# State of Colorado Certificate of Death Completion Guide

Colorado Department of Public Health and Environment
Office of the State Registrar of Vital Statistics
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#### INTRODUCTION

This manual is designed to serve as an aid to funeral directors and coroners responsible for registering certificates of death and to local offices of vital statistics in registration of certificates of death. The handbook contains background information on the importance of vital records for legal and statistical purposes, and information about the roles and responsibilities of the parties involved in the preparation and registration of vital records.

Colorado Revised Statute 25-2-110 mandates the registration of each death occurring the state. Death certificates must be registered with the local office of vital statistics, for the county where death occurred, within 5 days of death.

Death certificates provide important information about decedents and the circumstances surrounding deaths. Certificates of death are used for legal, medical and statistical purposes. The family of the deceased may use the certificate to settle the estate, for family history or family medical history. Data are used by public health agencies to:

- Assess the general health of Colorado's citizens
- Identify and monitor public health problems
- Evaluate the programs established to alleviate these problems

It is critically important that all of the data registered on the certificate of death be as accurate and complete as possible. All certificates must be reviewed for completeness and accuracy by the funeral director. If there are any missing or inconsistent data, the local office may refuse to file the death certificate.

#### RESPONSIBILITY OF THE FUNERAL DIRECTOR

The funeral director, or person acting as such, is responsible for collecting and recording the legal items on the death certificate, items 1-21b. The funeral director usually collects this information from a family member. The funeral director is also responsible for obtaining the medical certification and the signature of the certifying physician or the coroner. The funeral director must ensure that the certificate is completed before registration. The funeral director must then register the record with the local office in which death occurred within five days of death. At the time the record is registered, a disposition permit may be issued.

#### **FAMILY ACTING AS FUNERAL DIRECTOR**

Families may elect to attend to their own arrangements. The family is then responsible for disposition of the remains and filing the certificate of death. The following are some guidelines for families:

1. If the remains are not disposed of within 24 hours of death, they must be embalmed or properly refrigerated.

- The family must complete and register the certificate of death. A family member may sign as the funeral director, as he or she is acting as such. It is his or her responsibility to secure the signature of the physician and/or coroner.
- 3. If transporting the remains, they must be placed in a container that does not leak odor or fluids. The Board of Health regulations do not specify container type; simply that it must not leak.
- 4. There is no requirement that human remains or a fetus be buried in an established cemetery. Human remains or fetuses may be buried on private land unless local ordinances prohibit it. Cremation is considered "final disposition" and the State retains no control over disposition of the ashes. Ashes may be disposed of as the next of kin desires except for any restriction by local, county or federal ordinances. It is important to check any federal, county or local laws and ordinances prior to disposition.
- 5. The disposition permit is issued, as it would be to a funeral director.
- The family is responsible for ensuring the completeness and accuracy of the death certificate. They are also responsible for the proper transportation, disposition arrangements, and completion and return of the disposition permit.

The local office should take special care while reviewing the certificate of death. The family may not be sure of how to properly complete certain items. Ensure that the coroner has been notified, if appropriate. If the family has questions, and the local office is unsure how to answer, please consult the state office.

#### RESPONSIBILITY OF THE PHYSICIAN AND/OR CORONER

The physician and/or coroner are responsible for completing and certifying the cause of death section of the certificate, items 23 – 36. Physician is defined as a doctor of medicine or osteopathy licensed to practice in Colorado. The certifier must record the details of the cause of death and sign and date the certificate in a timely manner. Statute requires the cause of death to be completed within 48 hours. Should the certifying physician be unavailable to sign, another physician with knowledge of the facts of death, or the chief medical officer of the facility where death occurred, or the coroner in the county where death occurred may sign a certificate that indicates 'pending' or 'pending signature' in the cause of death section. If said physicians or the coroner has knowledge of the facts of death, they may fully complete these items.

# RESPONSIBILITY OF THE SEXTON

The sexton, or person in charge of a cemetery or crematory, is responsible for ensuring that a disposition permit accompanies remains. If a disposition permit is not presented, and the person died in Colorado, the remains should not be accepted. If the death occurred in another state, a disposition permit may not be required, depending on the state of death's statutes. The sexton must then complete the permit and return the original within five days to the local office that issued it.

#### RESPONSIBILITY OF THE HOSPITAL

When a death occurs in a hospital or other institution and the death is not under the jurisdiction of the coroner, the person in charge of the institution or his/her designated representative may initiate the preparation of the death certificate by entering the full name of the decedent and the date, time and place of death and obtain the medical certification and signature of the physician. The partially completed death certificate may then be presented to the funeral director or person acting as such.

#### RESPONSIBILITY OF THE LOCAL AND DEPUTY REGISTRAR

Local registrars are agents of, and appointed by, the State Registrar. Local Registrars must follow and ensure compliance with state law and regulations. The local office registers certificates for all deaths, and fetal deaths of 20 weeks or greater gestation, that occur in their county.

The local office reviews all certificates for completeness and accuracy. Should a certificate contain blank fields or inconsistent data, the local office will contact the data provider and verify the information. The local office then signs and dates the certificate, makes a copy of the certificate for their permanent records, and forwards the original certificate to the state office.

#### RESPONSIBILITY OF THE STATE REGISTRAR

The State Registrar directs and supervises the state's vital statistics registration system. The state office receives all vital records for the State of Colorado. The records are reviewed for complete and accurate data. Should a certificate contain blank fields or inconsistent data, the state office will contact the data provider or the local office and verify the information. The state office undertakes three phases of quality assurance. Reports are generated weekly, monthly and at the end of the calendar year.

#### COLORADO CORONERS ASSOCIATION

The Colorado Coroners Association was formed in 1987. It is a professional organization that addresses issues relevant to coroners throughout Colorado. The primary goal is to provide a forum for professional exchange of ideas and provide continuing education. A broad-based board of directors elected from the general membership governs the association. The board has representatives from rural and metropolitan communities.

The Coroner's Office is a statutory office, which is mandated to establish the cause and manner of death in certain cases. The cause of death is the injury, disease or combination of the two that was responsible for initiating the train of physiological disturbances (brief or prolonged), which produced the fatal termination. The manner of death refers to the circumstances in which the cause of death arose (natural causes, accident, suicide and homicide).

The investigation of a death by the coroner's office is an extremely important function as it is done by an independent agency that works independent of the law enforcement agency, the physician, the nursing home, the hospital, the prosecution or the defense, but works on behalf of the deceased to obtain the truth about the death.

The Colorado Coroners Association sponsors a continuing education annual conference focusing on medico legal death investigation. The participants have been coroners, death investigators, law enforcement officers, physicians, dentists, district attorney investigators and social service/health department personnel. Topics at the annual conference have been as varied as the multiple causes of death. Some of the presentations have included forensic anthropology, aircraft accident investigation, entomology, toxicology, cocaine babies, child fatalities, deaths in custody, scene investigation, psychological autopsy, traffic fatalities, forensic engineering, SIDS, autoerotic deaths and gunshot wounds. Speakers have been forensic pathologists, toxicologist, coroners, district attorneys, attorney general's office staff, university professors, industry investigators and professional organization representatives.

The additional major emphasis of the Colorado Coroners Association has been to implement a process of certification for coroners and coroner investigators. This requires an application process, educational background, death investigation training and experience. The requirements include experience in scene investigation, autopsy attendance and on-going medico legal death investigation training/conferences. Each individual is certified for a period of three years and may be renewed based upon continuing education and continued active involvement in medico legal death investigation.

Any member of the Colorado Coroners Association Board of Directors may be contacted for additional information regarding the association. For more information, please visit <a href="https://www.coloradocoroners.org">www.coloradocoroners.org</a>.

#### **COLORADO FUNERAL DIRECTORS ASSOCIATION**

Colorado is currently the only state that has no licensing requirements for funeral directors, embalmers or funeral homes. The Colorado State Legislature abolished the former licensing board and all associated requirements on June 30, 1982. The Colorado Funeral Directors Association is a voluntary, non-profit association established in 1898 to advance the economic and professional interest of Colorado's funeral directors and the funeral service industry they represent.

While Colorado has no state licensing for funeral directors, the profession supports a very strong voluntary certification program. The Colorado Funeral Service Board was created by the funeral service industry to promote professionalism under a voluntary system of certification, registration and the development and maintenance of standards. This self-regulatory board certifies those who meet its requirements in funeral establishment; mortuary science practitioner; and mortuary science

trainee. The trainee program includes Embalming; Restorative Art; Microbiology; Pathology; Chemistry; Human Anatomy; Sociology; Psychology; Funeral Directing; Business Law; Funeral Service Law; Funeral Merchandising; and Accounting. The following are key professional designations within the Colorado funeral industry.

- MSP Mortuary Science Practitioner
- CFSP Certified Funeral Service Practitioner
- CFD Certified Funeral Director
- CET Certified Embalming Technician

For more information, please visit www.cofda.org.

# **COLORADO ASSOCIATION OF CEMETERIES**

The Colorado Association of Cemeteries began operating as a non-profit organization in December, 1962. The primary function of the association is to provide a trade association for cemeteries in Colorado. The association monitors legislation and governing regulations and provides a forum for training and for the exchange of non-proprietary information pertinent to the death care industry.

The association includes a complaint committee that responds to complaints that may arise from individuals or organizations in the State of Colorado if resolution is not achieved after contacting the cemetery in question. For more information, please visit <a href="https://www.coloradocemeteries.org">www.coloradocemeteries.org</a>.

#### **GENERAL GUIDELINES FOR VITAL EVENT CERTIFICATES**

Certificates of death are permanent, legal records. They are also one of the primary sources of vital statistics data available. Certificates should be prepared in accordance with the following:

- Use only current forms designated by the State Registrar.
- Type or print legibly. All signatures and date signed must be in black or blue ink.
- Complete all items. Do not leave any item blank, unless instructions specify.
- Completely spell out the month or use the first three letters. Numerals should not be used for the month. The year must be entered using four digits.
- Do not make cross-outs or use correction fluid.
- Submit only originals. Photocopies are not acceptable. A photocopy may be kept for the funeral director, coroner or physician records only. Under no circumstances is that copy to be released.
- Review all certificates for completeness, accuracy and legible printing.
- Review all certificates for complete signatures and proper dates.
- Ensure all certificates are registered within the five-day period required by statute.
- If a certificate is incomplete, the local registrar may refuse to register the record.

 Please assist the local and state registrar by providing prompt and accurate response to data inquiries.

#### TRAINING

The field unit at the state office offers seminars and in-house training. Annually, the field program hosts training seminars for hospitals, midwives, coroners, funeral directors and local registrars. Annual seminars offer a chance for staff from different offices or facilities to get together and exchange ideas. Additionally, when new staff is hired, training is recommended.

A great deal of information materials, manuals, and forms are posted on the private website. This site is not for the general public so please do not share the address. The private site is <a href="www.cdphe.state.co.us/ex/death148">www.cdphe.state.co.us/ex/death148</a>. If you have questions or need additional information, please call 303.692.2179 or 303.692.2183.

#### CONFLICT RESOLUTION

Should any funeral director, physician or coroner experience problems in performance of their vital records-related duties, a formal complaint may be filed with the State Registrar. For example, if a funeral director is experiencing constant problems with certifiers not signing death certificates in a timely manner from a specific facility or agency, a written statement may be sent to the state office via mail or fax. The fax number is 303-691-7945.

The state office will help to mediate any disputes and propose solutions. The vast majority of vital records registration is highly regimented by state law and regulations. Many times a dispute may be resolved by explaining compliance with these statutes.

#### **PUBLIC HEALTH DATA**

The state office does provide non-identifying statistical data to researchers. Dependant on the type of data requested, specific protocol and procedure might be required. The following are the two types of requests that may be made and the protocol for each:

- Aggregate Data is a broad range of data that excludes identifying information. Cell sizes of less than three are excluded. An example is death by autopsy status, type of certifier, method of disposition and county and region of occurrence.
- This type of data request does not require anything in addition to the request.
- **Individual Data** is a more concentrated request of data. Though no identifying data is provided, the potential for individual identification is higher than aggregate data requests.
- This type of data request requires additional paperwork as follows:

- Study protocol explaining the background, purpose and methodology of the research project.
- Signed confidentiality agreement consenting:
  - No identifying information will be released.
  - Data will not be released to a third party without the consent of the State Registrar.
  - Cell sizes of less than three will not be published.

The state office may provide identifying information for follow-up studies. In addition to the study protocol and confidentiality agreement, the state office may require the following:

- The researcher may be required to contact the physician in cases where the subject is deceased.
- The state office will attempt to generate a 'negative consent' from the parents.
   A letter explaining the purpose of the research is sent to the parent(s) from the state office. If the parent(s) does not wish to be a part of the research group, the parents must return the letter to the state office. Names of these refusals and all undeliverable letters are excluded from the data group supplied to the researchers.

The Health Statistics Section maintains a large number of data tables. This data is supplied to all users at no charge. A request for special data or a new table may be available for a fee. Data is also available online at <a href="https://www.cdphe.state.co.us">www.cdphe.state.co.us</a>. Data may be requested from the Health Statistics Section at 303-692-2160.

#### COMMON LAW MARRIAGE

Colorado has recognized common law marriages as legal and binding since 1877, and is one of the few states to do so. A common law marriage is established when the parties mutually consent to be husband and wife. Samesex marriage is not recognized in the State of Colorado.

Common law does not require any license, ceremony or documentation to be legal. Parties to a common law marriage are entitled to all rights, privileges and responsibilities of a legal and binding marriage. If the parties need documentation of a marriage, it is recommended that they file a signed, notarized affidavit, attesting to the marriage, with the county clerk and recorder, in the county where they reside. This affidavit will be filed as a document, not as a marriage record. Only legal divorce or death may terminate common law marriage.

The following are the only two requirements to a common law marriage:

- The parties are free to enter into a marriage. Neither is married to another person.
- Both parties are of legal age (18).

The following are some examples of elements a common law marriage:

- The parties hold themselves out to the public as husband and wife.
- Maintenance of a joint checking and/or savings account.
- Joint ownership of property.
- Mutual financial support.
- Filing of joint income tax returns.
- Registration as husband and wife on applications, leases, contracts, registers, etc.
- Use of the man's surname by the woman.

Periods of cohabitation, without the aforementioned, do not constitute a common law marriage.

For further information, please visit the Colorado Department of Law at <a href="https://www.ago.state.co.us/faq.cfm">www.ago.state.co.us/faq.cfm</a>.

#### CERTIFICATE OVERVIEW

All death certificates are required by C.R.S. 25-2-110(1) to be filed within five days of death and prior to final disposition of the remains. The certificate of death provides valuable health and research data. This record is the single best source of mortality data available. It is used for county, state and national statistics based on type of injury or disease, racial trends and age. The funeral director, or person acting as such, is responsible for completing the death certificate, obtaining the cause of death information and the certifier's signature and filing the certificate with the appropriate local office. Upon receipt of a complete certificate, the local office may issue a disposition permit to the funeral director. The local office then retains a copy of the death certificate for its records and forwards the original to the state office.

Death certificates must be scrutinized thoroughly for accurate and complete information. The legal portion is the responsibility of the funeral director. The medical, or redline, portion is the responsibility of the attending physician and/or coroner. The funeral director, physician, coroner and local office should ensure that the dates are in chronological order, e.g. date of death, date pronounced dead, date signed by physician/coroner and date filed by the local office. The local office must ensure that the funeral director and the physician and/or coroner have signed the certificate.

If any data are razored-out or corrected, and are readily detectable, a complete notation explaining the change must be made on the back of the certificate. For more information, please see Policy 2006-003, Alteration of Certificates of Death.

# **LEGAL PORTION (Items 1 – 20c)**

It is the responsibility of the funeral director to complete all items. Before registering a certificate, carefully review and ensure that all items are correct and accurate. The following is a list of the most common errors and omissions:

- Age at time of death (does not correspond with date of birth and date of death)
- Name of spouse (this item should only be listed for decedents who were married or widowed at the time of death)
- Decedent's education (should specify highest grade completed)

# FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS (Items 21a & 21b)

The funeral director or person acting as such completes these items.

#### REGISTRAR'S SIGNATURE AND ADDRESS (Items 22a & 22b)

The local office of vital statistics completes these items upon registration.

#### CERTIFIER'S SIGNATURE AND DATE SIGNED (Items 26 or 27 & 28 or 29)

The attending physician and/or coroner complete these items. Nurses, physician assistants, chiropractors, etc. may not sign the death certificate.

#### **MEDICAL PORTION (Items 23 - 36)**

The attending physician and/or coroner are responsible for completing this portion.

#### **DEATH CERTIFICATE SOFTWARE**

All funeral homes using a software application to generate the death certificate must ensure that the application prints the certificate exactly, including proper alignment. The state office furnishes funeral homes pre-printed 'red-lined' paper to generate the death certificate.

#### **CORONER REPORTABLE DEATHS**

Colorado Revised Statute 30-10-606 requires certain causes of death be reported to the county coroner. County coroners may also request that additional causes of death be reported. The following is a list of the causes of death that must be reported to the coroner:

- All deaths due to unexplained causes or suspicious circumstances.
- Patient expired within 24 hours of admission to a medical facility.
- Attending physician has not been in attendance of the decedent within 30 days prior to death.
- All deaths resulting from accident, suicide, homicide or undetermined cause or manner.
- Deaths closely associated with or allegedly caused by a therapeutic substance, procedure or operation. Included in this category are deaths under anesthesia, in the operating room, and following transfusion. Include maternal deaths due to abortion or childbirth.
- Deaths resulting from therapeutic procedures, or possibly related to procedures.
- Deaths resulting from chemical, thermal or radiation injury.
- All cases in which the physician is unable or unwilling to certify the cause of death.
- Deaths resulting from diseases, that may be hazardous, contagious, or a threat to the health of the public.
- All deaths while in the custody of law enforcement officials or while incarcerated in a public institution.
- Sudden death of persons appearing to be in good health.
- All cases in which trauma may be associated with the death.
- All deaths resulting from criminal abortion, including any situation where such abortion may have been self-induced.
- All individuals who are dead on arrival to the hospital.
- Any and all causes requested by the coroner.

#### CORONER TRANSFER OF JURISDICTION

County coroners have the authority to transfer jurisdiction of a case. For example, a motor vehicle accident may occur in Eagle County and the victim is airlifted to a hospital in Denver, where the victim dies. The coroner of the county where death occurs, Denver, automatically has jurisdiction. The Denver County

Coroner may request transfer of jurisdiction of the case to the Eagle County Coroner, as that office will have more information on the accident, which led to death. If Eagle County accepts the transfer, the Eagle County Coroner signs the certificate of death, but the certificate is registered in, and the disposition permit issued from, Denver County.

#### PENDING CAUSE OF DEATH

In some cases, the cause of death may not be determined within the 48 hours to certify or the certifying physician may be unavailable to sign. In this case the physician and/or coroner may select 'pending investigation' for the manner of death and write 'pending' in the cause of death field. An 'amended' certificate must then be filed within 30 days. 'Amended' must be typed in the upper, left corner of the 2<sup>nd</sup> certificate. It is not necessary to indicate the amendment date since the funeral director, physician and/or coroner sign and date the new certificate.

#### **DEATHS OCCURRING IN A MOVING CONVEYANCE**

If a death occurs in a moving conveyance and the remains are first removed in Colorado, the death is registered in Colorado. The local office in the county where the remains were first removed registers the death. The place of death is reported as the actual place of death, as best as can be determined, e.g., Highway 25, mile marker 150.

#### DATE AND/OR PLACE OF DEATH UNKNOWN

This may happen if the remains were not found immediately. In this case, an approximate date of death may be entered. If the date of death cannot be determined, the date the remains were found should be recorded as the date of death and 'found' should also be entered in item 3. Under cause of death, pertinent information and dates should be provided, e.g., missing May 20, 2000, and found October 2, 2001.

If place of death is not known, the location where the remains were found is assumed to be the place of death. Item 9a, place of death, is recorded as the location where the remains were discovered and the local office for that county will register the death and issue a disposition permit.

If the person disappeared from one county and the remains were discovered in a different county, it is the determination of the coroner, as to the place of death. If death is determined to have occurred in the county of disappearance, the death certificate is filed in the county where the decedent disappeared.

#### REPORTING INDUSTRY AND OCCUPATION

The purpose of reporting industry and occupation on a death certificate is to determine the relationship, if any, between the cause of death and the type of work performed by the decedent, and in identifying job-related risk areas. Death certificate data that point out potential hazards in the workplace can lead to the

development of safety equipment or procedures for the protection of the working population. The data provided in these items should describe the kind of work performed by the decedent during **most** of the decedent's working life.

For the Colorado *CERTIFICATE OF DEATH*, occupation should be entered in **Item 10a** and industry should be entered in **Item 10b**.

- ♦ 'Industry' is defined as the major type of activity that occurs or is produced at the place of work. Specifying the name of a company is not sufficient unless the name describes the nature of the business.
- ♦ 'Occupation' is defined as the major activity or kind of work that the individual performs within the industry. Decedent's **usual** occupation means the type of job the individual was engaged in for most of his or her work working life.

Below are some typical combinations of industry and occupation:

Ind.= Self-employed (const.) Occ.= Carpenter	Ind.= Banking Occ.= Teller	Ind.= Shoes (retail) Occ.= Janitor
Ind.= High School Occ.= Math Teacher	Ind.= Farm Occ.= Truck Driver	Ind.= Hospital Occ.=Records Clerk

If the deceased was retired, enter the kind of work done during most of his or her working life. "Retired" and "Self-employed" are **not acceptable** terms if used alone. They are acceptable if the specific industry or occupation follows, as in the examples listed below:

Ind.= Self-employed; law office	Ind.= Furniture (retail)
Occ.= Lawyer	Occ.= Retired salesman

Industry and occupation should be reported if the decedent was **never employed**, or if he or she was institutionalized, disabled or unemployed for long periods of time. "Unemployed," "Did not work" or "Disabled" may be entered only if the decedent never held a job.

Ind.= Never worked	Ind.= Did not work	Ind.= Never worked
Occ.= None	Occ.= Unemployed	Occ.= Disabled

For a "homemaker" the industry should be reported as "**Own Home**" and the occupation as "**Homemaker**." If the decedent worked as a homemaker in another person's home, the industry should be reported as "**Someone else's home**" and the occupation as "**Homemaker**." If the decedent was a househusband, follow the same procedures as listed for a homemaker.

For a student the industry should be reported as the type of school ("elementary," "high school," "technical school," "college," etc.) or level of education ("2nd grade," "10th grade," etc.). The occupation should be reported as "Student."

Industry and occupation for a **child who was not a student** should be reported as follows:

Ind.= Not applicable Ind.= Never worked

Occ.= Child Occ.= Infant

For military personnel, the particular branch of the military in which the individual worked should be reported in the industry category. The individual's rank and **type of work** should be reported in the occupation category.

Ind. = Air Force Ind. = Army

Occ = Captain - Pilot Occ. = Private - Clerk

For civilian personnel employed by the military, the industry should be reported as the **Department of Defense** followed by the particular branch of the armed forces in which they worked. The type of work that the civilian employee did should be reported in the occupation category.

Ind. = Department of Defense – Marines Occ. = Payroll Clerk

The industry and occupation items never should be left blank. "Unknown" should be entered only after every effort has been made to determine the facts.

#### INJURY AT WORK

Complete the injury at work item if any other than natural cause of death is mentioned in Part I or Part II of the medical certification, including homicides, suicides, and accidents, including motor vehicle deaths.

The injury at work item must be completed for decedents ages 14 or over and may be completed for those less than 14 years of age if warranted.

Consider available information with regard to location and activity at time of injury. For additional information on the Determination of Injury at Work, refer to appendix D.

#### SHIPPING REMAINS OUTSIDE U.S.

If remains are shipped outside the United States, check first with the other country's embassy or consulate for its current requirements and regulations. A form letter must be provided stating that the remains of the decedent has been prepared properly for the protection of public health; the decedent did not die from any communicable diseases; and the death had been registered. The

funeral director, the certifying physician or coroner and the local or deputy registrar in the county of death must sign the letter. Any local or deputy registrar who signs the letter must also register his/her signature with the Secretary of State's Office. The state office will, however, continue to provide this service for those counties that do not wish to prepare and sign the letter to ship remains out of the country. The following are general guidelines for shipping human remains out of the country:

- The funeral director or person acting as such prepares, signs the death certificate and the shipping letter.
- The physician/coroner completes the medical certification of the death certificate and signs the shipping letter.
- The local registrar registers the death certificate, issues the disposition permit and releases the original death certificate back to the funeral director or faxes it to the state office.
- The state office registers the original death certificate, signs and seals the shipping letter and issues certified copies if needed.
- The death certificate must be authenticated with an "Apostille Certificate" (verification of signature of State Registrar) from the Colorado Secretary of State Office. For more information, please visit www.sos.state.co.us.
- The notarized copy of the original disposition permit, embalmer's statement the death certificate may need to be translated into the appropriate language, if specified by the receiving country's embassy or consulate.
- All documentation and the appropriate fee must be presented to the consulate
- The consulate of the receiving country must grant permission to ship the remains.
- It is the responsibility of the funeral director or person acting as such to work directly with the consulate of the country receiving the remains to ensure all requirements for shipment have been met.

For the form letter granting permission to ship remains out of the country and a flowchart of requirements, please visit the private website.

#### **DELAYED DEATH CERTIFICATES**

A death certificate registered more than one year after the date of death must be filed directly with the state office. If the attending physician or coroner and the funeral director or person who acted as such is available to complete and sign the certificate, it may be completed without additional evidence. The physician or coroner and the funeral director must state in accompanying affidavits that the information on the certificate is based on records in their files.

In the absence of the physician, coroner and the funeral director or person who acted as such, the certificate may be filed by the next of kin of the decedent and must be accompanied by:

- An affidavit of the person filing the certificate swearing to the accuracy of the information on the certificate.
- Two documents which identify the decedent and the date and place of death.

In all cases, the State Registrar may require additional documentary evidence to prove the facts of death.

If a death is presumed to have occurred in Colorado but the remains cannot be located, a certificate may be prepared upon a court order, which must include findings of facts required to complete the certificate.

If you have questions or need additional information, please call 303.692.2188.

#### **NEXT OF KIN**

Next of kin has the right to decide disposition of the last remains of the decedent. Colorado Revised Statute 15-19-106 defines next of kin, in order. The statute manual, which contains all statute and Board of Health regulations governing vital records, is available on the private website.

#### MAINTAINING RECORDS OF TRANSACTION

Colorado Revised Statutes 25-2-110 (8) and Colorado Vital Statistics Regulations (Section 13) require the funeral director to keep a record containing the following information about human remains:

- The date, place and time of receipt.
- The date, place and manner of disposition.
- If the remains are delivered to another funeral director, the date of delivery and the name and address of the funeral director to whom the funeral director delivered the remains.
- The items required on the certificate of death.

#### **AUTHORITY FOR FINAL DISPOSITION PERMIT**

Colorado requires a disposition permit be issued before human remains are disposed of. The permit is issued from the local office, in the county of death, upon receipt of a complete, correct death certificate. A permit is *never* issued if the remains have already been buried, cremated, removed from the state or otherwise disposed of.

The sexton or individual disposing of the remains must complete the lower portion of the permit and return it to the issuing local office.

At the local registrar's discretion, death certificates may be faxed and the disposition permit sent to the funeral director by return fax. In this case, the

death certificate must be complete and accurate, with all data and signatures present. The original death certificate must be registered within *five days* of death. Sending certificates and permits by fax allows for timely disposition of the deceased, especially in cases where the funeral home is some distance from the local office or immediate burial is required.

If disposition has already occurred, under no circumstances will the local office issue a disposition permit. It is illegal to dispose of human remains without first acquiring a permit. The sexton should not accept any *Authority for Final Disposition* that has not been signed by the local or his/her designee. Issuing a disposition permit indicates that the local office has reviewed and accepted the death certificate for registration prior to disposition.

If remains been brought into Colorado from another state or country, the accompanying permit issued under that state's laws is acceptable as the authority for final disposition. If no such permit accompanies the remains, and final disposition is burial, the local office of vital statistics is asked to issue a disposition permit as a courtesy. If no such permit accompanies the remains, and final disposition is cremation, please contact the state office at 303.692.2179 or 303.692.2183.

#### **DISPOSITION PERMIT – ALTERNATE ISSUER**

Local registrars are authorized to designate another person or agency to issue the disposition permit when it is absolutely necessary to obtain the permit outside of regular business hours. This authority may be the given to the coroner, police, sheriff or hospital staff. Funeral directors may not be designated alternate issuers as it presents an inherent conflict of interest. The local office has the authority to appoint alternate issuers and to revoke those appointments. The local office provides appropriate training and supplies to its designee.

The designee then has the authority to sign the disposition permit upon receipt of a complete death certificate. If the local registrar did not actually view and register the death certificate, the designee's signature and title should be on the permit.

#### **DISPOSITION OF REMAINS OR CREMAINS**

There is no requirement that human remains or a fetus be buried in an established cemetery. Human remains or fetuses may be buried on private land unless local or federal ordinances prohibit it. Cremation is considered "final disposition" and the state retains no control over disposition of the ashes. Ashes may be disposed of as the next of kin desires except for any restriction by local ordinances. It is important to check any federal, county or local laws and ordinances first before disposing of remains.

Embalming is not required if disposal is within 24 hours. However, human remains or a fetus kept more than 24 hours before burial or cremation *must* be

embalmed or properly refrigerated. The requirement is not specific concerning type or brand of container. The intent is to preserve the public health and the dignity with which the remains are treated. The remains or fetus must be in a "tightly sealed container that will prevent the leakage of fluids or odor."

#### DISTINTERMENT/REINTERMENT PERMITS

Once human remains have been buried within the state, a disinterment/reinterment permit is necessary to relocate the remains. If the remains are being reintered within the boundaries of the same cemetery, a permit is not required. A permit may be acquired only from the state office. There is no fee for this service. For additional information, please visit the private website or call 303-692-2188.

#### STATE ANATOMICAL BOARD

Acceptance of the remains by a representative of the State Anatomical Board (SAB) is considered to be final disposition. The method of disposition on the death certificate should indicate "donation." If arrangements do not involve a funeral director, the State Anatomical Board representative assumes the responsibility of completing the death certificate and obtaining the final disposition permit from the appropriate local office within five days of death. If the hospital is acting as the funeral director, it must complete the death certificate and obtain the final disposition permit prior to releasing the remains to the State Anatomical Board.

# FIELD DESCRIPTION AND INSTRUCTION

# ITEM 1 - DECEDENT'S NAME

Data Entry:	Decedent's full, legal name. Last name should be in all CAPS,
	but acceptable if it is not. No quotations. AKA acceptable.
	Can be Unknown. If no middle name, leave space between
	First and LAST name. Do not leave blank

#### ITEM 2 - SEX

Data Entry:	Spell out Male or Female. Can be M or F. Can also be
	Unknown. Do not leave blank.

# ITEM 3 – DATE OF DEATH

Data Entry:	Month spelled out (NO numeric month), day, year. "Found"
	Acceptable. Cannot be unknown. Year should be 4-digits.
	"Approx." acceptable with date. Do not leave blank.

# ITEM 4 – SOCIAL SECURITY NUMBER

Data Entry:	Decedent's SS#. Unknown, Refused, None or N/A
	acceptable. Do not leave blank.

# ITEM 5a – AGE – Last Birthday (Years)

Data Entry:	Decedent's age as of their last birthday. Use full years, not
	partial. Do not leave blank.

# ITEM 5b - AGE - (under 1 year)

Data Entry:	For infants under 1 year, record months and days.
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# ITEM 5c - AGE - (under 1 day)

Data Entry:	For infants under 1 day, record hours and minutes.
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#### ITEM 6 – DATE OF BIRTH

Data Entry:	Month spelled out (NO numeric month), day, year. Year
	should be 4-digit year. Unknown acceptable. Do not leave
	blank.

# ITEM 7 – BIRTHPLACE (City and State or Foreign Country)

Data Entry:	Decedent's birthplace. State can be abbreviated. County of
	birth may be used if city unknown. Unknown acceptable. Do
	not leave blank.

# ITEM 8 - WAS DECEDENT EVER IN U.S. ARMED FORCES

Data Entry:	Yes if they served in any capacity in the armed forces or
	reserves or No if they did not. Unknown acceptable. Do not
	leave blank.

#### ITEM 9a - PLACE OF DEATH

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Data Entry:	Check Hospital (Inpatient, ER/Outpatient, DOA) OR check
	Other (Nursing Home, Residence, or Other). If "Other" specify.
	Place of death should be "Place where death occurred". If it's a nursing home, whether it's long term or short term, it should be coded as 'Nursing Home'. If the death occurred in the home, whether it's under hospice or not, it should be coded as 'Residence'. If the death occurred in a secondary/vacation/rental home owned/occupied by the decedent, but the decedent had a permanent home elsewhere, it should be coded as "Other" and specified as "secondary home." If the death occurred in someone else's home, it should be coded as 'Other' and not residence. If the death occurred under hospice care in any facility, it should
	be coded as 'Other" and specified as 'Hospice'. Place of death definition of 'Nursing Home' is if the decedent was placed in a facility that is long-term care, if the facility provides any type
	of patient care such as retirement care, assisted living, old age home, rest home, restoration
	center, etc. and the Facility Name should be placed in the 9b Facility Name box. Assisted
	Living acceptable as 'Other' but preferred as 'Nursing Home'. Do not leave this item blank.

# ITEM 9b - FACILITY NAME

Data Entry:	Specify where death occurred by using Hospital Name,
	Nursing Home/Assisted Living Facility Name, etc. If not a
	medical institution, give street and number. If "Found," specify
	address, or location (mile marker, etc.). Do not leave blank.

# ITEM 9c - CITY, TOWN OR LOCATION OF DEATH

Data Entry:	Specify City or Town where death occurred. Rural or
	Unincorporated acceptable. Do not leave blank.

# ITEM 9d – COUNTY OF DEATH

Data Entry:	Specify County where death occurred. If place of death is not known, list county where remains were found. Do not leave
	blank.

# ITEM 10a - DECEDENT'S USUAL OCCUPATION

Data Entry:	List majority of work history (i.e.; Lawyer, Teacher, Self-
	employed). Retired should not be listed. If infant, N/A. If never
	employed, "none" should be listed. Do not leave blank.

# ITEM 10b - KIND OF BUSINESS/INDUSTRY

Data Entry:	List Business or Industry (i.e.; Law Firm, High School, Truck
	Driver). Do not list particular business names. Do not leave
	blank.

# ITEM 11 - MARITAL STATUS

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Data Entry:	Specify decedents most recent marital status. If infant, list
	Never Married. If legally separated, they are considered still
	married. If marital status is never married or divorced, field
	#12 should be blank. Common-law marriages are recognized
	as legal marriages. If marital status is unknown, put 'unknown'
	and leave field #12 blank. Do not leave field #11 blank.

# **ITEM 12 - SPOUSE**

Data Entry:	Name of decedent's spouse if married, legally separated, or
	widowed. If non-applicable, field should be blank. If maiden
	name unknown, put first name followed by "unknown."

# ITEM 13a - RESIDENCE STATE

Data Entry:	Decedent's permanent state of residence (where they
	established their home). If they resided in foreign country, list
	country under 'state'. State may be abbreviated. Ensure that
	city and county match. Do not leave blank.

# ITEM 13b - RESIDENCE COUNTY

Data Entry:	Decedent's permanent county of residence. If decedent lived
	in a country where counties are not used, enter as N/A. If
	decedent is homeless, use unknown. Do not leave blank.

# ITEM 13c - RESIDENCE CITY, TOWN, OR LOCATION

Data Entry:	City, Town or Location where decedent permanently resided.
	If homeless, use unknown. Do not leave blank.

# ITEM 13d – RESIDENCE STREET AND NUMBER

Data Entry:	Physical address of permanent residence of the decedent.
	Unknown is acceptable. P.O. Box is not acceptable. If
	homeless, use unknown. Do not leave blank.

# ITEM 13e - RESIDENCE INSIDE CITY LIMITS

Data Entry:	Yes or No question. If Unincorporated, answer No. Do not
	leave blank.

# ITEM 13f – RESIDENCE ZIP CODE

Data Entry:	Zip code of decedents resident address. If foreign country
	that does not use zip codes, use N/A. Do not leave blank.

# ITEM 14 - WAS DECEDENT OF HISPANIC ORIGIN

Data Entry:	Yes or No question. Specify origin if "yes"; e.g. Mexican,
	Puerto Rican, Spanish, Hispanic, etc. Unknown acceptable.
	Multiple origins acceptable. The entry should reflect the
	response of the informant. Do not leave blank.

# ITEM 15 - RACE

Data Entry:	Specify decedent's Race. Multiple race acceptable. Hispanic, Latino, or Mexican, etc. are not races, and should be reported
	under Hispanic origin. However, if family requests Hispanic to be listed, accept the request. Unknown acceptable. Do not
	leave blank.

# **ITEM 16 – DECEDENT'S EDUCATION**

Data Entry:	Specify decedents highest education completed. Unknown acceptable. Zero if infant. No formal education can be 0 or
	none. Actual number or 17+ for advanced degree. Do not leave blank.

# **ITEM 17 – FATHER NAME**

Data Entry:	Name of decedent's father. Acceptable if last name is not in
	all caps. If no middle name, leave space between First and
	LAST name. If it is an infant death, and it is being questioned
	whether or not to list the father, follow what is on the birth
	certificate. Initial's acceptable. Unknown acceptable. Do not
	leave blank.

# **ITEM 18 – MOTHER NAME**

Data Entry:	Name of decedent's mother prior to first marriage (maiden
	name). Acceptable if maiden name is not in all caps. Verify
	accuracy if maiden name and father's name are same.
	Unknown acceptable. Do not leave blank.

# ITEM 19 - INFORMANT NAME AND RELATIONSHIP TO DECEDENT

Data Entry:	Name of informant. Typically a relative or friend. Can be 'self'
	when decedent is informant. Cannot be unknown.
	Relationship is required. Do not leave blank.

# ITEM 20a - METHOD OF DISPOSITION

Data Entry:	Only check one – Burial, Cremation, Removal from State,
	Donation, Other ( <i>specify</i> ). Entombment is marked as 'Other'
	and then specified as Entombment. Donation is for entire body
	donation only. Out of country shipments are 'removal from
	state'. If burial is held out of state list 'removal from state'. If
	cremated and removed from state 'cremation'. Do not leave
	blank.

# ITEM 20b - PLACE OF DISPOSITION

Data Entry:	Name of crematory, cemetery, institution or location where
	remains will be placed. If donated, enter the name of that
	institution receiving donation. If cremation, name of institution
	doing the cremation. Do not leave blank.

# ITEM 20c - LOCATION OF DISPOSITION

Data Entry:	City or Town and State of disposition. Cremation is final
	disposition. Do not leave blank.

# ITEM 21a – SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH

Data Entry:	Signature identifies the person responsible for certifying that
<b>,</b> :	the information on the certificate is accurate. Person acting as
	funeral director must be registered with the state as acting for
	the named funeral home or on that homes registry (if not on
	registry with funeral home, person can become registered at
	the time). Signature cannot be stamped. Do not leave blank.

# ITEM 21b - NAME AND ADDRESS OF FACILITY

Data Entry:	Name and address of person or facility handling the body prior
	to burial or other disposition. Include zip code. Do not leave
	blank.

# ITEM 22a - REGISTRAR'S SIGNATURE

Data Entry:	Local registrar checks for completion of certificate. Any
,	appointed deputy registrar in the county of death or where
	remains are found may sign. Place title after name. Do not
	leave blank.

#### ITEM 22b – DATE FILED

Data Entry:	Date filed is the official registration date for the certificate of
	death. Spell out or abbreviate the month. Year should be 4-
	digit. Do not leave blank.

# ITEM 23 – TIME OF DEATH

Data Entry:	Can be listed in standard or military time. Late a.m., early
	p.m., unknown, or approximate time are acceptable. Midnight
	or Noon should be specified. Do not leave blank.

# ITEM 24 – DATE PRONOUNCED DEAD

Data Entry:	Date decedent is pronounced dead. Hour of death is the time
	death was pronounced. Cannot be prior to day/time of death
	in field #3. Need not be the same as date of death. Month
	should be spelled out; acceptable if all numbers, i.e. 12/13/06.
	Do not leave blank.

# ITEM 25 – WAS CORONER NOTIFIED

Data Entry:	Yes or No question. Cannot be unknown. Ensure coroner is
	notified for coroner reportable deaths. If Coroner is signing,
	this should be Yes. Do not leave blank.

# ITEM 26 - PHYSICIAN CERTIFICATION

Data Entry:	Signature of M.D. or D.O. certifying the cause of death. This
	signature cannot be a nurse, EMT, Chiropractor, etc. Rubber
	stamp not acceptable. Must use black or blue ink; no pencil.

#### ITEM 27 – CORONER CERTIFICATION

Data Entry:	Signature of the Coroner certifying the cause of death. The
	deputy coroner may sign. Coroner may co-sign any certificate
	they deem appropriate. Rubber stamp not acceptable. Must
	use black or blue ink; no pencil.

# ITEM 28-29 - DATE SIGNED

Data Entry:	Date the physician and/or Coroner signed certificate. Ensure
	the dates do not precede the date of death or pronouncement
	of death. Prefer month spelled out; acceptable if all numbers,
	i.e. 12/13/06. Do not leave blank.

# ITEM 30 - NAME, TITLE AND MAILING ADDRESS OF CERTIFIER/CORONER

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Data Entry:	If only physician signed OR if only the coroner signed, these
	items should be listed. If a physician AND a coroner signed,
	list these items for the physician. Rubber stamps acceptable
	if they do not permeate paper. Do not leave blank.

# ITEM 31 – NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

Data Entry:	This item lists the name of the decedent's primary physician, if
	that physician is not certifying the certificate of death. If
	certifier is decedent's primary physician, this item may be
	blank.

# **ITEM 32 - MANNER OF DEATH**

Data Entry:	Only one manner of death may be selected – Natural,
	Accident, Suicide, Homicide, Pending Investigation,
	Undetermined Manner. Deaths in which an accident, suicide
	or homicide has occurred <u>must</u> be reported to the coroner. If
	undetermined, #33a-f should be listed as unknown. Cannot be
	left blank.

# ITEM 33A – DATE OF INJURY

Data Entry:	Must be completed if manner of death is accident, suicide or
	homicide. If manner of death is natural, 33a-f are not
	required. Unknown acceptable in all fields in 33.

# ITEM 33b - TIME OF INJURY

Data Entry:	Time the injury was sustained. Early p.m., late a.m., unknown
	are acceptable. Do not leave this field blank. Must complete if
	manner of death is accident, suicide or homicide.

# ITEM 33c - INJURY AT WORK

Data Entry:	Yes or No question. Refer to Guidelines for Determination of
	Injury at Work in this manual. Unknown acceptable.

# ITEM 33d – DESCRIBE HOW INJURY OCCURRED

Data Entry:	Detailed account of the injury occurrence (i.e.; traffic accident,
	crushed under rock, etc.). Unknown acceptable.

# ITEM 33e - PLACE OF INJURY

Data Entry:	Specify the geographic area where injury occurred. Unknown
	acceptable.

# **ITEM 33f - LOCATION**

Data Entry:	Enter complete address including street and number. City,
	County and State of injury must be included. Do not leave this
	field blank. Unknown acceptable.

# ITEM 34 - CAUSE OF DEATH

Data Entry:	Completed by the certifier. Intervals may be general indicators, for example, minutes, years, etc. Unknown acceptable. May be blank.
	If the manner of death is homicide, the decedent is female and was pregnant at the time of death, coroners should indicate this in Part II, Other Significant Conditions.

# **ITEM 35 - AUTOPSY**

Data Entry:	Yes or No question. If a partial autopsy was performed,
	answer Yes. Cannot be unknown or blank.

# ITEM 36 – WERE FINDINGS CONSIDERED

Data Entry:	If field 35 is Yes, enter Yes or No in field 36. This field should
	only be completed if an autopsy was performed. If autopsy
	was <u>not</u> performed, leave field blank. Acceptable if funeral
	home software automatically populates this field with 'no.'

#### **QUERY PROGRAM**

Cause of death data from the certificate of death is the single most valuable source of mortality data. It is critically important that the cause of death be complete, detailed and accurate. To ensure this, the state office maintains the Cause of Death Query Program. Certain causes of death, reported without further detail, are queried.

Letters also are sent to physicians and coroners requesting greater detail. Included in these mailings are brochures giving greater detail on proper completion of the cause of death. If reported without underlying causes, the following causes are queried:

- Atrial Fibrillation
- Cardiac Arrest
- Cardiac Arrhythmia
- Congestive Heart Failure
- Dementia
- Failure to Thrive
- Old Age
- Senility
- Renal Failure
- Respiratory Failure

Letters also are sent to physicians and coroners requesting clarification when cause of death information is not printed legibly.

The local office reviews the cause of death. The local office should not refuse to register a death if the cause of death is not very detailed, but encourage the funeral director to remind physicians that the state office in the above instances will query the cause of death.

#### **CORRECTION OF DEATH CERTIFICATES**

The local office has the authority to make changes and corrections to records, assuming the certificate has not yet been forwarded to the state office. Corrections may only be made if there have been no certified copies issued, or if all of those issues have been returned. Local offices may choose to charge a fee to make a correction; however, the local office must follow the same fee schedule used by the state office. Once the record has been registered with the state office, changes and corrections must be made through the state office.

Any alterations made, either prior to or during registration, must have a completed notation on the back of the certificate. For detailed instructions, please refer to Policy 2006-003, which is available on the private website.

The state office requires documentation for corrections to the legal portion of the certificate made after registration. For example, if the decedent's place of birth

on a death certificate is recorded as New Mexico, but is in fact Utah, a copy of the decedent's birth certificate should be provided. For information on corrections of death certificates, call 303-692-2188.

The state office maintains a 30 day return policy. If a correction is made, incorrect copies issued within 30 days will be exchanged for correct copies.

#### **AMENDMENTS**

If the death has already been registered, a new, completed death certificate may be prepared for the decedent that shows the correct information. In these cases, the word 'AMENDED' should appear in the upper, left hand corner of the certificate. This indicates to the local and state office that another certificate has already been registered and the original certificate must be matched with the amended certificate.

#### CHANGES TO CAUSE OF DEATH

Items in the medical portion of the death certificate may be corrected at any time, at no charge, at the request of the physician or coroner.

Should additional medical information or autopsy findings become available that would change the cause of death originally reported, the original death certificate should be amended by the certifying physician or coroner by the filing of an 'Amended' certificate. Rather than repeating the completion of another certificate and involving the funeral director and the local office, the certifying physician and/or coroner may send a notarized affidavit directly to the state office. The state office will then make the necessary changes to the original certificate. Either method of amending the cause of death section is acceptable.

#### QUALITY CONTROL

The state office receives all vital records for the State of Colorado. Each record is reviewed for completeness and accuracy. Should a certificate contain blank fields or inconsistent data, the state office will contact the data provider or local office to verify the information. The state office undertakes three phases of quality assurance. Reports are generated weekly, monthly and at the end of the year.

#### CONFIDENTIALITY

Per Colorado Revised Statute 25-2-117(1), 'Vital statistics records shall be treated as confidential...' Colorado's vital records are not public records. Those who have a legal right to, or a direct and tangible interest in, a certificate may receive a certified copy of a record.

#### **FREE CERTIFIED COPIES**

Some Colorado government agencies are entitled to one certified copy of a record, at no charge. This service is not extended to government agencies of other states. Veterans Administration, Social Services, law enforcement and any State of Colorado government agency is entitled to a free certified copy. Law enforcement agencies are entitled to a free copy if it is requested for the purpose of a criminal investigation. Legal investigations for hiring purposes are not included. These certificates are always stamped or marked stating that it is a free copy provided solely for the agency's use.

- Veterans Administration requires certified death certificates to provide benefits to spouses and children. Death certificates are necessary to close records and provide benefits.
- Social Services require death records to prove qualification for benefits and Medicaid or for legal documentation for custody issues.
- Law enforcement agencies (Department of Justice, CBI, FBI, district attorney, police and sheriff's offices) may need a record for a criminal investigation. Death certificates may be required to close a case. If the record is needed for a background or employment check, they must pay the fee.
- Other Colorado government agencies (student loans, Department of Corrections, etc.) may need the record to process benefits or close a record.

#### TRACKING PENDING DEATH CERTIFICATES

The funeral director and coroner's office should devise a means of tracking pending certificates. This ensures that an amended certificate is properly filed and there are no missing certificates. There is no fee for filing an amended certificate.

#### **SUPPLIES**

The state office provides all necessary forms, manuals, etc. at no cost. A supply order form is available on the private website or by calling 303.692.2178.

#### **DEFINITIONS**

**Cause of Death** – Any condition that leads to or contributes to death and is classifiable according to the International Classification of Diseases (ICD 10).

**Ethnicity** – The classification of a population that shares common characteristics, such as religion, traditions, culture, language and tribal or national origin.

**Fetal Death** – Death prior to the complete expulsion or extraction from its mother, of a product of human conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such expulsion or extraction, the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

**Induced Termination of Pregnancy** – The purposeful interruption of pregnancy with the intention other than to produce a live-born infant or to remove a dead fetus and which does not result in a live birth.

**Infant Mortality Rate** – A death rate calculated by dividing the number of infant deaths during a calendar year by the number of live births reported in the same year. It is expressed as the number of infant deaths per 1,000 live births.

**International Classification of Disease** – ICD books are published by the World Health Organization and provide alphanumeric codes for mortality data.

**Live Birth** – The complete expulsion or extraction, from its mother, of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes, or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of the voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.

**Race** – A geographical population of humankind that possesses inherited distinctive physical characteristics that distinguish it from other populations.

**Underlying Cause of Death** – The disease or injury, which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence, which produced the fatal injury.

**Manner of Death** – A death classification that specifies whether the death was due to natural causes (i.e., a disease), an accident, suicide or homicide, or whether the cause of death is pending investigation or cannot be determined.

Infant Death - Death in the first year of life.

**Neonatal Death** – Death prior to the 28<sup>th</sup> day of life.