

Instructions for Completing Items on the New Jersey Department of Health and Senior Services Certificate of Death

These instructions pertain to the 2007 version of the Certificate of Death produced from the New Jersey Electronic Death Registration System (NJ-EDRS). Under certain circumstances a document may not be able to be completed in the NJ-EDRS application. When this happens the partially completed document should be printed out and completed manually using these instructions.

ONLY FIELDS THAT ARE BLANK (NO VALUE ENTERED IN NJ-EDRS) SHOULD BE COMPLETED. INFORMATION ENTERED IN NJ-EDRS SHOULD NOT BE CHANGED.

The following instructions will explain what information is expected in each field and where applicable, show a list of valid responses that can be entered in a particular field. All fields should be considered “REQUIRED INFORMATION” except where noted in the instructions.

<i>TO BE COMPLETED BY FUNERAL DIRECTOR</i>

FIELD NAME	INSTRUCTIONS
1a. Legal Name of Decedent (First, Middle, Last, Suffix)	Enter the full first, middle and last name of the decedent. Do not abbreviate. If applicable, enter a valid suffix (Sr., Jr., I, II, III, IV, V, VI, VII, VIII, IX, X)
1b. Also Known As (AKA), If any (First, Middle, Last, Suffix)	Enter the full first, middle and last alias name of the decedent. Do not abbreviate. If applicable, enter a valid suffix (Sr., Jr., I, II, III, IV, V, VI, VII, VIII, IX, X). DO NOT INCLUDE nicknames or Spelling variations of the first name.
LIMB ONLY	Check this box if the Death Certificate is being generated to dispose of a limb and no death has occurred.
2. Sex	Valid entries: Male, Female, Undesignated/Non-Binary, and Unknown (if sex cannot be determined.)
3. Social Security No.	Enter the decedent’s 9-digit Social Security number. Other valid entries: “None”, “Unknown” or “Not Obtainable”.
4a. Age	If decedent is 1 year old or over, enter age at last birthday in years (i.e. 9 years) If decedent is less than 1 year old and greater than 1 month old, enter age in months (i.e. 2 months) If decedent is less than 1 month old and greater than 24 hours old, enter age in weeks or days (i.e. 2 weeks or 5 days) If decedent is less than 24 hours old, enter age in hours or minutes (i.e. 12 hours or 30 minutes)
5. Date of Birth (Mo/Day/Yr)	Enter the full name of the month (January, February, etc), day and 4-digit year that the decedent was born. If the date of birth is unknown, then enter “Unknown”.
6. Birthplace (City & State/Foreign Country)	If decedent was born in the U.S., enter the name of the City and State. If not born in the U.S., enter name of country of birth.
7a. Residence – State	Enter decedent’s state of residence.
7b. County	Enter decedent’s county of residence.
7c. Municipality/City	If decedent resided in NJ, enter municipality of residence. Otherwise enter city of residence. Note: Municipality can be different from the mailing address.
7d. Street and Number	Enter decedent’s number and street of residence.
7e. Apt No.	Enter apartment or room number associated with residence. If none, leave blank.
7f. Zip Code	Enter the ZIP code of the place where the decedent lived.
7g. Inside City Limits?	If decedent resided in NJ, always enter “Yes”. If decedent resided outside of NJ other valid entries are “No” or “Unknown”.
8a. Ever in US Armed Forces?	If decedent ever served in the US Armed Forces, enter “Yes”. Other valid entries,

	“No” or “Unknown”.
8b. If yes, Name of War	If “Yes” has been entered in field 8a and decedent has served in a military conflict, enter the name of the conflict. If field 8a is “No”, leave blank.
8c. War Service Dates (From/To)	If field 8b contains the name of a military conflict, enter the From and To dates that the decedent served in the US Armed Forces.
9. Domestic Status at Time of Death	Enter the domestic status of the decedent at time of death. Specify one of the following: “Married”, “Married, but separated”, “Single/Never married”, “Widowed”, “Divorced”, “Domestic Partner”, “Domestic Partnership Terminated”, “Domestic Partner (Deceased)”, “Civil Union Partner”*, “Civil Union Dissolved”*, “Civil Union (Deceased)”*, “Unknown” or “Not Obtainable”. * Civil Union can only be used with deaths that occurred after 2/19/2007.
10. Name of Surviving Spouse/Partner (List name given at birth or on birth certificate)	If the decedent was married, in a Domestic Partnership or in a Civil Union at the time of death, enter the full name of the surviving spouse/partner. Use the surviving spouse/partner’s name given at birth or on birth certificate. If no surviving spouse/partner, leave this field blank.
11. Father’s Name (First, Middle, Last, Suffix)	Enter the <u>full</u> first, middle and last name of the decedent’s father. Do not abbreviate. If applicable, enter a valid suffix (Sr., Jr., I, II, III, IV, V, VI, VII, VIII, IX, X). If the father’s name cannot be determined, enter “Unknown” in the Last Name field.
12. Mother’s Name (First, Middle, Last, Suffix)	Enter the <u>full</u> first, middle and surname that the decedent’s mother used prior to first marriage, commonly known as the maiden name. Do not abbreviate. If applicable, enter a valid suffix (Sr., Jr., I, II, III, IV, V, VI, VII, VIII, IX, X). If the mother’s name cannot be determined, enter “Unknown” in the Last Name field.
13a. Name of Informant	Enter the <u>full</u> first, middle and last name of the person who supplied the personal facts about the decedent and his or her family. Do not abbreviate. If applicable, enter a valid suffix (Sr., Jr., I, II, III, IV, V, VI, VII, VIII, IX, X).
13b. Relationship to Decedent	Enter the relationship of the informant to the decedent. Specify one of the following: “Child”, “Parent”, “Sibling”, “Spouse”, “Domestic Partner”, “Other Relative” or “Other”
13c. Mailing Address (Street and Number, City, State, Zip Code)	Enter the complete mailing address of the informant whose name appears in item 13a. Be sure to include the ZIP Code.
14. Method of Disposition	Enter one of the following methods of Disposition: “Burial”, “Cremation”, “Donation”, “Entombment”, “Removal from State” or “Other:”. If “Other:” is used, specify the method of Disposition in the same space.
15. Place of Disposition (Name of cemetery, crematory, other)	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 other place of disposition to which the body is removed.
16. Location – City or Town and State	Enter the name of the city, town, or village and the State where the place of disposition is located.
17. Name and complete address of funeral facility	Enter the name and complete address of the facility handling the body prior to burial or other disposition. Include Phone Number.
18. Signature of Funeral Director	The funeral service licensee charged with responsibility for completing the death certificate should sign in permanent black ink.
19. NJ License Number	Enter the NJ State license number of the funeral service licensee.
20. Decedent Education	Enter the highest level of education that the decedent completed from the following options: “8 th grade or less”, “9 th -12 th grade, no diploma”, “High School Graduate or GED completed”, “Some college credit, but no degree”, “Associate Degree (e.g., AA, AS)”, “Bachelor’s Degree (e.g., BA, AB, BS)”, “Master’s Degree (e.g., MA, MS, MEng, MEd, MSW, MBA)” or “Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LLB, JD)”

21. Decedent of Hispanic Origin?	Based on the informant's response, select the description that best identifies the decedent's ethnic identity. The response should reflect what the decedent considered himself or herself to be. The informant is encouraged to select only one response. If the informant is unable to select a single response, enter all responses that apply. If informant indicates an ethnic origin not on the list, it should be entered even if it is not a Hispanic origin Enter one (or more) of the following: "No, Not Spanish/Hispanic/Latino", "Yes, Mexican, Mexican American, Chicano", "Yes, Puerto Rican", "Yes, Cuban" or "Yes, Other Spanish :** " ** Specify race
22. Decedent's Race	The informant should indicate the race or races of the decedent. The following are valid responses: "White", "Black or African American", "American Indian or Alaska Native - **", "Asian Indian", "Filipino", "Korean", "Chinese", "Japanese", "Vietnamese", "Other Asian - ***", "Native Hawaiian", "Guamanian or Chamorro", "Samoan", "Other Pacific Islander - ***", "Other - ***". ** These race descriptions require a tribe to be entered. *** These entries are for races that are not listed.
23. Occupation of Decedent (Type of work done most of life, even if retired)	Enter the usual occupation of the decedent. This means the type of job the individual was engaged in for most of his or her working life (i.e. farmhand, janitor, store manager, civil engineer, etc.) Never enter Retired.
24. Kind of Business/Industry	Enter the kind of business or industry to which the occupation listed in item 23 is related, such as insurance, farming, retail clothing, university or government. Do not enter firm or organization names. If not known, enter "Unknown".
25. Name and Address of Last Employer	Enter the complete mailing address of the decedent's last employer. Include the ZIP Code. If not known, enter "Unknown"

TO BE COMPLETED BY THE PRONOUNCER OR MEDICAL CERTIFIER

FIELD NAME	INSTRUCTIONS
26. Date Pronounced Dead (Mo/Day/Yr)	Enter the exact month, day and four-digit year that the decedent was pronounced dead. Enter the full name of the month – January, February, March, etc. Do not use a number or abbreviation to designate the month.
27. Time Pronounced Dead	Enter the exact time (hour and minute using a 24-hour clock) the decedent was pronounced dead according to local time. Be sure to indicate the time using a 24 hour clock. (Examples: for 12:15AM enter 0015, for Noon enter 1200, for 3:00PM enter 1500, for midnight enter 2400).
28. Signature of Person Pronouncing Death	Obtain the signature of the Physician or Registered Nurse who pronounced the death in black ink.
29. License Number	Enter the State License number of the Physician or Registered Nurse who pronounced the death.
30. Date Signed (Mo, Day, Yr)	Enter the exact month, day and year that the pronouncing Physician or Registered Nurse signs the certificate. Do not use a number to designate the month.

TO BE COMPLETED BY THE MEDICAL CERTIFIER

FIELD NAME	INSTRUCTIONS
Name of Decedent as known by Physician	If the decedent’s name on his/her medical records are different then the decedent’s legal name, enter the name on the medical records. IF THE MEDICAL RECORDS NAME IS THE SAME AS THE DECEDENT’S LEGAL NAME, LEAVE THIS FIELD BLANK.
31. Date of Death	Enter the exact month, day and four-digit year that the decedent died. Enter the full name of the month – January, February, March, etc. Do not use a number or abbreviation to designate the month. If an estimate is made, enter date as “APPROX-date”. If no estimate can be made, use the date found and enter “FOUND-date”. If date of death was determined by court order, enter “Court Determined-date” this does not apply to individual that are declared dead by the courts, only to those cases where the court determines the date of death.
32. Time of Death	Enter the exact time (hour and minute using a 24-hour clock) the decedent was pronounced dead according to local time. Be sure to indicate the time using a 24 hour clock. (Examples: for 12:15AM enter 0015, for Noon enter 1200, for 3:00PM enter 1500, for midnight enter 2400). If an estimate is made, enter time as “APPROX-time”. If no estimate can be made, enter “Unknown”. If time of death was determined by court order, enter “Court Determined-time”.
33. Was Medical Examiner Contacted?	If the Medical Examiner was contacted concerning this case, enter “Yes”. Otherwise enter “No”.
34. Place of Death	If death occurred in a Hospital, enter one of the following valid entries: “Hospital: Inpatient”, “Hospital: Emergency or Outpatient” or “Hospital: Dead on Arrival”. If death DID NOT occur in a Hospital, enter one of the following valid entries: “Hospice Facility”, “Nursing Home / Long Term Care Facility”, “Decedent’s Home” or “Other: **” ** Specify location.
35a. Facility Name (If not institution, give street and number)	If the death occurred in a Hospital, on the way to a Hospital or in any medical or Health care facility, enter the full name of the institution. If the death occurred at home, enter the house number and street name. If the death occurred at some place other than those described above, enter the number and street name of the place or building where the decedent died.

35b. Municipality	Enter the municipality where the death took place. Note: Municipality can be different from the mailing address.
35c. County	Enter the county where the death took place.
36a. Cause of Death, Part I, Immediate Cause: Line A	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. NOTE: The mechanism of death (for example, cardiac or respiratory arrest) should not be reported as the immediate cause of death as it is a statement not specifically related to the disease process, and it merely attests to the fact of death.
Line A: Interval between Onset and death	Enter the interval between the presumed onset of the condition listed on Line A (not the diagnosis of the condition) and the date of death (for example, 10 minutes, 3 months, 10 years). These intervals are established based on available information. If the time of onset is entirely unknown, enter "Unknown". Do not leave this field blank.
36a. Cause of Death, Part I, Immediate Cause: Lines B, C, D due to (or as a consequence of)	On line B, enter 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 a further condition, enter that condition in Line C. If this in turn resulted from a further condition, enter that condition in Line D. Write the full sequence, one condition per line, with the most recent condition on top.
Line B, C, D: Interval between Onset and death	Enter the interval between the presumed onset of the condition listed on Lines B, C and D (not the diagnosis of the condition) and the date of death (for example, 10 minutes, 3 months, 10 years). These intervals are established based on available information. If the time of onset is entirely unknown, enter "Unknown". Do not leave these fields blank if a condition is entered on the line.
36b PART II – Enter other significant conditions contributing to death but not resulting in underlying cause given in PART I.	Enter 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 or were not reported in the chain of events in PART I. More than one condition can be reported per line in PART II.
37. Was an Autopsy Performed?	Enter "Yes" if a partial or complete autopsy was performed. Other valid entries are "No", "No-Religious Objection", "No-Refused" or "Unknown"
38. Were Autopsy Findings Available to complete cause of death?	If a partial or complete autopsy was performed, valid answers are "Yes", "No" or "Unknown". If an autopsy was not performed this should be left blank.
	NOTE: FIELDS 39 THROUGH 45 SHOULD ONLY BE USED WHEN THE DECEDENT'S MANNER OF DEATH IS "ACCIDENT", "HOMICIDE" OR "SUICIDE".
39. Date of Injury (Mo/Day/Yr)	Enter the exact month, day and four-digit year that the injury occurred. Enter the full name of the month – January, February, March, etc. Do not use a number or abbreviation to designate the month. The date of the injury may not be the same as the date of death. If the exact date cannot be determined, enter "Undetermined".
40. Time of Injury	Enter the exact time (hour and minute using a 24-hour clock) the injury occurred according to local time. Be sure to indicate the time using a 24 hour clock. (Examples: for 12:15AM enter 0015, for Noon enter 1200, for 3:00PM enter 1500, for midnight enter 2400). If the exact time cannot be determined, enter "Undetermined".
41. Place of Injury	Enter the general type of place (such as restaurant, vacant lot, baseball field, construction site, office building or decedent's home) where the injury occurred.
42. Injury at work?	Enter "Yes" if the injury occurred at work. Other valid entries would be "No" or "Unknown".
43a. Location of Injury (Number and Street, Zip Code)	Enter the street address where the injury took place. Include zip code if known.
43b. Municipality	If the injury took place in New Jersey, enter the municipality where the injury occurred. Otherwise enter the city where the injury occurred. Note: Municipality can be different from the mailing address.

43c. County	If the injury took place in New Jersey, enter the county where the injury occurred. Otherwise leave blank.
43d. State	Enter state where injury occurred.
44. Describe how the injury occurred.	Enter a brief narrative describing how the injury occurred. Explain the circumstances or cause of the injury, such as “fell off ladder while painting house”, “driver of car ran off roadway” or “passenger in car in car-truck collision”.
45. If Transportation Injury:	Enter the role of the decedent in the transportation accident. Valid entries are “Driver/Operator”, “Passenger”, “Pedestrian”, “Unknown”, “Not Applicable” and “Other: ** “. “Other” applies to watercraft, aircraft, animal or people attached to outside of vehicles (e.g., “Surfers”) but are not bonafide passengers or drivers. ** Specify Role.
46. Manner of Death	Enter the Manner of Death. Valid entries are “Natural”, “Accident”, “Suicide”, “Homicide”, “Pending Investigation” and “Undetermined”. Deaths not due to external causes should be identified as “Natural”. Indicate “Pending Investigation” if the manner of death cannot be determined within the statutory time limit for filing the death certificate. This should be changed later to one of the other terms. Indicate “Undetermined” ONLY when it is impossible to determine the manner of death.
47. Did decedent have Diabetes?	If the decedent had been diagnosed with diabetes, enter “Yes”. Other valid entries are “No” or “Unknown”.
48. Did Tobacco use contribute to Death?	If, in the physician’s opinion, any use of tobacco or tobacco exposure contributed to death, enter “Yes”. Other valid entries “No”, “Probably” or “Unknown”.
49. If Female, Pregnancy state	If the decedent is female, enter one of the following entries: “Not pregnant within past year”, “Pregnant at time of death”, “Not pregnant, but pregnant within 42 days of death”, “Not pregnant, but pregnant 43 days to 1 year before death” or “Unknown if pregnant within the past year”.
50. Certifier Type	The Certifying Physician is the person who determines the cause of death. If Medical Examiner, enter “Medical Examiner”. If performing Pronouncement and Certifying death, enter “Pronouncing and Certifying Physician”. If only certifying death, enter “Certifying Physician”.
51. Name, Address and zip code of certifier	Print the full name and address of the person whose signature or authentication appears in item 52.
52. Signature of Certifier	The Certifying Physician’s signature is entered here.
53. License Number	Enter the State license number of the physician who signs or authenticates the certificate in item 52.
54. Date Certified	Enter the exact month, day and four-digit year that the certifier signed the certificate. Enter the full name of the month – January, February, March, etc. Do not use a number or abbreviation to designate the month.