

NEW MEXICO DEPARTMENT OF HEALTH

Death Certificate Manual

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Issued by: Vital Records & Health Statistics
Epidemiology & Response Division
New Mexico Department of Health
1105 St Francis Dr
Santa Fe, New Mexico 87505
(505) 827-2532

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INTRODUCTION

Purpose

This manual is designed to acquaint physicians, hospital personnel, local registrars, funeral home personnel and others with the death registration system in the state of New Mexico and to provide instruction for the registration of deaths.

Importance of Death Registration

A death certificate is a permanent record of an individual's facts of death. It provides important information about the decedent such as age, sex, date of death, his or her parents, if married the name of the spouse, information on circumstances and cause of death, and disposition of remains. This information is used for application of insurance benefits, pension claim settlements, social security benefits, transfer of title of real and personal property, and evidence when a question about the death arises.

Statistical information from death certificates helps define health issues and measure the results of many aspects of public health work. These data are a necessary foundation without which a health department could not perform its duties related to health promotion, prevention and intervention activities.

In addition, death statistics are of considerable value to individual physicians and to medical science. Some of the health issues of interest to health-related professions include: the increase or decrease in number of deaths, geographic distribution of death from certain diseases or injuries, risk of death from various causes at different ages, medical implication of the combinations resulting in death, frequency of autopsies, and the proportion of deaths occurring in hospitals.

The statistical data derived from death certificates can be no more accurate than the information on the certificate. It is very important that all persons concerned with the registration of deaths strive not only for complete registration but also for accuracy and promptness in reporting these events.

Confidentiality of Vital Records

The state and local registrars protect the information on vital records from unwarranted or indiscriminate disclosure. Vital records are available only to persons who are authorized access by state law and supporting regulations. Legal safeguards to the confidentiality of vital records have been strengthened substantially in recent years. Hospitals and physicians are reasonably assured that extensive legal and administrative measures are used to protect individuals from unauthorized disclosures of personal information on a death certificate.

COMPLETING THE DEATH CERTIFICATE

General Instructions

These instructions follow the enclosed 2006 revised New Mexico Standard Certificate of Death.

The funeral director or other person in charge of disposition will complete those parts of the death certificate that call for personal information about the decedent. He or she is also responsible for filing the certificate with the local or state registrar. The law prescribes that the death certificate must be filed with the local or state registrar within 5 days of the date of death or prior to final disposition.

When the cause of death cannot be determined within the statutory time limit, a death certificate should be filed and on item 30, Manner of Death, the box "Pending Investigation" should be checked. Only the Office of the Medical Investigator may select "Pending Investigation" as the manner of death.

It is essential that the certificate be prepared as a permanent durable record. Completing a death certificate involves the following guidelines:

- Use the current form designated by the State.

- Complete each item, following the specific instructions for the item.

- Take care to make all entries legible. Use a computer printer with high resolution, a typewriter with good black ribbon and clean keys, or print legibly using permanent black ink.

- Do not use abbreviations except those recommended in the specific item instructions.

- Verify with the informant the spelling of names.

- Refer problems not covered in these instructions to the state Bureau of Vital Records and Health Statistics in Santa Fe.

- All signatures must be originals. Rubber stamps or facsimile signatures are not acceptable.

- Do not make alterations or erasures.

- File the original death certificate with the state or local registrar. Reproductions or Duplicates will not be accepted.

- Please print or type clearly

Top of Certificate

Upper Left Hand of Certificate

The line marked **Registrar** is for the signature of the state or local registrar who accepts the death certificate. On the line marked **Date of Signature**, the registrar will enter the date (month, day and four digit year) that the registrar signed. This is for the Registrar use only. Enter the full name or abbreviation of the month (e.g. January, Jan. etc.). Do not use a number to designate the month.

NOTE: If death is due to accident, homicide, suicide, trauma or unknown causes, refer the case to the Office of the Medical Investigator.

Upper Center Box of Certificate

STATE USE ONLY: This section is to be completed only by the designated State Office Registrar.

Upper Right Hand Corner of Certificate

Date of Death: Enter exact date of death (Month, day and four digit year). Enter the full name or abbreviation of the month (e.g. January, Jan. etc.) Do not use a number to designate the month.

This date is to be entered only by the Medical Certifier.

OMI No: This is for the Office of the Medical Investigator Use Only.

City of Death and County of Death are for the Medical Certifier's use only.

City of Death: Enter the name of the city, town, village or pueblo where death occurred.

County of Death: Enter the name of the county where death occurred.

**Funeral Director
(or Person Acting as Such)**

Center Section (Funeral Director)

To be completed by Funeral Director or "Person Acting as Such".

1. DECEDENT'S LEGAL NAME

a. Enter the full first, middle, and last name of the decedent.

Do not abbreviate.

Do not enter AKA's (aliases).

The information identifies the individual for whom the certificate is prepared.

b. If female, enter decedent's maiden name (last name prior to first marriage).

This information is important for linkage to the decedent's birth certificate and for maternal mortality research. It is also important for fraud prevention.

2. SEX

Enter male or female. Do not abbreviate or use other symbols. If sex cannot be determined after medical or legal certification, inspection of the body, or other sources, enter, UNK (unknown). Do not leave this item blank.

3. SOCIAL SECURITY NUMBER

Enter the social security number of the decedent. Verify the number against the decedent's social security card.

If there is no Social Security Number, enter NONE.

4. AGE

Make an entry in either 4a, 4b or 4c depending on the age of the decedent.

Age is one of the most important characteristics in studying mortality. The "INFANT" sections provide information for evaluation of infant, neonatal, and perinatal mortality.

a. AGE – Last Birthday (years)

Enter the decedent's exact age in years at his or her last birthday.

If the decedent was under 1 year of age, leave this item blank.

b. INFANT – If Under 1 Year

Enter the age of the infant in months or days at the time of death.

When the infant is between 1 and 11 months old, enter the age in months.

When the infant is over 1 year or less than 1 day of age leave this item blank.

c. INFANT – If Under 1 Day

Enter the number of hours and minutes the infant lived.

When the infant is less than an hour old, enter the age in minutes.

5. DATE OF BIRTH (Month/Day/Year)

Enter the full name or abbreviation of the month (January, Jan., February, Feb., etc.) the day and the 4-digit year that the decedent was born. Do not use a number to designate the month.

If the date of birth is unknown, enter "Unknown." If part of the Date of Birth is unknown, enter the known parts and leave the remaining parts blank.

6. BIRTHPLACE

a. CITY OF BIRTH

If the decedent was born in the United States, enter the name of the city.

b. STATE OF BIRTH

If the decedent was born in the United States, enter the name of the State.

c. COUNTRY OF BIRTH

If the decedent was born in the United States, enter U.S.

If the decedent was not born in the United States, enter the name of the country of birth whether or not the decedent was a U.S. citizen at the time of death.

If the decedent was born in the United States but the city is unknown, enter the name of the state only. If the state is unknown enter "U.S. unknown".

If the decedent was born in a foreign country but the country is unknown, enter "Foreign Unknown".

If no information is available regarding place of birth enter "Unknown".

7. WAS DECEDENT EVER IN THE ARMED FORCES?

If the decedent ever served in the U.S. Armed Forces, check the "Yes" box. If not, check the "No" box. If it cannot be determined whether the decedent served in the U. S. Armed Forces, enter "Unknown." Do not leave this item blank.

8. RESIDENCE OF DECEDENT

Residence is the place where the decedent actually resided. This is not necessarily the same as "home state" or "voting residence" or "legal residence".

Do not enter addresses that are post office boxes. Enter the building number and street name for the residence address rather than the postal address.

Never enter a temporary residence, such as one used during a visit, business trip or a vacation. However, place of residence during a tour of military duty is not considered temporary and should be entered as the place of residence on the certificate. For college students, usual place of residence should be entered as the place of residence on the certificate.

Multiple Residences

If the decedent lived in more than one residence (parent living in a child's household, children in joint custody, person owning more than one residence, or commuters living elsewhere while working), enter the

residence lived in most of the year. If a child lived an equal amount of time in each residence, report the residence where the child was staying when death occurred.

Institutions or Group Homes

If a decedent had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary or hospital for the chronically ill, long-term care facility, congregate care facility, foster home, or board and care home, this facility should be entered as the place of residence in items 8a through 8g. Use the facility's physical address and not the name of the facility.

Infant

The place of residence is that of the mother or legal guardian, even if the infant never resided at home. Do not use an acute care hospital as the place of residence for an infant.

a. RESIDENCE STREET and NUMBER OR LOCATION

Enter the number and street name of the place where the decedent lived.

If the residence does not have a street number or street name, enter the rural route number or the geographical location (e.g. 3 miles north of Cousins Trading Post on State Road 5.). Do not enter a P.O. Box number.

If the decedent lived in an institution for many years, enter the facility's address as the decedent's residence address.

b. RESIDENCE CITY

Enter the name of the city, town or location in which the decedent lived.

c. RESIDENCE COUNTY

Enter the name of the county where the decedent lived. Be sure to enter **County** NOT **Country**.

If the decedent did not live in the United States or its territories, leave county blank.

d. RESIDENCE STATE

Enter the name of the state or U.S. territory where the decedent lived. This may differ from the mailing address. If the decedent was not a resident of the United States or its territories, enter the state equivalent (Chihuahua), if known.

e. RESIDENCE COUNTRY

Enter the name of the country in which the decedent lived.

f. RESIDENCE ZIP CODE

Enter the ZIP Code of the place where the decedent lived. This may differ from the ZIP Code used in the mailing address.

The 9-digit ZIP Code is preferred over the 5-digit ZIP Code. If only the 5-digit ZIP Code is known report that.

If the decedent was not a resident of the United States or its territories, leave this item blank.

g. IS RESIDENCE INSIDE CITY LIMITS?

Check the "Yes" box if the location entered in 8c is incorporated and if the decedent's residence is inside its boundaries. Otherwise check "No".

If it is not known if the residence is inside the city or town limits, enter "Unknown" in the space next to the "No" box.

9. DECEDENT'S EDUCATION

Check the box that best describes the highest degree or level of school completed at the time of death.

8th grade or less should be used for infants and children.

If unknown, write "unknown" in the box above 8th grade or less.

10. DECEDENT'S HISPANIC ORIGIN

If the decedent is not Spanish/Hispanic/Latino, check "No, not Spanish/Hispanic/Latino."

If the decedent is Spanish/Hispanic/Latino, check the box that best describes his or her Hispanic origin.

If the decedent is of Spanish/Hispanic/Latino origin, but the origin is not listed, enter it on the "If other (Specify)" line.

If it is unknown if the decedent is Spanish/Hispanic/Latino write unknown.

11. DECEDENT'S RACE

Check one or more races to indicate what the decedent considered him/her self to be. If American Indian or Alaska Native is selected, specify the name or names of enrolled or primary tribe(s). When the informant indicates that the decedent is of "mixed race", enter both races. If there is no box for the informant's response for one or more race, check the box "Other (Specify)" and enter the informant's response even if the response is not a race or races. If there is no informant or other reliable source for this information, enter "Not Obtainable"; if the informant does not know, enter "Unknown"; or if the informant refuses enter "Refused" in the "Other (Specify)" line.

12. DECEDENT'S USUAL OCCUPATION.

a. DECEDENT'S USUAL OCCUPATION

Indicate type of work done during most of his/her working life. DO NOT USE RETIRED.

If military service, give rank or state whether decedent was an officer or enlisted.

If the decedent was a "homemaker" during most of his or her working life, or never worked outside the household, enter "Homemaker"

"Self-employed" with no other information is not acceptable.

Enter "Student" if decedent is a student at the time of death and was never regularly employed.

If not known, enter "Unknown."

b. Kind of Business or Industry.

Enter the kind of business or industry to which the occupation listed in 12a was related, such as insurance, farming, coal mining, hardware store, retail clothing, university, government, etc. Do not enter firm or organization names.

If the decedent was a student and "Student" was entered as decedent's usual occupation in 12a, enter the type of school such as high school or college in 12b.

If the decedent was a homemaker and "Homemaker" is entered in 12a enter "Own Home" in 12b.

These items are useful in studying occupationally related mortality and in identifying job related risk areas.

13. MARITAL STATUS – At time of death.

Check the box of the decedent's marital status at the time of death. Never married applies to a single person who has never been married. A person is legally married if separated. A decedent is considered married if both husband and wife die at the same time and the death record lists the SAME date and time of death for both. If marital status cannot be determined, enter "Unknown". Do not leave this item blank.

14. SURVIVING SPOUSE

If wife, give maiden name (name prior to first marriage).

If the decedent was married at the time of death, enter the full name of the surviving spouse.

This item is used in genealogical studies and in establishing proper insurance settlements and other survivor benefits.

15. FATHER'S FULL NAME

Enter the first, middle and last name of the decedent's father. If there is no middle name, do not state N/A (not applicable) leave the item blank.

If father's name cannot be determined, enter "Unknown" in the name field.

16. MOTHER'S FULL MAIDEN NAME

Enter the maiden name (First, middle and surname) of the decedent's mother, (name used prior to first marriage). This is the name given at birth or adoption, not a name acquired by marriage. This name is useful because it remains constant throughout life. If there is no middle name, do not state N/A (not applicable) leave the item blank.

This name is useful because it remains constant throughout life.

17. INFORMANT

a. INFORMANT NAME (First and Last)

Enter the name of the person providing the information regarding the decedent.

If the informant is an institution such as a tribal group, indicate the name of the tribal group.

b. INFORMANT'S RELATIONSHIP TO DECEDENT

Enter the informant's relationship to the decedent. For example, this may be a husband, wife, parent, son, daughter, brother, sister, or friend.

c. INFORMANT'S MAILING ADDRESS

Street and Number, City, State, Zip Code.

Enter the complete mailing address of the informant whose name appears on Item 17a.

A P.O. Box Address is allowed in this box.

The name and mailing address of the informant are used to contact the informant when inquiries are needed to correct or complete any item on the death certificate.

18. METHOD OF DISPOSITION

Check the box corresponding to the method of disposition of the decedent's body. If the decedent was transported and buried in another state, check both the "Burial and "Removal" from State boxes. If the body is to be used for scientific or educational purposes, check "Donation" and specify the name and location of the institution in items 19 and 20. "Donation" refers only to the entire body, not to individual organs. If "Other (Specify)" is checked, enter the method of disposition on the line provided. Cremation permits are approved by the Office of the Medical Investigator.

19. PLACE OF DISPOSITION

Enter the name of the cemetery, crematory, or other place of disposition. If the body is removed from the State, specify the name of the cemetery, crematory, or place of disposition to which the body is removed. A Burial-Transit permit is required when a body is transported out of the State for final disposition or when final disposition is being made by a person other than a funeral service practitioner or direct disposer.

20. DISPOSITION LOCATION (City, State and Country).

Enter the name of the city, town, village or pueblo and the State or Country where the place of disposition is located.

This information indicates whether the body was properly disposed of as required by law. It also serves to locate the body in case exhumation, autopsy, or transfer is required later.

21. FUNERAL SERVICE FACILITY

- a. Enter the name of the facility handling the body prior to burial or other disposition. If no funeral service facility was used, indicate the name of the agency or person responsible for final disposition.

- b. Enter the complete address (including Zip Code) of the facility handling the body prior to burial or disposition. If no funeral service facility was used, indicate the address of the agency or person responsible for final disposition. (This should be the address of the agency or person listed on 21a).

22. FUNERAL DIRECTOR

a. Funeral Director's Name.

Enter the name of the Funeral Director or "Person acting as authority". The funeral service director or other person first assuming custody of the body is charged with the responsibility for completing the death certificate.

b. Title of Authority

Check the appropriate box identifying the title of authority of the person who is completing the death certificate. If the authority is other than a funeral service director, check the "Other" box and specify.

23. FUNERAL DIRECTOR'S LICENSE NUMBER

Enter the State license number of the funeral service director. List the number only, without the title letters (e.g. 999 instead of FSP999). If some other person who is not a licensed funeral director assumes custody of the body, leave this item blank (tribal authorities or family member would not have a license number).

24. Date Submitted

Enter the month, day and the four digit year that the death certificate was submitted to the state for filing. Do not use a number for the month. Enter the full or abbreviated name of the month (e.g. January, Jan. etc.).

Medical Certifier

Bottom Section (Medical Certifier)

THIS SECTION IS TO BE COMPLETED BY MEDICAL CERTIFIER

Medical Certification – Items 25 through 40 b must be completed by the person who certifies the Cause of Death. A Tribal Governor or Military Authority can certify cause of death.

25. DATE PRONOUNCED DEAD (Month/Day/Year).

Enter the month, day and four digit year the decedent was pronounced dead by certifier.

Do not use a number to designate the month. Enter the full name of the month or abbreviate (e.g. January, Jan. etc.). This date must match the “date of death” at the top right hand corner of the certificate.

26. TIME PRONOUNCED DEAD

Enter the exact time of death pronouncement (hour and minutes) according to local time. The time can be the same time or later than the time of death on item 27. However it cannot be before the actual time of death. Check AM or PM.

27. TIME OF DEATH

Enter the exact time of death (hour and minutes) according to local time. The time should be the same time or before the pronounced dead time on item 26. Check AM or PM.

28. CITY OF DEATH OCCURRENCE

a. CITY OF OCCURENCE

Enter the name of the city, town, village, or pueblo where the death occurred. The city of occurrence must match the “city of death” in the upper right hand corner of the certificate.

b. COUNTY OF OCCURRENCE

Enter the name of the county where the death occurred. The county of occurrence must match the “county of death” in the upper right had corner of the certificate.

c. ZIP CODE OF OCCURRENCE

Enter the Zip Code of the place where death occurred.

29. PLACE OF DEATH

a. PLACE OF DEATH OCCURRENCE

Give the name of the Hospital or other Facility. If the death did not occur in a hospital or other facility, give the street address or location, where the death occurred.

When death occurred in a hospital, enter the full name of the hospital.

If the place of death is the decedent’s residence, enter the physical address, not a P.O. Box.

If the place of death is someone else’s home, enter the physical address, not a P.O. Box.

If the place of death is a location, such as a highway or forest, enter the closest landmark.

b. IF DEATH OCCURRED IN A HOSPITAL

Check the appropriate box that indicates whether the decedent was an inpatient, Emergency Room/Outpatient or Dead on Arrival.

c. If Death Occurred somewhere other than a Hospital

Check the appropriate box that lists the place of occurrence.

30. MANNER OF DEATH

Check the appropriate box that indicates the appropriate manner of death (Natural, accident, suicide, homicide, pending investigation, or undetermined).

An M.D. may only select the manner of death as natural; all other manners may only be selected by OMI or a Tribal/Military Authority. Only OMI can select "Pending Investigation" as a manner of death.

If death was due to violence such as suicide, homicide, accident or undetermined, the case must be referred to the Office of the Medical Investigator.

31. WAS THE MEDICAL INVESTIGATOR CONTACTED?

Check "Yes" or "No" to indicate if the medical investigator was contacted.

Do not leave this item blank.

32. COMPLETE INJURY SECTION FOR ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED

This item can only be filled out by OMI or Tribal/Military Authority.

a. DATE OF INJURY

Enter the month, day and year when the injury occurred. Enter the full or abbreviated name of the month (Jan. or January, etc.). Do not use a number for the month.

b. TIME OF INJURY

Enter the exact time (hour and minute) that the injury occurred. In cases where the exact time is not possible to determine, an estimate should be made.

c. PLACE OF INJURY

Specify where the injury occurred, such as decedent's home, street, interstate, farm, ranch, arroyo, restaurant, etc.

d. LOCATION OF INJURY

Enter street address, city, state and Zip Code where injury occurred. If the injury occurred at a location without a street name and number, enter the exact location (e.g. Milepost 24, HWY 34).

e. INJURY AT WORK

Check the appropriate box. Do not leave this item blank.

f. DESCRIBE HOW INJURY OCCURED

Enter a brief, specific and clear description of how the injury occurred. Explain the circumstances or cause of the injury, such as “fell off ladder while painting house” or “passenger in car in car-truck collision”. (Specify type of gun, weapon, or type of vehicle. If known, indicate type of activity the decedent was engaged in when the injury occurred).

g. IF TRANSPORTATION INJURY – Specify

If the injury was a transportation injury, check the appropriate box that specifies the role of the decedent (e.g. Driver, passenger or pedestrian). For other types of transportation injuries, such as watercraft, aircraft or animal, enter on the “Other, specify” line. If it is unknown if the decedent was a driver, passenger or pedestrian, “Unknown” may also be entered on the “Other, Specify” line.

33. CAUSE OF DEATH, PART I and PART II.

This item is to be completed by the person whose signature appears on line 40c.

- **Part I.**

Enter the chain of events--diseases, injuries or complications that directly caused the death.

DO NOT enter terminal events such as cardiac arrest, respiratory arrest, stroke, or ventricular fibrillation without showing the etiology.

DO NOT enter “Old Age.”

DO NOT abbreviate.

Enter only one cause per line. Add additional lines if necessary.

For each cause, indicate in the space provided the approximate interval between the date of ONSET (not necessarily the date of diagnosis) and the date of death.

Conditions in Part I should represent a distinct sequence so that each condition may be regarded as being the consequence of the condition entered immediately below it. For example, myocardial infarction on line a, due to coronary artery disease on line b. When a condition does not seem to fit into such a sequence, consider whether it belongs in Part II.

- **Part I, Line a, Immediate Cause**

In part I, the immediate cause of death is reported on line a. This is the final disease, injury or complication directly causing the death. An immediate cause of death must always be reported on line a. It can be the sole entry in the cause-of-death section if that condition is the only condition causing the death.

- **Part I, lines b, c, and d, due to (or consequence of) sequentially list conditions, if any, leading to the cause listed on line a.**

Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) last.

On line b, report the disease, injury, or complication, if any, that gave rise to the immediate cause of death reported on line a. If this, in turn,

resulted from another condition, record that condition on line c. If this resulted from a further condition, record that condition on line d. For as many conditions as are involved, write the full sequence, one condition per line, with the most recent condition at the top, and the underlying cause of death reported on the lowest line used in Part I. If more than four lines are needed, add additional lines, writing "due to" between conditions.

Space is provided to the right of lines a, b, c, and d, for recording the interval between the presumed onset of the condition (not the diagnosis of the condition) and the date of death. This should be entered for all conditions in Part I.

- **Part II Other Significant Conditions**

All other important diseases or conditions that were present at the time of death and that may have contributed to the death, but did not lead to the underlying cause of death listed in Part I, should be recorded on these lines. Several different conditions may be reported in Part II.

***Reminder:** In the case of a violent death, enter the result of the external cause (e.g. fracture of vault of skull, crushed chest). These cases must be referred to the Office of the Medical Investigator.*

34. DID ALCOHOL USE CONTRIBUTE TO THE DEATH?

Check the appropriate box: Yes, No, Probably or Unknown.

This question is useful to determine the role alcohol use plays in mortality.

35. DID TOBACCO USE CONTRIBUTE TO THE DEATH?

Check the appropriate box: Yes, No, Probably, or Unknown.

This question is useful to determine the role tobacco use plays in mortality.

36. AUTOPSY

An autopsy is important in giving additional insight into the conditions that lead to the death.

a. Was Autopsy Performed?

Check "Yes" if a partial or complete autopsy was performed, otherwise check "No."

b. If YES, were findings considered in determining cause of death?

Check "Yes" if the findings of the partial or complete autopsy were used in determining the cause of death, otherwise, check "No".

c. Location Where Autopsy Was Performed (city, state)

List both city and state where the autopsy was performed.

37. WAS RECENT RESENT SURGICAL PROCEDURES PERFORMED?

a. Check "Yes" or "No"

Check "Yes" if a surgical procedure was performed on the decedent at any time during the six weeks preceding death, or if the certifier has reason to believe that the surgery contributed to the cause of death.

b. If “Yes”, specify the type of procedure performed

c. Date of Procedure

Enter the exact month, day and year the surgery was performed. Use full or abbreviated name of month, (Jan, or January etc.) Do not use a number for the month.

38. IF DECEDENT WAS FEMALE

a. IF DECEDENT WAS FEMALE, WAS DECEDENT PREGNANT WITHIN THE LAST YEAR?

If the decedent is a male, leave this item blank. If the decedent is a female, check the appropriate box. Please complete this item even if the female is not considered to be of child bearing age.

b. IF PREGNANT AT TIME OR NEAR THE TIME OF DEATH

If pregnant at the time or near the time of death, estimate length of pregnancy in weeks.

This information is important in determining the scale of mortality among this population and is helpful for maternal mortality review programs.

39. CERTIFIED BY:

Check only one box. This person is responsible for completing the medical certification of cause of death. In New Mexico only certified physicians (M.D.s, D.Os, or O.M.I), Tribal officials or Military officials may certify the cause of death.

40. CERTIFIER.

a. NAME OF CERTIFIER

Please type or print clearly the name of the person who is certifying the cause of death.

b. ADDRESS OF CERTIFIER

Please type or print clearly the complete address of the individual certifying the death certificate. Do not list a PO Box.

CERTIFIERS STATEMENT: On the basis of examination and/or investigation, in my opinion, this death occurred at the time, date and place, and due to the cause(s) and manner stated.

c. SIGNATURE OF CERTIFIER

The medical-legal officer who certifies the cause of death signs the certificate in permanent black ink. The degree or title of certifier should also be indicated. Rubber stamps or facsimile signatures are not permitted.

d. DATE SIGNED

Enter the exact month, day and year that the certifier signed the death certificate.

Enter the full name or abbreviation of the month – January, (Jan.) February, (Feb.) March, (Mar.) etc. Do not use a number to designate the month.

FILING THE CERTIFICATE

The principal responsibility of the Medical Certifier or the Office of the Medical Investigator in death registration is to complete the medical part of the death certificate.

The death certificate is then delivered to the Funeral Director, or other person in charge of disposition, who completes the part of the death certificate that calls for personal information about the decedent. He or She is responsible for filing the death certificate with the local or state registrar. The death certificate should be filed within five days of death or prior to final disposition according to State Law.