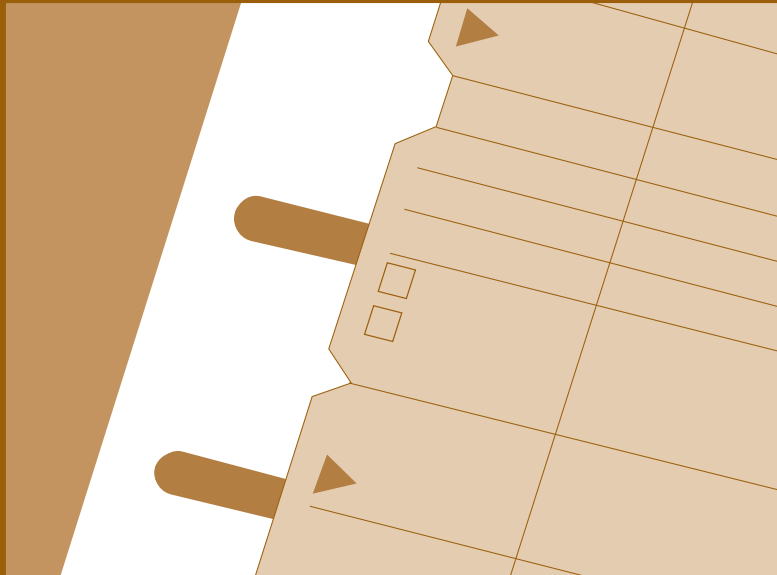




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Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting

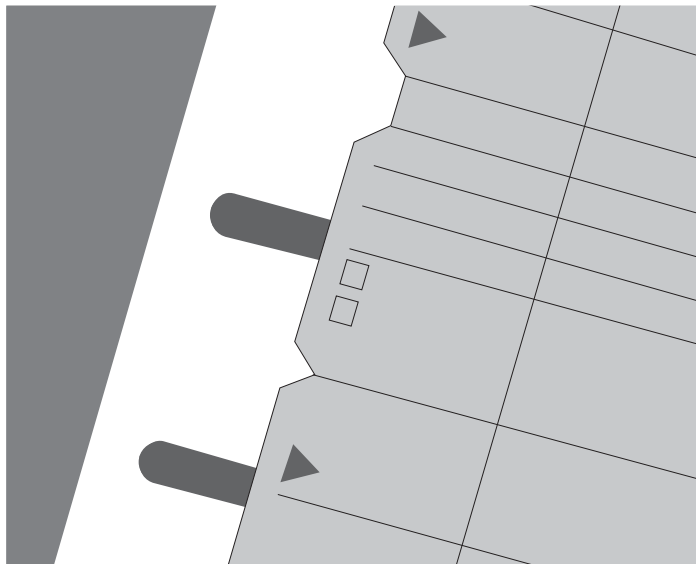
2003 Revision



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

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The National Association of Medical Examiners makes the following distinctions between manners of death (9):

Natural—“due solely or nearly totally to disease and/or the aging process.”

Accident—“there is little or no evidence that the injury or poisoning occurred with intent to harm or cause death. In essence, the fatal outcome was unintentional.”

Suicide—“results from an injury or poisoning as a result of an intentional, self-inflicted act committed to do self-harm or cause the death of one’s self.”

Homicide—“occurs when death results from...” an injury or poisoning or from “...a volitional act committed by another person to cause fear, harm, or death. Intent to cause death is a common element but is not required for classification as homicide.”

Could not be determined—“used when the information pointing to one manner of death is no more compelling than one or more other competing manners of death when all available information is considered.”

Pending investigation—used when determination of manner depends on further information.

One of the more difficult tasks of the medical examiner or coroner is to determine whether a death is an accident or the result of an intent to end life. The medical examiner or coroner must use all information available to make a determination about the death. This may include information from his or her own investigation, police reports, staff investigations, and discussions with the family and friends of the decedent.

Determining a suicide

- There is evidence that death was self-inflicted. Pathological (autopsy), toxicological, investigatory, and psychological evidence, and statements of the decedent or witnesses, may be used for this determination.
- There is evidence (explicit and/or implicit) that at the time of injury the decedent intended to kill self or wished to die and that the decedent understood the probable consequences of his or her actions.
 - Explicit verbal or nonverbal expression of intent to kill self
 - Implicit or indirect evidence of intent to die, such as the following:

- Expression of hopelessness
- Effort to procure or learn about means of death or rehearse fatal behavior
- Preparations for death, inappropriate to or unexpected in the context of the decedent's life
- Expression of farewell or desire to die, or acknowledgment of impending death
- Precautions to avoid rescue
- Evidence that decedent recognized high potential lethality of means of death
- Previous suicide attempt
- Previous suicide threat
- Stressful events or significant losses (actual or threatened)
- Serious depression or mental disorder (10,11)

When cause cannot be determined

It is well known that a professionally competent, searching autopsy and toxicological examination of the body fluids and organs, coupled with the best available bacteriologic, virologic, and immunologic studies, may fail to reveal the cause of death.

If this is the case and if the investigation has been pursued as far as possible, then the medical examiner or coroner will have no recourse but to indicate in one form or another that the cause of death "Could not be determined." One possible phrase is "Cause of death not determined at autopsy and toxicological examination." This is better than the term "Unknown" as it at least indicates the extent of the investigation undertaken.

Deferred "pending investigation"

Most, if not all, medical-legal investigative systems make provisions for cases in which the cause or manner of death cannot be immediately determined. Local laws vary somewhat as to how to handle such cases.

The procedure followed most frequently is to require that the death certificate be completed insofar as possible and filed within the time limits specified by law. Once the cause and/or manner of death are determined, a supplemental report must be prepared and filed by the medical-legal officer. This supplemental report becomes a part of the death certificate that is on file for the decedent.