIC	AL EXAMINER OR
N	Janu	41	200 CAUSE OF	DEATH (See Instruc	ctions and ex	amples)			Approximate interve
21	22. PART L Enter the chrespetatory areal, or incessary: MAEDIATE CAUSE (Find disease or condition—resulting in death or condition if any, leading to the causillaste; on the a. Enter the UNDERLYING CAUSE (disease or the	on of eventy—due	CAUSE OF	DEATH (complication ing the excelor Due to (or	y DO NOT ABO	ensed the death. E BREVVATE Erse of BREVVATE Erse of BREVATE	amples) 30 NOT enter termens only one cause on a t			Approximate intervi
21	32. PART L Enter the characteristic of the respectatory areas, or in necessary. BME/DATE CAUSE (Find desease or condetion messaling on feesth) Sequentially list condition if any, leading to the Caustiality on the Caustiality on the Caustiality of the Caustia	an of events—discover outs familiar	CAUSE OF	Due to (or	as a consequent	mused the death. E BREVIATE Enter of CC K / Ince of)	Mill CI es	s	hes cardes as thought free of	Approximate externi
By: IER	32. PART L Enter the characteristic of the respiratory artest, or incession. BMAEDATE CAUSE (Find desease or condeson resulting in death). Sequentably list condition if any, leading to the cause label on their a. Enter the UNIDERLYING CAUSE (desease or stays) that included the revents result included. LAST	an of events—discover outs familiar	CAUSE OF	Due to (or	as a consequent	mused the death. E BREVIATE Enter of CC K / Ince of)	Mill CI es	S	h es cardiac ai	Approximate intervention of the control of the cont
By: IER	32. PART L Enter the characteristics of necessary. BAME/DATE CAUSE (Find desease or condenon resulting in death) Sequentially list condenon fairy, leading to the cause of any, leading to the cause of any, leading to the cause of any, leading to the cause or value? that in the events result in death) LAST PART E Enter other soorties 35. DIG TOBACCO USE (on of compa-date formation of the company of the co	CAUSE OF EAST HUMES OF HEAD	DEATH (complication in the stock) Our to (or Due to (or to to))	as a consequent as a consequen	mused the death. E BREVIATE Enter of CC K / Ince of)	DO NOT enter terminal porty one cause on a to	S	AN AUTOPSY D Yes D CATTOPSY FISE OF DEATH	Approximate interest Creat to death
nploted By: CERTIFIER	32. PART L Enter the change along arrest, or in requisitory arrest, or in recessary. BAME DUATE CAUSE (Find disease or condetion — resulting in death.) Sequentially list condition if any, leading to the cause of any, leading to the cause of any, leading to the cause of any, leading to the condition is the condition of any, leading to the condition of any leading to the condi	on of events—date for the contract of the cont	CAUSE OF FEED AND ADDRESS OF THE CAUSE OF TH	DEATH (complication ing the elaction ing the elaction) Due to (or Due to (or to (or to (or to complication)))	as a consequer	mused the death. E BREVIATE Enter of CC K / Ince of)	DO NOT enter terminations on a to state on a	33 WAS	h es cardec as secondi bres é AN AUTOPSY D Yes D E AUTOPSY 6 1 SE OF DEATH	PEAFORMEDT NO D Yes D No. 3 AVALABLE TO DO
Be Completed By: DICAL CERTIFIER	32. PART L Enter the change along arrest, or in requisitory arrest, or in recessary. BAME DUATE CAUSE (Find disease or condetion — resulting in death.) Sequentially list condition if any, leading to the cause of any, leading to the cause of any, leading to the cause of any, leading to the condition is the condition of any, leading to the condition of any leading to the condi	on of events—date for the contract of the cont	CAUSE OF STATE AND ADDRESS OF STATE A	DEATH (completation in gifte storing in the storin	as a consequer	award the death. E REVATE Enter of PC (L) rise of) nice of) on 42 days of death.	EN PART I	JJ WAS JA WER THE CAU	h es cardec as secondi bres é AN AUTOPSY D Yes D E AUTOPSY 6 1 SE OF DEATH	PEAFORMED?
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E. Generating a SuperMICAR Sequence Check

The Sequence Check Function creates a file (named filename.SSQ) containing a report showing content of a batch by certificate numbers in one of three different formats.

- A "standard report" will display all of the missing certificate numbers in ascending order between the first and last certificate number in the batch.
- A "series report" (the default choice) will display all of the missing certificate numbers in ascending order, grouped into series based on the first digit (e.g., all certificates beginning with "1" would be grouped together). This should be used for states that assign certificates with unique leading digits.
- An "actual report" is a report showing all certificates <u>actually</u> <u>present</u> in the database. Rather than being a missing certificates report (like the standard report), the actual report shows the certificates that are actually present in the database. This should be used for files that do not contain sequential certificates.

Together, these reports can reveal if there are missing and/or extra, certificates in the database file. The Sequence Check can be used only when a file is currently open. To use the sequence check:

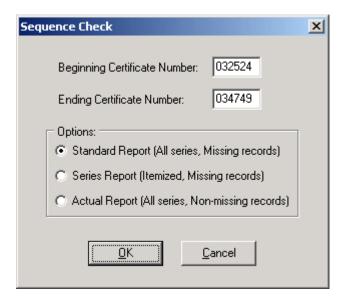
- 1. From the main screen, press {Alt+T} to select the Tools Menu Option.
- 2. Use the up and down arrow keys to highlight the Sequence Check Function Press {ENTER}.

BASIC DATA ENTRY INSTRUCTIONS

 A window will be displayed requesting a beginning certificate number and an ending certificate number. SuperMICAR automatically fills in the first and last certificate numbers for the current file.

If a standard report is selected, the beginning and ending certificate numbers can be changed as follows:

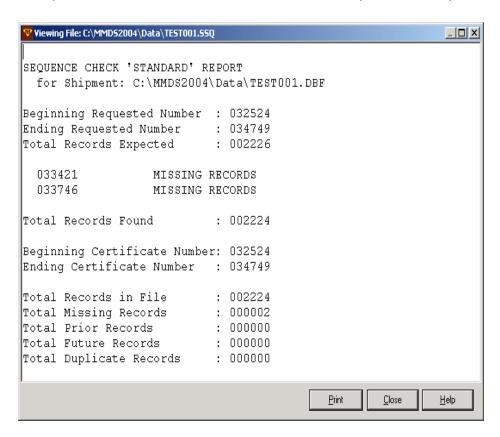
- a. Use the {TAB} key to place the cursor in the desired field.
- b. Type in the beginning certificate number (the starting certificate number for the sequence check), the ending certificate number (the ending certificate number for the sequence check), or both. Click "OK."



Choose the type of report to be generated (standard, series, or actual) in the options box. Series report is the default.

BASIC DATA ENTRY INSTRUCTIONS

4. The output of the sequence check (filename.SSQ) will then be displayed. Use the up and down arrow keys to scroll through the output (or {Page Up} and {Page Down}). Press the {ESC} key to close the output window. Click the Print button to print the report.



The following counts are only included with the standard report:

"Total Prior Records" = the number of records in the file BEFORE the Beginning Certificate Number.

"Total Future Records" = the number of records in the file AFTER the Ending Certificate Number.

F. SuperMICAR Backups

A backup should be made of the files that have been used and generated by SuperMICAR. All of the data and the associated files will be backed up. It is also recommended to run a backup at the end of each day. To create SuperMICAR backups:

- 1. From the main screen, press {Alt+B} to select the Backup menu option.
- 2. Use the up and down arrow keys to highlight the Backup All Files Function and press {ENTER}.
- A Backup Dialog box will appear with a display box containing the Backup Directory, any drives on your computer, and an option to choose another location. Click to select one of those destinations.



4. Once your destination is selected, you may Click on the Start button to begin the backup, the Close button to abort the Backup or the Help button to use the online help system.

Note: This Backup Dialog box contains a checkbox to "Remove files when done." Checking this box will cause the current data file and associated files to be backed up (into your <Backup> directory) and then REMOVED from your <Data> directory (see

BASIC DATA ENTRY INSTRUCTIONS

Setting SuperMICAR Options). Once the files are removed from your <Data> directory, you cannot open them using SuperMICAR without first restoring them.

- 5. Clicking on the Start button will begin the backup process (filename.SBK). If a previous backup exists, you will be prompted to either abort the backup or replace the previous backup. If you choose to replace the previous backup, that prior backup file will be renamed before the current backup is performed (filename.SB\$); Thus one accidental "replace" during backup can still be recovered While the backup is underway, the title of the dialog box will change to "Working." When the backup is complete a "Backup Successful" message will appear.
- 6. The main screen and Menu Bar will be re-displayed.

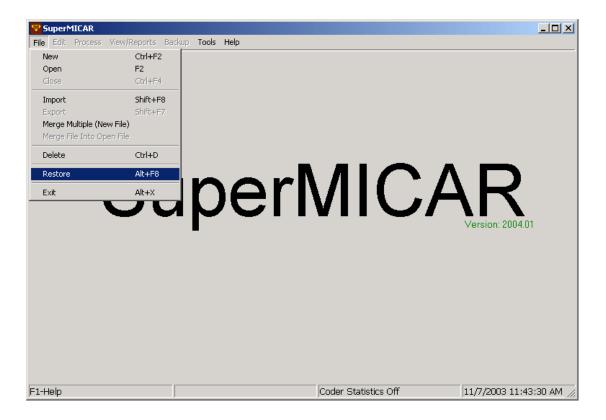
Restoring from SuperMICAR Backups

At some point it may be necessary to restore a data file from a backup (see Creating SuperMICAR Backups). For the Restore from Backup function to be active, you cannot have a file currently open (see Closing a SuperMICAR File). To use SuperMICAR's Restore function to retrieve data from a backup file:

"Restore From Backup" restores files from the backup (or other chosen) directory to the current data directory. Therefore, it is advisable to verify the current data path before you move through the steps for restoring a file. See Setting SuperMICAR Options to verify (or change) current path settings.

1. From the main screen, press {Alt+F} to select the File Menu Option.

2. Use the up and down arrow keys to highlight the Restore function and press {ENTER}.



3. A dialog box for Restoring From Backup will be displayed. This is similar to the dialog for Open File and works the same way.



2s

BASIC DATA ENTRY INSTRUCTIONS

4. Choose the backup file (a file with a .SBK extension) to restore from. You can change the selection in the "Files Of Type" field to choose from among types of valid backup files (e.g., .SBK, .SUP, .SB\$, SU\$). The available files will be listed in the List of Files. Once the desired file is highlighted, press {ENTER}. The available files will be listed in the List of Files. Once the desired file is highlighted, press {ENTER}.

<u>Note</u>: If the file you are restoring already exists, a cautionary message will be displayed. If you proceed further, the files currently on your hard drive will be replaced with those from the backup. Restoring over previous files should be rare, usually only occurring when a file has become corrupted. Exercise caution as data loss can result from errors in this step.

- 5. A Restore dialog box will appear and its title will change to "Working" while the restore is underway.
- 6. After the restore is complete, the main screen and Menu Bar will be re-displayed.

G. Closing a SuperMICAR File

A certificate file will normally be closed when the user is ready to start on a new batch of certificates (which involves creating a new certificate file, as described in Creating a New SuperMICAR File. At other times SuperMICAR will require that the certificate file be closed to perform some of the menu functions. In any case, closing a SuperMICAR file is very easy:

- 1. From the main screen, press {Alt+F} to select the **File** Menu Option.
- 2. Use the arrow keys to highlight the **Close** File Function and press {ENTER} (or press {Ctrl-F4}).
- The currently open file will be closed. The filename will disappear from the top of the screen. SuperMICAR is now ready to open another file for processing.

H. Exiting SuperMICAR

There are numerous ways to exit SuperMICAR. For shortcut keys such as {Alt+X} and {ESC}, see the Master Hotkey List (Appendix A).

To exit SuperMICAR through the File Menu:

- 1. From the menu screen, press {Alt+F} to select the **File** menu Option.
- 2. Use the up and down arrow keys to highlight the **Exit** SuperMICAR Function and press {ENTER}.
- 3. A message window will be displayed.
 - a. To exit SuperMICAR, press {Y}. The SuperMICAR program will close.
 - b. To cancel the exit, press {N}. The main SuperMICAR screen will be re-displayed.

Appendix B provides basic instructions for using SuperMICAR.

A. Formatting Guidelines for Interpretation of Formats

Certifiers will sometimes "modify" the format of the Medical Certification Section to meet their own needs or because the format is too restrictive in certain situations. The following paragraphs and examples list the most common deviations in format and give the proper interpretation of each.

1. Use of more lines than are provided on death certificates.

Four lines, (a), (b), (c), and (d), have been provided in Part I of the death certificate for reporting conditions involved in the sequence of events leading directly to death and to indicate the causal relationship of the reported conditions. In cases where the decedent had more than four causally related conditions leading to death, certifiers should report all of these conditions. They usually add lines (e), (f), etc., to indicate the relationship of the conditions.

In Part II, the certificate provides for only one line. Enter the entries in Part II in the order the entries are reported. Begin with the entry reported uppermost in Part II and work downward from left to right if there is more than one entry on the same line.

2. Condition(s) entered above line I(a)

When a condition(s) is reported on the certificate above line I(a), enter this condition(s) on I(a). Enter the condition(s) reported on I(a) on line I(b) and enter the condition(s) reported on each of the remaining lines in Part I as though they had been reported on succeeding lines.

Example:

Myocardial infarction

- I (a) Pulmonary embolism
 - (b) Congestive heart failure
 - (c) Congenital heart disease
 - (d)

Enter as:

- I (a) Myocardial infarction
 - (b) Pulmonary embolism
 - (c) Congestive heart failure
 - (d) Congenital heart disease

Treat the condition(s) reported above I(a) as on I(a). Move the condition(s) reported on I(a) to line I(b) and move the condition(s) reported on (b) and (c) downward.

3. Condition(s) reported between lines in Part I.

When a condition(s) is reported between the lines in Part I without a connecting word, enter this condition(s) on the next lower line. Enter the condition(s) reported on each of the remaining lines in Part I as though they had been reported on succeeding lines.

Example:

- I (a) Pneumonia Bronchitis
 - (b) Emphysema
 - (c) Lung cancer
 - (d)

Enter as:

- I (a) Pneumonia
 - (b) Bronchitis
 - (c) Emphysema
 - (d) Lung cancer

Move the condition reported between lines I(a) and I(b) to the next "due to" position, and move the condition(s) reported on lines I(b) and I(c) downward.

4. Condition(s) entered between lines causing use of extra lines.

When a condition(s) is placed between the lines results in the use of more than four lines, enter the words "due to" on the preceding line followed by the extra term. This will format the record as it has been certified.

Example:

- I (a) Respiratory failure
 - (b) Cardiac arrest
 - (c) Coronary occlusion ASHD
 - (d) Hypertension

Enter as:

- I (a) Respiratory failure
 - (b) Cardiac Arrest
 - (c) Coronary occlusion due to ASHD
 - (d) Hypertension

Thus the condition(s) between lines (c) and (d) is actually entered on line "(c)".

5. Use of "arrow" or other symbol to indicate format

When the certifier indicates by an "arrow" or some other symbol that a condition(s) should be moved to another position on the certificate, enter the condition(s) in the position indicated by the symbol. If there is more than one condition on the line, move all of the conditions on the line.

Example 1:

- I(a) Gangrene \overline{c} sepsis
- (b) ASCVD
- (c) > Senile dementia; peptic ulcer
- (d) ulc∈

- I(a) Gangrene with Sepsis
- (b) ASCVD
- (c) >
- (d)
- II V Senile dementia; peptic ulcer

Example 2:

1(a) Cardiac Arrest → Congestive heart failure

Enter as:

1(a) Cardiac Arrest results in Congestive heart failure

Example 3:

1(a) Pneumonia ← Respiratory Failure

Enter As:

- 1(a) Pneumonia resulted in Respiratory Failure
- (b)

Note: See Special Symbols - Appendix D

6. Deletion of "due to" on the death certificate

The certifier will sometimes indicate that conditions in Part I are not causally related by marking through items I(a), I(b), I(c), and/or I(d), or through all or part of the printed "due to, or as a consequence of" which appears below items I(a), I(b), and I(c) on the death certificate. In such cases use "ALT D." This command must be entered before entering the data on each line that has been marked through. This only applies to the line marked through. Then continue all other entries on the lines as reported.

Example: I(a) Heart disease

(b) Malignant hypertension

(c) Chronic nephritis

(d) Renal failure

II Kidney cancer

Enter as: I (a) Heart disease

Malignant hypertension

Chronic nephritis

Renal failure

II Kidney cancer

Example: I(a) Heart block

(b) Degenerative myocarditis

(c) Cerebral hemorrhage

(d)

II Bronchopneumonia

Enter as: I(a) Heart block

(b) Degenerative myocarditis Cerebral hemorrhage

(d)

II Bronchopneumonia

Example: I(a) Cardiac arrest

(b) Cirrhosis of liver

(c) Alcoholism

(d)

Enter as: I(a) Cardiac arrest

Cirrhosis of liver

(c) Alcoholism

(d)

7. Deletion of "Part II" on the death certificate

Use the "Alt D" command to remove the II symbol and enter conditions on Part II line as reported.

Example:

- I(a) M.I.
- (b) Uremia
- (c) Arteriosclerosis
- (d) Diabetes Mellitus
- H Nephritis

- I(a) M.I.
- (b) Uremia
- (c) Arteriosclerosis
- (d) Diabetes Mellitus Nephritis

8. Numbering of causes

When the certifier has numbered all or part of the causes or lines in the medical certification (Part I and Part II), e.g., 1, 2, 3, etc., enter exactly what the certifier has certified.

Example:

- I(a) 1. Bronchopneumonia
- (b) 2. Cancer of stomach
- (c) Chronic nephritis
- (d)

Enter as:

- I(a) 1. Bronchopneumonia
- (b) 2. Cancer of stomach
- (c) Chronic nephritis
- (d)

Example:

- I(a) Congestive heart failure
- (b) Pneumonia
- (c) Influenza
- (d) 1. Pulmonary emphysema
- II 2. Lung cancer

- I(a) Congestive heart failure
- (b) Pneumonia
- (c) Influenza
- (d) 1. Pulmonary emphysema
- II 2. Lung Cancer

When the causes in Part I are numbered and an entry is stated or implied as "due to" another, enter as stated.

Example:

- I (a) 1. Bronchopneumonia due to
 - (b) Influenza
 - (c) 2. Pulmonary fibrosis
 - (d) 3. Bronchitis

Enter as:

- I(a) 1.Bronchopneumonia due to
- (b) Influenza
- (c) 2. Pulmonary fibrosis
- (d) 3. Bronchitis

Example:

- I(a) 1. Pneumonia
- (b) M.I.
- (c) 2. ASHD
- (d) 3. Arteriosclerosis

- I(a) 1. Pneumonia
- (b) M.I.
- (c) 2. ASHD
- (d) 3. Arteriosclerosis

B. Exercise 3: Entering Information from Death Certificates with Special Format Issues

In this exercise, create a new file and enter the following records. After records have been entered, do a sequence check to determine that all 6 have been entered.

File Name: TEST003

Header Information:

Shipment Number: 003 Lot Number: 0003 Section Number: 1

Data Year: 2006

State Code: AL (or post office abbreviation for any state)

Coder Status: 1

Enter today's date as the date of death on all examples.

EXERCISE 3

	1. DECEDENT'S LEGAL NAME	(Include AKA's if a	ny) (First, Middle, Last)			2. SEX	NO. J. SOCIAL S	ECURITY NUMBER
							Γ		
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	55		Hours COUNTY	Minutes		7c. CITY OR T	OWN		
	7a. RESIDENCE-STATE	l'e	. COUNTY	W 5 6		Z. CITTORT	OWN		
	7d. STREET AND NUMBER				76. APT. NO.	7f. ZIP CODE			7g. INSIDE CITY LIMITS?
Completed/Verified By:		MARITAL STATUS	S AT TIME OF DEATH		10 SURVIVING SI	POUSE'S NAME	(If wife, give	name prior to first ma	☐ Yes ☐ No irriage)
			ed, but separated 01 Married 0 Unknown						
	11. FATHER'S NAME (First, Mi				12. MOTHER'S N	AME PRIOR TO	FIRST MARI	RIAGE (First, Middle, I	Last)
	13a. INFORMANT'S NAME		13b. RELATIONS	HIP TO DECEDEN	IT 13c. M	AILING ADDRE	SS (Street an	d Number, City, State,	Zip Code)
e Comple FUNERAL			14. P	LACE OF DEATH	(Check only one: s	see instructions)			
B I	IF DEATH OCCURRED IN A F ☐ Inpatient ☐ Emergency Roo				RED SOMEWHER Nursing home/Lo			L: edent's home Othe	er (Specify):
٩	15. FACILITY NAME (If not inst	titution, give street 8		16. CITY OR 1	OWN, STATE, AN	D ZIP CODE			17. COUNTY OF DE
	18. METHOD OF DISPOSITION	N: O Burial O Co	emation	19. PLACE C	F DISPOSITION (F	Name of cemeter	y, crematory,	other place)	
	☐ Donation ☐ Entombment ☐ Other (Specify):	☐ Removal from S	late						
1	20. LOCATION-CITY, TOWN,	AND STATE	2	1. NAME AND C	OMPLETE ADDRE	SS OF FUNERA	L FACILITY		
	22. SIGNATURE OF FUNERAL	L SERVICE LICENS	EE OR OTHER AGEN	ır			-	23. LICENSE N	UMBER (Of Licensee)
				DA DATE DO	ONOUNCED DEAD	(Ma/Dav/Vr)		25. TIME PRONO	NINCED DEAD
	ITEMS 24-28 MUST BI WHO PRONOUNCES			24. DATE PRO	UNDUNCED DEAD	(MorDay/Tr)		25. TIME PROTE	NICED GOOD
	26. SIGNATURE OF PERSON			plicable)	27. LICEN	SE NUMBER	28. DAT	E SIGNED (Mo/Day/Y	'n
	29. ACTUAL OR PRESUMED	DATE OF DEATH		I 30. ACT	UAL OR PRESUME	ED TIME OF DE	ATH	31. WAS MEDICAL	EXAMINER OR
	(Mo/Day/Yr) (Spell Month)	/ 2003		J	Or C OIL TILLOUM			CORONER CON	
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	Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE	G	Pue to	(or as a confraque	nce alj:	221022			
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EXERCISE 3

		D.					SIAI	E FILE	NO.		
	1. DECEDENT'S LEGAL N		's if any) (First, &	Aiddle, Last)	,			2. SE	3	3. SOCIAL S	0002
								-1 $^{\wedge}$	$\Gamma \Gamma$	- 10k 10	
	4a. AGE-Last Birthday (Years)	46. UNDER 1	1 YEAR	4c. UND	DER 1 DAY	5. DATE C	OF BIRTH (Mo/C	eyrrn 6. Bil	RTHPLAC	E (City and &	State or Foreign Country)
	82	Months	Days	Hours	Minutes					-	
	78. RESIDENCE-STATE		7b. COUNTY				7c. CITY OR	TOWN	- 1	4.5	
			LIA BAST BASTL CHIMIT		200	13. 10T NO.	7/ 3/0 000		-	-	7g. INSIDE CITY
	/d. STREET AND NUMBER	# F1 11 15 13 13 15				76. API. NO.	71. ZIP CODE		3500		LIMITS?
ë ~	8 EVER IN US	9 MARITAL ST	ATUS AT TIME	OF DEATH		10. SURVIVING S	POUSE'S NAM	E (If wife, giv	e name p	rior to first ma	
<u> </u>	ARMED FORCES?	O Married O	Married, but sepa	rated OV	Vidowed						
	□ Yes □ No	□ Divorced □	Never Married C						_		
흦쭕	11. FATHER'S NAME (Firs	t, Middle, Last)				12. MOTHER'S N	IAME PRIOR TO	FIRST MAR	RIAGE (I	First, Middle, I	Last)
盲그	13a. INFORMANT'S NAME		13b. RE	LATIONSH	IP TO DECEDE	T 13c. M	AILING ADDR	SS (Street a	nd Numbe	ır, City, State,	Zip Code)
문장											
e Completed/Verified FUNERAL DIRECTOR	IF DEATH OCCURRED IN	LA LIGERITAL.		14. PL	ACE OF DEATH	(Check only one: s RED SOMEWHER	see instructions	M A HOCDIT	AL:		
ш —	O Inpatient O Emergency		☐ Dead on Arriv			□ Nursing home/Li				ome 🗆 Othe	r (Specify):
٩	15. FACILITY NAME (If no					OWN, STATE, AN		•			17. COUNTY OF DEA
						•					and the second s
	18. METHOD OF DISPOSIT				19. PLACE C	F DISPOSITION (F	Name of cemete	ry, crematory	, other pla	ace)	
	Other (Specify):	INC. C COMOVALIN	- in citera	_	1						
	20. LOCATION-CITY, TO	MN, AND STATE		[21	NAME AND C	OMPLETE ADDRE	SS OF FUNER	L FACILITY			
	22 CICHANIDE CE	DAI CERLEAR	VENIGEE AS AS	E0 400					100	LICENSE AT	UMBER (Of Licensee)
	22. SIGNATURE OF FUNE	HAL SERVICE LIC	ENSEE OR OTH	TER AGENT					23.	CICENSE N	ymuen (or Licensee)
	ITEMS 24-28 MUST	DE COMO	TED BY SE	Decri	24 DATE PO	NOUNCED DEAD	(Mo/Day(Yr)		25 1	TIME PRONO	OUNCED DEAD
	WHO PRONOUNC					SHOUNCED DE LE	(maroup 11)		Γ.		
	26. SIGNATURE OF PERS				icable)	27 1 10514	SE NUMBER	28 DA1	E SIGNE	D (Mo/Day/Yr	1
	20. SIGNATURE OF PER	SON PRONOUNCE	NO DEATH (UNI)	чнен арри	-Cable)	Zr. LICENS	GE HUMBER	20. 00	GIGHE	(malbay/1)	••
	29. ACTUAL OR PRESUM	ED DATE OF DEA	TH		30. ACT	UAL OR PRESUME	ED TIME OF DE	ATH	31. WA	S MEDICAL I	EXAMINER OR
	(Mo/Day/Yr) (Spell Mont	h)							cor	RONER CON	TACTED? DYes D
	01/01/	200 3				ctions and ex					Approximate intervi Onset to death
	necessary. IMMEDIATE CAUSE (Final	Ή£	ART fa	ing the etiology	gy. DO NOT ABI	aused the death. It BREVIATE. Enter of E TO	NOT enter to poly one cause	erminal events on a line. Ad	such as d addition	al lines if	Conset to death
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EXERCISE 3 DRAFT: 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

	OCAL FILE NO							STA	TE F		NO. 🗡	00	003
	1. DECEDENT'S LEGAL NA									2. SEX		CIAL SECU	IRITY NUMBER
	4a. AGE-Last Birthday (Years)	46. UNDER 1 Y	EAR	4c. UND	ER 1 DAY	5	DATE O	F BIRTH (No/Day/Yr)	6. BIRT	HPLACE (Cit	y and State	or Foreign Country)
	78	Montha	Days	Hours	Minutes						The second secon		
	7a. RESIDENCE-STATE		76. COUNTY					7c. CITY	OR TOW	N	101.44		
	7d. STREET AND NUMBER				.,	70. A	PT. NO.	71. ZIP C	DDE			1	INSIDE CITY LIMITS?
B B	8. EVER IN US	9. MARITAL STAT	TUS AT TIME OF	DEATH		10. SURV	/IVING SP	OUSE'S N	AME (If	wife, give	name prior to	first marriag	Yes D No
e Completed/Verified FUNERAL DIRECTOR	ARMED FORCES?	☐ Married ☐ Ma ☐ Divorced ☐ Ne			idowed								
PIR	11. FATHER'S NAME (First,	Middle, Last)											
mple RAL	13a. INFORMANT'S NAME		136. REL/	TIONSHI	P TO DECEDE	ÑΤ	13c. MA	ILING AD	DRESS (Street and	Number, City	, State, Zip	Code)
	IF DEATH OCCURRED IN	A HOSPITAL:		14. PL/	ACE OF DEATH	(Check or	nly one: se	e instruction	ons) THAN A P	IOSPITAL			
18	☐ Inpatient ☐ Emergency F 15. FACILITY NAME (If not it				lospice facility	☐ Nursing	home/Lor	ng term ca	re facility				ecify): COUNTY OF DEATH
Ę	18. METHOD OF DISPOSITI Disposition Disposition Ofther (Specify):	ON: O Burial O e	Cremation State										
	20. LOCATION-CITY, TOW	N, AND STATE		21.	NAME AND C	OMPLETE	ADDRES	S OF FUN	ERAL FA	CILITY			
	22. SIGNATURE OF FUNE	VAL SERVICE LICEN	NSEE OR OTHE	RAGENT							23. LICE	NSE NUMBE	R (Of Licensee)
	ITEMS 24-28 MUST			SON	24. DATE PR	ONOUNCE	D DEAD (Mo/Day/Yr)		25. TIME P	RONOUNC	ED DEAD
	26. SIGNATURE OF PERSO	ON PRONOUNCING	DEATH (Only w	hen applic	able)	27	. LICENSE	ENUMBER	1	28. DATE	SIGNED (Mo	(Day/Yr)	
	29. ACTUAL OR PRESUME (Mo/Day/Yr) (Spejl Month)	D DATE OF DEATH			30. ACT	UAL OR P	RESUMED	TIME OF	DEATH	1	1. WAS MED		
	01701	12003									CORONE	R CONTACT	ED? DYes DA
	resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that	He He	DOTIC DATIC PROMSI	5 F	as a consequent	RO nce of):	· ·						
1	initiated the events resulting in death) LAST	· Las	cer o	e I	DONCE	and the same of	5						
1	PART II. Enter other significa	ant conditions contrit	buting to death b	ut not resu	iting in the und	erlying cau	se given ir	PART I.		33. WA	S AN AUTOP	SY PERFO	RMED?
Completed By:										34. WE	RE AUTOPS	Y FINDINGS	S AVAILABLE TO CO
돌뜼	35. DID TOBACCO USE C	ONTRIBUTE TO	36. IF FEM						37. MAN	NER OF C	EATH		
P S	DEATH?			egnant wi ant at time	hin past year of death				19 Nai	ural Di	Homicide		
To Be Con MEDICAL	No O Unknown			-	it pregnant with	-			O Acc	ident 🗆	Pending Inves	stigation	
卢밀				-	ut pregnant 43 o mant within the		ear before	death	□ Sui	cide 🗆	Could not be	determined	
	38. DATE OF INJURY (Mo/Day/Yr) (Spell Mont	h) 31	. TIME OF INJU		1		Decedent	's home; o	onstructio	on site; res	taurant; wood	led area)	41. INJURY AT WO
	42. LOCATION OF INJURY:	State:			City or Town:							-	
	Street & Number:						Apa	rtment No.	:		Zip C		N INJURY, SPECIFY
	43. DESCRIBE HOW INJUI	(Y OCCURRED:								.	□ Driver/Oper □ Passenger □ Pedestrian □ Other (Spe	rator	HOUNT, OF ECUT
1	45. CERTIFIER (Check only	one):											
	Certifying physician-To Pronouncing & Certifyin Medical Examiner/Coro	g physician-To the t	est of my knowle	idge, deat	h occurred at th	e time, dal	le, and pla						nd manner stated.
	Signature of certifier:	1.del	- R		~	<u></u>	>-						W
	46. NAME, ADDRESS, AND	ZIP CODE OF PER	SON COMPLET	NG CAUS	E OF DEATH (tem 32)							
	47. TITLE OF CERTIFIER		NUMBER 1762		49. DAT	E CERTIFI	ED (Mo/D	ayfYr)		O. FOR R	EGISTRAR C	ONLY- DATE	FILED (Mo/Day/Yr)

CHAPTER IV EXERCISE 3

FORMAT

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

THE ADDRESS OF THE PROPERTY OF THE ADDRESS OF	L	OCAL FILE NO						STAT	EFILEN		10	000	4
TY RESIDENCE STATE To COUNTY		1. DECEDENT'S LEGAL NA	ME (Include AKA)	s if any) (First, Mi	iddle, Last)				2. SEX) 3	SOCIAL	SECURITY NUM	SÉR
To STREET AND NUMBER	1 1	4a. AGE-Last Birthday	4b. UNDER 1	YEAR	4c. UNDER	RIDAY	5. DATE C	F BIRTH (Mo/	DayYr) 6. BIRT	HPLACE	(City and	State or Foreign (Country)
STREET AND RAMEER 7s. APT NO. 7. EP CODE 7s. INSIGE CITY 7s. APT NO. 7. EP CODE 7s. INSIGE CITY 7s. APT NO. 7. EP CODE 7s. INSIGE CITY 7s. APT NO. 7. EP CODE 7s. INSIGE CITY 7s. APT NO. 7. EP CODE 7s. INSIGE CITY 7s. APT NO. 7. EP CODE 7s. INSIGE CITY 7s. APT NO. 7. EP CODE 7s. INSIGE CITY 7s. APT NO. 7. EP CODE 7s. INSIGE CITY 7s. APT NO. 7. EP CODE 7s. INSIGE CITY 7s. APT NO. 7. EP CODE 7s. INSIGE CITY 7s. APT NO. 7. EP CODE 7s. INSIGE CITY 7s. APT NO. 7. EP CODE 7s. INSIGE CITY 7s. APT NO. 7. EP CODE 7s. INSIGE CITY 7s. APT NO. 7. EP CODE 7s. INSIGE CITY 7s. APT NO. 7. EP CODE 7s. INSIGE CITY 7s. APT NO. 7. EP CODE 7s. INSIGE CITY 7s. APT NO. 7. EP CODE 7s. INSIGE CITY 7s. APT NO. 7. EP CODE 7s. INSIGE CITY 7s. APT NO. 7. EP CODE 7s. APT NO			Months	Days	Hours	Minutes							
B EVER N US D D D D D D D D D		7a. RESIDENCE-STATE		7b. COUNTY				7c. CITY OF	TOWN				
B EVER RIUS ANADO FORCES D Married		7d STREET AND NUMBER					I 7a APT NO	71 719 000	F			Tra INSIDE CIT	·
15. FACILITY NAME (If not institution, gives sivest & number) 16. CITY OR TOWN STATE, AND ZIP CODE 17. COUNTY OF E 18. METHOD OF DISPOSITION. 0 Buria Dickeration 19. DESPOSITION (Name of cemsery, cemseloy, other place) 19. PLACE OF DISPOSITION (Name of cemsery, cemseloy, other place) 19. PLACE OF DISPOSITION (Name of cemsery, cemseloy, other place) 19. PLACE OF DISPOSITION (Name of cemsery, cemseloy, other place) 19. PLACE OF DISPOSITION (Name of cemsery, cemseloy, other place) 19. PLACE OF DISPOSITION (Name of cemsery, cemseloy, other place) 20. CACTOR (Name of cemsery, cemseloy, other place) 21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY 22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR DITHER AGENT 23. LICENSE NUMBER (OI Licensee My HO PRONOUNCED DEAD (MorDayYY)) 24. DATE PRONOUNCED DEAD (MorDayYY) 25. TIME PRONOUNCED DEAD (MorDayYY) 26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable) 27. LICENSE NUMBER 28. DATE SIGNED (MODDryYY) 29. ACTUAL OR PRESUMED DATE OF DEATH 29. ACTUAL OR PRESUMED DATE OF DEATH 20. ACTUAL OR PRESUMED DATE OF DEATH 20. ACTUAL OR PRESUMED DATE OF DEATH 21. Linier the chain of severed diseases, inpuries, or complications—that directly caused the death. DO NOT entire terminal events such as cardiac arrest, increasing, increa	1 1	The Contest of the Co					Tree ALTERIO	I'i. Zir COD	-			LIMITS?	
15. FACILITY NAME (If not installor), gives sizes & number) 16. METHOD OF DISPOSITION: 0 Burial Coveration 17. COUNTY OF E 18. METHOD OF DISPOSITION: 0 Burial Coveration 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) 19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) 20. Disposition of the control of the county	ctor	ARMED FORCES?	☐ Married ☐ M	arried, but separ	ated 🗆 Wid	1	10. SURVIVING S	POUSE'S NAM	ME (If wife, give	name prio	or to first m	arriagė)	
15. FACELITY NAME (If not institution, gives street & number) 16. METHOD OF DISPOSITION: 0 Burial O Coresition 19. PLACE OF DISPOSITION (Name of cemetery, cemetory, other place) 19. PLACE OF DISPOSITION (Name of cemetery, cemetory, other place) 19. PLACE OF DISPOSITION (Name of cemetery, cemetory, other place) 19. PLACE OF DISPOSITION (Name of cemetery, cemetory, other place) 19. PLACE OF DISPOSITION (Name of cemetery, cemetory, other place) 19. PLACE OF DISPOSITION (Name of cemetery, cemetory, other place) 19. PLACE OF DISPOSITION (Name of cemetery, cemetory, other place) 22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT 22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT 23. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT 24. BATE PRONOUNCED DEAD (MorDayYY) 25. TIME PRONOUNCED DEAD (MorDayYY) 26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable) 27. LICENSE NUMBER 28. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable) 29. ACTUAL OR PRESUMED DIATE OF DEATH 29. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable) 20. ACTUAL OR PRESUMED TIME OF DEATH 30. ACTUAL OR PRESUMED TIME OF DEATH 31. WAS MEDICAL EXAMINER OR CORONARY CONTROLLED TO OVER A CONSEQUENCE OF SIGNATURE (SEE into Place Instructions and examples) 32. PART II. Enter the chair of events—diseases, Public 6, complications—that directly caused the death. DO NOT enter terminal events such as confidence of the season of the chair of death of the season of the chair of death of the season of the chair of death of the season of th	\$ E	11. FATHER'S NAME (First,					12. MOTHER'S N	AME PRIOR T	O FIRST MARR	IAGE (Fir	st, Middle,	Last)	
15. FACELITY NAME (If not institution, give street & number) 16. CITY OR TOWN. STATE, AND ZIP CODE 17. COUNTY OF E 18. METHOD OF DISPOSITION. D Burial D Coveration 19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) 19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) 19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) 20. DOTATION (TY TOWN, AND STATE) 21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY 22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT 23. LICENSE NUMBER (Of Licensee Name of Complex of Co	mplete	13a. INFORMANT'S NAME		13b. REL	ATIONSHIP	TO DECEDEN	Т 13с. М	AILING ADDR	ESS (Street and		City, State	, Zip Code)	
15. FACELITY NAME (If not institution, give street & number) 16. CITY OR TOWN. STATE, AND ZIP CODE 17. COUNTY OF E 18. METHOD OF DISPOSITION. D Burial D Coveration 19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) 19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) 19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) 20. DOTATION (TY TOWN, AND STATE) 21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY 22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT 23. LICENSE NUMBER (Of Licensee Name of Complex of Co	SE	IF DEATH OCCURRED IN	A HOSPITAL:		14. PLAC	E OF DEATH	(Check only one: s	ee instructions	AN A HOSPITAL	:			
18. METHOD OF DISPOSITION O Burial O Circentation O Douation of Entertherment D Removal from State O Done (Specify). 20. LOCATION-CITY, TOWN, AND STATE 21. NAME AND COMPLETE ADDRESS OF FUNERAL FACUITY 22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT 22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT 23. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT 24. DATE PRONOUNCED DEAD (Mo/Day/Yr) 25. TIME PRONOUNCED DEAD WHO PRONOUNCED OR CERTIFIES DEATH 26. SIGNATURE OF PERSON PRONOUNCING DEATH (ONly when applicable) 27. LICENSE NUMBER 28. DATE BIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable) 27. LICENSE NUMBER 28. DATE BIGNATURE OF DEATH (Mo/Day/Yr) (Speal Momin) CAUSE OF DEATH (Sole Instructions and examples) 29. ACTUAL OR PRESUMED DATE OF DEATH (No.Day/Yr) (Speal Momin) CAUSE OF DEATH (Sole Instructions and examples) 29. PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter termal events such as cardiac arrest, insurance of complications—that directly caused the death. DO NOT enter termal events such as cardiac arrest, onestably, incessably. Selecting in death) 39. Selecting in death) 39. Selecting in death) 39. Selecting in the cardinal blue conditions. Selecting in death (Selecting Control of the Contr	18 L	☐ Inpatient ☐ Emergency F	Room/Outpatient D		□н₀	spice facility	☐ Nursing home/Lo	ong term care			ne 🗆 Oth		E DEATH
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ITEMS 24-28 MUST BE COMPLETED BY PERSON 24. DATE PRONOUNCED DEAD (Mo/Day/Yr) 25. TIME PRONOUNCED DEAD WHO PRONOUNCES OR CERTIFIES DEATH 26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable) 27. LICENSE NUMBER 26. DATE SIGNED (Mo/Day/Yr) 29. ACTUAL OR PRESUMED DATE OF DEATH 30. ACTUAL OR PRESUMED TIME OF DEATH 31. WAS MEDICAL EXAMINER OR CORONER CONTERCENT 24. DATE SIGNED (Mo/Day/Yr) 25. TIME PRONOUNCED DEAD 26. DATE SIGNED (Mo/Day/Yr) 27. LICENSE NUMBER 26. DATE SIGNED (Mo/Day/Yr) 27. LICENSE NUMBER 28. DATE SIGNED (Mo/Day/Yr) 28. DATE SIGNE		20. LOCATION-CITY, TOW	N, AND STATE		21. 1	NAME AND CO	MPLETE ADDRES	SS OF FUNER	AL FACILITY				
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29. ACTUAL OR PRESUMED DATE OF DEATH (MoDayNY) (Spell Month) 203 30. ACTUAL OR PRESUMED TIME OF DEATH (MoDayNY) (Spell Month) 203 31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? (ModayNY) (Spell Month) 203 32. PART I. Enter the chain of wentle-diseases, injuries, or complications—hat directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular formitian without showing the elicitory. ON TOT ABREVIATE. Enter only one cause on a line. Acid additional sines if the death disease or condition 32. PART I. Enter the chain of wentle-diseases, injuries, or complications—hat directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular forming the elicitory or or cause on a line. Acid additional sines if the death disease or condition 33. WAS ANALOTOPSY PERFORMED? 34. WERE AUTOPSY PERFORMED? 35. DID TOBACCO USE CONTRIBUTE TO DEATH? 36. If FEMALE: Deather of the course of the death of the pregnant within past year DEATH? 36. If FEMALE: DEATH OF PRIJURY 37. MANNER OF DEATH Natural Homeidde DEATH? 38. DATE OF INJURY: 39. TIME OF INJURY (e.g., Decedent's home; construction site; restaurant, wooded area) 41. INJURY AT DECEDITION OF INJURY: 42. LOCATION OF INJURY: State: City or Town: Street & Number: 45. DESCRIBE HOW INJURY OCCURRED: CAUSE of the best of my knowledge, death occurred due to the cause(s) and manner stated. Deathing physician—To the best of my knowledge, death occurred of the time, date, and place, and due to the cause(s) and manner stated.		l .				4. DATE PRO	NOUNCED DEAD	(Mo/Day/Yr)		25. TII	ME PRONO	DUNCED DEAD	
(MoDayYI) (Spell Month) CAUSE OF DEATH (See Instructions and examples) CAUSE OF DEATH (See Instructions and examples) Approximate in Cheek Cause of the death of the control of the con		26. SIGNATURE OF PERSO	ON PRONOUNCIN	G DEATH (Only v	when applicat	ble)	27. LICENS	SE NUMBER	28. DATE	SIGNED	(Mo/Day/Y	(r)	
CAUSE OF DEATH (See Instructions and examples) 32. PART I. Enter the chain of events-diseases, injuries, or complications—that disectly caused the death. DO NOT affer ferminal events such as cardiac arrest, necessary. IMMEDIATE CAUSE (Final disease or conditions) Sequentially list conditions, list of the cause interest of the cause in the cause interest of the cause in		1		н	_	30. ACTU	JAL OR PRESUME	D TIME OF D	EATH :				
32. PART I. Enter the chain of exentsdiseases, injuries, or complications-but diseath; cannot the death. Do Not refer terminal events such as cardiac arrest, respiratory arrest, or venicular infortiation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or conditions) Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Flavy, leading to the cause listed on line a. Enter the Urisease or injury that initiated the events resulting in death. Do Not pregnant within past year. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. So. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably O Not pregnant within past year O Pregnant at time of death O Not pregnant within the past year O Pregnant at time of death O Not pregnant within the past year O Not pregnant, but pregnant within the past year O Not pregnant, but pregnant within the past year O Not pregnant, but pregnant within the past year O Not pregnant, but pregnant within the past year O Not pregnant, but pregnant within the past year O Not pregnant, but pregnant within the past year O Not pregnant, but pregnant within the past year O Not pregnant within past year O Not pregnant within past year O Not pregnant within past year		Janua	284 1	<u>, 200</u>	3					CORC	ONER CON		
resulting in dealth Sequentially list conditions, If any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in dealth but not resulting in the underlying cause given in PART I. PART II. Enter other significant conditions contributing to dealth but not resulting in the underlying cause given in PART I. PART III. Enter other significant conditions contributing to dealth but not resulting in the underlying cause given in PART I. PART III. Enter other significant conditions contributing to dealth but not resulting in the underlying cause given in PART I. PART III. Enter other significant conditions contributing to dealth but not resulting in the underlying cause given in PART I. PART III. Enter other significant conditions contributing to dealth but not resulting in the underlying cause given in PART I. PART III. Enter other significant conditions contributing to dealth but not resulting in the underlying cause given in PART I. 33. WAS AN AUTOPSY PERFORMED? Yes □ No 34. WERE AUTOPSY FINDINGS AVAILABLE TO THE CAUSE OF DEATH? Pregnant at time of dealth □ Not pregnant within past year □ Pregnant at time of dealth □ Not pregnant, but pregnant within the past year □ Not pregnant, but pregnant to the pregnant within the past year □ Not pregnant, but pregnant at 3 days to 1 year before dealth □ Suicide □ Could not be determined □ Accident □ Pending investigation □ Suicide □ Could not be determined □ Accident □ Pending investigation □ Suicide □ Could not be determined □ Accident □ Pending investigation □ Suicide □ Could not be determined □ Accident □ Pending investigation □ Suicide □ Could not be determined □ Accident □ Pending investigation □ Passenger □ Pedestifian □ Pedestifian □ Other (Specify) □ Detriver/Operator □ Passenger □ Pedestifian □ Other (Specify) □ Detriver/Operator □ Pedestifian □ Other (Specify) □ Perponencine & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(necessary. IMMEDIATE CAUSE (Final	in of eventsdisease entricular fibrillation	ses, injuries, or co without showing	omplications— the etiology.	that directly ca	nused the death. D REVIATE. Enter o	O NOT enter I	erminal events s on a line. Add a	uch as ca idditional	rdiac arres lines if		ath
if any, leading to the cause listed on line a. Enter the UNDERLY TING CAUSE (disease or injury that midiated he events resulting in death but not resulting in the underlying cause given in PART I. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. 33. WAS AN AUTOPSY PERFORMED? Yes □ No 34. WERE AUTOPSY FINDINGS AVAILABLE TO THE CAUSE OF DEATH? POPULATION OF INJURY □ Not pregnant within past year □ Propagant within past year □ Propagant within the past year □ Not pregnant within the past year □ Not year before death □ Not y		resulting in death)	→ • <u> </u>	ast	Pup to (or a:	s a consequen	ce of):						
initiated the events resulting in death) LAST in de		if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE	c										
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. A		initiated the events resulting	ıg d.		Due to (or a	a a consequen						_	
34. WERE AUTOPSY FINDINGS AVAILABLE TO THE CAUSE OF DEATH? 34. WERE AUTOPSY FINDINGS AVAILABLE TO THE CAUSE OF DEATH? 35. DID TOBACCO USE CONTRIBUTE TO DEATH? 36. IF FEMALE:			ant conditions contr	ibuting to death t	out not resulti	ng in the under	rlying cause given i	in PART I.	33. WA	S AN AU	TOPSY PE	RFORMED?	
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month) 39. TIME OF INJURY 40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area) 41. INJURY AT PASSED 42. LOCATION OF INJURY: State: Street & Number: Apartment No.: Zip Code: 43. DESCRIBE HOW INJURY OCCURRED: 44. IF TRANSPORTATION INJURY, SPEI D Cherk/Operator Passenger D Pedestrian D Other (Specify) 45. CERTIFIER (Check only one): Certifying physician—To the best of my knowledge, death occurred due to the cause(s) and manner stated. D Pronouncine & Certifying physician—To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.	<u>۳</u> ۳			•					24 145	/\			E TO COL
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month) 39. TIME OF INJURY 40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area) 41. INJURY AT PASSED 42. LOCATION OF INJURY: State: Street & Number: Apartment No.: Zip Code: 43. DESCRIBE HOW INJURY OCCURRED: 44. IF TRANSPORTATION INJURY, SPEI D Cherk/Operator Passenger D Pedestrian D Other (Specify) 45. CERTIFIER (Check only one): Certifying physician—To the best of my knowledge, death occurred due to the cause(s) and manner stated. D Pronouncine & Certifying physician—To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.	E E	12n	eum	onco	-								E 10 CON
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month) 39. TIME OF INJURY 40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area) 41. INJURY AT PASSED 42. LOCATION OF INJURY: State: Street & Number: Apartment No.: Zip Code: 43. DESCRIBE HOW INJURY OCCURRED: 44. IF TRANSPORTATION INJURY, SPEI D Chew/Operator Passenger D Pedestrian D Other (Specify) 45. CERTIFIER (Check only one): Certifying physician—To the best of my knowledge, death occurred due to the cause(s) and manner stated. Pronouncing & Certifying physician—To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.	E E	35. DID TOBACCO USE C	ONTRIBUTE TO					37.	MANNER OF D	EATH			
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month) 39. TIME OF INJURY 40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area) 41. INJURY AT PASSED 42. LOCATION OF INJURY: State: Street & Number: Apartment No.: Zip Code: 43. DESCRIBE HOW INJURY OCCURRED: 44. IF TRANSPORTATION INJURY, SPEI D Cherk/Operator Passenger D Pedestrian D Other (Specify) 45. CERTIFIER (Check only one): Certifying physician—To the best of my knowledge, death occurred due to the cause(s) and manner stated. D Pronouncine & Certifying physician—To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.	[특기								Natural Di	Homicide			
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month) 39. TIME OF INJURY 40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area) 41. INJURY AT PASSED 42. LOCATION OF INJURY: State: Street & Number: Apartment No.: Zip Code: 43. DESCRIBE HOW INJURY OCCURRED: 44. IF TRANSPORTATION INJURY, SPEI D Christophyloperator Passenger D Pedestrian D Other (Specify) 45. CERTIFIER (Check only one): D Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. Pronouncine & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.	ြင္မွ ဦ	/ `		1 .			42 days of death			Pending (nvestigatio	n	
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month) 39. TIME OF INJURY 40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area) 41. INJURY AT 42. LOCATION OF INJURY: State: Streat & Number: Apartment No.: Zip Code: 44. IF TRANSPORTATION INJURY, SPEI D Chief/Operator Passenger D Pedestrian Other (Specify) 45. CERTIFIER (Check only one): Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. Proponentical & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.	B	□ Na □ Unknown	1			-		death	□ Suicide □ (Could not	be determ	ined	
(Mo/Day/Yr) (Spell Month) 42. LOCATION OF INJURY: State: Street & Number: Apartment No.: Zip Code: 43. DESCRIBE HOW INJURY OCCURRED: 44. IF TRANSPORTATION INJURY, SPEI Optiver/Operator Passenger Pedestrian Other (Specify) 45. CERTIFIER (Check only one): Certifying physician—To the best of my knowledge, death occurred due to the cause(s) and manner stated. Pronouncing & Certifying physician—To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.	1											a) las municipa	ATWO
Street & Number: Apartment No.: Zip Code: 43. DESCRIBE HOW INJURY OCCURRED: 44. IF TRANSPORTATION INJURY, SPECION OF PROPERTY OF THE CONTRACT OF THE CONTRA		(Mo/Day/Yr) (Spell Mont	h)	9. TIME OF INJ	URY 40. PI	LACE OF INJU	JRY (e.g., Deceden	l's home; cons	truction site; res	taurant; v	ooded are		
43. DESCRIBE HOW INJURY OCCURRED: 44. IF TRANSPORTATION INJURY, SPEI □ Driver/Operator □ Passenger □ Padestrian □ Other (Specify) 45. CERTIFIER (Check only one): □ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. □ Proposerior & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		42. LOCATION OF INJURY:	State:	· · · · · · · · · · · · · · · · · · ·		City or Town:							
U Driver/Operator U Passenger U Pedestrian U Other (Specify) 45. CERTIFIER (Check only one): Ucertifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. Uppronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			BY OCCUBBED:				Ap	artment No.:				ATION INJURY, S	PECIFY:
45. CERTIFIER (Check only one): Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			., 5555,						.]	□ Driver/0 □ Passen □ Pedest	Operator ger rian	•	
☐ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. ☐ Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		45. CERTIFIER (Check only	one):						<u></u>	- Outer (
Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner state		☐ Certifying physician-To ☐ Pronouncing & Certifying	the best of my know	best of my knowl	ledge, death o	occurred at the	time, date, and pla	ace, and due to	o the cause(s) an	nd manne and due t	r stated.	e(s) and manner s	stated.
Signature of certifier: John Wilsh Conna		Signature of certifier:	Sola	$n \mathcal{U}$	Usa	<u> </u>	and	<u></u>					
46. NAME, ADDRESS, AND ZE OODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)			ZIP OODE OF PER	RSON COMPLET	ING CAUSE	OF DEATH (III	em 32)						75 ^K
47 TITLE OF CERTIFIER 48 LICENSE NUMBER 49. DATE CERTIFIED (Mo/Day/Yr) 50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)		1/1	48 JICENSE	NUMBER		49. DATE	CERTIFIED (Mo/C	Day/Yr)	50. FOR R	EGISTRA	R ONLY-	DATE FILED (MC	/Day/Yr)

CHAPTER IV EXERCISE 3

FORMAT

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

	1. DECEDENT'S LEGAL NA	ME (Include AKA's	if any) (First, Middle, L	.ast)		2. S	3. SOCI	AL SECURITY NUMBER
	4a. AGE-Last Birthday	J4b. UNDER 1 Y	YEAR 4c. U	JNDER 1 DAY	5. DATE OF BIR	TH (Mo/Day/Yr) 6. B	IRTHPLACE (City a	nd State or Foreign Country
	(Years)	Months	Days Hours	s IMinutes	_			
	(a.1	Monuts		Minutes				
	7a. RESIDENCE-STATE		7b. COUNTY		7c. 0	CITY OR TOWN	1	
	7d. STREET AND NUMBER				76. APT. NO. 71. Z	P CODE	7.3	7g. INSIDE CITY LIMITS?
By:	0.000	TO MADE AND STATE	TUS AT TIME OF DEA	*u ·	IO. SURVIVING SPOUS	C NAME /V wife o	ve name orior to fir	□ Yes □ No
P S	8. EVER IN US . ARMED FORCES?		arried, but separated		IU. SURVIVING SPOOS	E S REAME (II WINE, 9	ive name prior to m	s. manage)
erif ECT	O Yes O No	□ Divorced □ Ne	ever Married Unknow	wn [DOWNER FOR MICE	de Leet
ed/Verified DIRECTOR	11. FATHER'S NAME (First	, Middle, Last)			12. MOTHER'S NAME F	RIOR TO FIRST MA	RRIAGE (FIRST, MIC	an, Casu
plet.	13a. INFORMANT'S NAME		13b. RELATION	ISHIP TO DECEDEN	T 13c. MAILING	ADDRESS (Street		itate, Zip Code)
e Completed/Verified FUNERAL DIRECTOR			14.	PLACE OF DEATH	(Check only one: see ins	ructions)	*	
B E	IF DEATH OCCURRED IN ☐ Inpatient ☐ Emergency				RED SOMEWHERE OT			Other (Specify):
10	15. FACILITY NAME (If not			16. CITY OR T	OWN, STATE, AND ZIP	CODE	occount y monto	17. COUNTY OF DEA
				40 01100	r Dienoeriou III	d semalos:	or other place)	
	 METHOD OF DISPOSIT □ Donation □ Entombri 			19. PLACE O	F DISPOSITION (Name of	demetery, cremato	y, other place)	
	□ Other (Specify):					FUNEDAL SAOV :T	,	
	20. LOCATION-CITY, TOV	VN, AND STATE		21. NAME AND CO	OMPLETE ADDRESS OF	FUNERAL FACILITY		
	22. SIGNATURE OF FUNE	RAL SERVICE LICE	NSEE OR OTHER AG	ENT			23. LICENS	E NUMBER (Of Licensee)
				.	NOUNCED DEAD (Mo/D	Inu/Vr)	25. TIME 00	ONOUNCED DEAD
	ITEMS 24-28 MUST WHO PRONOUNCE			A IZS. DATE PRO	MONUTED DEVID (MONU	- ,,	To time Pi	
	26. SIGNATURE OF PERS			applicable)	27. LICENSE NU	MBER 28. DA	ATE SIGNED (Mo/D	ay/Yr)
							120 20 20 20 20 20 20 20 20 20 20 20 20 2	
	29. ACTUAL OR PRESUM (Mo/Day/Yr) (Spell Month		н	30. ACTU	JAL OR PRESUMED TIM	E OF DEATH		CAL EXAMINER OR
	Janua		2003				CORONER	Approximate inter
:	resulting in death) Sequentially list conditions if any, leading to the caus listed on line a. Enter the UNDERLYING CAUSE (disease or injury that		Chron	to (or as a consequent	10 phrit	is s		
	initiated the events result in death) LAST	ing 4		, , , , , , , , , , , , , , , , , , , ,				- Carried Control
1	PART II. Enter other signific				rlying cause given in PAI	RT I. 33.	WAS AN AUTOPS	Y PERFORMED?
× 84	1		of Kia	luc so		L	A	O No
Be Completed Ey:	(AN	CER	OT KIA	NET		34. TH	WERE AUTOPSY E CAUSE OF DEAT	FINDINGS AVAILABLE TO (H? O Yes O No
ERT ER	35. DID TOBACCO USE	CONTRIBUTE TO	36. IF FEMALE:			37. MANNER	OF DEATH	
E 2	DEATH?		1	nt within past year		O Natural	□ Homicide	
To Be Cor MEDICAL	☐ Yes ☐ Probab	•	☐ Pregnant at ☐ Not pregna	t time of death int, but pregnant withi	n 42 days of death	O Accident	Pending Investi	gation
M D	□ No □ Unknow	wn			ays to 1 year before deat		Could not be de	
о ш			O Unknown if	f pregnant within the p	east year			
유밀						mer construction ele	restaurant woods	darea) 41. INJURY AT V
o M	38. DATE OF INJURY (Mo/Day/Yr) (Spell Mo	nth)	39. TIME OF INJURY		URY (e.g., Decedent's ho	me; construction site	; reslaurant; woode	d area) 41. INJURY AT V
유	(Mo/Day/Yr) (Spell Mo	nth)		40. PLACE OF INJ		me; construction site	; restaurant; woode	
P W	(Mo/Day/Yr) (Spell Mo	nth)				•	; restaurant; woode	□ Yes □ N
P W	(Mo/Day/Yr) (Spell Mo	rth) Y: Stale:		40. PLACE OF INJ	URY (e.g., Decedent's ho	•	Zip Cox	I Yes I N de: ORTATION INJURY, SPECI
은 별	(Mo/Day/Yr) (Spell Mo 42. LOCATION OF INJURY Street & Number:	rth) Y: Stale:		40. PLACE OF INJ	URY (e.g., Decedent's ho	•	Zip Coo	I Yes I N de: ORTATION INJURY, SPECI
© WE	(Mo/Day/Yr) (Spell Mo 42. LOCATION OF INJURY Street & Number:	rth) Y: Stale:		40. PLACE OF INJ	URY (e.g., Decedent's ho	•	Zip Coo	Le: ORTATION INJURY, SPECIFICATION
© WE	(Mo/Day/Yr) (Spell Mo 42. LOCATION OF INJURY Street & Number:	r: State: JRY OCCURRED:		40. PLACE OF INJ	URY (e.g., Decedent's ho	•	Zip Cod 44. IF TRANSP □ Driver/Opera □ Passenger □ Pedestrian	Le: ORTATION INJURY, SPECIFICATION
o ME	(Mo/Day/Yr) (Spell Mo 42. LOCATION OF INJUR' Street & Number: 43. DESCRIBE HOW INJU 45. CERTIFIER (Check on Certifying physician-	r: State: JRY OCCURRED: ly one): to the best of my known	39. TIME OF INJURY	due to the cause(s)	JRY (e.g., Decedent's ho Apartme Apartme	nt No.:	Zip Cod 44. IF TRANSP Driver/Opera Passenger Pedestrian Other (Speci	D Yes D N Je: ORTATION INJURY, SPECIFICATION W)
o ME	(Mo/Day/Yr) (Spell Mo 42. LOCATION OF INJUR' Street & Number: 43. DESCRIBE HOW INJU 45. CERTIFIER (Check on Certifying physician-	r: State: JRY OCCURRED: ly one): to the best of my known	39. TIME OF INJURY	due to the cause(s)	JRY (e.g., Decedent's ho Apartme Apartme	nt No.:	Zip Cod 44. IF TRANSP Driver/Opera Passenger Pedestrian Other (Speci	le: ORTATION INJURY, SPECIFIOR (y)
o Me	(Mo/Day/Yr) (Spell Mo 42. LOCATION OF INJUR' Streat & Number: 43. DESCRIBE HOW INJUR' 45. CERTIFIER (Check on Certifying physician-T Pronouncing & Certify Medical Examiner/Coi	/: State: JRY OCCURRED: by one): to the best of my knowing physician-To the basis of the basi	medge, death occurred is best of my knowledge.	d due to the cause(s), death occurred at the vestigation, in my op	Apartma Apartma And manner stated. and manner stated. and manner stated.	nt No.:	Zip Cod 44. IF TRANSP Driver/Opera Passenger Pedestrian Other (Speci	D Yes D N Je: ORTATION INJURY, SPECIFICATION W)
o W	(Mo/Day/Yr) (Spell Mo 42. LOCATION OF INJUR' Street & Number: 43. DESCRIBE HOW INJ. 45. CERTIFIER (Check on Certifying physician-T Pronouncing & Certify Medical Examiner/Co	/: State: JRY OCCURRED: by one): to the best of my knowing physician-To the basis of the basi	medge, death occurred is best of my knowledge.	d due to the cause(s), death occurred at the vestigation, in my op	Apartma Apartma And manner stated. and manner stated. and manner stated.	nt No.:	Zip Cod 44. IF TRANSP Driver/Opera Passenger Pedestrian Other (Speci	D Yes D N Je: ORTATION INJURY, SPECIFICATION W)
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CHAPTER IV EXERCISE 3

FORMAT

	1. DECEDENT'S LEGAL NAM	ME (Include AKA)	s if any) (First,	Middle, Last)				2 SEX	3. SOCIAL SECU	RITY NUMBER
	4a. AGE-Last Birthday (Years)	46. UNDER 1	YEAR	4c. UND	ER 1 DAY	5. DATE O	BIRTH (Mo/Day/1	6. BIRTHPI	ACE (City and State	or Foreign Country)
	54	Months	Days	Hours	Minutes					
	7a. RESIDENCE-STATE		76. COUNT	Y			c. CITY OR TO	MN :		
- 1	7d. STREET AND NUMBER				8 1 3 1 3 1 4 1 1 1 3 4 4 6 1	7e. APT. NO.			0	INSIDE CITY LIMITS? Yes 🗆 No
B K	& EVER IN US ARMED FORCES?	9. MARITAL STA				SURVIVING SP	OUSE'S NAME (if wife, give nam	e prior to first marriag	(0)
erifi CTC	□ Yes □ No	□ Married □ N □ Divorced □ N							E (First, Middle, Last)	
edV	11. FATHER'S NAME (First,	Middle, Last)								
e Completed/Verified By: FUNERAL DIRECTOR	13a. INFORMANT'S NAME		13b. R		IP TO DECEDENT			(Street and Nu	mber, City, State, Zip	Code)
Be C	IF DEATH OCCURRED IN A			IF	ACE OF DEATH (CI DEATH OCCURRE	D SOMEWHER	OTHER THAN			
To B	□ Inpatient □ Emergency Ro 15. FACILITY NAME (if not in	noom/Outpatient	Dead on Ami eet & number)	val 0	Hospice facility 16. CITY OR TOV			y u Decedent	's home Other (Sp	COUNTY OF DEAT
	18. METHOD OF DISPOSITION Donation Dentombre Other (Specify):	ON: D Burial C ent D Removal fro	Cremation om State	_	19. PLACE OF C	ISPOSITION (N	ame of cemetery,	crematory, othe	r place)	The second second
	20. LOCATION-CITY, TOW	N, AND STATE		21	. NAME AND COM	PLETE ADDRES	S OF FUNERAL I	ACILITY		
	22. SIGNATURE OF FUNER	AL SERVICE LIC	ENSEE OR OT	HER AGENT				- 1	23. LICENSE NUMBI	ER (Of Licensee)
									5. TIME PRONOUNC	ED DEAD
	ITEMS 24-28 MUST E WHO PRONOUNCE	S OR CERTI	FIES DEAT	тн	24. DATE PRONO				SNED (Mo/Day/Yr)	
	26. SIGNATURE OF PERSO	ON PRONOUNCIN	iG DEATH (On	ly when appl	icable)	27. LICENS	E NUMBER	28. DATE SI	SNED (MO/Day/11)	
	29. ACTUAL OR PRESUME		ГН		30. ACTUAL	OR PRESUME	TIME OF DEAT		WAS MEDICAL EXA	
	(Mo/Day/Yr) (Spell Month)	_ ,	200	23					CORONER CONTAC	Approximate interva
	resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE	·—	CIY	coh	or as a consequence or as a consequence of the sequence	of):	1 ver			
	(disease or injury that initiated the events resulting in death) LAST	9 4		Due to (or as a consequence	oli:	<u> 182</u> - S			
Completed By:	PART II. Enter other significa	ant conditions con	tributing to dea	i <u>th</u> but not res	sulting in the underly	ing cause given	n PART I.	34 WERE	Yes 0 No AUTOPSY FINDING E OF DEATH? 0	S AVAILABLE TO CO
e K	35. DID TOBACCO USP C	ONTRIBUTE TO		EMALE:	within past year		37. M	NNER OF DE	TH	
				regnant at tin			1.	latural O Ho		
	□ No □ Unknown	•			but pregnant within 4 but pregnant 43 days		1		nding Investigation uld not be determined	
8 5	1		1			,				
	38. DATE OF INJURY (Mo/Day/Yr) (Spell Moni	dh)			egnant within the pas 0. PLACE OF INJUR	t year	t's home; constru		rant; wooded area)	41. INJURY AT WO
8 5	38. DATE OF INJURY (Mo/Day/Yr) (Spell Moni				0. PLACE OF INJUR	t year	t's home; constru		rant; wooded area)	41. INJURY AT WO
8 5	38. DATE OF INJURY					t year Y (e.g., Deceder	t's home; constru	ction sile; restau	Zip Code:	O Yes O No
8 5	38. DATE OF INJURY (Mo/Day/Yr) (Spell Moni	: State:			0. PLACE OF INJUR	t year Y (e.g., Deceder		44.	Zip Code: IF TRANSPORTATIO priver/Operator Passenger Pedestrian	O Yes O No
8 5	38. DATE OF INJURY (Mo/Day/Yr) (Spell Moni 42. LOCATION OF INJURY: Street & Number: 43. DESCRIBE HOW INJU	: State:			0. PLACE OF INJUR	t year Y (e.g., Deceder		44.	Zip Code: IF TRANSPORTATIO Passenger	□ Yes □ No
8 5	38. DATE OF INJURY (Mo/Day/YY) (Spell Moni 42. LOCATION OF INJURY: Street & Number: 43. DESCRIBE HOW INJUI 45. CERTIFIER (Check only)	: State: RY OCCURRED: y one): o the best of my for	39. TIME OF	nocurred du	O. PLACE OF INJUR City or Town:	t year Y (e.g., Deceder Ap	artment No.:	44.	Zip Code: IF TRANSPORTATIO Priver/Operator Passenger Pedestrian Other (Specify)	O Yes O No
8 5	38. DATE OF INJURY (Mo/Day/Yr) (Spell Mori 42. LOCATION OF INJURY: 5treet & Number: 43. DESCRIBE HOW INJUI 45. CERTIFIER (Check only	: State: RY OCCURRED: y one): the best of my kn ng physician-To th oner-On the basis	39. TIME OF	n occurred di nowledge, de , and/or inves	O. PLACE OF INJUR City or Town: Let to the cause(s) an leth occurred at the life stigation, in my opinion.	d manner stated me, deate, and pin, death occurre	artment No.:	44.	Zip Code: IF TRANSPORTATIO Priver/Operator Passenger Pedestrian Other (Specify)	O Yes O No

Historically, additional information is defined as information gathered as a result of queries to the physician, results of investigations by coroners or other officials, traffic accident reports, etc. The SuperMICAR Additional Information screen is used for these and other types of data.

Al includes any information or changes of information made to the original certificate. Preserving the original death certificate information is important; therefore, any changes to that information is made on the Additional Information Screen. These changes can be made in several different places for several different reasons.

It is important to remember that SuperMICAR will process only the information on the A.I. screen if an A.I. entry for a particular certificate exists. This means for any certificate that has both original information and additional information, changes to the original certificate will have no effect on SuperMICAR's attempts to match causes of death to their medical entity reference numbers. Only those changes made on the A.I. certificate will be processed. For certificates with no A.I., the data on the original certificate is processed.

Accessing the Additional Information Screen

Each record in a SuperMICAR file can have two separate screens of information associated with it. The first screen, the Certificate Information screen, should contain the cause of death data as it appeared on the death certificate. Theoretically, certified copies of the death certificate information could be taken from this screen. The second screen, the Additional Information (A.I.) screen, contains the overriding information that will be processed by SuperMICAR.

To access A.I. on screen, first navigate to the associated record/certificate (by pressing F5). From there, press {F9} to view A.I. the` screen associated with that certificate. Even from the A.I. view, it is not possible to jump directly to a new A.I. record - to find a different A.I. record. First, close any currently-open A.I. screen by pressing {Esc} and then navigate to the desired certificate in normal edit view or use {F3} to go to the next original certificate that has an A.I. record. Press {F9} to see the associated A.I. screen for that certificate. In standard edit certificate view, if a particular certificate has associated A.I., a red indicator will appear in the status bar along the bottom of the screen,

The information on the A.I. screen may be different than that on the Certificate Information screen in cases where information needs to be added to the record as the result of queries. Changes in the record may also be required to assist the SuperMICAR processor in assigning Entity Reference Numbers to the medical conditions on the record. For most records, SuperMICAR will process the original information as it appears on the Certificate Information screen. When the A.I. screen is first invoked, the information from the original screen is copied onto the new screen. After this, the A.I. screen will always retain the changes made to it separately from the Certificate Information Screen.

NOTE: Once a record has an associated A.I. certificate, changes cannot be made to the original certificate. SuperMICAR will not allow it.

Adding Certificates with Al

- 1. Access the Certificate Information Screen for the desired certificate.
- 2. Press {F9}. "Edit Certificates Additional Information" will appear in the title bar at the top of this new screen. When the Additional Information Screen initially appears, the data from the Certificate Information Screen will be copied onto the A.I. Screen.
- 3. Enter additional information. The parameters for field data are the same for A.I. records as for original certificate records. See Appendix A, SuperMICAR Hotkey List for keys used on the A.I SCREEN and their functions.
 - a. If "pneumoconiosis" is listed on the death certificate and the decedent's occupation is "coal worker" "or coal miner," or "miner," enter COAL WORKERS PNEUMOCONIOSIS.

- Additional information (A.I.) may be attached to the death certificate.
 - If the A.I. states the underlying cause of a specific disease in Part I, the A.I. is considered to be reported on the line below the indicated disease. Adjust all other reported conditions accordingly. For example:
 - I (a) Congestive heart failure
 - (b) Arteriosclerosis
 - (c)
 - (d)

Al: The underlying cause of the congestive heart failure was ASHD.

The above should be entered into SuperMICAR as:

- I (a) CONGESTIVE HEART FAILURE
 - (b) ASHD
 - (c) ARTERIOSCLEROSIS
- II^(d)
- 2. If a disease is modified by A.I., treat the disease as modified by the A.I. where the disease is first reported. For example:
 - I (a) Pneumonia

Al: Lobar pneumonia

The above should be entered into SuperMICAR as:

- I (a) LOBAR PNEUMONIA
- c. If an "amended certificate" is submitted, enter the data on the amended certificate only.

d. When the A.I. indicates the condition for which surgery was performed, enter this condition on the next lower line (in a "due to" position) to the surgery:

Example:

- I (a) Coronary occlusion
 - (b) Gastrectomy
 - (c)
 - (d)

Ш

Al: Gastrectomy done for Gastric ulcer

Enter as:

- I (a) Coronary occlusion
 - (b) Gastrectomy
 - (c) Gastric ulcer
 - (d)

II`

e. If the surgery is reported in Part II enter the A.I. following the surgery:

Example:

- I (a) Respiratory arrest
 - (b) Pneumonia
 - (c)
 - (d)

II Úremia, cholecystectomy

AI: Surgery for gallstones

Enter as:

- I (a) Respiratory arrest
 - (b) Pneumonia
 - (c)
 - (d)

II Úremia, cholecystectomy for gallstones

f. When A.I. states a specified condition is the underlying cause (U.C.) of death, enter this condition in Part I on the next lower line following the last entry in Part I (in a "due" to position) to the conditions reported on the original death record.

Example:

- I (a) Cardiac arrest
 - (b) M.I.
 - (c) ASHD
 - (d)

П

AI: U.C. was diabetes

Enter as:

- I (a) Cardiac arrest
 - (b) M.I.
 - (c) ASHD
 - (d) Diabetes

Ш

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g. When A.I. states the primary site of a malignant neoplasm, enter this condition in a "due to" position to the other malignant neoplasms reported in Part I.

Example: I (a) Cancer of liver (b) (c) (d) Ш Colon was primary AI: Enter as: I (a) Cancer of liver (b) Primary colon cancer (c) (d) Ш Example: I (a) Carcinomatosis (b) (c) (d) П Prostate was the primary site AI: Enter as: I (a) Carcinomatosis (b) Primary site prostate carcinomatosis (c)

(d) II

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h. When the A.I. <u>does not modify</u> a condition on the certificate or <u>does not state</u> this condition is the underlying cause, enter the A.I. as the last condition(s) in Part II.

Example:

- I (a) Coronary thrombosis
 - (b) HASCVD
 - (c)
 - (d)
- II Hypertension
- AI: Arteriosclerosis, CVA, old M.I.

Enter as:

- I (a) Coronary thrombosis
 - (b) HASCVD
 - (c)
 - (d)
- II Hypertension; Arteriosclerosis, CVA, OLD MI

Example:

- I (a) Hip fracture
 - (b)
 - (c)
 - (d)
- II ASHD, dehydration
- AI: Fell at nursing home

Enter as:

- I (a) Hip fracture
 - (b)
 - (c)
 - (d)
- II ASHD, dehydration; Fell at nursing home

Example:

- I (a) Respiratory failure
 - (b) RDS
 - (c)
 - (d)

Al Twin B

Enter as:

- I (a) Respiratory failure
 - (b) RDS
 - (c)
 - (d)
- II Twin B

Information on multiple births may appear in the "Name" block or on the side of certificate. Enter as last entry in Part II.

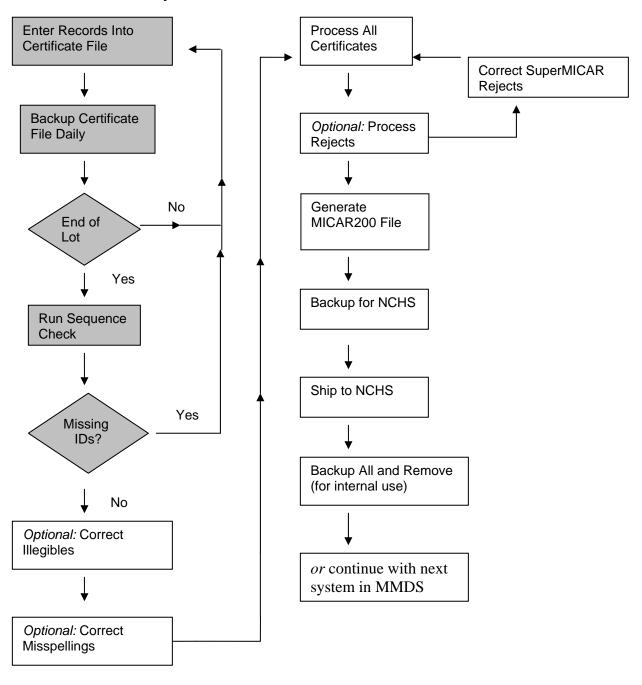
When all of the changes have been made:

- Press {CTRL+ENTER} to save the information, or
- Press {ESC} or {PageDown} to return to the standard certificate view.
 A message box will prompt for saving the AI

After changes have been made and saved on the A.I. SCREEN, subsequent viewing of the A.I. SCREEN will show the additional information.

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After data entry is completed, the batch must be processed before the next part of the automated system can be used.



83

A. Correcting Illegibles in SuperMICAR

Certificates may fail to process because they contain words that were entered as ILLEGIBLE during data entry. This can be corrected through the use of SuperMICAR's illegibles function. The Illegibles function checks for the word "Illegible(s)" or "Unintelligible(s)" in the cause fields (including Part II), duration fields, and the injury description field. The Illegibles function displays and permits corrections to those records in which illegible words were found. This process should be done by someone more familiar with reading and interpreting cause of death information, e.g., a trained underlying cause of death coder.

- From the main screen, press (Alt+T) to select the **Tools** Menu Option.
- 2. Use the up and down arrow keys to highlight the Illegibles function. Press (ENTER).
- 3. A window will be displayed:
 - a. To check illegibles, press {C}. After checking the illegibles, SuperMICAR will display a report window showing the certificates that contained illegibles. Press {Alt-P} to print this report or {Alt-C} to close the form without printing.
 - b. To edit illegibles, press (E). The edit certificates screen will be displayed for each certificate that contained illegibles. Edit those records to correct the illegible. After the final illegible has been edited, a message box will indicate that the illegibles check is completed. Press (ENTER) to continue.
- 4. The main SuperMICAR screen will be re-displayed.

B. Correcting Misspellings in SuperMICAR

As fields in the certificate edit screen are filled, SuperMICAR automatically checks the spelling of terms and other appropriate fields. If SuperMICAR detects a potential misspelling, the spelling check box is displayed, showing the misspelled word along with a list of the most likely correct word spellings. At that point, there are three choices:

- 1. Press {Accept} to accept the current word as is, with no changes.
- Retype the word in the box and press {Enter} to have SuperMICAR check the new word against the correct word list.
- 3. Choose the correct word spelling from the list of potential matches offered by SuperMICAR.

The spellcheck routine can be run at anytime to check the spelling on EVERY certificate in the current file. To access the spellchecker, first close the Edit Certificate screen by pressing {Esc}, then follow the directions below. When searching for misspellings, SuperMICAR checks the words in the Cause of Death fields Part I, Part II, and the injury description field. To use the SuperMICAR spelling function:

- 1. From the main screen, press (Alt+T) to select the **Tools** Menu Option.
- 2. Use the up and down arrow keys to highlight the Spelling function. Press (ENTER).

- 3. A spelling check box displays each misspelled word and, in the background, the certificate edit screen for that record. The certificate edit screen is shown only to provide a context for the spelling error; all spelling changes must be made in the Spelling Check box itself. For each misspelled word, there are three choices:
 - a. Press {ENTER} to accept the current word as is, with no changes.
 - Retype the word in the box and press {Enter} to have SuperMICAR check the new word against the correct word list.
 - c. Choose the correct word spelling from the list of potential matches offered by SuperMICAR.
- 4. After the final misspelling, a message box will indicate that the spelling check is completed. Press {ENTER} to continue.
- 5. The main SuperMICAR screen will be re-displayed.

C. Processing Records using SuperMICAR

Processing is how SuperMICAR converts the entered cause of death information into NCHS's Entity Reference Numbers (ERNs). There are two phases of processing in SuperMICAR: Record Processing and Reject Processing. It is intended these two processing operations be performed to insure that the certificate data is processed correctly. The two operations are:

Record Processing

The first phase of SuperMICAR processing produces output for all certificates in the databases that are perfectly correct. It marks the certificates containing errors as rejects. This process runs in batch mode without user interaction.

Reject Processing

The second phase of SuperMICAR processing is an interactive session in which only the rejects from Record Processing are run. A trained MICAR coder can help SuperMICAR processing by changing the data on the certificate using MICAR data entry rules, making additions on the AI screen, or selecting external cause codes from the External Cause prompts. The results of Reject Processing are merged with the results of Record Processing to produce a complete MICAR file. **NOTE:** Proper use of the External Cause Prompts requires special training. If the user has not been trained, the External Cause Prompts should not be used.

Before records can be processed using SuperMICAR, the following actions must have already been performed:

Opening a file (**New** Certificate File or **Open** an Existing File). **Note:** The file must have certificates in it to process.

The user does not need to do anything while the processing is occurring. After the processing is finished, the user can generate a batch error listing and then perform any editing needed to process the rejects.

To process all the records in a file:

- 1. From the main screen, press {Alt+P} to select the Process Menu option.
- 2. Use the up and down arrow keys to highlight the Process All Records function and press {ENTER}.
- 3. A progress bar will be displayed on the screen showing what percentage of the data file has been processed.
- 4. The certificate number for the certificate currently being processed is displayed in the progress dialog box.
- 5. No other activity is needed during processing.
- When the processing is complete, a Processing Results report will be displayed.
 - A. To print out a copy of the Processing Results report, click on the "Yes" button.
 - B. To continue without printing, click on the "No" button or press {ESC}.
- 7. The main screen will be re-displayed.

Correcting SuperMICAR Rejects

Note: Correcting SuperMICAR rejects is an optional step in the process of using SuperMICAR. Correcting rejects requires training - more than just an understanding of basic medical terminology. Correcting SuperMICAR rejects should generally be done by a trained underlying cause coder.

SuperMICAR may reject a record for several reasons. A word may be misspelled, two separate conditions may be listed on a single line with no punctuation between them, or an external cause may be embedded in the record. Unlike ACME, SuperMICAR does not generate messages corresponding to the reason for processing failure. This section provides some general instructions for correcting SuperMICAR records during processing.

Two Terms on a Line

If two separate terms appear on a single line with no divider to separate them (a divider can be a punctuation mark or any of several words that indicate a division, such as AND or WITH), they may be processed as a single term and thus produce a reject. In this case, place a semicolon (;) between the two terms and save the certificate. This will solve most problems of this variety.

Example: II. DIABETES MELLITUS END STAGE RENAL DISEASE Enter: DIABETES MELLITUS; END STAGE RENAL DISEASE;

Misspelling/Unrecognized Terms, Extraneous Information

If a misspelled or unknown term appears on a record, simply type over the old term (toggle between insert and overwrite mode by pressing the {Insert} key) to give the certificate the correct spelling for the term. In other cases, a word may appear that has no significance to a death certificate - such as a person's name or the name of a hospital or city. In these cases, access the Additional Information (AI) screen and delete the unnecessary information. SuperMICAR will process the AI information instead of the original certificate data.

Example: Ib. ARTERIOSCLEROTIC HRT DX

Enter: ARTERIOSCLEROTIC HEART DISEASE or ASHD

Dates and Times

Under most circumstances, SuperMICAR will automatically pull dates and times from a line and will, under certain circumstances, use them to generate a proper duration for the term. Since dates and times can be written in so many ways, SuperMICAR will sometimes miss a date or time. If this occurs, access the additional information screen for the certificate and remove the date or time from the line. If appropriate, use the deleted date to supply a duration code for the term (if one is not already provided).

Example: II. DIED 25 DAYS AFTER MITRAL REPAIR AND CORONARY

BYPASS SURGERY

Enter: MITRAL REPAIR; CORONARY BYPASS SURGERY

Example: Ib. ESSENTIAL HYPERTENSION 4 YRS

Enter: ESSENTIAL HYPERTENSION and in DURATION block: 4 YRS

External Causes

See Chapter VII for instruction on using prompts.

Multi-Line Terms

Many certificates contain terms that flow from one line to the next. SuperMICAR makes an attempt to identify these terms and bring them together, but sometimes it fails to recognize the condition. In that case, access the Edit screen for the certificate, position the cursor on the line that should be connected with the previous line, and press {Alt+D} to delete the line number for that line, indicating that the two lines should be considered as one for the purpose of processing it.

Two Lines Connected Together

Because SuperMICAR attempts to connect lines together, it will from time to time connect two lines together that should be left separate. This often occurs when a line is improperly formatted, perhaps ending with a modifier that should be applied to a prior lead term. In these cases, access the Additional Information screen and re-format the first line, putting modifiers preceding the terms they modify. Another situation that may cause lines to run together improperly occurs when the last character on a line is a punctuation mark, such as a comma, semicolon, or period. To correct errors of this variety, simply remove the punctuation mark. (This often occurs when periods are used to divide the letters in an abbreviated term, such as C.O.P.D. The periods are not necessary and can be deleted.)

Processing SuperMICAR Rejects

Before records can be processed, the following actions must have already been performed:

Opening a file (New Certificate File, or Open an Existing File).

The file must have been processed already (see SuperMICAR Processing: An Overview).

Please note that the file must have certificates in it to process.

Note: Processing SuperMICAR rejects is an <u>OPTIONAL</u> step of SuperMICAR processing, and should not be performed by anyone who is not at least a trained UC (Underlying Cause) coder.

In Processing Rejects, SuperMICAR will stop the processing whenever a term that it cannot translate is encountered. At the user's option, the user may edit the cause of death information and process the rejected record again.

NOTE: This function cannot be used until the Process All Records Function has been used. See Correcting SuperMICAR Rejects for more details. The details of Processing Rejects are as follows:

- 1. From the main screen, press {Alt+P} to select the Process menu option.
- 2. Use the up and down arrow keys to highlight the Process Rejects Function and press {ENTER}.

- 3. A progress bar will be displayed on the screen showing what percentage of the data file has been processed.
 - a. When SuperMICAR finds a mismatch or an error, a message window will be displayed. To make a correction, press {Y}. To accept the error as correct and continue with the processing, press {N}. To cancel editing of the error and return to processing, press {ESC}. To exit without any further processing, press {Y}.
 - b. If the {Y} key is pressed to make corrections, the user will be returned to the Certificate Information screen (refer to <u>Adding</u> <u>Certificates</u>, for a description of the Certificate Information screen) or the Additional Information Screen, whichever is most appropriate. Refer to <u>Editing Additional Information</u> for a description of the Al screen. SuperMICAR will fill the fields on the screen with certificate information. Make changes to the fields as described in <u>ENTERING</u> AND SAVING CERTIFICATE DATA.
 - c. When {F6} is pressed after a {Y}, a Processed Output screen will be displayed (if the reject is found on a certificate with no AI). Press {ESC} to return to the Enter Certificate Information screen.

APPENDIX A HOT KEY LIST

Hotkeys Accessible from Main Screen

File: New Ctrl + F2

Open F2

 Close
 Ctrl + F4

 Import
 Shift + F8

 Export
 Shift +F7

 Delete
 Ctrl + D

 Restore
 Alt + F8

 Exit
 Alt + X

Edit: Certificates F4

Delete Certificate F8

Process: All Records Ctrl + P

View/Reports: Print All Certificates F7

Al Certificate Listing Ctrl + A

Backup: All Alt + F7

Tools: Sequence Check Ctrl + S

Filter Ctrl + FBuild ARJ File Ctrl + AChange Certificate Digits Ctrl + CCreate QC Sample with AIN File Ctrl + Q APPENDIX A HOT KEY LIST

Hotkeys Accessible from Certificate Edit Screen

Help (context) F1 **Function Key List** Alt + F1Next AI Certificate F3 Find Certificate F5 Show Processed Info F6 **Print Certificate** F7 F8 **Delete Certificate** Additional Information (AI) F9 Go to Part I Alt + 1Go to Part II Alt + 2Go to State-Specific Data Alt + SGo to Certifier Field Alt + C Mark Out (Due To) Alt + DIncomplete Alt + IWipe Field Alt + W End Editing/Adding Alt + F9End Editing/Adding Esc Beginning of Field Home End of Field End

Next Field Tab, or Enter, or Down Arrow

Previous Field Shift + Tab, or Up Arrow

First Field Ctrl + Home
Last Field Ctrl + End
Next Record Page Down
Previous Record Page Up

First Record Ctrl + Page Up
Last Record Ctrl + Page Down

APPENDIX B QUICK START FOR SuperMICAR DATA ENTRY

1. SuperMICAR

Tools, Options Verify Data and Backup Paths

Data: C:\2003MMDS\DATA
Table: C:\2003MMDS\TABLE
Backup: C:\2003MMDS\BACKUP

• File, New Enter File name, must be exactly 7 characters

long. Click on OK after name is entered.

Click on YES to create the file.

Supply Header Information

Shipment Number: ----- 3 alpha-numeric characters (alpha in

first position only)

Lot Number: ----- 4-digit numeric

Section Number: ----- 1 digit numeric

Data Year: Year of death, 4 characters

State Code: State code – alpha abbreviation FL,

MO, DC, etc.

Code Status: ----- Single digit

Click OK when all information is entered.

APPENDIX B

QUICK START FOR SuperMICAR DATA ENTRY

• File, Certificates ----- Enter information from each

certificate. After entering first

certificate number, the number will increment by one each subsequent

certificate.

Tools, Sequence Check Determine completeness of file. If

records are missing, return to date

entry for correction.

Tools, Illegible Select CHECK

Must have original document to

make corrections.

{Page-Down} to move to next record

after correction.

• Tools, Spelling Use original document to make

corrections.

Process all records. Close information screen when complete (no need to print).

Process, Generate MICAR200 File Select <u>All</u> (Not edited)

Select OK if message appears that file already

exists

• File, close

• File, exit (Or use {ESC} key)

Answer YES to exit

program

GEOGRAPHIC JURISDICTION CODES

<u>State</u>	<u>Alpha</u>	<u>State</u>	<u>Alpha</u>
Alabama	AL	Nebraska	NE
Alaska	AK	Nevada	NV
Arizona	AZ	New Hampshire	NH
Arkansas	AR	New Jersey	NJ
California	CA	New Mexico	NM
Colorado	CO	New York	NY
Connecticut	CT	New York City	YC
Delaware	DE	North Carolina	NC
District of Columbia	DC	North Dakota	ND
Florida	FL	Ohio	OH
Georgia	GA	Oklahoma	OK
Hawaii	HI	Oregon	OR
Idaho	ID	Pennsylvania	PA
Illinois	IL	Puerto Rico	PR
Indiana	IN	Rhode Island	RI
Iowa	IA	South Carolina	SC
Kansas	KS	South Dakota	SD
Kentucky	KY	Tennessee	TN
Louisiana	LA	Texas	TX
Maine	ME	Utah	UT
Maryland	MD	Vermont	VT
Massachusetts	MA	Virginia	VA
Michigan	MI	Virgin Islands	VI
Minnesota	MN	Washington	WA
Mississippi	MS	West Virginia	WV
Missouri	MO	Wisconsin	WI
Montana	MT	Wyoming	WY
American Samoa	AS		
Guam	GU		
Northern Mariana Islands	MP		
Puerto Rico	PR		
Virgin Islands (US)	VI		

Following is a list of symbols and their meanings commonly used in the Cause of Death sections of a death certificate. This list is for use with **Adding Certificates**, pg. 19

- # "Fracture." Substitute for the word "fracture." Example: For "Leg #," type "LEG FRACTURE."
- 1 "Increased." Substitute for the word "increased." Example: For "1 hemorrhaging," type "INCREASED HEMORRHAGING."
- → Results in
- ← Resulted from
- 01 "Hour." Substitute for the word "Hour." Example: For " 0/1 type "1 HOUR."
- "Secondary to." Substitute for the words "secondary to."
 Example: For "Pneumonia 00/11 Gunshot wound," type
 "PNEUMONIA SECONDARY TO GUNSHOT WOUND."
- 1° "Primary." Substitute for the word "primary." Example: For "1° colon cancer," type "PRIMARY COLON CANCER."
- 2° "Secondary to." Substitute for the words "secondary to."
 Example: For "Pneumonia 2° cardiorespiratory infection," type
 "PNEUMONIA SECONDARY TO CARDIORESPIRATORY
 INFECTION."
- with." Substitute for the word "with." Example: For "Heat stroke c Myocardial infarction," type "HEAT STROKE WITH MYOCARDIAL INFARCTION."

- "After." Substitute for the word "after." Example: For "Spontaneous bleeding p tracheal tube removal," type "SPONTANEOUS BLEEDING AFTER TRACHEAL TUBE REMOVAL."
- "Without." Substitute for the word "without." Example: For "Three weeks s taking medication," type "THREE WEEKS WITHOUT TAKING MEDICATION."
- w/ "With." Substitute for the word "with." Example: For "Heat stroke w/ myocardial infarction," type "HEAT STROKE WITH MYOCARDIAL INFARCTION."

If this TERM is on a certificate ke	ey this ABBREVIATION
Abdominal aortic aneurysm	AAA
Above Knee Amputation	
Acquired Immunodeficiency Syndrome	
Acquired Immune Deficiency Syl	
Acquired Immunity Deficiency Sy	
Acute Myocardial Infarction	
Acute Renal Failure	
Adenocarcinoma	ACA
Adult Onset Diabetes Mellitus	
Adult Respiratory Distress Syndrome	
Alcohol	
Alcoholism	
Alzheimer's type senile dementia	SDAT
Amyotrophic Lateral Sclerosis	
Arteriosclerosis	AS
Arteriosclerosis Obliterans	ASO
Arteriosclerotic Cardiovascular Disease	ASCVD
Arteriosclerotic Cardiovascular Renal Diseas	e ASCVRD
Arteriosclerotic Coronary Artery Disease	ASCAD
Arteriosclerotic Coronary Disease	ASCD
Arteriosclerotic Coronary Heart Disease	
Arteriosclerotic Heart Disease	
Arteriosclerotic Hypertensive Cardiovascular	Disease ASHCVD
Arteriosclerotic Hypertensive Heart Disease.	ASHD
Arteriosclerotic Hypertensive Vascular Disea	se AHVD
Arteriosclerotic Peripheral Vascular Disease	ASPVD
Arteriosclerotic Vascular Disease	ASVD
Arteriosclerotic Vascular Heart Disease	ASVHD
Asphyxiation	ASPH
Aspiration	
Atherosclerosis	
Atherosclerotic Cardiovascular Disease	ATCVD
Atherosclerotic Coronary Artery Disease	
Atherosclerotic Heart Disease	
Atherosclerotic Vascular Disease	ΔT\/D

ABBREVIATIONS

If this TERM is on a certificate	key this ABBREVIATION
Atrial Fibrillation	AF
Below Knee Amputation	
Benign Prostatic Hypertrophy	
Breast Adenocarcinoma	
Breast Carcinoma	
Bronchogenic Carcinoma	
Bronchopneumonia	
Bundle Branch Block	
Cancer	CA
Carcinomatosis	CSS
Cardiac Arrest (this can never be Carcino	ma)CAR
Cardiac Arrhythmia	•
Cardiac Failure	
Cardiomyopathy	
Cardiopulmonary Arrest	
Cardiopulmonary Failure	
Cardiorespiratory Arrest	
Cardiorespiratory Failure	
Central Nervous System	
Cerebral Hemorrhage	
Cerebral Infarction	
Cerebral Thrombosis	CERT
Cerebrovascular	CERV
Cerebrovascular Disease	CERVD
Chronic Brain Syndrome	CBS
Chronic Obstructive Airway Disease	COAD
Chronic Obstructive Lung Disease	COLD
Chronic Obstructive Pulmonary Disease .	
Chronic Obstructive Pulmonary Emphyser	naCOPE
Chronic Organic Brain Syndrome	
Chronic Renal Failure	
Coal Worker's Pneumoconiosis	CWP
Colon or Colonic Adenocarcinoma	
Colon Carcinoma	
Congestive Heart Failure	
Coronary Arteriosclerosis	

If this TERM is on a certificate	key this ABBREVIATION
Coronary Artery Bypass Graft	CABG
Coronary Artery Bypass Surgery	
Coronary Artery Disease	
Coronary Heart Disease	
Cytomegalovirus	
Decubitus Ulcer	
Deep Vein Thrombosis	
Dehydration	
Delirium Tremens	
Diabetes	
Diabetes Mellitus	
Disseminated Intravascular Coagulation	
Disease	
Edema	
Electromechanical Dissociation	EMD
Emphysema	
End Stage Renal Disease	
Fever Unknown Origin	
Fracture	
Gastric Hemorrhage	GHEM
Gastrointestinal	GI
Gastrointestinal Hemorrhage	GIHEM
Gastroesophageal	GE
Generalized	GEN
Gunshot Wound	GSW
Heart Failure	HFA
Hemorrhage (Never for Hemorrhagic!)	HEM
High Blood Pressure	HBP
Human Immunodeficiency Virus	HIV
Hyaline Membrane Disease	HMD
Hypertension	HTN
Hypertensive Arteriosclerotic Cardiovascu	lar Disease HASCVD
Hypertensive Arteriosclerotic Heart Diseas	se HASHD
Hypertensive Arteriosclerotic Vascular Dis	ease HASVD
Hypertensive Heart Disease	
Hypertensive Vascular Disease	HVD

If this <i>TERM</i> is on a certificate	key this ABBREVIATION
---	-----------------------

Influenza Insufficiency Insulin Dependent Diabetes Insulin Dependent Diabetes Mellitus Intraventricular Hemorrhage Ischemic Heart Disease Left Left Bundle Branch Block Left Lower Lobe Left Middle Lobe Liver Cancer Liver Carcinoma Liver Cirrhosis Lower Lobe Lung Adenocarcinoma Lung Cancer	INSUF IDDI IDDM IVH IHD LT LBBB LLL LML LUL LIVCA LIVCAR LIVCAR LIVCIR LL LADENO LCA
Lung Carcinoma	
Lupus Erythematosus Malignant	
Malignant Hypertension	
Malnutrition	
Metastatic (this is the only acceptable abbreviation for this)	M
Metastases (this is the only acceptable abbreviation for this)	MES
Metastasis (this is the only acceptable abbreviation for this)	MIS
Metastatic Adenocarcinoma	
Metastatic Breast Carcinoma	
Metastatic Bronchogenic Carcinoma	
Metastatic Cancer	
Metastatic Carcinoma	
Metastatic Lung Carcinoma	
Metastatic Lung Carcinoma	
Metastatic Prostate (or Prostatic) Carcinoma	
Myocardial Infarction	
Negative	
1109au 10	. 120

If this <i>TERM</i> is on a certificatekey this <i>ABBREVIATIO</i>)N
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Non Insulin Dependent Diabetes (Also- NIDD)	NIDDI
Non Insulin Dependent Diabetes Mellitus	NIDDM
Open Reduction Internal Fixation	ORIF
Organic Brain Syndrome	OBS
Ovarian Carcinoma	OCAR
Pancreatic Carcinoma	
Patent Ductus Arteriosus	. PDA
Peripheral Vascular Disease	PVD
Pneumonia	. PN
Post Operative	. PO
Prematurity	PREM
Prolonged Prothrombin Time	. PPT
Prostatic Cancer	PRCA
Prostatic Carcinoma	PRCAR
Pulmonary	. PUL
Pulmonary Embolism	PULEM
Renal Failure	RENFA
Respiratory	
Respiratory Arrest	. RAR
Respiratory Distress Syndrome	RDS
Respiratory Failure	RFA
Rheumatic Heart Disease	RHD
Right	
Right Bundle Branch Block	RBBB
Right Lower Lobe	RLL
Right Middle Lobe	RML
Right Upper Lobe	RUL
Ruptured Abdominal Aortic Aneurysm	RAAA
Septicemia	SEPT
Sick Sinus Syndrome	SSS
Small Bowel Obstruction	SBO
Stab Wound	. SW
Staphylococcal, Staphylococcus	STAPH
Status Post	SP
Stomach Carcinoma	STCAR
Streptococcal, Streptococcus	STREP

If this TERM is on a certificatekey this ABBREVIATION

Sudden Infant DeathSudden Infant Death Syndrome	
Syndrome of Inappropriate Diuretic Hormone	
Systemic Lupus Erythematosus	
Transient Ischemic Attack	TIA
Transitional Cell Carcinoma	TCC
Transurethral Resection	TUR
Transurethral Resection Prostate	TURP
Tuberculosis (Note- also TBC)	
Unknown	UNK
Upper Gastrointestinal	UGI
Upper Lobe	UL
Urinary Tract Infection	
Venereal Disease	VD
Ventricular Fibrillation	VF
Week or Weeks	WK

A - ABSTINENCE

ABDOMEN ABUSE
ABDOMINAL ABUSED
ABDOMINALGIA ABUSER

ABDOMINALIS ACANTHOLYSIS
ABDOMINIS ACANTHOSIS
ABDOMINOCENTESIS ACCELERATED

ABDOMINOPERINEAL ACCESS
ABDOMINORECTAL ACCESSORY

ABDOMINOSIGMOIDAL ACCRETA
ABDOMINOTHORACIC ACCRETIO
ABDOMINOVESICAL ACEPHALIA
ABDUCTION ACEPHALIC
ABERRANT ACEPHALISM
ABERRATION ACEPHALUS

ABLATIO ACEPHALY
ABLATION ACETABULAR
ABNORMAL ACETABULUM
ABNORMALITIES ACETAMINOPHEN

ABNORMALITY ACETONE
ABORTION ACETONEMIA
ABORTUS ACETYLENE

ABOVE ACETYLSALICYLIC

ABRASION ACHALASIA

ABRASIONS ACHLORHYDRIC
ABRUPTIO ACHONDROPLASIA
ABRUPTION ACHONDROPLASTIC

ABS ACHYLIA ABSCESS ACID

ABSCESSED **ACIDEMIA ABSCESSES** ACIDITY ABSENCE ACIDOPHIL ABSENT ACIDOSIS ABSINTHE **ACNITIS** ABSINTHEMIA **ACOUSTIC ACQUIRED** ABSINTHISM **ABSORPTION ACRANIA**

ACROCEPHALY ACRODERMATITIS

ACROMEGALIA ADENOSQUAMOUS

ACROMEGALY
ACROMIAL
ACROMICRIA
ACROMICRIA
ACROMIOCLAVICULAR
ACROMION
ACROMION
ACROPATHY
ACROSCLERODERMA
ADENOVIRAL
ADHERNT
ADHESION
ADHESIONS
ADHESIVE
ADIPOSIS
ADIPOSITY

ACROSCLEROSIS ADMINISTRATION

ACTERYL ADNEXA ACTINIC ADRENAL

ACTINOBACTER ADRENALECTOMY
ACTINOBACTERIAL ADRENALITIS
ACTINOMYCOSIS ADRENITIS

ACTINOMYCOTIC ADRENOCORTICAL

ACTION ADRENOCORTICOTROPHIC

ACTIVE ADRENOGENITAL

ACTIVITY ADRIAMYCIN

ACTUALLY ADULT

ACUTE ADVANCED ADAIR ADVENTITIAL ADAMS ADVERSE

ADDICTION ADVIL

ADDISON ADYNAMIC
ADDISONIAN AERATION
ADDISONS AEROBACTER

ADENITIS AEROBIC
ADENOCANCER AEROGENES

ADENOCARCINOMA AEROSOL

ADENOCARCINOMATOSIS AERUGINOSA

ADENOCYSTIC AFFAIR

ADENOFIBROMA AFFECTING
ADENOID AFFECTIVE
ADENOIDECTOMY AFFERENT

ADENOIDS AFIBRINOGENEMIA

ADENOMA AGE ADENOMATOID AGED

ADENOMATOUS AGENESIS

ADENOPATHY ADENOSARCOMA

ALKALINE

ALKERAN

AGALACTIA AGAMMAGLOBULINEMIA

AGAMMAGLOBULINEMIA ALKALOSIS
AGANGLIONIC ALKASELTZER

AGANGLIONOSIS

AGENT ALLERGIC
AGGLUTININ ALLERGY
AGGRAVATED ALLOGRAFT
AGGRESSIVE ALOPECIA

AGGRESSIVE ALOPECIA
AGING ALPHA
AGITANS ALPORTS
AGITATION ALTERED
AGNOGENIC ALUMINUM
AGONAL ALVAREZ
AGORAPHOBIA ALVEOLAR

AGRANULOCYTIC ALVEOLARCAPILLARY

AGRANULOCYTOSIS
AGYRIA
AILMENT
AIRWAY
AIRWAYS
AIRWAYS
ALZHEIMER

AIRWAYS
AKINETIC
ALACTASIA
ALACTASIS
ALACTASIS
ALBA
ALBERS
ALBERS
ALBERTINI
ALZHEIMERS
AMAUROSIS
AMAUROSIS
AMAUROTIC
AMBLYOPIA
AMBULATE
AMBERC

ALBICANS AMELOBLASTOMA

ALBRIGHT AMERICAN

ALBUMIN AMINOGLYCOSIDE
ALCOHOL AMINOPHYLLINE
ALCOHOLIC AMIODARONE
ALCOHOLISM AMITRIPTYLINE

ALDRICH AMMONIA
ALEUKEMIC AMNESIA

ALEXANDERS AMNIOCENTESIS

ALIMENTARY AMNION
ALIMENTATION AMNIONITIS
ALKALEMIA AMNIOTIC

ALKALI AMOBARBITAL

AMOXAPINE ANDERSENS AMOXICILLIN ANDERSONS

AMPHETAMINE ANEMIA
AMPICILLIN ANEMIC

AMPULLA
AMPULLARY
AMPUTATED
AMPUTATION
AMPUTATIONS
AMPUTATIONS
AMPUTEE
ANENCEPHALY
ANENCEPHALY
ANESTHESIA
AMPUTEE
ANESTHETIC

AMYELENCEPHALUS ANEURYSM AMYELIA ANEURYSMAL

AMYLOID ANEURYSMECTOMY

AMYLOIDOSIS ANEURYSMS
AMYOPLASIA ANGIITIS
AMYOTONIC ANGINA
AMYOTROPHIA ANGINAL

AMYOTROPHIC ANGIOBLASTIC
AMYOTROPHY ANGIOBLASTOMA
ANAEROBIC ANGIODYSPLASIA
ANAFRANIL ANGIOEDEMA

ANAL ANGIOENDOTHELIOMATOSIS

ANALBUMINEMIA ANGIOGRAM ANALGESIA ANGIOGRAPHY

ANALGESIC ANGIOIMMUNOBLASTIC

ANALGESICS ANGIOMA

ANALYSES ANGIOMATOSIS

ANALYSIS ANGIOMYOSARCOMA

ANAPHYLACTIC ANGIONEUROSIS
ANAPHYLACTOID ANGIONEUROTIC
ANAPHYLAXIS ANGIOPATHY
ANAPLASTIC ANGIOPLASTY

ANAPLASTIC ANGIOPLASTY
ANARTHRIA ANGIOSARCOMA
ANARTHRITIC ANGIOSCLEROSIS

ANASARCA ANGIOSPASM ANASTOMIC ANGIOSPASTIC

ANASTOMOSIS ANGLE

ANASTOMOTIC ANGULATION ANCIENT ANHYDRATION

ANHYDREMIA ANTICOAGULANTS
ANICTERIC ANTICOAGULATION
ANITRATUM ANTICONVULSANT
ANKLE ANTIDEPRESSANT
ANKLES ANTIDEPRESSANTS

ANKYLOPOIETICA ANTIDIURETIC
ANKYLOSED ANTIFREEZE
ANKYLOSING ANTIGEN

ANKYLOSIS ANTIHISTAMINE

ANNULAR ANTIINFLAMMATORY
ANNULOPLASTY ANTINEOPLASTIC
ANNULUS ANTITHROMBIN

ANOMALIES ANTITOXIN
ANOMALOUS ANTITRYPSIN
ANOMALY ANTITUMOR
ANORECTAL ANTONS

ANORECTUM ANTRAL ANOREXIA ANTRECTOMY

ANOXEMIA ANTRITIS
ANOXEMIC ANTROGASTRIC

ANOXEMIC ANTROGASTR
ANOXIA ANTRUM
ANOXIC ANURIA
ANTAGONIST ANURIC

ANTECUBITAL ANUS
ANTEPARTUM ANXIETY
ANTERIOR ANTERIOR

ANTERIOR AORTAILIAC ANTERIOSEPTAL AORTIC

ANTERO AORTICOPULMONARY

ANTEROLATERAL AORTITIS
ANTEROSEPTAL AORTO

ANTEVERSION AORTOBIFEMORAL

ANTHONYS AORTOCAVAL

ANTHRACOSILICOSIS
ANTHRACOSIS
ANTIBIOTIC
ANTIBODIES
AORTOCORONARY
AORTOCUTANEOUS
AORTOENTERIC
AORTOFEMORAL

ANTIBODIES AORTOFEMORAL
ANTIBODY AORTOGRAM
ANTICOAGULANT AORTOILIAC

AORTOJEJUNAL ARACHNITIS

AORTOPLASTY ARACHNODACTYLY

AORTOPOPLITEAL ARACHNOID
AORTOPULMONARY ARACHNOIDITIS

AORTORENAL ARCH AORTOSAPHENOUS AREA

APATHETIC AREGENERATIVE APEPSIA AREOLA

APERTA ARHINENCEPHALY

APERTS ARIAS APERTURES ARM

APEX ARMENIAN

APGAR ARMS APHAGIA ARNOLD APHASIA ARREST APHASIC ARRESTED APHEMIA ARRHYTHMIA **APHONIA ARRHYTHMIC APICAL ARRILLAGA** APLASIA ARSENIC

APLASIA ARSENIC
APLASTIC ARSENICAL
APNEA ARSENISM
APNEIC ARTERIAL

APOCRINE ARTERIECTASIS

APONEUROSIS ARTERIES
APOPLECTIC ARTERIO

APOPLECTIFORM ARTERIOCAPILLARY
APOPLEXIA ARTERIOCARDIORENAL

APOPLEXY ARTERIOFIBROSIS
APPENDAGE ARTERIOGRAM
APPENDECTOMY ARTERIOGRAPHY

APPENDECTOMY ARTERIOGRAPHY
APPENDICEAL ARTERIOLAR
APPENDICITIS ARTERIOLES

APPENDIX ARTERIOLITIS

APPETITE ARTERIOLONEPHROSCLEROSIS
APPREHENSION ARTERIOLOSCLEROSIS

APPREHENSIVE ARTERIOMESENTERIC

APRAXIA ARTERIONEPHROSCLEROSIS

AQUEDUCT ARTERIOOCCLUSIVE

ARTERIOPATHIC **ASPHYXIATING** ARTERIOPATHY ASPHYXIATION ARTERIORENAL ASPIRATED ARTERIOSCLEROSIS **ASPIRATION** ARTERIOSCLEROTIC **ASPIRATIONAL**

ARTERIOSEPTAL ASPIRIN ARTERIOSPASM **ASPLENIA ARTERIOSUS ASTASIA ARTERIOTOMY ASTERIXIS** ARTERIOVASCULAR **ASTHENIA ARTERIOVENOUS ASTHMA** ARTERIOVENTRICULAR **ASTHMATIC**

ARTERITIS ASTHMATICUS ARTERY ASTROBLASTOMA ARTHRITIC **ASTROCYTOMA** ASTROGLIOMA **ARTHRITIS** ARTHROFIBROSIS **ASYMMETRIC** ARTHROPATHY **ASYMMETRICAL** ARTHROPLASTY **ASYNERGIA**

ARTHROSIS ASYNERGY ASYSTOLE ARTHUS **ARTIFICIAL ASYSTOLIC** ATAXIA ARYTENOID

ASBESTOS ATAXIC ASBESTOSIS ATELECTASIS ASCARIASIS ATELOCARDIA **ASCENDING ATELOMYELIA ASCHOFFS ATHEROGENESIS**

ASCITES ATHEROMA

ATHEROMATOSIS ASCITIC **ASEPTIC ATHEROMATOUS ATHEROSCLEROSIS** ASIAN

ASIDEROTIC ATHEROSCLEROTIC

ASPERGILLOMA ATHETOID ASPERGILLOSIS ATHETOSIS ASPERGILLUS ATHLETES ASPHYXIA ATHYREA **ASPHYXIAL ATHYROIDISM**

ASPHYXIATED ATLANTO

ATLANTOAXIAL AUTODIGESTION

ATLANTOOCCIPITAL AUTOERYTHROCYTE ATLAS AUTOHEMOLYSIS

ATONIA AUTOIMMUNE ATONIC AUTOINFECTION

ATONY AUTOINTOXICATION

ATOPIC AUTOLYSIS
ATRANSFERRINEMIA AUTOMATISM
ATRESIA AUTONOMIC
ATRIAL AUTOPSY

ATRIOVENTRICAL AUTOSENSITIVITY

ATRIOVENTRICULAR AUTOSOMAL ATRIOVENTRICULARE AUTOSOMES

ATRIUM AUTOTOPAGNOSIA ATROPHIA AUTOTOXEMIA

ATROPHIC AVASCULAR

ATROPHODERMIA AVELLIS
ATROPHY AVIAN
ATROPINE AVIATORS

ATTACK AVITAMINOSIS

ATTACKS AVIUM ATTEMPT AVULSION

ATTEMPTED AXIAL
ATTENDANCE AXIALIS
ATTENDING AXILLA
ATTENTION AXILLARY
ATTRITION AXILLO

ATYPICAL AXILLOFEMORAL

AUDITORY AXIS
AURA AXON
AUREUS AYALAS
AURICLE AYERZA
AURICLES AYERZAS
AURICULAR AZOTEMIA

AURICULOVENTRICULAR AZYGOS

AUSTIN
AUSTRALIA
B -

AUTISM BABINSKI AUTOANTIBODIES BABINSKIS

F-8

BABY BASOPHIL
BACILLI BASOPHILISM
BACILLUS BATHYCEPHALY

BACK BATTEN
BACTEREMIA BATTENS
BACTEREMIC BATTERED
BACTERIA BATTEY

BACTERIAL BAUMGARTEN

BACTERIOIDES BEATS

BACTERIUM BECHTEREW

BACTERIURIA BECK

BACTEROIDES
BECKWITH
BAD
BEDFAST
BAG
BEDREST
BALANCE
BALL
BALL
BEDSORE
BALLOON
BEDSORES

BAND
BEE
BANDING
BEER
BANDS
BEHCETS
BANTIS
BELLADONNA

BAR BELLS
BARBITAL BELLY
BARBITURATE BELOW
BARDET BENEDIKTS
BARBITIM BENIGN

BARIUM BENIGN
BARRE BENNETTS
BARRETT BENZOCAINE

BARRETTS BENZODIAZEPINE

BARSONY BERNARD BERNHEIMS

BARTHOLINS BERRY
BARTONS BESNIER
BARTTERS BETA

BASAL BEVERAGE
BASALNUCLEAR BIBASILAR
BASE BICUSPID

BASEMENT BIEDL

BASILAR BIELSCHOWSKY

BIEMONDS
BIERMERS
BIFASCICULAR
BIFEMORAL
BIFIDA
BIFIDUM
BLEEDING
BLEEDING
BLEEDING

BIFRONTAL BLIND

BIFURCATION BLINDNESS
BILATERAL BLOCK
BILE BLOCKAGE
BILIARY BLOCKED

BILIARY BLOCKED
BILIOUS BLOCKING
BILIRUBINEMIA BLOOD

BILLROTH BLOODSTREAM

BILLROTHS BLOODY
BILOBAR BLOOM
BING BLOWOUT

BIOPROSTHETIC BLUNT

BIOPSY BOCHDALEK
BIPOLAR BODECHTEL
BIRTH BODIES
BIRTHWEIGHT BODILY

BITE BODY
BITEMPORAL BOECK
BIVENTRICULAR BOECKS

BJORK BOERHAAVES
BLACK BOGAERTS

BLACKFAN BONE
BLADDER BONES
BLADE BONNEVIE
BLALOCK BONY

BLALOCK-TAUSSIG BORDERLINE BLAND BORDETELLA

BLAST BORN
BLASTIC BOTALLI
BLASTOMA BOTH

BLASTOMYCOSIS BOTULISM BLASTOMYCOTIC BOUND

BOUT BROKE
BOUVERET BROKEN
BOUVERETS BRONCHI
BOVINE BRONCHIAL

BOVIS
BOVIS
BOWEL
BOYDII
BOYDII
BRACHIAL
BRACHYCARDIA
BRACHYCEPHALY
BRONCHIOLE
BRONCHIOLE
BRONCHIOLE
BRONCHIOLE
BRONCHIOLE

BRADY BRONCHITIS
BRADYARRHYTHMIA BRONCHO

BRADYCARDIA BRONCHOALVEOLAR
BRADYPNEA BRONCHOALVEOLITIS
BRADYTACHYARRHYTHMIA BRONCHOCUTANEOUS
BRAILSFORD BRONCHOESOPHAGEAL

BRAIN BRONCHOGENIC

BRAINSTEM BRONCHOMEDIASTINAL BRONCHOPLEURAL

BRANHAMELLA BRONCHOPLEUROMEDIASTINAL

BRAVAIS BRONCHOPNEUMONIA
BRAZILIAN BRONCHOPNEUMONITIS
BREAKDOWN BRONCHOPULMONARY

BREAST BRONCHOSCOPE
BREASTS BRONCHOSCOPY
BREATH BRONCHOSPASM
BREATHE BRONCHOSPASTIC
BREATHIESSNESS BRONCHOSTENOSIS

BREATHLESSNESS BRONCHOSTENOSIS
BREECH BRONCHUS

BRENNEMANNS
BRIGHT
BRONZED
BRIGHTS
BROW
BRITTLE
BROWN
BROAD
BROCAS
BROCAS
BRUGSCHS
BROCK

BROCK BRUISE
BROCKS BRUISED
BRODIES BRUISES

BRUISING CAESAREAN

BUBBLY CAFE

BUCCAL CAFFEINE
BUDD CAFFEYS
BUERGERS CAGE

BULB CALCANEUS
BULBAR CALCAREOUS
BULBOURETHRAL CALCEMIA

BULIMIA CALCIFIC
BULLA CALCIFICATION

BULLAE CALCIFICATION
BULLOSA CALCINOSIS
BULLOSUM CALCIUM
BULLOUS CALCIURIA
BUNDLE CALCULI
BURDEN CALCULOUS
BURKITTS CALCULUS

BURN CALF

BURNED CALLOSUM
BURNETTS CALORIC
BURNING CALORIE
BURNS CALVARIUM

BURNT CALYX

BURR CAMPYLOBACTER

BURSA CANAL

BURST CANAVANS
BURSTED CANCER
BUSULFAN CANCEROUS

BUTABARBITAL CANDIDA
BUTANE CANDIDAL
BUTTERFLY CANDIDEMIA
BUTTOCK CANDIDIASIS

BUTTOCKS CANNULATION BYPASS CANTHUS

BYPASSES CAPILLARIES CAPILLARY

C - CAPITELLUM

CACHEXIA CAPLAN CAPOTEN

CAPSULAR CARDIOSCLEROSIS
CAPSULATUS CARDIOSPASM

CAPSULE CARDIOTOMY CAPSULITIS CARDIOTONIC

CARBAMAZEPINE CARDIOVASCULAR CARBOHYDRATE CARDIOVERSION

CARBON CARDITIS
CARBOXYHEMOGLOBIN CARDIZEM
CARBOXYHEMOGLOBINEMIA CARIES
CARCINOID CARINA
CARCINOMA CARINATUM

CARCINOMATOSIS
CARCINOMATOUS
CARCINOSARCOMA
CAROTID
CARDIA
CARDIAC
CARPAL

CARDIACPULMONARY CARPENTER CARDIALGIA CARPENTERS

CARDIECTASIS CARPUS
CARDIO CARTILAGE

CASEOUS CARDIOAUDITORY CARDIOCEREBRAL CASTLEMANS CARDIOCHALASIA CATABOLISM CARDIOCIRCULATORY CATALEPSY CARDIOESOPHAGEAL CATARACT CARDIOESOPHAGUS CATARRHAL CARDIOGENIC CATARRHALIS CARDIOMALACIA CATASTROPHE

CARDIOMEGALIA CATASTROPHIC CARDIOMEGALY CATASTROPHY CARDIOMYOPATHY CATATONIA CARDIONEPHRITIS CATATONIC CARDIONEPHROPATHY CATHETER

CARDIONEPHROSIS CATHETERIZATION

CARDIOPATHY CATTAN
CARDIOPULMONARY CAUDA
CARDIORENAL CAUSE
CARDIORENOVASCULAR CAUSES

CARDIORENOVASCULAR CAUSES CARDIORESPIRATORY CAUSTIC

CAVA CEREBELLUM CEREBRAL

CAVERNOSUM CEREBRALVASCULAR

CAVERNOUS CEREBRI CAVITARY CEREBRITIS CAVITATION CEREBRO

CAVITY CEREBROCEREBELLAR CAZENAVES CEREBROCRANIAL

CEBOCEPHALY CEREBROEMBOLUS

CECAL CEREBROHEPATORENAL

CECECTOMY
CECITIS
CEREBROMACULAR
CECOSIGMOIDAL
CECOSTOMY
CEREBROMENINGEAL
CEREBRORETINAL

CECUM CEREBRORHINORRHEA

CELIAC CEREBROSPINAL

CELIOTOMY CEREBROVASCULAR

CELL CEREBRUM
CELLS CEROID
CELLULAR CELLULARITY CERVICAL

CELLULITIS CERVICODORSAL
CEMENTED CERVICOSIGMOIDAL
CENTER CERVICOTHORACIC
CENTERS CERVICOVESICAL

CENTRAL CERVIX
CENTRIACINAR CESAREAN
CENTRILOBULAR CESSATION
CENTROLOBAR CESTANS
CEPACIA CHAIN
CEPHALGIA CHALASIA
CEPHALHEMATOMA CHAMBER

CEPHALHEMATOMA CHAMBER CEPHALIC CHANGE **CEPHALITIS** CHANGES CEPHALOCELE CHANNEL CEPHALOMALACIA CHARCOAL CEREBELLAR CHARCOT CEREBELLI CHARCOTS CEREBELLOPONTINE CHARRED

CHAUFFARD CHOLANGITIC CHOLANGITIS

CHEEK CHOLECYSTDOCHOLITHIASIS

CHELONEI CHOLECYSTECTOMY

CHEMICAL CHOLECYSTIC CHEMISTRY CHOLECYSTITIS

CHEMODECTOMA CHOLECYSTOCOLONIC CHEMOTHERAPEUTIC CHOLECYSTOLITHIASIS CHEMOTHERAPY CHOLECYSTOTOMY

CHEST CHOLECTSTOTOR
CHEYNE CHOLEDOCHITIS

CHIARI CHOLEDOCHODUODENAL

CHIARIS CHOLEDOCHODUODENOSTOMY
CHIASMA CHOLEDOCHOJEJUNOSTOMY

CHICKEN CHOLEDOCHOLITH

CHILD CHOLEDOCHOLITHIASIS
CHILDBIRTH CHOLEDOCHOSTOMY

CHILDHOOD CHOLELITHOTOMY

CHILLS CHOLELITHOTOMY CHILLS CHOLEMIA

CHLORAL CHOLEMIC CHOLERA CHOLERA

CHLORINE CHOLESTASIS
CHLOROFORM CHOLESTATIC
CHLOROMA CHOLESTEREMIA
CHLOROMAS CHOLESTEROL

CHLOROTIC CHOLESTEROLEMIA
CHLORPHENIRAMINE CHONDROCALCINOSIS
CHLORPROMAZINE CHONDRODYSPLASIA

CHLORPROMAZINE CHONDRODYSPLASIA
CHOANAL CHONDRODYSTROPHIA
CHOKED CHONDRODYSTROPHY

CHOLANGIECTASIS
CHONDROLYSIS
CHOLANGIOCARCINOMA
CHOLANGIOCARCINONA
CHONDROMATOSIS
CHONDROSARCOMA

CHOLANGIOHEPATOMA CHORDAE
CHOLANGIOLITIC CHORDOMA
CHOLANGIOLITIS CHORDOTOMY

CHOLANGIOMA CHOREA

CHOREIFORM CLAUDICATION

CHOREOATHETOSIS CLAVICLE CHORIOAMNIONITIS CLAVICULAR

CHORIOCARCINOMA
CHORIOEPITHELIOMA
CHORIONIC
CHORIORETINITIS
CLEAR
CHORIORETINITIS

CHOROID CLIPPING
CHOROIDAL CLITORIS
CHRISTIAN CLOACA
CHROMATE CLOACAE
CHROMATES CLOACAL

CHROMOGENIC CLOACOGENIC CHROMOPHOBE CLOMIPRAMINE

CHROMOSOMAL CLONIC
CHROMOSOME CLOROX
CHROMOSOMES CLOSE
CHRONIC CLOSED
CHRONICA CLOSTRIDIA
CHURG CLOSTRIDIAL

CHYLOTHORAX CLOSTRIDIUM

CHYLOUS CLOSURE
CICATRIX CLOSURES
CIGARETTE CLOT

CIGARETTES CLOTS
CILIARY CLOTTED
CIRCLE CLOTTING
CIRCULATING CLOVERLEAF
CIRCULATION CLUBFOOT

CIRCULATORY CLUMSINESS
CIRCUMFERENTIAL COAGULATION
CIRCUMFLEX COAGULOPATHY

CIRCUMSCRIBED COAL

CIRRHOSIS COALWORKERS
CIRRHOTIC COARCTATION

CITROBACTER COBALT
CLAMPING COCAINE
CLASSICAL COCAINISM

CLAUDE COCCI

COCCIDIODOMYCOSIS COLUMN COCCIDIOIDAL COMA

COCCIDIOIDOMYCOSIS
COCCYGEAL
COCCYX
COCKAYNE
COCKAYNES
COCKAYNES
COMBINED
CODEINE
COMBINED
COMBS

COIL COMBUSTIFORMIS COMBUSTION

COLCHICINE COMMANDO-PROCEDURE

COLECTOMY COMMISSURE

COLI COMMISSUROTOMY

COLIC COMMODE COLIFORM COMMON COLITIS COMMUNE

COLLAGEN COMMUNICATING

COLLAPSE COMMUNIS

COLLAPSED COMPENSATION COLLAR COMPENSATORY

COLLECTING COMPLETE
COLLES COMPLETION
COLLIERS COMPLEX
COLLINS COMPLICATING

COLLIQUATIVE COMPLICATIONS

COLLOID COMPLICATIONS

COLOCUTANEOUS
COLOENTERIC
COLOENTERITIS
COLOMBIAN
COLON
COLON
COLONIC
COLONIC
COLONIC
COLONIC
COMPROMISE
COLONICSCOPE
COMPROMISE

COLONOSCOPE COMPROMISED
COLONOSCOPY COMPULSIVE
COLOR COMPUTER

COLORECTAL COMPUTERIZED CONCEALED

COLOVAGINAL CONCENTRATION

COLOVESICAL CONCENTRIC

CONCEPTION CONTRACTED
CONCHA CONTRACTION
CONCUSSION CONTRACTURE
CONDITION CONTRACTURES
CONDUCTION CONTRALATERAL

CONDUIT CONTRAST
CONFIRMATION CONTRECOUP
CONFLUENT CONTROL
CONFUSED CONTROLLED
CONFUSION CONTUSED
CONFUSIONAL CONTUSION
CONGENITA CONTUSIONS

CONGENITAL CONUS

CONGENITAL
CONGENITAL
CONGESTED
CONVERSION
CONGESTION
CONGESTIVE
CONVULSIONS
CONGLOMERATE
CONVULSIVE
CONJOINED
COOLEYS
CONJUNCTIVA
COPPER

CONJUNCTIVAL COPPER
CONJUNCTIVITIS COR
CONNECTION CORAS
CONNECTIVE CORD
CONSCIOUS CORDIS

CONSCIOUSNESS CORDOTOMY

CONSEQUENT CORDS

CONSOLIDATION CORKSCREW
CONSTIPATION CORNEAL
CONSTITUTIONAL CORONAL
CONSTRICTION CORONARIES
CONSTRICTIVE CORONARY
CONSUMPTION CORPUS
CONSUMPTIVE CORRECT
CONTACT CORRECTED

CONTACT CORRECTED
CONTENTS CORRECTION
CONTINUA CORROSIVE
CONTINUAL CORTEX
CONTRACEPTIVE CORTICAL

CORTICOADRENAL CREVELD

CORTICOSTEROID CRICOARYTENOID

CORTICOSTEROIDS CRICOID
CORTICOSTRIATAL CRIPPLE
CORTISONE CRIPPLED
COSTAL CRIPPLING

COSTOCHONDRAL **CRISIS** COTTON **CROHNS** COTWIN **CROSS** COUGH **CROUP** COUGHING **CRST** COUMADIN CRURAL COUMARIN CRURIS COUNT CRUSH CRUSHED COWPERS

COXSACKIE

CRACK
CRADLE
CRAMP
CRAMP
CRAMPS
CRYOGLOBULINEMIC
CRYOGLOBULINEMIC

CRUSHING

CRAMPS CRYOGLOBULINEMIC CRANIAL CRYPTOCOCCAL

CRANIECTOMY CRYPTOCOCCIC
CRANIO CRYPTOCOCCOSIS
CRANIOCARPOTARSAL CRYPTOCOCCUS
CRANIOCEREBRAL CRYPTOGENETIC

CRANIOCERVICAL CRYPTOGENIC

CRANIOCLASIS CRYPTOSPORIDIOSIS

CRANIOENCEPHALON CURETTAGE CRANIOFACIAL CURLINGS

CRANIOMETAPHYSEAL CURSE

CRANIOPHARYNGEAL CURVATURE CRANIOPHARYNGIOMA CUSHING

CRANIOTOMY CUSHINGOID CRANIOVASCULAR CUSHINGS

CRANIOVASCULAR CUSHINGS
CRANIUM CUSHION
CREATION CUSP
CREMATION CUSPS

CREUTZFELDT CUT

CUTANEA DANCE CUTANEOUS DANDY CUTIS DANLOS CUTS DARIER CYANIDE **DARLINGS CYANOSIS** DARVOCET **CYANOTIC** DARVON CYCLE **DAWSONS**

CYCLOPHOSPHAMIDE DEAD CYCLOPS DEAF

CYLINDRICAL DEAFMUTISM
CYLINDROMA DEAFNESS
CYST DEATH

CYSTADENOCARCINOMA DEBANDING
CYSTADENOMA DEBILITATED
CYSTECTOMY DEBILITATING
CYSTIC DEBILITATION
CYSTICA DEBILITY

CYSTITIS
CYSTOCELE
CYSTOIDES
CYSTOLITHIASIS
CYSTOPROSTATOURETHRECTOMY
CYSTOPYELITIS
DEBRIBEMENT
DECADRON
DECADRON
DECAPITATION
DECEREBRATE
DECEREBRATION

CYSTOSARCOMA DECLINE

CYSTOSCOPY DECOMPENSATED DECOMPENSATION

CYSTOURETHRITIS DECOMPOSED
CYSTOURETHROCELE DECOMPOSING
CYSTS DECOMPOSITION
CYTOMA DECOMPRESSION
CYTOMEGALIC DECOMPRESSIVE

CYTOMEGALOVIRAL DECREASED
CYTOMEGALOVIRUS DECUBITAL
CYTOXAN DECUBITI
D - DECUBITUS

DACTYLITIS DEEP
DALMANE DEFECT
DAMAGE DEFECTIVE

DEFECTS DEPENDENCY DEFENSE DEPENDENT **DEFERENS** DEPLETED DEFERENTITIS DEPLETION **DEFERRED DEPRAVED DEFIBRINATION DEPRESSANT DEFICIENCY DEPRESSED** DEFICIENT **DEPRESSION DEFICIT DEPRESSIVE DEFORMANS DEPRIVATION DEFORMED** DERANGEMENT **DEFORMING DERANGEMENTS**

DEFORMITIES DERMA

DEFORMITY DERMATITIS

DEGENERATION DERMATOFIBROMA

DEGENERATIVE DERMATOFIBROSARCOMA

DEGLUTITION DERMATOMYOSITIS
DEGOS DERMATOSCLEROSIS

DEGREE DERMATOSIS
DEHISCENCE DERMOID
DEHYDRATION DESCENDING

DEJERINE DESERT

DELAYED DESIPRAMINE DELETION DESPONDENCY **DELIRIOUS** DESPONDENT **DELIRIUM DESQUAMATIVE** DELIVERED DESTRUCTION **DELIVERY** DESTRUCTIVE **DELUSIONS DETACHED DETACHMENT** DEMENTIA

DEMEROL DETERIORATION
DEMYELINATING DETERMINED

DEMYELINATION DEVASCULARIZATION

DEMYELINIZATION DEVELOPING
DENATURED DEVELOPMENT
DENSITY DEVELOPMENTAL

DENTAL DEVICE DENVER DEXTRA

DEPENDENCE DEXTROCARDIA

DEXTROVERSION DIMINISHED DIABETES DIMITRI DIABETIC DIMORPHIC DIOXIDE

DIAGNOSIS DIPHENHYDRAMINE DIAGNOSTIC DIPHENYLHYDANTOIN

DIALYSIS DIPHTHERIA DIAMOND DIPLEGIA DIAPHRAGM DIPLEGIC

DIAPHRAGMATIC DIPLOCOCCAL
DIARRHEA DIPLOCOCCI
DIARRHEAL DIPLOCOCCUS

DIASTOLIC DIRECT DISABILITY

DIATHESIS DISACCHARIDASE
DIAZEPAM DISACCHARIDE
DIED DISARTICULATION

DIENCEPHALIC DISASTER

DIET DISC

DIETARY DISCHARGE
DIETETIC DISCITIS
DIFFERENTIATED DISCOGENIC

DIFFICELE DISCOID

DIFFICILE DISCONNECTED DIFFICULT DISEASE

DIFFICULTY DISEASED
DIFFUSA DISKITIS

DIFFUSE DISLOCATED
DIFFUSELY DISLOCATION
DIGESTIVE DISLOCATIONS
DIGHTON DISLODGED

DIGITALIS DISLODGEMENT
DIGITOXIN DISLODGMENT
DIGOXIN DISMEMBERMENT
DILANTIN DISOPYRAMIDE

DILATATION DISORDER

DILATED DISORIENTATION

DILATION DISPLACED

DILUTIONAL DISPLACEMENT

DISRUPTION DOXYLAMINE

DISSECTED DRAGER
DISSECTING DRAIN

DISSECTING DRAIN
DISSECTION DRAINAGE
DISSEMINATED DRAINING
DISSOCIATION DRANK

DISSOCIATIVE DRESSERS
DISTAL DRESSLERS

DISTANT DRINK

DISTANT
DISTAN

DISTURBED DROWNED
DIURETIC DROWNING
DIVERSION DROWSINESS
DIVERTICULA DRUG

DIVERTICULA DRUG
DIVERTICULAR DRUGS

DIVERTICULECTOMY DRUNKENNESS

DIVERTICULI DRY DIVERTICULITIS DUBIN

DIVERTICULOSIS DUCHENNE DIVERTICULUM DUCHENNES

DIVERTING DUCT
DIZZINESS DUCTAL
DOLENS DUCTS
DOMESTIC DUCTUS
DOMINANT DUKES
DORIDEN DUMPING
DORMANT DUODENAL

DORSAL DUODENECTOMY

DORSALIS DUODENITIS

DOUBLE DUODENOCHOLANGITIS

DOUGLAS DUODENUM

DOULOUREUX DURA DURAL

DOXEPIN DURATION

DUST EDWARF EAGLE
DWARFISM EALES
DYAZIDE EAR

DYE EARLOBE

DYING EAT
DYKE EATING
DYSARTHRIA EATON
DYSAUTONOMIC EBSTEINS
DYSCRASIA ECCHYMO

DYSCRASIA ECCHYMOSIS
DYSENTERY ECHINOCOCCUS

DYSERYTHROPOIETIC ECLAMPSIA
DYSFUNCTION ECLAMPTIC
DYSFUNCTIONAL ECTASIA
DYSGAMMAGLOBULINEMIA ECTASIS

DYSGENESIS ECTOCARDIA DYSGERMINOMA ECTODERMAL

ECTOPIA DYSHEMATOPOIETIC **DYSKARYOSIS ECTOPIC** DYSKINESIA **ECTOPICS** DYSKINETIC **ECTOPY** DYSLIPIDEMIA **ECTROPION** DYSMATURITY **ECZEMA** DYSMOTILITY **EDDOWES** DYSMYELOPOETIC **EDEMA**

DYSMYELOPOIETIC EDEMATOUS
DYSPEPSIA EDWARDS
DYSPHAGIA EFFECT
DYSPHASIA EFFECTS
DYSPLASIA EFFERENT
DYSPNEA EFFORT

DYSPRAXIA EFFUSION DYSRHYTHMIA EHLERS

DYSTACHYCARDIA EISENMENGER
DYSTONIA EISENMENGERS
DYSTROPHY EJACULATORY

DYSURIA ELASTOMYOFIBROSIS

ELAVIL ELBOW

ELDERLY EMOTIONAL ELECTIVE EMPHYSEMA

ELECTRIC EMPHYSEMATOUS

ELECTRICAL EMPTY ELECTROCARDIOGRAM EMPYEMA

ELECTROCONVULSIVE ENCEPHALITIC ELECTROCUTED ENCEPHALITIS ELECTROCUTION ENCEPHALOCELE

ELECTROENCEPHALOGRAM ENCEPHALOCUTANEOUS
ELECTROLYTE ENCEPHALOMALACIA
ELECTROLYTES ENCEPHALOMENINGITIS
ELECTROMECHANICAI ENCEPHALOMENINGOMYELITIS

ELECTROMECHANICAL ENCEPHALOMENINGOMYELITIS ENCEPHALOMENINGOPATHY

ELECTRONIC ENCEPHALOMYELITIS ENCEPHALOMYELOCELE

ELEMENTS ENCEPHALOMYELOMENINGITIS ENCEPHALOMYELONEUROPATHY

ELEVATED ENCEPHALOMYELOPATHY

ELEVATION ENCEPHALOMYELORADICULONEURITIS

ELLIS ENCEPHALOMYELORADICULOPATHY
ELLISON ENCEPHALOPATHY
ELONGATED ENCHONDROSES

ELONGATED ENCHONDROSES
ELONGATION ENDARTERECTOMY
ELUCIDATED ENDARTERIAL

EMACIATION ENDARTERITIS
EMBARRASSMENT ENDMETRIOD
EMBOLECTOMY ENDOBRONCHIAL
EMBOLI ENDOCARDIAL
EMBOLIC ENDOCARDITIS

EMBOLIC ENDOCARDITIS
EMBOLISM ENDOCARDIUM
EMBOLISMS ENDOCERVICAL
EMBOLIZATION ENDOCERVIX
EMBOLUS ENDOCRINE

EMBRYOMA ENDOCRINOPATHIES

EMBRYONAL ENDODERMAL ENDOGENOUS EMESIS ENDOMETRIAL EMINENCE ENDOMETRITIS

ENDOMETRIUM ENTEROPERINEAL
ENDOMYOCARDIAL ENTERORRHAPHY
ENDOMYOCARDITIS ENTEROSTOMY
ENDOMYOMETRITIS ENTEROVAGINAL
ENDOPERICARDITIS ENTEROVESICAL
ENDOPROSTHESIS ENTEROVESICULAR

ENDOSCOPIC ENTEROVIRAL ENTEROVIRUS

ENDOSEPTIC ENTIRE

ENDOTHELIAL ENTRAPMENT ENDOTOXEMIA ENUCLEATED ENDOTOXIC ENUCLEATION ENDOTOXICOSIS ENURESIS

ENDOTOXICOSIS ENVIRONMENT

ENDOTRACHEAL ENVIRONMENTAL

ENDSCOPIC ENZYMATIC
ENDSTAGE ENZYME
ENEMA EOSINOPHIL
ENGELMANNS EOSINOPHILIA

ENGELMANNS EOSINOPHILIA ENGORGEMENT EOSINOPHILIC ENLARGED EPENDYMITIS

ENLARGEMENT EPENDYMOBLASTOMA

ENTERCOLITIS EPENDYMOMA ENTERECTOMY EPHEDRINE EPICARDIAL

ENTERITIS EPICARDITIS
ENTERO EPICARDIUM
ENTEROBACTER EPICYSTITIS

ENTEROBACTERIAL EPIDEMIC
ENTEROCELE EPIDERMAL
ENTEROCOCCAL EPIDERMIDIS
ENTEROCOCCI EPIDERMOID
ENTEROCOCCUS EPIDERMOLYSIS

ENTEROCOLITICA EPIDIDYMIS
ENTEROCOLITICA EPIDIDYMITIS

ENTEROCOLITIS EPIDIDYMOORCHITIS

ENTEROCUTANEOUS EPIDURA
ENTEROGASTRITIS EPIDURAL
ENTEROPATHY EPIGASTRIC

EPIGASTRITIS ERYTHEMATOSIS
EPIGASTRIUM ERYTHEMATOSUS
EPIGASTROCELE ERYTHEMATOUS
EPIGLOTTIC ERYTHREMIA
EPIGLOTTIDITIS ERYTHREMIC

EPIGLOTTIS ERYTHROBLASTIC

EPIGLOTTITIS ERYTHROBLASTOPHTHISIS

EPIGNATHUS ERYTHROBLASTOSIS

EPILEPSIA ERYTHROCYTE
EPILEPSY ERYTHROCYTES
EPILEPTIC ERYTHROCYTHEMIA
EPILEPTICUS ERYTHROCYTIC
EPILEPTIFORM ERYTHRODERMA

EPILOIA ERYTHROID

EPILEPTOID

EPIPHARYNGITIS ERYTHROLEUKEMIA

EPIPHYSEAL ERYTHROMEGALOCARYOCYTIC

ERYTHROGENESIS

EPIPLOIC ERYTHROPHAGOCYTOSIS

EPISODE ESCAPE EPISODES ESCAPED

EPISODIC ESCHAROTOMIES
EPISPLENITIS ESCHAROTOMY
EPISTAXIS ESCHERICHIA
EPITHELIAL ESOPHAGEAL

EPITHELIOID ESOPHAGECTASIS
EPITHELIOMA ESOPHAGECTOMY
EPSTEINS ESOPHAGISMUS
EQUANIL ESOPHAGITIS

EQUINA ESOPHAGOBRONCHIAL ESOPHAGOGASTRECTOMY

ERDHEIMS ESOPHAGOGASTRIC ESOPHAGOGASTRITIS

EROSION ESOPHAGOGASTRODUODENOSCOPY

EROSIVE ESOPHAGOGASTROSTOMY ESOPHAGOJEJUNOSTOMY

ERUPTED ESOPHAGOMALACIA ESOPHAGOSCOPY ERYTHEMA ESOPHAGOTRACHEAL

ERYTHEMATODES ESOPHAGUS

ESSENTIAL EXENTERATION

EXERCISE ESTROGEN ETHANOL **EXFOLIATIVE ETHANOLIC EXHAUST ETHANOLISM EXHAUSTION ETHCHLORVYNOL EXOGENOUS ETHER EXOMPHALOS ETHMOID EXOPHTHALMIC ETHMOIDAL EXOPHTHALMOS**

ETHYL EXPANDING
ETHYLENE EXPANSION
ETHYLISM EXPLORATION
ETIOLOGY EXPLORATORY

EUROPEANEXPOSEDEUSTACHIANEXPOSUREEVACUATEEXPRESSIVE

EVACUATED EXSANGUINATED EXSANGUINATING EVANS EXSANGUINATION

EVENT
EVENTRATION
EVERSION
EVERSION
EVISCERATION
EXTENSIVE
EXTERNAL

EWING EXTRA

EWINGS EXTRACORTICAL EXACERBATION EXTRACORTICALIS EXAGGERATED EXTRACRANIAL

EXACOLITATED EXTRACITATION EXTRACTION

EXAM EXTRACTION
EXAMINATION EXTRADURAL
EXCAVATUM EXTRAHEPATIC
EXCESS EXTRAPLEURAL
EXCESSIVE EXTRAPYRAMIDAL

EXCESSIVELY EXTRASYSTOLES
EXCHANGE EXTRASYSTOLIC
EXCISED EXTRAVADED

EXCISION EXTRAVASATION

EXCISIONAL EXTREME
EXCITATION EXTREMELY
EXENCEPHALUS EXTREMITIES

EXTREMITY FANCONI
EXTRINSIC FANCONIS
EXTROPHY FARMERS
EXTROVERSION FASCIA
EXTRUSION FASCIAL
EXTUBATION FASCIATION

EXTUBATION FASCIOTOMY EXUDATE FASCITIS

EXUDATIVE FAST
EYE FAT
EYEBALL FATAL
EYEBROW FATIGUE
EYELID FATIGUED

EYES FATNESS
FATTY

F- FAUCES
FABERS FAUCITIS
FABRYS FEATURES
FACE FEBRILE
FACIOCEPHALALGIA FEBRILIS

FACIOCEPHALALGIA FECAL
FACIOSCAPULOHUMERAL FECALITH

FACTOR FED
FACTORS FEEBLE
FAECALIS FEED
FAILED FEEDER
FAILURE FEEDING
FAINTING FEEDINGS

FALCIFORM FEET
FALCIPARUM FEICHTIGER

FALLOPIAN FEIL

FALLOT FEINMESSERS

FALLOTS FELTYS
FALLOUT FEMALE
FALSE FEMORAL
FALX FEMUR
FAMILIAL FEMURS

FAMILY FENESTRATION FERMENTATION

FETAL FIBROTHORAX

FETALIS FIBROTIC FETOMATERNAL FIBROUS FETUS FIBULA FEVER FIBULAR FIBEROPTIC FIEDLERS FIELD FIBRILLARY FIBRILLATION FILLING FIBRINOGEN FINAL FIBRINOGENOLYSIS FINE **FIBRINOGENOPENIA FINGER FIBRINOLYSIS FIORINAL FIBRINOLYTIC FISHERS FIBRINOPENIA FISSURE**

FIBRINOPURULENT FISTULA
FIBRINOUS FISTULAE
FIBROCALCIFIC FISTULOUS

FIBROCASEOUS FIT

FIBROCYSTIC FIXATION
FIBROELASTOSIS FLACCID
FIBROEMPHYSEMA FLAIL
FIBROHISTIOCYTOMA FLAILED
FIBROID FLAJANIS
FIBROIDS FLANK

FIBROLIPOMA FLAT

FIBROLIPOSARCOMA FLATULENCE FIBROMA FLETCHER FIBROMATOSIS FLEXION FIBROMUSCULAR FLEXURE

FIBROMYOMA FLOATING
FIBROMYOSARCOMA FLOOR
FIBROMYOSITIS FLOPPY
FIBROMYXOLIPOMA FLORIAL
FIBROMYXOSARCOMA FLORID
FIBRONODULAR FLOW

FIBROPURULENT FLUCTUATING

FIBROSARCOMA FLUID FIBROSING FLUIDS

FIBROSIS FLURAZEPAM

FLUTTER FREDRICKSONS

FOCAL FREEZING
FOGARTY FRENULUM
FOLATE FREON
FOLD FRICTION

FOLDS
FRICTION
FOLDS
FRICTION

FOOD FRONT FOOT FRONTAL FORAMEN FRONTO

FORBES FRONTONASAL
FORCEPS FRONTOOCCIPITAL
FOREARM FRONTOPARIETAL
FOREFOOT FRONTOTEMPORAL

FOREGUT FROSTBITE
FOREHEAD FROZE
FOREIGN FROZEN
FORELEG FRUCTOSE
FOREQUARTER FULGURATION

FORMATION FULL

FORMER FULMINANT FOSSA FULMINATING

FOURNIERS FUME
FOVILLES FUMES
FRACTIONAL FUNCTION
FRACTURE FUNCTIONAL
FRACTURED FUNCTIONING

FRACTURES FUNDAL

FRAGILIS FUNDOPLICATION

FRAGILITY FUNDUS
FRAGMENTATION FUNGAL
FRANCESCHETTI FUNGEMIA
FRANKLINS FUNGOIDES
FRANKS FUNGOUS
FREDRICKSON FUNGUS

FUNICULITIS GARGOYLISM
FUNNEL GARRES
FURTHER GARTNERS
FURUNCLE GASES
FUSION GASOLINE

GASTRALGIA
G - GASTRECTASIS
GAG GASTRECTOMY
GAISBOCKS GASTRIC
GALACTOPHORITIS GASTRICA

GALACTOPHORITIS

GASTRICA

GALEN GASTROCARCINOMA GALL GASTROCOLIC

GALLBLADDER GASTROCOLITIS
GALLDUCT GASTROCUTANEOUS
GALLOP GASTRODUODENAL

GALLOPING GASTRODUODENAL
GALLOPING GASTRODUODENITIS
GALLSTONE GASTRODUODENITIS
GASTRODUODENAL

GAMMA GASTROENTEROCOLIC

GAMMOGLOBULINOPATHY GASTROENTEROCOLITIS
GAMMOPATHY GASTROENTEROPATHY

GAMNAS GASTROENTEROPTOSIS
GANDY GASTROENTEROSTOMY
GANGLIA GASTROESOPHAGEAL

GANGLIOGLIOMA GASTROESOPHAGEAL
GANGLION GASTROESOPHAGEAL
GASTROESOPHAGEAL
GASTROESOPHAGEAL

GANGLIONITIS GASTROINTESTINAL
GANGLIOSIDOSIS GASTROJEJUNAL
GANGRENE GASTROJEJUNITIS

GANGRENOUS GASTROJEJUNOCOLIC GANNISTER GASTROJEJUNOSTOMY

GANONG GASTROLITHS
GANSERS GASTROPARESIS
GANTZ GASTROPATHY
GANZ GASTROPEXY

GARDNERS GASTROPLASTY

GASTROSCHISIS GLIOBLASTOMA

GASTROSCOPIC GLIOMA

GASTROSCOPY **GLIOMATOSIS** GASTROSPASM GLIOSARCOMA

GASTROSTAXIS GLIOSIS GASTROSTOMY **GLISSONS GASTROTOMY** GLOBAL **GAUCHERS** GLOBINURIA **GEHRIG GLOBULIN**

GEHRIGS GLOBUS GENERAL GLOMANGIOMA **GENERALIZED GLOMERULAR GENES GLOMERULITIS**

GLOMERULO GENETIC

GENICULATE **GLOMERULONEPHRITIS**

GLOMERULONEPHROSCLEROSIS GENITAL

GLOMERULOSCLEROSIS GENITALIA

GLOMUS GENITOURINARY **GEOPHAGIA** GLOSSAL

GLOSSECTOMY GEORGES

GERBODES GLOSSOPHARYNGEAL

GERHARDTS GLOTTIC GERM **GLOTTIS GESTATION GLUCOSE GESTATIONAL GLUCURONYL**

GIANT GLUE GIANTISM GLUTEAL **GIDDINESS GLUTEN**

GIGANTISM GLUTETHIMIDE

GLUTEUS GILBERTS GILFORD GLYCOGEN GINGIVA GLYCOGENIC GLYCOGENICA GINGIVAL

GINGIVOSTOMATITIS GLYCOGENOSIS GLYCOL GIRDLE

GLAND **GLYCOLIPID GLYCOPENIA GLANDS GLANDULAR GLYCOSURIA**

GLAUCOMA GOATS

GOITER GREENSTICK

GOLDBLATT GRIPPE GOLDBLATTS GROIN

GOLDFLAM GROSONG
GOLTZ GROSS

GONADAL GROUP
GONADOBLASTOMA GROWTH
GONOCOCCAL GRUBERS

GOODPASTURES GUBLER GORE GUERIN

GORLIN GUGLIELMOS

GORTEX GUILLAIN
GOUT GULLET
GOUTY GULLS
GOWERS GUM

GRADE GUMMA
GRADUAL GUNNS
GRAFT GUNSHOT

GRAFTING GUT

GRAFTS GUTTMAN

GRAM GVH

GRAMS GYNECOLOGIC
GRAN GYNECOLOGICAL

GRAND GYRI

GRANITE GRANULAR

GRANULOCYTIC HABIT
GRANULOCYTOPENIA HABITS
GRANULOCYTOPENIC HABITUAL

GRANULOMA HAGEMAN

GRANULOMATOSIS HAGIE
GRANULOMATOUS HAILEY
GRANULOSA HAIR
GRAVEL HAIRY

GRAVES HALLERMAN
GRAVIS HALLOPEAUS
GREAT HALLUCINOSIS

GREATER HALLUX

GREENFIELDS HALOPERIDOL

H -

HALOTHANE HEMANGIOBLASTOMA

HAMARTOBLASTOMA HEMANGIOENDOTHELIAL HEMANGIOENDOTHELIOMA

HAMMAN HEMANGIOMA

HAMMER HEMANGIOPERICYTOMA HEMANGIOSARCOMA

HANDICAPPED HEMATEMESIS

HANDLE
HANDLING
HANDS
HANGED
HANGING
HEMATOCEPHALUS
HEMATOCHEZIA
HEMATOGENOUS
HEMATOLOGIC
HEMATOMA

HANGOVER HEMATOMYELIA HANOT HEMATOMYELITIS

HANOTS HEMATOPERICARDIUM HEMATOPERITONEUM

HARDENING HEMATOPNEUMOTHORAX

HARDWARE HEMATOPOIESIS HARELIP HEMATOPOIETIC

HARLEQUIN HEMATOPORPHYRIA

HARTMANNS HEMATOPORPHYRINURIA

HASHIMOTOS HEMATOTHORAX

HAUT HEMATURIA

HAY HEMIANENCEPHALY

HEAD
HEADACHE
HEALED
HEMIATROPHY
HEALING
HEMIBALLISM
HEMIBLOCK

HEALING
HEALTH
HEARING
HEARING
HEART
HEMICARDIA
HEMICEPHALUS
HEMICEPHALY

HEAT HEMICHOREA
HEAVILY HEMICOLECTOMY
HEAVY HEMICOLONIC

HEBEPHRENIA HEMICRANIA

HEBEPHRENIC HEMIDIAPHRAGM

HEBERDENS HEMIDIAPHRAGMATIC

HEEL HEMIFACIAL

HEELS HEMIGASTRECTOMY

HEMIHYPERTROPHY **HEPARIN HEMIPARALYSIS** HEPATIC

HEMIPARESIS HEPATICOJEJUNOSTOMY

HEMIPLEGIA HEPATITIS HEMIPNEUMONECTOMY **HEPATO**

HEMISPHERE **HEPATOBILIARY HEMISPHERIC HEPATOBLASTOMA HEMISPOROSIS** HEPATOCARCINOMA HEMIVERTEBRA **HEPATOCELLULAR**

HEPATOCHOLANGIOCARCINOMA HEMOBLASTIC

HEMOCHROMATOSIS HEPATOCHOLANGIOLITIC HEMODIALYSIS HEPATOCHOLANGITIS

HEMODYNAMIC HEPATOENCEPHALOPATHY

HEMOGLOBIN **HEPATOJEJUNOSTOMY** HEMOGLOBINOPATHY **HEPATOLENTICULAR**

HEMOLYMPHANGIOMA HEPATOLIENAL **HEPATOMA HEMOLYSIS**

HEMOLYTIC HEPATOMEGALIA HEMOMEDIASTIUM HEPATOMEGALY **HEPATOPTOSIS** HEMOPERICARDIA

HEMOPERICARDIUM **HEPATOPULMONARY**

HEMOPERITONEUM HEPATORENAL HEMOPHILIA **HEPATOSIS**

HEMOPHILUS HEPATOSPLENIC

HEMOPNEUMOTHORAX **HEPATOSPLENOMEGALY**

HEMOPTYSIS HEREDITARY **HEMORRHAGE** HERELLEA HEMORRHAGED **HERNIA HEMORRHAGES** HERNIATED **HERNIATION HEMORRHAGIC HEMORRHAGING HERNIOPLASTY**

HEMORRHOID HERNIORRHAPHY

HEMORRHOIDECTOMY **HEROIN HEMORRHOIDS HERPES HEMOSIDEROSIS HERPETIC HEMOSTASIS HERPETO HEMOTHORAX** HERRICKS **HENNEBERG** HERTER HENOCH HIATAL

HIATUS HOOK

HICCOUGHS
HICKMAN
HICKS
HORMONE
HIGH
HORNER
HIGHLY
HORSESHOE

HIGHLY HORSESHOE HORTONS

HILAR HOST

HILUM HOURGLASS

HILUS HUMAN
HIP HUMERAL
HIPPEL HUMERI
HIPPOCAMPAL HUMERUS
HIPS HUMP

HIRSCHSPRUNGS HUMPBACK
HISTIOCYTIC HUNCHBACK

HISTIOCYTIC HUNCHBACI HISTIOCYTOMA HUNGER HISTOCYTOMA HUNNERS HISTOLYTICA HUNT

HISTOLYTICA HUNT
HISTOPLASMA HUNTER
HISTOPLASMOSIS HUNTERS

HISTORY HUNTINGTONS

HIVES HUNTS
HODGKIN HURLER
HODGKINS HURLERS
HODGSONS HURTHLE
HOFFMAN HUTCHINSON

HOFFMANN HYALINE HYDATID

HOLES HYDATIDIFORM
HOLLOW HYDRADENITIS
HOLOPROSENCEPHALY HYDRAMNIOS

HOLT HYDRANENCEPHALY

HOLTERMULLER HYDRATE
HOMOGRAFT HYDREMIA
HOMOLOGOUS HYDREMIC

HOMONYMOUS HYDRENCEPHALOCELE

HONEYCOMB HYDRENCEPHALOMENINGOCELE

HYDROCALYCOSIS HYPERACIDITY
HYDROCELE HYPERACTIVE

HYDROCEPHALUS HYPERACTIVITY

HYDROCEPHALY HYPERADRENALISM

HYDROCHLORIDE HYPERADRENOCORTICISM

HYDROCORTISONE HYPERALDOSTERONE HYDROENCEPHALOCELE HYPERALDOSTERONISM

HYDROENCEPHALOMENINGOCELE HYPERALIMENTATION

HYDROFLUORIC HYPERAMINOACIDURIA
HYDROHEMATOPNEUMOTHORAX HYPERAMMONEMIA

HYDROHEMATOPNEUMOTHORAX HYPERAMMUNEMIA
HYDROHEMATOPX HYPERAZOTEMIA

HYDROMENINGOCELE HYPERBETALIPOPROTEINEMIA

HYDROMICROCEPHALY HYPERBILIRUBINEMIA

HYDROMORPHONE HYPERCALCEMIA
HYDROMPHALOS HYPERCALCEMIC
HYDROMYELIA HYPERCALCINURIA

HYDROMYELOCELE HYPERCALEMIA
HYDRONEPHROSIS HYPERCAPNIA
HYDRONEPHROTIC HYPERCARBIA

HYDROPERICARDITIS HYPERCHLOREMIA
HYDROPERICARDIUM HYPERCHLORHYDRIA
HYPERCHOLESTERINEMIA

HYDROPHTHALMOS HYPERCHOLESTEROLEMIA
HYDROPNEUMOHEMOTHORAX HYPERCHOLESTEROLOSIS

HYDROPNEUMOPERICARDITIS HYPERCOAGULABILITY
HYDROPNEUMOPERICARDIUM HYPERCOAGULABLE

HYDROPNEUMOTHORAX HYPERCOAGULATION

HYDROPS HYPERCORTICOSTERONISM HYPERCORTISONISM

HYDROPYONEPHROSIS HYPEREMESIS

HYDRORHACHIS HYPEREMIA

HYDROTHORAX HYPEREOSINOPHILIC HYDROURETER HYPEREXTENSION HYDROURETERONEPHROSIS HYPERFIBRINOLYSIS

HYDROURETHRA HYPERFUNCTION

HYDROXYZINE HYPERGAMMAGLOBULINEMIA

HYGROMA HYPERGLOBULINEMIA

HYGROMAS HYPERGLYCEMIA HYPERGLYCEMIC

HYPERGLYCERIDEMIA HYPERPYREXIA
HYPERINSULINISM HYPERSECRETION
HYPERKALEMIA HYPERSENSITIVE
HYPERKALEMIC HYPERSENSITIVITY
HYPERKINESIA HYPERSPLENIA
HYPERKINETIC HYPERSPLENISM

HYPERLIPEMIA HYPERSUPRARENALISM
HYPERLIPIDEMIA HYPERSYMPATHETIC
HYPERLIPIDOSIS HYPERTELORISM
HYPERLIPOPROTEINEMIA HYPERTENSION
HYPERMAGNESEMIA HYPERTENSIVE

HYPERMAGNESEMIA
HYPERMATURITY
HYPERTHERMIA
HYPERTHYROID
HYPERMOTILITY
HYPERTHYROIDISM
HYPERNATREMIA
HYPERTONICITY

HYPERNEPHROID HYPERTONY
HYPERNEPHROMA HYPERTRIGLY

HYPERNEPHROMA HYPERTRIGLYCERIDE HYPERNITREMIA HYPERTRIGLYCERIDEMIA

HYPERORNITHINEMIA HYPERTROPHIC HYPEROSMOLALITY HYPERTROPHY HYPERTROPIC HYPEROSMOLAR HYPEROSMOLARITY HYPERURICEMIA HYPEROSMOTIC HYPERVENTILATION HYPEROSOMOLAR HYPERVISCIDOSIS HYPEROSOMOTIC HYPERVISCOSITY HYPERPARATHYROID HYPERVITAMINOSIS

HYPERPARATHYROIDISM HYPERVOLEMIA

HYPERPERMEABILITY HYPNOTIC
HYPERPHAGIA HYPOACIDITY

HYPERPHOSPHATEMIA HYPOADRENALISM

HYPERPIESIA HYPOADRENIA

HYPERPIESIS HYPOADRENOCORTICISM

HYPERPINEALISM HYPOALBUMINEMIA

HYPERPLASIA HYPOC

HYPERPLASTIC HYPOCALCEMIA
HYPERPNEA HYPOCHLOREMIA
HYPERPOTASSEMIA HYPOCHLORHYDRIA
HYPERPREBETALIPOPROTEINEMIA HYPOCHOLESTEREMIA

HYPERPROTEINEMIA HYPOCHROMIC

HYPOCHRONIC
HYPOSIDERINEMIA
HYPOSIDERINEMIA
HYPOSMOLALITY
HYPOFIBRINOGENEMIA
HYPOSTASIS

HYPOFUNCTION HYPOSTATIC
HYPOGAMMAGLOBULINEMIA HYPOSTATICUM

HYPOGAMMAGLOBULINEMIC HYPOSUPRARENALISM

HYPOGASTRIC HYPOTENSION

HYPOGLOBULINEMIA
HYPOTENSIVE
HYPOGLYCEMIA
HYPOTHALAMIC
HYPOGLYCEMIC
HYPOTHALAMUS
HYPOGONADISM
HYPOTHALMUS
HYPOTHALMUS
HYPOTHERMIA
HYPOTHERMIA
HYPOTHYROID

HYPOKALEMIC HYPOTHYROIDISM HYPOLEUKOCYTOSIS HYPOTONIA

HYPOMAGNESEMIA HYPOTONIC
HYPOMOTILITY HYPOTONICITY

HYPONATREMIA HYPOTONY

HYPOPARATHYROIDISM HYPOVENTILATION

HYPOPERFUSION HYPOVITAMINOSIS HYPOPHARYNGEAL HYPOVOLEMIA

HYPOPHARYNX HYPOVOLEMIC
HYPOPHOSPHATEMIA HYPOXEMIC

HYPOPHYSEAL HYPOXIA

HYPOPHYSECTOMY HYPOXIC

HYPOPHYSIS HYSTERECTOMY HYPOPIESIS HYSTERICAL

HYPOPINEALISM HYSTEROTOMY HYPOPITUITARISM

HYPOPLASIA IHYPOPLASIC IASD

HYPOPOTASSEMIA IATROGENIC

HYPOPROLIFERATIVE IB

HYPOPROTEINEMIA ICTERUS

HYPOPROTEINOSIS IDA

HYPOPROTHROMBINEMIA IDD

HYPOPYREXIA IDDI

IDDM ILIUM IDENTIFIED ILL

IDIO ILLEGAL
IDIOCY ILLEGIBLE
IDIOPATHIC ILLICIT
IDIOSYNCRACY ILLNESS
IDIOT IMBALANCE

IDIOVENTRICULAR
IGA
IMBECILITY
IGG
IMIPRAMINE
IH
IMMATURE
IHD
IMMATURITY
IHSS
IMMEDIATE
II
IMMERSION

IIB IMMOBILITY
III IMMOBILIZATION
IIIB IMMUNE

ILEAL IMMUNE
ILEITIS IMMUNO

ILEO IMMUNOBLASTIC

ILEOCECAL IMMUNOCOMPROMISED ILEOCECUM IMMUNODEFICIENCY ILEOCOLECTOMY IMMUNODEFICIENT ILEOCOLIC IMMUNODEFICIENY

ILEOCOLITIS IMMUNOGLOBULIN ILEOCOLONIC IMMUNOLOGICAL

ILEOFEMORAL IMMUNOSUPPRESSED ILEOJEJUNAL IMMUNOSUPPRESSION ILEORECTAL IMMUNOSUPPRESSIVE

ILEOSIGMOID IMPACT
ILEOSIGMOIDAL IMPACTED
ILEOSTOMY IMPACTION
ILEOVESICAL IMPAIRED
ILEUM IMPAIRMENT

ILEUM IMPAIRMENT
ILEUS IMPEDIMENT
ILIAC IMPERFECT
ILIO IMPERFECTA

ILIOFEMORAL IMPERIORATE

ILIOPSOAS IMPETIGO

IMPLANT INCREASING

IMPLANTATION INCUS IMPLANTED INDERAL

IMPOSED INDETERMINATE IMPOTENCY INDIGESTION IMPROPER INDIRECT

IN INDOMETACIN
INABILITY INDUCEABLE
INACTION INDUCED
INACTIVE INDUCTION
INACTIVITY INDURATED
INADEQUATE INDURATION
INADVERTENT INDWELLING

INANITION INE

INAPPROPRIATE INEBRIATED
INATTENTION INEBRIETY
INBORN INEFFICIENCY

INBORN INEFFICIENCY

INCARCERATED INERTIA
INCARCERATING INEVITABLE
INCARCERATION INFANCY

INCIDENT INFANT INCIDENTAL INFANTILE INCINERATION INFANTUM INCIPIENT INFARCT INCISED INFARCTED **INCISION** INFARCTION INCISIONAL INFARCTIONAL **INCISIVE INFARCTIONS**

INCLUSION INFARCTS
INCOMPATIBILITY INFECTED
INCOMPATIBLE INFECTION
INCOMPENTENCE INFECTIONAL
INCOMPETENCE INFECTIONS
INCOMPETENCY INFECTIOUS

INCOMPETENCY INFECTIOUS INCOMPETENT INFECTIVE

INCOMPLETE INFERIOLATERAL

INCONTIENCE INFERIOR INFERO

INCREASED INFEROAPICAL

INFEROLATERAL INJURY INFEROPOSTERIOR INNER

INFEROPOSTEROLATERAL INNOMINATE INFEROSEPTAL INOCULATION **INFESTATION INOPERABLE INFILTRATE INQUERY INFILTRATED INQUEST INFILTRATES INQUINAL INFILTRATING INSANE INFILTRATION** INSANITY **INFILTRATIVE**

INFILTRATIVE INSECT
INFIRMITIES INSECTICIDE
INFIRMITY INSERTED
INFLAMED INSERTION
INFLAMMATION INSIPIDUS
INFLAMMATORY INSPISSATED
INFLATION INSTABILITY

INFLICTED INSTANT
INFLUENCE INSTANTANEOUS
INFLUENZA INSTRUMENTAL

INFLUENZAE INSUF

INFLUENZAL INSUFFICIENCY
INFRA INSUFFICIENT
INFRACLAVICULAR INSUFFICIENY

INFRARED INSULIN

INFRARENAL INSULINOMA INFUNDIBULAR INSULOMA INSULT

INFUSION INSULT INGESTED INSULTS INGESTION INTAKE INGUINAL INTEGRITY

INHALANT INTEMPERANCE

INHALATION INTER

INHALED INTERABDOMINAL

INHIBITORS INTERASD INTERATRIAL

INJECTION INTERAURICULAR INJURED INTERCAPILLARY INJURIES INTERCEREBRAL

INTERCERHEM

INTERCOMMUNICATING

INTERCOSTAL INTERCRANIAL

INTERIOR INTERLOBAR INTERLOBULAR INTERMEDIATE

INTERMITTENT

INTERNAL

INTERPOSITION
INTERRUPTED
INTERRUPTION
INTERSCAPULAR
INTERSTITAL

INTERTROCHANTER INTERTROCHANTERIC

INTERVENOUS

INTERSTITIAL

INTERVENTRICULAR INTERVERTEBRAL

INTERVSD INTESTINAL INTESTINALIS INTESTINE

INTESTINES

INTESTINOCOLONIC

INTO

INTOLERANCE INTOXICATED INTOXICATION

INTRA

INTRAABDOMEN INTRAABDOMINAL INTRAABOMINAL

INTRAABOMINAL INTRAALVEOLAR INTRAAORTIC INTRAARTERIAL INTRAARTICULAR **INTRAASD**

INTRAATRIAL

INTRABRONCHIAL
INTRACAPSULAR
INTRACARDIAC
INTRACELLULAR
INTRACELLULARE
INTRACEREBELLAR

INTRACEREBRAL INTRACERHEM

INTRACERI INTRACERT INTRACRANIAL INTRACRANIUM INTRACTABLE INTRACVACC INTRADUCTAL INTRAHEPATIC

INTRALUMINAL INTRAMEDULLARY

INTRAMURAL

INTRAMUSCULAR INTRAOCULAR INTRAOPERATIVE

INTRAORAL INTRAORBITAL INTRAOSSEOUS

INTRAPARENCHYMAL

INTRAPARIETAL INTRAPELVIC

INTRAPERITONEAL INTRAPLEURAL INTRAPONTINE INTRAPULMONARY

INTRASPINAL INTRASPLENIC INTRATHALAMIC INTRATHECAL INTRATHORACIC

INTRATHORAIC ISCHEMIA
INTRATONSILLAR ISCHEMIC
INTRAUTERINE ISCHIAL
INTRAVASCULAR ISCHIATIC
INTRAVENOUS ISCHIORECTAL

INTRAVENTRICULAR ISCHIUM

INTRAVESICAL ISD
INTREATABLE ISLAND
INTRINSIC ISLANDS

INTUBATED ISLET INTUBATION ISLETS

INTUSSUSCEPTION ISOIMMUNIZATION

INVAGINATION ISONIAZID
INVALID ISOPROPANOL
INVALIDISM ISOPROPYL

INVASIVE ITP
INVERSUS IUD
INVERTASE IV
INVESTIGATION IVB
INVOLUTIONAL IVH

INVOLVEMENT IO

IODIMATED J -

IODINE JACKSON
IOWA JACKSONIAN
IRDS JACKSONS

IRITIS JAFFE
IRON JAKOB
IRRADIATION JAKSCHS
IRREDUCIBLE JAMES

IRREGULAR JANNETTEE
IRREGULARITY JANSKY
IRREVERSIBLE JAUNDICE

IRRIGATION JAUNDICED IRRIGATIONS JAW

IRRITABILITY JAWBONE IRRITABLE JEJUNAL IRRITATION JEJUNITIS

IS JEJUNOSTOMY

IVP

JEJUNUAL KINK JEJUNUM KINKY KLATSKIN **JELLYFISH** JERVELL KLATSKINS **JEUNES** KLEBSIELLA **KLINEFELTERS JOAQUIN JOHNSON** KLIPPEL JOINT KLUBLATTSCHADEL **JOINTS KNEE JUGULAR KNEES** JUNCTION **KNIFE** JUNCTIONAL **KNOT** JUVENILE KNOWN JUXTAGLOMERULAR KOHLMEIR KORSAKOFF **KORSAKOFFS K** -K **KORSAKOV KORSAKOVS** KALISCHER KANAMYCIN KORSAKOW KANSASII **KORSAKOWS** KAPOSI **KRABBES** KAPPA KRAFT KARTAGENER KRUKENBERGS **KUGELBERG** KARTAGENERS KASABACH KUHN KASCHIN **KUHNS** KULCHITZSKY KAWASAKIS KELLY **KULCHITZSKYS** KERATOACANTHOMA KW **KWASHIORKOR** KEROSENE **KYPHOSCOLIOSIS KETOACIDOSIS** KETOACIDOTIC KYPHOSCOLIOTIC KETONURIA **KYPHOSIS KETOSIS KETOTIC KFS** L-**KIDNEY** L **KIDNEYS** LAB

KIMMELSTIEL

LABIA

LABIAL LARYNGOPHARYNX
LABILE LARYNGOSCOPY
LABIUM LARYNGOSPASM
LABOR LARYNGOSTENOSIS

LABORED LARYNGOTOMY

LACERATED LARYNGOTRACHEAL LARYNGOTRACHEITIS

LACERATIONS LARYNGOTRACHEOBRONCHITIS

LACK LARYNX LACRIMAL LASER LACTACIDEMIA LASH LACTASE LATE LACTATE LATENT LACTIC LATERAL LACTICEMIA **LAURENCE** LACTOSE LAVAGE LACUNA LAXA LACUNAR LAXATIVE

LADENO LB LAENNECS **LBBB** LAMBERT LBW LAMINECTOMY LCA LANDOUZY LCAR LANDRYS LE LANGDON LEAD LANGE LEAFLET

LANGERHANS
LEAFLETS
LANGES
LEAK
LAP
LEAKAGE
LAPAROSCOPY
LEAKING
LAPAROTOMY
LEAKY

LARGE LEBERS
LARYNGEAL LEDERERS

LARYNGECTOMY LEFT LARYNGISMUS LEG

LARYNGITIS LEGALLY
LARYNGO LEGIONELLA
LARYNGOBRONCHITIS LEGIONNAIRES

LARYNGOPHARYNGEAL LEGS

LEIOMYOBLASTOMA LEUKOSARCOMA

LEIOMYOMA LEVEEN
LEIOMYOSARCOMA LEVEL
LEIOMYOSARCOMATOSIS LEVINE

LEIOMYSARCOMA LEVOCARDIA LEVOVERSION

LENEGRES
LENS
LEVS
LENTICULAR
LENTICULARSTRIATE
LEODS
LIBMAN
LEPRA
LIBRIUM

LEPTOMENINGEAL LICHTENSTEIN

LEPTOMENINGITIS LID

LERICHES LIDOCAINE

LERMOYEZS LIFE

LESION LIFELONG
LESIONS LIFETIME
LESSER LIGAMENT
LETHAL LIGATION
LETHARGY LIGHT

LEUCOSARCOMA LIGHTNING

LEUKEMIA LIKE
LEUKEMIC LIMB
LEUKEMOID LIMBS

LEUKO LIMITATION
LEUKOCYTOBLASTIC LIMITED
LEUKOCYTOSIS LINDAU
LEUKODYSTROPHY LINE

LEUKOENCEPHALITIS
LEUKOENCEPHALOPATHY
LINES
LEUKOERYTHROBLASTIC
LEUKOERYTHROBLASTOSIS
LEUKOERYTHROSIS
LEUKOERYTHROSIS
LINITIS

LEUKOLYMPHOSARCOMA LINKED

LEUKOMYELOBLASTIC LIP

LEUKOPENIA LIPASE
LEUKOPLAKIA LIPEDEMA
LEUKOPOLIOENCEPHALOPATHY LIPEMIA

LIPID LOBE

LIPIDOSIS LOBECTOMY

LIPOBLASTOMA LOBES

LIPOBLASTOMATOSIS LOBOTOMY LIPOCHONDRODYSTROPHY LOBULAR

LIPOFUSCINOSIS LOCALI

LIPOFUSCINOSIS
LIPOID
LIPOIDEMIA
LIPOIDOSIS
LOCALIZED
LOCKJAW
LOCOMOTOR
LIPOIDOSIS
LOCULATED

LIPOMA LOEFFLERS

LIPOMYOSARCOMA LOFGRENS LIPOMYXOMA LOIN

LIPOMYXOSARCOMA LONG
LIPOPROTEINEMIA LOOP
LIPOSARCOMA LOOSE
LIPOTROPHIC LORDOSIS

LIPOTROPHIC
LIQUID
LOSING
LISTERELLA
LISTERIA
LOSS
LOU

LISTERIOSIS
LITHIASIS
LITHIUM
LITHOTOMY
LITHOTRIPT
LOUD
LOUIS
LOUIS
LOW
LOW
LOWER
LOWN

LITTLE LSD
LIVCA LT
LIVCAR LTB

LIVCIR
LIVE
LUDWIGS
LIVER
LIVING
LUES
LUES

LL LUETSCHERS

LLL LUL LULS LULS LUMBAR

LN LUMBARSACRAL LUMBOSACRAL LUMBOSACRAL

LOBAR LUMINAL

LUMP LYMPHOMATOID LUNG LYMPHOMATOSIS LYMPHOMATOUS LUNGS LUPOID LYMPHOPENIA

LUPOSA LYMPHOPROLIFERATIVE **LUPUS** LYMPHORETICULAR

LYMPHORETICULARPROLIFERATIVE LUSCHKA

LUTEMBACHERS LYMPHORETICULUM LYMPHOSARCOMA LUTEUM LV LYMPHOSTASIS LVF LYMPHOTROPHIC

LVH LYMPHOTROPIC LYE LYSIS

LYING LYSOL LYMPH

LYMPHADENECTOMY M -LYMPHADENITIS M

LYMPHADENOPATHY MAC LYMPHADENOSIS **MACERATION** LYMPHANGIECTASIS MACHACEK

LYMPHANGIECTATIC MACROCEPHALIA LYMPHANGIOMA **MACROCEPHALY**

LYMPHANGIOSARCOMA MACROCOLON LYMPHANGITIC MACROCYTIC

LYMPHANGITIS MACROGLOBULINEMIA

LYMPHATIC MACROGYRIA

LYMPHECTASIA MACROHYDROCEPHALUS

LYMPHED MACRONODULAR

MACROSIGMOID LYMPHEDEMA **MACULAR** LYMPHOANGIOSARCOMA

LYMPHOBLASTIC MADENO LYMPHOCYTE **MAGENDIE** LYMPHOCYTIC MAGNESIUM

LYMPHOEPITHELIOMA MAGNUM

LYMPHOHISTIOCYTIC MAINSTEM

LYMPHOHISTIOCYTOSIS MAINTENANCE LYMPHOID **MAJOR**

LYMPHOMA **MAKERS**

LYMPHOGENOUS

MAIN

MAL MARASMUS
MALABSORPTION MARCESCENS
MALACIA MARCHESANI
MALABSE

MALAISE MARFANS
MALAR MARGIN
MALARIA MARGINAL
MALATHION MARIE

MALATHION MARIE
MALDEVELOPMENT MARIES
MALFORMATION MARIHUANA
MALFORMATIONS MARKED

MALFUNCTION MARROW
MALFUNCTIONED MASHED
MALFUNCTIONING MASS

MALGAIGNES MASSAGE
MALHTN MASSES
MALIGANCY MASSIVE
MALIGNANCY MAST

MALIGNANT MASTECTOMY MALLEOLUS MASTOCYTOSIS

MALLEUS MASTOID
MALLORY MASTOIDITIS

MALN MATER

MALNOURISHED MATERIALS
MALNOURISHMENT MATERNAL
MALNUTRITION MATTED
MALPOSITION MATTER
MALROTATION MATURITY
MALTREATMENT MAXILLA

MALUNION MAXILLAOFACIAL MAMMARY MAXILLARY

MAMOU MAXILLOFACIAL

MAN MAYOU
MANDIBLE MBAI
MANDIBULAR MBCAR
MANDIBULECTOMY MBGCAR

MANGLED MCA
MANIC MCAR

MAPAROTILINE MCARCINOMA

MARANTIC MCCUNE

MCOCAR MEGALOCEPHALY
MEASLES MEGALOCORNEA
MEATUS MEGALOCYSTIS
MECHANICAL MEGALOCYSTITIS
MECHANISM MEGALOCYTIC

MECKELS MEGALODUODENUM MEGALOESOPHAGUS

MEDIAL MEGALOURETER
MEDIAL MEGARECTUM
MEDIAN MEGASIGMOID
MEDIASTINAL MEGAURETER

MEDIASTINITIS MEIGS

MEDIASTINOBRONCHIAL MELANCHOLIA

MEDIASTINOCUTANEOUS MELANOBLASTOSIS

MEDIASTINOPERICARDITIS MELANOMA

MEDIASTINOSCOPY MELANOMATOSIS
MEDIASTINUM MELANOMATOUS
MEDICAL MELANOSARCOMA

MEDICAL MELANOSARCOMA
MEDICATION MELANOSIS

MEDICATIONS MELENA
MEDICINAL MELENEYS
MEDICINE MELLARIL
MEDICINES MELLITUS
MEDITERRANEAN MEMBRANE

MEDIUM MEMBRANES
MEDULLA MEMBRANOUS

MEDULLARY MEMORY

MEDULLOBLASTOMA MENDELSONS
MEGABLASTIC MENIERES
MEGACOLON MENINGEAL
MEGACYSTIS MENINGES
MEGAESOPHAGUS MENINGIOMA
MEGAKARYOBLASTIC MENINGIOMAS

MEGAKARYOBLASTIC MENINGIOMAS
MEGAKARYOCYTIC MENINGIOSARCOMA

MEGAKARYOCYTOID
MENINGITIDIS
MEGALENCEPHALY
MEGALOAPPENDIX
MEGALOBLASTIC
MEGALOCEPHALUS
MENINGOCOCCAL
MENINGOCOCCEMIA

MENINGOCOCCI MET

MENINGOCOCCUS

MENINGOENCEPHALITIS

METABOLIC

METABOLISM

MENINGOENCEPHALOCELE

METACARPAL

METACARPAL

MENINGOENCEPHALOMYELITIS METACHROMATIC

MENINGOENCEPHALOMYELOPATHY METAL

MENINGOENCEPHALOPATHY METAMORPHOSIS
MENINGOMYELITIS METAPHYSEAL
MENINGOMYELOCELE METAPLASIA
MENINGOVASCULAR METAPLASTIC
MENISCECTOMY METASTASES
MENINGOVASCULAR METASTASES

MENKES METASTASIS
MENOPAUSAL METASTASIZED

MENTAL METASTASIZED
MENTAL METASTASIZED
MENTAL METASTATIC
MENTALLY METASTATIC
METASTASIZED
METAS

MERCURY METHAMPHETAMINE

MERKEL METHANE METHANOL

MERMAID METHAPYRILENE
MERRITT METHAQUALONE
MES METHICILLIN

MES METHICILLIN
MESENCEPHALITIS METHIONINEMIA
MESENCHYMOMA METHOHEXITAL
MESENCHYMONA METHOTREXATE

MESENTERIC METHYL

MESENTERY METOPROLOL

MESENTRIC METS
MESOAPPENDIX MG
MESOCARDIA MGN
MESOCAVAL MI

MESOCOLON MICRENCEPHALON

MESOCOLONIC MICRO

MESODERMAL MICROANGIOPATHIC
MESOEPITHELIOMA MICROANGIOPATHY
MESOPHARYNX MICROCEPHALIC
MESOSALPINX MICROCEPHALUS
MESOTHELIOMA MICROCEPHALY

MICROCOLON MINOR
MICROCYTIC MINUTE
MICROGASTRIA MIRABILIS

MICROGLIOMA MIS

MICROGYRIA MISADVENTURE
MICROINFARCT MISCARRIAGE
MICROINFARCTION MISMATCHED
MICRONASE MISPLACED
MICRONDULAR MISPLACEMENT

MICRONODULAR MISUSE
MICROORGANISM MITRAL
MICROSCOPIC MIXED
MICROVASCULAR MIXTURE

MICROVESICULAR ML MICTURITION MLCA

MID MLCAR
MIDBRAIN MOBIUS
MIDDLE MODERATE

MIDGUT MODERATELY
MIDTHORACIC MODIFIED

MIGRAINE MOIST MIGRANS MOLE

MIGRATORY MONCKEBERGS MIKITY MONGOLIAN

MILD MONGOLISM MILIARY MONGOLOID

MILK MONILIA
MILKMANS MONILIAL
MILLARD MONILIASIS

MILLARS MONITOR
MILLER MONOBLASTIC
MILLSTONE MONOCLONAL
MILROYS MONOCYTIC

MIND MONOCYTOGENES MINDED MONOCYTOID

MINERAL MONOLEUKOCYTIC
MINERS MONOMYELOCYTIC
MONOMYELOGENOUS

MINI MONOMYELOGENOUS

MINKOWSKI MONONEURITIS

MONONEUROPATHY MUA MONONUCLEOSIS MUCIN

MONOPLEGIA MUCINOUS

MONOSACCHARIDE MUCOENTERITIS
MONOSOMY MUCOEPIDERMAL
MONOXIDE MUCOEPIDERMOID

MONRO MUCOGENIC MONS MUCOID

MONSTER MUCOLIPIDOSIS MONSTROSITY MUCOPIDERMOID

MONTH MUCOPOLYSACCHARIDOSIS

MOON MUCOPURULENT MOORE MUCORMYCOSIS

MOORES MUCOSA MUCOSAL MORBUS MUCOUS

MORGAGNI MUCOVISCIDOSIS

MORGANELLA MUELLERIAN MORGANII MULLERIAN

MORON MULTI

MORPHINE MULTICYSTIC
MORPHINISM MULTIFOCAL
MORQUIO MULTIFORME
MORRISON MULTIINFARCT
MOTHER MULTIINFARCTION

MOTHERS MULTILOBAR MOTILITY MULTILOBE

MOTOR MULTILOCULARIS
MOULDERS MULTINODULAR
MOUNIER MULTIORGAN
MOUNT MULTIORGANISM

MOUNTAIN MULTIORGANS

MOUTH MULTIPLE
MOVEMENT MULTIPLEX
MOYAMOYA MULTISYSTEM
MPRCAR MULTISYSTEMS
MRSAU MULTIVALVULAR

MRSAU MULTIVALVULAR MS MULTIVESSEL MT MULTOCIDA

MUMPS MYELOGENOUS
MURAL MYELOGRAM
MURIATIC MYELOID

MURMUR MYELOLEUKODYSTROPHY

MUSCLE MYELOMA

MUSCLES MYELOMALACIA
MUSCULAR MYELOMATOSIS
MUSCULATURE MYELOMENINGITIS
MUSCULO MYELOMENINGOCELE
MUSCULORUM MYELOMONOBLASTIC

MUSCULORUM MYELOMONOBLASTIC MUSCULOSKELETAL MYELOMONOCYTIC

MUSTARD MYELOPATHIC MYELOPATHY MUTILATION MYELOPHTHISIC

MUTISM MYELOPROLIFERATION MYELOPROLIFERATIVE

MYONECROSIS MYELORADICULITIS
MYASTHENIA MYELOSCHISIS
MYASTHENIC MYELOSCLEROSIS

MYCO MYELOSIS

MYCOBACTERIA MYELOSUPPRESSION

MYCOBACTERIAL MYLERAN

MYCOBACTERIOSIS MYOADENOMA
MYCOBACTERIUM
MYCOPLASM MYOCARDIAC

MYCOPLASMA MYOCARDIAL MYCOSIS MYOCARDIOPATHY

MYCOTIC MYOCARDITIS
MYELINOSIS MYOCARDIUM

MYELITIS MYOCARDOSIS
MYELOBLASTIC MYOCLONIC
MYELOCELE MYOCLONUS

MYELOCYSTOCELE MYOFACITIS
MYELOCYTIC MYOFIBROSIS

MYELODYSPLASIA MYOFIBROSITIS
MYELODYSPLASTIC MYOGLOBINURIA
MYELOENCEPHALITIS MYOLIPOSARCOMA

MYELOFIBROSIS MYOMA

MYELOGENIC MYOMALACIA

MYOMETRIAL NASOPHARYNX

MYOMETRITIS NATURAL MYOMETRIUM NAUSEA MYONECROSIS NAVEL

MYOPATHY NAVICULAR

MYOSARCOMA NC
MYOSITIS NEAR
MYOTATIC NEC
MYOTONIA NECK

MYOTONIC NECROLYSIS
MYXEDEMA NECROSING
MYXOFIBROSARCOMA NECROSIS

MYXOID NECROTIC NECROTICANS

MYXOMA NECROTIZING

MYXOMATOSIS NEEDLE MYXOMATOUS NEG

MYXOMEMBRANOUS NEGATIVE
MYXOPAPILLARY NEGLECT
MYXOSARCOMA NEIMANN

NEISSERIA
N - NEMALINE
NAGEOTTE NEMBUTAL
NAIL NEOFORMANS

NAILING NEONATAL

NAJJAR NEONATORUM
NANTA NEOPLASIA
NARCOLEPSY NEOPLASM
NARCOSIS NEOPLASTIC

NARCOTIC NEOVASCULAR
NARCOTICS NEPHOSCLEROTIC
NARCOTISM NEPHRECTOMY

NARES NEPHRITIC
NARROWING NEPHRITIS

NASAL NEPHROARTERIOSCLEROSIS

NASOGASTRIC NEPHROAS

NASOPHARYNGEAL NEPHROBLASTOMA
NASOPHARYNGITIS NEPHROCALCINOSIS
NASOPHARYNGOSCOPY NEPHROCYSTITIS

NEPHROGENIC NEUROLOGICAL

NEPHROLITHIASIS NEUROMA

NEPHROLITHOTOMY NEUROMUSCULAR NEPHROMA NEUROMYALGIA **NEPHRON NEUROMYOPATHY NEPHRONEPHRITIS NEUROMYOSITIS**

NEPHROPATHY NEURON **NEPHROPTOSIS NEURONE NEPHROPYOSIS NEUROPATHIC NEPHRORRHAGIA NEUROPATHY NEPHROSCLEROSIS NEUROSIS**

NEPHROSIS NEUROSURGERY NEPHROSTOMY **NEUROSURGICAL NEPHROTIC NEUROSYPHILIS**

NEPHROTOXICITY NEUROTIC

NEUROVASCULAR NERVE **NEUTROPENIA** NERVOSA **NERVOUS NEUTROPHILIC**

NERVOUSNESS NEVER NEURAL **NEVUS** NEURALGIA **NEWBORN** NG

NEURALGIC

NEURASTHENIA NICOTINE NEURILEMMOMA NIDD

NEURILEMMOSARCOMA NIDDI **NEURITIS** NIDDM

NEUROBLASTOMA NIELSEN NEUROCIRCULATORY NIEMANN NEURODEGENERATIVE **NIGHT** NEUROECTODERMAL NIGRA **NEUROENDOCRINE** NINE

NEUROFIBROMA **NIPPLE NEUROFIBROMATOSIS** NISSEN NEUROFIBROSARCOMA NITROUS

NEUROGASTRIC NO

NEUROGENIC NOCARDIA NEUROLEMMOSARCOMA NOCARDIASIS **NEUROLEPTIC NOCARDIOSIS**

NEUROLOGIC NOCTEC

NOCTURAL NONSUPPURATIVE NODAL NONSYPHILITIC

NODE NONTHROMBOCYTOPENIC

NODES NONTOXIC NODOSA NONTP

NODULAR NONTRAUMATIC NODULE NONTROPICAL

NODULES NONTUBERCULOUS

NON NONUNION

NONALCOHOLIC
NONAUTOIMMUNE
NONBACTERIAL
NONCARDIAC
NONCLOSURE
NONCOMMUNICATING
NONVASCULAR
NONVENOMOUS
NONVIABILITY
NONVIABLE
NONVIABLE
NONVIABLY
NOONANS

NONCONVULSIVE NORDIAZEPAM
NONDEVELOPMENT NORDIAZIEPAM

NONEPIDEMIC NORMAL

NONEXPANSION NORMOBLASTIC
NONFAMILIAL NORMOBLASTOSIS
NONFUNCTION NORMOCHROMIC
NONFUNCTIONING NORMOCYTIC

NONHEALING NORMOTENSIVE

NONHEMOLYTIC NOROXIN NONHEMORRHAGIC NORPRAM

NONHEMORRHAGIC NORPRAMINE NONHODGKINS NORTRIPTYLINE

NONINFECTIOUS NOSE

NONKETOTIC NOSEBLEED NONLYMPHOCYTIC NOSOCOMIAL NONOBSTRUCTIVE NOSTRIL

NONORGANIC NOT NONOSTEOGENIC NOTCH

NONPRESCRIBED NOURISHMENT

NONPROLIFERATIVE NPD
NONPSYCHOTIC NTG
NONPYOGENIC NUCHAL
NONREGENERATIVE NUCK
NONRHEUMATIC NUCLEAR
NONSPECIFIC NUCLEI

NUCLEUS OCCULT NUTMEG OCCULTA

NUTRITION OCCUPATIONAL NUTRITIONAL OCCUPYING

OCULOPHARYNGEAL

O - OCVA O ODDI

OA ODONTOID OESOPHAGEAL

OAT OF

OBESE OGILIVIES
OBESITY OGILVIES
OBLIGUE OHD

OBLIQUE OLD

OBLITERANS OLECRANON OBLITERATION OLFACTORY

OBLITERATIVE OLIGODENDROBLASTOMA
OBLONGATA OLIGODENDROGLIOMA
OBS OLIGOHYDRAMNIOS

OBSCURE OLIGURIA
OBSESSIVE OLIGURIC

OBSTIPATION OLIVOPONTINECEREBELLAR OLIVOPONTOCEREBELLAR

OBSTRUCTING OLLIERS
OBSTRUCTION OLSZEWSKI
OBSTRUCTIVE OLSZEWSKIS

OBTUNDATION OM

OBTURATOR OMENECTOMY

OCAR OMENTAL

OCCASIONAL OMENTECTOMY

OCCIPITAL OMENTITIS OCCIPITO OMENTUM

OCCIPITOCERVICAL OMI

OCCIPITOFRONTAL OMPHALOCELE

OCCIPITOPARIETAL OMS OCCIPITOTEMPORAL ON

OCCLUDED ONCOCYTOMA

OCCLUSION ONDINES

OCCLUSIVE ONE

ONGOING ORGANISMS
ONSET ORGANS
OOPHORECTOMY ORGIN
OOPHORITIS ORIF
OOPHOROTOMY ORIFICE
OP ORIGIN
OPACITY ORNITHINE

OPEN OROFACIAL
OPENED OROPHARYNGEAL
OPENING OROPHARYNX
OPERATED ORTHOPEDIC
OPERATION ORTHOPNEA
OPERATIVE ORTHOSTATIC

OPERATIVELY
OPHTHALMICUS
OS
OPHTHALMITIS
OSLER
OPIATE
OPITZ
OPIUM
OSSIFICATION

OPPENHEIM OSTEITIS

OPPENHEIMES OSTEOARTHRITICA
OPPORTUNISTIC OSTEOARTHRITIS
OPTHALMIC OSTEOARTHROPATHY
OPTIC OSTEOARTHROSIS

OPTIC OSTEOARTHROSIS
OPTICUM OSTEOCHONDRITIS

OR OSTEOCHONDRODYSTROPHY
ORAL OSTEOCHONDROSARCOMA
ORAM OSTEOCHRONDROMA

ORANGE OSTEODYSTROPHY
ORBIT OSTEOFIBROSARCOMA

ORBITAL OSTEOGENESIS
ORBITS OSTEOGENIC
ORCHIDECTOMY OSTEOLYSIS
ORCHIECTOMY OSTEOLYTIC
ORCHIOBLASTOMA OSTEOMALACIA

ORCHITIS OSTEOMYELITIS
ORGAN OSTEOMYELOFIBROSIS

ORGANIC OSTEOMYELOSCLEROSIS

OSTEOPATHY OXIDE

OSTEOPENIA OXYCODONE OSTEOPERIOSTITIS OXYGEN

OSTEOPETROSIS OZ

OSTEOPOROSIS

OSTEOPOROTIC POSTEOSARCOMA PAC

OSTEOSCLEROSIS PACEMAKER

OSTEOSCLEROTIC PACER

OSTIUM PACHYGYRIA

OTHER PACK
OTITIS PACKING
OTOGENIC PACKS
OUININE PAD

OUT PADENO
OUTER PAGET
OUTFLOW PAGETS
OUTLET PAIN

OUTPUT PAINFUL
OVALE PAINS
OVARIAN PAINT
OVARIES PALATE

OVARY PALLIATION
OVER PALLIATIVE
OVERACTIVE PALLIDUS
OVERDOSAGE PALMAR

OVERDOSE PALPITATION
OVEREXERCISED PALPITATIONS

OVEREXERTION PALSY OVEREXPOSURE PAM

OVERHEATED PANACINAR
OVERINDULGENCE PANAORTIC
OVERLOAD PANARTERITIS

OVERSEW PANCAR

OVERSEW PANCAR
OVERSTRAINED PANCARDITIS
OVERWEIGHT PANCOAST
OVERWHELMING PANCOASTS

OVIDUCT PANCREAS

OXALOSIS PANCREATECTOMY

PANCREATIC PARANEOPLASTIC

PANCREATICODUODENAL PARANOIA **PANCREATITIS** PARANOID

PANCREATOBILIARY **PARAPARESIS**

PANCREATODUODENECTOMY PARAPHARYNGEAL

PANCYTOPENIA PARAPHRENIA PANENCEPHALITIS PARAPLEGIA PANHYPOGAMMAGLOBULINEMIA **PARAPLEGIC**

PANHYPOPITUITARISM PARAPNEUMONIC

PANIC **PARAPROSTHETIC**

PARARECTAL PANLOBAR PARASINUS PANLOBULAR PARASITIC PANNICULITIS PANSINUSITIS PARASPINAL

PAPILLA PARATHYROID **PAPILLARY** PARATHYROIDECTOMY PAPILLEDEMA **PARATHYROIDITIS**

PAPILLITIS PARATRACHEAL **PAPILLOMA** PARAUMBILICAL **PAPILLOTOMY** PARAURETHRAL

PARA PARAUTERINE PARAAORTIC **PAREGORIC** PARACENTESIS PARENCHYMA PARACOLIC PARENCHYMAL

PARADOX **PARENCHYMATOUS**

PARADUODENAL PARENTERAL PARAESOPHAGEAL PARESIS

PARAGANGLIOMA PARIETAL PARAINFLUENZA PARIETO

PARALDEHYDE PARIETOTEMPORAL

PARALYSIS PARKINSON PARALYTIC PARKINSONIAN **PARALYZED PARKINSONISM**

PARAMENINGEAL **PARKINSONS PARAMETRIC** PAROTID

PARAMETRITIS PAROTIDITIS PARAMETRIUM **PAROTITIS**

PARAMYOCLONUS PAROXYSMAL

PARTIAL
PARTIALIS
PARTIALIS
PARTUM
PASS
PASS
PASS
PASS
PASS
PENDING
PASSAGE
PENETRATED

PASSAGE PENETRATED
PASSAGES PENETRATING
PASSIVE PENETRATION
PAST PENICILLIN

PASTEURELLA PENILE PAT PENIS

PATAUS PENTAZOCINE PATCHY PENTOBARBITAL

PATELLA PEPTIC PATENT PER

PATERSON PERCUTANEOUS
PATHOGENIC PERFORATED
PATHOLOGIC PERFORATING
PATHOLOGICAL PERFORATION
PATHOLOGY PERFORATIONS
PATIENT PERFRINGENS

PATTERSON PERFUSION
PAULO PERIANAL
PCD PERIAORTIC

PCV PERIAPPENDICEAL PDA PERIARTERITIS

PECTORAL PERICARDIAC
PECTORIS PERICARDIAL

PECTUS PERICARDICENTESIS
PEDAL PERICARDICENTESIS
PEDICLE PERICARDIOCENTESIS
PEDUNCLE PERICARDIOSTOMY

PEDUNCLE PERICARDIOSTOMY
PEG PERICARDIOTOMY
PEGT PERICARDITIS

PELVIC PERICARDIUM PELVIPERITONITIS PERICECAL

PELVIRECTAL PERICHOLECYSTIC

PELVIS PERICOLIC PELVIURETERAL PERICOLONIC

PERICRANIAL PERMANENT
PERICUTANEOUS PERIGASTRIC PERONEAL

PERIHILAR
PERPHENAZINE
PERINATAL
PERINEAL
PERSISTANT
PERINEPHRIC
PERINEPHRIC
PERINEPHRITIC
PERINEPHRITIS
PERSONALITY
PERINEPHRITIS
PERSTANS
PERINEUM
PERSONALITY

PERIODIC PERVERTED
PERIOPERATIVE PESTICIDE
PERIPADENO PETECHIA
PERIPANCAR PETECHIAE
PERIPANCREATIC PETECHIAL

PERIPARTUM PETIT
PERIPHERAL PETROLEUM
PERIPHEROVASCULAR PETROUS

PERIPORTAL PHARYNGEAL

PERIPROCTIC PHARYNGECTOMY

PERIPROSTATE PHARYNGITIS
PERIPROSTATIC PHARYNGO

PERIRECTAL PHARYNGOTRACHEAL

PERIRENAL PHARYNX
PERISCAPULAR PHASE

PERISINUS
PERITERMINAL
PERITONEAL
PERITONEI
PERITONEOVENOUS
PHENACETIN
PHENCYCLIDINE
PHENOBARBITAL
PHENOMENON
PHENOTHIAZINE

PERITONEUM PHENOTYPE

PERITONITIS PHENYLPROPANOLAMINE

PERITONSILLAR PHENYTOIN

PERIURETERAL PHEOCHROMOBLASTOMA PERIURETHRAL PHEOCHROMOCYTOMA

PERIUTERINE PHLEBITIC PERIVALVULAR PHLEBITIS

PERIVESICAL PHLEBOTHROMBOSIS

PERIVESICULAR PHLEGMASIA

PHLEGMON PIRIFORM

PHLEGMONOUS PIT

PHOSPHATE PITTING

PHOSPHATEMIA PITUITARISM PHOSPHATURIA PITUITARY

PHOTOSENSITIVE PKD
PHOTOSENSORY PLACE
PHTHISIS PLACED
PHYLLODES PLACEMENT

PHYSICAL PLACENTA
PHYSICIAN PLACENTAL
PHYSIOLOGIC PLACIDYL
PHYSIOLOGICAL PLACING
PIA PLAGUE

PICK PLAGUE
PICKS PLAQUE
PICKWICKIAN PLAQUES

PIE PLASMA

PIERCING PLASMACYTIC
PIERRE PLASMACYTOID
PIGMENTATION PLASMACYTOMA

PIGMENTATION PLASMACYTOMA
PIGMENTATIONS PLASMAPHERESIS

PIGMENTED PLASMOCYTIC PIGMENTOSA PLASMODIUM

PIGMENTOSA

PIGMENTOSA

PLASMODIOM

PLASMODIOM

PLASTER

PIGMENTOSUS

PLASTIC

PLASTICA

PILLAR PLATE
PILLS PLATEAU
PILONIDAL PLATELET

PIN PLATELETS
PINEAL PLATYBASIA

PINEALOBLASTOMA PLEOCHROMIC

PINEALOMA PLEURA
PINEOBLASTOMA PLEURAL
PINEOCYTOMA PLEURISY
PINNED PLEURITIC

PINNING PLEURITIS
PIPE PLEUROBPN

PLEUROBRONCHO PNEUMONECTOMY

PLEUROCUTANEOUS PNEUMONIA PLEUROPERICARDIAL PNEUMONIAE **PLEUROPERICARDITIS PNEUMONIC PLEUROPERITONEAL PNEUMONITIS**

PLEUROPN PNEUMOPATHY

PNEUMOPERICARDITIS PLEUROPNEUMONIA **PLEUROPUL PNEUMOPERICARDIUM PLEUROPULMONARY PNEUMOPERITONEUM**

PLEXUS PNEUMOPLEURISY PLICATION PNEUMOPLEURITIS

PLUG PNEUMOPYOPERICARDIUM

PLUGGED **PNEUMOPYOTHORAX PLUGGING PNEUMORRHAGIA PLUMMER PNEUMOTHORACES**

PNEUMOTHORAX PLUMMERS PO PLUNGING

PMD POINTES PΝ **POINTS PNEUMATOSIS** POISON

PNEUMOATELECTASIS POISONING PNEUMOCOCCAL **POISONOUS PNEUMOCOCCEMIA POLANDS**

PNEUMOCOCCI POLE **PNEUMOCOCCUS POLGAR PNEUMOCONIOSIS** POLICE **PNEUMOCONIOTIC** POLIO

PNEUMOCUTANEOUS POLIOMYELITIS

PNEUMOCYSTIC POLLUTION POLYADENITIS PNEUMOCYSTIS PNEUMOCYSTOSIS POLYANGIITIS

PNEUMOENCEPHALOGRAPHY **POLYARTERITIS** PNEUMOHEMOPERICARDIUM POLYARTHRALGIA

PNEUMOHEMOTHORAX POLYARTHRITIS

PNEUMOHYDROPERICARDIUM POLYARTHROPATHY

PNEUMOHYDROTHORAX **POLYARTICULAR PNEUMOMEDIASTINUM POLYCHONDRITIS**

PNEUMOMEDIASTIUM POLYCHONDRODYSTROPHY

PNEUMOMYCOSIS POLYCLONAL

POLYCYSTIC PORTACAVAL PORTAL POLYCYTHEMIA **PORTERS** POLYDIPSIA

POLYDRUG PORTO

POLYHYDRAMNIOS **PORTOSYSTEMIC POLYMER PORTUGUESE**

POSADAS POLYMICROBIAL **POLYMIRABIAL POSITIVE POLYMYALGIA POSITIVITY**

POLYMYOPATHY **POSS POLYMYOSITIS POSSIBLE POLYNEURITIS POST**

POLYNEUROPATHY POSTANAL POLYP POSTCECAL

POLYPHARMACY POSTCHICKENPOX POLYPOID POSTCONCUSSIONAL **POLYPOSA POSTCONTUSIONAL POSTDYSENTERIC POLYPOSIS**

POLYPS POSTERIOR POLYRADICULONEUROPATHY POSTERO

POLYRADICULOPATHY **POSTEROLATERAL POLYSEROSITIS POSTEROSEPTAL**

POLYSPLENIA POSTHEMORRHAGIC POSTHEPATIC POLYVALVULAR

POMPE **POSTHEPATITIC POMPES** POSTHERPETIC POND POSTICTAL

PONS POSTINFECTIONAL **POSTINFECTIOUS PONTINE POSTINFLAMMATORY POOR**

POSTIVE POORLY

POPLITEAL **POSTLARYNGEAL POPPERS** POSTMATURE POSTMATURITY PORCINE

PORENCEPHALIC **POSTMEASLES**

PORENCEPHALY **POSTMI**

PORPHYRIA POSTMORTEM POSTMYOCARDIAL PORTA

PORTACAVA POSTNASAL

POSTNATAL PREECLAMPSIA
POSTNECROTIC PREECLAMPTIC
POSTOBSTRUCTIVE PREEXCITATION
POSTOPERATIVE PREFRONTAL
POSTPARTAL PREGNANCY
POSTPARTUM PREGNANT

POSTPHARYNGEAL PREINFARCTIONAL POSTTONSILLAR PRELEUKEMIA PRELEUKEMIC

POSTURAL PREM

POSTVARICELLA PREMATURE
POSTVIRAL PREMATURELY
POTASSIUM PREMATURITY
POTENTIAL PRENATAL
POTTERS PREPARTUM
POTTS PREPATELLAR
POUCH PREPATELLAR

POWER
POX
PREPYLORIC
POX
PREPYLORUS
PPH
PRESACRAL
PPT
PRESACRUM
PRADEN
PRESBYCARDIA
PRESBYCUSIS

PRAECOX PRESBYESOPHAGUS

PRCA PRESCRIBED
PRCAR PRESCRIPTION
PRE PRESENILE
PREADMISSION PRESENILITY

PREADMISSION PRESENTATION

PRECEDING PRESENTATION

PRESENTATION

PRESENTATION

PRECEREBRAL PRESSURE
PRECERT PRESSURING
PRECIPITATE PRETERM

PRECIPITOUS PRETHROMBOTIC

PRECORDIAL PREVIA

PREDI PREVIABLE
PREDIABETES PREVIOUS
PREDIABETIC PRIMARY
PREDNISONE PRIMIDONE
PREDOMINANT PRIMITIVE

PRIMUM PROPOXYPHENE PRINZMETALS PROPRANOLOL PRIOR PROSTAGLANDIN

PROB PROSTATE

PROBABLE PROSTATECTOMY

PROBLEM PROSTATIC
PROBLEMS PROSTATISM
PROCAIN PROSTATITIS

PROCAINAMIDE PROSTATOCYSTECTOMY

PROCEDURE PROSTHESIS
PROCESS PROSTHETIC
PROCIDENTIA PROSTRATION
PROCTITIS PROTAMINE
PROCTOCELE PROTEIN

PROCTOSIGMOIDITIS PROTEINOSIS
PROCTOSIGMOIDOSCOPY PROTEINURIA
PRODUCING PROTEUS

PRODUCT PROTHROMBIN
PRODUCTS PROTHROMBINASE

PROFOUND PROTOZOAL
PROGERIA PROTRACTED
PROGRANULOCYTIC PROTRUSION

PROGRESSION PROWER
PROGRESSIVE PROXIMAL
PROLAPSE PRUNE
PROLAPSED PRURITUS

PROLAPSING PSEUDO
PROLIFERATIVE PSEUDOANEURYSM
PROLONGED PSEUDOARTHROSIS

PROLYMPHOCYTIC PSEUDOBULBAR

PROM PSEUDOCLAUDICATION

PROMAZINE PSEUDOCYST

PROMETHAZINE PSEUDODIVERTICULUM PROMYELOCYTIC PSEUDOFOLLICULAR

PRONATOR PSEUDOGOUT

PRONESTYL PSEUDOHYPERTROPHIC

PROPANE PSEUDOILEUS

PROPANOL PSEUDOLEUKEMICA PSEUDOMEMBRANOUS

PSEUDOMONAS PUSTULAR PSEUDOMUCINOUS PUSTULOSA **PSEUDOMYXOMA** PUTNAM **PSEUDOMYXOMATOSIS PUTRID PSEUDOOBSTRUCTION PVC PSEUDOPARKINSONISM** PVD PVI **PSEUDOSARCOMATOUS PSITTACOSIS** PVT **PSOAS** PX **PSORIASIS PYARTHROSIS PSORIATIC PYELITIS PSYCHIATRIC PYELOCYSTITIS PSYCHOGENIC PYELOGRAM PSYCHOMOTOR PYELOHYDRONEPHROSIS PSYCHONEUROSIS PYELONEPHRITIC PSYCHONEUROTIC PYELONEPHRITIS PSYCHOSIS PYELONEPHROSIS PSYCHOTHERAPEUTIC PYEMIA PSYCHOTHERAPEUTICS PYEMIC**

PSYCHOTIC PYLEPHLEBOTHROMBOSIS

PTE PYLES PUBIC PYLORIC

PUBIS PYLOROFUNDAL PUL PYLOROPLASTY PULEM PYLOROSPASM

PULI PYLORUS
PULMONALE PYOCYSTITIS
PULMONARY PYOGENIC
PULMONIC PYOMETRA
PULPOSUS PYOMETRIUM
PULSE PYONEPHRITIS

PULSELESS PYONEPHROSIS

PUMP PYREXIA
PUNCTURE PYRIDOXINE
PUNCTURED PYRIFORM

PURE PYURIA PURPURA

PURULENT Q - PUS Q

QUADRANT RAPID
QUADRIPARESIS RAPIDLY
QUADRIPLEGIA RAR
QUADRIPLEGIC RASH
QUADRUPLE RATE
QUALITATIVE RAY

QUESTIONABLE RAYMONDS
QUIETLY RAYNAUD
QUINCKES RAYNAUDS
QUINIDINE RAYS
QUININE RBBB

QUININE RBBI
QUITE RCS
RDS
R - RE

RA REACTION
RAAA REACTIVATE
RACEMOSE REACTIVATED
RACHISCHISIS REACTIVATION

RACHITIC REACTIVE

RADIAL RECALCITRANT

RADIATION RECENT RECIPIENT

RADICULAR RECKLINGHAUSENS

RADICULITIS RECOGNITION RECONSTRUCTION

RADICULOWITELITIS RECOVERING

RADICULOPATHY RECOVERING

RADIO RECTAL
RADIOACTIVE RECTO
RADIOCONTRAST RECTOCELE

RADIOGRAPHIC RECTOLABIAL RADIOLOGICAL RECTOSIGMOID RADIONECROSIS RECTOSIGMOIDAL

RADIOTHERAPY RECTOSIGMOIDECTOMY

RADIUM
RADIUS
RADIUS
RAISED
RAMSEY
RAMUS
RECTOURETERAL
RECTOURETHRAL
RECTOUTERINE
RECTOVAGINAL
RECTOVESICAL

RECTOVESICOVAGINAL REMOVED
RECTOVULVAL RENAL
RECTUM RENDU
RECUMBENCY RENFA

RECURRENCE RENOVASCULAR RECURRENT REOPERATION

RED REPAIR
REDLICHS REPAIRED
REDO REPEAT
REDUCTION REPETITIVE
REFLEX REPLACED

REFLUX REPLACEMENT REFRACTIVE REPORT **REPTILE** REFRACTORY REFUSAL REQUIRING **REFUSE** RESECT REFUSED RESECTED REGION RESECTION REGIONAL **RESERVE REGIONS** RESIDUAL REGURGITATION RESIDUALS

REGURGITORY RESISTANT RESILLYS RESP

RELEASE

REILLYS REINFARCTION RESPIRATION REINFECTION RESPIRATIONS REINSERTION RESPIRATOR REJECTION RESPIRATORY RELAPSING RESPONSE RELATED RESPONSIVE RESTRICTED RELATIVE RELAXATION RESTRICTING

RELIEF RESULTANT
RELIEVE RESUSCITATED
RELIEVED RESUSCITATION
REMAINS RESUSCITATIVE

REMOTE RETAINED
REMOVAL RETARDATION
REMOVE RETARDED

RESTRICTIVE

RETENTION REYES RF RETICULAR RETICULARPROLIFERATIVE RFA RETICULO RH

RETICULOENDOTHELIAL RHABDOMYOLYSIS RETICULOHISTIOCYTIC RHABDOMYOMA

RETICULOHISTIOCYTOMA RHABDOMYOSARCOMA RHABDOSARCOMA

RETICULUM **RETINA RHD**

RETINAE RHEUMATIC RETINAL RHEUMATICA **RETINITIS** RHEUMATISM

RETINOBLASTOMA RHEUMATOID

RETINOPATHY RHINITIS

RETRANSPLANTATION RHINORRHEA RHIZOTOMY RETRO RETROABDOMINAL RHYTHM RETROBULBAR RHYTHMS

RETROCECAL RIB RETROGASTRIC RIBS RETROINTERNAL RICH

RETROLARYNGEAL RICHARDSON RETROMOLAR RICHTERS RETROPERITONEAL RICKETS RETROPERITONEUM RIDDEN RETROPERTIONEAL RIDGE

RETROPHARYNGEAL RIEMANNS

RETROPLACENTAL RIFLE RETRORECTAL RIGHT RETROSTERNAL RIGID RETROUTERINE **RIGIDITY** RETROVESICAL **RIGIDUS** RETURN RING

REVASCULARIZATION RINGED REVASCULARIZE RINGS **REVERSE** RLL **RMCAT** REVERSED REVERSIBLE **RML**

REVISION RND

ROBIN SACCULAR ROBINS SACHS SACKS ROD SACRAL

RODENT SACROCOCCYGEAL

RODS
ROENTGEN
SACROILIAC
ROENTGEN
SACRUM
SADDLE
ROOF
SAGITTAL
ROOT
SAINT
ROSTANS
SAINTS

ROTORS SALICYLATE
ROTOSCOLIOSIS SALICYLATES
ROUND SALIVARY

ROUSSY SALMONELLA
ROUX SALMONELLOSIS
RSA SALPINGITIS
RT SALPINGO

RTA SALPINGO-OOPHORECTOMY

RUBBING SALT RUBELLA SAN

RUBINSTEIN SANDHOFFS RUBRA SANGER

RUL SAO

RULS SAPHENOUS SARCOID SARCOIDOSIS

RUPTURED SARCOIDOS SARCOIDOS

RUQ SARCOMATOSIS RUSSELL SATURATION

RVH SBE
RVT SBO
RX SCABIES
SCALD

SCALD
SCALDED
SCALDED
SCALENE
S SCALENE
S SCALP

SA SCAN SCAPHOID

SECUNDUM

SCAPULA SDAT SCAPULAR SDII SCAR SDS

SCARRING SECOBARBITAL

SCC SECONAL SCCA SECOND **SCHAUMANN SECONDARY SCHEUERMANNS SECRETANS SECRETION** SCHIARRI **SECRETIONS** SCHILLING **SCHIZO SECRETORY** SCHIZOAFFECTIVE **SECTION**

SCHIZOPHRENIC SED

SCHIZOPHRENIA

SCHOLZ SEDATION SCHONBERG SEDATIVE SCHONLEIN SEDATIVES

SCHROETTER SEDIMENTATION

SCHROETTERS SEGMENT
SCHULLER SEGMENTAL
SCHWANNOMA SEIZURE
SCIATIC SEIZURES

SCIATICA SELF SCIRRHOUS SELLA SCLERAL SEMI

SCLEROCYSTIC SEMICOMA

SCLERODERMA SEMICOMATOSE

SCLEROSING SEMILUNAR
SCLEROSIS SEMINAL
SCLEROTIC SEMINOMA
SCLEROUS SEMIPLASTIC

SCOLIOSIS SENEAR

SCORE SENESCENCE SCOTCHGUARD SENESCENT

SCRATCH SENILE SCRATCHES SENILIS SCREW SENILITY

SCROTAL SENILIZATION

SCROTUM SENSE

SENSITIVITY SHARP

SENSITIZATION SHATTERED SENSORIMOTOR SHEATH

SENSORY SHEATHING SEPARATION SHEEHANS

SEPSIS SHIFT
SEPT SHIGELLA
SEPTA SHINGLES
SEPTAL SHOCK
SEPTIC SHORT

SEPTICEMIA SHORTNESS

SEPTICEMIC SHOT

SEPTUM SHOULDER
SEQUARD SHOWER
SEQUELA SHUNT
SEQUELAE SHUNTED
SEQUESTRATION SHUNTING
SEROFIBRINOUS SHUNTS

SEROFIBRINOUS SHUNT SEROLOGY SHUT

SEROPURULENT SHUTDOWN

SEROSITIS SHY SEROUS SIADH

SERRATIA SIALADENITIS

SERUM SIALITIS

SEVERANCE SIALOADENITIS

SEVERE SIAMESE
SEVERED SICCA
SEVERELY SICD
SEWED SICK
SEX SICKLE
SEZARY SICKLEMIA
SEZARYS SICKNESS

SH SID
SHADOW SIDE
SHAFT SIDED

SHAKEN SIDEROACHRESTIC SHAKING SIDEROBLASTIC SHAPE SIDEROPENIC

SHAPED SIDS

SIEGAL SIVE SIEMENS SIX SIGHT SIXTH

SIGMOID SJOGRENS
SIGMOIDAL SKELETAL
SIGMOIDITIS SKELETON

SIGMOIDOSCOPY SKELETONIZED

SIGMOIDOSTOMY SKENES SIGMOIDOVAGINAL SKENITIS

SIGN SKIN **SIGNET SKULL** SILENT SLASHED SILICA SLATE SILICATE SLE SILICOSIS SLEEP **SILICOTB SLEEPING** SILICOTBC **SLIDING** SILICOTIC SLIM

SILICOTUBERCULOSIS SLIPPED SLOUGHING

SILVERS SLOW
SIMMONDS SLURRED
SIMPLE SLURRING
SIMPLEX SMALL

SINCE SMITH
SINEQUAN SMITHS
SINGLE SMOKE
SINOATRIAL SMOKED
SINOAURICULAR SMOKER
SINUS SMOKERS
SINUSES SMOKES

SINUSITIS SMOKING SIPPLES SMOTHERING

SIPPLES SMOTHERING
SITE SNAKE
SITES SNIFFING
SITTING SNUFF

SITU SO SITUATIONAL SOB

SITUS SODIUM

SOFT SPLENITIS

SOFTENING SPLENOCOLIC SOLITARY SPLENOMEGALIA SOOT SPLENOMEGALIC SORE SPLENOMEGALY SOURCE SPLENOPATHY SP SPLENOPTOSIS

SPACE SPONDYLARTHROSIS

SPASM SPONDYLITIS

SPASMODIC SPONDYLOARTHROSIS

SPASMS SPONDYLOGENIC SPASTIC SPONDYLOLISTHESIS

SPASTICITY SPONDYLOLYSIS
SPECIES SPONDYLOSIS
SPECIFIC SPONDYLYTIC

SPEECH SPONGE

SPELLS SPONTANEOUS

SPERMATIC SPOTTED
SPHENOID SPRAIN
SPHENOIDAL SPRAY
SPHEROCYTIC SPREAD
SPHEROCYTOSIS SPRUE

SPHINCTER SQUAMOUS

SPHINCTERAL SSS
SPIDER ST
SPIELMEYER STAB

SPINA STABBED
SPINAL STABBING
SPINALIS STAGE

SPINDLE STAGHORN
SPINE STAGING
SPINOCEREBELLAR STAIN

SPINOCEREBRAL STANDSTILL

SPINOUS STAPH

SPIRALIS STAPHYLOCOCCAL
SPITTING STAPHYLOCOCCEMIA
SPLEEN STAPHYLOCOCCUS

SPLENECTOMY STAPLING SPLENIC STARR

STARVATION STITCH
STASIS STMPH
STATE STOCK
STATED STOKES
STATIC STOMA
STATUS STOMACH
STAVE STOMATITIS

STCAR STONE
STEAL STONES
STEAM STOOL
STEATOCIRRHOSIS STOP

STEATORRHEA STOPPAGE
STEATOSIS STORAGE
STEELE STORM
STEINBROCKERS STRAIN
STEINERTS STRAINING
STELLA STRANGLED

STEM STRANGULATED STRANGULATION

STENOSING STRAUSS
STENOSIS STREIFF
STENOTIC STREP
STERCOLITH STREPT

STERCORACEOUS STREPTOCOCCAL
STERCORAL STREPTOCOCCEMIA
STERILE STREPTOCOCCI

STERN STREPTOCOCCICOSIS
STERNAL STREPTOCOCCUS
STERNALGIA STREPTODERMA

STERNBERG STREPTOKINASE STERNOTOMY STREPTOMYCOSIS

STERNUM STRESS
STEROID STRIATAL
STEROIDS STRIATE

STEVENS STRIATONIGRAL

STIFF STRIATUM
STILLBORN STRICTURE
STILLS STRIDOR
STING STRIPPING

STROHL SUBEPENDYMOMA
STROKE SUBEPIDERMAL
STROKES SUBFRONTAL
STROMAL SUBGALEAL

STRONGYLOIDES
STRUCTURE
STRUCTURES
STRUCTURES
STRUMA
STRUMPELL
STRUMPELL
STRYCHNINE
STUART
STUDIES
SUBGLOTTIC
SUBGLOTTIC
SUBHEPATIC
SUBHEPATIC
SUBINTIMAL
SUBLEUKEMIC
SUBLINGUAL
SUBLUXATION
SUBMANDIBULA

STUART
STUART
STUART
STUART
STUART
SUBLOXATION
SUBMANDIBULAR
SUBMAXILLARY
STUMP
SUBMENTAL
STUNT
SUBMERGED
STUPOR
STUPOR
STURGE
SUBPECTORAL

STURGES SUBPERIOSTEAL
STYLOID SUBPHRENIC
SUBA SUBPLEURAL
SUBACUTE SUBSTAINED
SUBAORTIC SUBSTANCE

SUBARACHNOID SUBSTANTIAL
SUBARACHOID SUBSTERNAL
SUBCAPITAL SUBSYSTEM
SUBCAPSULAR SUBTENTORIAL
SUBCECAL SUBTHYROIDISM

SUBCLAVIAN SUBTOTAL

SUBCLAVICOCAROTICA SUCK

SUBCLAVICULAR SUCROSE

SUBCORTICAL SUD

SUBCOSTAL SUDDEN
SUBCUTANEOUS SUDDENLY
SUBD SUFFOCATED

SUBDIAPHRAGMATIC SUFFOCATION

SUBDURAL SUGAR
SUBEFE SUICIDAL
SUBEMF SUICIDE
SUBENDOCARDIAL SUID

SULCUS SURROUNDING

SULFAMETHOXAZOLE SUTTON
SULFASALAZINE SUTURE
SULFATE SUTURED
SULFATIDOSIS SUTURES

SULZBERGER SVT SUMMER SW

SUPERFICIALSWALLOWSUPERFICIALISSWALLOWEDSUPERIMPOSEDSWALLOWING

SUPERINFECTEDSWANSUPERIORSWANNSUPERNUCLEARSWEATSSUPERNUMERARYSWELLING

SUPPORTSWISSSUPPRESSIONSWITCHSUPPURATIVESWOLLENSUPRASWYER

SUPRAAORTIC SY

SUPRABULBAR SYLVIUS

SUPRACLAVICULAR SYMMETRICAL SUPRACONDYLAR SYMONDS

SUPRADIAPHRAGMATIC SYMPATHECTOMY SUPRAGLOTTIC SYMPATHETIC

SUPRAGLOTTIS SYMPATHETICOTONIA

SUPRAHILAR SYMPHYSIS
SUPRANUCLEAR SYMPTOMATIC
SUPRAORBITAL SYMPTOMS

SUPRAPELVIC SYN

SUPRAPUBIC SYNCEPHALUS

SUPRARENAL SYNCOPAL SUPRASELLAR SYNCOPE SUPRAVALVULAR SYNCYTIAL SUPRAVENTRICULAR SYNDROM SUPRAVT SYNDROME SURFACE SYNERGISTIC SURGERIES SYNOSTOSIS

SURGERIES SYNOSTOS SURGERY SYNOVIAL SURGICAL SYPHILIS

SYPHILITIC TARDIVE
SYPHILITICA TARGET
SYRINGOBULBIA TARSAL
SYRINGOMYELIA TARSUS
SYRINGOMYELIC TAUSSIG

SYRINGOMYELIC TAUSSIG
SYRINGOMYELITIS TAY
SYRINGOMYELOCELE TAYBI
SYRINGOPONTIA TB
SYSTEM TBC
SYSTEMATICUS TCC
SYSTEMATISATA TCELL

SYSTEMATISATA TCELL
SYSTEMIC TCI
SYSTEMS TEAR
SYSTOLE TECKOFF

SYSTOLIC TEF
TEGRETOL

T -TELANGIECTASIATTELANGIECTASIST12TELANGIECTATICTABESTELANGIECTODESTABETICTEMPERATURE

TABLETS TEMPLE
TACHYARRHYTHMIA TEMPORAL
TACHYBRADY TEMPORARY

TACHYBRADYARRHYTHMIA TEMPORO

TACHYBRADYCARDIA TEMPOROFRONTAL TACHYCARDIA TEMPOROOCCIPITAL

TACHYDYSRHYTHMIA TEMPOROPARIETAL TACHYPNEA TEMPOROPONTINE

TACHYRHYTHMIA TEMPOROSPHENOIDAL TAGS TENCKHOFF

TAIL TENCKOFF
TAKAYASUS TENDENCIES
TAKE TENDENCY
TALK TENDINEAE

TALUS TENDON TALWIN TENORMIN

TAMPONADE TENOSYNOVIAL

TARDA TENSION

TENTORIAL THIAMINIC THICKENING TENTORIUM TERATOCARCINOMA **THICKNESS**

TERATOMA THIGH TERM THINNING

TERMINAL THIORIDAZINE **TERMINATION** THIORIDIAZINE **TERTIARY** THIOTHIXENE

TESCHENDORF THIRD TEST THIRTEEN

TESTES THIS **TESTICLE THOMAS TESTICULAR THOMSONS**

TESTIS THORACENTESIS

TETANUS THORACIC TETANY THORACIS TETRAD THORACO

TETRALOGY THORACOAAA **TETRAPLEGIA THORACOABDOMINAL**

THORACOLUMBAR TEX TF **THORACOPAGUS TGV THORACOPLASTY** THA THORACOSCOPY

THALAMIC THORACOSTOMY **THALAMUS** THORACOTOMY

THALASSANEMIA THORAX **THALASSEMIA** THORAZINE **THALASSEMIC** THORN

THANATOPHORIC THORNWALDTS

THE THREE THECA THRIVE THECOMA THROAT

THEOPHYLLINE THROMBECTOMY

THEOPOHYLLINE THROMBI **THERAPEUTIC** THROMBO

THERAPY **THROMBOARTERITIS THROMBOCYTHEMIA** THERMAL

THERMOCUTANEOUS THROMBOCYTIC

THERMOPLEGIA THROMBOCYTOPENIA

THROMBOCYTOPENIC TIP

THROMBOCYTOSIS TIREDNESS
THROMBOEMBOLI TISSUE
THROMBOEMBOLIC TISSUES

THROMBOEMBOLISM TL THROMBOEMBOLUS TO

THROMBOENCEPHALOMALACIA TOBACCO
THROMBOENDARTERECTOMY TOBACCOISM
THROMBOPENIA TOBACOSIS

THROMBOPENIC TOE
THROMBOPHLEBITIS TOES
THROMBOPHLEBOTIC TOFRANIL
THROMBOSED TOGETHER
THROMBOSES TOULET

THROMBOSIS
TOLET
THROMBOSUS
TOLBUTAMIDE
THROMBOTIC
THROMBUS
TOLOSA
THRUSH
TOLUENE
THUMB
TOLUOL

THYMIC TOMOGRAPHY

THYMOMA TONGUE
THYMONA TONIC
THYMUS TONSIL
THYROCELE TONSILLAR

THYROGLOSSAL TONSILLECTOMY

THYROID TONSILLOPHARYNGEAL TONSILS

THYROIDECTOMY TOOTH

THYROIDITIS TOPHACEOUS

THYROMEGALY TORCH
THYROTOXIC TORN

THYROTOXICOSIS TORRE
TI TORSADES
TIA TORSION
TIBIA TORSO

TIBIAL TORTICOLLIS

TIC TORULA TICK TORULAR TIME TORULOPSIS

TORULOSIS TRANSBRONCHIAL TOTAL TRANSCORTICAL **TOTALLY** TRANSCUTANEOUS

TOUCH TRANSECTED **TOXEMIA** TRANSECTION TOXIC **TRANSFERASE**

TOXICITY TRANSFORMATION **TOXICOLOGIC TRANSFORMED** TOXICOLOGICAL **TRANSFUSION** TOXICOLOGY **TRANSFUSIONS TOXICOSIS TRANSIENT** TOXOPLASMA TRANSITIONAL **TOXOPLASMIC** TRANSITORY

TOXOPLASMOSIS TRANSLOCATION TP TRANSLUMINAL

TRANSMURAL TRACHEA TRACHEAL TRANSPHENOIDAL **TRACHEITIS** TRANSPLANT

TRACHEOBPN **TRANSPLANTATION**

TRACHEOBRONCHIAL TRANSPORT TRACHEOBRONCHITIS TRANSPOSED

TRACHEOBRONCHOPN TRANSPOSITION TRACHEOBRONCHOPNEUMONIA TRANSTENTORIAL **TRACHEOBRONCHOPNEUMONITIS** TRANSURETHRAL

TRACHEOCELE **TRANSVENOUS**

TRANSVERSE TRACHEOESOPHAGEAL TRACHEOGASTRIC TRANSVERSION TRACHEOLARYNGEAL **TRANSVERSUS**

TRACHEOMALACIA TRANVERSE **TRAPEZIAL** TRACHEOPHARYNGEAL

TRACHEOSTENOSIS TRAPEZOID TRACHEOSTOMY TRAUMA TRACHEOTOMY TRAUMATIC

TRACHOMA TRAUMATISM TRACT TREACHER

TRACTION **TREATED TREATMENT** TRAIT

TRANPLANT **TREATMENTS**

TRANQUILIZER TREE

TREFOIL TTP
TREMBLING TUBAL
TREMENS TUBE

TREMOR TUBERCULAR
TRIAD TUBERCULID
TRIATRIATUM TUBERCULIDE
TRIAVIL TUBERCULOSIS
TRICHINELLA TUBERCULOSUS
TRICHLOROETHANE TUBERCULOUS

TRICUSPID TUBEROUS
TRICYCLIC TUBES
TRIFASCICULAR TUBO

TRIFID TUBOOVARIAN

TRIGEMINAL
TRIGONE
TRIGONITIS
TRIGONOCEPHALY
TRILOCULAR
TRIMALLEOLAR
TUNNEL

TRIMESTER TUR
TRIMETHOPRIM TURBINATE

TRIPLE TURCICA
TRIPLEGIA TURNER
TRIPLETS TURNERS
TRIPLOIDY TURP

TRISOMY TURPENTINE TRIVESSEL TURRICEPHALY

TROCHANTER TWIN
TROCHANTERIC TWINS
TROISIER TWISTED
TROPHIC TWO

TROPHONEUROSIS TYLENOL
TROPICAL TYMPANIC
TROPICALIS TYMPANITIS

TROUBLE TYPE TYPHUS

TRUNCUS

TRUNK U - TRYPSIN ULCER

ULCERATED UNHEALED ULCERATING UNIDENTIFIED **ULCERATION** UNILATERAL ULCERATIONS UNILOBULAR **ULCERATIVE** UNINODULAR

ULCERS UNION ULLRICH UNKNOWN ULNA UNSPECIFIED ULNAR **UNSTABLE**

ULS UNSUCCESSFUL ULTRAVIOLET **UNVERRICHT**

UMBILICAL UPPER UMBILICUS UPSET UMBRELLA URACHAL UNABLE

URACHUS UNATTENDED **URATIC** UNCAL **URBACH** UNCERTAIN **URBACHS**

UREA UNCIFORM UNCLASSIFIED **UREMIA UNCLEAR UREMIC** UNCONSCIOUS URETER UNCONSCIOUSNESS **URETERAL**

UNCONTROLLABLE URETERECTOMY

UNDEFINED URETERITIS UNDER URETEROCELE UNDERDEVELOPED URETEROLITH

UNDERDEVELOPMENT **URETEROLITHIASIS**

URETEROLITHOTOMY UNDERLYING **URETEROPELVIC**

UNDERNOURISHED UNDERNOURISHMENT **URETEROSIGMOID**

UNDERNUTRITION **URETEROSIGMOIDOSTOMY**

UNDERWEIGHT URETEROSTOMY UNDESCENDED **URETEROVAGINAL** UNDETERMINED URETEROVESICAL

UNDEVELOPED URETHRA UNDIFFERENTIATED URETHRAL UNEXPECTED **URETHRITIS UNEXPLAINED** URETHROCELE

URETHROCUTANEOUS VAGINAL
URETHROVAGINAL VAGINALIS
URIC VAGINALITIS
URICACIDEMIA VAGINITIS

URICEMIA VAGINO
URINARY VAGINOVESICAL
URINE VAGOTOMY

URINEMIA VALGUS
URODIALYSIS VALIUM

UROHEPATIC VALLECULAE UROLITHIASIS VALLEY UROLOGICAL VALSALVA

URONEPHROSIS
UROPATHY
UROSEPSIS
UROSEPTIC
VALSALV
VALUE
VALVE
VALVE
VALVES
VALVOTO

UROSEPTIC VALVOTOMY
URTICARIA VALVULAR
USAGE VALVULITIS
USHER VALVULOPATHY

UTERI VALVULOPLASTY
UTERINE VALVULOTOMY

UTERO VAN
UTEROINTESTINAL VAPOR
UTEROPELVIC VAQUEZ
UTERORECTAL VARIANCE

UTEROVESICAL VARIANTS
UTERUS VARICEAL
UTILITY VARICELLA
UVEOPAROTITIS VARICES
UVULA VARICOSE
UVULAR VARICOSIS

UVULITIS VARICOSITIES VARICOSITY

V - VARIX
V VARNY
VACCINATION VARUS

VACCINIA VAS
VACUUM VASCULAR
VAGINA VASCULARITY

VASCULATURE VENTRICULITIS

VASCULITIS VENTRICULOATRIAL

VASCULOPATHY VENTRICULOPERITONEAL

VASECTOMY VENTRICULOSTOMY VASOCONSTRICTION VENTRICULOTOMY

VASODILATION VENTRICULR

VASOGENIC VERA

VASOMOTOR VERAPAMIL
VASOSPASM VERBIESTS
VASOSPASTIC VERMIFORM
VASOTEC VERNER
VASOVAGAL VERRUCOSA
VATER VERRUCOUS

VATER VERROCOO
VAULT VERSES
VD VERSUS
VEGETATION VERT

VEGETATIVE VERTEBRA
VEHICLE VERTEBRAE
VEIL VERTEBRAL

VEIN VERTEBROBASILAR

VEINS VERTERBRAL

VELAMENTOUS VERTEX
VELDT VERTIGO
VELOCITY VERY
VELOPHARYNGEAL VESICAL

VENA VESICAL VESICAL VESICAL VESICAL VESICAL VESICO

VENAR VESICOABDOMINAL VENEREAL VESICOCOLONIC

VENOFIBROSIS VESICOCUTANEOUS

VENOM VESICOENTERIC VENOMOUS VESICOINTESTINAL

VENOUS VESICORECTAL
VENTILATION VESICOURETERAL
VENTILATORY VESICOVACINA

VENTILATORY VESICOVAGINA VENTRAL VESICOVAGINAL

VENTRICLE VESICULAR VENTRICULAR VESSEL

VESSELS VS VF VSD VH VT

VIABLE VULGARIS
VIBRIO VULVA
VII VULVAR

VILLANOUS VULVOVAGINITIS

VILLOUS

VINCRISTINE W -

VINEBERG WAGNER VINEBERGS WAIST

VINSON WALDENSTROMS

VIRAL WALKER VIRCHOWS WALL

VIREMIA WALLENBERGS
VIRIDANS WALLENBURGS
VIRUS WALLENBURGS
VISCERA WANDERING
VISCERAL WARFARIN

VISCERAL WARFAI
VISCUS WARM
VISION WASP
VITAL WASPS

VITALITY WASSERMANN

VITAMIN WASTING VITRECTOMY WATER

VITREOUS WATERHOUSE

VITUS WATERY
VOCAL WAVE
VOGT WEAK

VOICE WEAKNESS

VOLUME WEAN VOLUNTARY WEATHER

VOLVULUS WEB
VOMER WEBBED
VOMITING WEBER
VON WEBERS
VP WEBS
VROLIKS WEDGE

WEDGED WILMS WILSON WEDGING WEEKS **WILSONS** WEGENERS WINDOW WEIGHT WING WINGED

WEIGHTLESSNESS WEIL WINTER WEILL **WISKOTT** WEINGARTENS WITHDRAWAL

WEISS WITTS WELANDER WK

WELCHII WOLFE WELL WOLFF WENCKEBACHS WOLMANS

WERDNIG WOOD WORKERS **WERNERS** WERNICKE WORN **WERNICKES** WOUND WESTPHAL WOUNDED

WOUNDS WET

WPW WHARTONS WHEEZING **WRIST**

WHIP WHIPLASH **X** -

WHIPPLE XANAX

XANTHOGRANULOMA WHIRLPOOL

WHITE XANTHOGRANULOMATOUS

WHOLE XANTHOMA

XANTHOMATOSIS WHOOPING

WIDESPREAD **XENOGRAFT** WIDOW XERODERMA

WIEDEMANN **XIPHOID**

WIETHE XIPHOIDALGIA **WILLANS XIPHOIDITIS XIPHOPAGUS**

WILLEBRANDS

WILLI **XRAY**

WILLIS

Y-

YEARS YEAST YELLOW YERSINIA YOUNG

Z -

ZELLWEGER
ZENKERS
ZETTERSTROM
ZIEVES
ZINC
ZOLLINGER
ZONE
ZONE
ZOSTER
ZYGOMA
ZYGOMATIC

A –

ABRASION

ACID BURN (ANY DEGREE)

AIR EMBOLUS

AIR POLLUTION

ALLERGIC BEE STING REACTION

ALLERGIC REACTION

ALLERGIC SHOCK

ALLERGY

ALLERGY REACTION

AMPUTATION

ANAPHYLACTIC REACTION STING

ANAPHYLACTIC SHOCK STING

ANIMAL BITE

ASPHYXIATION

ASPIRATION

AVULSION

B –

BATTERED BABY (SYNDROME)

BATTERED CHILD (SYNDROME)

BEE STING

BEE STING ALLERGIC REACTION

BEE STING ALLERGY

BEE STING HYPERSENSITIVITY

BITE

BLACK WIDOW SPIDER BITE (SYNDROME)

BLAST INJURY

BLAST SYNDROME

BLAST TRAUMA

BLUNT FORCE IMPACT INJURY

BLUNT FORCE INJURY

BLUNT FORCE TO SITE

BLUNT FORCE TRAUMA

BLUNT IMPACT INJURY

BLUNT IMPACT TO SITE

BLUNT IMPACT TRAUMA

BLUNT INJURY

BLUNT TRAUMA

BLUNT TRAUMA INJURY

BROKEN

BRUISE

BULLET WOUND

BURN (ANY DEGREE) (ANY %)

BURN DAMAGE

BURN INJURY

BURNED

BURNED BEYOND RECOGNITION

BURNED TO DEATH

C -

CARBON MONOXIDE

CARBON MONOXIDE ASPHYXIA

CARBON MONOXIDE GASES

CARBON MONOXIDE LEVEL SATURATION (ANY %)

CARBON MONOXIDE SATURATION (ANY %)

CARBOXYHEMOGLOBIN (ANY %)

CARBOXYHEMOGLOBINEMIA

CHARRED

CHEMICAL BURN (ANY DEGREE)

CHILD ABUSE

CHILD MALTREATMENT (SYNDROME)

CHILD NEGLECT

CHOKED

CHOKED TO DEATH

COLD EFFECTS

COLD EXPOSURE

COMPRESSION ASPHYXIA

CONCUSSION

CONTUSION

CREMATION

CRUSHED

CRUSHING (SYNDROME)

CRUSHING ASPHYXIATION

CRUSHING INJURY

CRUSHING TRAUMA

CUT

CUT WOUND

D –

DAMAGE
DECAPITATION
DECEREBRATION
DISLOCATION
DISMEMBERMENT
DISRUPTION
DROWNING
DROWNING ANOXIA

E –

ELECTRIC CURRENT EFFECTS
ELECTRIC SHOCK
ELECTRICAL BURN
ELECTRICAL INJURY
ELECTRICAL SHOCK
ELECTROCUTION
ENVIRONMENTAL EXPOSURE
ENVIRONMENTAL HYPERPYREXIA
ENVIRONMENTAL HYPERTHERMIA
ENVIRONMENTAL HYPOTHERMIA
EVISCERATION
EXPOSURE
EXPOSURE TO ELEMENTS
EXPOSURE TO ENVIRONMENT

F-

FAMINE
FAT EMBOLISM (SYNDROME)
FIREARMS INJURY
FIREARMS WOUND
FISH STING
FLAME BURN
FOOD DEPRIVATION
FOOD INSUFFICIENCY
FRACTURE
FRACTURE DISLOCATION

G-3

FRACTURE INJURY
FREEZING
FRICTION BURN
FROSTBITE
FROZE TO DEATH
FROZEN
FULL THICKNESS BURN (ANY %)

G -

GAS ASPHYXIA
GAS SUFFOCATION
GUNSHOT INJURY
GUNSHOT WOUND

H -

HANGING **HEAT APOPLEXY HEAT COLLAPSE HEAT CRAMPS HEAT EFFECTS HEAT EXHAUSTION HEAT FEVER HEAT HYPERPYREXIA** HEAT HYPERTHERMIA **HEAT PROSTRATION HEAT PYREXIA HEAT STROKE** HEMATOMA HUNGER HYPERSENSITIVE REACTION **HYPOTHERMIA**

I —

IDIOSYNCRACY
IMMERSION
IMPACT INJURY
IMPACT TO SITE
IMPROPER CARE
INATTENTION AFTER BIRTH

INATTENTION AT BIRTH

INCINERATION

INCISED

INCISED KNIFE WOUND

INCISED STAB WOUND

INCISED WOUND

INFRARED RAYS INJURY

INJURY

INSECT BITE

INSECT BITE HYPERSENSITIVITY

INSECT STING

J –

JELLYFISH STING

K –

KNIFE WOUND

L-

LACERATION

LACK OF CARE

LACK OF FOOD

LEAD ENCEPHALOPATHY

LEAD NEPHROPATHY

LETHAL CARBON MONOXIDE CONCENTRATION

LIGHTNING BURN

LIGHTNING SHOCK

LIGHTNING STROKE

M -

MANGLED

MUTILATION

N -

NEGLECT

O-

OVEREXERCISED OVEREXERTION OVEREXPOSURE OVERHEATED

P -

PENETRATING KNIFE WOUND PENETRATING STAB WOUND PENETRATING TRAUMA PENETRATING WOUND PERFORATING KNIFE WOUND PERFORATING STAB WOUND PERFORATING WOUND PIERCING KNIFE WOUND PIERCING STAB WOUND PIERCING WOUND POLYMER FUME FEVER PORTUGUESE MAN-O-WAR STING **PUNCTURE** PUNCTURE KNIFE WOUND PUNCTURE STAB WOUND PUNCTURE WOUND

R –

RADIOACTIVE FALLOUT RAPE REPTILE BITE RUPTURE

S -

SCALD BURN (ANY DEGREE)
SCRATCH
SENSITIVITY
SEPARATION
SHAKEN INFANT (SYNDROME)
SHAKING INJURY
SHARP FORCE INJURY
SHARP FORCE TRAUMA

SHOT, SHOOTING

SLASH, SLASHED

SMOKE INHALATION

SMOTHERING

SNAKE BITE

SPIDER BITE

SPRAIN

STAB

STAB WOUND

STARVATION

STING

STRAIN

STRANGULATION

SUBLUXATION

SUBMERSION, SUBMERGED

SUFFOCATION

STUNG

SUNSTROKE

T-

THERMAL BLUNT TRAUMA

THERMAL BURN

THERMAL IMPACT INJURY

THERMAL INJURY

THERMAL TRAUMA

THERMOPLEGIA

TOBACOSIS

TORN

TRANSECTION

TRAUMA

TRAUMATIC DEATH

TRAUMATISM

U-

UNATTENDED BIRTH

V –

VAPOR ASPHYXIA VAPOR SUFFOCATION

W –

WAR INJURY
WASP STING
WEATHER EXPOSURE
WEIGHTLESSNESS
WHIPLASH (SYNDROME)
WOUND

APPENDIX H BASIC DATA ENTRY- EXERCISE 2 - ANSWERS

Certificate 1

Certificate Nur	mber	Sex	Date of Death					
00000	01	F	01/01					
Age Unit		Age Field	State of Death					
68		YEARS	AS					
Part I			Duration					
a. CEREBRAL	.THROMBOS	SIS	7 WKS					
b. RENAL FAI	LURE		4 WKS					
c. PNEUMONI	A		1 WK					
d.								
Part II	Part II							
Was Autopsy Performed		Were Autopsy Finding Used	Tobacco Use Contribute to death					
			Y					
Pregnancy		Manner of Death	Date of Activit Surgery Code					
1		N						
Date of Injury		Time of Injury	Injury at Work					
Place of Injury								
Injury Description								
Transportation, Specify								
Certifier	D	State Specific Data						

APPENDIX H BASIC DATA ENTRY- EXERCISE 2 - ANSWERS

Certificate 2

Certificate Number		Sex	Date of Death				
000002		М	01/01				
Age Unit		Age Field	State of Death				
34		YEARS	AS				
Part I			Duration				
a. CONGESTIVE	HEART F	AILURE					
b. STOMACH UL	CER WITH	H HEMORRHAGE					
c.							
d.							
Part II: MYOCARDIAL INFARCTION; CANCER OF BREAST; CIRCULATORY							
INSUFFICIENCY							
Was Autopsy Performed		Were Autopsy Finding Used	Tobacco Use Contribute to death				
			Υ				
Pregnancy		Manner of Death	Date of Activit Surgery Code				
		N					
Date of Injury		Time of Injury	Injury at Work				
Place of Injury							
Injury Description							
Transportation, Specify							
Certifier	D	State Specific Data					

Certificate Number	Sex	Date of Death		
000003	F	01/01	01/01	
Age Unit	Age Field	State of Death		
79	YEARS	AS		
Part I		Duration		
a PULMONARY EDEMA		ACUTE		
b. MYOCARDIAL INFARC	TION	3 MO		
c. ARTERIOSCLEROTIC I	HEART DISEASE			
d.				
Part II				
Was Autopsy Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death		
		N		
Pregnancy	Manner of Death	Date of Surgery Activity Code		
1	N			
Date of Injury	Time of Injury	Injury at Work		
Place of Injury				
Injury Description				
Transportation, Specify				
Certifier M	State Specific Data			

Certificate Numb	er	Sex	Date of Death	
000004		М	01/01	
Age Unit		Age Field	State of Death	
48		YEARS	AS	
Part I			Duration	
a. BRONCHOP	NEUMONI	A WITH ABSCESS		
b. GASTRIC ULO	CERS, CA	USE UNKNOWN		
c. RHEUMATOI) ARTHRI	TIS		
d.				
Part II: WIDESPR	EAD CAR	CINOMA OF LUNG		
Was Autopsy Per	rformed	Were Autopsy Finding Uses	Tobacco Use Contribute to death	
				ı
Pregnancy		Manner of Death	Date of Surgery	Activity Code
		N		
Date of Injury		Time of Injury	Injury at Work	
Place of Injury				
Injury Description	n			
Transportation, S	Specify			
Certifier CC	RONER	State Specific Data		

Certificate Number	Sex	Date of Death	Date of Death	
000005	F	01/01		
Age Unit	Age Field	State of Death		
56	YEARS	AS		
Part I		Duration		
a. PULMONARY EN	MBOLISM			
b. CORONARY BYP	ASS GRAFT			
c. ASHD				
d.				
Part II:				
Was Autopsy Perfori	med Were Autopsy Finding Uses	Tobacco Use Cont death	tribute to	
		U		
Pregnancy	Manner of Death	Date of Surgery	Activity Code	
	N			
Date of Injury	Time of Injury	Injury at Work		
Place of Injury				
Injury Description	y Description			
Transportation, Spec	sify			
Certifier M	State Specific Data			

Certificate N	umber	Sex	Date of Death		
000	006	F	01/01	01/01	
Age Unit		Age Field	State of Death		
5	0	YEARS	AS		
Part I			Duration		
a. CARDIAC	ARRHYTHMIA	4			
b. MASSIVE	ACUTE MYO	CARDIAL INFARCTION			
c.					
d.					
Part II: MIGR	AINE HEADA(CHES			
Was Autopsy	/ Performed	Were Autopsy Finding Uses	Tobacco Use Contr death	ibute to	
			U		
Pregnancy		Manner of Death	Date of Surgery	Activity Code	
Date of Injury		Time of Injury	Injury at Work		
Place of Injury					
Injury Descri	ption				
Transportation	ition, Specify				
Certifier	D	State Specific Data			

Certificate Number	Sex	Date of Death	Date of Death	
000007	M	99/99	99/99	
Age Unit	Age Field	State of Death		
70	YEARS	AS		
Part I		Duration		
a. SEVERE ACUTE RES	PIRATORY FAILURE			
b. TERMINAL PNEUMO	NIA			
c. CONGESTIVE HEART	FAILURE DUE TO MI			
d. CARDIOMYOPATHY I ARTERIOSCLEROSIS	DUE TO			
Part II				
Was Autopsy Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death		
Υ		N		
Pregnancy	Manner of Death	Date of Surgery	Activity Code	
	Р			
Date of Injury	Time of Injury	Injury at Work		
Place of Injury				
Injury Description				
Transportation, Specify				
Certifier D	State Specific Data			

Certificate Number	Sex	Date of Death	
000008	М	01/01	
Age Unit	Age Field	State of Death	
65	YEARS	AS	
Part I		Duration	
a. CONGESTIVE HEART	FAILURE	4 YEARS	
b. RENAL FAILURE		3 MOS	
c.			
d.			
Part II			
Was Autopsy Performed	Were Autopsy Finding Uses	Tobacco Use Contr death	ibute to
		Y	
Pregnancy	Manner of Death	Date of Surgery	Activity Code
	N		
Date of Injury	Time of Injury	Injury at Work	
Place of Injury			
Injury Description			
Transportation, Specify			
Certifier D	State Specific Data		

Certificate Nu	ımber	Sex	Date of Death	
0000	009	M	01/01	
Age Unit		Age Field	State of Death	
60)	YEARS	AS	
Part I			Duration	
a. HYPERTE	NSIVE HEART	T DISEASE		
b. METASTAS	SIS TO PITUIT	ARY GLAND		
c.				
d.				
Part II: CARC	INOMA OF BF	REAST		
Was Autopsy	Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death	
			N	
Pregnancy		Manner of Death	Death Date of Activity Surgery Code	
		N		
Date of Injury	1	Time of Injury	Injury at Work	
Place of Injury				
Injury Descrip	otion			
Transportatio	on, Specify			
Certifier	D	State Specific Data		

Certificate Number	Sex	Date of Death		
000010	F	01/01	01/01	
Age Unit	Age Field	State of Death		
32	YEARS	AS		
Part I		Duration		
a. SEPTICEMIA				
b. POSTPARTUM HEMOI	RRHAGE			
c.				
d.				
Part II				
Was Autopsy Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death		
		U		
Pregnancy	Manner of Death	Date of Surgery	Activity Code	
2	U			
Date of Injury	Time of Injury	Injury at Work		
Place of Injury				
Injury Description				
Transportation, Specify				
Certifier	State Specific Data			

Certificate No	umber	Sex	Date of Death	
000	011	F	01/01	
Age Unit		Age Field	State of Death	
5:	5	YEARS	AS	
Part I			Duration	
a. AORTIC IN	NSUFFICIENC	Υ		
b. RHEUMAT	ΓΙC HEART DI	SEASE		
c.				
d.				
Part II: END	STAGE CHRO	ONIC RENAL DISEASE WITH	H DAMAGE	
Was Autopsy	/ Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death	
			Υ	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
1		N		
Date of Injury	/	Time of Injury	Injury at Work	
Place of Injur	ry			
Injury Descri	Injury Description			
Transportation	on, Specify			
Certifier	D	State Specific Data		

Certificate Nu	ımber	Sex	Date of Death	
0000	013	F	01/01	
Age Unit		Age Field	State of Death	
4		HOURS	AS	
Part I			Duration	
a. ANOXIA				
b. CEREBRA	AL HEMORRH	IAGE		
C.				
d.				
Part II:				
Was Autopsy	Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death	
Y	,	Υ	N	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
		N		
Date of Injury	1	Time of Injury	Injury at Work	
Place of Injury				
Injury Descri	Injury Description			
Transportation	Transportation, Specify			
Certifier	М	State Specific Data		

Certificate N	umber	Sex	Date of Death	
000	013	F	01/05	
Age Unit		Age Field	State of Death	
5	8	YEARS	AS	
Part I			Duration	
a. FRACTUR	E OF RIB			
b. METASTA	TIC CANCER	TO BONE		
c. CANCER	OF RIGHT BR	EAST		
d.				
Part II:				
Was Autopsy	/ Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death	
١	J		Р	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
1		N		
Date of Injury	У	Time of Injury	Injury at Work	
01/05	/2003	08:00 A	N	
Place of Inju	Place of Injury HOME			
Injury Descri	jury Description FRACTURED RIB WHILE TURNING IN BED			
Transportation	Transportation, Specify			
Certifier	CORONER	State Specific Data		

Certificate No	umber	Sex	Date of Death	
000	014	F	01/01	
Age Unit		Age Field	State of Death	
7-	4	YEARS	AS	
Part I			Duration	
a. CARDIOG	SENIC SHOCK	,		
b. FRACTUF	RE OF ARM AI	ND LEG		
c.				
d.				
Part II				
Was Autopsy	/ Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
		А		
Date of Injury	/	Time of Injury	Injury at Work	
			N	
Place of Injui	ry	HOME		
Injury Descri	ption	FALL		
Transportation	on, Specify			
Certifier	UNKNOWN	State Specific Data		

Certificate No	umber	Sex	Date of Death	
000015		М	01/01	
Age Unit		Age Field	State of Death	
2	8	YEARS	AS	
Part I			Duration	
a. GUNSHO	F WOUND TO	HEAD		
b.				
c.				
d.				
Part II				
Was Autopsy Performed		Were Autopsy Finding Uses	Tobacco Use Contribute to death	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
		S		
Date of Injury	/	Time of Injury	Injury at Work	
Place of Inju	Place of Injury			
Injury Description		SELF-INFLICTED, BY 25 CALIBER HANDGUN		I
Transportation	on, Specify			
Certifier	D	State Specific Data		

Certificate No	umber	Sex	Date of Death			
000	016	F	01/01			
Age Unit		Age Field	State of Death			
3	4	YEARS	AS			
Part I			Duration			
a. HEAD ANI	O NECK INJUF	RIES				
b.						
c.						
d.						
Part II:						
Was Autopsy Performed		Were Autopsy Finding Uses	Tobacco Use Contribute to death			
Pregnancy		Manner of Death	Date of Surgery	Activity Code		
1		А				
Date of Injury	y	Time of Injury	Injury at Work			
Place of Injury						
Injury Description		VEHICLE RAN OFF ROAD AND STRUCK OBJECT		JECT		
Transportation, Specify		DR				
Certifier	CORONER	State Specific Data				

Certificate Number	Sex	Date of Death	
000001	F	01/01	
Age Unit	Age Field	State of Death	
55	YEARS	AS	
Part I		Duration	
a. CARDIAC ARREST AN	D PNEUMONIA		
b. PULMONARY EMBOLI	SM & CHF		
c. CANCER OF LUNG W	ITH METASTASIS TO SPINE		
d.			
Part II			
Was Autopsy Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death	
		N	
Pregnancy	Manner of Death	Date of Surgery	Activity Code
	N		
Date of Injury	Time of Injury	Injury at Work	
Place of Injury			
Injury Description			
Transportation, Specify			
Certifier D	State Specific Data		

Certificate Num	ber	Sex	Date of Death	
100002		M	01/01	
Age Unit		Age Field	State of Death	
82		YEARS	AS	
Part I			Duration	
a. HEART FAIL	URE DUE T	О МІ		
b. ASHD				
c. AS				
d.				
Part II:	Part II:			
Was Autopsy Performed		Were Autopsy Finding Uses	Tobacco Use Contribute to death	
			N	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
		Р		
Date of Injury		Time of Injury	Injury at Work	
Place of Injury				
Injury Description				
Transportation, Specify				
Certifier	D	State Specific Data		

Certificate Number		Sex	Date of Death		
100003		F	01/01		
Age Unit		Age Field	State of Death		
78	8	YEARS	AS		
Part I			Duration		
a. CARDIAC	ARREST				
b. HEPATIC	FAILURE				
c. HEPATIC	COMA DUE T	O CIRRHOSIS			
d. CANCER	OF PANCRE	AS			
Part II:	Part II:				
Was Autopsy	Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death		
			Υ		
Pregnancy		Manner of Death	Date of Surgery	Activity Code	
		N			
Date of Injury		Time of Injury	Injury at Work		
Place of Injury					
Injury Description					
Transportation	on, Specify				
Certifier	D	State Specific Data			

Certificate N	umber	Sex	Date of Death	
100004		М	01/01	
Age Unit		Age Field	State of Death	
7	5	YEARS	AS	
Part I			Duration	
a. CONGEST	IVE HEART FA	AILURE		
ASHD				
c.				
d.				
Part II: PNEU	IMONIA			
Was Autopsy Performed		Were Autopsy Finding Uses	Tobacco Use Contribute to death	
Υ			Υ	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
		N		
Date of Injury	/	Time of Injury	Injury at Work	
Place of Injury				
Injury Description				
Transportation	on, Specify			
Certifier CORONER		State Specific Data		

Certificate Number		Sex	Date of Death		
100005		F	01/01		
Age Unit		Age Field	State of Death		
6	7	YEARS	AS		
Part I			Duration		
a. HEART DI	SEASE				
MALIGNA	NT HYPERTEI	NSION			
CHRONIC	NEPHRITIS				
d.					
Part II: CANC	Part II: CANCER OF KIDNEY				
Was Autopsy	y Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death		
Y					
Pregnancy		Manner of Death	Date of Surgery	Activity Code	
		Р			
Date of Injury	у	Time of Injury	Injury at Work		
Place of Injury					
Injury Description				_	
Transportation	on, Specify				
Certifier	CORONER	State Specific Data			

Certificate Number	Sex	Date of Death	
100006	М	01/01	
Age Unit	Age Field	State of Death	
54	YEARS	AS	
Part I		Duration	
a. CARDIAC ARREST			
CIRRHOSIS OF LIVER			
c. ALCOHOLISM			
d.			
Part II:	Part II:		
Was Autopsy Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death	
Υ			
Pregnancy	Manner of Death	Date of Surgery	Activity Code
	N		
Date of Injury	Time of Injury	Injury at Work	
Place of Injury			
Injury Description			
Transportation, Specify			
Certifier	State Specific Data		