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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.

_	OCAL FILE NO					STATE	FILE NO		
	1. DECEDENT'S LEGAL N	AME (Include AKA	's if any) (First, Middle,	Last)			2. SEX	3. SOCIAL SI	ECURITY NUMBER
	4a. AGE-Last Birthday (Years)	4b. UNDER 1	YEAR 4c.	UNDER 1 DAY	5. DATE O	F BIRTH (Mo/Day/	ro 6. BIRTHPL	ACE (City and St	tate or Foreign Country
	(Years)	Months	Days Hou	irs Minute:	1				
	7a. RESIDENCE-STATE		7b. COUNTY			7c. CITY OR TO	wn	3274 760	
	7d. STREET AND NUMBER	8			7e. APT. NO.	7f. ZIP CODE			7g. INSIDE CITY LIMITS?
ر ۾	8. EVER IN US	19 MARITAL ST	ATUS AT TIME OF DEA	ATH	10. SURVIVING S	OUSE'S NAME	If wife nive name	orior to first ma	D Yes D No
OR G	ARMED FORCES?		Married, but separated		liu sonvivino si	COSE S NAME	in white, great hand	phor to mat ma	mayo,
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ed/Verified DIRECTOR	11. FATHER'S NAME (Firs	it, Middle, Last)			12. MOTHER'S N	AME PRIOR TO F	IRST MARRIAGE	(First, Middle, L	.ast)
	13a. INFORMANT'S NAME		13b. RELATIO	NSHIP TO DECEDE	NT 13c. M	AILING ADDRESS	(Street and Num	ber, City, State,	Zip Code)
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₽ -	15. FACILITY NAME (If not	Room/Outpatient	Dead on Arrival	16 CITY OR	TOWN, STATE, AN	ng term care facil	ty Decedent's	home Other	r (Specify): 17. COUNTY OF DEA
-	I THOILE THOILE (II TO	i monitorio, givo on		1				1	
	18. METHOD OF DISPOSI			19. PLACE	OF DISPOSITION (N	lame of cemetery,	crematory, other	place)	<u> </u>
	☐ Donation ☐ Entembr ☐ Other (Specify):	ment 🗆 Removal fr	om State	*. !					
	20. LOCATION-CITY, TO	WN, AND STATE		21. NAME AND	COMPLETE ADDRES	S OF FUNERAL	FACILITY		
	A	TON STOWARTS	SPURPE OR OVUES A					LIGHTAN	140EB (011
	22. SIGNATURE OF FUNE	ERAL SERVICE LIC	SENSEE OR OTHER AC	GENT			2	3. LICENSE NU	IMBER (Of Licensee)
	ITEMS 24-28 MUST	BE COMPLE	TED BY PERSO	N 24. DATE P	RONOUNCED DEAD	(Mo/Day/Yr)	25	TIME PRONO	UNCED DEAD
	WHO PRONOUNC								
	26. SIGNATURE OF PERS	SON PRONOUNCE	NG DEATH (Only when	applicable)	27. LICEN	SE NUMBER	28. DATE SIG	NED (Mo/Day/Yr)
			. Series Tr.				<u>.</u>		
	29. ACTUAL OR PRESUM (Mo/Day/Yr) (Spell Monti		лн .	30. AC	TUAL OR PRESUME	D TIME OF DEAT	- 1	VAS MEDICAL E	
٠,	(MO/Day/11) (Spell Mollil	.,					۰ د	ORONER CONT	TACTED? Yes
	necessary.			success. So no n	caused the death. D BBREVIATE. Enter of	nly one cause on	a line. Add additi	onal lines if	
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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

5. I

(b) (c) (d)

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:

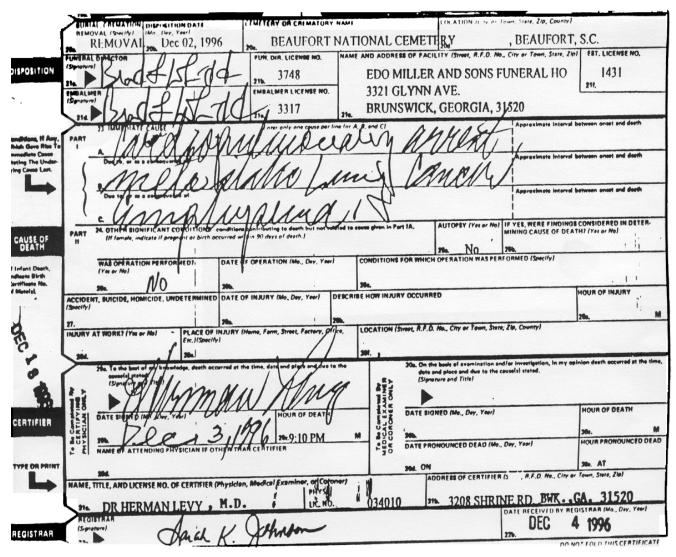
1. I II	(a) Pneumonia(b)(c)(d)Diabetes	2.	I II	(a) (b) (c) (d)	Cancer
3. I II	(a) (b) (c) (d) Diabetes	4.	I II	(a) (b) (c) (d) Ren	Acute myocardial infarction half disease

(a) AMI, renal disease, pulmonary embolism

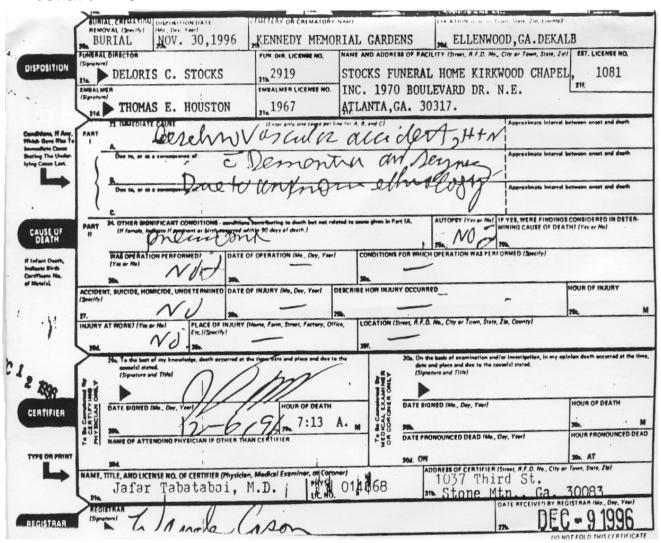
The medical certification section of the death certificate is standard on most state certificates. However, not all states used the exact format of the U.S. Standard Certificate of Death. Therefore, Special Rules Booklet for each State has been developed to determine if any special format considerations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



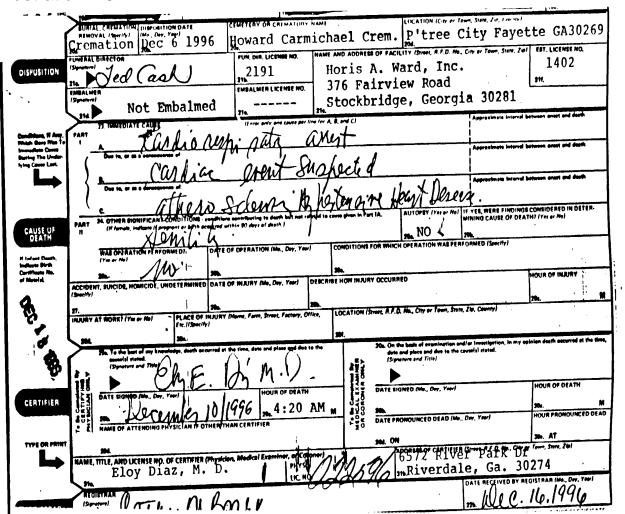
- a) Cardiopulmonary arrest
- b) Metastatic lung cancer
- c) Emphysema



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

	TA. W			115	1,55m Pp.		11011/0	for the County	
	REMO	NAL (Specify) Ma., Der,	Year)	CEMETERY ON CHEMATOR			Millon GA 3	0442, Jenkin	e
	Bu	100	p 24, 1996	Elam Cemete	,	204.		ity or Town, State, Zip)	EST. LICENSE NO.
DISPOSITION	(Signature	DIRECTOR	-, -	PUN, DIR, LICENSE NO. 1 1955					13
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` .	(Signature		1/1 //	2487	Millen (A 30442-0	JNERAL HO E. WINTHRO 876	PEAVE.	
	214	23. HAMEDIANE CAUSE: 7	902	21a. (Enter only one cause per	210.	271001120	-	Approximate interval be	tween onset and deeth
Conditions, If Any, Which Gore Rise To	PART		ono vosc					240	
Immediate Cause Stating The Under-	,-	Due to as a community	as al:					Approximate interval be	tween enset and death
lying Couse Last.	1	INT	ra conson	POSTERIOR	Pass A: U	Morrism	nu	24.	
	13	Due to, or as a consequen	es et					Approximate interval be	tween enest and death
	(· AT	mu 909					YNS,	
CALLET DE	PART	24. OTHER SIGNIFICANT C	ONDITIONS - sendition	to contributing to death but not i			MI	YES, WERE FINDINGS O	CONSIDERED IN DETER-
CAUSE OF DEATH	"	A 1	CMG (HT			1100 Ma.	NO, 1.		
H Infant Death, Indicate Birth		WAS OPERATION PERFOR	MED? DATE	OF ONERATION IMO., Det, Yes	CONDITION	S FOR WHICH OPER	ATION WAS PERFO	RMED (Specify)	
Cortificate No.		M NO	* **	_	200.				HOUR OF INJURY
	ACCIDEN (Specify)	NT, SUICIDE, HOMICIDE, UN	DETERMINED DATE	OF INJURY (Mo. Day, Year)	DESCRIBE HOW INJU	RY OCCURRED			TOOK OF INJUNT
2	27.		200.		200.		City or Town, State, Zi		78e, M
10	INJURY	AT WORK? (Yes or Mo)	FIR. I Specify)	(Home, Farm, Street, Factory, C	Wice, LOCATION	Smart, H.P.D. Ma., C	,ity or 10mm, 31010, 21	p, coemy,	
CT 23/996	JH.		28s.		291,	Mr. On the back	of exemination and/o	Investigation in my onin	ion deeth occurred at the time,
1995		28s. To the best of my knowledge stated. (Signature and Jiffe)	ledge, dooth poqurred at	the time, date and place and due	to the	date and place (Signature and	ce and due to the caus	els) stated.	
. 1	1.3	~	h Little	_W)	110	•			
CHANGE	128	DATE SIGNED THE Day, Y	(100)	HOUR OF DEATH	135	DATE SIGNED	Me., Dey, Yearl		HOUR OF DEATH
CERTIFIER	S S S S S S S S S S S S S S S S S S S	9/2	olas	02:50	P M STE	204			30. 02.50F M
	40 E	NAME OF ATTENDING PH	YBICIAN IF OTHER TH	IAN CERTIFIER	-0.50	DATE PRONOUS	NCED DEAD (No., De	y. Yearl	HOUR PRONOUNCED DEAD
TYPE OR PRINT		•••				304. ON			30s. AT
-	NAME,	TITLE, AND LICENSE NO. O	F CERTIFIER (Physicia	en, Medical Examiner, or Co. PHYS. LIC. N	pner)	ADDRE	OO MEYEY BI	08.4.F.D. No., City or 31419	Town, State, 2101
	L m	John D. Rathbu	n M.D.	LICH	02366	5 318. av			ISTRAR (Me., Day, Year)
		ISTRAR V.	1	Oliver			0,	OOT A	3 1996
REGISTRAR	120	0 1	W. (1).				22	· Ulil U	TOOLD THIS CERTIFICATE

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



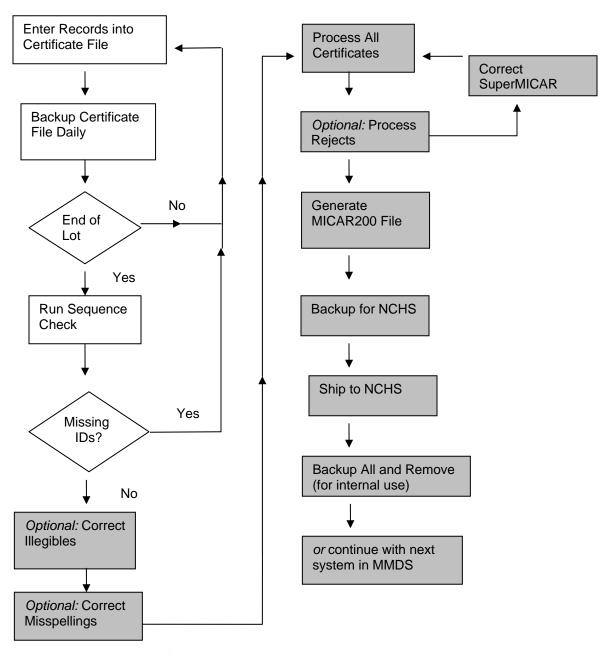
- a) Cardiorespiratory arrest
- b) Cardiac event suspected
- c) Atherosclerosis Hypertensive Heart Disease II Senility

- 01	□Donation □Other (Specify) Scenic Hills M	emorial Pa	rk A	hland, Oreg	on
<u>15U</u>	218 SIGNATURE OF FUNERAL SERVICE LICENSEE OR 216 LICENSE 101 LICENSE	NUMBER 22 NA	ime.address and z itwiller - S	ip of facility Simonsen Fun St., Ashlan	
REGISTRAR	23 DATE FILED (MONIF DE) Year) OCT 1 0 1995	24 RE	GISTRAR S SIGNATUR		Cohin
(25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSE	VIP SYES E NO	Z V	AS GIFT MADE: E TI	
[TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLE	TED ONLY BY MEDICA	LEXAMINER
1	27 TIME OF DEATH 26 WAS MEDICAL EXAMINER NOTIFIED?	31a TIME	OF DEATH 310 D	ATE PRONOUNCED DE	AD (Month, Day, Year, Ho
GERTHER	10:20 P.M. M Z'res DNo 29 To the best of thy knowledge death occurred at the time, date, place and due to the causets and manner stated (Signature)	32 On the at the (Signa	time, date, place and	and/or investigation in due to the cause(s) and	my opinion death occurred manner stated.
25552	30 DATE SIGNED IMO-IP. Day Years	DATE :	SIGNED (Month, Day,	Year)	COUNTY
CONDITIONS	34 NAME TITLE ADDRESS AND ZIP OF CERTIFIERMEDICAL EXAMINER (Type or Print) William Sager, MD 472 Scenic Dri 35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			Ashland	, OR 97520
WHICH GAVE RISE TO BMMEDIATE CAUSE	THE IMMEDIATE CAUSE IENTER ONLY ONE CAUSE PER LINE FOR IAL (D), AND ICI) OF PART IAL	noi enter mode of	dying. e.g. Cardiac or AL ALCAL	Pespiratory Arrest.	interval between on: and death frame La QL
STATING THE UNDERLYING CAUSE LAST	DUE TO OF AS A PORSEQUENCE OF AUTHOR SC	lestris			interval between on: and death M.25
CAUSE OF	DUE TO, OR AS A CONSCOUENCE OF				interval between on and death
BEATH	PART (c) OTHER SIGNIFICANT CONDITIONS Conditions/contributing to death bulling resulting in the underlying cause given in P	MART I D	tobacco use contribute the death?		39 If YES were findings cor in determining cause of death
	Natural Pending (Month Day Year) MUJURY	INJURY A1d DI	ESCRIBE HOW INJUR	OCCURRED	D TES D NO D NIA
	Manner Legal Intervention Manner Legal Intervention Manner Legal Entervention Manner Legal Building etc (Specify)	lactory, office 411. LC	OCATION (Street and	Number or Rural Route	Number, City or Town,
	RESERVED FOR REGISTRAR'S USE				

- a) Suffocation sec to aspiration of oral secretions
- **Immediate** 10 years

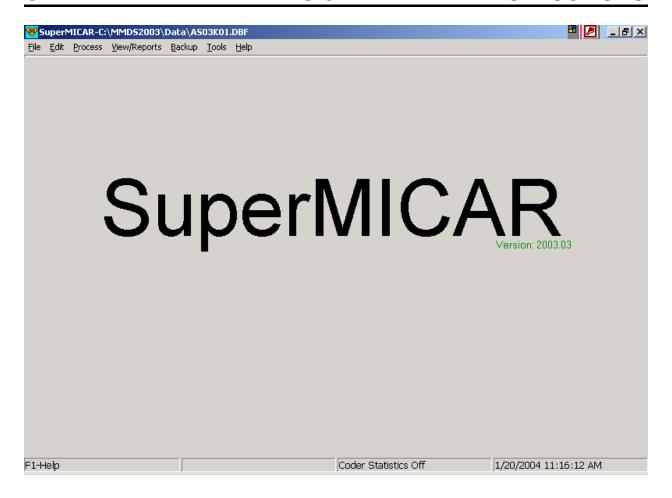
- b) Amyotrophic lateral sclerosisII Severe malnutrition

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.

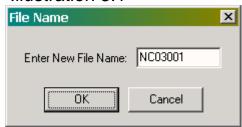


A. Creating a New SuperMICAR File

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

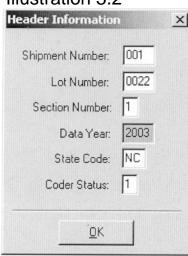
- 1. From the main screen, press {Alt+F} to select the **File** Menu Option.
- 2. Use the up and down arrow keys to highlight the **New** File Function and press {ENTER}.
- 3. If a file is currently open, a message window will be displayed.
 - a. To close the currently open file and open a new one, press {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

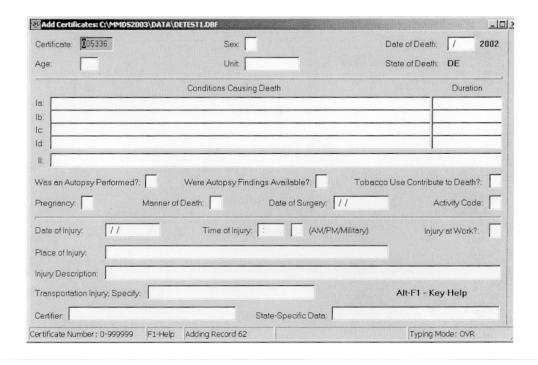
BASIC DATA ENTRY INSTRUCTIONS

- 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
- 2 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	a value other than what is shown
М	Military Time Blank	on the screen (AM/PM/Military) is 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.

BASIC DATA ENTRY INSTRUCTIONS

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 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). 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

	708/2002 LOCAL FILE NO				RD CERTIF	ICATE O	STATE	and the same of th	. 00	00001
	1. DECEDENT'S LEGAL N	IAME (Include AK)	A's if any) (First, M	liddle, Last)				12. SEX	3. SOCIAL SE	CURITY NUMBER
1	4a. AGE-Last Birthday (Years)	46. UNDER	1 YEAR	4c. UNDE		5. DATE	OF BIRTH (Mo/Day/Y	6. BIRTHPL	ACE (City and St	ate or Foreign Country)
	68	Months	Days	riours	Minutes					
	RESIDENCE-STATE		7b. COUNTY				7c. CITY OR TOV	VN		
	7d. STREET AND NUMBER	R				7e. APT. NO.	71. ZIP CODE	•	1	g. INSIDE CITY LIMITS?
B.	8. EVER IN US	19. MARITAL S	ATUS AT TIME C	F DEATH	110	SURVIVING S	POUSE'S NAME (II	wife, give name	prior to first man	D Yes D No
] je 2	ARMED FORCES?	O Married O	Married, but sepa	rated D Wid			•		•	
§ 5	11. FATHER'S NAME (Fire		Never Married	Unknown	12	MOTHER'S N	AME PRIOR TO FIF	RST MARRIAGE	(First, Middle, L	ast)
e d	13a INFORMANT'S NAMI		Ital DC	ATIONEUIO	TO DECEDENT	1120 1	IAILING ADDRESS	Street and Num	har City State	(in Code)
<u>a</u> <u>a</u>	i isa. imronwan shami	•	130. 120	DATIONS IN	TO DECEDENT	"	VILLIEG ADDINESS	(dubot and man	out, only, online,	ap oute,
Be Completed/Verified FUNERAL DIRECTOR	IF DEATH OCCURRED I	A HOSPITAL:			CE OF DEATH (C DEATH OCCURRE		see instructions) RE OTHER THAN A	HOSPITAL:		
112	15. FACILITY NAME (If no	Room/Outpatient			ospice facility 0		ong term care facility	Decedent's	home Other	(Specify):
	IS. PACIETY TOURS (II TO	t anomation, And at	, es. a (121-124)	ı	10. GH / GK / G		J 2.11 0002			
Technic	18. METHOD OF DISPOSE © Donation © Entombe © Other (Specify):				19. PLACE OF C	DISPOSITION (I	Name of cemetery, c	rematory, other	place)	
	20. LOCATION-CITY, TO	WN, AND STATE		21.	NAME AND COM	PLETE ADDRE	SS OF FUNERAL F	ACILITY		
	22. SIGNATURE OF FUNE	RAL SERVICE LI	ENSEE OR OTH	ER AGENT			 	23	LICENSE NUI	MBER (Of Licensee)
<u> </u>					24. DATE PRONO	WINCED DEAD	41-OM	26	TIME PRONOL	WC50 0540
	ITEMS 24-28 MUST WHO PRONOUNC			10011	24. DATE PRONC	JUNCED DEAD	(MO/Day/Tr)	23	. TIME PROPO	INCED DEAD
	26. SIGNATURE OF PER	SON PRONOUNCE	NG DEATH (Only	when applica	able)	27. LICEN	SE NUMBER	28. DATE SIG	NED (Mo/Day/Yr)	
	29. ACTUAL OR PRESUM (Mo/Day/Yr) (Spell Mont		тн		30. ACTUAL	OR PRESUME	D TIME OF DEATH		VAS MEDICAL E	
	01/0	<u> 7/200</u>	3					°	ORONER CONT	ACTED?
•	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 initiated the events result		ewal.	Due to (or a Due to (or a Due to (or a	as a consequence	of): Qf)_				H WKS
	in death) LAST			h. 4 4 4	then be then conducted	ob	- 040Y I	ha was as	AUTOPSY PER	EOBREDS
: 0	PART II. Enter other signifi	cant conditions cor	ntributing to death	out not result	ung in the underly	ng cause given	mPARIL	33. WAS A	DYes DNo	PORMEDI
o Be Completed By:	-							34. WERE A	OF DEATH?	IGS AVAILABLE TO COM
ete RT	35 DID TOBACCO USE	CONTRIBUTE TO	36. IĘ FEI	MAI F:			137 MA	NER OF DEAT		70.00
d d	DEATH?		X Not	pregnant with	-		NE No	tural D Homi	dda.	
2 ₹	Yes D Probat	aly		pnant at time o pregnant, but	or death I pregnant within 4	2 days of death	V -1.0		ing Investigation	
e e	No C Unkno	wn	1	-	l pregnant 43 days		e death D Sui	icide 🗆 Could	f not be determin	ed
- 2	DATE OF BURIDA				nant within the pas		nl's home; constructi	on eiler restaurs	nt wooded area	41. INJURY AT WOR
	38. DATE OF INJURY (Mo/Day/Yr) (Spell Mo	nth)	39. TIME OF IN		TOOL OF INJUN	(0.9., 500000				□ Yes □ No
	42. LOCATION OF INJUR	V: State:			City or Town:					<u> </u>
	Street & Number:					Ą	sartment No.:		Zip Code:	
	43. DESCRIBE HOW INJU	JRY OCCURRED:						O Pe	ver/Operator ssenger destrien	TION INJURY, SPECIFY:
1	45. CERTIFIER (Check on	ly one):						000	her (Specify)	
	Certifying physician-T	o the best of my kr	nowledge, death o	coursed due t	o the cause(s) and	manner stated				
1	D Pronouncing & Certify Medical Examiner/Con	ong physician-To to coner-On the basis	of examination, at	medge, death nd/or investig	ation, in my opinio	n, death occurr	ed at the time, date,	and place, and o	ive to the cause(s) and manner stated.
	Signature of certifler:	100	\sim							
	TOWNE, ADDRESS, AN							_		
1	TITLE OF CERTIFIER	48. JUÇEN	SE NUMBER		49. DATE C	ERTIFIED (Mo/	Day/Yr)	50. FOR REGIS	TRAR ONLY- D	ATE FILED (Mo/Day/Yr)
	Physician	し 1 71	t 567							

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

DRAFT 07/08/2002

	1. DECEDENT'S LEGAL N	IAME (Include AKA)	s if any) (First, Midd	lle, 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	-Wn
	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 FEMA	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 de lant within the past ACE OF INJE	ENC 9 n 42 days of death agus to 1 year before past year URY (e.g., Decedent	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 de lant within the past ACE OF INJE	ENC 9 n 42 days of death agus to 1 year before past year URY (e.g., Decedent	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/Operator	stion amined area) 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 de lant within the past ACE OF INJE	ENC 9 n 42 days of death agus to 1 year before past year URY (e.g., Decedent	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 de lant within the past ACE OF INJE	ENC 9 n 42 days of death agus to 1 year before past year URY (e.g., Decedent	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	LE: gnant with the time of tim	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	37. 1 Constitution of the constitution of the	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	LE: gnant with the time of tim	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	37. 1 Constitution of the constitution of the	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	37. 1 Constitution of the constitution of the	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 CONTRIBUTE TO CONTRIBUTE T	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	37. 1 Constitution of the constitution of the	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	risalassi, gree 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.	O 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.	O 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.	O 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.	O 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	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	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 bases 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 bases 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 Dehver/Operator Passenger Pedesirian Other (Specify) manner stated. Id due to the cau	41. INJURY AT WOI

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

no.			

U.S. STANDARD CERTIFICATE OF DEATH STATE FILE NO. OOO LOCAL FILE NO. 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Lest) M BIRTHPLACE (City and State or Foreign Country) 4b UNDER 1 YEAR 4c UNDER 1 DAY DATE OF BIRTH (Ma/C 4a AGE-Last Ricthda 7b. COUNT c. CITY OR TOWN 7d. STREET AND NUMBER Be Completed/Verified By: FUNERAL DIRECTOR o No 9 MARITAL STATUS AT TIME OF DEATH 8. EVER IN US SURVIVING SPOUSE'S NAME (If wife, give name prior to first ARMED FORCES? ☐ Married ☐ Married, but separated ☐ Widowed □ Yes □ No 11. FATHER'S NAME (First, Middle, Last) 12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) 13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) PLACE OF DEATH (Check only one: see instructions)

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: IF DEATH OCCURRED IN A HOSPITAL □ Inpatient □ Emergency Room/Outpatient □ Dead on Am

15. FACILITY NAME (If not institution, give street & number) ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify):

| 16. CITY OR TOWN, STATE, AND ZIP CODE | 17. COUNTY OF DEATH 19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place 18. METHOD OF DISPOSITION:

□ Burial □ Crem
□ Donation □ Entombment □ Removal from State
□ Other (Specify): 20. LOCATION-CITY, TOWN, AND STATE NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY 22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGEN 23. LICENSE NUMBER (Of License TIME PRONOUNCED DEAD 24. DATE PRONOUNCED DEAD (Mo/Day/Yr) ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH 26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when ap 28. DATE SIGNED (Mo/Day/Yr) 31. WAS MEDICAL EXAMINER OR 29. ACTUAL OR PRESUMED DATE OF DEATH 30. ACTUAL OR PRESUMED TIME OF DEATH (Mo/Day/Yr) (Spell Month) CORONER CONTACTED? DYes DNo 2003 01 Jan **CAUSE OF DEATH (See instructions and examples)** PART I. Enter the chain of ever respiratory arrest, or ventricular ases, injuries, or complications—that directly caused the death. DO NOT enter on without showing the etiology. DO NOT ABBREVIATE. Enter only one cause IMMEDIATE CAUSE (Final Broncho Druemonia C alscesso gastric wicers, buse unknow arthrutis ons contributing to death but not re Wideoperead Carainma of Lung ☐ Yes ☐ No To Be Completed By: MEDICAL CERTIFIER THE CAUSE OF DEATH? 12 Yes 12 No 37. MANNER OF DEATH DID TOBACCO USE CONTRIBUTE TO 6. IF FEMALE: O Not preg DEATH? Natural D Homicide C Pregnant at time of death ☐ Yes ☐ Probably D Accident D Pending Investigation O Not pregnant, but pregnant within 42 days of death O Unkr ☐ Not pregnant, but pregnant 43 days to 1 year before ☐ Suicide ☐ Could not be deten O Unknown if pregnant within the past year 38. DATE OF INJURY (Mo/Day/Yr) (Spell Month) ME OF INJURY 40. PLACE OF INJURY (e.g., De 41. INJURY AT WORK? O Yes O No 42. LOCATION OF INJURY: State: City or Town: Zip Code Street & Number Apartment No.: 44. IF TRANSPORTATION INJURY, SPECIFY:

□ Driver/Operator
□ Passenger
□ Pedestrian 43. DESCRIBE HOW INJURY OCCURRED: 45. CERTIFIER (Check only one): ie, death occurred due to the cause(s) and manner stated. of mr knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. ☐ Certifying physician-To the best of my known IA. NAME ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Ham 32) 47 TITLE OF CERTIFIER

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

48. LICENSE NUMBER

ana

49. DATE CERTIFIED (Mo/Day/Yr)

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

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

).					SIAIE			00003
1	1. DECEDENT'S LEGAL NA	VAE (Include AKA	's if any) (First, N	liddle, Last)				2. SEX	3. SOCIAL	SECURITY NUMBER
1 1	4a. AGE-Last Birthday (Years)	4b. UNDER	YEAR	4c. UNDE	R 1 DAY	5. DATE	OF BIRTH (Mo/Day	m 6. BIRTI	HPLACE (City and	State or Foreign Country)
	54	Months	Days	Hours	Minutes	-		1		
1	7a, RESIDENCE-STATE		76. COUNTY				7c. CITY OR TO	WN I	- VE.	
1 1		22.522	4 12 12 12		<u> </u>					
. 1	7d. STREET AND NUMBER					7e. APT. NO.	71. ZIP CODE	27		7g. INSIDE CITY LIMITS?
ا ہے آھا	A EVER IN US	9. MARITAL ST	ATUS AT TIME C	F DEATH		10. SURVIVING S	POUSE'S NAME	(If wife, give n	name prior to first r	☐ Yes ☐ No marriage)
1 5 E	ARMED FORCES?	□ Married □	Married, but separ	rated OWi	dowed					
EC.	11. FATHER'S NAME (First,	□ Divorced □	Never Married O		- 1997	12. MOTHER'S N	AME PRIME YA	IRST MADE!	AGE (First Made)	(ad)
e Completed/Verified FUNERAL DIRECTOR						I. MOTHER SI			TOTAL PROCESS	
를	13a. INFORMANT'S NAME		13b. PE	LATIONSHIP	TO DECEDEN	IT 13c. N	MAILING ADDRES	S (Street and I	Number, City, Stat	e, Zip Code)
ÉÄ				14 DI A	CE OF DEATH	(Check only one:	see instructions)			
Be Completed/Verified FUNERAL DIRECTOR	IF DEATH OCCURRED IN			IFC	DEATH OCCUR	RED SOMEWHE	RE OTHER THAN			
	☐ Inpatient ☐ Emergency F 15. FACILITY NAME (If not			1 104		OWN, STATE, AN		ity Decede	ent's home O Of	her (Specify): 17. COUNTY OF DEAT
			,							
L	18. METHOD OF DISPOSIT				19. PLACE C	F DISPOSITION (Name of cemetery	crematory, of	her place)	
	☐ Donation ☐ Entombre ☐ Other (Specify):	ent U Removal fr	om State	. 1						
	20. LOCATION-CITY, TOW	N, AND STATE		21.	NAME AND C	OMPLETE ADDRE	SS OF FUNERAL	FACILITY		
	22. SIGNATURE OF FUNE	AL SERVICE I	ENSEE OF ATU	ER ACENT			·		123. LICENSE A	NUMBER (Of Licensee)
	a. Grandina or Fone	GENTIGE LIC	L.IOLL ON OIN							
\vdash	ITEMS 24-28 MUST	BE COMPLE	TED BY PE	RSON	24. DATE PRO	NOUNCED DEAD	(Mo/Day/Yr)		25. TIME PRON	OUNCED DEAD
[WHO PRONOUNCE									
	26. SIGNATURE OF PERS	ON PRONOUNCI	NG DEATH (Only	when applica	able)	27. LICEN	SE NUMBER	28. DATE 5	SIGNED (Mo/Day/	Yr) ,
					100 000	W 00 0000	D THE OF DE	<u></u>	. was referen	EVALUMED OR
	 ACTUAL OR PRESUME (Mo/Day/Yr) (Spell Month) 	1			30. ACT	JAL OR PRESUME	I TIME OF DEAT	n 3	1. WAS MEDICAL	LEXAMINER OR NTACTED? DYes DI
1 1	,, ,.,,	Januar	<u>c 1, 2</u>	<u>003</u>					CORONER CO	Approximate interva
	Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that	.As	ronary HD	Due to (or	as a consequer					
	initiated the events resulting in death) LAST	g d								<u> </u>
	PART II. Enter other significa	ant conditions con	tributing to death	but not resul	ting in the unde	rlying cause given	in PART I.	33. WAS	AN AUTOPSY P	ERFORMED?
32.54									O Yes ON	
Completed By:									RE AUTOPSY FIN USE OF DEATH?	DINGS AVAILABLE TO CO
P E	35. DID TOBACCO USE CO	ONTRIBLITE TO	DS. IF FEA	ALE:			37. 4	NNER OF DE	EATH	2
물병	DEATH?		□ Not (pregnant with						
ાટ ₹ I	D Yes D Probably	,		nant at time		42 days of doys.			crnicide	
15 15	□ No 5€ Unknow	•		-		n 42 days of death nys to 1 year before			ending Investigate could not be determ	
8 8	· '				nant within the p		"		Contract of Contract	
To Be Col										a) K1. INJURY AT WO
To Be MEDIC	38. DATE OF INJURY (Mo/Day/Yr) (Spell Mont		39. TIME OF IN.	URY 40.	PLACE OF INJU	JRY (e.g., Deceder	nt's home; constru	tion site; resta	surant; wooded are	
To Be MEDIC	38. DATE OF INJURY (Mo/Day/Yr) (Spell Mont		39. TIME OF IN.	JURY 40. I	PLACE OF INJU	JRY (e.g., Deceder	nt's home; constru	tion site; resta	surant; wooded an	□ Yes □ No
To Be MEDIC		h)	39. TIME OF IN.		PLACE OF INJU	JRY (e.g., Deceder	nt's home; constru	dion site; resta	ourant; wooded an	
To Be MEDIC	(Mo/Day/Yr) (Spell Mont 42. LOCATION OF INJURY Street & Number:	State:	39. TIME OF IN.				nt's home; constru		Zip Code:	O Yes O No
To Be MEDIC	(Mo/Day/Yr) (Spell Moni	State:	39. TIME OF IN.					44	Zip Code: . IF TRANSPORT Driver/Operator Passenger Pedestrian	
To Be MEDIC	(Mo/Day/Yr) (Spell Mont 42. LOCATION OF INJURY Street & Number:	State: RY OCCURRED:	39. TIME OF IN.					44	Zip Code: IF TRANSPORT Driver/Operator Passenger	O Yes O No
To Be MEDIC	(Mo/Day/Yr) (Spell Moni 42. LOCATION OF INJUSTY Street & Number: 43. DESCRIBE HOW INJUSTY 45. CERTIFIER (Check only) Certifying physician-To	State: RY OCCURRED: one): the best of my kn	owledge, death or	ocurred due t	City or Town:	Ap	eartment No.:	44 0 0 0	Zip Code: . IF TRANSPORT Driver/Operator Passanger Pedestrian Other (Specify)	O Yes O No
To Be MEDIC	(Mo/Day/Yr) (Spell Moni 42. LOCATION OF INJUSTY Street & Number: 43. DESCRIBE HOW INJUSTY 45. CERTIFIER (Check only) Certifying physician-To	State: RY OCCURRED: one): the best of my kn	owledge, death or	ocurred due t	City or Town:	Ap	eartment No.:	44 0 0 0	Zip Code: . IF TRANSPORT Driver/Operator Passanger Pedestrian Other (Specify)	O Yes O No
To Be MEDIC	(Mo/Day/Yr) (Spell Moni 42. LOCATION OF INJURY Street & Number: 43. DESCRIBE HOW INJURY 45. CERTIFIER (Check only) 45. CERTIFIER (Check only) 6 Prenouncing & Certifying Physician-To 6 Prenouncing & Certifying Medical Examiner/Coro	State: RY OCCURRED: one): the best of my kn	owledge, death or	ocurred due t	City or Town:	Ap	eartment No.:	44 0 0 0	Zip Code: . IF TRANSPORT Driver/Operator Passanger Pedestrian Other (Specify)	O Yes O No
To Be MEDIC	(Mo/Day/Yr) (Spell Moni 42. LOCATION OF INJUSTY Street & Number: 43. DESCRIBE HOW INJUSTY 45. CERTIFIER (Check only) Certifying physician-To	State: RY OCCURRED: one): the best of my kin nor-On-the Just's to	oveledge, death or be best of my know of existing elson, or	ecurred due to	o the cause(s) a occurred at the	Age and manner stated, time, data, and pi nion, death occurre	eartment No.:	44 0 0 0	Zip Code: . IF TRANSPORT Driver/Operator Passanger Pedestrian Other (Specify)	O Yes O No
To Be MEDIC	(Mo/Day/Yr) (Spell Mont 42. LOCATION OF INJURY Street & Number: 43. DESCRIBE HOW INJURY 45. CERTIFIER (Check only Certifying physician-To Pronouncing & Certifying Medical Examiner/Cor Signature of certifiers	State: RY OCCURRED: one): the best of my kin nor-On-the Just's to	oveledge, death or be best of my know of existing elson, or	ecurred due to	o the cause(s) a occurred at the	Age and manner stated, time, data, and pi nion, death occurre	eartment No.:	44 0 0 0	Zip Code: . IF TRANSPORT Driver/Operator Passanger Pedestrian Other (Specify)	O Yes O No

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

DRAFT 07/08/2002

	1. DECEDENT'S LEGAL NA	AME (Include AKA):	s if any) (First, Middle, La	st)			2	SEX	3. SOCIAL S	COURTY NUMBER
	4a. AGE-Last Birthday	4b. UNDER 1	YEAR 4c. UN	IDER 1 DAY	5. DATE	OF BIRTH (M	o/Day/Yr) 6.	BIRTHPL	NCE (City and S	ate or Foreign Count
1	50 (Years)	Months	Days Hours	Minutes	_					
1.	7a. RESIDENCE-STATE		76. COUNTY			7c. CITY C	R TOWN			
1	7d. STREET AND NUMBER					1				
Ä	7d. STREET AND NUMBER	•			7e. APT. NO.	71. ZIP CO	DE	•		7g. INSIDE CITY LIMITS? D Yes D No
B &	8. EVER IN US ARMED FORCES?	1	TUS AT TIME OF DEATH	200	10. SURVIVING S	POUSE'S NA	ME (If wife	, give name	prior to first ma	
S T	D Yes D No		larried, but separated Dever Married Dunknow		1					
ted/Verified DIRECTOR	11. FATHER'S NAME (First	l, Middle, Last)			12. MOTHER'S N	NAME PRIOR	TO FIRST	MARRIAGE	(First, Middle, L	est)
Completed/Verified JNERAL DIRECTOR	13a. INFORMANT'S NAME		13b. RELATIONS	HIP TO DECEDE	NT 13c. A	MAILING ADD	RESS (Stre	et and Num	ber, City, State,	Zip Code)
e Complet FUNERAL				PLACE OF DEATH	(Check only one:	see instructio	ne)			
B II	IF DEATH OCCURRED IN			IF DEATH OCCU	RRED SOMEWHE	RE OTHER T	HAN A HOS		DOb-	· (Canalh A)
!! 0	15. FACILITY NAME (If not				D Nursing home/L TOWN, STATE, AN			Decedent	nome Done	17. COUNTY OF DE
T				10 01 107	A DISPOSITION I					
	18. METHOD OF DISPOSIT			19. PLACE	OF DISPOSITION (Name of Cem	etery, crema	story, other	place)	
3	O Other (Specify): 20. LOCATION-CITY, TOW	MN. AND STATE		1. NAME AND C	OMPLETE ADDRE	SS OF FUNE	RAL FACIL	IIY		
	22. SIGNATURE OF FUNE	•	NICEE OR OTHER ACE					12	I WENCE M	MBER (Of Licensee)
	22. SIGNATURE OF FUNE	HAL SERVICE LICE	ENSEE OR OTHER AGE	••				1	. LICENSE NU	MBER (OF CICERSES)
	ITEMS 24-28 MUST	BE COMPLET	TED BY PERSON	24. DATE PR	ONOUNCED DEAD	(Mo/Day/Yr)		25	TIME PRONO	UNCED DEAD
1	WHO PRONOUNCE									
	26. SIGNATURE OF PERS	SON PRONOUNCIN	IG DEATH (Only when ap	plicable)	27. LICEN	ISE NUMBER	28.	DATE SIG	NED (Mo/Day/Yr)
١.	29. ACTUAL OR PRESUM		Н	30. ACT	UAL OR PRESUM	ED TIME OF	DEATH	31. 1	VAS MEDICAL I	XAMINER OR
1	(Mo/Day/Yr) (Spell Month	"hnuari	11,2003					٩	ORONER CONT	ACTED? TYes
1	32. PART L Enter the charespiratory arrest, or v		CAUSE OF DEATH	l (See Instru	ctions and ex	camples)			_	Approximate inte Onset to death
1	IMMEDIATE CAUSE (Fina	∴ .('a	rdiac 0	with	ma					
	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	<u>Ma</u>	Due to	for as a conseque	nce of oca	rdia	Cen	faic	tiox.	
	disease or condition resulting in death) Sequentially list conditions if any, leading to the caus- listed on line a. Enter the UNDERLYING CAUSE	ma d	Due to	(or as a conseque	nce of)	rdia	l en	farc	tion.	WORMED?
To Be Completed By: MEDICAL CERTIFIER	disease or condition resulting in death) Sequentially list conditions if any, leading to the caus- listed on line a. Enter the UNDERL'INNC CAUSE (disease or injury that initiated the events resulti in death) LAST PART B. Enter other signific	ing a cant conditions contained to the contrained to the c	Due to Due to Due to Control of the control of t	for as a conseque for as a conseque esuffing in the und within past year me of death but pregnant with	nce of)	3	7. MANNEI	A. WERE A. HE CAUSE R OF DEAT	U Yes U No UTOPSY FIND OF DEATH?	NGS AVAILABLE TO O Yes O No
Be Co DICAL	disease or condition resulting in death) Sequentially list conditions if any, leading to the caus issed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in ideath) LAST PART II. Enter other signific The condition of the cause State of the cause of the cause OBATT Yes Probabl No Muknow The DATE OF INJURY	ing decent conditions contained to the control of t	Due to Due to	cor as a conseque (or as a conseque sutting in the und within past year me of death but pregnant with but pregnant within the	nce of): erlying cause given	re death	7. MANNEI O Natural O Accider	A. WERE ALLES	O Yes O No NUTOPSY FINDI OF DEATH? H cide ing investigation d not be determine	NGS AVAILABLE TO D Yes D No
Be Co DICAL	disease or condition resulting in death) Sequentially list conditions if any, leading to the caus insted on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the eventure resulti in death) LAST PART II. Enter other signific DEATH? Yes Probable No Unknow	ing decent conditions contained to the control of t	Due to Due to	cor as a conseque (or as a conseque sutting in the und within past year me of death but pregnant with but pregnant within the	ince of): artying cause given in 42 days of death fays to 1 year befor past year	re death	7. MANNEI O Natural O Accider	A. WERE ALLES	O Yes O No NUTOPSY FINDI OF DEATH? H cide ing investigation d not be determine	NGS AVAILABLE TO D Yes D No
Be Co DICAL	disease or condition resulting in death) Sequentially list conditions if any, leading to the caus issed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events result in ideath) LAST PART II. Enter other signific The condition of the cause State of the cause of the cause OBATT Yes Probabl No Muknow The DATE OF INJURY	ing d_cant conditions continued to the contract to the contrac	Due to Due to	cor as a conseque (or as a conseque sutting in the und within past year me of death but pregnant with but pregnant within the	ince of): artying cause given in 42 days of death fays to 1 year befor past year	re death	7. MANNEI O Natural O Accider	A. WERE ALLES	O Yes O No NUTOPSY FINDI OF DEATH? H cide ing investigation d not be determine	NGS AVAILABLE TO O Yes O No
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Be Co DICAL	disease or condition resulting in death) Sequentially list conditions if any, leading to the caus issed on line a. Enter the UNDERLYING CAUSE (disease or injury) that initiated the events result in ideath LAST PART I. Enter other signific St. DID TORACCO USE C DEATH? Yes Probabl No Unknow 13. DATE OF INJURY (Mo/DayYY) (Spell Mon 42. LOCATION OF INJURY 43. DESCRIBE HOW INJU 45. CERTIFIER (Check only Uncertifying physician-Tr 45. CERTIFIER (Check only Uncertifying physician-Tr	cant conditions continued to the control of the con	Due to Due to Due to Charles but not re Die FEMALE: O Not pregnant at it O Not pregnant, U Introven if p 39. TIME OF INJURY	course of consequence	ince of the control o	re death inf's home; co	77. MANNEI 10 Natural 11 Accider 12 Suicide Instruction si	A. WERE AND ALL WERE CAUSE HE CAUSE R OF DEAT D Homin D Pend D Could Re restaura	D Yes D No NUTOPSY FINDI OF DEATH? H cide ing investigation f not be determi nt; wooded area Zip Code: TRANSPORTA ver/Operator ssenger destrien her (Specity)	NGS AVAILABLE TO DIVES ON NO.

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

DRAFT 07/08/2002

	LOCAL FILE NO							STATE F		o. <i>O</i>	00001
	1. DECEDENT'S LEGAL NA	ME (Include AKA's i	fany) (First, Mic	ddie, Last)					2 SEX	3. SOCIA	L SECURITY NUMBER
ļ	4a. AGE-Last Birthday (Years)	4b. UNDER 1 YE	AR	4c. UND	ER 1 DAY	5. 0	ATE OF	BIRTH (Mo/Dey/Yr)	6. BIRTH	PLACE (City and	d State or Foreign Country)
	70	Months	Days	Hours	Minutes				1		
	7a. RESIDENCE-STATE		76. COUNTY				70	CITY OR TOW	N		
			e andre de la company								
	7d. STREET AND NUMBER					70. APT	. NO. 71	ZIP CODE			7g. INSIDE CITY LIMITS?
B.	8. EVER IN US	19. MARITAL STAT	US AT TIME OF	DEATH		I10. SURVIV	ING SPO	USE'S NAME (IF	wife, give na	me prior to first	☐ Yes ☐ No marriage)
Completed/Verified DIRECTOR	ARMED FORCES?	☐ Married ☐ Mar			Vidowed			•		•	
ted/V	11. FATHER'S NAME (First	Middle, Last)						E PRIOR TO FIR			
뻍	13a. INFORMANT'S NAME		13b. REL	ATIONSHI	IP TO DECEDE	NT	3c. MAIL	ING ADDRESS (Street and No	umber, City, Sta	ite, Zip Code)
١١ä				14. PL	ACE OF DEATH	I (Check only	one; see	instructions)			
å	IF DEATH OCCURRED IN		Dead on Arrival					OTHER THAN A I term care facility		i's home 🗆 O	ther (Specify):
FA S	15. FACILITY NAME (If not				16. CITY OR						17. COUNTY OF DEATH
DECEDENT	18. METHOD OF DISPOSITION Donation Dentomber (Specify):				19. PLACE	OF DISPOSIT	ION (Nam	e of cemetery, cr	emalory, othe	er place)	
	20. LOCATION-CITY, TOW	N, AND STATE		21.	NAME AND C	OMPLETE A	DDRESS	OF FUNERAL FA	CILITY		
	22. SIGNATURE OF FUNE	RAL SERVICE LICEN	SEE OR OTHE	R AGENT	,					23. LICENSE	NUMBER (Of Licensee)
	ITEMS 24-28 MUST				24. DATE PR	ONOUNCED	DEAD (Mo	o/Day/Yr)		25. TIME PROP	NOUNCED DEAD
	26. SIGNATURE OF PERS	ON PRONOUNCING	DEATH (Only w	men applic	cable)	27. 1	ICENSE I	NUMBER	26. DATE SI	GNED (Mo/Day	(M)
	29. ACTUAL OR PRESUME (Mo/Day/Yr) (Spell Month)				30. ACT	UAL OR PRE	SUMED 1	IME OF DEATH	31.		L EXAMINER OR ONTACTED? D Yes D N
	IMMEDIATE CAUSE (Final 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 resultin	teso Con	sere mine gest relie	Due to (or Due to (or Due to (or	ras a conseque pas a conseque of the conseque ras a conseque	nos offi nos offi nos offi nos offi the	esp mi fai	iratt a luse se ti	due	failu to r teri	nt osclaros
pleted By:	PART II. Enter other <u>signific</u>	ant conditions contrib	uting to death b	ut not resc	olling in the und	erlying cause	given in P	ART I.	34. WERE	Yes DEATH?	
Completed	35. DID TOBACCO USE C	ONTRIBUTE TO	36. IF FEM					37. MAN	NER OF DEA	ATH	
E G	DEATH?			ant at time	thin past year of death			O Net	ural D Ho	micide	
Be Col	Yes Probably				ut pregnant with	in 42 days of	death	O Acc	ident Per	nding Investigat	lion
To B	No Unknow	•	O Not pr	egnant, bu own if preg	ul pregnant 43 d gnant within the	lays to 1 year past year	before de	ath O Suk	aide a Co	uld not be deter	mined
	38. DATE OF INJURY (Mo/Day/Yr) (Spell Moni	h) .	TIME OF INJU	JRY 40.	1938	URY (e.g., D	ocedent's (home; constructio	n sile; restau	rant; wooded a	rea) 41. INJURY AT WO
1	42. LOCATION OF INJURY:	State:	- 400		City or Town:						•
1	Street & Number: 43. DESCRIBE HOW INJUR	A OCCIBBED.					Apartn	nent No.:	144	Zip Code:	TATION INJURY, SPECIFY:
	43. DESCRIBE NOW INSU								01	Oriver/Operator Passenger Pedestrian Other (Specify)	
1	45. CERTIFIER (Check only	one):									,
	Certifying physician-To Pronouncing & Certifyir Medical Examiner/Coro	a physician-To the be	est of my knowle	edge, deal Vor investi	th occurred at th	ne time, date, pinion, death o	and place.	and due to the c	ause(s) and o nd place, and	manner stated. I due to the cau	use(s) and manner stated.
	46. NAME, ADDRESS, AND	ZIP CODE OF PERS	ON COMPLET							- 1-3	
2.50	47. TITLE OF CERTIFIER	48. LICENSE I	NUMBER 374		49. DAT	E CERTIFIED	(Mo/Day	(m) 5	O. FOR SEC	SISTRAR ONLY	- DATE FILED (Mo/Day/Y)

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 of			1		

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

DRAFT 07/08/2002

							11		
	4a. AGE-Last Birthday (Years)	4b. UNDER		4c. UNDER 1 DAY Hours Minute		BIRTH (Mo/Day/Yr)	6 BIRTHPL	ACE (City and St	ate or Foreign Countr
	79. RESIDENCE-STATE	Morters	7b. COUNTY	nous minute		c. CITY OR TOW			
	74. RESIDENCE-STATE		TU. COOMIT		ľ	c. City on low		. 1,24°. 1,34	
	7d. STREET AND NUMBE	R			7el APT. NO.	d. ZIP CODE	100		g. INSIDE CITY LIMITS?
B.	8. EVER IN US	9. MARITAL S	STATUS AT TIME OF	DEATH	10 SURVIVING SPO	DUSE'S NAME (If	wife, give name	e prior to first man	Triage)
rifie	ARMED FORCES?		Married, but separate Never Married Du						
ed/Verified DIRECTOR	11. FATHER'S NAME (Fire		Never Married C O	IIKNOWN	12. MOTHER'S NA	ME PRIOR TO FIR	ST MARRIAGE	E (First, Middle, L	ast)
lete ALD	13a. INFORMANT'S NAM	E	13b. RELA	TIONSHIP TO DECEDI	ENT 13c MAI	LING ADDRESS (Street and Nun	nber, City, State,	Zip Code;
Completed/Verified FUNERAL DIRECTOR				14 PLACE OF DEAT	TH (Check only one; see	instructions)			
8 J	IF DEATH OCCURRED II		D Dead on Arrival	IF DEATH OCCU	URRED SOMEWHERE	OTHER THAN A		shome DOther	(Specify):
٩	15. FACILITY NAME (If no	ot institution, give s	street & number)		TOWN, STATE, AND				17. COUNTY OF DE
1	18. METHOD OF DISPOSI	TION: D Revisal	O Cremetion	19. PLACE	OF DISPOSITION (Na	me of cemetery, cr	emalory, other	place)	
	O Donation C Entomb					-,-	**		
	20. LOCATION-CITY, TO	WN, AND STATE		21. NAME AND	COMPLETE ADDRESS	OF FUNERAL FA	CILITY		
	22. SIGNATURE OF FUN	ERAL SERVICE L	ICENSEE OR OTHER	AGENT			2	3. LICENSE NU	MBER (Of Licensee)
	ITEMS 24-28 MUST			ON 24. DATE P	RONOUNCED DEAD (A	llo/Day/Yr)	25	S. TIME PRONOL	INCED DEAD
	26. SIGNATURE OF PER			en applicable)	27. LICENSE	NUMBER 1	28. DATE SIG	NED (Mo/Day/Yr)	
	20. SIGNATORE OF FER	John Nymooni	onto obtini (only uni					(
1	29. ACTUAL OR PRESUM (Mo/Day/Yr) (Spell Mont		ATH	30. AC	TUAL OR PRESUMED	TIME OF DEATH	ľ	WAS MEDICAL E	
İ	January 15						C	ORONER CONT	ACTED? O Yes
	inecessary. IMMEDIATE CAUSE (Fin disease or condition resulting in death)	- hy	pa tensiva	heart	uctions and example support to the control of the c	NOT enter termine y one cause on a li	el events such ine. Add additi	as cardiac arrest, ional lines il	Approximate inter Onset to death
	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 initiated the events result	shy me	partensiva tostasas	t heart	caused the death. DO BBREVIATE. Enter only VISCASE POCO OF: Tary Glan ence of:	NOT enter termine y one cause on a li	al events such ine. Add additi	es cardiac arrest, ional lines if	Onset to death
	necessary. IMMEDIATE CAUSE (Findsease or condition—resulting in death) Sequentially list condition if any, leading to the causisted on line a. Enter the UNDERLYNG CAUSE (disease or injury that imitiated the events result in death) LAST	h hy	pa tensiva tostasas	Due to (or as a consequence to	OBBREVIATE. Enter only OISEASC epoce off; Glan ence off:	NOT enter termine y one cause on a li			Onset to death
: 6	necessary. IMAEDIATE CAUSE (Findisease or condition—resulting in death) Sequentially list condition if any, leading to the cause of th	h hy	pa tensiva tostasas	Due to (or as a consequence to	OBBREVIATE. Enter only OISEASC epoce off; Glan ence off:	NOT enter termine y one cause on a li		es cardiac arrest, onal lines if	Onset to death
d By: FIER	necessary. IMAEDIATE CAUSE (Findisease or condition—resulting in death) Sequentially list condition if any, leading to the cause of th	si b. Me	hostasas	Due to (or as a consequence to	OBBREVIATE. Enter only OISEASC epoce off; Glan ence off:	NOT enter termine y one cause on a li	33. WAS AN	N AUTOPSY PER	Onset to death FORMED?
leted By:	necessary. IMAEDIATE CAUSE (Findisease or condition—resulting in death) Sequentially list condition if any, leading to the cause of th	se s	tostasas bunitabuling to death bu	the to (or as a consequence to (or as a consequence to the total and the	OBBREVIATE. Enter only OISEASC epoce off; Glan ence off:	NOT enter termina y one cause on a li	33. WAS AN	N AUTOPSY PER D Yes D No AUTOPSY FINDIN OF DEATH?	Onset to death FORMED?
ompleted By:	necessary. IMAEDIATE CAUSE (Findesesse or condition resulting in death) Sequentially list condition if any, leading to the cause listed on line a. Enfort the UNDERLYTING CAUSE (disease or injury that initiated the events result in death) LAST PART B. Enter other significance in the condition of the cause of the c	se s	hostosas but but by east 38. If FEMAN	the to for as a consequence to for a consequence to for a consequence to for as a consequence to for a conseque	OBBREVIATE. Enter only OISEASC epoce off; Glan ence off:	NOT enter terminal y one cause on a li	33. WAS AN	N AUTOPSY PER D Yes D No AUTOPSY PINDIN C OF DEATH?	Onset to death FORMED?
e Completed By:	necessary. IMAEDIATE CAUSE (Findesesse or condition resulting in death) Sequentially list condition if any, leading to the cause listed on line a. Enfort the UNDERLYTING CAUSE (disease or injury that initiated the events result in death) LAST PART B. Enter other significance in the condition of the cause of the c	al Ay and a second ting contract conditions or contract c	contributing to death but	the to (or as a consequence to	eause the death. DO BBREVIATE. Enter only SLASC HOUSE Glanneros off:	NOT enter terminal y one cause on a li	33. WAS AN ESA. WERE A THE CAUSE NER OF DEAT	N AUTOPSY PER D Yes D No AUTOPSY PINDIN C OF DEATH?	Onset to death FORMED?
to Be Completed By: MEDICAL CERTIFIER	necessary. IMAEDIATE CAUSE (Findesesse or condition resulting in death) Sequentially list condition if any, leading to the cause listed on line a. Enfort the UNDERLYTING CAUSE (disease or injury that initiated the events result in death) LAST PART B. Enter other significance in the condition of the cause of the c	al Ay and a second ting contract conditions or contract c	tostasas on irributing to death but on irributin	the to (or as a consequence to	enued the death. DO BBREVIATE. Enter only SEQ SE FATU Glan ence off: derlying cause given in thin 42 days of death days to 1 year before d	PART I.	33. WAS AI ESA. WERE / THE CAUSE NER OF DEAT ural	N AUTOPSY PER D Yes D No AUTOPSY PINDIN COF DEATH? C	FORMED?
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To Be Completed By: MEDICAL CERTIFIER	necessary. IMAEDIATE CAUSE (Findesesse or condition resulting in death) Sequentially list condition if any, leading to the cause listed on line a. Enfort the UNDERLYTING CAUSE (disease or injury that initiated the events result in death) LAST PART B. Enter other significance in the condition of the cause of the c	ing	tostasas on irributing to death but on irributin	to the consequence of the conseq	enued the death. DO BBREVIATE. Enter only SEQ SE FATU Glan ence off: derlying cause given in thin 42 days of death days to 1 year before d	PART I. 37. MANI National Control of Suite Control of Su	33. WAS AN E34. WERE A THE CAUSE NER OF DEAT ural O Homi ident O Pend ident O Coul	NAUTOPSY PER O Yes O No AUTOPSY FINDIN OF DEATH? (H Icide Sing Investigation d not be determin	FORMED?
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To Be Completed By: MEDICAL CERTIFIER	Indeburite CAUSE (Findesesse or condition resulting in death) Sequentially list condition if any, leading to the causisted on line a. Enter the UNDERLYTHING CAUSE (disease or injury that initiated the events result in death) LAST PART B. Enter other signal S. DID TORACCO USE: The Control of the Cause	ing ball ing contribute to con	ontributing to death but on the present of the pres	to the for as a consequence to	design of death of the control of th	PART I. 37. MANI National Control of Suite Control of Su	33. WAS AN ESA. WERE / THE CAUSE NER OF DEATH O Hondide O Pendide O Coult in elle; restaure	N AUTOPSY PER D'YS D'No MUTOPSY FINDIN OF DEATH? If H Icicle Sing Investigation d not be determin ant; wooded area) Zip Code:	FORMED? FORMED? GGS AVAILABLE TO CO TYPES D NO ed 61. BNJURY AT W
To Be Completed By: MEDICAL CERTIFIER	necessary. IMAEDIATE CAUSE (Findisease or condition — resulting in death) Sequentially list condition if stay, leading to the cause of	ing ball ing contribute to con	ontributing to death but on the present of the pres	to the for as a consequence to	design of death of the control of th	PART I. 37. MANI National States on a list of the sta	33. WAS AN ESA. WERE J THE CAUSE NER OF DEAT ural D Homi ident D Pend ided D Coul in elle; restaure	N AUTOPSY PER I YES IN NO AUTOPSY FINDIN OF DEATH? It licite ling Investigation of not be determin ant; wooded area) Zip Code: Transportation	FORMED? FORMED? IGS AVAILABLE TO GO Yes I No
TO Be Completed By: MEDICAL CERTIFIER	Indeburite CAUSE (Findesesse or condition resulting in death) Sequentially list condition if any, leading to the causisted on line a. Enter the UNDERLYTHING CAUSE (disease or injury that initiated the events result in death) LAST PART B. Enter other signal S. DID TORACCO USE: The Control of the Cause	ing ball ing contribute to con	ontributing to death but on the present of the pres	to the for as a consequence to	design of death of the control of th	PART I. 37. MANI National States on a list of the sta	33. WAS AN E34. WERE AUSTINE CAUSE NER OF DEAT THE CAUSE OF DEAT T	NAUTOPSY PER O Yes O No AUTOPSY FINDIN OF DEATH? H Icide sing Investigation of not be determin ant; wooded area) Zip Code: ETRANSPORTAT vertOperator ssenger destrian	FORMED? FORMED? GGS AVAILABLE TO CO TYPES D NO ed 61. BNJURY AT W
TO Be Completed By: MEDICAL CERTIFIER	Indeburite CAUSE (Findesesse or condition resulting in death) Sequentially list condition if any, leading to the causisted on line a. Enter the UNDERLYTHING CAUSE (disease or injury that initiated the events result in death) LAST PART B. Enter other signal S. DID TORACCO USE: The Control of the Cause	ing b. Me ing	ontributing to death but on the present of the pres	to the for as a consequence to	design of death of the control of th	PART I. 37. MANI National States on a list of the sta	33. WAS AN E34. WERE AUSTINE CAUSE NER OF DEAT THE CAUSE OF DEAT T	N AUTOPSY PER D'YS D No AUTOPSY FINDIO OF DEATH? H dicide sling Investigation d not be determin ant; wooded area) Zip Code: TRANSPORTAT vest/Operator ssenger	FORMED? FORMED? GGS AVAILABLE TO CO TYPES D NO ed 61. BNJURY AT W
To Be Completed By: MEDICAL CERTIFIER	INDEDITE CAUSE (Findisease or condition resulting in death) Sequentially list condition if any, leading to the causisted on line a. Enter the UNDERLYTING CAUSE (disease or injury that initiated the events result in death) LAST PART B. Enter other signification of the events result in death) LAST PART B. Enter other signification of the events result in death) LAST PART B. Enter other signification of the events result in death) LAST PART B. Enter other signification of the events result in death of the even	al a de la constitue de la construir de la con	Dreast Jo. IF FEMAL John FEM	LE: grant within past year at a time of death grant, but pregnant within the City or Your City or Your ared due to the cause(s)	description of the control of the co	PART I. 37. MANI Khati C Accident C Suk	33. WAS AN ESA. WERE / THE CAUSE NER OF DEAT THE CAUSE NER OF DEAT THE CAUSE NER OF DEAT THE CAUSE THE CAU	N AUTOPSY PER D Yes D No AUTOPSY FINDIO OF DEATH? H Icide Ing Investigation d not be determin ant; wooded area) Zip Code: TRANSPORTAT vestOperator seenger destrian her (Specify)	FORMED? FORMED? IGS AVAILABLE TO G OYES ONO ed [41. INJURY AT W OYES ON
To Be Completed By: MEDICAL CERTIFIER	INDEDITE CAUSE (Findisease or condition resulting in death) Sequentially list condition if any, leading to the causisted on line a. Enter the UNDERLYMA CAUSE (disease or injury that initiated the very listed on the cause of th	al a de la constitue de la construir de la con	Dreast Jo. IF FEMAL John FEM	LE: grant within past year at a time of death grant, but pregnant within the City or Your City or Your ared due to the cause(s)	description of the control of the co	PART I. 37. MANI Khati C Accident C Suk	33. WAS AN ESA. WERE / THE CAUSE NER OF DEAT THE CAUSE NER OF DEAT THE CAUSE NER OF DEAT THE CAUSE THE CAU	N AUTOPSY PER D Yes D No AUTOPSY FINDIO OF DEATH? H Icide Ing Investigation d not be determin ant; wooded area) Zip Code: TRANSPORTAT vestOperator seenger destrian her (Specify)	FORMED? FORMED? IGS AVAILABLE TO G OYES ONO ed [41. INJURY AT W OYES ON
To Be Completed By: MEDICAL CERTIFIER	INDEDITE CAUSE (Findisease or condition resulting in death) Sequentially list condition if any, leading to the causisted on line a. Enter the UNDERLYTING CAUSE (disease or injury that initiated the events result in death) LAST PART B. Enter other signification of the events result in death) LAST PART B. Enter other signification of the events result in death) LAST PART B. Enter other signification of the events result in death) LAST PART B. Enter other signification of the events result in death of the even	ing base base of my key one): To the best of my key one base on the base of my key one b	Dreast Sa. If FEMAL O Not pre	Due to (or as a consequence to for a consequence to fo	description of the state of the	PART I. 37. MANI Khati C Accident C Suk	33. WAS AN ESA. WERE / THE CAUSE NER OF DEAT THE CAUSE NER OF DEAT THE CAUSE NER OF DEAT THE CAUSE THE CAU	N AUTOPSY PER D Yes D No AUTOPSY FINDIO OF DEATH? H Icide Ing Investigation d not be determin ant; wooded area) Zip Code: TRANSPORTAT vestOperator seenger destrian her (Specify)	FORMED? FORMED? IGS AVAILABLE TO G OYES ONO ed [41. INJURY AT W OYES ON

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

	OCAL FILE NO.				51	AILH		· COC	0010
	1. DECEDENT'S LEGAL NAM	ME (Include AKA's i	f any) (First, Middle,	Last)			2. SEX	3. SOCIAL SECT	URITY NUMBER
	4a. AGE-Last Birthday	4b. UNDER 1 YE	EAR 4c.	UNDER 1 DAY	5. DATE OF BIRTH	(Mo/Day/Yr)	6. BIRTHPL	ACE (City and State	or Foreign Coun
	32 (Years)	Months	Days Hou	rs Minutes					
	7a. RESIDENCE-STATE		7b. COUNTY		7c. CI7	Y OR TOWN			
	7d. STREET AND NUMBER				7e. APT. NO. 7f. ZIP	CODE			INSIDE CITY LIMITS?
By:		9. MARITAL STAT	US AT TIME OF DEA	ATH [10	D. SURVIVING SPOUSE'S	NAME (If wi	ife, give name		Yes No
TO			rried, but separated						
SEC SEC	11. FATHER'S NAME (First, I		ver Married Unknown		2. MOTHER'S NAME PR	OR TO FIRST	T MARRIAGE	(First, Middle, Last	
D G	13a. INFORMANT'S NAME		113h DELATIO	NSHIP TO DECEDENT	113c MAII INC	ADDRESS (S.	real and M.T.	ber, City, State, Zip	Code
e Completed/Verified	ISS. INFORMACI S POME		ISO. RECATIO		I Sc. MAILING	-PDUE99 (91	. vot and Mulii	, uny, state, 20	
	IF DEATH OCCURRED IN A	HOSPITAL	14	I. PLACE OF DEATH (Check only one: see instru	ctions)	SPITAL:		
-	□ Inpatient □ Emergency Ro	oom/Outpatient D		☐ Hospice facility ☐	Nursing home/Long term	care facility		home Other (S	pecify):
F S	15. FACILITY NAME (If not in	istitution, give street	& number)	ne. City OR TO	WN, STATE, AND ZIP CO	DDE		1".	COUNTY OF D
DECEDENT	18. METHOD OF DISPOSITIO	ON: O Burial O C	Cremation	19. PLACE OF	DISPOSITION (Name of o	cemetery, crem	natory, other p	place)	
핅	□ Donation □ Entombree □ Other (Specify):	nt 🗆 Removal from	State						
- 1	20. LOCATION-CITY, TOWN	N, AND STATE		21. NAME AND CO	MPLETE ADDRESS OF FE	JNERAL FAC	LITY		
	22. SIGNATURE OF FUNERA	AL SERVICE LICEN	ISEE OR OTHER AG	ENT			[23	LICENSE NUMB	ER (Of Licensee
	ITEMS 24-28 MUST E			N 24. DATE PROP	OUNCED DEAD (Mo/Day	(Yr)	25.	TIME PRONOUN	CED DEAD
	WHO PRONOUNCES 26. SIGNATURE OF PERSO			anniicable)	27. LICENSE NUM	ED IN	DATE SICH	(ED (Mo/Day/Yr)	
	20. SIGNATURE OF PERSO	A PRONOUNCING	DEATH (Unity When	approaule)	27. LICENSE NUMI	A.A. 26	. DATE 3108	(marce)rtr)	- Control Co
	29. ACTUAL OR PRESUME	D DATE OF DEATH			AL OR PRESUMED TIME	OF DEATH		VAS MEDICAL EXA	
	(Mo/Day/Yr) (Spell Month)	binuary	1st,200	3			0	ORONER CONTAC	TED? O Yes
	resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that	•	-partun	to (or as a consequence to (or as a consequence to (or as a consequence	orrnage				
	initialed the events resulting in death) LAST	0 d		.,	≠ 12:	etining (14 2 14		
	PART II. Enter other significan	nt conditions contrib	uting to death but no	t resulting in the under	ying cause given in PART		33. WAS AN	AUTOPSY PERFO	RMED?
25 25								UTOPSY FINDING	AVAII ADI E T
mpleted By:							THE CAUSE	UTOPSY FINDING: OF DEATH? DY	es O No
Completed	35. DID TOBACCO USE CO	INTRIBUTE TO	36. IF FEMALE:			37. MANN	ER OF DEAT	4 7,1	
I E O	DEATH?			int within past year it time of death		O Natur	al 🗆 Homic	side	
107	☐ Yes ☐ Probably			int, but pregnant within	42 days of death	□ Accide	ent Pendi	ng Investigation	
S S	0 Mg ¥ 1111								
8 8	D No K Unknown				s to 1 year before death	□ Suicid	le Could	not be determined	
To Be Co MEDICAL	38. DATE OF INJURY (Mo/Day/Yr) (Spell Month) 39	C) Unknown i	f pregnant within the pa					
8 8	38. DATE OF INJURY)	C) Unknown i	f pregnant within the pa	st year				
8 8	38. DATE OF INJURY (Mo/Day/Yr) (Spell Month 42. LOCATION OF INJURY: Street & Number:	State:	C) Unknown i	f pregnant within the pa	st year	; construction	sile; restaura	nt; wooded area) Zip Code:	O Yes O
8 8	38. DATE OF INJURY (Mo/Day/Yr) (Spell Month	State:	C) Unknown i	f pregnant within the pa	st year RY (e.g., Decedent's home	; construction	44. IF	nt; wooded area)	O Yes O
8 8	38. DATE OF INJURY (Mo/Day/Yr) (Spell Month 42. LOCATION OF INJURY: Street & Number:	State: Y OCCURRED:	C) Unknown i	f pregnant within the pa	st year RY (e.g., Decedent's home	; construction	44. IF	Zip Code: TRANSPORTATIO restOperator issenger testrian	O Yes C
8 8	38. DATE OF INJURY (MarDay)**(1) (Spell Month 42. LOCATION OF INJURY: Street & Number: 43. DESCRIBE HOW INJURY 45. CERTIFIER (Check only C Certifying physician-To I D Pronouncina & Certifying	State: Y OCCURRED: one): the best of my knowle	CI Unknown i TIME OF INJURY	f pregnant within the pa 40. PLACE OF INJUR City or Town:	st year RY (e.g., Decedent's home Apartment to do manner stated. lime, date, and place, and	construction	44. If Oh	Zip Code: TRANSPORTATIO res/Operator issenger er (Specify)	O Yes O
8 8	38. DATE OF INJURY (Mo/Day/Yr) (Spell Month 42. LOCATION OF INJURY: Street & Number: 43. DESCRIBE HOW INJUR 45. CERTIFIER (Check only C Certifying physician-To ID Pronouncing & Certifying D Medical Examiner/Coron	State: Y OCCUPRED: one): the best of my knowledge physiciate. To the best of my knowledge physician or the best of	CI Unknown I TIME OF INJURY edge, death occurred as of my knowledge, said my knowledge.	f pregnant within the pa 40. PLACE OF INJUR City or Town: d due to the cause(s) ar d death occurred at the Investigation, in my opini	st year RY (e.g., Decedent's home Apartment to do manner stated. lime, date, and place, and	construction	44. If Oh	Zip Code: TRANSPORTATIO res/Operator issenger er (Specify)	- W
8 8	38. DATE OF INJURY (MorDay/Yr) (Spell Month 42. LOCATION OF INJURY: Street & Number: 43. DESCRIBE HOW INJURY: 45. CERTIFIER (Check only of Cartifying physician-To if O Pronouncing & Cartifying O Medical Examiner/Coron Signature of cartiffier;	State: Y OCCURRED: one): the best of my knowledge physician-To the best of my knowledge of the physician-To the best of the b	codge, death occurred sol of whooledge, which was to find knowledge, which was to find the country of the count	of pregnant within the pa	of year RY (e.g., Decedent's home Apartment I Apartment I and manner stated, lime, date, and place, and on, death occurred at the	construction	44. If Oh	Zip Code: TRANSPORTATIO res/Operator issenger er (Specify)	O Yes O
8 8	38. DATE OF INJURY (Mo/Day/Yr) (Spell Month 42. LOCATION OF INJURY: Street & Number: 43. DESCRIBE HOW INJUR 45. CERTIFIER (Check only C Certifying physician-To ID Pronouncing & Certifying D Medical Examiner/Coron	State: Y OCCURRED: one): the best of my knowledge physician-To the best of my knowledge of the physician-To the best of the b	codge, death occurred sol of whooledge, which was to find knowledge, which was to find the country of the count	of pregnant within the pa	of year RY (e.g., Decedent's home Apartment I Apartment I and manner stated, lime, date, and place, and on, death occurred at the	construction	44. If Oh	Zip Code: TRANSPORTATIO res/Operator issenger er (Specify)	O Yes O

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?
:	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)
F		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	Jaur	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	ath. 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	,					
		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 1414	_	TODAY O	_	
	: œ	PART II. Enter other signific	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	•			nt 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

50.00000	1. DECEDENT'S LEGAL I	NAME (Include AKA	's if any) (First, Mi	ddie, Last)			.1	5	E. SEX	o, occure	SECURITY NUMBER	
	4a. AGE-Last Birthday	46. UNDER	YEAR	4c. UNDER	RIDAY	5. DA1	TE OF BIRTH	(Mo/Day/Yr)	BIRTH	PLACE (City and S	State or Foreign Co	untry)
	(Years)	Months	Days	Hours 4	Minutes	1/-	1-20	00.3				
	7a. RESIDENCE-STATE		7b. COUNTY	7			7c. CITY	OR TOWN				
	7d. STREET AND NUMBE	R				7e. APT. N	NO. 71. ZIP 0	CODE			7g. INSIDE CITY LIMITS?	No
To Be Completed/Verified By: FUNERAL DIRECTOR	8. EVER IN US ARMED FORCES? D Yes D No 11. FATHER'S NAME (Fil	☐ Married ☐ ☐ Divorced ☐	ATUS AT TIME OF Married, but separ Never Married □	ated D Wid Unknown		12. MOTHER	'S NAME PRI	OR TO FIRS	MARRIA	ame prior to first n	narriage) Last)	
mplet :RAL	13a, INFORMANT'S NAM	ΙE	136. REI	ATIONSHIP	TO DECEDE	13	e. MAILING A	DDRESS (S	reet and	Number, City, Stat	e, Zip Code)	
SS	IF DEATH OCCURRED	LI A UCEBITAL		TIEN	I TOTAL CONTROL OF THE	RED SOMEW	JUEBE OTHE	R THAN A H	OSPITAL:			
8 u	☐ Inpatient ☐ Emergence	y Room/Outpatient	Dead on Arriva	I DH	capice facility	□ Nursing hor	me/Long term	care facility	□ Deced	lent's home 🗆 O	ther (Specify):	FDEATH
ř	18. FACILITY NAME (II no	ot institution, give st	reet & number)		IO. CITT OK	101111, 0111112,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-				
	18. METHOD OF DISPOS	SITION: D Burial	□ Cremation		19. PLACE	OF DISPOSITIO	N (Name of c	emetery, cre	matory, o	ther place)		== 774785
	☐ Donation ☐ Entom ☐ Other (Specify):	bment □ Removal	from State	. 1								
	20. LOCATION-CITY, TO	WN, AND STATE		21.	NAME AND	COMPLETE AD	DRESS OF F	UNERAL FA	CILITY			Anticone:
	22. SIGNATURE OF FUN	NERAL SERVICE LI	CENSEE OR OTH	ER AGENT						23. LICENSE	NUMBER (Of Licer	see)
	ITEMS 24-28 MUST	T BE COMPLE	TED BY PERS	ON	24. DATE PR	RONOUNCED	DEAD (Mo/Day	(Yr)	yh	25. TIME PRON	OUNCED DEAD	
	WHO PRONOUNC	ES OR CERTIF	FIES DEATH					12	O DATE	CICNED (Ma/Day	N/A	
	28. SIGNATURE OF PE	RSON PRONOUNC	ING DEATH (Only	when applica	able)	27. LI	ICENSE NUM	BER 2	8. DATE	SIGNED (Mo/Day	111)	
	29. ACTUAL OR PRESU	JMED DATE OF DE	ATH		30. AC	TUAL OR PRE	SUMED TIME	OF DEATH		31. WAS MEDICA	AL EXAMINER OR	ė.
	(Mo/Day/Yr) (Spell Mo	nth)										
	32. PART I. Enter the respiratory arrest, onecessary. IMMEDIATE CAUSE (F	chain of eventsdis	CALICE OF	DEATH (complication g the etiology	(See instrue-that directly	uctions and y caused the de BBREVIATE. E	l examples ath. DO NOT Enter only one	,	al events ne. Add	CORONER CO	Approxima	te interval:
	32. PART I. Enter the respiratory arrest, or necessary. IMMEDIATE CAUSE (f disease or condition resulting in death) Sequentially list condition and it is any, leading to the collisted on line a. Enter IUNDERLYING CAUSE	chain of events-die or ventricular fibrillate in a	CALICE OF	Due to (or	(See instru	rence of): MOVY Jence of):	l examples inth. DO NOT inter only one	,	al events ne. Add		Approxima	te interval:
	32. PART I. Enter the respiratory arrest, onecessary. IMMEDIATE CAUSE (f disease or condition resulting in death) Sequentially list condit if any, leading to the city of the condition of the city of the condition of the city of the condition of the city of	chain of events-dis of ventricular fibrillat elinal a	CAUSE OF CAUSE, or Injuries, or Ion without showin	Due to (or	r as a consequence as a	reace of): uence of): uence of):	hath. DO NOT	enter termini cause on a li		such as cardiac ar additional lines if	Approxima Onset to d	Yes O Note interval:
:: œ	32. PART I. Enter the respiratory arrest, onecessary. IMMEDIATE CAUSE (f disease or condition resulting in death) Sequentially list conditi if any, leading to the oil steed on line s. Enter to the condition of	chain of events-dis of ventricular fibrillat elinal a	CAUSE OF CAUSE, or Injuries, or Ion without showin	Due to (or	r as a consequence as a	reace of): uence of): uence of):	hath. DO NOT	enter termini cause on a li			Approxima Onset to d	te interval:
1 By: FIER	32. PART I. Enter the respiratory arrest, onecessary. IMMEDIATE CAUSE (f disease or condition resulting in death) Sequentially list conditi if any, leading to the oil steed on line s. Enter to the condition of	chain of events-dis of ventricular fibrillat elinal a	CAUSE OF CAUSE, or Injuries, or Ion without showin	Due to (or	r as a consequence as a	reace of): uence of): uence of):	hath. DO NOT	enter termini cause on a li	33. W	AS AN AUTOPSY FIER	Approximation of the state of t	te interval: eath
eted By:	32. PART I. Enter the respiratory arrest, onecessary. IMMEDIATE CAUSE (f disease or condition resulting in death) Sequentially list conditi if any, leading to the oil steed on line s. Enter to the condition of	chain of eventa-dis	CAUSE OF	Due to (or	r as a consequence as a	reace of): uence of): uence of):	hath. DO NOT) enter terminucause on a li	33. W 34. W COMP	AS AN AUTOPSY FILETE THE CAUSE	Approximation of the state of t	te interval: eath
mpleted By:	32. PART I. Enter the respiratory arrest, onecessary. IMMEDIATE CAUSE (f disease or condition resulting in death) Sequentially list conditi if any, leading to the oil steed on line s. Enter to the condition of	chain of events-dis of ventricular fibrillat elinal a	CAUSE OF SEASON INJURIES, or In	Due to (or	r as a consequence as a	y caused the de BBREVIATE. E lience of): VIO VI Jence of): uence of):	hath. DO NOT	enter terminucause on a li	33. W 34. W COMP	AS AN AUTOPSY FILETE THE CAUSE	Approximation of the state of t	te interval: eath
Completed By:	32. PART I. Enter the respiratory arrest, onecessary. IMMEDIATE CAUSE (f disease or condition resulting in death) Sequentially list conditi if any, leading to the oil steed on line s. Enter to the condition of	chain of events—dispression of events of ventricular fibrillate of ven	CAUSE OF SEASON IN THE PROPERTY OF THE PROPERT	Due to (or Due to (or Due to (or Due to (or Due to (area) Due to (or Due to (area) Due to (area)	r as a consequence of death	(caused the de BBREVIATE. E lience of): vence of): uence of): uence of):	neth. DO NOT inter only one) enter terminute cause on a li	33. W 34. W COMP INER OF	AS AN AUTOPSY YOYES DEATH LETE THE CAUSE DEATH Homicide	PERFORMED?	te interval: eath
Be Completed By:	32. PART I. Enter the respiratory arrest, onecessary. IMMEDIATE CAUSE (f disease or condition resulting in death) Sequentially list conditi if any, leading to the oil steed on line s. Enter to the condition of	chain of events—dis of ventricular fibrillat clons, ause the c sutting d nificant conditions c	CAUSE OF SERVICES, Injuries, or	Due to (or	r as a consequence of death out pregnant w	y caused the de BBREVIATE. E lience of): VICO VIC Jence of): uence of):	right, DO NOT Enter only one) enter terminute cause on a li	33. W 34. W COMP INER OF	AS AN AUTOPSY FILETE THE CAUSE	PERFORMED? NOINGS AVAILABE OF DEATH?	te interval: eath
To Be Completed By:	32. PART I. Enter the respiratory arrest, onecessary. IMMEDIATE CAUSE (f disease or condition resulting in death) Sequentially list conditi if any, leading to the oil steed on line s. Enter to the condition of	chain of events—dis of ventricular fibrillat clons, ause the c sutting d nificant conditions c	CAUSE OF SEASON IN CONTROL OF	Due to (or Due to	as a consequence of death until pregnant within the unit pregnant withi	request the debalance of): you were of): uence of): uence of): ithin 42 days of 3 days to 1 year he past year	e given in PAR	37. MAN	33. W 34. W COMP INER OF	AS AN AUTOPSY Yes D ERE AUTOPSY B LETE THE CAUSE DEATH I Homicide D Pending Investig: C Could not be delay	PERFORMED? NO INDINGS AVAILAB	te interval: eath
To Be Completed By:	32. PART I. Enter the respiratory arrest, onecessary. IMMEDIATE CAUSE (f disease or condition resulting in death) Sequentially list conditi if any, leading to the oil steed on line s. Enter to the condition of	chain of eventa-disor ventricular fibrillate of ventricular fibrillate continuations. Lions, ause continuations of continuations of continuations of continuations of contribute continuations of contribute continuations of contribute contribu	CAUSE OF SEASON IN CONTROL OF	Due to (or Due to	as a consequence of death until pregnant within the unit pregnant withi	request the debalance of): your of): uence of): uence of): uence of): ithin 42 days of 3 days to 1 year he past year	e given in PAR	37. MAN	33. W 34. W COMP INER OF	AS AN AUTOPSY AS AN AUTOPSY AS THE CAUSE DEATH Homicide Dending Investign	PERFORMED? INDINGS AVAILABE OF DEATH? ation ermined area) 41. INJUI	te interval: eath
To Be Completed By:	32. PART I. Enter the respiratory arrest, onecessary. IMMEDIATE CAUSE (f disease or condition resulting in death) Sequentially list condition in the condition of the condition	chain of events—dis of ventricular fibrillat clinal a. clons, ause the c. cutting d. mifficant conditions of bably shown Month)	CAUSE OF SEASON IN CONTROL OF	Due to (or Due to	as a consequence of death until pregnant within the unit pregnant withi	request the de BBREVIATE. E sence of): uence of): uence of): identifying cause ithin 42 days of 3 days to 1 year the past year NJURY (e.g., D.	egiven in PAR	37. MAN	33. W 34. W COMP INER OF	AS AN AUTOPSY YOYES DEATH Homicide Pending Investigs O Could not be deturant; wooded	PERFORMED? No NDINGS AVAILAB ation ermined 41. INJUI	LE TO Yes D No
To Be Completed By: MEDICAL CERTIFIER	32. PART I. Enter the respiratory arrest, onecessary. IMMEDIATE CAUSE (f disease or condition resulting in death) Sequentially list conditi if any, leading to the c listed on line a. Enter UNDERLYING CAUSE (disease or Injury that initiated the events ret in death) LAST PART II. Enter other sig 35. DID TOBACCO US DEATH? Yes Pro No Unk 38. DATE OF INJURY (Mo/Day/Yr) (Spell 42. LOCATION OF INJUST (Freet & Number:	chain of eventa-disorv	CAUSE OF CAUSE OF IT OF IT OF IT	Due to (or Due to	is that directly. DO NOT All as a consequence of as a consequence of the consequence of death and pregnant 4: grant within the consequence of the	request the de BBREVIATE. E sence of): uence of): uence of): identifying cause ithin 42 days of 3 days to 1 year the past year NJURY (e.g., D.	e given in PAR	37. MAN	33. W 34. W COMP INER OF	AS AN AUTOPSY Yes DERE AUTOPSY FILETE THE CAUSE DEATH Homicide D Pending Investig: C Could not be deturned to the staurant, wooded	PERFORMED? No No PERFORMED? No RIGHT AVAILAB C OF DEATH? ation area) 41, INJUI RIGHT AVAILAB S: RIATION INJURY,	LE TO Yes □ No
To Be Completed By:	32. PART I. Enter the respiratory arrest, oncessary. IMMEDIATE CAUSE (f disease or condition resulting in death) Sequentially list conditi if any, leading to the c listed on line a. Enter UNDERLYING CAUSE (disease or injury that initiated the events ret in death) LAST PART II. Enter other signal in the condition of the condi	chain of eventa-disorv	CAUSE OF CAUSE OF IT OF IT OF IT	Due to (or Due to	is that directly. DO NOT All as a consequence of as a consequence of the consequence of death and pregnant 4: grant within the consequence of the	request the de BBREVIATE. E sence of): uence of): uence of): identifying cause ithin 42 days of 3 days to 1 year the past year NJURY (e.g., D.	egiven in PAR	37. MAN	33. W 34. W COMP INER OF	AS AN AUTOPSY AS	PERFORMED? No N	LE TO Yes □ No
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BASIC DATA ENTRY INSTRUCTIONS

Exercise 2 DRAFT 07/08/2002

								TE FILI	,	00	00.
	1. DECEDENT S LEGAL N	IAME (Include AKA's	if any) (First, Middle	i, Lest)				2.	EX	3. SOCIAL	SECURITY NUMBER
	4a. AGE-Last Birthday (Years)	46. UNDER 1 Y	EAR 4c	. UNDER 1	DAY	5. DATE	OF BIRTH (Mc	/Dey/Yr) 6.	BIRTHPLA	CE (City and	State or Foreign Count
	58	Months	Days Ho	ours	Minutes			- 1			
	7a. RESIDENCE-STATE		76. COUNTY				7c. CITY O	RTOWN			
	7d. STREET AND NUMBE		L	-		174 ADT NO	7E. ZIP COL				To MICHOE COTY
By:	76. STREET AND NUMBE	K		and the second	: f	76. 271. 10.	I'm zar co	~	· L 25%		7g. INSIDE CITY LIMITS?
. A	8. EVER IN US	9. MARITAL STAT	TUS AT TIME OF DE	EATH		10. SURVIVING	SPOUSE'S NA	ME (If wife,	give name	prior to first m	arriage)
<u>1</u>	ARMED FORCES?		rried, but separated		wed						
led/Verified DIRECTOR	11. FATHER'S NAME (Fire		ver Married D Unk	nown		12. MOTHER'S	NAME PRIOR	TO FIRST M	ARRIAGE (First, Middle,	Last)
를	13a. INFORMANT'S NAMI	- inches	113b. RELATIO	ONE HID Y	ABECEDE		4411 1110 4501	NECO 161		01.01.1	
혈절	138. INFORMANTS RAMI		ISO. RELATI	ONSHIP TO	DECEDEN	" "	MAILING ADDI	ress (suee	and Numb	er, Cny, State	i, zip Code)
Be Completed/Verified FUNERAL DIRECTOR				14. PLACE	OF DEATH	(Check only one:	see instruction	s)			
Be	IF DEATH OCCURRED IN D Inpatient D Emergency		Dead on Arrival			RED SOMEWHE Nursing home/L				nome DOth	er (Specify):
2	15. FACILITY NAME (If no					TOWN, STATE, AN					17. COUNTY OF DE
	18. METHOD OF DISPOSI			1"	. PLACE C	OF DISPOSITION (Name or ceme	tery, cremato	ry, ouner p	lace)	.70
	Other (Specify):		_								
	20. LOCATION-CITY, TO	WN, AND STATE	and the second	21. N/	AME AND C	OMPLETE ADDRE	SS OF FUNE	RAL FACILIT	Υ		
	22. SIGNATURE OF FUN	ERAL SERVICE LICE	NSEE OR OTHER A	GENT					23.	LICENSE N	UMBER (Of Licensee)
								, ·			
	ITEMS 24-28 MUST			DN 24.	DATE PRO	ONOUNCED DEAD		. –	25.	TIME PRON	DUNCED DEAD
	WHO PRONOUNC						05-0				
	26. SIGNATURE OF PER	SON PRONOUNCING	DEATH (Only when	n applicable	•) .	27. LICEN	ISE NUMBER	28. D	ATE SIGNE	ED (Mo/Day/Y	11)
	29. ACTUAL OR PRESUM	MED DATE OF DEATH	1		30. ACT	UAL OR PRESUM	ED TIME OF D	EATH	31. W	AS MEDICAL	EXAMINER OR
	(Mo/Day/Yr) (Spell Mont	h) , ~	1						000	RONER CON	TACTED? DYes
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	resulting in death)	m.			a consequer		1	100	20		
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BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

DRAFT 07/08/2002

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initiated the events resulting in death LAST PART IL Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. 33. WAS AN AUTOPSY PERFORMED? 1 Yes		Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYMO CAUSE Due to (or as a consequence of):									
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Unknown if pregnant within the past year Suicide Could not be determined Could not be de	호병		INTRIBUTE TO			hin nast veer		IER OF DEATH	-		
Unknown if pregnant within the past year 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. BUJURY AT W 12. LOCATION OF INJURY: State: City or Town: Street & Number: 43. DESCRIBE HOW INJURY OCCURRED: (A. IF TRANSPORTATION INJURY, SPECIF (Direct/Operator () Passenger () 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. () Pronounding & 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. Signature of certifier. () By Suicide () Could not be determined () Cuid not be determined () 41. BUJURY AT W () Yes by Note of Cuid not be determined () Yes by Note of Cuid not be determined () Yes by Note of Cuid not be determined () Cuid not be determined () 41. BUJURY AT W () Yes by Note of Cuid not be determined () Cuid not be determined () 41. BUJURY AT W () Yes by Note of Cuid not be determined () Yes by Note of Cuid not be determined () Yes by Note of Cuid not be determined ()	2 4				, , , , , , , , , , , , , , , , , , ,				ral 🗆 Homic	ide	
Unknown if pregnant within the past year Suicide Could not be determined Could not be de	₩ Ş			□ Not p	oregnant, bu	t pregnant within 42	days of death	Accid	ent D Pendi	ng Investigation	
38. DATE OF BAURY (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 ATW 42. LOCATION OF INJURY: State: Street & Number: 43. DESCRIBE HOW INJURY OCCURRED: 44. IF TRANSPORTATION INJURY, SPECIF DivertOperator 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. 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. Signature of certifier: Signature of certifier: Signature of certifier:		D NO D UNKNOWN	•	1				death D Suid	de 🗆 Could	not be determine	đ
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42. LOCATION OF INJURY: State: Street & Number: 43. DESCRIBE HOW INJURY OCCURRED: 44. IF TRANSPORTATION INJURY, SPECIF Descriper Passenger Passenger Podestrian 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. Pronounding & 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. Signature of certifier Signature of certifier		(Mo/Day/Yr) (Spell Month	» ³	e. rime of INJ	140.		terit.		. alle, restaufai	n, moude area)	
Street & Number: 43. DESCRIBE HOW INJURY OCCURRED: 44. IF TRANSPORTATION INJURY, SPECIF Diver/Operation Passenger Pedestrian 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. Medical Examiner/Coroner-On the please of examination, andly investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature of certifier: White Passes of examination Passenger						Tome	2				
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U Medical Examiner/Coroner-On the-basis of examination, and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature of certifier.		Fa) me):								
Signature of confiler Bild Antwells		45. CERTIFIER (Check only o	he best of my know	vledge, death oc	curred due (to the cause(s) and	nanner stated.		о ов.	er (Specify)	
		45. CERTIFIER (Check only o	he best of my know	best of my know	ledge, death	occurred at the tim	e, date, and place	ce, and due to the ca	U Oth	er (Specify)	and manner stated.
		45. CERTIFIER (Check only of Check only of Certifying physician-To ID Pronouncing & Certifying ID Medical Examiner/Coron	he best of my know	best of my know	ledge, death	ation in my opinion	e, date, and place	ce, and due to the car at the time, date, an	U Oth	er (Specify)	and manner stated.
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BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

DRAFT 07/08/2002

	OCAL FILE NO.	(Include AKA's if any	y) (First, Middle,	Last)			SIA		. SEX	3. SOCIAL SEC	CURITY NUMBER
	!								M		
1	4a. AGE-Last Birthday (Years)	4b. UNDER 1 YEAR	4c.	UNDER 1	DAY	-/5. DA	TE OF BIRTH (Mo/Day/Yri 6	BIRTHPL	ACE (City and Sta	te or Foreign Country)
	1 20	Months Days	s Ho	urs	Minutes						
	7a. RESIDENCE-STATE	7h	COUNTY				IZc. CITY	OR TOWN			
	Ta ricolocitoc office	1.5.	000				1				
ı	7d. STREET AND NUMBER	<u></u>				7e. APT. N	10. 71 ZIP CO	DOE			. INSIDE CITY
ſ	•					1	1			İ	LIMITS? □ Yes □ No
Fied P & R	ARMED FORCES?	MARITAL STATUS A			- 1	SURVIVIN	IG SPOUSE'S I	IAME (If wife	e, give name	prior to first memi	
diveri	13. FATHER'S NAME (First, Mid	Divorced Divorced Never Middle, Last)	tarried D Unkr	nown	<u> </u> 	2. MOTHER	'S NAME PRIO	R TO FIRST	MARRIAGE	(First, Middle, Las	st)
le Completed/Verified FUNERAL DIRECTOR	13a. INFORMANT'S NAME		13b. RELATIO	NSHIP TO	DECEDENT	136	. MAILING AD	DRESS (Stre	et and Num	ber, City, State, Zi	p Code)
∥s ¥			1				ne: see instructi				
8 5	IF DEATH OCCURRED IN A HO						HERE OTHER			hama COthor	Cassiful:
e -	☐ Inpatient ☐ Emergency Room 15. FACILITY NAME (If not instit						, AND ZIP COD		Decedents	home Other (7. COUNTY OF DEAT
-	18. METHOD OF DISPOSITION: □ Donation □ Entombrent □ Other (Specify):			19.	PLACE OF	DISPOSITIO	N (Name of cen	netery, cr e ma	itory, other p	place)	
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	22. SIGNATURE OF FUNERAL	SERVICE LICENSEE	OR OTHER A								BER (Of Licensee)
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	26. SIGNATURE OF PERSON F	RONOUNCING DEA	TH (Only when	applicable)		27. LIC	ENSE NUMBER	₹ 28.		IED (Mo/Day/Yr)	
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1	45. CERTIFIER (Check only one	<u>.):</u>									
	Certifying physician-To the	best of my knowledge	or nowledge	e, death occ	curred at the t	ime, date, gr	nd place, and du	ie îo îhe caus ne, dale, and	se(s) and ma place, and c	unner stated. lue to the cause(s	and manner stated.
	☐ Medical Examiner/Coroger-	Syllie Days of Care	*								
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BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

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

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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.

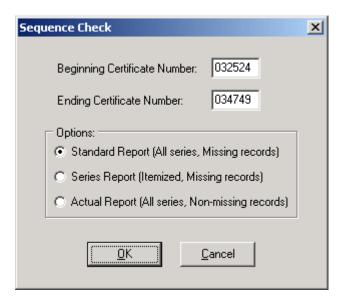
Together, these reports can reveal if there are missing and/or extra, certificates in the database file. The Sequence Check can be used only when a file is currently open. To use the sequence check:

- 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}.

3. 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:

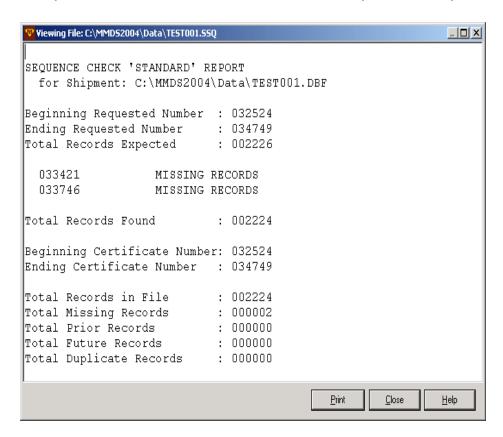
- a. Use the {TAB} key to place the cursor in the desired field.
- b. Type in the beginning certificate number (the starting certificate number for the sequence check), the ending certificate number (the ending certificate number for the sequence check), or both. Click "OK."



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

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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.

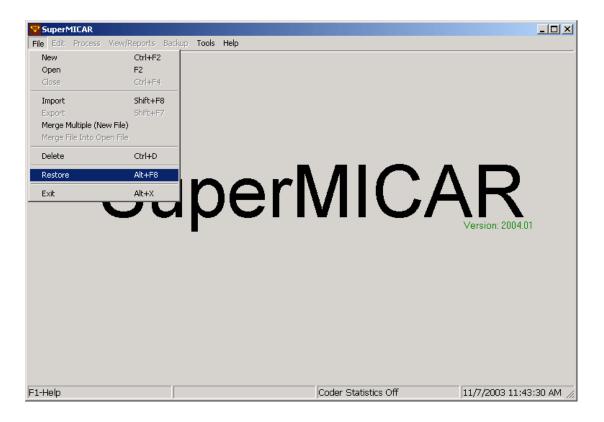
Restoring from SuperMICAR Backups

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
- I b Cardiac Arrest
- I c Coronary occlusion due to ASHD
- I 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 (d) ulcer

(u) II

Enter as:

- 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
- (b) Congestive heart failure

Example 3:

1(a) Pneumonia ← Respiratory Failure

Enter As:

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

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: 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

Enter as:

- Ia 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

Enter as:

- 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

Enter as:

- Ta 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 NA	ME (include AKA's if	any) (First, Middle, Las	it)		UIAIL	2. SEX	J. SOCI	OOOO1
	4.3.4.4.4	i					I F		
	4a. AGE-Last Birthday (Years)	46. UNDER 1 YE		DER 1 DAY	5. DATE O	F BIRTH (Mo/Day	Yn 6, BIRTH	IPLACE (City a	and State or Foreign Country
	55		ays Hours	Minutes		N- 017/00 V			
	7a. RESIDENCE-STATE	P	b. COUNTY			7c. CITY OR TO	WN		
	7d. STREET AND NUMBER	446	7.70		7e. APT. NO.	7f. ZIP CODE			79. INSIDE CITY LIMITS?
 	8. EVER IN US	TO MARITAL STATE	IS AT TIME OF DEATH		10 SURVIVING SE	POUSE'S NAME	(If wife, give n	ame prior to fir	☐ Yes ☐ No st marriage)
o R	ARMED FORCES?	1	ied, but separated D				,, ,		
	11. FATHER'S NAME (First		er Married D Unknown		12. MOTHER'S N	AME PRIOR TO F	IRST MARRI	AGE (First, Mid	idle, Last)
Completed/Verified UNERAL DIRECTOR									
e Complet	13a. INFORMANT'S NAME		13b. RELATIONS	HIP TO DECEDE	NT 13c. M.	AILING ADDRES	S (Street and	Number, City, 3	State, Zip Code)
5 2			14, 1	PLACE OF DEATH	(Check only one: s RRED SOMEWHER	ee instructions)			
8 =	IF DEATH OCCURRED IN ☐ Inpatient ☐ Emergency I			Hospice facility	☐ Nursing home/Lo	ong term care faci			Other (Specify):
l۵	15. FACILITY NAME (If not	institution, give street		16. CITY OR	TOWN, STATE, AN	D ZIP CODE		-	17. COUNTY OF DEA
1	18. METHOD OF DISPOSIT	TOWN C Briefel C C	remelies	19. PLACE	OF DISPOSITION (N	lame of cemetery	, crematory, o	ther place)	
	☐ Donation ☐ Entombre ☐ Other (Specify):	nent O Removal from	State						n i Europe este fin form in 195
1	20. LOCATION-CITY, TOV	VN, AND STATE		21. NAME AND C	OMPLETE ADDRES	SS OF FUNERAL	FACILITY		
	22 SIGNATURE OF FUNE		SEE OR OTHER ACE	VT				123. LICENS	SE NUMBER (Of Licensee)
	22. SIGNATURE OF FUNE	AND DERVICE LICEN	OLE ON OTHER AGE	••					
	ITEMS 24-28 MUST	BE COMPLETE	D BY PERSON	24. DATE PR	ONOUNCED DEAD	(Mo/Day/Yr)		25. TIME PR	RONOUNCED DEAD
	WHO PRONOUNCE								
	26. SIGNATURE OF PERS	ON PRONOUNCING	DEATH (Only when ap	plicable)	27. LICEN	SE NUMBER	28. DATE	SIGNED (Mo/C	Day/Yr)
1	29. ACTUAL OR PRESUM	ED DATE OF DEATH		30. AC	TUAL OR PRESUME	ED TIME OF DEA	н :	31. WAS MED	ICAL EXAMINER OR
1	(Mo/Day/Yr) (Spell Month	1 4000		1			100	CORONER	CONTACTED? DYes
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CHAPTER IV

FORMAT

EXERCISE 3

	1 DECEDENTE LEGAL L). AME (lockede AK	A's if sout /Eigh	Middle ! set			SIAIE	12. SEX	13 SOCIAL	0002 SECURITY NUMBER			
	1. DECEDENT'S LEGAL N	AME (INClude AK	on a marry) (PHSI,	middle, Last)				ľΜ̈́	a. sount:	JEJORII I NUMBER			
	4a. AGE-Last Birthday (Years)	4b. UNDER	1 YEAR	4c. UNDE	R 1 DAY	5. DATE	OF BIRTH (Mo/Day/	6. BIRTHPL	ICE (City and	State or Foreign Count			
	80	Months	Days	Hours	Minutes	_		1					
	78. RESIDENCE-STATE		7b. COUNT	v '			7c. CITY OR TO	w					
	7d. STREET AND NUMBER		111		3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	T/a APT NO	71. ZIP CODE	- 130	-	79. INSIDE CITY			
Ä								10 L 25 L		LIMITS?			
<u> </u>	8 EVER IN US ARMED FORCES?		TATUS AT TIME			0. SURVIVING S	POUSE'S NAME (If wife, give name	prior to first m	arriage)			
Ę₽	□ Yes □ No		3 Married, but separated										
鸄흛	11. FATHER'S NAME (Firs	t, Middle, Last)			1	RST MARRIAGE	(First, Middle,	Last)					
le Completed/Verified By: FUNERAL DIRECTOR	13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT 13c. MAILING ADDRESS (Street and Number, City, State, Zip										
8 ₹	IF DEATH OCCURRED IN			IFD	EATH OCCURR		RE OTHER THAN A						
₽ -	15. FACILITY NAME (If not	Room/Outpatient institution, give s	Dead on Arri-	val D Ho	ospice facility C	Nursing home/Li OWN, STATE, AN	ong term care facili D ZIP CODE	y Decedent's	□ Decedent's home □ Other (Specify):				
_													
	18. METHOD OF DISPOSIT				19. PLACE OF	DISPOSITION (F	lame of cemetery,	crematory, other (olace)				
	Other (Specify):			_									
	20. LOCATION-CITY, TO	MN, AND STATE		21.	NAME AND CO	MPLETE ADDRE	SS OF FUNERAL F	ACILITY					
	22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT 23. LICENSE NUMBER												
		DE 001101	CTED BY DE	Deen !	24 DATE PRO	NOUNCED DEAD	(Mo/Day(Yr)	25	TIME PRONC	DUNCED DEAD			
	ITEMS 24-28 MUST WHO PRONOUNCE	Time Prone	30.1025 52-5										
	26. SIGNATURE OF PERS				ble)	SE NUMBER	28. DATE SIGNED (Mo/Day/Yr)						
								<u> </u>					
	29. ACTUAL OR PRESUM (Mo/Day/Yr) (Spell Mogti		ATH		30. ACTU	IAL OR PRESUME	D TIME OF DEAT			EXAMINER OR			
	01/01/4003												
	32. PART I. Enter the chrespiratory arrest, or necessary. IMMEDIATE CAUSE (Final	ventricular fibrillati H E	eases, injuries, or	complications-	-that directly car DO NOT ABB	tions and ex used the death. D REVIATE. Enters	O NOT enter term	nal events such a line. Add addition	is cardiac arres onal lines if	Approximate inte Onset to death			
	respiratory arrest, or necessary.	ventricular fibrillati	eases, injuries, or ion without showi	Due to (or a	-that directly cal DO NOT ABBI A UC	used the death. If REVIATE. Enter of the office off	O NOT enter term	nal events such a I line Add additio	is cardiac affes onal lines if	Const to death			
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EXERCISE 3 DRAFT: 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

	OCAL FILE NO		s if any) (First, M	iddle, Last)			017	TE FILI	SEX.		CURITY NUMBER
1 1	4a. AGE-Last Birthday	[4b. UNDER 1	VEAR	I4c. UNDI	- A - A - A - A - A - A - A - A - A - A	12 5192	AF 010-11		F		
1 1	(Years)	46. UNDER 1					OF BIRTH (M	o/Day/Yr) 6.	BIRTHPLA	CE (City and Sta	te or Foreign Country)
1 1	78	Months	Days	Hours	Minutes				i i i i i i i i i i i i i i i i i i i		
1 1	7a. RESIDENCE-STATE		76. COUNTY				7c. CITY C	R TOWN			
1 1	7d. STREET AND NUMBER	A .			,	7e. APT. NO.	7f. ZIP CO	DE		170	9. INSIDE CITY LIMITS?
اخاا						•				[LIMITS?
اعقا	8. EVER IN US ARMED FORCES?	9. MARITAL STA			1.	10. SURVIVING S	SPOUSE'S NA	ME (If wife,	give name	prior to first marr	iage)
[# 6 I	☐ Yes ☐ No ☐ Married ☐ Married ☐ Divorced ☐ Never				idowed						
<u>\$</u>	11. FATHER'S NAME (Firs										
Completed/Verified By: UNERAL DIRECTOR	13a. INFORMANT'S NAME		II3b. REI	ATIONSHII	P TO DECEDEN	IT II3c A	MAILING ADD	RESS (Street	and Numb	er, City, State, Z	io Code)
										,,,, .	, , , ,
e Completed/Verified FUNERAL DIRECTOR	IF DEATH OCCURRED IN	A HOSPITAL				(Check only one:			ITAI ·		
(a = 1	□ Inpatient □ Emergency	Room/Outpatient C			lospice facility	☐ Nursing home/L	ong term care	facility OD			
12	15. FACILITY NAME (If no	institution, give stre	et & number)		16. CITY OR T	OWN, STATE, AN	ID ZIP CODE			T ₁	7. COUNTY OF DEAT
	18. METHOD OF DISPOSI	TION: O Buriel C	Cramatica								
	Onation Centombe				1						
	20. LOCATION-CITY, TO	WN AND STATE		121	NAME AND CO	OMPLETE ADDRE	SS OF EUR	RAI EACH IT			
1 1					. Jame AND CO	OMP CE 16 ADDRE	or runc	. S.C. FAUILII			<u> </u>
	22. SIGNATURE OF FUNE	RAL SERVICE LICE	NSEE OR OTH	R AGENT				,	23.	LICENSE NUM	IBER (Of Licensee)
\vdash	TT-110 04 00 101	DE 00:			24 DATE DOS	NOUNCED DEAD	March		he.	TIME PRONOU	NCED DEAD
1 1	ITEMS 24-28 MUST WHO PRONOUNC				24. DATE PRO	MOUNCED DEAL	(Moroayrtr)		25.	TIME PRONOU	NCEU DEAD
1 1	26. SIGNATURE OF PERS				able)	27. LICEN	SE NUMBER	128 D	ATE SIGN	ED (Mo/Day/Yr)	
1 1	-		•							,,	
1 1	29. ACTUAL OR PRESUM		н		30. ACT	JAL OR PRESUME	ED TIME OF I	DEATH		AS MEDICAL EX	
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1 1	in death) LAST	<i>للل</i> ا_ه	cer i	2f	DANCK	eas					-1
1 1	PART II. Enter other signifi	cant conditions cont	ributing to death	bút not résu	iting in the unde	orlying cause given	in PART I.	33.		AUTOPSY PERI	FORMED?
1500								34	The same of the same	TOPSY FINDIN	GS AVAILABLE TO CO
16 W											
ted B								TH	E CAUSE	OF DEATH?	Yes O No
pleted B	35. DID TOBACCO USE	CONTRIBUTE TO	36. IF FEA]3	7. MANNER	E CAUSE		Yes 🗆 No
ompleted B	DEATH?		O Not p	pregnant wit	hin past year		3	ТН	E CAUSE	·	I Yes D No
le Completed By	DEATH?	aly	O Not p	oregnant wit nant at time	of death	n 42 days of death		7. MANNER	OF DEATH	·	I Yes 🗆 No
Be Comp DICAL CI	DEATH?	aly	O Not p O Preg O Not p	oregnant wit nant at time oregnant, bu oregnant, bu	of death it pregnant within it pregnant 43 d	ays to 1 year befor	.	7. MANNER	OF DEATH OHomic Pendir	ide	J Yes □ No
유뿔	DEATH? Ves Probab	aly wn	O Not p O Preg O Not p O Not p	oregnant wit nant at time oregnant, bu oregnant, bu nown if preg	of death it pregnant within it pregnant 43 di mant within the p	ays to 1 year befor past year	re death	7. MANNER D Natural D Accident D Suicide	OF DEATH Homic Pendir	ide ng Investigation not be determine	o Yes D No
유뿔	DEATH?	oly wn	O Not p O Preg O Not p O Not p	oregnant wit nant at time oregnant, bu oregnant, bu nown if preg	of death it pregnant within it pregnant 43 di mant within the p	ays to 1 year befor	re death	7. MANNER D Natural D Accident D Suicide	OF DEATH Homic Pendir	ide ng Investigation not be determine	od 41. BUJURY AT WO
To	DEATH? D Yes D Probab D No D Unknow 38. DATE OF INJURY (Mo/Day/Yr) (Spell Mo	odh)	O Not p O Preg O Not p O Not p	oregnant wit nant at time oregnant, bu oregnant, bu nown if preg	of death It pregnant within It pregnant 43 departs within the p	ays to 1 year befor past year	re death	7. MANNER D Natural D Accident D Suicide	OF DEATH Homic Pendir	ide ng Investigation not be determine	o Yes D No
To	DEATH? Dres D Probab No D Unknot 38. DATE OF INJURY (Mo/Day/Yr) (Spell Mo 42. LOCATION OF INJURY	odh)	O Not p O Preg O Not p O Not p	oregnant wit nant at time oregnant, bu oregnant, bu nown if preg	of death it pregnant within it pregnant 43 di mant within the p	ays to 1 year befor past year URY (e.g., Decede	re desth	7. MANNER D Natural D Accident D Suicide	OF DEATH Homic Pendir	ide ng investigation not be determine it; wooded area)	od
To	DEATH? Description No Unknow St. DATE OF INJURY (Mo/Day/Yr) (Spell Mo 42. LOCATION OF INJURY Street & Number:	oly wn ndh) Y: State:	O Not p O Preg O Not p O Not p	oregnant wit nant at time oregnant, bu oregnant, bu nown if preg	of death It pregnant within It pregnant 43 departs within the p	ays to 1 year befor past year URY (e.g., Decede	re death	7. MANNER D Natural D Accident D Suicide	OF DEATH O Homic Pendin Could	ide ng Investigation not be determine nt; wooded area) Zip Code:	41. SHURY AT WO
To	DEATH? Dres D Probab No D Unknot 38. DATE OF INJURY (Mo/Day/Yr) (Spell Mo 42. LOCATION OF INJURY	oly wn ndh) Y: State:	O Not p O Preg O Not p O Not p	oregnant wit nant at time oregnant, bu oregnant, bu nown if preg	of death It pregnant within It pregnant 43 departs within the p	ays to 1 year befor past year URY (e.g., Decede	re desth	7. MANNER D Natural D Accident D Suicide	E CAUSE (OF DEATH OHOmic Pendia Could restauran	ide ng Investigation not be determine nt; wooded area) Zip Code:	od 41. BUJURY AT WO
To	DEATH? Description No Unknow St. DATE OF INJURY (Mo/Day/Yr) (Spell Mo 42. LOCATION OF INJURY Street & Number:	nth) Y: State: JRY OCCURRED:	O Not p O Preg O Not p O Not p	oregnant wit nant at time oregnant, bu oregnant, bu nown if preg	of death It pregnant within It pregnant 43 departs within the p	ays to 1 year befor past year URY (e.g., Decede	re desth	7. MANNER D Natural D Accident D Suicide	E CAUSE (OF DEATH OHOmic Pendia Could restauran	ide ig investigation not be determine it; wooded ares) Zip Code: TRANSPORTAT et/Operator senger sestrian	41. SHURY AT WO
To	DEATH? Des D Probab No D Unknot Sa. DATE OF INJURY (Mo/Day/Yr) (Spell Mo 42. LOCATION OF INJURY Street & Number: 43. DESCRIBE HOW INJURY 45. CERTIFIER (Check on	nth) Y: State: JRY OCCURRED: by one): o the best of my kno	O Not p O Prog O Not p O Not p O Not p O Not p O Hot p	oregnant with nant at time oregnant, but ore	of death of pregnant within the pregnant 43 dinant within the p PLACE OF INJU City or Town:	ays to 1 year befor past year URY (e.g., Decede	re desih uni's home; co	7. MANNER DAstural DAccident D Suicide	E CAUSE (OF DEATH OHOmic Pendir Could ; restaurer 44. IF Ohn OPes Death	ide ig investigation not be determine it; wooded area) Zip Code: TRANSPORTAT er/Operator senger earlien er (Specify)	41. SHURY AT WO
To	DEATH? Dives Probable Probable No Unknown St. DATE OF INJURY (MorDay/Y) (Spell Move LOCATION OF INJURY Street & Number: 43. DESCRIBE HOW INJURY 45. CERTIFIER (Check only	nth) Y: State: JRY OCCURRED: by one): o the best of my kno	O Not p O Preg O Not p O Not p O Not p O Not p O Unix	oregnant wit nant at time oregnant, bu oregnant, bu nown if preg IURY 40.	of death of pregnant within to pregnant 43 di pregnant 43 di pregnant 43 di pregnant 43 di pregnant within the (pregnant within the (pregnant within the (pregnant within the (pregnant within the pregnan	ays to 1 year before past year URY (e.g., Decede Ag and manner stated a time, date, and pi	ne death Inf's home; co	7. MANNER Delatural Accident Suicide Instruction alte	E CAUSE (OF DEATH OF	ide ig investigation not be determine it; wooded ares) Zip Code: TRANSPORTAT TRANSPORTAT TRANSPORTAT GOPERIO Senger er (Specify)	41. INJURY AT WO
To	DEATH? Des D Probab No D Unknot 38. DATE OF INJURY (Mo/Day/Yr) (Spell Mo 42. LOCATION OF INJURY Street & Number: 43. DESCRIBE HOW INJA 45. CERTIFIER (Check on C) Cognitiving physician-T DY Frontincing & Certify D Medical Examiner/Cod Signature of certifier:	nith) Y: State: IRY OCCURRED: to the best of my kno ring physician- To the one- Co. In the best of my kno ring physician- To the one- Co. In the best of my kno ring physician- To the one- Co. In the best of my kno ring physician- To the one- Co. In the best of my kno ring physician- To the one- Co. In the best of my kno ring physician- To the one- Co. In the best of my kno ring physician- To the one- Co. In the best of my kno ring physician- To the one- To	O Not ; O Prog O Not ; O Not ; O Not ; O Not ; O Unix Section of the control of	oregnant with mant at time oregnant, but oregnant, but oregnant, but oregnant, but oregnant, but oregnant, but oregnant, but oregnant, but oregnant, but oregnant, but oregnant, but oregnant, but oregnant, but oregnant, but oregnant, but oregnant, but or oregnant, but	of death of pregnant with it pregnant 43 di nant within the p PLACE OF INJI City or Town: to the cause(s) h occurred at th pation, in my option, in my option.	ays to 1 year befor past year URY (e.g., Decede A) and manner stated a time, date, and pi nion, dash occur	ne death Inf's home; co	7. MANNER Delatural Accident Suicide Instruction alte	E CAUSE (OF DEATH OF	ide ig investigation not be determine it; wooded ares) Zip Code: TRANSPORTAT TRANSPORTAT TRANSPORTAT GOPERIO Senger er (Specify)	41. INJURY AT WO
To	DEATH? Description No Unknow N	nith) Y: State: IRY OCCURRED: to the best of my kno ring physician- To the one- Co. In the best of my kno ring physician- To the one- Co. In the best of my kno ring physician- To the one- Co. In the best of my kno ring physician- To the one- Co. In the best of my kno ring physician- To the one- Co. In the best of my kno ring physician- To the one- Co. In the best of my kno ring physician- To the one- Co. In the best of my kno ring physician- To the one- To	O Not ; O Prog O Not ; O Not ; O Not ; O Not ; O Unix Section of the control of	oregnant with mant at time oregnant, but oregnant, but oregnant, but oregnant, but oregnant, but oregnant, but oregnant, but oregnant, but oregnant, but oregnant, but oregnant, but oregnant, but oregnant, but oregnant, but oregnant, but oregnant, but or oregnant, but	of death of pregnant with it pregnant 43 di nant within the p PLACE OF INJI City or Town: to the cause(s) h occurred at th pation, in my option, in my option.	ays to 1 year befor past year URY (e.g., Decede A) and manner stated a time, date, and pi nion, dash occur	ne death Inf's home; co	7. MANNER Delatural Accident Suicide Instruction alte	E CAUSE (OF DEATH OF	ide ig investigation not be determine it; wooded ares) Zip Code: TRANSPORTAT TRANSPORTAT TRANSPORTAT GOPERIO Senger er (Specify)	41. INJURY AT WO

CHAPTER IV EXERCISE 3

FORMAT

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

L	OCAL FILE NO							STA	TE FIL	E N			004
	1. DECEDENT'S LEGAL N	WE (Include AKA)	's if any) (First, N	fiddle, Last)					2	SEX	3 SOCIA	L SECL	RITY NUMBER
	4a. AGE-Last Birthday (Years)	46. UNDER 1	YEAR	4c. UND	ER 1 DAY	5.	DATE OF	BIRTH (Mc	vD∎y/Yr) 6	BIRTH	PLACE (City an	d State	or Foreign Country)
	75	Months	Days	Hours	Minutes								
	7a. RESIDENCE-STATE		7b. COUNTY				7	c. CITY O	RTOWN				
	7d. STREET AND NUMBER					[7a A	PT. NO. 7	f. ZIP CO	\E			170	INSIDE CITY
خا	THE OTTER PART HOMBEN					/* ^	- 1. NO.	i. Zir COL	JC .				LIMITS? Yes 🗆 No
4 B	8. EVER IN US	9. MARITAL ST	ATUS AT TIME (OF DEATH		10. SURV	VIVING SPO	DUSE'S NA	ME (If wife	give na	me prior to first		
ifi 10	ARMED FORCES?	☐ Married ☐ N			/idowed								
Ş. Ğ.	11. FATHER'S NAME (First	☐ Divorced ☐ N , Middle, Last)	lever Married L	Unknown		12. MOT	HER'S NAM	ME PRIOR	TO FIRST	MARRIA	GE (First, Middl	e, Last)	
E Ed						<u> </u>							
P A	13a. INFORMANT'S NAME		136. KE	LATIONSHI	P TO DECEDE	NI	13C. MAII	LING ADDI	1699 (2016	et and N	lumber, City, Sta **	ite, zip	Code)
Be Completed/Verified By: FUNERAL DIRECTOR				14. PL	ACE OF DEATH	(Check or	nly one: see	instruction	is)	OUTAL			
유교	IF DEATH OCCURRED IN ☐ Inpatient ☐ Emergency		□ Dead on Arriva								nt's home □O	ther (Sp	ecify):
٩	15. FACILITY NAME (If not			1	16. CITY OR								COUNTY OF DEATH
					19. PLACE (or bispos	NTION (No.		lani orami	Noor olb	or place)		
	18. METHOD OF DISPOSIT □ Donation □ Entombre				Is. PLACE	or Diaros	on tota (Nac	nie oi ceme	tery, Gena	atory, ou	ist place)		
	Other (Specify):				<u> </u>								
	20. LOCATION-CITY, TOV	/N, AND STATE		21.	NAME AND C	OMPLETE	ADDRESS	OF FUNE	RAL FACIL	.ITY			
	22. SIGNATURE OF FUNE	RAL SERVICE LICI	ENSEE OR OTH	ER AGENT							23. LICENSE	NUMBE	R (Of Licensee)
	ITEMS 24-28 MUST			•							25. TIME PROI	NOUNC	ED DEAD
	WHO PRONOUNCE				<u> </u>						<u></u>		
	26. SIGNATURE OF PERS	ON PRONOUNCIN	IG DEATH (Only	when applic	cable)	27.	. LICENSE	NUMBER	28.	DATE S	IGNED (Mo/Day	·/Yt)	
	29. ACTUAL OR PRESUM	ED DATE OF DEAT	тн		30. ACT	UAL OR P	RESUMED	TIME OF D	EATH	31	. WAS MEDICA	L EXA	MINER OR
	(Mo/Day/Yr) (Spell Month	2, -, 1	. 200	13						l	CORONER CO	ONTAC	ED? OYes ON
	Janua	217	CAUSE OF		Soo Instru	ctions a	nd ovan	nnloe)					Approximate interval:
	32. PART I. Enter the <u>charespiratory arrest</u> , or v necessary. IMMEDIATE CAUSE (Finadisease or condition—resulting in death) Sequentially list conditions if any, leading to the caus	entricular hibrillation	Cong ast	est Puntor	as a consequer	heo	Enter only	Fa	i Lu	ro ro	ditional lines if		
	listed on line a. Enter the UNDERLYING CAUSE	c		•	•	•							
	(disease or injury that initiated the events resulting	- <u> </u>		Due to (o	r as a conseque	nce of):							
	in death) LAST	d											
	PART II. Enter other signific	ant conditions cont	ributing to death	but not resu	ulting in the unde	erlying cau	se given in I	PART I.	3	3. WAS	AN AUTOPSY I		RMED?
To Be Completed By: MEDICAL CERTIFIER									13	34. WERE AUTOPSY FINDINGS AVAILABLE TO CO			
₽₩	Pheumania										SE OF DEATH?	D Y	es 🗆 No
Be Completed By DICAL CERTIFIER	35. DID TOBACCO USE C	ONTRIBUTE TO	36. IF FEI					37	. MANNE	R OF DE	ATH		
E 7	DEATH?			pregnant wi Inant at time	thin past year				Natural	ОНо	omicide		
ပ္စ္က ຽ	Yes D Probabi	y	1		ut pregnant withi	in 42 days	of death	- 11	☐ Accider	at 🗆 Pe	ending Investigat	tion	
E E	□ Na □ Unknow	n	□ Not	□ Not pregnant, but pregnant 43 days to 1 year before death □ Suit							ould not be deter		
유뿔			□ Unk	nown if preg	gnant within the	past year							
	38. DATE OF INJURY (Mo/Day/Yr) (Spell Mon		39. TIME OF IN	JURY 40.	PLACE OF INJ	URY (e.g.,	Decedent's	home; con	struction s	ite; resta	urant; wooded a	rea)	41. INJURY AT WOR
													□ Yes □ No
	42. LOCATION OF INJURY	: State:			City or Town:								
	Street & Number:						Apart	tment No.:			Zip Code:	T4 T101	HINDY COPCIEV
	43. DESCRIBE HOW INJU	RY OCCURRED:									Driver/Operator	IAIIOI	I INJURY, SPECIFY:
										.] 🗆	Passenger Pedestrian		
											Other (Specify)		
	45. CERTIFIER (Check only	-											
	☐ Certifying physician-To ☐ Pronouncing & Certifyi	ng physician-To the	best of my know	vledge, deal	th occurred at th	e time, dal	e, and place	e, and due	to the caus	e(s) and	manner stated.		
	Medical Examiner/Coro	ner-On the basis o	f examination, ar	nd/or igvesti	gation, in my op	ipjon, deat	h occurred a	at the time,	date, and	place, an	d due to the cau	ıse(s) a	nd manner stated.
	Signature of certifier:	>\60\1	17 LL	TING		-00V	100						
	46. NAME, ADDRESS, AND	ZIP DOUE OF PE	ROUN COMPLE	ING CAUS	C OF DEATH (I	tem 32)							్ట్
	1												
	47 TITLE OF CERTIFIER	48 LICENSI	E NUMBER		49. DATE	E CERTIFIE	ED (Mo/Da)	y/ Yr)	50.	FORTE	GISTRAR ONLY	- DATE	FILED (Mo/Day/Yr)
		1 (1 ~)											

CHAPTER IV EXERCISE 3

FORMAT

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

-	OCAL FILE NO		s if any) (First, Middl	le, Last)	STATE FILE NO. / 00005				
		I4b. UNDER 1	VEAD 14	c. UNDER 1 DAY	I S DATE O	F BIRTH (Mo/Day/Yr)	F BIPTUS	CE (City and State	or Foreign Country)
	4a. AGE-Last Birthday (Years)				5. DATE O	F BIRTH (Mo/Day/Yr)	6. BIRTHPU	ICE (City and State	or Poreign Country)
	Q'1	Months		lours Minutes			1	0.040.00.00	NACHARAS SAGE (CARACTA
	7a. RESIDENCE-STATE		7b. COUNTY			7c. CITY OR TOW	N	$T \sim \mathbb{R}^2$	
	7d. STREET AND NUMBER				7e. APT. NO.	71. ZIP CODE	- 345		INSIDE CITY LIMITS?
B.	8. EVER IN US	I MARITAL STA	ATUS AT TIME OF D	FATH	10 SURVIVING SE	OUSE'S NAME (IF	vile, give name		□ Yes □ No
P S	ARMED FORCES?		farried, but separate			(
Veri	11. FATHER'S NAME (Firs		lever Married D Un	known	12. MOTHER'S NA	ME PRIOR TO FIR	ST MARRIAGE	(First, Middle, Las	0
혈								The state of the s	
Completed/Verified JNERAL DIRECTOR	13a. INFORMANT'S NAME		13b. RELAT	TONSHIP TO DECEDEN	IT 13c. M/	VILING ADDRESS (S	Street and Num	ber, City, State, Zi	p Code)
e Completed/Verified FUNERAL DIRECTOR	TE DE LEVI COCUPATION	AUGCDITAL		14. PLACE OF DEATH	(Check only one: se	e instructions)			
8 [IF DEATH OCCURRED IN ☐ Inpatient ☐ Emergency	Room/Outpatient [☐ Dead on Arrival	☐ Hospice facility	☐ Nursing home/Lo	ng term care facility		home Other (Specify):
P	15. FACILITY NAME (If not	institution, give stre	eet & number)	16. CITY OR T	OWN, STATE, AND	ZIP CODE		11	. COUNTY OF DEATH
	18. METHOD OF DISPOSIT	TION: D Burial D	Cremation	19. PLACE O	F DISPOSITION (N	ame of cemetery, cre	ematory, other	place)	
	☐ Donation ☐ Entombr ☐ Other (Specify):				,				
	20. LOCATION-CITY, TOV	WN, AND STATE		21. NAME AND CO	OMPLETE ADDRES	S OF FUNERAL FA	CILITY		
	22. SIGNATURE OF FUNE	RAL SERVICE LIC	ENSEE OR OTHER	AGENT			23	LICENSE NUM	BER (Of Licensee)
	J. J. J. J. J. J. J. J. J. J. J. J. J. J								
	ITEMS 24-28 MUST			ON 24. DATE PRO	NOUNCED DEAD	(Mo/Day/Yr)	25	TIME PRONOUN	ICED DEAD
	WHO PRONOUNC				27. LICENS		DATE OF	IED (MelDon M.)	
	26. SIGNATURE OF PERS	IED (Mo/Day/Yr)							
1	29. ACTUAL OR PRESUM		ГН	30. ACT	UAL OR PRESUME	D TIME OF DEATH	31. V	VAS MEDICAL EX	AMINER OR
	(Mo/Day/Yr) (Spell Month		2003	3			٥	ORONER CONTA	CTED? DYes DA
	Sequentially list condition if any, leading to the cau- listed on line a. Enter the UNDERLYING CAUSE (disease or injury that	- O-	Chre	te to (or as a consequer	10 phri	tis			
	initialed the events result in death) LAST	ling 4							
	PART II. Enter other signifi				enying cause given	n PART I.	33. WAS A	AUTOPSY PERF	ORMED?
÷ 	1	_	-1 V	dNE9				Yes DNo	GS AVAILABLE TO CO
2 =	(AA	ICER	OF KI	an z 9			THE CAUSE	OF DEATH?	Yes O No
Be Completed By: DICAL CERTIFIER	35. DID TOBACCO USE	CONTRIBUTE TO	36. IF FEMAL			37. MAN	NER OF DEAT	н	
E 3	DEATH?		1	gnant within past year nt at time of death		O Nat	ural D Hom	cide	
To Be Cor	O Yes O Probat	•		gnant, but pregnant with	in 42 days of death	□ Acc	ident Pend	ing Investigation	
MED OF	O No C Unkno	wn		gnant, but pregnant 43 d		death D Sui	Suicide Could not be determined		
- 2	DATE OF HUMBY			wn if pregnant within the RY 40. PLACE OF INJ		t's home: construction	on site: restaur	int: wooded area)	41. INJURY AT WO
1	38. DATE OF INJURY (Mo/Day/Yr) (Spell Mo	nth)	SS. TIME OF INSOR		orri (a.g., o accoun		0		□ Yes □ No
	42. LOCATION OF INJUR	V: Stule:	7,700,500	City or Town:					
	42. LOCATION OF INJUR Street & Number:	1. Quant.		Sty u tolli.	. Ap	artment No.:		Zip Code:	<u> </u>
	43. DESCRIBE HOW INJ	URY OCCURRED:						TRANSPORTATiver/Operator	ON INJURY, SPECIFY:
							O Pa	ssenger destrian	
								her (Specify)	
	45. CERTIFIER (Check on		Line Employee						
				irred due to the cause(s) dge, death occurred at th			cause(s) and m	anner stated.	Land manner states
	☐ Medical Examiner/Co	roner-On the basis	of examination, and	or investigation, in my op	inion, death occur	ed at the time, date,	and place, and	due to the cause(s) and manner stated.
	Signature of certifier:				Item 32)				
									_
	47. TIDE OF CERTIFIER	48. LICENS	SE NUMBER	49. DAT	E CERTIFIED (Mo/	Day/Yr)	50. FOR REGI	STRAR ONLY- DA	TE FILED (Mo/Day/Yr
1	1 moren						-		

CHAPTER IV EXERCISE 3

FORMAT

	1. DECEDENT'S LEGAL NAM	ME (Include AKA)	if any) (First,	Middle, Last)				2 SEX	3. SOCIAL SECU	RITY NUMBER			
	4a. AGE-Last Birthday (Years)	46. UNDER 1	YEAR		ER 1 DAY	5. DATE O	F BIRTH (Mo/Day)	6. BIRTHE	LACE (City and State	or Foreign Country)			
	54	Months	Days	Hours	Minutes								
	7a. RESIDENCE-STATE		76. COUNT	Y			76. CITY OR TO	WN		natai - ital			
P .	7d. STREET AND NUMBER				8 1 3 1 3 1 4 1 1 1 3 4 4 6 1	7e. APT. NO.	100000000000000000000000000000000000000	2	0	INSIDE CITY LIMITS? Yes No			
E &	& EVER IN US ARMED FORCES?	9. MARITAL STA				SURVIVING SE	OUSE'S NAME	If wife, give na	ne prior to first marriag	je)			
erific	□ Yes □ No	□ Married □ N □ Divorced □ N							GE (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 N	iffiber, City, State, Zip	Code)			
Be C	IF DEATH OCCURRED IN A			IF	ACE OF DEATH (CI DEATH OCCURRE	D SOMEWHER	E OTHER THAN						
To B	□ Inpatient □ Emergency Ro 15. FACILITY NAME (if not in	noom/Outpatient	Dead on Arri	val D	Hospice facility 16. CITY OR TOV			ity U Deceden	I's home Other (S)	COUNTY OF DEAT			
	18. METHOD OF DISPOSITION Donation Dentombre Other (Specify):	ON: D Burial C ent D Removal fro	Cremation m State	_	19. PLACE OF C	ISPOSITION (N	ame of cemetery,	crematory, other	er place)	and the second of the			
	20. LOCATION-CITY, TOWN, AND STATE 21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY												
	22. SIGNATURE OF FUNER	AL SERVICE LIC	ENSEE OR OT	HER AGEN					23. LICENSE NUMB	ER (Of Licensee)			
								·	25. TIME PRONOUNC	SED DEAD			
	ITEMS 24-28 MUST E WHO PRONOUNCE	S OR CERTI	FIES DEAT	ТН	24. DATE PRONO								
	26. SIGNATURE OF PERSO	ON PRONOUNCIN	IG DEATH (On	ly when appl	icable)	27. LICENS	E NUMBER	28. DATE S	GNED (Mo/Day/Yr)				
	29. ACTUAL OR PRESUME		ТН		30. ACTUAL	OR PRESUME	D TIME OF DEAT	H 31	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 15 SM	of):	(1 ver						
	(disease or injury that initiated the events resulting in death) LAST	9 4		Due to (or as a consequence	ori:	<u>. 155</u> - 155 - 15						
Completed By:	PART II. Enter other significa	ant conditions con	tributing to dea	ith but not re	sulting in the underly	ing cause given	in PART I.	34 WER	AN AUTOPSY PERFO Yes D No E AUTOPSY FINDING SE OF DEATH? D	S AVAILABLE TO CO			
e H	35. DID TOBACCO USP C	ONTRIBUTE TO		EMALE:	vithin past year		37. N	ANNER OF DE	ATH				
				regnant at tin			1.4		omicide				
	□ No □ Unknown	•			but pregnant within 4 but pregnant 43 days		1		ending Investigation ould not be determined				
8 2	1		1										
	38. DATE OF INJURY (Mo/Day/Yr) (Spell Moni	dh)			egnant within the pas 0. PLACE OF INJUR	t year	nt's home; constru	ction site; resta	urant; wooded area)	41. INJURY AT WO			
8 2	38. DATE OF INJURY (Mo/Day/Yr) (Spell Moni				0. PLACE OF INJUR	t year	nt's home; constru	ction site; resta	urant; wooded area)	41. INJURY AT WO			
8 2	38. DATE OF INJURY					t year Y (e.g., Deceder	nt's home; constru		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 TRANSPORTATK Driver/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 TRANSPORTATION Driver/Operator 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	noccurred de	O. PLACE OF INJUR City or Town:	Y (e.g., Deceder	artment No.:	44 0 0 0 0	Zip Code: IF TRANSPORTATIO Driver/Operator Passenger Padestrian Other (Specify) manner stated.	O Yes O No			
8 2	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	h 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, date, and p nn, death occurr	artment No.:	44 0 0 0 0	Zip Code: IF TRANSPORTATIO Driver/Operator Passenger Padestrian Other (Specify) manner stated.	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:

Pneumonia

Al: Lobar pneumonia

The above should be entered into SuperMICAR as:

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)
- 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

 \parallel

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

```
I a Carcinomatosis
b Primary site prostate carcinomatosis
c
d
```

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
 - С
 - 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
 - С
 - 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

С

d

II Twin B

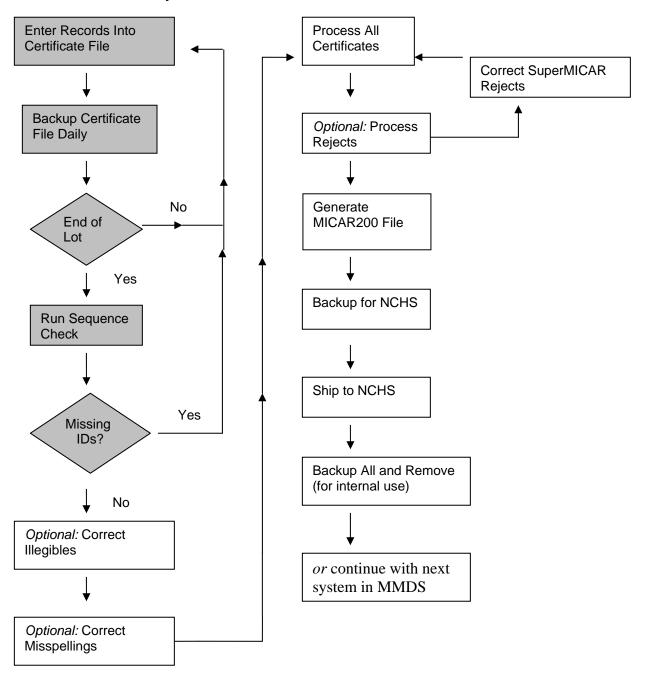
Information on multiple births may appear in the "Name" block or on the side of certificate. Enter as last entry in Part II.

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.

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



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.

- 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 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> <u>AND SAVING CERTIFICATE DATA</u>.
 - 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.

A. INSTRUCTIONS FOR IDENTIFYING, STANDARDIZING AND ENTERING EXTERNAL CAUSES (PROMPTS)

External causes include deaths involving motor and other vehicles, boats, aircraft, falls, fires, natural and environmental factors, firearms and machinery. Typically, when an injury is reported on a certificate or when accident, suicide or homicide is indicated, a separate description of the circumstances causing the injury (external cause) will be found.

Because of the difficulty of interpreting external causes, Appendix H is organized in the form of programmed instruction tutorials, referred to as "prompts," that lead the SuperMICAR data entry operator to include and to arrange properly only the information relevant to MICAR. Reference numbers are provided for each component of the external cause phrase and when strung together, uniquely identify the combination of components for a given external cause. External cause information may be reported in Part I, Part II, and/or in the space provided for "How injury Occurred." The prompts are entered in the data entry position corresponding to the location where the information regarding the external cause is first mentioned.

The following example illustrates a certificate that requires the use of prompts:

- I (a) Crushed skull
 - (b) Fracture of arm
 - (c) Car hit bridge

Place of Injury: highway

How injury occurred:

Driver lost control and passenger thrown from the car and killed when car hit bridge.

The external cause information relevant to the MICAR system is that a car hit an object on the highway and that the victim was a passenger. This information combines the entry reported in Section I on line (c) and the data reported in "How Injury Occurred" block. This entry will be made on the AI screen using {F9}. Prompts can only be entered on the AI screen.

The ">" (greater than) symbol is used to indicate the beginning of the prompt. If the data entry operator is using the SuperMICAR Data Entry System, entering ">>" will call the prompts to the screen. After all questions pertinent to the specific prompt have been entered, the PC will return to the original screen. If the prompts are being used manually, the data entry operator will turn to the first page of Appendix H in this manual after entering the ">" and follow the instructions given there. The word "STOP" will indicate that all pertinent information has been entered.

In the above illustration, the external cause information is first reported on line (c) (or line 3) in Part I; therefore, ">" or ">>" is entered at this position of the MICAR input record. The first information to be determined is the type of external cause involved, which is "TRANSPORTS" based upon the information "car hit bridge." If the prompts are being used manually, the data entry operator is instructed to refer to Appendix H.

TRANSPORT: B

1. Type of vehicle:

Motor Vehicle Designed Primarily for On-road Use:

Enter **01** Automobile (car, minivan, minibus)

2. Location of transport at the time of the accident:

Enter **01 On highway** (Being driven on, left, ran off: highway, street, road, military reservation, alley, Route #, roadway)

3. Had a collision with:

3a. Collision with

Enter 66: Object normally on highway (Tree, bridge,

abutment, overpass, ditch, post, guardrail, mailbox,

weight station, welcome center)

3b. Location of transport at time of collision

Enter **01 ON HIGHWAY**

4. Other circumstances

4a. Involving vehicle

Enter 01 LOSS OF CONTROL OF VEHICLE

(DERAILMENT, OVERTURNED, SKIDDED, RAN

OFF ROAD)

4b. Involving victim

Enter **08** THROWN FROM

5. Decedent Information:

5a. Status of decedent

Enter **02 PASSENGER**

5b. Decedent was occupant of which vehicle

Enter **01** Automobile (car, minivan, minibus)

The correct entry in standardized MICAR nomenclature will look like:

>B0101660101080201.

When using prompts, note the following:

The set of reference numbers for the external cause must be preceded by the ">" symbol and the category letter, e.g. >M0104," or by entering ">>" and using the drop down menu. Enter the symbol for that category and follow questions for that category.

- 2. The prompt must be entered on the AI screen, {F9}, where the first mention of the external cause is reported, whether in Part I, Part II or in the space provided for "How Injury Occurred."
- 3. All information used in the prompt must be deleted from the Al certificate. Terms that imply both injury and external cause are listed in Appendix G. These terms should not be deleted.

Example: I (a) Pneumonia

(b) Hip Fracture

(c)

(d)

II How injury occurred: Fall on Stairs, Fracture

Go to Al Screen (F9)

Add Prompt in How injury occurred block and delete external information.

I a Pneumonia

b Hip Fracture

С

d

II How Injury Occurred: >002; Fracture

4. Prompts may be entered during initial data entry or during SuperMICAR reject processing. Since the system does utilize some prompts (gunshots, falls, and drownings), adding prompts during reject review will lessen the number of prompts required.

Example

I (a) Hip Fracture, Contusion

(b) Fall

How injury occurred: Fell down stairs, Head Injury

Go to Al Screen (F9)

I a Hip Fracture, Contusion

b >002

How injury occurred: Head Injury

5. If an injury is reported with no description of the circumstances surrounding it, or if the circumstances of the external cause are <u>fully described</u> in the injury (i.e. insect bite), then there is no need to access the external cause prompts.

If uncertain whether a term under consideration should be treated as an injury or external cause, first check Appendix G. If the term is repeated on other lines or in Part II or How injury Occurred, repeat in the position reported. When these terms are the only reported entry or are reported with diseases, with no detailed description of circumstances no reference to the prompts is necessary. If any additional information is mentioned anywhere on the record, a prompt must be used

Examples of terms in Appendix G.

- 1. I (a) Drowning
 - (b)
 - (c)
 - (d)

- 2. I (a) Suffocation
 - (b)
 - (c)
 - (d)
 - II Hypertension, Diabetes

B. SUPERMICAR PROMPTS

The following chart presents the number of questions which are required to generate a complete prompt for each of the 18 categories and the total number of numeric digits that will be in each prompt.

	Content	Questions	Digits
Α	Cataclysmic Events causing any Accident or Injury	1	2
В	Transports	8	16
С	Fire and Flames	6	12
D	Explosions	1	2
Е	Excessive Exposure to Natural and Environmental Factors	1	2
F	Bites, Stings, Poisoning, Reactions to, Other injuries by Animals and Plants	2	4
G	Hot Substance or Object, Caustic or Corrosive Material and Steam	1	2
Н	Electrical Current	1	2
I	Firearms	Do not use I	prompt
J	Exposure to Radiation	1	2
K	Drowning or Submersion with Activities in Water	Do not use K	(prompt
L	Circumstances Involving Suffocation, Strangulation, Obstruction, Aspiration, Choking or Asphyxiation	Do not use L	. prompt
М	Tools, Appliances and Sharp Objects (Includes Lawn Mowers.)	2	4
N	Machinery in Operation	1	2
0	Falling, Diving, Jumping, Pushed	Do not use C) prompt
Р	Abuse, Assault, Abandonment, Neglect	2	4
Q	Legal Interventions and Operations of War	1	2
R	Other	1	2

C. EXAMPLES OF SELECTED PROMPTS

Prompt - Transports

Example 1

- I (a) Blunt Impact of head
 - (b)
 - (c)
 - (d)

П

How injury occurred: Bicyclist struck by a motor vehicle Place of injury: Street

- 1. Enter as stated on certificate without prompt
- 2. Change to Al screen {F9}
- 3. Screen will appear red by default (can be changed in options) with already entered information
- 4. Add prompt using ">>" and the drop down menu or ">" and the prompt from Appendix H, where external cause is first stated.
- 5. Use all information on certificate to enter prompt
- 6. Delete any information used in prompt (See list of terms not to be deleted in Appendix G)

Note: For all certificates with prompts repeat Steps 1 - 6

Completed AI Certificate will read:

- I (a) Blunt impact to head
 - (b)
 - (c)
 - (d)

Ш

How injury occurred: >B5701060199069957

Example 2

- I (a) Pneumonia
 - (b) Fractures of Pelvis and femur
 - (c) MVA
 - (d)

II Intra-abdominal injuries

How injury occurred: Hit by truck while walking across the roadway.

Completed AI Certificate will read:

- I a Pneumonia
 - b Fractures of pelvis and femur
 - c >B02016503990607SS

d

II Intra-abdominal Injuries

How injury occurred:

Example 3

- I a Multiple Fractures and Lacerations
 - b Blunt trauma of head, torso, extremities
 - c Motor Vehicle collision with tree

d

How injury occurred: Driver of jeep which left road

Completed AI certificate will read:

- I (a) Multiple fractures and Lacerations
 - (b) Blunt trauma of head, torso, extremities
 - (c) >B0101660201990101
 - (d)

How injury occurred:

Example 4

- I (a) Multiple fractures and visceral injuries
 - (b) Blunt impact injuries of head, neck and chest
 - (c) Auto versus tractor trailer accident
- II Subdural Hematoma

How injury occurred: Driver of car in collision, crushed

Place of Injury: Route 66

Completed AI certificate will read:

- I a Multiple fractures and visceral injuries
 - b Blunt impact injuries of head, neck and chest
 - c >B0101040199990101
- II Subdural hematoma

How injury occurred: Crushed

Prompt - Fire and Flame

Example 5

- I (a) Smoke Inhalation
 - (b)
 - (c)
 - (d)

II Third degree burns of body

How injury Occurred: House fire (Space heater ignited chair)

Completed AI certificate will read:

- I a Smoke Inhalation
 - b
 - С
 - C

II Third degree burns of body

How injury occurred: >C55SS01019930

Example 6

- I (a) Asphyxia
 - (b) Smoke Inhalation
 - (c) Third degree burns
 - (d) Clothing caught fire; Third Degree Burns

How injury occurred: Caught fire from standing too close to a candle

Place of injury: Home

Completed AI certificate will read:

- I a Asphyxia
 - b Smoke Inhalation
 - c Third degree burns
 - d >C20SS01022330; Third Degree Burns

How injury occurred:

Prompt – Others

Example 7

- I (a) Crushed chest
 - (b) Car fell on him
 - (c)
 - (d)

How injury occurred: Car fell on him while he was working under it.

Completed AI certificate will read:

- I a Crushed chest
 - b >R01

Example 8

- I (a) Cardiac arrest
 - (b) Head wound
 - (c) Struck by falling tree
- II Fractured skull

How injury occurred: Struck by tree limb while trimming tree.

Completed AI certificate will read:

- I. a. Cardiac arrest
 - b. Head wound
 - c. >R01
- II. Fractured skull

Multiple Prompts On One Certificate

It is possible to have more than one prompt on a record; however, this is the exception rather than the rule. To determine which prompt to use when it appears more than one prompt is reported, always check the excludes/includes notes under each of the prompts.

A. CATACLYSMIC EVENTS CAUSING ANY ACCIDENT OR INJURY

(Cataclysmic event <u>must</u> <u>be</u> in progress at time of accident and be a direct cause of the injury)

Excludes: (1) An injury caused by fall of tree or other object, caused by lightning. Reselect R.

- (2) Lightning resulting in fire. Reselect C.
- (3) A transport accident involving a collision with landslide or avalanche. Reselect B.

Includes: A transport washed off the road by storm

C. FIRE AND FLAMES

Excludes: Fire caused by transport accident. Reselect B.

D. EXPLOSIONS (Burned by, blistered by, knocked down by, fell because of)

Excludes: (1) An explosion involving a transport. Reselect B.

(2) An explosion involving machinery. Reselect N.

F. BITES, STINGS, POISONING, REACTIONS TO, OTHER INJURIES BY ANIMALS AND PLANTS

Includes: Butted by, gored by, pecked by, stung by, bitten by, run over by, stepped on by, fallen on by, kicked by.

G. HOT SUBSTANCE OR OBJECT, CAUSTIC OR CORROSIVE MATERIAL, AND STEAM (Scalded by, burned by, fell onto)

Excludes: Heat caused by a fire. Reselect C.

H. ELECTRICAL CURRENT (Burn, cardiac fibrillation, convulsion, electric shock, electrocution, puncture wound, respiratory paralysis)

Includes: (1) Transport accidents where victim is clear of vehicle

(2) Machinery contacting electrical current

J. EXPOSURE TO RADIATION (Overexposure to, exposure to, burns from, blistering, burning)

Excludes: Medical procedures, medical therapy, radiation therapy, etc. Follow

general MICAR data entry rules.

K. DROWNING OR SUBMERSION WITH ACTIVITIES IN WATER

(SPORTS, COMMERCE, RESCUE, BATHING) (fell, walked in, while in)

Excludes: (1) Accidents involving transports. Reselect B.

(2) Accidents involving machinery. Reselect N.

M. TOOLS, APPLIANCES, AND SHARP OBJECTS

Excludes: (1) Accidents involving broken glass caused by EXPLOSION.

Reselect D.

(2) Accidents involving broken glass caused by discharge of

FIREARM. Reselect I.

Includes: Accidents involving lawn mower, powered or unpowered

N. MACHINERY IN OPERATION (Overturned, ran over, fell in, fell on, crushed, pinned under, cut by)

Excludes: Machinery on traffic way. Reselect B

- O. FALLING, DIVING, JUMPING, PUSHED (Fell, fall, dove, diving, jumped, was pushed)
 - **Excludes:** (1) Fall involving vehicles. Reselect B.
 - (2) Fall into fire. Reselect C.
 - (3) Fall onto/into hot liquid or hot object. Reselect G.
 - (4) Fall involving drowning. Reselect K.
 - (5) Fall onto/into sharp objects or broken glass. Reselect M.
 - (6) Fall involving Machinery. Reselect N.
 - (7) Tripping or stumbling without mention of fall. Reselect R.

P. ABUSE, ASSAULT, ABANDONMENT, NEGLECT

Excludes: Transports. Reselect B.

R. Other

Example 9

- I (a) Drown (b) (c) (d)
- II.

How injury occurred: Fell into river while white water rafting

Completed AI certificate will read:

- I (a) Drown
 - (b)
 - (c)
 - (d)

Ш

How injury occurred: >B3008SSSS9909930
This record has one prompt only. Both the K prompt and the O

prompt exclude accidents involving transports (white water rafting is a type of transport).

Example 10

- I (a) Hemorrhagic Shock
 - (b) Internal Hemorrhage, massive
 - (c) Stab wounds of Left chest and abdomen
 - (d)
- II None

How injury occurred: Beaten and Stabbed by assailants

Completed AI certificate will read:

- I a Hemorrhagic Shock
 - b Internal Hemorrhage, massive
 - c Stab wounds of left chest and abdomen

d

II None

How injury occurred: >P0399; stabbed

Example 11

- I (a) Hemorrhagic shock
 - (b) Hemothorax right side of heart
 - (c) GSW of chest
 - (d)
- II None

How injury occurred: Shot with revolver in chest during attack with knife by burglar. Stabbed

Completed AI certificate will read:

- I a Hemorrhagic shock
 - b Hemothorax right side of heart
 - c GSW of chest
- II None

How injury occurred: Shot; >I0505; >M0104; Stabbed

D. Exercise 4: Entering External Cause Prompts

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 42 have been entered (See page 110-151).

File Name: TEST004

Header Information:

Shipment Number: 004
Lot Number; 0004
Section Number: 1

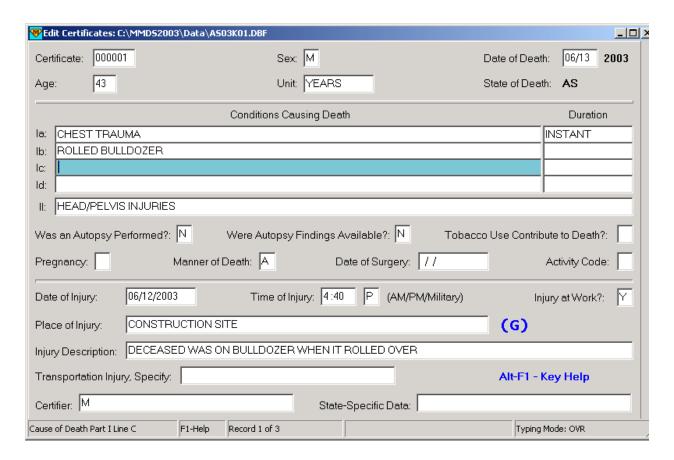
Data Year: 2006

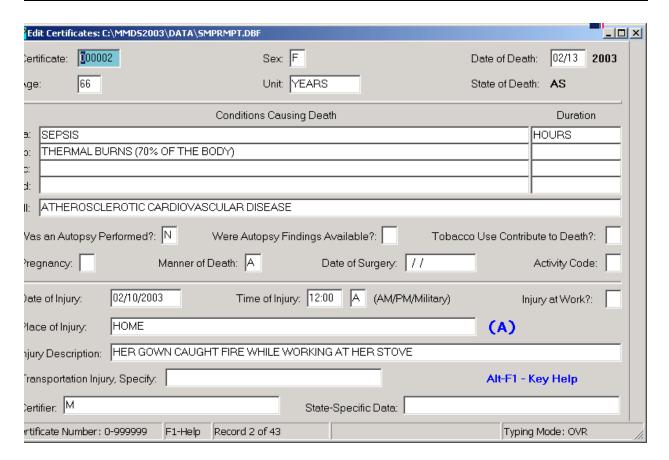
State Code: AL (or post office abbreviation for any

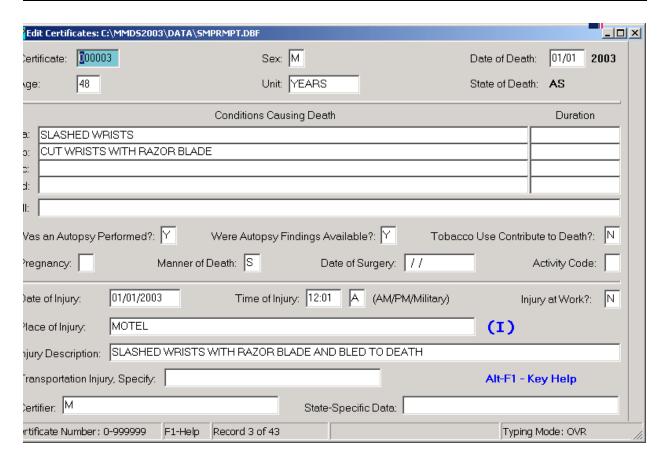
state)

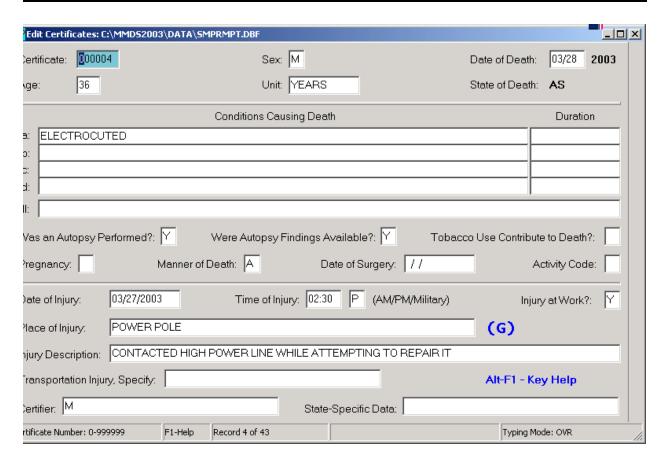
Coder Status: 1

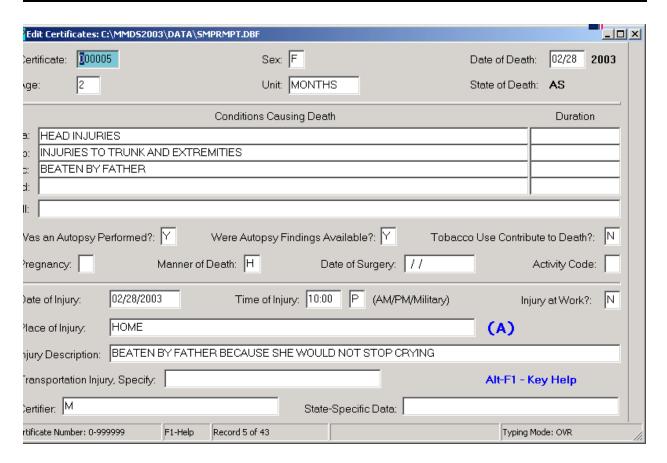
<u>Use current date and year for date of death and date of injury for all certificates</u>

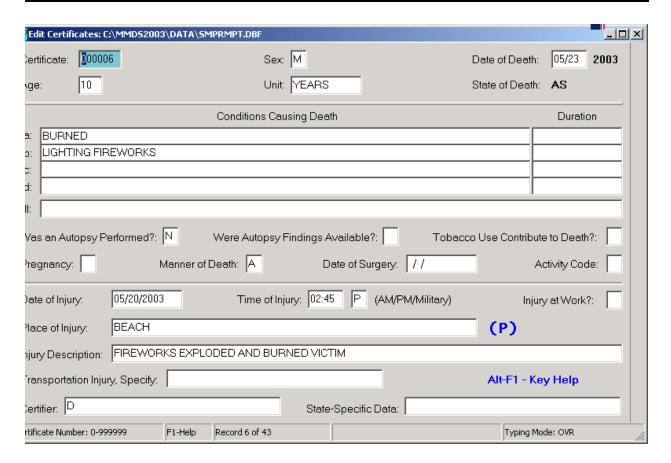


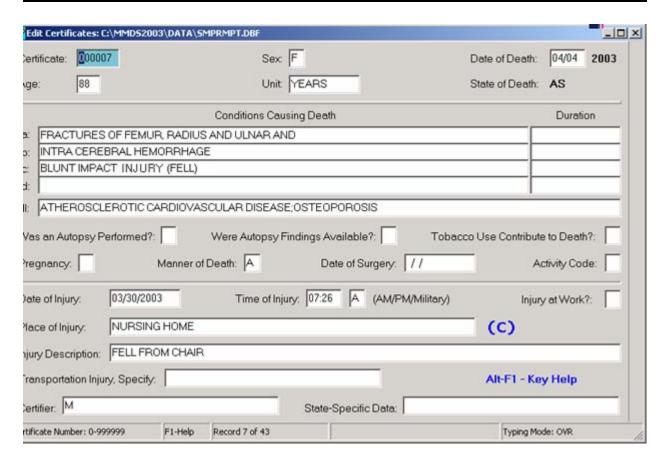


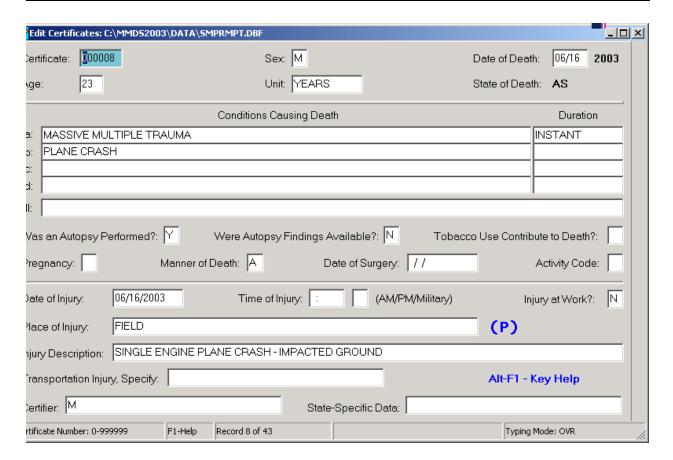


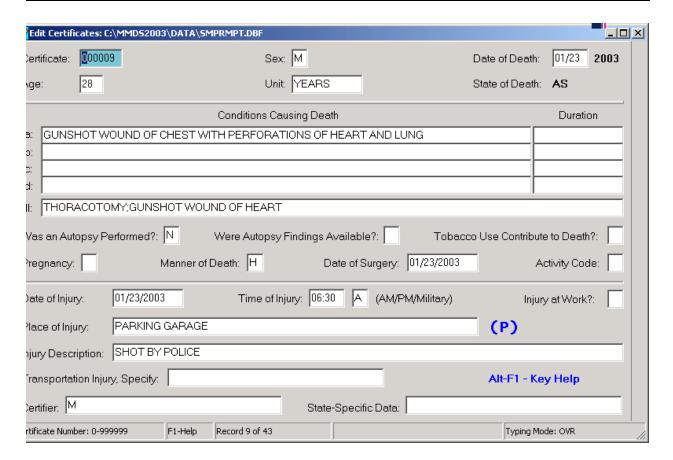


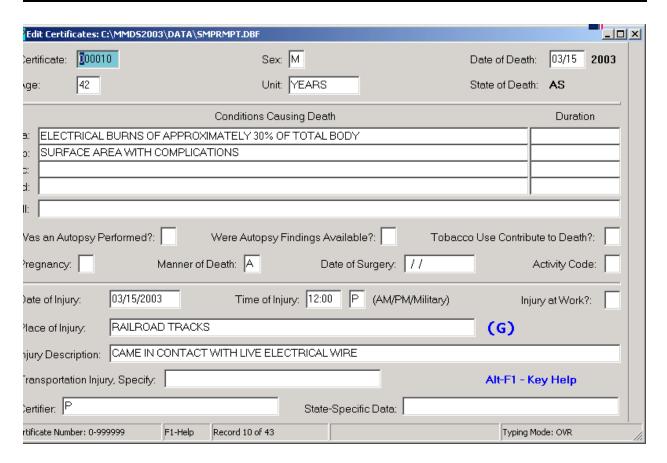


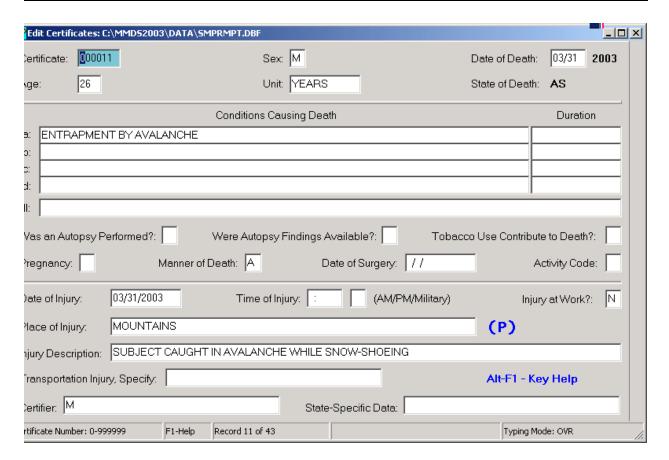




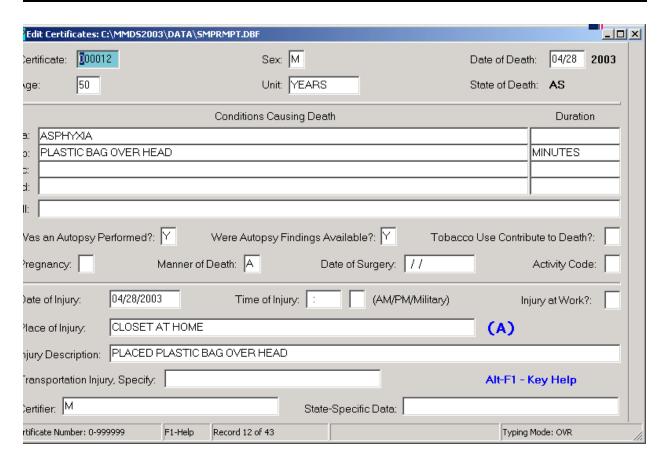


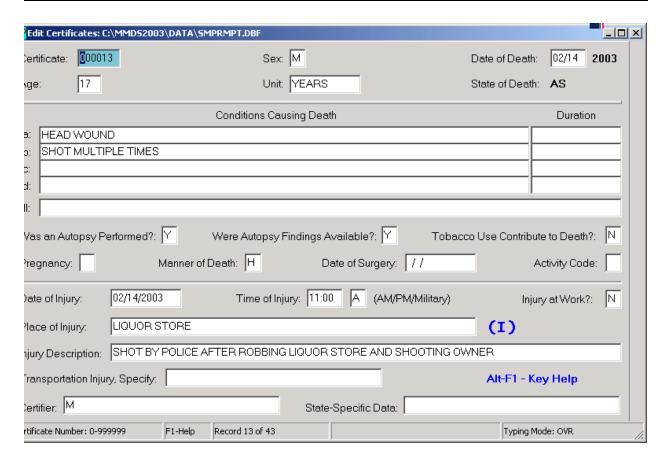


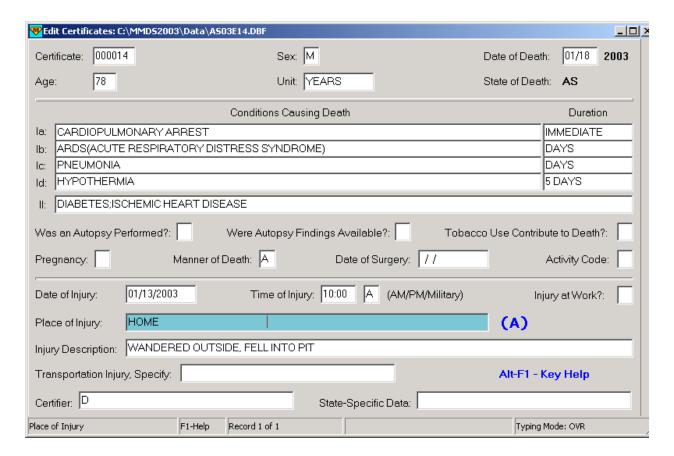




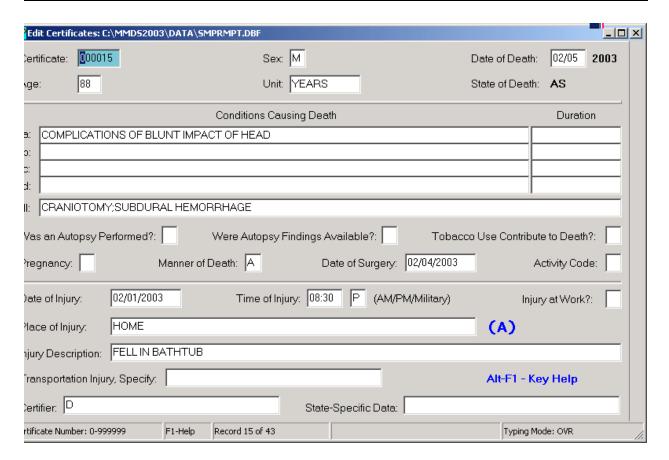
122

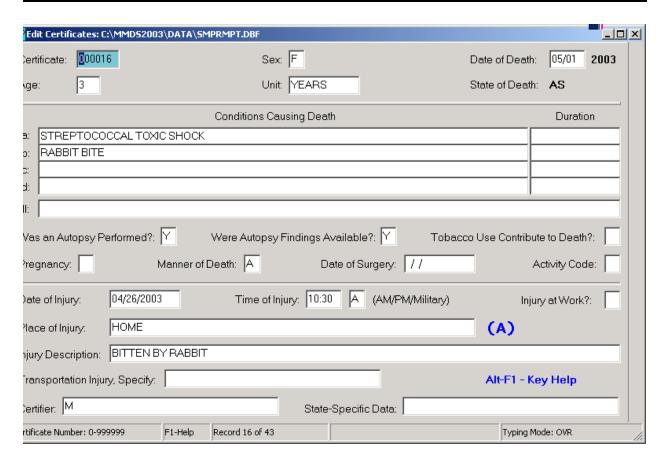


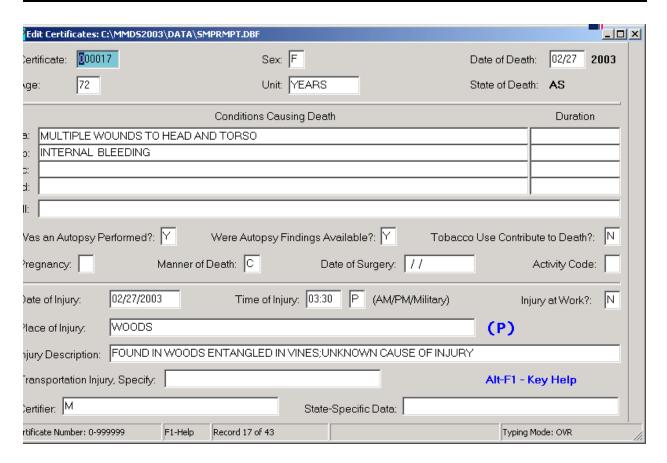


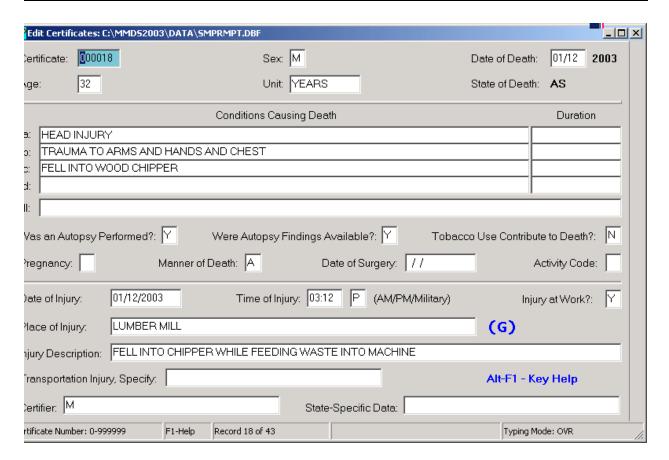


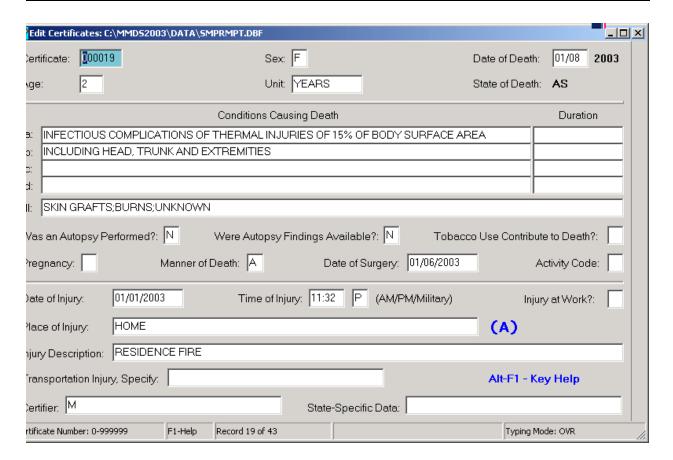
125

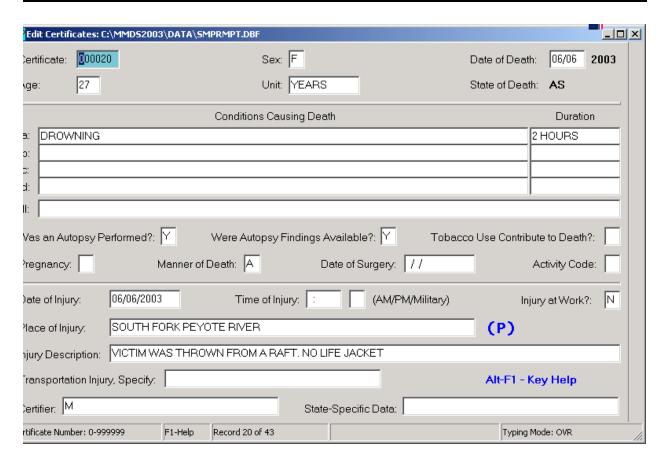


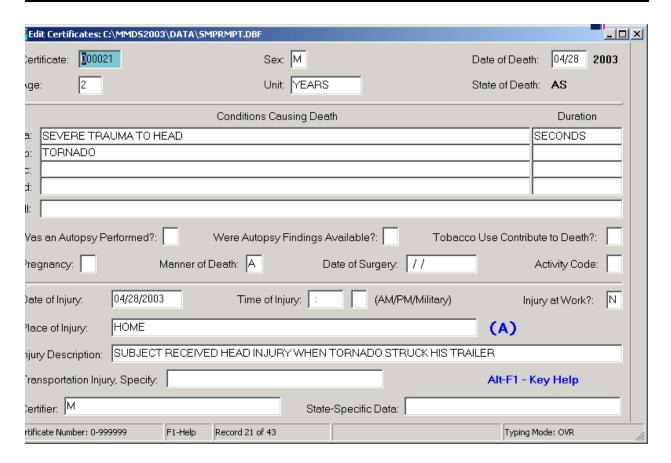


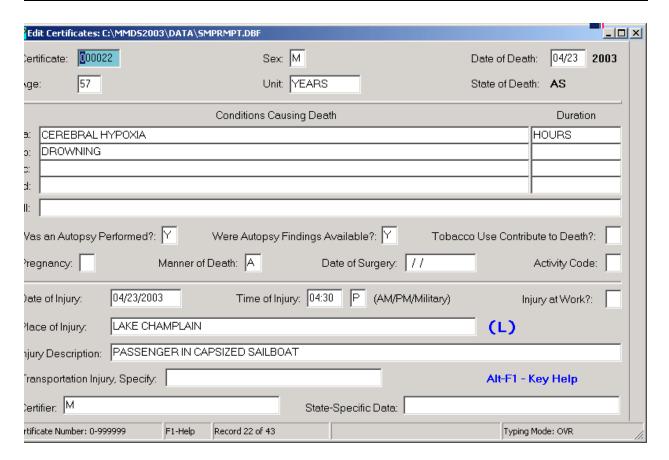


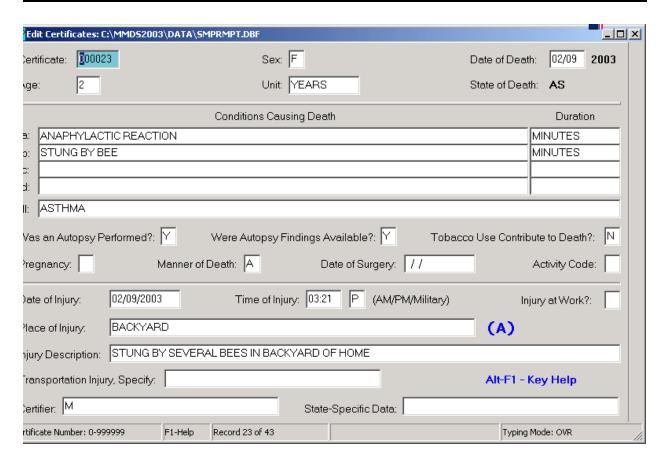


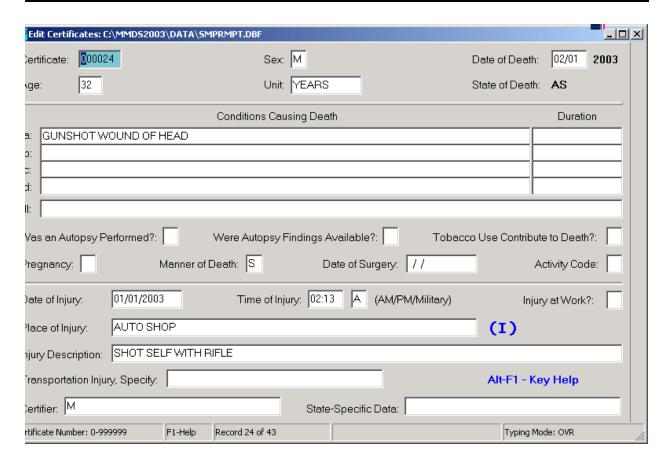


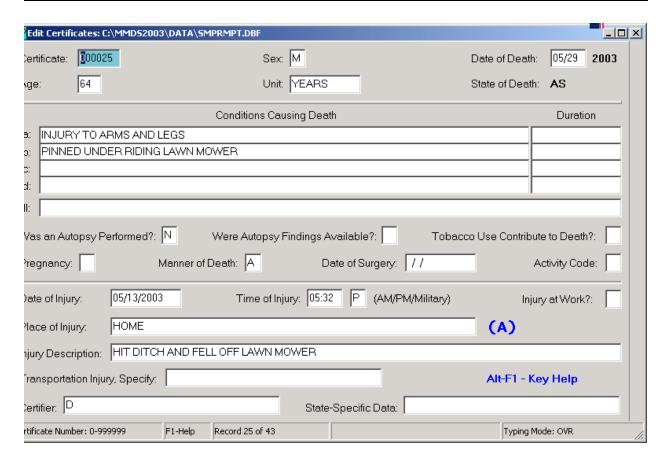


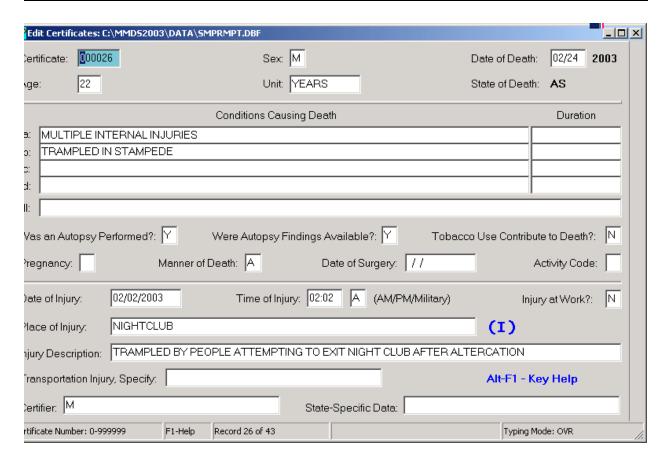


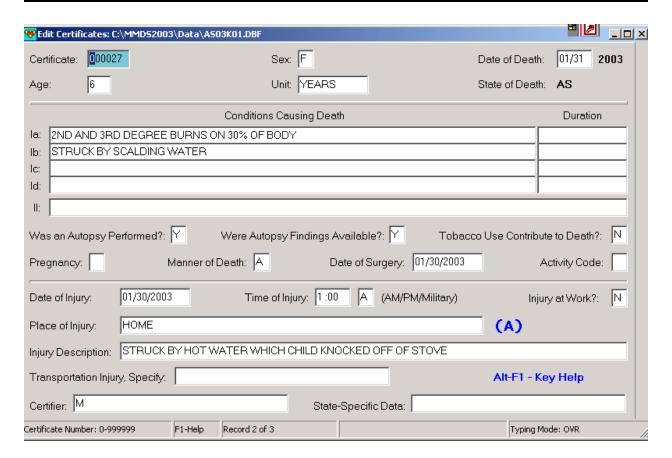


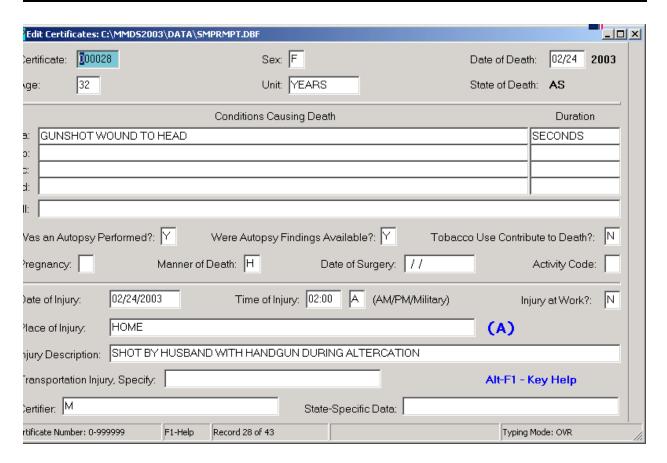


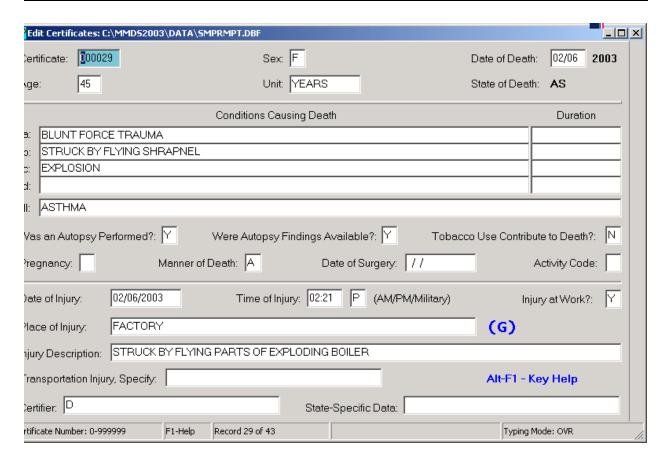


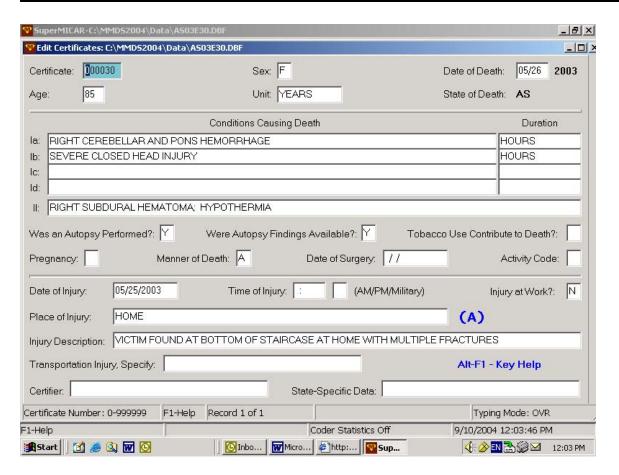


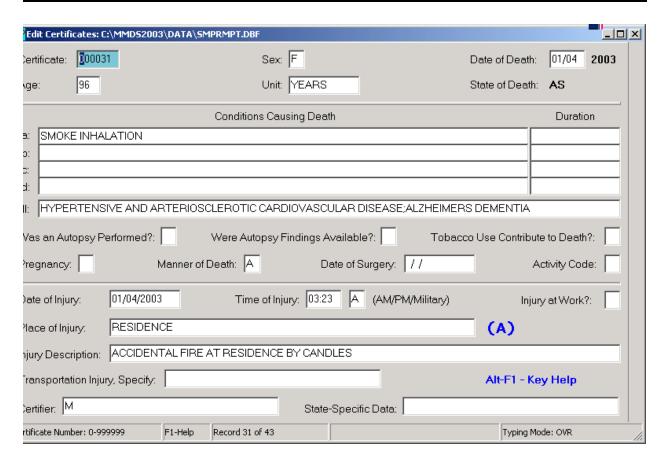




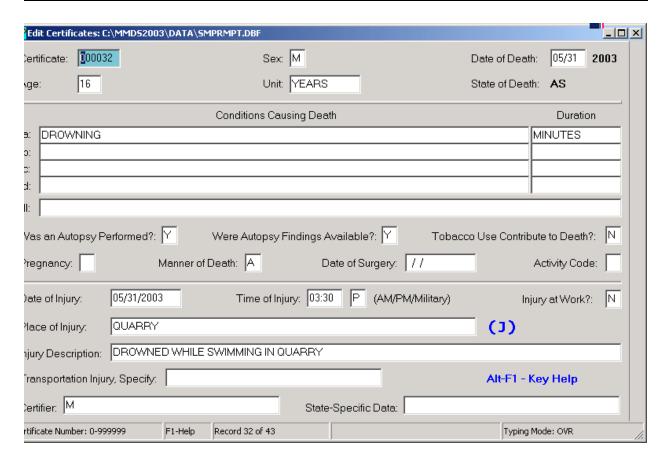


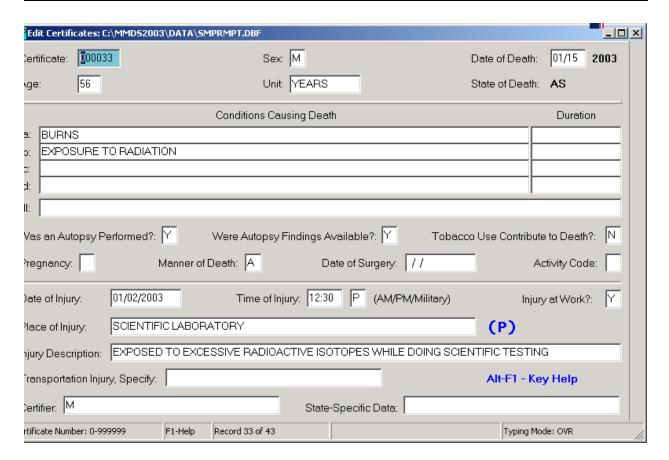


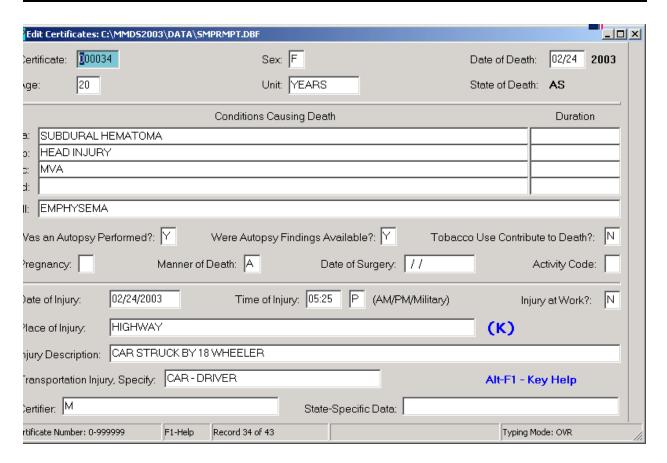


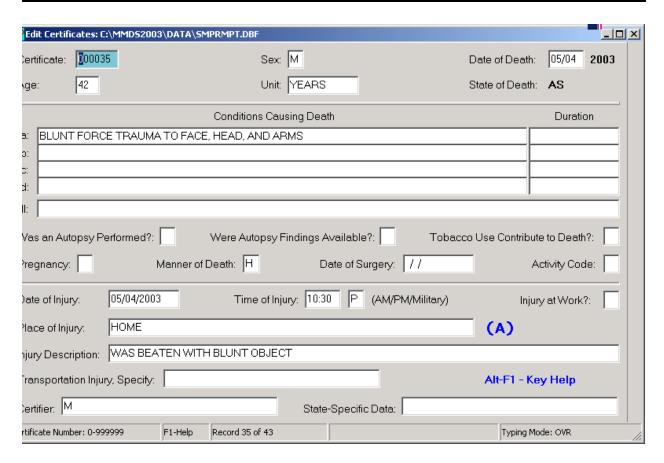


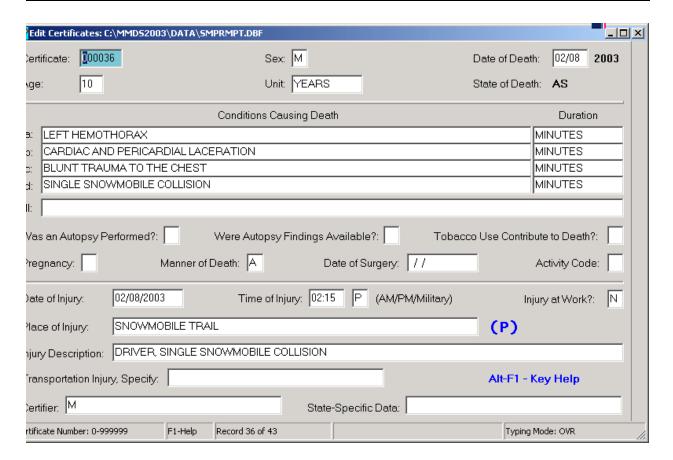
142

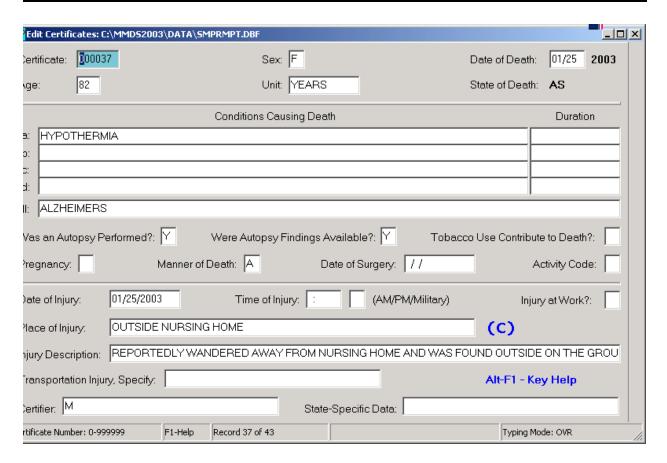


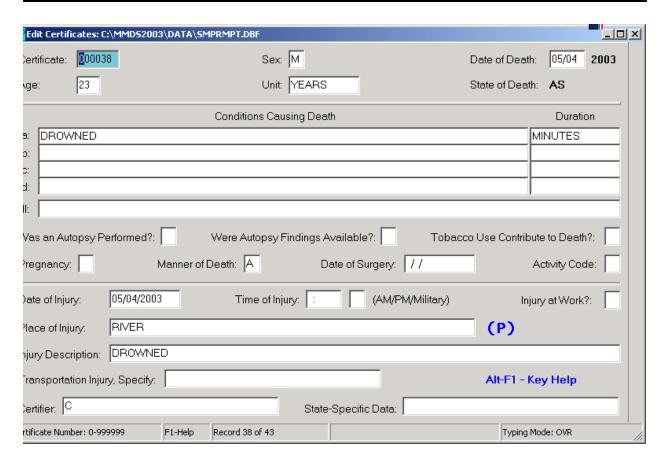


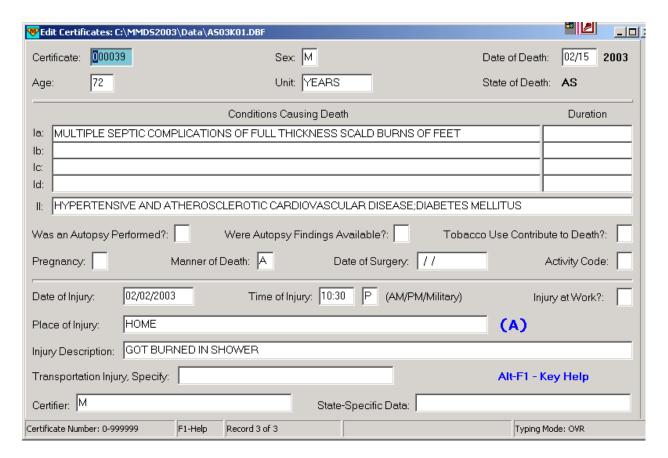


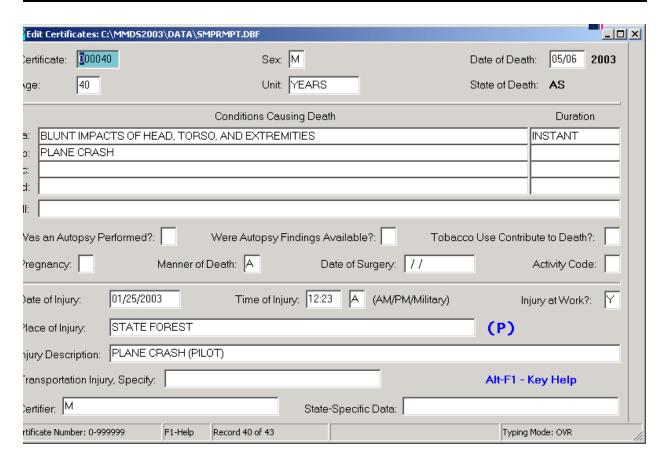


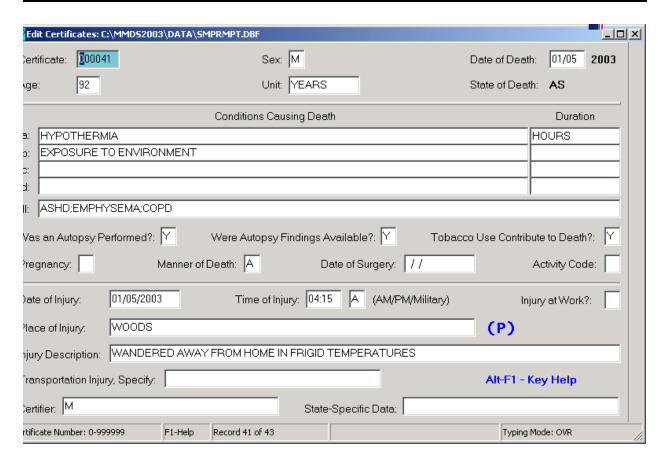






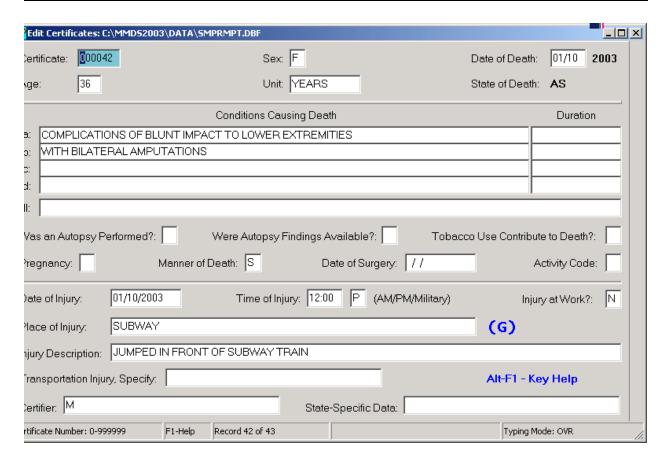






Certificate 41

2s



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APPENDIX A HOT KEY LIST

Hotkeys Accessible from Main Screen

File: New Ctrl + F2

Open F2

CloseCtrl + F4ImportShift + F8ExportShift + F7DeleteCtrl + DRestoreAlt + F8ExitAlt + 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

2s

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

State	<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 Camer	A.C.		
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."
- \rightarrow 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	key this ABBREVIATION
Abdominal aortic aneurysm	AAA
Above Knee Amputation	
Acquired Immunodeficiency Syndrome	
Acquired Immune Deficiency S	
Acquired Immunity Deficiency S	•
Acute Myocardial Infarction	=
Acute Renal Failure	ARENFA
Adenocarcinoma	ACA
Adult Onset Diabetes Mellitus	AODM
Adult Respiratory Distress Syndrome	ARDS
Alcohol	
Alcoholism	ALC
Alzheimer's type senile dementia	SDAT
Amyotrophic Lateral Sclerosis	
Arteriosclerosis	AS
Arteriosclerosis Obliterans	ASO
Arteriosclerotic Cardiovascular Disease	ASCVD
Arteriosclerotic Cardiovascular Renal Disea	seASCVRD
Arteriosclerotic Coronary Artery Disease	ASCAD
Arteriosclerotic Coronary Disease	ASCD
Arteriosclerotic Coronary Heart Disease	
Arteriosclerotic Heart Disease	
Arteriosclerotic Hypertensive Cardiovascula	
Arteriosclerotic Hypertensive Heart Disease	
Arteriosclerotic Hypertensive Vascular Dise	ase AHVD
Arteriosclerotic Peripheral Vascular Disease	
Arteriosclerotic Vascular Disease	
Arteriosclerotic Vascular Heart Disease	
Asphyxiation	ASPH
Aspiration	
Atherosclerosis	
Atherosclerotic Cardiovascular Disease	
Atherosclerotic Coronary Artery Disease	
Atherosclerotic Heart Disease	
Atherosclerotic Vascular Disease	ΔT\/D

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	CFA
Cardiomyopathy	CMY
Cardiopulmonary Arrest	CPAR
Cardiopulmonary Failure	CPFA
Cardiorespiratory Arrest	CRAR
Cardiorespiratory Failure	CRFA
Central Nervous System	CNS
Cerebral Hemorrhage	CERHEM
Cerebral Infarction	CERI
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 .	COPD
Chronic Obstructive Pulmonary Emphyser	ma COPE
Chronic Organic Brain Syndrome	COBS
Chronic Renal Failure	
Coal Worker's Pneumoconiosis	CWP
Colon or Colonic Adenocarcinoma	CADENO
Colon Carcinoma	COLCAR
Congestive Heart Failure	CHF
Coronary Arteriosclerosis	CORAS

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	DM
Disseminated Intravascular Coagulation	DIC
Disease	DZ
Edema	
Electromechanical Dissociation	EMD
Emphysema	
End Stage Renal Disease	ESRD
Fever Unknown Origin	FUO
Fracture	FX
Gastric Hemorrhage	GHEM
Gastrointestinal	GI
Gastrointestinal Hemorrhage	GIHEM
Gastroesophageal	
Generalized	
Gunshot Wound	GSW
Heart Failure	HFA
Hemorrhage (Never for Hemorrhagic!)	
High Blood Pressure	
Human Immunodeficiency Virus	
Hyaline Membrane Disease	
Hypertension	
Hypertensive Arteriosclerotic Cardiovascu	
Hypertensive Arteriosclerotic Heart Disease	
Hypertensive Arteriosclerotic Vascular Dis	
Hypertensive Heart Disease	
Hypertensive Vascular Disease	HVD

If this TERM is on a certificatekey this ABBREVIATION

Influenza	. FLU
Insufficiency	. INSUF
Insulin Dependent Diabetes	
Insulin Dependent Diabetes Mellitus	
Intraventricular Hemorrhage	. IVH
Ischemic Heart Disease	
Left	. LT
Left Bundle Branch Block	. LBBB
Left Lower Lobe	. LLL
Left Middle Lobe	. LML
Left Upper lobe	. LUL
Liver Cancer	. LIVCA
Liver Carcinoma	. LIVCAR
Liver Cirrhosis	. LIVCIR
Lower Lobe	
Lung Adenocarcinoma	
Lung Cancer	
Lung Carcinoma	
Lupus Erythematosus	
Malignant	
Malignant Hypertension	
Malnutrition	
Metastatic (this is the <u>only</u> acceptable abbreviation for this)	
Metastases (this is the <u>only</u> acceptable abbreviation for this)	
Metastasis (this is the <u>only</u> acceptable abbreviation for this)	
Metastatic Adenocarcinoma	
Metastatic Breast Carcinoma	
Metastatic Bronchogenic Carcinoma	
Metastatic Cancer	
Metastatic Carcinoma	
Metastatic Lung Cancer	
Metastatic Lung Carcinoma	
Metastatic Prostate (or Prostatic) Carcinoma	
Mycobacterium Avium Intracellulare	
Myocardial Infarction	
Negative	. NEG

If this 7	FERM is on	a certificate	key	/ this /	ABBREV	<i>'IATION</i>
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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	
Ovarian Carcinoma	
Pancreatic Carcinoma	PANCAR
Patent Ductus Arteriosus	PDA
Peripheral Vascular Disease	PVD
Pneumonia	
Post Operative	PO
Prematurity	PREM
Prolonged Prothrombin Time	PPT
Prostatic Cancer	PRCA
Prostatic Carcinoma	PRCAR
Pulmonary	PUL
Pulmonary Embolism	PULEM
Renal Failure	RENFA
Respiratory	RESP
Respiratory Arrest	RAR
Respiratory Distress Syndrome	RDS
Respiratory Failure	RFA
Rheumatic Heart Disease	RHD
Right	RT
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	
Small Bowel Obstruction	SBO
Stab Wound	
Staphylococcal, Staphylococcus	STAPH
Status Post	
Stomach Carcinoma	
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

ACANTHOLYSIS ABDOMINALIS ABDOMINIS ACANTHOSIS ABDOMINOCENTESIS **ACCELERATED**

ABDOMINOPERINEAL **ACCESS**

ABDOMINORECTAL **ACCESSORY** ABDOMINOSIGMOIDAL ACCRETA **ABDOMINOTHORACIC ACCRETIO** ABDOMINOVESICAL ACEPHALIA **ACEPHALIC** ABDUCTION ABERRANT ACEPHALISM **ACEPHALUS** ABERRATION **ACEPHALY** ABLATIO **ABLATION** ACETABULAR **ACETABULUM** ABNORMAL

ACETAMINOPHEN ABNORMALITIES **ACETONE** ABNORMALITY **ABORTION ACETONEMIA**

ACETYLENE ABORTUS

ABOVE ACETYLSALICYLIC

ABRASION ACHALASIA

ABRASIONS ACHLORHYDRIC ABRUPTIO ACHONDROPLASIA ABRUPTION **ACHONDROPLASTIC**

ABS **ACHYLIA ACID ABSCESS**

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

F-2

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

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

AGRANULOCYTIC ALVEOLARCAPILLARY

AGRANULOCYTOSIS ALVEOLI ALVEOLITIS AGYRIA AILMENT **ALVEOLUS ALZHEIMER** AIRWAY **ALZHEIMERS AIRWAYS AKINETIC AMANTADINE** ALACTASIA **AMAUROSIS ALACTASIS AMAUROTIC**

ALBA AMBLYOPIA
ALBERS AMBULATE
ALBERTINI AMEBIC

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
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

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

ANORECTAL ANTONS
ANORECTAL ANTONS
ANORECTAL ANTONS
ANTONS
ANTONS
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ANTONS

ANOXEMIA ANTRITIS

ANOXEMIC ANTROGASTRIC

ANOXIA ANTRUM
ANOXIC ANURIA
ANTAGONIST ANURIC
ANTECUBITAL ANUS
ANTEPARTUM ANXIETY

ANTERIOLATERAL AORTA
ANTERIOR AORTAILIAC

ANTERIOR AORTAILIAC ANTERIOSEPTAL AORTIC

ANTERO AORTICOPULMONARY

ANTEROLATERAL AORTITIS
ANTEROSEPTAL AORTO

ANTEVERSION AORTOBIFEMORAL

ANTHONYS AORTOCAVAL

ANTHRACOSILICOSIS AORTOCORONARY
ANTHRACOSIS AORTOCUTANEOUS
ANTIBIOTIC AORTOENTERIC

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
APHAGIA
APHASIA
APHASIC
APHEMIA
APHONIA
APICAL
ARMS
ARMS
ARNOLD
ARREST
ARREST
ARREST
ARRESTED
ARRHYTHMIA
ARRHYTHMIC
ARRILLAGA

APICAL ARRILLAGA
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
ARTERIOGRAPH
APPENDICEAL
APPENDICITIS
APPENDIX
ARTERIOLES
ARTERIOLES
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

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
BEDSORE
BALLOON
BEDSORES

BAND
BEE
BANDING
BEER
BANDS
BEHCETS
BANTIS
BELLADONNA

BAR
BARBITAL
BARBITURATE
BARDET
BARDET
BELLS
BELLY
BELOW
BENEDIKTS

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 BLOCH
BILATERALLY BLOCK
BILE BLOCKAGE
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
BOWEL
BOYDII
BRACHIAL
BRACHYCARDIA
BRACHYCEPHALY
BRONCHIOLE
BRONCHIOLE
BRONCHIOLE
BRONCHIOLE
BRONCHIOLITIS

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 CALCIFICATION

BULLA CALCIFICATION **BULLAE** CALCIFIED **BULLOSA CALCINOSIS** BULLOSUM CALCIUM BULLOUS CALCIURIA BUNDLE CALCULI CALCULOUS BURDEN 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
CARDIAC
CARDIAC
CARDIAC
CARDIAC
CARDIAC

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
CARDIOMYOPATHY
CARDIONEPHRITIS
CATATONIC
CARDIONEPHROPATHY
CATHETER

CARDIONEPHROSIS CATHETERIZATION

CARDIOPATHY CATTAN
CARDIOPULMONARY CAUDA
CARDIORENAL CAUSE
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

CEPHALGIA
CEPHALHEMATOMA
CEPHALIC
CEPHALITIS
CEPHALOCELE
CEPHALOMALACIA
CEREBELLAR
CHARCOT
CHARCOTS
CHARCOTS

CEREBELLOPONTINE CHARRED

CHAUFFARD CHOLANGITIC CHOLANGITIS

CHEEK CHOLECYSTDOCHOLITHIASIS

CHELONEI CHOLECYSTECTOMY

CHEMICAL CHOLECYSTIC CHEMISTRY CHOLECYSTITIS

CHEMODECTOMA CHOLECYSTOCOLONIC CHEMOTHERAPEUTIC CHOLECYSTOLITHIASIS CHOLECYSTOTOMY

CHEST CHOLEDOCHAL
CHEYNE CHOLEDOCHITIS

CHIARI CHOLEDOCHODUODENAL

CHIARIS CHOLEDOCHODUODENOSTOMY
CHIASMA CHOLEDOCHOJEJUNOSTOMY

CHICKEN CHOLEDOCHOLITH

CHILD CHOLEDOCHOLITHIASIS
CHILDBIRTH CHOLEDOCHOSTOMY

CHILDHOOD CHOLELITHIASIS
CHILLS CHOLELITHOTOMY

CHILLS CHOLELITHOTO
CHIN CHOLEMIA
CHLORAL CHOLEMIC

CHLORDIAZEPOXIDE CHOLERA

CHLORINE CHOLESTASIS
CHLOROFORM CHOLESTATIC
CHLOROMA CHOLESTEREMIA

CHLOROMAS CHOLESTEROL

CHLOROTIC CHOLESTEROLEMIA
CHLORPHENIRAMINE CHONDROCALCINOSIS
CHLORPROMAZINE CHONDRODYSPLASIA
CHONDRODYSTROPHIA

CHONDRODYSTROPHIA CHOKED CHONDRODYSTROPHY

CHOLANGIECTASIS CHONDROLYSIS
CHOLANGIOCARCINOMA CHONDROMALACIA
CHOLANGIOCARCINONA CHONDROMATOSIS

CHOLANGIOCARCINONA CHONDROMATOSIS
CHOLANGIOGRAM CHONDROSARCOMA

CHOLANGIOHEPATOMA CHORDAE
CHOLANGIOLITIC CHORDOMA
CHOLANGIOLITIS CHORDOTOMY

CHOLANGIOMA CHOREA

CHOREIFORM CLAUDICATION

CHOREOATHETOSIS CLAVICLE CHORIOAMNIONITIS CLAVICULAR

CHORIOCARCINOMA
CHORIOEPITHELIOMA
CHORIONIC
CHORIORETINITIS
CLEAR
CLEARED
CLEFT
CLIP

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

CILIARY

CIRCLE

CIRCULATING

CIRCULATION

CIRCULATORY

CLUBFOOT

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

COLIC COMMISSUROTOMY

COLIC COMMODE COLIFORM COMMON COLITIS COMMUNE

COLLAGEN COMMUNICATING

COLLAPSE COMMUNIS

COLLAPSED COMPENSATION COLLAR COMPENSATORY

COLLECTING COMPLETE
COLLES COMPLETION
COLLIERS COMPLEX
COLLINS COMPLICATING

COLLINS COMPLICATING
COLLIQUATIVE COMPLICATION
COLLOID COMPLICATIONS

COLOCUTANEOUS COMPOSITE
COLOENTERIC COMPOUND
COLOENTERITIS COMPRESSED

COLOMBIAN COMPRESSION
COLONIC COMPRESSIONAL
COLONIC 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
CONGENITAL
CONGESTED
CONVERSION
CONGESTION
CONGESTIVE
CONVULSIONS
CONGLOMERATE
CONVULSIVE
CONJOINED
COOLEYS
COOPERS

CONJUNCTIVAL COPPER CONJUNCTIVITIS COR CORAS CONNECTION CORAS CONNECTIVE CORD CORDIS

CONSCIOUSNESS CORDOTOMY

CONSEQUENT CORDS

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

CONTACT CORRECTED
CONTENTS CORRECTION
CONTINUA CORROSIVE
CONTINUAL CORTEX

CORTICOADRENAL CREVELD

CORTICOSTEROID CRICOARYTENOID

CORTICOSTEROIDS CRICOID
CORTICOSTRIATAL CRIPPLE
CORTISOL 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

CRANIOCEREBRAL CRYPTOGENETIC CRYPTOGENIC

CRANIOCLASIS CRYPTOSPORIDIOSIS

CRANIOENCEPHALON CURETTAGE CRANIOFACIAL CURLINGS

CRANIOMETAPHYSEAL CURSE

CRANIOPHARYNGEAL CURVATURE CRANIOPHARYNGIOMA CUSHING

CRANIOPHARYNGIOMA CUSHING
CRANIOTOMY CUSHINGOID

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

DISC

DIETARY DISCHARGE
DIETETIC DISCITIS
DIFFERENTIATED DISCOGENIC

DIFFICELE DISCOID

DIFFICILE DISCONNECTED

DIFFICULT DISEASE
DIFFICULTY DISEASED
DIFFUSA DISKITIS

DIFFUSE DISLOCATED
DIFFUSELY DISLOCATION
DIGESTIVE DISLOCATIONS
DIGHTON DISLOCATIONS

DIGITALIS DISLODGEMENT
DIGITOXIN DISLODGMENT
DIGOXIN DISMEMBERMENT
DILANTIN DISOPYRAMIDE

DILATATION DISORDER

DILATED DISORIENTATION

DILATION DISPLACED

DILUTIONAL DISPLACEMENT

DISRUPTION DOXYLAMINE

DISSECTED DRAGER

DISSECTING DRAIN DISSECTION DRAINAGE DISSEMINATED DRAINING DISSOCIATION DRANK

DISSOCIATIVE **DRESSERS** DISTAL **DRESSLERS**

DISTANT DRINK

DISTENSION **DRINKERS** DISTILLATE DRINKING DISTORTION DROMEDARY **DISTRESS** DROPPED DISTRIBUTION DROPSY DISTURBANCE DROWN DISTURBED DROWNED

DIVERSION **DROWSINESS** DIVERTICULA DRUG **DIVERTICULAR** DRUGS

DIURETIC

DIVERTICULECTOMY **DRUNKENNESS**

DIVERTICULI DRY **DIVERTICULITIS** DUBIN

DIVERTICULOSIS DUCHENNE DIVERTICULUM **DUCHENNES**

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

DORSAL DUODENECTOMY

DORSALIS DUODENITIS

DUODENOCHOLANGITIS DOUBLE

DOUGLAS DUODENUM

DOULOUREUX DURA **DOWNS** DURAL

DOXEPIN DURATION

DROWNING

DUST E DWARF 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

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
ELECTROMECHANICAL ENCEPHALOMENINGOMYELITIS

ELECTROMECHANICAL ENCEPHALOMENINGOMYELITIS ELECTROMYOGRAM ENCEPHALOMENINGOPATHY

ELECTRONIC ENCEPHALOMYELITIS ENCEPHALOMYELOCELE

ELEMENTS ENCEPHALOMYELOMENINGITIS ENCEPHALOMYELONEUROPATHY

ELEVATED ENCEPHALOMYELOPATHY

ELEVATION ENCEPHALOMYELORADICULONEURITIS

ELLIS ENCEPHALOMYELORADICULOPATHY
ELLISON ENCEPHALOPATHY
ELONGATED ENCHONDROSES

ELONGATION ENDARTERECTOMY
ELUCIDATED ENDARTERIAL
EMACIATION ENDARTERITIS

EMBARRASSMENT ENDMETRIOD
EMBOLECTOMY ENDOBRONCHIAL
EMBOLI ENDOCARDIAL
EMBOLIC ENDOCARDITIS
EMBOLISM ENDOCARDIUM

EMBOLISMS ENDOCERVICAL EMBOLIZATION ENDOCERVIX EMBOLUS ENDOCRINE

EMBRYOMA ENDOCRINOPATHIES

EMBRYONAL ENDODERMAL EMERGENCY 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 ENORESIS ENVIRONMENT

ENDOTRACHEAL ENVIRONMENTAL

ENDSCOPIC ENZYMATIC
ENDSTAGE ENZYME
ENEMA EOSINOPHIL
ENGELMANNS EOSINOPHILIA

ENGELMANNS EOSINOPHILIA ENGORGEMENT EOSINOPHILIC ENLARGED EPENDYMITIS

ENLARGEMENT EPENDYMOBLASTOMA

ENTERCOLITIS EPENDYMOMA ENTERECTOMY EPHEDRINE ENTERIC EPICARDIAL

ENTERITIS EPICARDITIS
ENTERO EPICARDIUM
ENTEROBACTERIAI EPIDEMIC

ENTEROBACTERIAL EPIDEMIC
ENTEROCELE EPIDERMAL
ENTEROCOCCAL EPIDERMIDIS
ENTEROCOCCI EPIDERMOID
ENTEROCOCCUS EPIDERMOLYSIS

ENTEROCOLIC 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 EQUIVALENT ESOPHAGOGASTRECTOMY

ERDHEIMS ESOPHAGOGASTRIC ESOPHAGOGASTRITIS

EROSION ESOPHAGOGASTRODUODENOSCOPY

EROSIVE ESOPHAGOGASTROSTOMY ESOPHAGOJEJUNOSTOMY

ERUPTED ESOPHAGOMALACIA ESOPHAGOSCOPY ERYTHEMA ESOPHAGOTRACHEAL

ERYTHEMATODES ESOPHAGUS

ESSENTIAL EXENTERATION

ESTROGEN EXERCISE
ETHANOL EXFOLIATIVE
ETHANOLIC EXHAUST
ETHANOLISM EXHAUSTION
ETHCHLORVYNOL EXOGENOUS

ETHER EXOMPHALOS
ETHMOID EXOPHTHALMIC
ETHMOIDAL EXOPHTHALMOS

ETHYL EXPANDING
ETHYLENE EXPANSION
ETHYLISM EXPLORATION
ETIOLOGY EXPLORATORY

EUROPEAN EXPOSED EUSTACHIAN EXPOSURE EVACUATE EXPRESSIVE

EVACUATED EXSANGUINATED EXACUATION EXSANGUINATING EXANS EXSANGUINATION

EVENT
EVENTRATION
EVERSION
EVERSION
EVISCERATION
EXTENSIVE
EXTERNAL

EWING EXTRA

EWINGS EXTRACORTICAL EXACERBATION EXTRACORTICALIS EXAGGERATED EXTRACRANIAL

EXAGGERATED EXTRACRANIAL 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

FATTY

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

EXTUBATION FASCIOTOMY EXUDATE FASCITIS

EXUDATIVE FAST
EYE FAT
EYEBALL FATAL
EYEBROW FATIGUE
EYELID FATIGUED

EYES FATNESS

F -FAUCESFABERSFAUCITISFABRYSFEATURESFACEFEBRILEFACIALFEBRILIS

FACIOCEPHALALGIA FECAL
FACIOSCAPULOHUMERAL FECALITH

FACTORS 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

FOLD FRICTION
FOLDS FRIDERICHSEN
FOLEY FRIEDLANDER
FOLIC FRIEDLANDERS
FOLLICLIS FRIEDREICHS
FOLLICULAR FROHLICHS
FONTAN FROINS

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
GALACTOSE GASTRINOMA

GALACTOSE GASTRINOM/ GALACTOSEMIA GASTRITIS GALACTOSURIA GASTRO

GALEN GASTROCARCINOMA GALL GASTROCOLIC

GALLBLADDER GASTROCOLITIS
GALLDUCT GASTROCUTANEOUS
GALLOP GASTRODUODENAL
GALLOPING GASTRODUODENITIS
GALLSTONE GASTROENTERIC

GALLSTONE GASTROENTERIC GALLSTONES GASTROENTERITIS

GAMMA GASTROENTEROCOLIC GAMMOGLOBULINOPATHY GASTROENTEROCOLITIS

GAMMOPATHY GASTROENTEROPATHY GAMNAS GASTROENTEROPTOSIS

GANDY GASTROENTEROSTOMY
GANGLIA GASTROESOPHAGEAL

GANGLIOMA GASTROESOPHAGITIS
GANGLION GASTROESPHAGEAL
GANGLIONITIS GASTROINTESTINAL

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
GASTROSTOMY
GASTROTOMY
GAUCHERS
GEHRIG
GLIOSIS
GLISSONS
GLOBAL
GLOBINURIA
GLOBULIN

GEHRIG GLOBULIN
GEHRIGS GLOBUS
GENERAL GLOMANG

GENERAL GLOMANGIOMA
GENERALIZED GLOMERULAR
GENES GLOMERULITIS
GENETIC GLOMERULO

GENICULATE GLOMERULONEPHRITIS

GENITAL GLOMERULONEPHROSCLEROSIS

GENITALIA GLOMERULOSCLEROSIS

GENITOURINARY GLOMUS GEOPHAGIA GLOSSAL

GEORGES GLOSSECTOMY

GERBODES GLOSSOPHARYNGEAL

GERHARDTS GLOTTIC
GERM GLOTTIS
GESTATION GLUCOSE
GESTATIONAL GLUCURONYL

GIANT GLUE
GIANTISM GLUTEAL
GIDDINESS GLUTEN

GIGANTISM GLUTETHIMIDE

GILBERTS
GILFORD
GINGIVA
GINGIVAL
GINGIVOSTOMATITIS
GLUTEUS
GLYCOGEN
GLYCOGENIC
GLYCOGENICA
GLYCOGENOSIS

GIRDLE GLYCOL
GLAND GLYCOLIPID
GLANDS GLYCOPENIA
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

GRAFTING GUT

GRAFT

GRAFTS GUTTMAN

GRAM GVH

GRAMS GYNECOLOGIC GRAN GYNECOLOGICAL

GRAND GYRI

GRANITE GRANULAR **H** -

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

GUNSHOT

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 HEMIANOPSIA

HEADACHE HEMIATROPHY
HEALED HEMIBALLISM
HEALING HEMIBLOCK
HEALTH HEMICARDIA

HEARING
HEART
HEAT
HEAVILY
HEAT
HEMICEPHALY
HEMICHOREA
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

HEMOBLASTIC HEPATOCHOLANGIOCARCINOMA

HEMOCHROMATOSIS HEPATOCHOLANGIOLITIC HEMODIALYSIS HEPATOCHOLANGITIS

HEMODYNAMIC HEPATOENCEPHALOPATHY

HEMOGLOBIN HEPATOJEJUNOSTOMY
HEMOGLOBINOPATHY HEPATOLENTICULAR

HEMOLYMPHANGIOMA HEPATOLIENAL HEMOLYSIS HEPATOMA

HEMOLYTIC HEPATOMEGALIA
HEMOMEDIASTIUM HEPATOMEGALY
HEMOPERICARDIA HEPATOPTOSIS

HEMOPERICARDIUM HEPATOPULMONARY

HEMOPERITONEUM HEPATORENAL HEMOPHILIA HEPATOSIS

HEMOPHILUS HEPATOSPLENIC

HEMOPNEUMOTHORAX HEPATOSPLENOMEGALY

HEMOPTYSIS
HEREDITARY
HEMORRHAGE
HEMORRHAGED
HERNIA
HEMORRHAGES
HERNIATED
HEMORRHAGIC
HEMORRHAGING
HERNIOPLASTY
HEMORRHOID
HERNIORRHAPHY

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

HIATUS HOOK

HICCOUGHS HORMONAL
HICKMAN HORMONE
HICKS HORN
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

HISTIOCYTOMA HUNG
HISTIOCYTOSIS HUNGER
HISTOCYTOMA HUNNERS
HISTOLYTICA HUNT

HISTOPLASMA HUNTER
HISTOPLASMOSIS HUNTERS

HISTORY HUNTINGTONS

HIVES HUNTS
HODGKIN HURLER
HODGKINS HURLERS
HODGSONS HURTHLE
HOFFMAN HUTCHINSON

HOFFMANN HYALINE
HOFFMANS HYDATID

HOLES HYDATIDIFORM
HOLLOW HYDRADENITIS
HOLOPROSENCEPHALY HYDRAMNIOS

HOLT HYDRANENCEPHALY

HOLTERMULLERHYDRATEHOMOGRAFTHYDREMIAHOMOLOGOUSHYDREMIC

HOMONYMOUS HYDRENCEPHALOCELE

HONEYCOMB HYDRENCEPHALOMENINGOCELE

HYDROCALYCOSIS HYPERACIDITY
HYDROCELE HYPERACTIVE

HYDROCEPHALUS HYPERACTIVITY

HYDROCEPHALY HYPERADRENALISM

HYDROCHLORIDE HYPERADRENOCORTICISM

HYDROCORTISONE HYPERALDOSTERONE HYDROENCEPHALOCELE HYPERALDOSTERONISM

HYDROENCEPHALOMENINGOCELE HYPERALIMENTATION

HYDROFLUORIC HYPERAMINOACIDURIA

HYDROHEMATOPNEUMOTHORAX HYPERAMMONEMIA HYDROHEMATOPX HYPERAZOTEMIA

HYDROMENINGOCELE HYPERBETALIPOPROTEINEMIA

HYDROMICROCEPHALY HYPERBILIRUBINEMIA

HYDROMORPHONE HYPERCALCEMIA
HYDROMPHALOS HYPERCALCEMIC
HYDROMYELOCELE HYPERCALEMIA

HYDROMYELOCELE
HYPERCALEMIA
HYDRONEPHROSIS
HYPERCAPNIA
HYDRONEPHROTIC
HYPERCARBIA

HYDROPERICARDITIS HYPERCHLOREMIA
HYDROPERICARDIUM HYPERCHLORHYDRIA
HYDROPERITONEUM HYPERCHOLESTERINEMIA

HYDROPHTHALMOS HYPERCHOLESTEROLEMIA
HYDROPNEUMOHEMOTHORAX HYPERCHOLESTEROLOSIS

HYDROPNEUMOPERICARDITIS HYPERCOAGULABILITY
HYDROPNEUMOPERICARDIUM HYPERCOAGULABLE

HYDROPNEUMOTHORAX HYPERCOAGULATION
HYDROPS HYPERCORTICOSTERONISM

HYDROPX HYPERCORTISONISM

HYDROPYONEPHROSIS HYPEREMESIS

HYDRORHACHIS HYPEREMIA

HYDROTHORAX HYPEREOSINOPHILIC HYDROURETER HYPEREXTENSION

HYDROURETERONEPHROSIS HYPERFIBRINOLYSIS
HYDROURETHRA HYPERFUNCTION

HYDROXYZINE HYPERGAMMAGLOBULINEMIA

HYGROMA HYPERGLOBULINEMIA
HYGROMAS HYPERGLYCEMIA

HYOID HYPERGLYCEMIC

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

HYPERLIPEMIA HYPERSUPRARENALISM
HYPERLIPIDEMIA HYPERSYMPATHETIC
HYPERLIPIDOSIS HYPERTELORISM
HYPERLIPOPROTEINEMIA HYPERTENSION
HYPERMAGNESEMIA HYPERTENSIVE
HYPERMATURITY HYPERTHERMIA

HYPERMOBILITY HYPERTHYROID
HYPERMOTILITY HYPERTHYROIDISM
HYPERNATREMIA HYPERTONICITY

HYPERNEPHROID HYPERTONY

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
HYPOIMMUNITY HYPOTHERMIA
HYPOKALEMIA HYPOTHYROID

HYPOKALEMIC HYPOTHYROIDISM

HYPOLEUKOCYTOSIS HYPOTONIA
HYPOMAGNESEMIA HYPOTONIC

HYPOMOTILITY HYPOTONICITY HYPOTONY

HYPOPARATHYROIDISM HYPOVENTILATION

HYPOPERFUSION HYPOVITAMINOSIS HYPOPHARYNGEAL HYPOVOLEMIA

HYPOPHARYNX HYPOVOLEMIC
HYPOPHOSPHATASIA HYPOXEMIA
HYPOPHOSPHATEMIA HYPOXEMIC

HYPOPHOSPHATEMIA HYPOXEM HYPOPHYSEAL HYPOXIA

HYPOPHYSECTOMY HYPOXIC

HYPOPHYSIS HYSTERECTOMY HYPOPIESIS HYSTERICAL

HYPOPINEALISM HYSTEROTOMY HYPOPITUITARISM

HYPOPLASIAS I-HYPOPLASTIC 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 IMMOBILIZATION

IIIB IMMUNE ILEAL IMMUNITY ILEITIS IMMUNO

ILEO IMMUNOBLASTIC

ILEOCECAL IMMUNOCOMPROMISED ILEOCECUM IMMUNODEFICIENCY IMMUNODEFICIENT ILEOCOLIC IMMUNODEFICIENY

ILEOCOLIC IMMUNODEFICIENY
ILEOCOLITIS IMMUNOGLOBULIN
ILEOCOLONIC IMMUNOLOGICAL

ILEOFEMORALIMMUNOSUPPRESSEDILEOJEJUNALIMMUNOSUPPRESSIONILEORECTALIMMUNOSUPPRESSIVE

ILEOSIGMOID IMPACT
ILEOSIGMOIDAL IMPACTED
ILEOSTOMY IMPACTION
ILEOVESICAL IMPAIRED

ILEUM IMPAIRMENT
ILEUS IMPEDIMENT
ILIAC IMPERFECT
ILIO IMPERFECTA

ILIOFEMORAL IMPERFORATE

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

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 INFECTIONS
INCOMPETENCY INFECTIONS

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 INSECT**

INFIRMITIES INSECTICIDE INFIRMITY INSERTED 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 INSULOMA INSULOMA

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 INTERSTITIAL

INTERTROCHANTER INTERTROCHANTERIC

INTERVENOUS

INTERVENTRICULAR

INTERVERTEBRAL

INTERVSD INTESTINAL **INTESTINALIS**

INTESTINE **INTESTINES**

INTESTINOCOLONIC

INTO

INTOLERANCE INTOXICATED

INTOXICATION

INTRA

INTRAABDOMEN

INTRAABDOMINAL

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 LACERATION LARYNGOTRACHEITIS

LACERATIONS LARYNGOTRACHEOBRONCHITIS

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

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

LANGERHANS LEAFLETS
LANGES LEAK

LAPAROSCOPY
LAPAROTOMY
LAPAROTOMY
LARGE
LARYNGEAL
LEAKAGE
LEAKING
LEAKY
LEBERS
LEBERS

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
LEUKOERYTHROBLASTIC
LEUKOERYTHROBLASTOSIS
LEUKOERYTHROSIS
LEUKOERYTHROSIS
LEUKOLYMPHOSARCOMA
LINEARIS
LINEARIS
LINEARIS
LINEARIS
LINEARIS
LINEARIS
LINES
LINEARIS
L

LEUKOMYELOBLASTIC LIP

LEUKOPENIA LIPASE
LEUKOPLAKIA LIPEDEMA
LEUKOPOLIOENCEPHALOPATHY LIPEMIA

LIPID LOBE

LIPIDOSIS LOBECTOMY

LIPOBLASTOMA LOBES

LIPOBLASTOMATOSIS LOBOTOMY LIPOCHONDRODYSTROPHY LOBULAR

LIPOFIBROMA LOCAL LIPOFUSCINOSIS LOCALIZED LIPOID LOCKJAW

LIPOIDEMIA LOCOMOTOR LIPOIDOSIS LOCULATED LOEFFLERS

LIPOMYOSARCOMA LOFGRENS

LIPOMYXOMA LOIN
LIPOMYXOSARCOMA LONG
LIPOPROTEINEMIA LOOP
LIPOSARCOMA LOOSE
LIPOTROPHIC LORDOSIS

LIQUID LOSING LISTERELLA LOSS LOU LISTERIA LISTERIOSIS LOUD LITHIASIS LOUIS LITHIUM LOW LITHOTOMY LOWER LITHOTRIPT LOWN LITTLE LSD

LIVCA LT
LIVCAR LTB
LIVCIR LUDOVICI
LIVE LUDWIGS
LIVER LUES

LIVING LUETIC LUETSCHERS

LLL LUL LULS LULS LUMBAR

LN LUMBARSACRAL LUMBOSACRAL

LOBAR LUMINAL

LUMP
LUNG
LYMPHOMATOID
LYMPHOMATOSIS
LUNGS
LUPOID
LYMPHOPENIA

LUPOSA LYMPHOPROLIFERATIVE LUPUS LYMPHORETICULAR

LUSCHKA LYMPHORETICULARPROLIFERATIVE

LUTEMBACHERS
LYMPHORETICULUM
LYMPHOSARCOMA
LV
LYMPHOSTASIS
LYMPHOTROPHIC

LVF
LVH
LYMPHOTROPHIC
LYE
LYSIS

LYING LYSOL LYMPH

LYMPHADENECTOMY M LYMPHADENITIS M
LYMPHADENOPATHY MAC

LYMPHADENOSIS MACERATION
LYMPHANGIECTASIS MACHACEK
LYMPHANGIECTATIC MACROCEPHALIA
LYMPHANGIOMA MACROCEPHALY

LYMPHANGIOMA MACROCEPHALY LYMPHANGIOSARCOMA MACROCOLON

LYMPHANGITIC MACROCYTIC
LYMPHANGITIS MACROGLOBULINEMIA
LYMPHATIC MACROGYRIA

LYMPHECTASIA MACROHYDROCEPHALUS

LYMPHED MACRONODULAR LYMPHEDEMA MACROSIGMOID

LYMPHEDEMA MACROSIGMOID
LYMPHOANGIOSARCOMA MACULAR

LYMPHOBLASTIC MADENO
LYMPHOCYTE MAGENDIE
LYMPHOCYTIC MAGNESIUM

LYMPHOEPITHELIOMA MAGNUM
LYMPHOGENOUS MAIN

LYMPHOHISTIOCYTIC MAINSTEM
LYMPHOHISTIOCYTOSIS MAINTENANCE

LYMPHOID MAJOR LYMPHOMA MAKERS

MAL MARASMUS
MALABSORPTION MARCESCENS
MALACIA MARCHESANI
MALABSE MARCHESANI

MALAISE MARFANS
MALAR MARGIN
MALARIA MARGINAL
MALATHION MARIE

MALTITION
MARIES
MALFORMATION
MARIHUANA
MALFORMATIONS
MARKED
MALFUNCTION
MARROW
MALFUNCTIONED
MASHED

MALFUNCTIONING MASS
MALGAIGNES MASSAGE
MALHTN MASSES
MALIGANCY MASSIVE
MALIGNANCY MAST

MALIGNANT MASTECTOMY 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
MECONIUM MEGALOESOPHAGUS
MEDIA

MEDIAL MEGALOURETER
MEDIAL MEGARECTUM
MEDIAN MEGASIGMOID
MEDIASTINAL MEGAURETER

MEDIASTINITIS MEIGS

MEDIASTINOBRONCHIAL MELANCHOLIA

MEDIASTINOCUTANEOUS MELANOBLASTOSIS

MEDIASTINOPERICARDITIS MELANOMA

MEDIASTINOSCOPY MELANOMATOSIS
MEDIASTINUM MELANOMATOUS
MEDICAL MELANOSABCOMA

MEDICAL MELANOSARCOMA
MEDICATION MELANOSIS

MEDICATIONS MELENA
MEDICINAL MELENEYS
MEDICINE MELLARIL
MEDICINES MELLITUS
MEDITERRANEAN MEMBRANE

MEDIUM MEMBRANES
MEDULLA MEMBRANOUS

MEDULLARY MEMORY

MEDULLOBLASTOMAMENDELSONSMEGABLASTICMENIERESMEGACOLONMENINGEALMEGACYSTISMENINGES

MEGAESOPHAGUS MENINGIOMA
MEGAKARYOBLASTIC MENINGIOMAS

MEGAKARYOCYTIC MENINGIOSARCOMA

MEGAKARYOCYTOID MENINGITIDIS
MEGALENCEPHALY MENINGITIS
MEGALOAPPENDIX MENINGOCELE
MEGALOBLASTIC MENINGOCOCCAL
MEGALOCEPHALUS MENINGOCOCCEMIA

MENINGOCOCCI MET

MENINGOCOCCUS METABOLIC
MENINGOENCEPHALITIS METABOLISM
MENINGOENCEPHALOCELE METACARPAL
MENINGOENCEPHALOMYELITIS METACHROMATIC

MENINGOENCEPHALOMYELOPATHY METAL

MENINGOENCEPHALOPATHY METAMORPHOSIS
MENINGOMYELITIS METAPHYSEAL
MENINGOMYELOCELE METAPLASIA
MENINGOVASCULAR METAPLASTIC

MENISCECTOMY METASTASES MENKES METASTASIS

MENOPAUSAL METASTASIZED
MENTAL METASTATIC
MENTALLY METASTATIS
MEPERIDINE METATARSAL
MEPROBAMATE METHADONE

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 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
MILIA

MILK MONILIA
MILKMANS MONILIAL
MILLARD MONILIASIS
MILLARS MONITOR

MILLER MONOBLASTIC
MILLSTONE MONOCLONAL
MILROYS MONOCYTIC

MIND MONOCYTOGENES MINDED MONOCYTOID

MINERAL MONOLEUKOCYTIC
MINERS MONOMYELOCYTIC
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

MS MULTIVESSEL 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
MVR MYELOPROLIFERATIVE

MYONECROSIS MYELORADICULITIS
MYASTHENIA MYELOSCHISIS
MYASTHENIC MYELOSCLEROSIS

MYCO MYELOSIS

MYCOBACTERIA MYELOSUPPRESSION

MYCOBACTERIAL MYLERAN

MYCOBACTERIOSIS MYOADENOMA
MYCOBACTERIUM
MYCOPLASM MYOCARDIAC

MYCOPLASMA MYOCARDIAL MYOCARDIAL

MYCOSIS MYOCARDIOPATHY
MYCOTIC MYOCARDITIS
MYELINOSIS MYOCARDIUM

MYELITIS MYOCARDOSIS
MYELOBLASTIC MYOCLONIC

MYELOCELE MYOCLONUS
MYELOCYSTOCELE MYOFACITIS

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 NEGATIV

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

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
NEPHROMA
NEPHROM
NEPHRON
NEPHRON
NEPHRONEPHRITIS
NEUROMYOPATHY
NEPHRONEPHRITIS

NEPHROPATHY
NEPHROPTOSIS
NEPHROPYOSIS
NEUROPATHIC
NEPHRORRHAGIA
NEUROPATHY
NEPHROSCLEROSIS
NEUROPATHY
NEUROSIS

NEPHROSIS NEUROSURGERY
NEPHROSTOMY NEUROSURGICAL
NEPHROTIC NEUROSYPHILIS

NEPHROTOXICITY NEUROTIC

NERVE NEUROVASCULAR NERVOSA NEUTROPHILIC

NERVOUSNESS NEVER
NEURAL NEVUS
NEURALGIA NEWBORN

NEURALGIC NG

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

NEUROGENIC NOCARDIA

NEUROLEMMOSARCOMA NOCARDIASIS NEUROLEPTIC NOCARDIOSIS

NEUROLOGIC NOCTEC

NO

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
NONVIABLY
NOONANS

NONCONVULSIVE NORDIAZEPAM NONDEVELOPMENT NORDIAZIEPAM

NONEPIDEMIC NORMAL

NONEXPANSION NORMOBLASTIC
NONFAMILIAL NORMOBLASTOSIS
NONFUNCTION NORMOCHROMIC
NONFUNCTIONING NORMOCYTIC

NONHEALING NORMOTENSIVE

NONHEMOLYTIC NOROXIN

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
OAD 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 OBSTRUCTED 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
OPTIC OSTEOARTHROPATHY

OPTIC OSTEOARTHROSIS
OPTICUM OSTEOCHONDRITIS

OR OSTEOCHONDRODYSTROPHY
ORAL OSTEOCHRONDROMA

ORAM OSTEOCHRONDROMA
ORANGE OSTEODYSTROPHY
ORBIT OSTEOFIBROSARCOMA

ORBITAL OSTEOGENESIS
ORBITS OSTEOGENIC
ORCHIDECTOMY OSTEOLYSIS
ORCHIECTOMY OSTEOLYTIC
ORCHIOBLASTOMA OSTEOMALACIA
ORCHITIS OSTEOMYELITIS

ORGAN OSTEOMYELOFIBROSIS
ORGANIC OSTEOMYELOSCLEROSIS

ORGANISM OSTEONECROSIS

OSTEOPATHY OXIDE

OSTEOPENIA OXYCODONE OSTEOPERIOSTITIS OXYGEN

OSTEOPETROSIS OZ

OSTEOPOROSIS

OSTEOPOROTIC P-OSTEOSARCOMA PAC

OSTEOSCLEROSIS PACEMAKER

OSTEOSCLEROTIC PACER

OSTIUM PACHYGYRIA

OTHER PACK
OTITIS PACKING
OTOGENIC PACKS
OUININE PAD

OUININE PAD
OUT PADENO
OUTER PAGET
OUTFLOW PAGETS
OUTLET PAIN

OUTPUT PAINFUL
OVALE PAINS
OVARIAN PAINT
OVARIES PALATE

OVARIES

OVARY

PALATE

OVERDOSAGE PALMAR
OVERDOSE PALPITATION

OVERDOSE PALPITATION
OVEREXERCISED PALPITATIONS
OVERDOSE PALPITATION

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

PARANASAL PARRY

PARTIAL
PARTIALIS
PARTIALIS
PEMPHIGOID
PARTUM
PEMPHIGOIDES
PAS
PEMPHIGUS
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
PEDUNCLE 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
PERIOPERATIVE
PERIPADENO
PERIPANCAR
PERIPANCREATIC
PERIPANCREATIC
PERIPANCREATIC
PERIPANCREATIC
PERIPANCREATIC
PERIPANCREATIC

PERIPARTUM PETIT

PERIPHERAL PETROLEUM 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 PLANTAR PICKS PLAQUE PICKWICKIAN PLAQUES

PIE PLASMA

PIERCING

PIERRE PLASMACYTOID
PIGMENTATION PLASMACYTOMA

PLASMACYTIC

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PLA

PIGMENTED PLASMOCYTIC PIGMENTOSA PLASMODIUM

PIGMENTOSUM PLASTER
PIGMENTOSUS PLASTIC
PILL 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 POLYCYTHEMIA PORTAL

POLYDIPSIA PORTERS POLYDRUG PORTO

POLYHYDRAMNIOS PORTOSYSTEMIC POLYMER PORTUGUESE

POLYMICROBIAL POSADAS POLYMIRABIAL POSITIVE POLYMYALGIA POSITIVITY

POLYMYALGIA POSITIVITY
POLYMYOPATHY POSS
POLYMYOSITIS POSSIBLE
POLYNEURITIS POST

POLYNEUROPATHY POSTANAL POLYP POSTCECAL

POLYPHARMACY
POLYPOID
POLYPOSA
POLYPOSIS
POSTCONCUSSIONAL
POSTCONTUSIONAL
POSTDYSENTERIC

POLYPS POSTERIOR POSTERO POSTERO

POLYRADICULOPATHY POSTEROLATERAL POLYSEROSITIS POSTEROSEPTAL POSTHEMORRHAGIC

POLYVALVULAR POSTHEPATIC
POMPE POSTHEPATITIC
POMPES POSTHERPETIC

POND POSTICTAL

PONS POSTINFECTIONAL PONTINE POSTINFECTIOUS POOR POSTINFLAMMATORY

POORLY POSTIVE

POPLITEAL POSTLARYNGEAL POPPERS POSTMATURE PORCINE POSTMATURITY PORENCEPHALIC POSTMEASLES

PORENCEPHALY POSTMI

PORPHYRIA POSTMORTEM

PORTA POSTMORTEM POSTMYOCARDIAL

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 PREPARTUM
POTTERS PREPARTUM
POTTS PREPATELLAR
POUCH PREPUCE
POWER PREPAYLORIC

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

PRAECOX PRESBYESOPHAGUS

PRCA PRESCRIBED
PRCAR PRESCRIPTION
PRE PRESENILE

PREADMISSION PRESENILITY
PRECEDING PRESENTATION
PRECEREBRAL PRESSURE

PRECERT PRESSURING PRECIPITATE PRETERM

PRECIPITOUS PRETHROMBOTIC

PRECORDIAL PREVIA

PREDIABETES PREVIABLE
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

PSYCHOTHERA DELITIO

PSYCHOTHERAPEUTIC PYEMIA PSYCHOTHERAPEUTICS PYEMIC

PSYCHOTIC PYLEPHLEBOTHROMBOSIS

PYELONEPHROSIS

PTE PYLES PUBIC PYLORIC

PUBIS PYLOROFUNDAL PYLOROPLASTY PULEM PYLOROSPASM

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

QUITE RBB RCS RDS R - RE

RA REACTION
RAAA REACTIVATE
RACEMOSE REACTIVATED
RACHISCHISIS REACTIVATION
RACHITIC REACTIVE

RADIAL RECALCITRANT

RADIATION RECENT RADICAL RECIPIENT

RADICULAR RECKLINGHAUSENS RADICULITIS RECOGNITION

RADICULOMYELITIS RECONSTRUCTION

RADICULOPATHY RECOVERING

RADIO RECTAL RADIOACTIVE RECTO

RADIOCONTRAST RECTOCELE
RADIOGRAPHIC RECTOLABIAL
RADIOLOGICAL RECTOSIGMOID
RADIONECROSIS RECTOSIGMOIDAL

RADIOTHERAPY RECTOSIGMOIDECTOMY

RADIUM
RADIUS
RADIUS
RAISED
RAMSEY
RAMUS
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

REINFARCTION RESPIRATION REINFECTION RESPIRATIONS REINSERTION RESPIRATOR REJECTION RESPIRATORY RELAPSING RESPONSE RELATED RESPONSIVE RESTRICTED RELATIVE RELAXATION RESTRICTING **RELEASE** RESTRICTIVE RESULTANT RELIEF RESUSCITATED RELIEVE RESUSCITATION RELIEVED

REMAINS RESUSCITATIVE
REMOTE RETAINED
REMOVAL RETARDATION
REMOVE RETARDED

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

ROUSSY SALMONELLA
ROUX SALMONELLOSIS
RSA SALPINGITIS
RT SALPINGO

RTA SALPINGO-OOPHORECTOMY

RUBBING SALT RUBELLA SAN

RUBINSTEIN SANDHOFFS RUBRA SANGER

RUL SAO

RULS SAPHENOUS
RUNYON SARCOID
RUPTURE SARCOIDOSI

RUPTURE SARCOIDOSIS
RUPTURED SARCOMA

RUQ SARCOMATOSIS RUSSELL SATURATION

RVH SBE
RVT SBO
RX SCABIES
SCALD

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SAC SCAPHOID

SCAPULA SDAT SCAPULAR SDII SCAR SDS

SCARRING SECOBARBITAL

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

SCHIZOPHRENIA SECUNDUM SCHIZOPHRENIC SED

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 SHUNTS 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 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

SILVER 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

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

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 SUBGLOTTIC

STRONGYLOIDES
STRUCTURE
STRUCTURES
STRUCTURES
SUBHEPATIC
STRUMA
STRUMPELL
STRUMPELL
STRYCHNINE
STUBLEUKEMIC
STUBLINGUAL
STUBLES
SUBLUXATION

STUDIES SUBMANDIBULAR
STUDY SUBMAXILLARY
STUMP SUBMENTAL
STUNT SUBMERGED
STUPOR SUBMERSION
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

SULCUS SURROUNDING

SULFAMETHOXAZOLE SUTTON
SULFASALAZINE SUTURE
SULFATE SUTURED
SULFATIDOSIS SUTURES

SULZBERGER SVT SUMMER SW

SUPERFICIALSWALLOWSUPERFICIALISSWALLOWEDSUPERIMPOSEDSWALLOWING

SUPERINFECTED SWAN
SUPERIOR SWANN
SUPERNUCLEAR SWEATS
SUPERNUMERARY SWELLING
SUPERNUMERARY SWELLING

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
SURGERY SYNOVIAL
SURGICAL SYPHILIS

SYPHILITIC TARDIVE
SYPHILITICA TARGET
SYRINGOBULBIA TARSAL
SYRINGOMYELIA TARSUS
SYRINGOMYELIC TAUSSIG

SYRINGOMYELIC

SYRINGOMYELITIS

SYRINGOMYELOCELE

SYRINGOPONTIA

SYSTEM

TBC

SYSTEMATICUS

TCC

SYSTEMATISATA

TCELL

SYSTEMIC

SYSTEMATISATA

SYSTEMATISATA

TCELL

TCI

SYSTEMS

TEAR

SYSTOLE

TECKOFF

SYSTOLIC TEF

T -TELANGIECTASIATTELANGIECTASIST12TELANGIECTATICTABESTELANGIECTODESTABETICTEMPERATURE

TEGRETOL

TABLETS TEMPLE
TACHYARRHYTHMIA TEMPORAL
TACHYBRADY TEMPORARY

TACHYBRADYARRHYTHMIA TEMPORO TACHYBRADYCARDIA TEMPOROI

TACHYBRADYCARDIA TEMPOROFRONTAL
TACHYCARDIA TEMPOROOCCIPITAL
TACHYBRADYCARDIA TEMPOROPARIETAL

TACHYDYSRHYTHMIA TEMPOROPARIETAL TACHYPNEA TEMPOROPONTINE

TACHYRHYTHMIA TEMPOROSPHENOIDAL

TAGS
TAIL
TENCKOFF
TAKAYASUS
TAKE
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

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 TORULAR TORULAR TORULAR

TIME TORULOPSIS

TORULOSIS TRANSBRONCHIAL TOTAL TRANSCORTICAL 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 TRACHEA TRANSMURAL

TRACHEAL TRANSPHENOIDAL TRACHEITIS TRANSPLANT

TRACHEOBPN TRANSPLANTATION

TRACHEOBRONCHIAL TRANSPORT
TRACHEOBRONCHITIS TRANSPOSED

TRACHEOBRONCHOPN TRANSPOSITION
TRACHEOBRONCHOPNEUMONIA TRANSTENTORIAL
TRACHEOBRONCHOPNEUMONITIS TRANSURETHRAL

TRACHEOCELE TRANSVENOUS

TRACHEOESOPHAGEAL TRANSVERSE TRACHEOGASTRIC TRANSVERSION

TRACHEOLARYNGEAL TRANSVERSUS
TRACHEOMALACIA TRANVERSE

TRACHEOPHARYNGEAL TRAPEZIAL TRACHEOSTENOSIS TRAPEZOID

TRACHEOSTOMY TRAUMA
TRACHEOTOMY TRAUMATIC
TRACHOMA TRAUMATISM

TRACT TREACHER
TRACTION TREATED
TRAIT TREATMENT

TRANPLANT TREATMENTS

TRANQUILIZER TREE

TREFOIL TTP TUBAL TREMBLING TUBE TREMENS

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

TRICUSPID TUBEROUS TRICYCLIC TUBES TRIFASCICULAR TUBO

TRIFID TUBOOVARIAN

TRIGEMINAL TUBULAR TRIGONE TUINAL **TRIGONITIS** TUMOR TRIGONOCEPHALY TUMORAL **TRILOCULAR** TUNICA TRIMALLEOLAR **TUNNEL**

TRIMESTER TUR

TRIMETHOPRIM **TURBINATE** TRIPLE TURCICA TURNER TRIPLEGIA TRIPLETS **TURNERS** TRIPLOIDY **TURP**

TURPENTINE TRISOMY TRIVESSEL TURRICEPHALY

TROCHANTER **TWIN TROCHANTERIC TWINS TWISTED** TROISIER

TROPHIC **TWO**

TYLENOL TROPHONEUROSIS TROPICAL **TYMPANIC TROPICALIS TYMPANITIS**

TYPE **TROUBLE TRUE TYPHUS**

TRUNCUS

U-**TRUNK 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

URICACIDEMIA VAGINITIS
URICEMIA VAGINO
URINARY VAGINOVESICAL

URINE VAGOTOMY
URINEMIA VALGUS
URODIALYSIS VALIUM

UROHEPATIC VALLECULAE

UROLITHIASIS VALLEY
UROLOGICAL VALSALVA
URONEPHROSIS VALUE
UROPATHY VALVE
UROSEPSIS VALVES

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

VARICOSITIES

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 VERROCOOS
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 VESICAL VESICAL VESICO

VENAR VESICOABDOMINAL VENEREAL VESICOCOLONIC

VENOFIBROSIS VESICOCUTANEOUS

VENOM VESICOENTERIC VENOMOUS VESICOINTESTINAL

VENOUS VESICORECTAL
VENTILATION VESICOURETERAL
VENTILATOR VESICOURETHRAL

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
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

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

A Cataclysmic Events Causing any Accident or Injury - see page H-2

- **B** Transports see page H-3
- **C** Fire and Flames see page H-18
- **D** Explosions see page H-23
- E Excessive or Exposure to Natural and Environmental Factors see page H-24
- F Bites, Stings, Poisoning, Reactions to, Other Injuries by Animals and Plants see page H-26
- G Hot Substance or Object, Caustic or Corrosive Material, and Steam see page H-28
- H Electrical Current see page H-29
- I Firearms see page H-30
- J Exposure to Radiation see page H-31
- K Drowning or Submersion with Activities in Water see page H-32
- L Circumstances Involving Suffocation, Strangulation, Obstruction, Aspiration, Choking, or Asphyxiation see page H-34
- M Tools, Appliances, and Sharp Objects (Includes Lawn Mowers) see page H-36
- N Machinery in Operation see page H-38
- O Falling, Diving, Jumping, Pushed see page H-39
- P Abuse, Assault, Abandonment, Neglect see page H-41
- Q Legal Interventions and Operations of War see page H-42
- R Other See Page H-44

A. CATACLYSMIC EVENTS CAUSING ANY ACCIDENT OR INJURY

(Cataclysmic event <u>must be</u> in progress at time of accident and be a direct cause of the injury)

- **Excludes**: (1) An injury caused by fall of tree or other object, caused by lightning. Reselect R.
 - (2) Lightning resulting in fire. Reselect C.
 - (3) A transport accident involving a collision with landslide or avalanche. Reselect B.

Includes: A transport washed off the road by storm

- 05: Avalanche
- 10: **Blizzard**
- 15: Cloudburst
- 20: Collapse of dam
- 25: Cyclone
- 30: **Earthquake**
- 35: **Flood** (Flood caused by melting snow, flood resulting from storm)
- 40: Hurricane
- 45: Landslide
- 50: **Lightning** (With resulting fire - see Fire - C)
- Mudslide 55:
- Storm unspecified 60:
- 65: Tidal wave caused by storm (Tsunami)
- 70: Tidal wave unspecified or not caused by storm
- **75**: **Tornado**
- 80: **Torrential rain**
- 85: Transport washed off the road by a storm
- 90: **Volcanic eruption**
- Other specified 88:
- 99: **Unspecified**

!STOP!

End of Cataclysmic Events Causing Any Accident or Injury

B. TRANSPORTS (page 1 of 15)

1. Type of vehicle

Motor Vehicle Designed Primarily for On-road Use

01: Automobile (Car, minivan, minibus)

02: Truck (Pickup)

03: Van

04: Heavy transport vehicle (Tractor-trailer truck, panel truck)

05: Bus

06: Motor vehicle (Stated as Motor Vehicle or MV)

07: Stated "Traffic Accident", no vehicle specified on record

Motorcycle:

08: Motorcycle, motorscooter (Includes motorized bicycle, motorcycle with sidecar)

09: Motorized tricycle

10: Moped

Work Vehicle (in transit)

11: Industrial vehicle (Coal car, logging car, battery powered vehicle, baggage truck, other)

12: Tractor

13: Other agricultural vehicle (Combine, harvester)

14: Construction vehicle (Road scraper, road grader, backhoe, snowplow)

15: Bulldozer

Recreational Vehicle

16: All-terrain vehicle (ATV)

17: Off-road vehicle (Go cart, minibike, dirt bike, race car, three wheeler, golf cart)

18: Snowmobile

Other (in transit)

20: Other ground transport (Army tank, hovercraft over land)

MORE ON NEXT PAGE

B. TRANSPORTS (page 2 of 15)

1. Type of vehicle - continued

Watercraft

- 21: Merchant ship
- **22:** Passenger ship (Ferry, liner)
- 23: Ship, unspecified
- 24: Fishing boat, powered
- 25: Fishing boat, unpowered
- 26: Fishing boat, unspecified
- 27: Sailboat
- 28: Yacht
- 29: Canoe or Kayak
- **30:** Inflatable craft (Unpowered, raft)
- 31: Water-skis
- **32:** Other powered watercraft (Hovercraft over water, jetski, powerboat)
- **33:** Other unpowered watercraft (Surf board, wind surfer)
- 34: Unspecified watercraft (Boat)

Aircraft - Powered

- **35:** Helicopter (Non-military)
- **36: Ultralight** (Microlight, powered glider)
- 37: Private airplane
- **38:** Commercial airplane (Commercial jet, 747, etc.)
- **39: Military aircraft** (C-130, F-15, military helicopter, etc.)
- 40: Space craft
- 43: Other specified powered aircraft (Airplane, jet, Cessna, blimp, etc.)

MORE ON NEXT PAGE

B. TRANSPORTS (page 3 of 15)

1. Type of vehicle - continued

Aircraft - Unpowered and Unspecified

44: Balloon

45: Hang glider

46: Glider

47: Parachute

48: Other specified non-powered aircraft (Kite)

49: Unspecified non-powered aircraft

50: Unspecified aircraft

Railed Vehicle

51: Railway train (Subway)

52: Streetcar (Cable car on rails, tram, trolley)

Other Vehicles

53: Cable car (Not on rails or unspecified)

54: Ski lift, gondola

55: Ice yacht, land yacht

56: Other

Non-Motor Vehicle

57: Pedal cycle (Bicycle, tricycle)

58: Other

Animal

59: Animal being ridden60: Animal drawn vehicle

61: Other

Objects Set in Motion by

62: Railway train

63: Motor vehicle

64: Non-motor vehicle

88: Other specified

99: Unspecified

! CONTINUE next page!

H-5

B. TRANSPORTS (page 4 of 15)

2.Location of transport at time of accident¹

On highway (Being driven on, left, ran off: highway, street, road, military reservation, alley, Route #, roadway)

Off highway (Being driven: home, yard, parking lot, farm, park, school grounds)

03: Left highway and re-entered

04: Stationary (Parked car, car in garage)

05: At airport, on runway, arriving, landing, departing, taking off

06: In flight, enroute, midair

07: Railway yard, railway track, railroad

08: In water (Lake, river, ocean)

88: Other specified

99: Unspecified

¹If Location not reported in term, use information from Place of Injury. If Place of Injury is not stated, enter 99.

B. TRANSPORTS (page 5 of 15)

3. Collision

3a. Collision with

SS: Skip (No collision mentioned)²

Motor Vehicle Designed Primarily for On-road Use

01: Automobile (Car, minivan, minibus)

02: Truck (Pickup)

03: Van

04: Heavy transport vehicle (Tractor-trailer truck, panel truck)

05: Bus

06: Motor vehicle (Stated as Motor Vehicle or MV)

07: Stated "Traffic Accident", no vehicle specified on record

Motorcycle

08: Motorcycle, motorscooter (Includes motorized bicycle, motorcycle with sidecar)

09: Motorized tricycle

10: Moped

Work Vehicle (in transit)

11: Industrial vehicle (Coal car, logging car, battery powered vehicle, baggage truck, other)

12: Tractor

13: Other agricultural vehicle (Combine, harvester)

14: Construction vehicle (Road scraper, road grader, backhoe, snowplow)

15: Bulldozer

1. MORE ON NEXT PAGE

! CONTINUE next page!

²PC Data Entry: If SS is entered for 3a, SS will automatically be assigned for 3b.

January 2010

B. TRANSPORTS (page 6 of 15)

Collision - continued
 Collision with - continued

Recreational Vehicle

16: All-terrain vehicle (ATV)

17: Off-road vehicle (Go cart, minibike, dirt bike, race car, three wheeler, golf cart)

18: Snowmobile

Other (in transit)

20: Other ground transport (Army tank, hovercraft over land)

Watercraft

21: Merchant ship

22: Passenger ship (Ferry, liner)

23: Ship, unspecified

24: Fishing boat, powered,

25: Fishing boat, unpowered

26: Fishing boat, unspecified

27: Sailboat

28: Yacht

29: Canoe or Kayak

30: Inflatable craft (Unpowered, raft)

31: Water-skis

32: Other powered watercraft (Hovercraft over water, jetski, powerboat)

33: Other unpowered watercraft (Surf board, wind surfer)

34: Unspecified watercraft (Boat)

MORE ON NEXT PAGE

B. TRANSPORTS (page 7 of 15)

Collision - continued
 Collision with - continued

Aircraft - Powered

35: Helicopter (Non-military)

36: Ultralight (Microlight, powered glider)

37: Private airplane

38: Commercial airplane (Commercial jet, 747, etc.)

39: Military aircraft (C-130, F-15, military helicopter, etc.)

40: Space craft

43: Other specified powered aircraft (Airplane, jet, Cessna, blimp, etc.)

Aircraft - Unpowered and Unspecified

44: Balloon

45: Hang glider

46: Glider

47: Parachute

48: Other specified non-powered aircraft (Kite)

49: Unspecified non-powered aircraft

50: Unspecified aircraft

Railed Vehicle

51: Railway train (Subway)

52: Streetcar (Cable car on rails, tram, trolley)

Other Vehicles

53: Cable car (Not on rails or unspecified)

54: Ski lift, gondola

55: Ice yacht, land yacht

56: Other

MORE ON NEXT PAGE

B. TRANSPORTS (page 8 of 15)

Collision - continued
 Collision with - continued

Non-Motor Vehicle

57: Pedal cycle (Bicycle, tricycle)

58: Other

Animal

59: Animal being ridden60: Animal drawn vehicle

61: Other (Includes hitting animal, deer, cow, etc.)

Objects Set in Motion by

62: Railway train63: Motor vehicle

64: Non-motor vehicle

65: Pedestrian or pedestrian conveyance (Skateboard, sled, wheelchair)

Stationary Object

Object normally on highway (Tree, bridge, abutment, overpass, ditch, post, guardrail, mailbox, weight station, welcome center)

67: Objects normally off highway (House, other buildings, commercial or private)

68: Unspecified object (Fixed object)

88: Other specified 99: Unspecified

B. TRANSPORTS (page 9 of 15)

Collision - continued
 Location of transport at time of collision^{3, 4}

SS: Skip (No collision mentioned)⁵

01: On highway (road, street, alley)

02: Off highway (off road), (off street), (off highway property)

03: On roadway

04: Off roadway (off travel portion of road)

06: In flight, enroute, midair

08: In water (lake, river, ocean)

88: Other specified (runway)

99: Unspecified

! CONTINUE next page!

Left or ran off highway, road, street---enter 02.

Left or ran off roadway---enter 04.

2s January 2010

³If Location not reported in term, use information from Place of Injury. If Place of Injury is not stated, enter 99.

⁴Location of transport at time of collision:

⁵PC Data Entry: If SS is entered for 3a, SS will automatically be assigned for 3b.

B. TRANSPORTS (page 10 of 15)

4. Other circumstances
4a. Involving vehicle

01: Loss of control of vehicle (Derailment, overturned, skidded, ran off road or roadway)

Submerging, sinking (Overturned boat)**Explosion, fire, or burning of vehicle**

04: Object thrown on, fell on or in05: Machinery accident on transport06: Excessive heat in or from transport

88: Other specified99: Unspecified

4b. Involving victim

01: Fell (Or other accident) while boarding or alighting

02: Inhaled or poisoned by carbon monoxide, exhaust fumes, and smoke from vehicle

Fell in, on, or from Vehicle

03: On stairs or ladder

04: Other fall from one level to another, fall from any vehicle, animal

05: Other and unspecified fall

06: Run over by, knocked down by, entangled in vehicle, struck by

07: Injury from moving part or breakage of part, thrown against some part of, sucked into jet, hit by propeller.

08: Thrown from, ejected from

09: Drowning, submersion, fell from or washed overboard

10: Crushed between transports

11: Electrocuted

88: Other specified (Pinned under)

99: Unspecified

B. TRANSPORTS (page 11 of 15)

Decedent information
 Status of decedent

Person in or on Vehicle

01: Driver (Motorcyclist)

02: Passenger03: Occupant

04: Rider (Riding, in back of truck)05: Rider on outside of vehicle

06: Crew (Railroad conductor, engineer, pilot, flight attendant)

Person Not in or on Vehicle⁶

07: Pedestrian

08: Airline ground crew

09: Person on ground injured in air transport accident

10: Water skier11: Swimmer

12: Dock worker, stevedore

Other

88: Other specified position

99: Unspecified position (Bicyclist, pedal cyclist)

! CONTINUE next page!

⁶For PC Data Entry: Question 5b will automatically be assigned code SS if Status of Decedent is not in or on vehicle.

January 2010

B. TRANSPORTS (page 12 of 15)

5. Decedent information - continued

5b. Decedent was occupant of which vehicle

SS: Skip, decedent was not occupant of vehicle⁷

77: Different types of vehicles stated, unclear which vehicle decedent was in

Motor Vehicle Designed Primarily for On-road Use

01: Automobile (Car, minivan, minibus)

02: Truck (Pickup)

03: Van

04: Heavy transport vehicle (Tractor-trailer truck, panel truck)

05: Bus

06: Motor vehicle (Stated as Motor Vehicle or MV)

07: Stated "Traffic Accident", no vehicle specified on record

Motorcycle

Motorcycle, motorscooter (Includes motorized bicycle, motorcycle with sidecar)

09: Motorized tricycle

10: Moped

Work Vehicle (in transit)

11: Industrial vehicle (Coal car, logging car, battery powered vehicle, baggage truck, other)

12: Tractor

13: Other agricultural vehicle (Combine, harvester)

14: Construction vehicle (Road scraper, road grader, backhoe, snowplow)

15: Bulldozer

MORE ON NEXT PAGE

! CONTINUE next page!

⁷PC Data Entry: If person is not in or on vehicle, question 5b will automatically be assigned code SS.

January 2010

B. TRANSPORTS (page 13 of 15)

5. Decendent information - continued

5b. Decedent was occupant of which vehicle - continued

Recreational Vehicle

16: All-terrain vehicle (ATV)

17: Off-road vehicle (Go cart, minibike, dirt bike, race car, three wheeler,

golf cart)

18: Snowmobile

Other (in transit)

20: Other ground transport (Army tank, hovercraft over land)

Watercraft

21: Merchant ship

22: Passenger ship (Ferry, liner)

23: Ship, unspecified

24: Fishing boat, powered

25: Fishing boat, unpowered

26: Fishing boat, unspecified

27: Sailboat

28: Yacht

29: Canoe or Kayak

30: Inflatable craft (Unpowered, raft)

31: Water-skis

32: Other powered watercraft (Hovercraft over water, jetski, powerboat)

33: Other unpowered watercraft (Surf board, wind surfer)

34: Unspecified watercraft (Boat)

MORE ON NEXT PAGE

B. TRANSPORTS (page 14 of 15)

- 5. Decedent information continued
 - 5b. Decedent was occupant of which vehicle continued

Aircraft - Powered

- **35:** Helicopter (Non-military)
- **36: Ultralight** (Microlight, powered glider)
- 37: Private airplane
- **38:** Commercial airplane (Commercial jet, 747, etc.)
- **39:** Military aircraft (C-130, F-15, military helicopter, etc.)
- 40: Space craft
- 41: Involved in crop dusting, skywriting, airdrops, lowering materials, parachuting.
- **42: Involved in storm or traffic surveillance, rescue** (Includes pilot or passenger of private plane).
- 43: Other specified powered aircraft (Airplane, jet, Cessna, blimp, etc.)

Aircraft - Unpowered and Unspecified

- 44: Balloon
- 45: Hang glider
- 46: Glider
- 47: Parachute
- 48: Other specified non-powered aircraft (Kite)
- 49: Unspecified non-powered aircraft
- 50: Unspecified aircraft

Railed Vehicle

- **51:** Railway train (Subway)
- **52: Streetcar** (Cable car on rails, tram, trolley)

Other Vehicles

- **53:** Cable car (Not on rails or unspecified)
- 54: Ski lift, gondola
- 55: Ice yacht, land yacht
- 56: Other

MORE ON NEXT PAGE

B. TRANSPORTS (page 15 of 15)

5. <u>Decedent information</u> - continued

5b. Decedent was occupant of which vehicle - continued

Non-Motor Vehicle

57: Pedal cycle (Bicycle, tricycle)

58: Other

Animal

59: Animal being ridden60: Animal drawn vehicle

61: Other

88: Other specified99: Unspecified

! STOP!

END OF TRANSPORTS

C. FIRE AND FLAMES (page 1 of 5)

Excludes: Fire caused by transport accident. Reselect B.

1. Origin of fire

05: Blowlamp

10: Blowtorch

15: Brazier

20: Candle

25: Cigarette/cigar/pipe

30: Explosion

35: Fireplace

40: Furnace

45: Lighter/match

50: Lightning

55: Stove, heater (Gas, wood, electric)

60: Welding torch65: Wiring, electric

88: Other specified

99: Unspecified

C. FIRE AND FLAMES (page 2 of 5)

2. If fire caused by explosion, indicate agent

SS: No explosion involved

Pressurized Materials

- 10: Aerosol can
- 11: Boiler, hot water heater
- 12: Gas cylinder, air tank
- **13: High-pressure jet** (Hydraulic jet, pneumatic jet)
- 14: Motor vehicle tire
- 15: Pressurized pipe or hose
- 16: Unspecified pressure vessel

Explosive Materials

- **20:** Gas, gasoline, methane, propane (Heater, stove)
- **21: Kerosene, oil** (Heater, stove)
- 22: Fireworks
- **23:** Blasting materials (Dynamite)
- 24: Acetylene
- 25: Butane
- 26: Bomb
- 27: Unspecified explosive material
- 30: In mine
- **88:** Other specified (Unspecified stove)
- 99: Unspecified

C. FIRE AND FLAMES (page 3 of 5)

3. Fire located in

01: Private dwelling

(Apartment, boarding house, camping place, caravan, farmhouse, home, house, lodging house, private garage, rooming house, tenement)

02: Other building or structure

(Barn, church, convalescent or nursing home, factory, farm out-building, hospital, hotel, educational institution, dormitory, school, shop, store, theater)

03: Not in building or structure

(Stationary vehicle, forest, field (prairie), mine, bonfire, campfire, trash fire)

88: Other specified

99: Unspecified

4. Resulted in large uncontrolled fire

Yes (Indications of uncontrolled fire such as "housefire," "house burned", "fire in home", or fire AND place of injury is reported as HOME, unless indications that fire was restricted to a specific area in the home)

No (Indication of controlled fire limited to a piece of furniture, a single room, or a limited area, bonfire, campfire, trash fire)

99: Unspecified

C. FIRE AND FLAMES (page 4 of 5)

5. Fire ignited

Explosive Materials

01: Highly inflammable liquids and material (Benzene, gasoline, kerosene)

02: Blasting materials03: Explosive gases04: Other explosives

Clothing

21: Bed, bed linens, bedspread

22: Nightwear (Pajamas, night gown)

23: Other clothes and apparel (Dress, melting of plastic jewelry)

88: Other specified99: Unspecified

C. FIRE AND FLAMES (page 5 of 5)

6. Victim⁸

05: Burned, thermal injury

10: Cremated, incinerated

15: Jumped from burning building

20: Building collapsed

25: Fell into fire

Asphyxiated by, Inhaled, Suffocated, Poisoned by, Intoxicated by

30: Smoke, soot

35: Carbon monoxide

40: Fumes from PVC

45: Fumes, gas (Noxious, unspecified source)

50: Inhalation of flames

55: Products of combustion

60: Was asphyxiated (Suffocated) - means unspecified

88: Other specified

99: Unspecified

!STOP!

END OF FIRE AND FLAMES

*When more than one category applies, select code for first reported injury on record.

January 2010

D. EXPLOSIONS (Burned by, blistered by, knocked down by, fell because of) (page 1 of 1)

Excludes: (1) An explosion involving a transport. Reselect B.

(2) An explosion involving machinery. Reselect N.

(Explosion of)

Pressurized Materials

10: Aerosol can

11: Boiler, hot water heater

12: Gas cylinder, air tank

13: High-pressure jet (Hydraulic jet, pneumatic jet)

14: Motor vehicle tire

15: Pressurized pipe or hose

16: Unspecified pressure vessel

Explosive Materials

20: Gas, gasoline, methane, propane (Heater, stove)

21: Kerosene, oil (Heater, stove)

22: Fireworks

23: Blasting materials (Dynamite)

24: Acetylene

25: Butane

26: Bomb

27: Unspecified explosive material

30: In mine

88: Other specified (Unspecified stove)

99: Unspecified

!STOP!

END OF EXPLOSIONS

E. EXCESSIVE OR EXPOSURE TO NATURAL AND ENVIRONMENTAL FACTORS (page 1 of 2)

Heat, Cold, Weather, and Environment (codes 01-12)

- 01: Heat due to weather conditions
- 02: Heat of manmade origin
- 03: Heat unspecified origin
- **04:** Cold due to weather conditions (Includes indications of being outside)
- 05: Cold of manmade origin
- 06: Cold other specified origin
- 07: Cold unspecified origin
- **08:** Weather (Unspecified hot or cold, natural environment)
- **09:** Exposure to sunlight (Sun stroke)
- 10: Other specified exposure to environment
- 11: Unspecified exposure to environment
- 12: Exposure, unspecified

High and Low Air Pressure and Changes in Air Pressure (codes 21-26)

- 21: Residence or prolonged visit at high altitude
- 22: In aircraft
- 23: Due to diving
- 24: Surfacing from underground
- 25: Other specified causes
- 26: Unspecified

Neglect or Abandonment (codes 31-37)

- 31: By spouse or partner
- 32: By parent, step-parent
- 33: By acquaintance or friend (Boss, co-worker)
- 34: By official authority
- **35:** By other relative (Brother, sister, etc.)
- 36: By other specified persons
- **37: By unspecified person** (Assailant, mugger, robber, vague reference to the person)

MORE ON NEXT PAGE

! C O N T I N U E next page!

E. EXCESSIVE OR EXPOSURE TO NATURAL AND ENVIRONMENTAL FACTORS (page 2 of 2)

Hunger, Thirst (codes 38-40)

38: Lack of food 39: Lack of water

40: Privation, unqualified

Other (codes 50-55)

50: Overexertion, strenuous exercise (Running, lifting heavy objects,

rowing, etc.)

51: Prolonged stay in weightless environment

52: Noise, sound waves, supersonic waves

53: Vibration

54: Travel and motion

55: Abnormal gravitational (G) forces

88: Other specified

99: Unspecified

!STOP!

END OF EXCESSIVE OR EXPOSURE TO NATURAL AND ENVIRONMENTAL FACTORS

F. BITES, STINGS, POISONING, REACTIONS TO, OTHER INJURIES BY ANIMALS AND PLANTS (page 1 of 2)

Includes: Butted by, gored by, pecked by, stung by, bitten by, run over by, stepped on by, fallen on by, kicked by.

1. STATED as venomous or nonvenomous

01: Stated as venomous or poisonous

02: Stated as nonvenomous or nonpoisonous

99: Not stated

F. BITES, STINGS, POISONING, REACTIONS TO, OTHER INJURIES BY ANIMALS AND PLANTS (page 2 of 2)

2. Type animal or plant

Mammals		Reptiles	
01:	Bull	22 :	Crocodile, alligator
02:	Cat	23:	Viper
03:	Cow	24:	Snake
04:	Dog	25:	Lizard
05:	Horse (Mule, donkey, burro, pony, etc.)	26:	Other reptile (Gila monster)
06:	Pig	Marir	ne Animals
07:	Rat	30:	Jelly fish
08:	Rodents other than rats	31:	Shark
09:	Other mammal	32:	Sea snake
	(Excluding marine animals)	33:	Other marine animal (Sea
			urchin, sea cucumber, whale,
Insec	ts/Arthropods		nematocysts)
10:	Bee	40:	Bird (Any kind)
11:	Centipede		
12:	Millipede		Plants (contact with)
13:	Hornet	50 :	Plant thorns, spines, and
14:	Scorpion		sharp leaves
15:	Tarantula	51:	Marine plants
16:	Spider (Any kind, excluding Tarantula)	52 :	Other plants
17:	Wasp		
18:	Yellow jacket		
19:	Tick		
20:	Other insect (Ant)		
21:	Other arthropod (Caterpillar)		
88:	Other specified animal		
99:	Unspecified plant or animal		

!STOP!

END OF BITES, STINGS, POISONING, REACTIONS TO, OTHER INJURIES BY ANIMALS AND PLANTS

G. HOT SUBSTANCE OR OBJECT, CAUSTIC OR CORROSIVE MATERIAL, AND STEAM (Scalded by, burned by, fell onto) (page 1 of 1)

Excludes: Heat caused by a fire. Reselect C.

Hot Liquids and Vapors Including Steam

01: Hot tap water (Water from faucet, bathtub, bucket, water hose, etc.)

02: Hot food, drink, fat, cooking oil

03: Other liquids (Boiling, hot, water heated on stove, etc.)

04: Hot metal (Liquid metal)

05: Steam, hot vapors

06: Hot air and gases

Caustic and Corrosive Substances

10: Acid

11: Ammonia

12: Oven cleaner

13: Lye

14: Chemicals

15: Other and unspecified caustic or corrosive substance

Other

20: Heat from electric appliance

21: Household appliance, hot object (Iron, coffee pot, toaster, hot plate)

22: Stove (Electric, gas)

23: Other heating appliances (Radiators, pipes, heating pads)

24: Hot engine, machine or tools

88: Other specified hot substance or object

99: Unspecified hot substance or object

! STOP!

END OF HOT SUBSTANCE OR OBJECT, CAUSTIC OR CORROSIVE MATERIAL, AND STEAM

H. ELECTRICAL CURRENT (Burn, cardiac fibrillation, convulsion, electric shock, electrocution, puncture wound, respiratory paralysis) (page 1 of 1)

Includes: (1) Transport accidents where victim is clear of vehicle

(2) Machinery contacting electrical current

Caused by:

- **05:** Transmission line (Over 500 volts, high tension, power line, high voltage line) (Anywhere)
- **10:** Broken power line (Broken transmission line) (Anywhere)
- **15: Domestic wiring and appliances** (Up to 220 volts)
- **20: Distribution station** (Over 500 volts, includes generating plant)
- **25:** Industrial wiring and appliances (Plant, factory, transformer)
- **30:** Other wiring and appliances (Farm wiring but not farmhouse, outdoors, public building, residential construction, school, outside TV antenna)
- 88: Other specified
- 99: Unspecified

!STOP!

END OF ELECTRICAL CURRENT

I. FIREARMS (page 1 of 1)

1. Type of weapon

05: Pistol (Handgun)

Revolver 38 Caliber Saturday night special

25 Caliber 45 Caliber 32 Caliber 357 Magnum

10: Shotgun (8, 10, 12, 16, 20, 410 gauge, buckshot)

15: Rifle (Hunting), 30.06 (30 ought 6), 30/30, 25.06 (25 ought 6), 308

20: Military

M1 M14 Army rifle

M1 carbine M16 Machine gun AK47

88: Other specified

Verey pistol (Flare) Pellet pistol BB gun

Airgun Pellet gun

99: Unspecified

22 Caliber gun 30 Caliber gun

2. Circumstances

01: Playing Russian Roulette

02: While cleaning, handling or playing with gun

03: Hunting

04: Shot by police (Security guard)

05: Shot by other person06: Self-inflicted, shot self

88: Other specified

99: Unspecified shooting (Shot)

!STOP!

END OF FIREARMS

H-30 2s January 2010

J. EXPOSURE TO RADIATION (Overexposure to, exposure to, burns from, blistering, burning) (page 1 of 1)

Excludes: Medical procedures, medical therapy, radiation therapy, etc. Follow general MICAR data entry rules.

05: Radio frequency radiation

10: Infrared heaters and lamps

Visible & Ultraviolet Light Sources

15: Arc lamps 20: Sun rays

25: Tanning booth or bed

30: Welding arc

35: Other

40: X-rays

45: Lasers

50: Radioactive isotopes

55: Nuclear fuel

60: Natural radiation (Uranium)

88: Other specified 99: Unspecified

!STOP!

END OF EXPOSURE TO RADIATION

K. DROWNING OR SUBMERSION WITH ACTIVITIES IN WATER

(SPORTS, COMMERCE, RESCUE, BATHING) (fell, walked in, while in) (page 1 of 2)

Excludes: (1) Accidents involving transports. Reselect B.

(2) Accidents involving machinery. Reselect N.

1. Type of activity

Sport or Recreation

01: Diving

03: Fishing

05: Hunting

07: Ice skating

09: Playing or wading in water

11: Scuba diving

13: Skin diving

15: Surf boarding

17: Swimming

19: Water skiing

21: Other sport or recreation

Swimming or Diving Involving Other Than Sport/Recreation

41: Marine salvage

43: Pearl diving

45: Placement of fishing nets

47: Rescuing another person

49: Underwater construction

50: Other commercial activity

Other Activity

88: Other specified (fell, jumped, pushed)

99: Unspecified

K. DROWNING OR SUBMERSION WITH ACTIVITIES IN WATER (page 2 of 2)

2. Decedent fell, was pushed

01: Fell, slipped

02: Jumped, pushed

99: Unspecified

3. Place

05: Bathtub (Bathing), jacuzzi, hot tub

10: Quenching tank

15: Pool (swimming, wadding)

20: River

25: Ocean (Sea, bay, salt water)

30: Lake

35: **Pond**

40: Other natural body of water (Stream, creek, swamp, fresh water, brackish water, shore quarry)

88: Other specified (reservoir, irrigation ditch, canal)

99: Unspecified water

!STOP!

END OF DROWNING OR SUBMERSION WITH ACTIVITIES IN WATER

L. CIRCUMSTANCES INVOLVING SUFFOCATION, STRANGULATION, OBSTRUCTION, ASPIRATION, CHOKING, OR ASPHYXIATION (Choked on, asphyxia by, suffocation by, obstruction of airway, strangulation, aspiration, inhalation foreign body) (page 1 of 2)

1. Cause of circumstances

01: Food (Bone, food bolus, seed)

02: Gastric contents (Vomitus, regurgitated food, fecal matter, stomach acid)

03: Nonfood (Blood, medicine, mucus, secretion NOS, chewing gum, sputum)

04: Stated foreign body (Foreign matter, foreign object) 9

05: Plastic bag

06: Enclosed space (Shut in refrigerator, air-tight space)

07: Falling earth or other substance (Cave-in)

08: Hanging, asphyxia, strangulation, or suffocation by device around neck (Ligature)

09: Bed, crib, baby carriage, bed clothing, infants while asleep

10: Strangulation, asphyxia, or suffocation not by foreign body (Compression, constriction, pressure, mechanical, positional)

88: Other specified

99: Unspecified

! CONTINUE next page!

⁹If foreign body is stated in the certification, but more specific information is reported elsewhere on the certificate, prefer codes 01, 02, or 03.

L. CIRCUMSTANCES INVOLVING SUFFOCATION, STRANGULATION, OBSTRUCTION, ASPIRATION, CHOKING, OR ASPHYXIATION (page 2 of 2)

2. Location of obstruction

01: Airway

02: Bronchus

03: Bronchiole

04: Esophagus

05: Intestine (Small, jejunum)

06: Large Intestine (Colon)

07: Larynx

08: Lung

09: Mouth

10: Nasopharynx, Oropharynx

11: Nose

12: Pharynx

13: Respiratory

14: Stomach

15: Throat

16: Trachea

88: Other specified site

99: Unspecified site or no obstruction reported

!STOP!

END OF CIRCUMSTANCES INVOLVING SUFFOCATION, STRANGULATION, OBSTRUCTION, ASPIRATION, CHOKING, OR ASPHYXIATION

M. TOOLS, APPLIANCES, AND SHARP OBJECTS (page 1 of 2)

Excludes: (1) Accidents involving broken glass caused by EXPLOSION. Reselect D.

(2) Accidents involving broken glass caused by discharge of FIREARM. Reselect I.

Includes: Accidents involving lawn mower, powered or unpowered

1. <u>Act</u>

01: Stabbed by

02: Cut by

03: Falling on

04: Injured by

88: Other specified

99: Unspecified

2. Type

Powered

01: Hand tools (Chain saw, drill, handsaw, hedge clipper, rivet gun, staple gun)

02: Household appliances and implements (Blender, electric can opener, electric fan, electric knife)

03: Industrial tools (Band saw, bench saw, circular saw, overhead plane, powered saw, radial saw, sander, lathe)

Unpowered

04: Knives, swords, and daggers

Other hand tools and implements (Axe, can opener, chisel, fork, hoe, ice pick, needle, paper cutter, pitch fork, rake, razor, scissors, screwdriver, shovel)

06: Sharp object used during sport activity (Arrow, dart)

O7: Sharp object, excluding broken glass (Lathe turnings, nail, splinter, sharp paper, tin can lid)

08: Broken glass

M. TOOLS, APPLIANCES, AND SHARP OBJECTS (page 2 of 2)

2. Type - continued

Lawn Mower

09: Riding lawn mower

10: Powered lawn mower, powered push mower

11: Lawn mower, push mower, unspecified whether powered or

unpowered

12: Non-powered lawn mower

88: Other specified

99: Unspecified

!STOP!

END OF TOOLS, APPLIANCES, AND SHARP OBJECTS

N. MACHINERY IN OPERATION (Overturned, ran over, fell in, fell on, crushed, pinned under, cut by) (page 1 of 1)

Excludes: Machinery on traffic way. Reselect B

O1: Agricultural machine (Tractor, harvester, hay mower, hay rake, combine, reaper, cotton gin, animal powered, thresher, other specified, unspecified)

02: Mining and earth drilling machinery (Under-cutter, bore, or drill)

Lifting Machines and Appliances (codes 03-06)

(Hoist, winch, crane, derrick, elevator, grain elevator, forklift)

03: Used in agricultural operations

04: Used in mining operations

05: Other specified06: Unspecified

07: Metal working machines (Abrasive wheel, lathe, forging machine, metal drilling, sawing and milling machines, power press, rolling mill)

Woodworking and forming machines (Band saw, bench saw, circular saw, overhead plane, powered saw, radial saw, sander, lathe, drill)

09: Transmission machinery (Transmission belt, cable, chain, gear, pinion, pulley, shaft)

10: Earth moving, scraping, and other excavating machines (Bulldozer, road scraper, steam shovel)

11: Water, gas, steam turbines and engines

88: Other specified99: Unspecified

!STOP!

END OF MACHINERY IN OPERATION

O. FALLING, DIVING, JUMPING, PUSHED (Fell, fall, dove, diving, jumped, was pushed) (page 1 of 2)

Excludes:

- (1) Fall involving vehicles. Reselect B.
- (2) Fall into fire. Reselect C.
- (3) Fall onto/into hot liquid or hot object. Reselect G.
- (4) Fall involving drowning. Reselect K.
- (5) Fall onto/into sharp objects or broken glass. Reselect M.
- (6) Fall involving Machinery. Reselect N.
- (7) Tripping or stumbling without mention of fall. Reselect R.

From, on, out of, off, down

01: Escalator

02: Other stairs or steps (Includes ice or snow on stairs/steps)

03: Ladder

04: Scaffolding

05: Residential structure (Apartment, boarding house, camping place, caravan, farm house, home, house, lodging house, private garage, rooming house, tenement)

O6: Building or other nonresidential structure (Barn, church, convalescent or nursing home, factory, farm outbuilding, hospital, hotel, educational institution, dormitory, school, shop, store, theater)

07: Other manmade structure (Bridge, flagpole, tower)

08: Cliff (Mountain, while mountain climbing)

09: Tree

10: Other natural structure or site (Embankment)

11: Involving playground equipment

Fall Getting Out of or Striking Against

12: Bed

13: Chair

14: Other furniture

MORE ON NEXT PAGE

O. FALLING, DIVING, JUMPING, PUSHED (page 2 of 2)

Fall from

- 15: Involving bed
- 16: Involving chair
- 17: Involving furniture
- 18: Stationary vehicle
- 19: Involving ice-skates, skis, roller-skates, skateboards or snowboards
- **20:** Other fall involving ice and snow (Same level)
- 21: Other fall from one level to another (Curb, high place, height)
- 22: Tripping, slipping, stumbling (Same level)
- 23: While being carried by another person
- 24: Involving wheelchair

Fall on Same Level from Push, Collision, or Shove of Another Individual

- 30: In sports
- 31: Human stampede
- 32: Collision with another person or pedestrian conveyance
- 33: Other and unspecified

Into (in)

- 40: Well
- 41: Storm drain or manhole
- 42: Swimming pool
- **43:** Water (Rock quarry, sand pit)
- **44: Pit, quarry** (Without mention of water)
- 45: Tub
- **46:** Other hole or opening (Elevator shaft)
- **88:** Other specified fall (Fall from or off toilet)
- 99: Unspecified fall

!STOP!

END OF FALLING, DIVING, JUMPING, PUSHED

P. ABUSE, ASSAULT, ABANDONMENT, NEGLECT (page 1 of 1)

Excludes: Transports. Reselect B.

1. Circumstances

01: Abandonment or neglect

02: Beaten with blunt object (Stick, ball bat)

03: Beaten (Unspecified)

04: Involved in fight, brawl, or altercation

05: Mental abuse

06: Physical abuse

07: Sexual abuse

08: Sexual assault (Rape, sodomy)

09: Abuse (Unspecified)

10: Assault (Unspecified)

11: Riot (Unspecified)

12: Pushed or placed in front of moving object

88: Other specified

99: Other unspecified

2. By person

01: Spouse or partner

02: Parent, step-parent

03: Acquaintance or friend (Boss, co-worker)

04: By official authorities

05: By other relative (Brother, sister, etc.)

88: Other specified persons

99: By unspecified person (Assailant, mugger, robber, vague reference)

!STOP!

END OF ABUSE, ASSAULT, ABANDONMENT, NEGLECT

Q. LEGAL INTERVENTIONS AND OPERATIONS OF WAR (page 1 of 2)

Legal Execution

01: Asphyxiation by gas

02: Beheading, decapitation (by guillotine)

03: Electrocution

04: Hanging

05: Lethal injection (Poisoning)

06: Shooting

07: Capital punishment, means unspecified (Or other words to that effect)

Other Legal Intervention

08: Involving discharge of firearm

09: Involving explosives

10: Involving gas

11: Involving blunt objects

12: Involving sharp objects

13: Other specified intervention

14: Unspecified Intervention

! STOP!

Q. LEGAL INTERVENTIONS AND OPERATIONS OF WAR (page 2 of 2)

Operations of War

- **15:** Occurring after cessation of hostilities (Any method)
- 16: Involving explosion of marine weapons
- 17: Involving destruction of aircraft
- 18: Involving other explosives and fragments (Unspecified)
- 19: Involving fires, conflagration, and hot substances
- 20: involving firearm discharge and other forms of conventional warfare
- 21: Involving nuclear weapons
- 22: Involving biological weapons
- 23: Involving chemical weapons
- 24: Involving other forms of unconventional warfare
- 25: Laser
- 26: Unspecified operation of war
- 88: Other specified
- 99: Unspecified

! STOP!

END OF LEGAL INTERVENTIONS AND OPERATIONS OF WAR

R. OTHER (page 1 of 1)

O1: Struck by falling object (Mud, snowslide, stone, tree, stationary motor vehicle)

Struck Against or Struck by People

02: In sports

03: In crowd stampede04: In running water

05: Other

Struck Against or Struck by Object

06: In sports, with sporting equipment

07: In running water

08: High pressure jet (Hydraulic jet, pneumatic jet)

09: Other

10: Hit, twisted, kicked by person

11: Bitten by person

12: Caught in between objects

Tripping or Stumbling

13: Over animal

14: Over rug or other object

15: Over other person

! STOP!

END OF OTHER

Certificate Nur	mber	Sex	Date of Death		
000001		F	01/01		
Age Unit		Age Field	State of Death		
68		YEARS	AS	AS	
Part I			Duration	Duration	
a. CEREBRAL	.THROMBOS	SIS	7 WKS		
b. RENAL FAI	LURE		4 WKS		
c. PNEUMONI	A		1 WK		
d.					
Part II					
Was Autopsy Performed		Were Autopsy Finding Used	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 Injury					
Injury Description					
Transportation	n, Specify				
Certifier	D	State Specific Data			

Certificate Nu	umber	Sex	Date of Death	
0000	002	М	01/01	
Age Unit		Age Field	State of Death	
34	4	YEARS	AS	
Part I			Duration	
a. CONGEST	IVE HEART F	AILURE		
b. STOMACH	I ULCER WITH	H HEMORRHAGE		
c.				
d.				
Part II: MYO	CARDIAL INF	ARCTION; CANCER OF BRE	AST; CIRCULATO	RY
INSUFFICIEN	CY			
Was Autopsy Performed		Were Autopsy Finding Used	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 Nu	umber	Sex	Date of Death	
000003		F	01/01	
Age Unit		Age Field	State of Death	
79	9	YEARS	AS	
Part I			Duration	
a PULMONA	ARY EDEMA		ACUTE	
b. MYOCARI	DIAL INFARCT	TON	3 MO	
c. ARTERIOS	SCLEROTIC H	EART 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 Descri	ption			
Transportation	on, Specify			
Certifier	М	State Specific Data		

Certificate Number	Sex	Date of Death	
000004	M	01/01	
Age Unit	Age Field	State of Death	
48	YEARS	AS	
Part I		Duration	
a. BRONCHOPNEUMONI	A WITH ABSCESS		
b. GASTRIC ULCERS, CA	USE UNKNOWN		
c. RHEUMATOID ARTHRI	TIS		
d.			
Part II: WIDESPREAD CAR	CINOMA OF LUNG		
Was Autopsy Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death	
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 CORONER	State Specific Data		

Certificate Number		Sex	Date of Death	
000005		F	01/01	
Age Unit		Age Field	State of Death	
56		YEARS	AS	
Part I			Duration	
a. PULMONA	RY EMBOLI	SM		
b. CORONAR	Y BYPASS (GRAFT		
c. ASHD				
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
		N		
Date of Injury		Time of Injury	Injury at Work	
Place of Injury				
Injury Descript	ion			
Transportation, Specify				
Certifier	М	State Specific Data		

Certificate Nu	ımber	Sex	Date of Death	
000006		F	01/01	
Age Unit		Age Field	State of Death	
50)	YEARS	AS	
Part I			Duration	
a. CARDIAC	ARRHYTHMI <i>A</i>	4		
b. MASSIVE	ACUTE MYO	CARDIAL INFARCTION		
c.				
d.				
Part II: MIGRA	AINE HEADAC	CHES		
Was Autopsy Performed		Were Autopsy Finding Uses	Tobacco Use Contribute to death	
			U	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
Date of Injury	1	Time of Injury	Injury at Work	
Place of Injury				
Injury Description				
Transportation, Specify				
Certifier	D	State Specific Data		

Certificate Number	Sex	Date of Death		
000007	M	99/99		
Age Unit	Age Field	State of Death		
70	YEARS	AS		
Part I		Duration		
a. SEVERE ACUTE RESP	RATORY FAILURE			
b. TERMINAL PNEUMONI	A			
c. CONGESTIVE HEART F	FAILURE DUE TO MI			
d. CARDIOMYOPATHY DI ARTERIOSCLEROSIS	JE TO			
Part II	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 Nu	umber	Sex	Date of Death	
0000	800	М	01/01	
Age Unit		Age Field	State of Death	
6	5	YEARS	AS	
Part I			Duration	
a. CONGES	TIVE HEART	FAILURE	4 YEARS	
b. RENAL F	AILURE		3 MOS	
c.				
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	1	Time of Injury	Injury at Work	
Place of Injur	У			
Injury Description				
Transportation	on, 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	Part II: CARCINOMA OF BREAST			
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	1	Time of Injury	Injury at Work	
Place of Injur	у			
Injury Description				
Transportatio	on, Specify			
Certifier	D	State Specific Data		

Certificate Number	Sex	Date of Death	
000010	F	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 Contrib	oute to
		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	Part II: END STAGE CHRONIC RENAL DISEASE WITH 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	ption			
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	topsy Performed Were Autopsy Finding Uses Tobacco Use Contribute death		ribute to	
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 Injur	у			
Injury Descri	ption			
Transportation	on, 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 Description FRACTURED RIB WHILE TURNIN		URNING IN BED		
Transportation, Specify				
Certifier	CORONER	State Specific Data		

Certificate Number	Sex	Date of Death		
000014	F	01/01		
Age Unit	Age Field	State of Death		
74	YEARS	AS		
Part I		Duration		
a. CARDIOGENIC SHO	CK			
b. FRACTURE OF ARM	1 AND LEG			
c.				
d.				
Part II	Part II			
Was Autopsy Performe	d Were Autopsy Finding Uses	Tobacco Use Conti	ribute to	
Pregnancy	Manner of Death	Date of Surgery	Activity Code	
	А			
Date of Injury	Time of Injury	Injury at Work		
		N		
Place of Injury	HOME			
Injury Description	Injury Description FALL			
Transportation, Specify	,			
Certifier UNKNOW	N State Specific Data			

Certificate No	umber	Sex	Date of Death	
000	015	М	01/01	
Age Unit		Age Field	State of Death	
2	8	YEARS	AS	
Part I			Duration	
a. GUNSHO	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	у			
Injury Descri	ption	SELF-INFLICTED, BY 25 C	SY 25 CALIBER HANDGUN	
Transportation	on, Specify			
Certifier	D	State Specific Data		

Certificate N	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 AN	D NECK INJUF	RIES		
b.				
C.				
d.				
Part II:				
Was Autopsy	y Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
,	1	А		
Date of Injury	у	Time of Injury	Injury at Work	
Place of Inju	ry			
Injury Description		VEHICLE RAN OFF ROAD A	AND STRUCK OB	JECT
Transportation, Specify		DR		
Certifier	CORONER	State Specific Data		

Certificate N	umber	Sex	Date of Death	
000	001	F	01/01	
Age Unit		Age Field	State of Death	
5	5	YEARS	AS	
Part I			Duration	
a. CARDIAC	ARREST AND	PNEUMONIA		
b. PULMON	ARY EMBOLIS	M & CHF		
c. CANCER	OF LUNG WIT	TH METASTASIS TO SPINE		
d.				
Part II	Part II			
Was Autops	y Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death	
			N	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
		N		
Date of Injur	у	Time of Injury	Injury at Work	
Place of Injury				
Injury Description				
Transportati	on, Specify			
Certifier	D	State Specific Data		

Certificate N	umber	Sex	Date of Death	
100	002	М	01/01	
Age Unit		Age Field	State of Death	
8	2	YEARS	AS	
Part I			Duration	
a. HEART FA	AILURE DUE T	О МІ		
b. ASHD				
c. AS				
d.				
Part II:	Part II:			
Was Autopsy	y Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death	
			N	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
		Р		
Date of Injury	у	Time of Injury	Injury at Work	
Place of Inju	ry			
Injury Descri	ption			
Transportation	on, Specify			
Certifier	D	State Specific Data		

Certificate N	umber	Sex	Date of Death	
100	003	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:				
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	
100	004	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	y Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death	
١	(Υ	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
		N		
Date of Injury	у	Time of Injury	Injury at Work	
Place of Injury			-	
Injury Descri	ption			
Transportation	on, Specify			
Certifier	CORONER	State Specific Data		

Certificate Nu	umber	Sex	Date of Death	
1000	005	F	01/01	
Age Unit		Age Field	State of Death	
6	7	YEARS	AS	
Part I			Duration	
a. HEART DI	SEASE			
MALIGNAN	NT HYPERTE	NSION		
CHRONIC	NEPHRITIS			
d.				
Part II: CANC	ER OF KIDNE	ΞΥ		
Was Autopsy	Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death	
Y	′			
Pregnancy		Manner of Death	Date of Surgery	Activity Code
		Р		
Date of Injury	1	Time of Injury	Injury at Work	
Place of Injury				
Injury Descri	ption			
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:			
Was Autopsy Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death	
Υ			
Pregnancy	Manner of Death	Date of Activity Surgery Code	
	N		
Date of Injury	Time of Injury	Injury at Work	
Place of Injury			
Injury Description			
Transportation, Specify			
Certifier	State Specific Data		

Part I		Duration			
a. CHEST TRAUMA		INSTANT			
b. >N10					
c.					
d.					
Part II: HEAD/PELVIS	INJURIES				
Place of Injury	y CONSTRUCTION SITE				
Injury Description	escription				

Part I		Duration	
a SEPSIS		HOURS	
b. THERMAL BURN	S (70% OF THE BODY)		
c.			
d.			
Part II: ATHEROSCL	EROTIC CARDIOVASCULAR DISEASE		
Place of Injury	Place of Injury HOME		
Injury Description	Injury Description >C55SS01022205		

Part I		Duration		
a. SLASHED WRISTS				
b. CUT WRISTS; >M020	b. CUT WRISTS; >M0205			
c.				
d.				
Part II:				
Place of Injury MOTEL				
Injury Description	SLASHED WRISTS AND BLED TO DEATH			

Part I		Duration
a. ELECTROCUTED		
b.		
c.		
d.		
Part II:		
Place of Injury	POWER POLE	
Injury Description	>H05	

Part I		Duration	
a. HEAD INJURIES			
b. INJURIES TO TRUNK AN	D EXTREMITIES		
c. >P0302			
d.			
Part II:			
Place of Injury HOME			
Injury Description			

Part I		Duration	
a. BURNED			
b. >D22			
c.			
d.			
Part II:	Part II:		
Place of Injury BEACH			
Injury Description	BURNED		

Part I		
a. FRACTURES OF FEM	JUR, RADIUS AND ULNAR AND	
b. INTRACEREBRAL HE	EMORRHAGE	
c. BLUNT IMPACTS INJURY; >016		
d.		
Part II: ATHEROSCLER	OTIC CARDIOVASCULAR DISEASE; OSTEOPOROSIS	
Place of Injury NURSING HOME		
Injury Description		

Part I		Duration	
a. MASSIVE MULTIPLE TRAUMA		INSTANT	
b. >B4388SSS99999943			
c.			
d.			
Part II:			
Place of Injury FIELD			
Injury Description			

Part I		Duration
a. GUNSHOT WOUND	OF CHEST WITH PERFORATION OF HEART AND LUNG	
b.		
c.		
d.		
Part II: THORACOTOMY; GUNSHOT WOUND OF HEART		
Place of Injury	PARKING GARAGE	
Injury Description	Shot; >19904	

Part I		Duration
a. ELECTRICAL BURN	NS OF APPROXIMATELY 30% OF TOTAL BODY	
b. SURFACE AREA WITH COMPLICATIONS		
c.		
d.		
Part II:		
Place of Injury	RAILROAD TRACKS	
Injury Description	>H99	

Part I		Duration
a. >A05		
b.		
c.		
d.		
Part II:		
Place of Injury	MOUNTAINS	
Injury Description		

Part I		Duration	
a. ASPHYXIA			
b. PLASTIC BAG OVER HEAD		MINUTES	
c.			
d.			
Part II:	Part II:		
Place of Injury	CLOSET AT HOME		
Injury Description	PLACED PLASTIC BAG OVER HEAD		

Part I		Duration
a. HEAD WOUND		
b. SHOT MULTIPLE TIMES		
c.		
d.		
Part II:		
Place of Injury	LIQUOR STORE	
Injury Description	>19904	

Part I		Duration
a. CARDIOPULMONAR	Y ARREST	IMMEDIATE
b. ARDS (ACUTE RESP	PIRATORY DISTRESS SYNDROME)	DAYS
c. PNEUMONIA	c. PNEUMONIA	
d. HYPOTHERMIA		5 DAYS
Part II: DIABETES; ISCH	Part II: DIABETES; ISCHEMIC HEART DISEASE	
Place of Injury	Place of Injury HOME	
Injury Description	>044	

Part I		Duration	
a. COMPLICATIONS OF	a. COMPLICATIONS OF BLUNT IMPACT OF HEAD		
b.			
c.			
d.			
Part II: CRANIOTOMY;	Part II: CRANIOTOMY; SUBDURAL HEMORRHAGE		
Place of Injury	HOME		
Injury Description	>O45		

Part I		Duration
a. STREPTOCOCCAL TOXIC SHOCK		
b. BITE; >F9909		
c.		
d.		
Part II:	Part II:	
Place of Injury	HOME	
Injury Description	BITTEN	

Part I		Duration	
a. MULTIPLE WOUND	OS OF HEAD AND TORSO		
b. INTERNAL BLEEDI	NG		
c.			
d.			
Part II:	Part II:		
Place of Injury	WOODS		
Injury Description	FOUND IN WOODS ENTANGLED IN VINES; UNKNOWN CAUSE OF INJURY		

Part I		Duration	
a. HEAD INJURY			
b. TRAUMA TO ARMS AND HANDS AND CHEST			
c. >N88			
d.			
Part II:	Part II:		
Place of Injury	LUMBER MILL		
Injury Description			

Part I		Duration	
a. INFECTIOUS COMPLICATION OF THERMAL INJURIES OF 15% OF BODY SURFACE AREA			
b. INCLUDING HEAD, TRUNK AND EXTREMITIES			
c.			
d.			
Part II: SKIN GRAFTS;E	Part II: SKIN GRAFTS;BURNS;UNKNOWN		
Place of Injury	HOME		
Injury Description	>C99SS01019905		

Part I		Duration	
a. DROWNING		2 HOURS	
b.			
c.			
d.			
Part II:	Part II:		
Place of Injury	SOUTH FORK PEYOTE RIVER		
Injury Description	>B3008SSSS99099930		

Part I Duration			
a. SEVERE TRAUMA	a. SEVERE TRAUMA TO HEAD		SECONDS
b. >A75			
c.			
d.			
Part II:	Part II:		
Place of Injury	HOME		
Injury Description	HEAD INJURY		

Part I		Duration
a. CEREBRAL HYPOXI	A	HOURS
b. DROWNING		
c.		
d.		
Part II:		
Place of Injury	LAKE CHAMPLAIN	
Injury Description	>B2708SSSS02090227	

Part I		Duration	
a. ANAPHYLACTIC REACTION		MINUTES	
b. STUNG BY BEE			
c.			
d.			
Part II: ASTHMA	Part II: ASTHMA		
Place of Injury BACKYARD			
Injury Description	njury Description STUNG BY SEVERAL BEES IN BACKYARD AT HOME		

Part I		Duration	
a. GUNSHOT WOUND	O OF HEAD		
b.			
c.			
d.			
Part II:	Part II:		
Place of Injury	ce of Injury AUTO SHOP		
Injury Description	SHOT; >I1506		

Part I		Duration	
a. INJURY TO ARMS AND LEGS			
b. >M0409			
c.			
d.			
Part II:	Part II:		
Place of Injury	HOME		
Injury Description			

Part I		Duration	
a. MULTIPLE INTERNAL INJURIES			
b. >R03			
c.			
d.			
Part II:	Part II:		
Place of Injury	NIGHTCLUB		
Injury Description			

Part I		Duration
a. 2 ND AND 3 RD DEGREE BURNS ON 30% OF BODY		
b. >G03		
c.		
d.		
Part II:	Part II:	
Place of Injury	HOME	
Injury Description		

Part I		Duration	
a. GUNSHOT WOUND T	O HEAD	SECONDS	
b.			
c.			
d.			
Part II:	Part II:		
Place of Injury HOME			
Injury Description	SHOT; >10505		

Part I		Duration	
a. BLUNT FORCE TRA	NUMA		
b. >D11			
c.			
d.			
Part II: ASTHMA	Part II: ASTHMA		
Place of Injury FACTORY			
Injury Description			

Part I		Duration	
a. RIGHT CEREBELLAR AND PONS HEMORRHAGE		HOURS	
b. SEVERE CLOSED H	HEAD INJURY	HOURS	
c.			
d.			
Part II: RIGHT SUBDUI	Part II: RIGHT SUBDURAL HEMATOMA; HYPOTHERMIA		
Place of Injury	lace of Injury HOME		
Injury Description	VICTIM FOUND AT BOTTOM OF STAIRCASE AT HOME WITH MULTIPLE FRACTURES		

Part I		Duration
a. SMOKE INHALATION		
b.		
c.		
d.		
Part II: HYPERTENSIVE AND ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE;		
ALZHEIMERS DEMENTIA		
Place of Injury	RESIDENCE	
Injury Description	>C20SS01019930	

Part I		Duration
a. DROWNING		MINUTES
b.		
c.		
d.		
Part II:		
Place of Injury	QUARRY	
Injury Description	DROWNED; >K179940	

Part I	Duration		
a. BURNS			
b. EXPOSURE; >J50			
c.			
d.			
Part II:	Part II:		
Place of Injury SCIENTIFIC LABORATORY			
Injury Description EXPOSED			

Part I		Duration	
a. SUBDURAL HEMATOMA			
b. HEAD INJURY			
c. >B0101040199990101			
d.			
Part II: EMPHYSEMA	Part II: EMPHYSEMA		
Place of Injury HIGHWAY			
Injury Description			

Part I	Duration	
a. BLUNT FORCE TRA	AUMA TO FACE, HEAD, AND ARMS	
b.		
c.		
d.		
Part II:		
Place of Injury HOME		
Injury Description	>P0299	

Part I	Duration		
a. LEFT HEMOTHOR	AX	MINUTES	
b. CARDIAC AND PERICARDIAL LACERATION		MINUTES	
c. BLUNT TRAUMA TO CHEST		MINUTES	
d. >B1802990299990118		MINUTES	
Part II:			
Place of Injury SNOWMOBILE TRAIL			
Injury Description			

Part I		Duration	
a. HYPOTHERMIA			
b.			
c.			
d.			
Part II: ALZHEIMERS			
Place of Injury	Place of Injury OUTSIDE NURSING HOME		
Injury Description	REPORTEDLY WANDERED AWAY FROM HOME AND WAS FOUND OUTSIDE ON THE GROUND		

Part I		Duration
a. DROWNED		MINUTES
b.		
C.		
d.		
Part II:		
Place of Injury RIVER		
Injury Description DROWNED		

Part I	Duration	
a. MULTIPLE SEPTIC OF FEET		
b.		
c.		
d.		
Part II: HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE;		
DIABETES MELLITUS		
Place of Injury HOME		
Injury Description BURNED; >G01		

Part I		
a. BLUNT IMPACTS OF HEAD, TORSO AND EXTREMITIES		INSTANT
b. >B4388SSSS99990643		
C.		
d.		
Part II:		
Place of Injury STATE FOREST		
Injury Description		

Part I		Duration
a. HYPOTHERMIA		HOURS
b. EXPOSURE TO ENVIRONMENT		
C.		
d.		
Part II: ASHD; EMPHYSEMA;COPD		
Place of Injury WOODS		
Injury Description >E04		

Part I	Duration	
a. COMPLICATIONS C	OF BLUNT IMPACT TO LOWER EXTREMITIES	
b. WITH BILATERAL AMPUTATIONS		
c.		
d.		
Part II:		
Place of Injury	SUBWAY	
Injury Description >B51076588998807SS		