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HISTORY AND BACKGROUND

The National Center for Health Statistics (NCHS) is responsible for the compilation and annual publication of national statistics on causes of death based upon information reported on death certificates filed for each death occurring in the United States. Since 1968, NCHS has used the International Classification of Diseases (ICD) to manually code all causes of death reported on each death certificate. These multiple cause codes then serve as input data for the Automated Classification of Medical Entities (ACME) computer program which assigns an underlying cause of death code for each death in accordance with internationally agreed upon rules.

The rules for manually coding multiple causes of death are in the Part 2b of the Vital Statistic Instruction Manual Series. The rules are complicated and require a lengthy training period coupled with long-term on-the-job experience to acquire proficiency. In July of 1983, NCHS staff began development of a computer system to replace the manual system. This system is called MICAR for Mortality Medical Indexing Classification and Retrieval.

Data entry under PC-MICAR required that the user enter the full text in standardized nomenclature, an abbreviation, or a numeric code for each disease, injury, and external cause reported on a death certificate. PC-MICAR significantly reduced the complexity of manual multiple cause-of-death coding; however, terms had to be translated into a format acceptable to PC MICAR.

SuperMICAR is an enhanced version of PC-MICAR. The main purpose of this improved version of MICAR is to allow users to enter the cause of death information as it is literally reported. With essentially no translation or standardization of the input required, training is minimal. A literal entry system is essential to the development of an electronic death certificate system.

Specified non-medical items (e.g., age, sex) that may impact on the classification of the reported conditions are also captured in coded form.

This manual documents: (1) creation of a SuperMICAR file, (2) instructions for machine entry of selected data from the demographic portion of a death certificate, and (3) entry of the information reported in the Medical Certification Section into machine-acceptable language. It is to be used in conjunction with the special rules booklet¹ for a given State. Training in medical terminology and anatomy are suggested as a means to help read the many variations in reporting of a medical term. For additional information about SuperMICAR features, see the MMDS help document.

The ICD is not needed by the operator. MICAR internally performs all conversions to ICD multiple cause codes based on the data input and its “knowledge” of the coding rules contained in Part 2b of the Vital Statistics Instruction Manual Series. In addition, MICAR permanently retains entity reference numbers for each term reported on a death certificate for use in retrieval of data for specific disease research.

Questions encountered during actual data entry of death records should be resolved as follows in the order indicated:

1. Refer to Table of Contents of this manual
2. Refer to MMDS Help document
3. Refer question to supervisor
4. Refer question to NCHS staff – State Specialist first
Then email: ICD10@cdc.gov

¹A document that describes certificate format variations unique to each State along with any special rules for handling these variations in the coding process.

In the United States, the certificate of death is a legal document used to establish the fact of death for insurance purposes and for other legal matters. Much of the information reported on the certificate is also used for statistical purposes and is recorded, compiled for analysis, and published by the NCHS. (See Illustration 2.1, page 5.)

The items to be entered from the death certificate as input to the MICAR system can be classified into two basic groups: (1) those that are primarily non-medical in nature and (2) those that are primarily medical in nature. The former includes sex of the decedent (Item 2), age of the decedent (Item 4), and date of death (Item 29), as well as control information (e.g., year, State, and State file number) needed to either identify a particular certificate or a given batch of certificates. Chapter IV of this document provides instructions for entering data for non-medical items. The U.S. Standard Certificate of Death provides space for the certifier to record information concerning the diseases and/or injuries which either resulted in or contributed to death, as well as, the circumstances of the injuries. Each of these is defined as a cause of death; that is, a morbid condition or disease process, abnormality, injury, or poisoning leading directly or indirectly to death.

The medical certification portion of the death certificate (Item 32) is designed to obtain the opinion of the certifier on the relationship and relative significance of the causes that are reported. The certifier is requested to report in Part I on line (a) the immediate cause of death and the antecedent conditions on lines (b), (c), and (d) which gave rise to the cause reported on line (a). The underlying cause, the disease or injury, which initiated the train of events leading to death or the circumstances that produced the fatal injury, is stated lowest in the sequence of events. Any other significant condition which unfavorably influenced the course of the morbid process and thus contributed to the fatal outcome, but was not related to the immediate cause of death, is entered in Part II.

CHAPTER II

THE DEATH CERTIFICATE

Illustration 2.1

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

		LOCAL FILE NO.			STATE FILE NO.		
NAME OF DECEDENT	To Be Completed/Verified By: FUNERAL DIRECTOR	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)			2. SEX	3. SOCIAL SECURITY NUMBER	
		4a. AGE-Last Birthday (Years)	4b. UNDER 1 YEAR Months Days	4c. UNDER 1 DAY Hours Minutes	5. DATE OF BIRTH (Mo/Day/Yr)	6. BIRTHPLACE (City and State or Foreign Country)	
		7a. RESIDENCE-STATE		7b. COUNTY		7c. CITY OR TOWN	
		7d. STREET AND NUMBER			7e. APT. NO.	7f. ZIP CODE	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
		8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage)	
		11. FATHER'S NAME (First, Middle, Last)			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)		
		13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)	
		14. PLACE OF DEATH (Check only one: see instructions)					
		IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):					
		15. FACILITY NAME (if not institution, give street & number)			16. CITY OR TOWN, STATE, AND ZIP CODE		17. COUNTY OF DEATH
18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):			19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)				
20. LOCATION-CITY, TOWN, AND STATE			21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY				
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT				23. LICENSE NUMBER (Of Licensee)			
ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH							
24. DATE PRONOUNCED DEAD (Mo/Day/Yr)			25. TIME PRONOUNCED DEAD				
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)			27. LICENSE NUMBER	28. DATE SIGNED (Mo/Day/Yr)			
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month)			30. ACTUAL OR PRESUMED TIME OF DEATH		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
CAUSE OF DEATH (See instructions and examples)							
32. 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, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					Approximate interval: Onset to death		
IMMEDIATE CAUSE (Final disease or condition resulting in death)							
a. _____ Due to (or as a 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							
b. _____ Due to (or as a consequence of):							
c. _____ Due to (or as a consequence of):							
d. _____							
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No							
34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No							
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		37. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined			
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)	39. TIME OF INJURY	40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)		41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No			
42. LOCATION OF INJURY: State:		City or Town:		Apartment No.:	Zip Code:		
43. DESCRIBE HOW INJURY OCCURRED:				44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
45. CERTIFIER (Check only one): <input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.							
Signature of certifier:							
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)							
47. TITLE OF CERTIFIER	48. LICENSE NUMBER	49. DATE CERTIFIED (Mo/Day/Yr)	50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)				

In the following example, there are three causes reported. On line (c) the underlying cause is entered—congenital heart disease. Congenital heart disease gave rise to congestive heart failure (line b) which in turn led to a myocardial infarction (line a)--the immediate cause of death.

- I (a) Myocardial infarction
 - (b) Congestive heart failure
 - (c) Congenital heart disease
 - (d)
- II

As demonstrated by the following example, the certifier may list more than one cause per line.

- I (a) Myocardial infarction and pulmonary embolism with
 congestive heart failure
 - (b)
 - (c)
 - (d)
- II

Likewise, the causes may not be reported in an acceptable sequence. In the following example, cancer is reported as due to diabetes.

- I (a) Cancer
 - (b) Diabetes
 - (c)
 - (d)
- II

To date, the causes of the majority of cancers are still unknown so the causal relationship tables stored in the NCHS computer preclude the assumption that diabetes caused the cancer. Cancer is selected as the underlying cause of death from this certification for statistical purposes. However, the selection of the underlying cause of death is not relevant for this manual. For data entry purposes, the order and position of each cause of death reported on the death certificate must be interpreted accurately so

the computer software can then determine the correct underlying cause of death.

There is an average of three causes listed per certificate. Approximately 20 percent of certificates have only one cause of death and 45 percent have three or more causes. Frequently, a cause will be reported on line (a) in Part I and a cause in Part II with no other reported causes. For other records, several causes may all be reported on a single line of the certificate or they may be entered on several lines in Part I. Rarely, the only cause(s) reported may be in Part II. Representative examples follow:

- | | |
|---|---------------------------------|
| 1. I (a) Pneumonia | 2. I (a) Cancer |
| (b) | (b) |
| (c) | (c) |
| (d) | (d) |
| II Diabetes | II |
| 3. I (a) | 4. I (a) |
| (b) | (b) Acute myocardial infarction |
| (c) | (c) |
| (d) | (d) |
| II Diabetes | II Renal disease |
| 5. I (a) AMI, renal disease, pulmonary embolism | |
| (b) | |
| (c) | |
| (d) | |

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

Exercise 1: Reading Death Certificates

One of the most difficult tasks for SuperMICAR entry staff is reading the certifiers handwriting. The following certificates are an example of how challenging this task can be.

Illustration 2.2

20a. REMOVAL		20b. DEC 02, 1996		20c. BEAUFORT NATIONAL CEMETERY		20d. BEAUFORT, S.C.	
21a. [Signature]		21b. 3748		21c. EDO MILLER AND SONS FUNERAL HO 3321 GLYNN AVE. BRUNSWICK, GEORGIA, 31520		21d. 1431	
21a. [Signature]		21b. 3317		21c.		21d.	
PART I		23. IMMEDIATE CAUSE (Enter only one cause per line for A, B, and C)				Approximate interval between onset and death	
A.		[Handwritten: Cardiopulmonary arrest]				Approximate interval between onset and death	
B.		[Handwritten: Metastatic Lung Cancer]				Approximate interval between onset and death	
C.		[Handwritten: Emphysema]				Approximate interval between onset and death	
PART II		24. OTHER SIGNIFICANT CONDITIONS (If female, indicate if pregnant or birth occurred within 90 days of death.)				25. AUTOPSY (Yes or No)	
						25a. No	
26a. NO		26b. DATE OF OPERATION (Mo., Day, Year)		26c. CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify)			
27. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify)		27a. DATE OF INJURY (Mo., Day, Year)		27b. DESCRIBE HOW INJURY OCCURRED		27c. HOUR OF INJURY	
27d. INJURY AT WORK? (Yes or No)		27e. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)		27f. LOCATION (Street, R.F.D. No., City or Town, State, Zip, County)			
28a. [Signature]		28b. DATE SIGNED (Mo., Day, Year)		28c. HOUR OF DEATH		28d. HOUR OF DEATH	
28a. [Signature]		28b. Dec 3, 1996		28c. 9:10 PM		28d. M	
28e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		28f. DATE PROMONCED DEAD (Mo., Day, Year)		28g. HOUR PROMONCED DEAD		28h. AT	
28e.		28f. ON		28g. AT		28h. AT	
29a. DR HERMAN LEVY, M.D.		29b. 034010		29c. 3208 SHRINE RD. B.W.K., GA. 31520			
29a. [Signature]		29b. [Signature]		29c. DATE RECEIVED BY REGISTRAR (Mo., Day, Year)			
29a. [Signature]		29b. [Signature]		29c. DEC 4 1996			

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

CHAPTER II

THE DEATH CERTIFICATE

Illustration 2.3

20a. BURIAL OR CREMATION REMOVAL (Specify)		21a. DISPOSITION DATE (Mo., Day, Year)		22a. FUNERAL HOME OR CREMATORY NAME		23a. LOCATION (Street, R.F.D. No., City or Town, State, Zip, County)	
BURIAL		NOV. 30, 1996		KENNEDY MEMORIAL GARDENS		ELLENWOOD, GA. DEKALB	
21b. FUNERAL DIRECTOR (Signature)		21c. FUN. DIR. LICENSE NO.		21d. NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip)		21e. EST. LICENSE NO.	
DEBORIS C. STOCKS		2919		STOCKS FUNERAL HOME KIRKWOOD CHAPEL, INC. 1970 BOULEVARD DR. N.E. ATLANTA, GA. 30317.		1081	
21f. EMBALMER (Signature)		21g. EMBALMER LICENSE NO.					
THOMAS E. HOUSTON		1967					
24. IMMEDIATE CAUSE (Enter only one cause per line for A, B, and C)							
PART I		A. <i>Cerebrovascular accident, HTN</i>				Approximate interval between onset and death	
Due to, or as a consequence of:		B. <i>Dementia and seizures</i>				Approximate interval between onset and death	
Due to, or as a consequence of:		C. <i>Due to unknown etiology</i>				Approximate interval between onset and death	
25. OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but not related to cause given in Part IA. (If female, indicate if pregnant or birth occurred within 30 days of death.)							
pneumonia							
26a. WAS OPERATION PERFORMED? (Yes or No)		26b. DATE OF OPERATION (Mo., Day, Year)		26c. CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify)		26d. AUTOPTOY (Yes or No)	
NO		-		-		NO	
27a. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify)		27b. DATE OF INJURY (Mo., Day, Year)		27c. DESCRIBE HOW INJURY OCCURRED		27d. HOUR OF INJURY	
NO		-		-		M	
28a. INJURY AT WORK? (Yes or No)		28b. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)		28c. LOCATION (Street, R.F.D. No., City or Town, State, Zip, County)			
NO		-		-			
29a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)				29b. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)			
[Signature]				[Signature]			
30a. DATE SIGNED (Mo., Day, Year)		30b. HOUR OF DEATH		30c. DATE SIGNED (Mo., Day, Year)		30d. HOUR OF DEATH	
12-6-96		7:13 A. M.				M	
31a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER				31b. DATE PRONOUNCED DEAD (Mo., Day, Year)		31c. HOUR PRONOUNCED DEAD	
						M	
32a. NAME, TITLE, AND LICENSE NO. OF CERTIFIER (Physician, Medical Examiner, or Coroner)				32b. ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip)			
Jafar Tabatabai, M.D. PHYS. LIC. NO. 014868				1037 Third St. Stone Mtn., Ga. 30083			
33a. REGISTRAR (Signature)				33b. DATE RECEIVED BY REGISTRAR (Mo., Day, Year)			
[Signature]				DEC - 9 1996			

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

CHAPTER II

THE DEATH CERTIFICATE

Illustration 2.4

DISPOSITION 19a. BURIAL, CREMATION, REMOVAL (Specify) 20a. Sep 24, 1996 20b. Elam Cemetery 20c. Millen, GA 30442, Jenkins	
21a. FURN. DIR. LICENSE NO. 1955 21b. NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip) CROWE-FIELDS FUNERAL HOME, INC. P O BOX 876; 364 E. WINTHROPE AVE. Millen, GA 30442-0876 21c. EST. LICENSE NO. 13	
21d. EMBALMER (Signature) [Signature] 21e. EMBALMER LICENSE NO. 2487	
CAUSE OF DEATH 23. IMMEDIATE CAUSE (Enter only one cause per line for A, B, and C) PART I A. Cerebrovascular Accident Due to, or as a consequence of: B. INTRACEREBRAL/POSTERIOR FOSSA HEMORRHAGE Due to, or as a consequence of: C. ASPVD/HTN Approximate interval between onset and death: 24 ^h , 24 ^h , 4ms	
24. OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but not related to cause given in Part IA. (If female, indicate if pregnant or birth occurred within 90 days of death.) ASHD/CABG/HTN/AT.FIB/DIABETES MELLITUS AUTOPSY (Yes or No) NO IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No)	
25. WAS OPERATION PERFORMED? (Yes or No) NO 26. DATE OF OPERATION (Mo., Day, Year) - 27. CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify)	
28. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) 29. DATE OF INJURY (Mo., Day, Year) 30. DESCRIBE HOW INJURY OCCURRED 31. HOUR OF INJURY M	
32. INJURY AT WORK? (Yes or No) 33. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify) 34. LOCATION (Street, R.F.D. No., City or Town, State, Zip, County)	
35. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) [Signature] 36. DATE SIGNED (Mo., Day, Year) 9/30/96 37. HOUR OF DEATH 02:50P M 38. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	
39. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) 40. DATE SIGNED (Mo., Day, Year) 41. HOUR OF DEATH 02:50P M 42. DATE PRONOUNCED DEAD (Mo., Day, Year) 43. HOUR PRONOUNCED DEAD 44. ON 45. AT	
46. NAME, TITLE, AND LICENSE NO. OF CERTIFIER (Physician, Medical Examiner, or Coroner) John D. Ratbun M.D. 47. ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip) 11700 Mercy Blvd., Savannah, GA 31419 48. LIC. NO. 1023665	
49. REGISTRAR (Signature) [Signature] 50. DATE RECEIVED BY REGISTRAR (Mo., Day, Year) OCT 03 1996	

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

Illustration 2.5

BURNIAL CREMATION REMOVAL (Specify)		DISPOSITION DATE (Mo., Day, Year)	CEMETERY OR CREMATORY NAME		LOCATION (City or Town, State, Zip, County)
Cremation		Dec 6 1996	Howard Carmichael Crem.		P'tree City Fayette GA30269
DISPOSITION	FUNERAL DIRECTOR (Signature)	FUN. DIR. LICENSE NO.	NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip)		EST. LICENSE NO.
	Jed Cash	2191	Horis A. Ward, Inc. 376 Fairview Road Stockbridge, Georgia 30281		1402
	EMBALMER (Signature)	EMBALMER LICENSE NO.			
	Not Embalmed	---			
PART I IMMEDIATE CAUSE (Enter only one cause per line for A, B, and C)					
Conditions, if Any Which Gave Rise To Immediate Cause During The Underlying Cause List.	A. Cardiorespiratory arrest				Approximate interval between onset and death
	B. Cardiac event suspected				Approximate interval between onset and death
	C. atherosclerosis Hypertensive Heart Disease.				Approximate interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but not related to cause given in Part I. (If female, indicate if pregnant or birth occurred within 90 days of death.)					
Senility					
CAUSE OF DEATH					
WAS OPERATION PERFORMED? (Yes or No)		DATE OF OPERATION (Mo., Day, Year)	CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify)		
No					
ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify)		DATE OF INJURY (Mo., Day, Year)	DESCRIBE HOW INJURY OCCURRED	HOUR OF INJURY	
INJURY AT WORK? (Yes or No)		PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc. (Specify))	LOCATION (Street, R.F.D. No., City or Town, State, Zip, County)		
26. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)			26b. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		
Ch. E. Diaz, M.D.					
DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH	DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH
December 10/1996		4:20 AM M			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER			DATE PRONOUNCED DEAD (Mo., Day, Year)		HOUR PRONOUNCED DEAD
NAME, TITLE, AND LICENSE NO. OF CERTIFIER (Physician, Medical Examiner, or Coroner)			ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip)		
Eloy Diaz, M. D.			6572 RIVER PARK DR Riverdale, Ga. 30274		
REGISTRAR (Signature)			DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		
D. ... M. R. ...			Dec. 16, 1996		

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

CHAPTER II

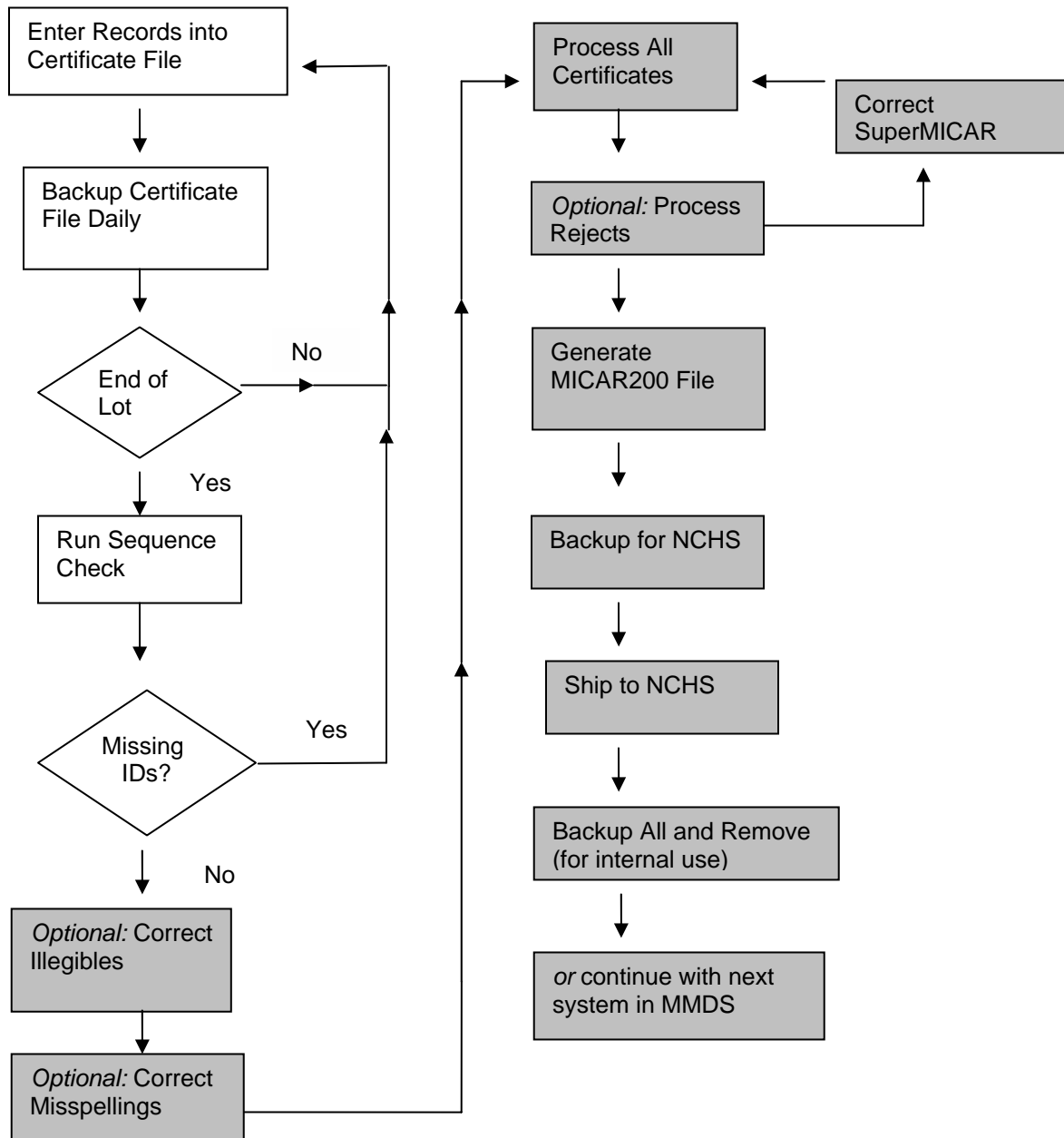
THE DEATH CERTIFICATE

Illustration 2.6

<input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		Scenic Hills Memorial Park		Ashland, Oregon	
1 <u>01</u> 2 <u>10</u> 3 <u>154</u>	21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b LICENSE NUMBER (Of Licensee) 3360	22 NAME, ADDRESS AND ZIP OF FACILITY Litwiller - Simonsen Funeral Home 1811 Ashland St., Ashland, OR 97520	
23 DATE FILED (Month, Day, Year) OCT 10 1995		24 REGISTRAR'S SIGNATURE <i>[Signature]</i>			
25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			26 WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
27 TIME OF DEATH 10:20 P.M. M		28 WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
29 To the best of my knowledge death occurred at the time, date, place and due to the cause(s) and manner stated (Signature) <i>[Signature]</i> MD					
30 DATE SIGNED (Month, Day, Year) 10/9/95					
34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) William Sager, MD 472 Scenic Drive Ashland, OR 97520					
35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
36 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.					
PART I (a) <i>Suffocation sec to aspiration of oral secretions</i>					Interval between on and death <i>Immediate</i>
DUE TO, OR AS A CONSEQUENCE OF (b) <i>Amyotrophic Lateral Sclerosis</i>					Interval between on and death <i>10 yrs</i>
DUE TO, OR AS A CONSEQUENCE OF (c) <i>Severe malnutrition</i>					Interval between on and death
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I <i>Severe malnutrition</i>					37 Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
40 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other			41a DATE OF INJURY (Month, Day, Year)	41b TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	41c INJURY AT WORK?
41d DESCRIBE HOW INJURY OCCURRED			41e PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		
41f LOCATION (Street and Number or Rural Route Number, City or Town)			38 AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
39 If YES were findings or in determining cause of death <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			RESERVED FOR REGISTRAR'S USE		

- a) Suffocation sec to aspiration of oral secretions Immediate
- b) Amyotrophic lateral sclerosis 10 years
- II Severe malnutrition

The following flowchart indicates the primary steps used within SuperMICAR:



The major emphasis of this manual is to provide data entry instruction. Explanations of the processing steps are discussed later in the manual.

After data entry is completed for a batch of records, the first step is to run a sequence check to determine if the file is complete.

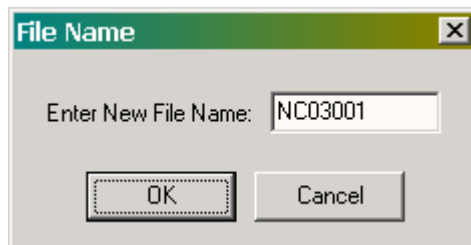


A. Creating a New SuperMICAR File

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

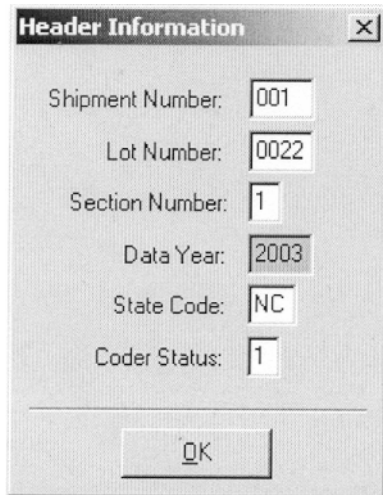
1. From the main screen, press {Alt+F} to select the **File** Menu Option.
2. Use the up and down arrow keys to highlight the **New** File Function and press {ENTER}.
3. If a file is currently open, a message window will be displayed.
 - a. To close the currently open file and open a new one, press {Y} and go on to step 4.
 - b. To cancel opening a new file and keep using the currently open file, press {N}. The main screen will be re-displayed. Continue using SuperMICAR normally.
4. A window will be displayed requesting a filename. Type in the desired 7-character filename (without the extension) and press {ENTER}. If a file with that name already exists in the data directory, a message will prompt that a different name be chosen. A filename **MUST** be 7 characters with no file extension (Example: NC03001). Refer to MMDS help document, File Naming Conventions for information on suggested file name conventions.

Illustration 3.1



5. To accept the name for the new file, press "OK." A second window will then be displayed asking to confirm the name for the new file. To accept this name for the new file, press {Y} and the Edit Header Information Screen will be displayed. To reject this name, press {N} to return to the File Name dialog box.
6. The Specify Header Information screen will be displayed (the header information will be the same for each record in the file). After filling out all of the fields on the Header Information Screen, press {OK} to create the new file, or {ESC} to cancel creation of the file. For specifics on the Header Information fields, see below.

Illustration 3.2



The screenshot shows a dialog box titled "Header Information" with a close button (X) in the top right corner. The dialog contains six input fields, each with a label and a text box:

- Shipment Number: 001
- Lot Number: 0022
- Section Number: 1
- Data Year: 2003
- State Code: NC
- Coder Status: 1

At the bottom of the dialog is an "OK" button.

- Shipment -** Three characters to identify the batch when the file is sent to NCHS. The first character can be either alpha or numeric; the second and third characters must be numeric.
- Lot # -** A number from 1-9999.
- Section # -** A number from 0-9. This may prove very useful when dividing batches.
- Data Year -** Four-digit year from the death certificate.
- State Code -** A two-letter abbreviation identifying the state from which the death certificate originates. (For a full list of these codes, see Appendix C). If the program does not recognize the code, it will display an error message and then show a pick-list of states. Entering a question mark {?} in this field will also cause the pick-list of states to be displayed.
- Coder Status -** A number from 0-9 used to identify the status of the coder.

Example: Codes for a batch of certificates being processed for data year 2004, from the State of Alaska, with shipment number U03, lot 0002, and coder status 1 would have the following entries:

Shipment U03
Lot # 0002
Section 5
Data Year 2004
State Code AK
Coder Status 1

7. To save the header information and open the database file for use, press {ENTER}. The main screen will now show the new filename at the top.
8. If {ESC} is pressed, a pop-up menu is displayed with the message that no file was created. All files must have complete header information.

B. Entering and Saving Certificate Data

Illustration 3.3

SuperMICAR Certificate Entry Screen

The SuperMICAR screen is designed to approximate the medical certification section from the US standard death certificate.

C. Adding Certificates Using SuperMICAR

In order to add certificates, the following actions must have already been performed:

Opening a file (New Certificate File or Open an Existing File) -

Adding certificates to a file is the primary data entry function. Use the instructions below to add the certificates to an open file.

1. From the main screen, press {Alt+E} to select the **Edit** Menu Option.
2. Use the up and down arrow keys to highlight the **Certificate** Function and press {ENTER}.
3. The Certificate Information Screen will be displayed. See Appendix A, the SuperMICAR Hotkey List, as a useful reference for editing shortcuts.
4. Enter the certificate information in the corresponding fields on the screen. NCHS rules on entering the data entered have been provided with each field description (displayed on the leftmost panel of the status bar, or “hover” the mouse over the field). Remember, the {TAB} and {SHIFT+TAB} keys can be used to move from field to field.

Certificate - Enter the certificate number. The certificate number is usually in the upper right hand corner of the death certificate. It is also called the State File Number on the certificate.

Note: If a user tries to create a duplicate certificate number (certificate already exists in current file), a message window will be displayed informing the user of the problem. In this case, the window will ask whether to overwrite the original record or not.

Sex - Type M for Male, F for Female, or U for Unknown. If Sex is not stated on the certificate, determine sex by name. If the sex cannot be determined, enter a U for Unknown. The numeric codes for sex may also be entered here (e.g., "1" for male or "2" for female).

Date of Death - The date of the decedent's death as reported on the death certificate. Enter it in the following format: MM/DD, where MM = the month (01-12, 99) and DD = the day of the month (01-31, 99). The year will be automatically supplied from the header information. Dates after the current date will not be accepted. If any element of the date of death is unknown, enter "99." For example, enter "99/99" for a totally unknown date of death.

Age: Number of Units - Enter the number for age of the decedent. The units of time (years, months, minutes, etc) will be entered in the Unit field (Example: For 27 years old, type 27; for 3 days, type 3).

Age: Unit - The units of time for the Age: Number of Units field. Units will be given in minutes, hours, days, months, or years. Type {?} and press {ENTER} to obtain a list of valid units. Highlight the desired unit name with the arrow keys and press {ENTER} to select it. If this field is left blank, the age unit will default to YEARS.

a. Age Field - The age field holds the age of the decedent. The unit of measurement for age is reported in a separate field (the Unit field). If the age is unknown, enter 999 for Unknown. Age is a required field – coders MUST enter an age.

For example: If the certificate reports age as "few minutes," leave the Age (Number of Units) field blank (system will insert 999) and type MINUTES in the UNIT field.

b. If age is not reported on the certificate, derive the decedent's age from the Date of Birth and Date of Death entries on the certificate.

- c. If age is not stated and date of birth and date of death are the same consider decedent under 1 day old, leave the Age (Number of Units) field on the screen blank and type HOURS in the UNIT field.
- d. If Age and the Date of Birth entries on the certificate are blank, leave the Age (Number of Units) field blank on the screen. Enter the UNIT as indicated on the certificate or type UNKNOWN if units are not indicated.
- e. If age cannot be determined from the certificate, but entries of "newborn," "infant," etc., indicate an age of less than 1 year old, leave the Age (Number of Units) field on the screen blank and type HOURS in the UNIT field.
- f. Disregard fractions reported in the number of units for age on the certificate.
- g. If the number of units on the certificate is reported with "approximately," "about," etc., enter the number only.

Part I, Cause of Death - Type in the cause of death exactly as it appears on the death certificate. Do not make any alterations. If any word or words in the Cause of Death are illegible, type ILLEGIBLE in place of the illegible words. All other legible words should still be entered.

Appendix D contains a list of symbols which cannot be easily entered using a PC keyboard. Refer to this appendix to enter the correct text.

Certifiers may include abbreviations for medical conditions. It is correct to enter these abbreviations as they are reported. In addition, SuperMICAR users may use abbreviations given in Appendix E. These are the ONLY acceptable abbreviations that can be used by the coder to shorten entries. When one of these abbreviations is used, a semi-colon (;) must be entered after the abbreviation if it is a complete condition. Enter abbreviations that are not on this list only when this information is reported on the record by the certifier.

Read the reported conditions carefully and accurately. Use abbreviations only when certain that it is correct to do so. For example, HEM is an acceptable abbreviation for Hemorrhage but never for Hemorrhagic. If in doubt, it is best to enter full text. Abbreviations should be used to conserve time and increase production, and should not bog down work and prove more time consuming than full text.

Duration - Type in the interval between the onset of the condition and death exactly as it appears on the death certificate. Do not make any alterations. Example: 3-4 WEEKS, 2 1/2 MONTHS, etc.

- a. Duration may be reported using units of time (YEARS, MONTHS, WEEKS, DAYS, HOURS, etc.) or with words such as BRIEF, CHRONIC, CONGENITAL, MOMENTS, NEWBORN, etc.
- b. Some of the special symbols listed under Cause of Death, Part I also apply to the Duration field. See Special Symbols in SuperMICAR.
- c. If a number other than a "1" or a "2" appears with a degree symbol (Example: 8°) in the Duration, ignore the number and symbol. Do not enter the number and symbol.

Part II, Cause of Death - Type in any other significant conditions that are listed in the Cause of Death section of the death certificate in the order as reported.

If more than one entry for Part II is listed on the certificate, enter the information in the order it appears on the certificate. Try to duplicate the information exactly as it is reported, using whatever punctuation is used on the certificate.

All abbreviations and symbols listed in Special Symbols (Appendix D) in SuperMICAR also apply to Cause of Death, Part II.

Was an Autopsy Performed? – Enter the single-character code for whether an autopsy was performed or not. Typing a question mark {?} will display the following pick-list of valid choices:

N	No
Y	Yes
U	Unknown
	Blank

Use the arrow keys to highlight the desired entry and press {ENTER} to select it.

Were Autopsy Findings Available? – Enter the single-character code for whether any autopsy findings were available. Typing a question mark {?} will display the following pick-list of valid choices:

N	No
Y	Yes
U	Unknown
	Blank

Use the arrow keys to highlight the desired entry and press {ENTER} to select it.

Tobacco Use Contribute to Death? – Enter the single-character code for whether or not tobacco use contributed to death. Typing a question mark {?} will display the following pick-list of valid choices:

- N No
- Y Yes
- P Probably
- U Unknown
- C Not on certificate
- Blank

Use the arrow keys to highlight the desired entry and press {ENTER} to select it.

Pregnancy: – Enter the single-character code for any conditions of pregnancy of the decedent. Typing a question mark {?} will display the following pick-list of valid choices: Use the arrow key to highlight the desired entry and press {ENTER} to select it.

- 1 Not pregnant within past year
- 2 Pregnant at time of death
- 3 Not pregnant, but pregnant within 42 days of death
- 4 Not pregnant, but pregnant 43 days to 1 year before death
- 7 Not on certificate
- 8 Not applicable
- 9 Unknown if pregnant within last year
- Blank

Manner of Death - Type in the code for the Manner of Death listed on the certificate. Type a question mark {?} and press {ENTER} to display the following pick-list of valid manner of death codes:

N	Natural
A	Accident
S	Suicide
H	Homicide
P	Pending Investigation
C	Could Not Be Determined
Blank	Blank

Use the arrow keys to highlight the desired entry and press {ENTER} to select it. Blanks are acceptable. **If no manner of death is reported, leave field blank. Do not assume natural.**

Date of Surgery - Used only by states that have a specific surgery item on the certificate. If the certificate states that the date of surgery is unknown, then enter "99/99/9999" for the year. If a date is given, enter MM/DD/YYYY where MM = two-digit month, DD = two-digit day, and YYYY = four-digit year. A blank for date of surgery is valid.

- a. If "yes" is entered in the "Was operation performed" item on the certificate and no Date of Surgery is specified, type SURGERY as the last condition in Part II. Separate SURGERY from any other items in Part II with a semicolon (;). For example, if "yes" is entered, the certificate data should be entered as follows:

I (a) CARDIAC ARREST
(b) BREAST CANCER
(c)
(d)
II PNEUMONIA; SURGERY

- b. If "yes" is entered in the "Was operation performed" item on the certificate and surgery (or a named type of surgery) is recorded elsewhere on the certificate, do not add SURGERY to Cause of Death, Part II. For example, if "yes" is entered with a specific type of surgery already named, the certificate data would be entered as follows:
- I (a) CARDIAC ARREST
 - (b) BREAST CANCER; MASTECTOMY
 - (c)
 - (d)
 - II PNEUMONIA
- c. If "yes" and a date of surgery are entered in the "Was operation performed" item on the certificate, do not enter SURGERY in Cause of Death, Part I or II. Enter the date of the surgery in the Date of Surgery field.
- d. If diseases, injuries, or named surgeries are reported in the "Was operation performed" block, enter these diseases, injuries, or named surgeries as the last entry in Cause of Death, Part II.
- e. The date of surgery cannot be after the date of death. SuperMICAR will not allow such an entry.

Activity Code (Optional) – Beginning with ICD-10, WHO provided for a single-digit code for the activity that the decedent was undertaking when death occurred. NCHS has not implemented the coding of this information; however, the SuperMICAR screen includes a field for collection of the data. Use of this field is optional. Typing a question mark {?} will display the following pick-list of valid activity codes:

0	While Engaged in Sports Activity
1	While Engaged in Leisure Activity
2	While Engaged for Income
3	While Engaged in Other Types of Work
4	While Resting, Sleeping, Eating, or engaging in other vital activities
8	While Engaged in Other Specified Activity
9	During Unspecified Activity
Blank	Blank

Use the arrow keys to highlight the desired entry and press {ENTER} to select it.

Date of Injury – Month (01-12, blank), day (01-31, blank), and year (0000-current year, 9999, blank) injury occurred (Ex: 01/01/2004). If the certificate reports the date of injury as unknown, then enter '99/99/9999'.

- a. If the date of an injury or external cause appears anywhere on the certificate except the Duration section of Part I, enter the date of that injury or external cause here.
- b. If a span of time is reported for month, day, or year for the injury, enter the earlier date. Example: January 1-7, 2004 would be typed in as 01/01/2004.
- c. The date of injury cannot be after the date of death; so SuperMICAR will not allow such an entry.

Time of Injury - This field can hold up to 4 digits that comprise a valid time (0000-current year, 9999, blank) for the unit of time field (immediately following).

A	AM	} Valid values shown in message if a value other than what is shown on the screen (AM/PM/Military) is displayed
P	PM	
M	Military Time	
	Blank	

Use the arrow keys to highlight the desired pick-list entry and press {ENTER} to select it.

Injury at Work - Type the appropriate code according to what was reported on the death certificate.

Y	Yes
N	No
U	Unknown
	Blank

Place of Injury - Type the full text in the Place of Injury field as it appears on the death certificate. After validation of this field, the code assigned to this entry will be displayed to the right of the field in parentheses.

Injury Description - Type in the description exactly as it appears on the death certificate.

Transportation Injury - This field can hold up to thirty (30) characters. Typing a question mark {?} and pressing {Enter} will display the following pick-list of valid Transportation codes:

DR Driver/Operator
PA Passenger
PE Pedestrian

Enter the full text or use the arrow keys to highlight the desired entry and press {ENTER} to select it.

Certifier - This field can hold up to thirty (30) characters. Typing a question mark {?} and pressing {Enter} will display the following list of Certifier codes:

D Certifying Physician
P Pronouncing & Certifying Physician
M Medical Examiner/Coroner

Type in full text for an individual legally allowed to certify, or use one of the standard codes for the certifier by typing in the code (this field has a **display** box only, not a pick-list). After viewing the display list, select the "OK" button with the mouse or press {Esc} to close the display list box.

State Specific Data – Optional (for use by the states). This field can hold up to 30 characters of state-specific data. Consult with the System Manager for details on how to use the State-Specific Data field.

5. When all data for this certificate has been entered, press {PgDown}. The certificate will be saved and a blank screen for a new record will be displayed.

6. The Add Certificate Information screen will be re-displayed with all but one of the fields blank (the certificate number field will contain data). The certificate number will be automatically incremented by the program. Go to step 4 above to enter field information for another certificate.

7. To exit the Add or Edit Certificate Function, either press the {ESC} key or press Alt-F9. If {ESC} or {Alt-F9} is selected from a certificate screen that contains unsaved data, a message box will ask whether you want to save the certificate information before leaving Add or Edit mode.

8. The main screen will be displayed.

D. Exercise 2: Entering Information from Death Certificates

In the exercise, create a new file and enter the following records. After the records have been entered, do a sequence check to determine that all 16 have been entered. (See page 48 – 50)

File Name: TEST002

Header Information:

Shipment Number:	002
Lot Number;	0002
Section Number:	1
Data Year:	2004
State Code:	AL (or post office abbreviation for any state)
Coder Status:	1

Enter today's date as the date of death for the examples.

CHAPTER III

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO.

STATE FILE NO. 000001

NAME OF DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)		2. SEX <u>F</u>	3. SOCIAL SECURITY NUMBER	
	4a. AGE-Last Birthday (Years) <u>68</u>	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr)	6. BIRTH-PLACE (City and State or Foreign Country)
	RESIDENCE-STATE		7b. COUNTY	7c. CITY OR TOWN	
	7d. STREET AND NUMBER		7e. APT. NO.	7f. ZIP CODE	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
	8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
	11. FATHER'S NAME (First, Middle, Last)		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)		
	13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)	
	14. PLACE OF DEATH (Check only one: see instructions) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____				
	15. FACILITY NAME (If not institution, give street & number)		16. CITY OR TOWN, STATE, AND ZIP CODE		17. COUNTY OF DEATH
	18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify): _____		19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		
20. LOCATION-CITY, TOWN, AND STATE		21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY			
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT				23. LICENSE NUMBER (Of Licensee)	
ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH		24. DATE PRONOUNCED DEAD (Mo/Day/Yr)		25. TIME PRONOUNCED DEAD	
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)		27. LICENSE NUMBER	28. DATE SIGNED (Mo/Day/Yr)		
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) <u>01/01/2003</u>		30. ACTUAL OR PRESUMED TIME OF DEATH		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CAUSE OF DEATH (See instructions and examples)				Approximate interval: Onset to death	
32. 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, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <u>Cerebral thrombosis</u> Due to (or as a 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 <u>Renal failure</u> Due to (or as a consequence of): <u>Pneumonia</u> Due to (or as a consequence of):				<u>7 wks</u> <u>4 wks</u> <u>1 wk</u>	
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No					
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		36. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)	39. TIME OF INJURY	40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)		41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
42. LOCATION OF INJURY: State: _____ City or Town: _____		Apartment No.: _____ Zip Code: _____			
43. DESCRIBE HOW INJURY OCCURRED:		44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
45. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner-On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.					
Signature of certifier: <u>John Smith MD</u>					
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)					
47. TITLE OF CERTIFIER <u>Physician</u>	48. LICENSE NUMBER <u>PH 567</u>	49. DATE CERTIFIED (Mo/Day/Yr)		50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)	

CHAPTER III

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO.

STATE FILE NO. **000002**

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)		2. SEX M	3. SOCIAL SECURITY NUMBER
4a. AGE-Last Birthday (Years) 34	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr)
6. BIRTHPLACE (City and State or Foreign Country)	7a. RESIDENCE-STATE	7b. COUNTY	7c. CITY OR TOWN
7d. STREET AND NUMBER	7e. APT. NO.	7f. ZIP CODE	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	10. SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage)	
11. FATHER'S NAME (First, Middle, Last)		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)	
13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
14. PLACE OF DEATH (Check only one; see instructions)			
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):	
15. FACILITY NAME (if not institution, give street & number)		16. CITY OR TOWN, STATE, AND ZIP CODE	17. COUNTY OF DEATH
18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):		19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	
20. LOCATION-CITY, TOWN, AND STATE		21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT			23. LICENSE NUMBER (Of Licensee)
ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH		24. DATE PRONOUNCED DEAD (Mo/Day/Yr)	25. TIME PRONOUNCED DEAD
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)		27. LICENSE NUMBER	28. DATE SIGNED (Mo/Day/Yr)
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) JAN 01, 2003		30. ACTUAL OR PRESUMED TIME OF DEATH	31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No
32. 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, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. CONGESTIVE HEART FAILURE Due to (or as a consequence of): b. STOMACH ULCER WITH HEMORRHAGE Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____ PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. MYOCARDIAL INFARCTION, CANCER OF BREAST CIRCULATORY INSUFFICIENCY			Approximate interval: Onset to death
33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No			34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)	
39. TIME OF INJURY		40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)	
41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No			
42. LOCATION OF INJURY: State: _____ City or Town: _____ Street & Number: _____ Apartment No.: _____ Zip Code: _____			
43. DESCRIBE HOW INJURY OCCURRED:			44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)
45. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature of certifier: _____			
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32) William Smith 508 Franklin St.			
47. TITLE OF CERTIFIER MD	48. LICENSE NUMBER 474820	49. DATE CERTIFIED (Mo/Day/Yr) 1/1/03	50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)

Completed/Verified By: _____
 NAME OF DECEDENT: _____
 DIRECTOR: _____
 MEDICAL CERTIFIER: _____

CHAPTER III

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO.		STATE FILE NO. <u>000003</u>	
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)		2. SEX <u>F</u>	3. SOCIAL SECURITY NUMBER
4a. AGE-Last Birthday (Years) <u>79</u>	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr)
7a. RESIDENCE-STATE		7b. COUNTY	7c. CITY OR TOWN
7d. STREET AND NUMBER		7e. APT. NO.	7f. ZIP CODE
7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)
11. FATHER'S NAME (First, Middle, Last)		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)	
13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
14. PLACE OF DEATH (Check only one: see instructions)			
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):	
15. FACILITY NAME (If not institution, give street & number)		16. CITY OR TOWN, STATE, AND ZIP CODE	17. COUNTY OF DEATH
18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):		19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	
20. LOCATION-CITY, TOWN, AND STATE		21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT		23. LICENSE NUMBER (Of Licensee)	
ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH			
24. DATE PRONOUNCED DEAD (Mo/Day/Yr)		25. TIME PRONOUNCED DEAD	
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)		27. LICENSE NUMBER	28. DATE SIGNED (Mo/Day/Yr)
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) <u>January 1, 2003</u>		30. ACTUAL OR PRESUMED TIME OF DEATH	31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No
CAUSE OF DEATH (See Instructions and examples)			Approximate Interval: Onset to death <u>acute</u> <u>3 mo</u>
<p>32. 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, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) → <u>pulmonary edema</u> <small>Due to (or as a consequence of):</small></p> <p>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</p> <u>myocardial infarction</u> <small>Due to (or as a consequence of):</small> <u>arteriosclerotic heart disease</u> <small>Due to (or as a consequence of):</small>			
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No
			34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		36. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined			
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)	39. TIME OF INJURY	40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)	41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
42. LOCATION OF INJURY: State: _____ City or Town: _____		Apartment No.: _____ Zip Code: _____	
43. DESCRIBE HOW INJURY OCCURRED:		44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
45. CERTIFIER (Check only one): <input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
Signature of certifier: <u>Sally Wilson</u>			
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)			
47. TITLE OF CERTIFIER <u>ME</u>	48. LICENSE NUMBER <u>MEH01</u>	49. DATE CERTIFIED (Mo/Day/Yr) <u>1-1-03</u>	50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)

To Be Completed/Verified By:
FUNERAL

To Be Completed By:
MEDICAL CERTIFIER

CHAPTER III

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO.

STATE FILE NO. *000004*

NAME OF DECEDENT

1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last)		2. SEX <i>M</i>	3. SOCIAL SECURITY NUMBER
4a. AGE-Last Birthday (Years) <i>48</i>	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr)
7a. RESIDENCE-STATE		7b. COUNTY	7c. CITY OR TOWN
7d. STREET AND NUMBER		7e. APT. NO.	7f. ZIP CODE
7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage)
11. FATHER'S NAME (First, Middle, Last)		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)	
13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
14. PLACE OF DEATH (Check only one: see instructions)			
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____	
15. FACILITY NAME (if not institution, give street & number)		16. CITY OR TOWN, STATE, AND ZIP CODE	17. COUNTY OF DEATH
18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify): _____		19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	
20. LOCATION-CITY, TOWN, AND STATE		21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT			23. LICENSE NUMBER (of Licensee)
ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH			
24. DATE PRONOUNCED DEAD (Mo/Day/Yr)		25. TIME PRONOUNCED DEAD	
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)		27. LICENSE NUMBER	28. DATE SIGNED (Mo/Day/Yr)
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) <i>Jan, 01, 2003</i>		30. ACTUAL OR PRESUMED TIME OF DEATH	
31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No			Approximate Interval: Onset to death
CAUSE OF DEATH (See instructions and examples)			
32. 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, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.			
IMMEDIATE CAUSE (Final disease or condition resulting in death) 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			
<i>a. Bronchopneumonia & abscess</i>			
<i>b. gastric ulcers, cause unknown</i>			
<i>c. rheumatoid arthritis</i>			
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
<i>Widespread carcinoma of lung</i>			
33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined			
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)	39. TIME OF INJURY	40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)	41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
42. LOCATION OF INJURY: State: _____ City or Town: _____		Street & Number: _____ Apartment No.: _____ Zip Code: _____	
43. DESCRIBE HOW INJURY OCCURRED:		44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify): _____	
45. CERTIFIER (Check only one): <input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
Signature of certifier: <i>Fine Tall</i>			
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)			
47. TITLE OF CERTIFIER <i>CORNER</i>	48. LICENSE NUMBER	49. DATE CERTIFIED (Mo/Day/Yr)	50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)

To Be Completed By: MEDICAL CERTIFIER

CHAPTER III

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO.

STATE FILE NO. 000005

NAME OF DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)		2. SEX <u>F</u>	3. SOCIAL SECURITY NUMBER		
	4a. AGE-Last Birthday (Years) <u>56</u>	4b. UNDER 1 YEAR Months: Days:	4c. UNDER 1 DAY Hours: Minutes:	5. DATE OF BIRTH (Mo/Day/Yr)	6. BIRTHPLACE (City and State or Foreign Country)	
	7a. RESIDENCE-STATE	7b. COUNTY	7c. CITY OR TOWN			
	7d. STREET AND NUMBER		7e. APT. NO.	7f. ZIP CODE	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage)		
	11. FATHER'S NAME (First, Middle, Last)		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)			
	13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)		
	14. PLACE OF DEATH (Check only one - see instructions) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):					
	15. FACILITY NAME (if not institution, give street & number)		16. CITY OR TOWN, STATE, AND ZIP CODE		17. COUNTY OF DEATH	
	18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):		19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)			
20. LOCATION-CITY, TOWN, AND STATE		21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY				
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT				23. LICENSE NUMBER (Of Licensee)		
ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH						
24. DATE PRONOUNCED DEAD (Mo/Day/Yr)		25. TIME PRONOUNCED DEAD				
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)		27. LICENSE NUMBER	28. DATE SIGNED (Mo/Day/Yr)			
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) <u>January 1, 2003</u>		30. ACTUAL OR PRESUMED TIME OF DEATH		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
CAUSE OF DEATH (See instructions and examples)						
32. 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, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <u>Pulmonary embolism</u> Due to (or as a 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 <u>Coronary bypass graft</u> Due to (or as a consequence of): <u>ASHD</u> Due to (or as a consequence of):				Approximate Interval: Onset to death		
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No						
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)	39. TIME OF INJURY	40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)		41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		
42. LOCATION OF INJURY - State: City or Town:		43. DESCRIBE HOW INJURY OCCURRED:				
Street & Number:		Apartment No.:	Zip Code:			
44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)						
45. CERTIFIER (Check only one): <input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature of certifier: <u>[Signature]</u>						
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)						
47. TITLE OF CERTIFIER <u>ME</u>	48. LICENSE NUMBER <u>B0601</u>	49. DATE CERTIFIED (Mo/Day/Yr)		50. FOR REGISTRAR ONLY-DATE FILED (Mo/Day/Yr)		

CHAPTER III

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO.

STATE FILE NO. 000006

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)		2. SEX <u>F</u>		3. SOCIAL SECURITY NUMBER	
4a. AGE-Last Birthday (Years) <u>50</u>		4b. UNDER 1 YEAR Months: _____ Days: _____		4c. UNDER 1 DAY Hours: _____ Minutes: _____	
5. DATE OF BIRTH (Mo/Day/Yr)		6. BIRTHPLACE (City and State or Foreign Country)			
7a. RESIDENCE-STATE		7b. COUNTY		7c. CITY OR TOWN	
7d. STREET AND NUMBER		7e. APT. NO.		7f. ZIP CODE	
7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No					
8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
11. FATHER'S NAME (First, Middle, Last)			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)		
13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)	
14. PLACE OF DEATH (Check only one, see instructions)					
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival					
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____					
15. FACILITY NAME (If not institution, give street & number)			16. CITY OR TOWN, STATE, AND ZIP CODE		17. COUNTY OF DEATH
18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify): _____			19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		
20. LOCATION-CITY, TOWN, AND STATE			21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY		
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT				23. LICENSE NUMBER (Of Licensee)	
ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH			24. DATE PRONOUNCED DEAD (Mo/Day/Yr)		25. TIME PRONOUNCED DEAD
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)			27. LICENSE NUMBER		28. DATE SIGNED (Mo/Day/Yr)
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) <u>January 1, 2003</u>			30. ACTUAL OR PRESUMED TIME OF DEATH		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No
CAUSE OF DEATH (See instructions and examples)					
32. 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, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → <u>Cardiac arrhythmia</u>					
Due to (or as a consequence of): <u>Massive acute myocardial infarction</u>					
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					
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I					
<u>Migraine headaches</u>					
33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No					
34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No					
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		37. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)		39. TIME OF INJURY		40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)	
41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No					
42. LOCATION OF INJURY: State: _____ City or Town: _____				43. DESCRIBE HOW INJURY OCCURRED:	
Street & Number: _____ Apartment No.: _____ Zip Code: _____				44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
45. CERTIFIER (Check only one): <input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.					
Signature of certifier: <u>Maria Hansen M.D.</u>					
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)					
47. TITLE OF CERTIFIER <u>Physician</u>		48. LICENSE NUMBER <u>PH 649</u>		49. DATE CERTIFIED (Mo/Day/Yr) <u>1-1-03</u>	
50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)					

NAME OF DECEDENT

To Be Completed/Verified By:
FUNERAL DIRECTOR

To Be Completed By:
MEDICAL CERTIFIER

CHAPTER III

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO.

STATE FILE NO. **000007**

1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last)		2. SEX M	3. SOCIAL SECURITY NUMBER
4a. AGE-Last Birthday (Years) 70	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr)
6. BIRTHPLACE (City and State or Foreign Country)		7a. RESIDENCE-STATE	
7b. COUNTY		7c. CITY OR TOWN	
7d. STREET AND NUMBER		7e. APT. NO.	7f. ZIP CODE
7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage)	
11. FATHER'S NAME (First, Middle, Last)		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)	
13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
14. PLACE OF DEATH (Check only one: see instructions)			
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____	
15. FACILITY NAME (if not institution, give street & number)		16. CITY OR TOWN, STATE, AND ZIP CODE	
17. COUNTY OF DEATH		18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify): _____	
19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		20. LOCATION-CITY, TOWN, AND STATE	
21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY		22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT	
23. LICENSE NUMBER (Of licensee)		24. DATE PRONOUNCED DEAD (Mo/Day/Yr)	
25. TIME PRONOUNCED DEAD		26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)	
27. LICENSE NUMBER		28. DATE SIGNED (Mo/Day/Yr)	
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month)		30. ACTUAL OR PRESUMED TIME OF DEATH	
31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		32. 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, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a 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		Approximate interval: Onset to death	
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		33. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No		35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		37. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)	39. TIME OF INJURY	40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)	41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
42. LOCATION OF INJURY: State: _____ City or Town: _____		43. DESCRIBE HOW INJURY OCCURRED:	
Street & Number: _____ Apartment No.: _____ Zip Code: _____		44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify): _____	
45. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
Signature of certifier: <u>R. A. Chamberland</u>			
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)			
47. TITLE OF CERTIFIER MD	48. LICENSE NUMBER M0374	49. DATE CERTIFIED (Mo/Day/Yr)	50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)

NAME OF DECEDENT

To Be Completed/Verified By: DIRECTOR

To Be Completed By: MEDICAL CERTIFIER

CHAPTER III

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO.

STATE FILE NO. 000008

NAME OF DECEDENT	1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last)		2. SEX <u>M</u>	3. SOCIAL SECURITY NUMBER	
	4a. AGE-Last Birthday (Years) <u>65</u>	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr)	6. BIRTHPLACE (City and State or Foreign Country)
	7a. RESIDENCE-STATE	7b. COUNTY	7c. CITY OR TOWN		
	7d. STREET AND NUMBER		7e. APT. NO.	7f. ZIP CODE	
	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage)		
	11. FATHER'S NAME (First, Middle, Last)		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)		
	13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)	
	14. PLACE OF DEATH (Check only one: see instructions) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____				
	15. FACILITY NAME (if not institution, give street & number)		16. CITY OR TOWN, STATE, AND ZIP CODE		17. COUNTY OF DEATH
	18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify): _____		19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		
	20. LOCATION-CITY, TOWN, AND STATE		21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY		
	22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT			23. LICENSE NUMBER (Of Licensee)	
	ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH				
24. DATE PRONOUNCED DEAD (Mo/Day/Yr)		25. TIME PRONOUNCED DEAD		26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)	
27. LICENSE NUMBER		28. DATE SIGNED (Mo/Day/Yr)			
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) <u>January, 2003</u>		30. ACTUAL OR PRESUMED TIME OF DEATH		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
32. CAUSE OF DEATH (See instructions and examples) 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, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) <u>• Congestive heart failure</u> 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 <u>• renal failure</u> PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				Approximate interval: Onset to death <u>4 yrs</u> <u>3 mos</u>	
33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No				34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)	39. TIME OF INJURY	40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)		41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
42. LOCATION OF INJURY: State: _____ City or Town: _____		Street & Number: _____ Apartment No.: _____ Zip Code: _____		44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
43. DESCRIBE HOW INJURY OCCURRED:					
45. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature of certifier: <u>[Signature]</u>					
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)					
47. TITLE OF CERTIFIER <u>MD</u>	48. LICENSE NUMBER <u>HW 0007</u>	49. DATE CERTIFIED (Mo/Day/Yr)		50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)	

To Be Completed By: MEDICAL CERTIFIER

CHAPTER III

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO.

STATE FILE NO. **000009**

<p>1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)</p>	2. SEX M	3. SOCIAL SECURITY NUMBER
4a. AGE-Last Birthday (Years) 60	4b. UNDER 1 YEAR Months _____ Days _____	4c. UNDER 1 DAY Hours _____ Minutes _____
5. DATE OF BIRTH (Mo/Day/Yr)		6. BIRTH-PLACE (City and State or Foreign Country)
7a. RESIDENCE-STATE	7b. COUNTY	7c. CITY OR TOWN
7d. STREET AND NUMBER		7e. APT. NO.
7f. ZIP CODE		7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown
10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)		11. FATHER'S NAME (First, Middle, Last)
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)		13a. INFORMANT'S NAME
13b. RELATIONSHIP TO DECEDENT		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
14. PLACE OF DEATH (Check only one, see instructions) IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____		
15. FACILITY NAME (If not institution, give street & number)		16. CITY OR TOWN, STATE, AND ZIP CODE
17. COUNTY OF DEATH		18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify): _____
19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		20. LOCATION-CITY, TOWN, AND STATE
21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY		22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT
23. LICENSE NUMBER (Of Licensee)		ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH
24. DATE PRONOUNCED DEAD (Mo/Day/Yr)		25. TIME PRONOUNCED DEAD
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)		27. LICENSE NUMBER
28. DATE SIGNED (Mo/Day/Yr)		29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) January 1st, 2003
30. ACTUAL OR PRESUMED TIME OF DEATH		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p style="text-align: center;">CAUSE OF DEATH (See instructions and examples)</p> <p>32. 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, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) → hypertensive heart disease</p> <p>Due to (or as a consequence of): metastases to pituitary gland</p> <p>Sequitentially 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</p> <p>PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Carcinoma of breast</p>		
33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)	39. TIME OF INJURY	40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)
41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		42. LOCATION OF INJURY: State: _____ City or Town: _____ Apartment No.: _____ Zip Code: _____
43. DESCRIBE HOW INJURY OCCURRED:		44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)
45. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		
Signature of certifier: S S [Signature]		
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)		
47. TITLE OF CERTIFIER M.D.	48. LICENSE NUMBER LO1346	49. DATE CERTIFIED (Mo/Day/Yr)
50. FOR REGISTRAR ONLY. DATE FILED (Mo/Day/Yr)		

NAME OF DECEDENT

To Be Completed/Verified By: FUNERAL DIRECTOR

To Be Completed By: MEDICAL CERTIFIER

CHAPTER III
Exercise 2

BASIC DATA ENTRY INSTRUCTIONS

		LOCAL FILE NO.			STATE FILE NO. <u>000010</u>		
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)					2. SEX <u>F</u>	3. SOCIAL SECURITY NUMBER	
4a. AGE-Last Birthday (Years) <u>32</u>		4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr)	6. BIRTHPLACE (City and State or Foreign Country)		
7a. RESIDENCE-STATE		7b. COUNTY		7c. CITY OR TOWN			
7d. STREET AND NUMBER				7e. APT. NO.	7f. ZIP CODE	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)			
11. FATHER'S NAME (First, Middle, Last)				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)			
13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)			
14. PLACE OF DEATH (Check only one; see instructions)							
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival				IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____			
15. FACILITY NAME (If not institution, give street & number)				16. CITY OR TOWN, STATE, AND ZIP CODE		17. COUNTY OF DEATH	
18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify): _____				19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)			
20. LOCATION-CITY, TOWN, AND STATE				21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY			
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT				23. LICENSE NUMBER (Of Licensee)			
ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH							
24. DATE PRONOUNCED DEAD (Mo/Day/Yr)				25. TIME PRONOUNCED DEAD			
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)				27. LICENSE NUMBER		28. DATE SIGNED (Mo/Day/Yr)	
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) <u>January 1st, 2003</u>				30. ACTUAL OR PRESUMED TIME OF DEATH		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
32. PART I. Enter the <u>chain of events</u> —diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.							
IMMEDIATE CAUSE (Final disease or condition resulting in death) → <u>Septicemia</u>							
Due to (or as a consequence of): <u>Postpartum hemorrhage</u>							
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							
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No				34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input checked="" type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		37. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined			
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)		39. TIME OF INJURY	40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)		41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		
42. LOCATION OF INJURY: State: _____ City or Town: _____				Street & Number: _____ Apartment No.: _____ Zip Code: _____			
43. DESCRIBE HOW INJURY OCCURRED:				44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
45. CERTIFIER (Check only one): <input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.							
Signature of certifier: <u>Marilyn Jones</u>							
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)							
47. TITLE OF CERTIFIER		48. LICENSE NUMBER <u>49365</u>		49. DATE CERTIFIED (Mo/Day/Yr)		50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)	

CHAPTER III

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO.

STATE FILE NO. *000011*

NAME OF DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)		2. SEX <i>F</i>	3. SOCIAL SECURITY NUMBER	
	4a. AGE-Last Birthday (Years) <i>55</i>	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr)	6. BIRTHPLACE (City and State or Foreign Country)
	7a. RESIDENCE-STATE	7b. COUNTY	7c. CITY OR TOWN		
	7d. STREET AND NUMBER		7e. APT. NO.	7f. ZIP CODE	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
	8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
	11. FATHER'S NAME (First, Middle, Last)		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)		
	13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)	
	14. PLACE OF DEATH (Check only one: see instructions)				
	IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):		
	15. FACILITY NAME (If not institution, give street & number)		16. CITY OR TOWN, STATE, AND ZIP CODE		17. COUNTY OF DEATH
	18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):		19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		
	20. LOCATION-CITY, TOWN, AND STATE		21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY		
	22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT			23. LICENSE NUMBER (Of Licensee)	
	ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH				
24. DATE PRONOUNCED DEAD (Mo/Day/Yr)		25. TIME PRONOUNCED DEAD			
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)		27. LICENSE NUMBER	28. DATE SIGNED (Mo/Day/Yr)		
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) <i>January 1, 2003</i>		30. ACTUAL OR PRESUMED TIME OF DEATH		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CAUSE OF DEATH (See instructions and examples)					
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, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <i>Acute Myocardial Infarction</i> Due to (or as a 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		b. <i>Rheumatic Heart Disease</i> Due to (or as a consequence of):			
		c. _____ Due to (or as a consequence of):			
		d. _____ Due to (or as a consequence of):			
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
<i>Endstage Chronic renal disease</i>					
33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No					
34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No					
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		36. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death. <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)	39. TIME OF INJURY	40. PLACE OF INJURY (e.g., Decedent's home, construction site; restaurant; wooded area)		41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
42. LOCATION OF INJURY: State: _____ City or Town: _____ Apartment No.: _____ Zip Code: _____					
43. DESCRIBE HOW INJURY OCCURRED:				44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
45. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.					
Signature of certifier: _____					
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32) <i>James E. Hunt 503 E. Main St</i>					
47. TITLE OF CERTIFIER <i>M.D.</i>	48. LICENSE NUMBER	49. DATE CERTIFIED (Mo/Day/Yr)	50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)		

To Be Completed/Verified By
FUNERAL DIRECTOR

To Be Completed By:
MEDICAL CERTIFIER

CHAPTER III
Exercise 2

BASIC DATA ENTRY INSTRUCTIONS

RAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO.

STATE FILE NO. 000012

NAME OF DECEDENT
For use by physician or institution

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)		2. SEX <u>F</u>	3. SOCIAL SECURITY NUMBER
4a. AGE-Last Birthday (Years)	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: <u>4</u> Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr) <u>1-1-2003</u>
7a. RESIDENCE-STATE		7b. COUNTY	7c. CITY OR TOWN
7d. STREET AND NUMBER		7e. APT. NO.	7f. ZIP CODE
7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)
11. FATHER'S NAME (First, Middle, Last)		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)	
13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
14. PLACE OF DEATH (Check only one: see instructions)			
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____	
15. FACILITY NAME (If not institution, give street & number)		16. CITY OR TOWN, STATE, AND ZIP CODE	17. COUNTY OF DEATH
18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify): _____		19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	
20. LOCATION-CITY, TOWN, AND STATE		21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT		23. LICENSE NUMBER (Of Licensee)	
ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH		24. DATE PRONOUNCED DEAD (Mo/Day/Yr)	25. TIME PRONOUNCED DEAD
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)		27. LICENSE NUMBER	28. DATE SIGNED (Mo/Day/Yr)
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) <u>JANUARY 1, 2003</u>		30. ACTUAL OR PRESUMED TIME OF DEATH	31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
32. 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, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Anoxia</u> Due to (or as a 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 b. <u>Cerebral hemorrhage</u> Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____			Approximate interval: Onset to death
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			33. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined			
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)	39. TIME OF INJURY	40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)	41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
42. LOCATION OF INJURY: State: _____ City or Town: _____ Street & Number: _____ Apartment No.: _____ Zip Code: _____			
43. DESCRIBE HOW INJURY OCCURRED:		44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
45. CERTIFIER (Check only one): <input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
Signature of certifier: <u>L. C. Quincey</u>			
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32) <u>Leroy C. Quincey</u>			
47. TITLE OF CERTIFIER <u>ME</u>	48. LICENSE NUMBER <u>056198</u>	49. DATE CERTIFIED (Mo/Day/Yr)	50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)

To Be Completed By:
MEDICAL CERTIFIER

To Be Completed/Verified By:
FUNERAL DIRECTOR

CHAPTER III

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO.

STATE FILE NO. **000013**

NAME OF DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)		2. SEX F	3. SOCIAL SECURITY NUMBER	
	4a. AGE-Last Birthday (Years) 58	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr)	6. BIRTHPLACE (City and State or Foreign Country)
	7a. RESIDENCE-STATE	7b. COUNTY	7c. CITY OR TOWN		
	7d. STREET AND NUMBER		7e. APT. NO.	7f. ZIP CODE	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
	8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
	11. FATHER'S NAME (First, Middle, Last)		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)		
	13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)	
	14. PLACE OF DEATH (Check only one: see instructions)				
	IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival				
	IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____				
	15. FACILITY NAME (If not institution, give street & number)		16. CITY OR TOWN, STATE, AND ZIP CODE		17. COUNTY OF DEATH
	18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify): _____		19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		
	20. LOCATION-CITY, TOWN, AND STATE		21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY		
	22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT			23. LICENSE NUMBER (Of Licensee)	
ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH		24. DATE PRONOUNCED DEAD (Mo/Day/Yr) 01-05-03	25. TIME PRONOUNCED DEAD		
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)		27. LICENSE NUMBER	28. DATE SIGNED (Mo/Day/Yr)		
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) January 5, 2003		30. ACTUAL OR PRESUMED TIME OF DEATH		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
32. CAUSE OF DEATH (See instructions and examples)				Approximate interval: Onset to death	
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, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Fracture of rib Due to (or as a 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					
b. Metastatic cancer to bone Due to (or as a consequence of):					
c. Cancer of right breast Due to (or as a consequence of):					
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No					
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		36. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month) 01/05/03	39. TIME OF INJURY 8:00 AM	40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area) Home		41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
42. LOCATION OF INJURY: State: _____ City or Town: _____					
Street & Number: _____		Apartment No.: _____	Zip Code: _____		
43. DESCRIBE HOW INJURY OCCURRED: Fractured rib while turning in Bed.			44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify): _____		
45. CERTIFIER (Check only one): <input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.					
Signature of certifier: _____					
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32) JOHN HENRY SMITH, CORONER 1111 S. MICHIGAN, CHICAGO, ILLINOIS					
47. TITLE OF CERTIFIER Coroner	48. LICENSE NUMBER	49. DATE CERTIFIED (Mo/Day/Yr) 01/5/03	50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)		

To Be Completed/Verified By: FUNERAL DIRECTOR

To Be Completed By: MEDICAL CERTIFIER

CHAPTER III

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO.

STATE FILE NO. 000014

NAME OF DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)		2. SEX F	3. SOCIAL SECURITY NUMBER
	4a. AGE-Last Birthday (Years) 74	4b. UNDER 1 YEAR Months: Days:	4c. UNDER 1 DAY Hours: Minutes:	5. DATE OF BIRTH (Mo/Day/Yr)
	7a. RESIDENCE-STATE		7b. COUNTY	7c. CITY OR TOWN
	7d. STREET AND NUMBER		7e. APT. NO.:	7f. ZIP CODE
	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. BIRTHPLACE (City and State or Foreign Country)	
	8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
	11. FATHER'S NAME (First, Middle, Last)		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
	13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
	14. PLACE OF DEATH (Check only one: see instructions)			
	IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):				
15. FACILITY NAME (If not institution, give street & number)		16. CITY OR TOWN, STATE, AND ZIP CODE		
17. COUNTY OF DEATH		18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):		
19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		20. LOCATION-CITY, TOWN, AND STATE		
21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY		22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT		
23. LICENSE NUMBER (Of Licensee)		24. DATE PRONOUNCED DEAD (Mo/Day/Yr)		
25. TIME PRONOUNCED DEAD		26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)		
27. LICENSE NUMBER		28. DATE SIGNED (Mo/Day/Yr)		
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) Jan 01, 2003		30. ACTUAL OR PRESUMED TIME OF DEATH		
31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No		32. 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, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.		
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>Cardiogenic Shock</u> Due to (or as a consequence of):		Approximate Interval: Onset to death		
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 b. <u>Fracture of arm and leg</u> Due to (or as a consequence of):				
c. _____ Due to (or as a consequence of):				
d. _____ Due to (or as a consequence of):				
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No		35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		
36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		37. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)	39. TIME OF INJURY	40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area) Home	41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
42. LOCATION OF INJURY: State: City or Town: Apartment No.: Zip Code:				
43. DESCRIBE HOW INJURY OCCURRED: Fall			44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
45. CERTIFIER (Check only one): <input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature of certifier: <u>Bill Knowles</u>				
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)				
47. TITLE OF CERTIFIER Unknown	48. LICENSE NUMBER	49. DATE CERTIFIED (Mo/Day/Yr)	50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)	

CHAPTER III

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO.

STATE FILE NO. *000015*

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)		2. SEX <i>M</i>	3. SOCIAL SECURITY NUMBER
4a. AGE-Last Birthday (Years) <i>28</i>	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr)
7a. RESIDENCE-STATE	7b. COUNTY	7c. CITY OR TOWN	
7d. STREET AND NUMBER		7e. APT. NO.	7f. ZIP CODE
		7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)
11. FATHER'S NAME (First, Middle, Last)		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)	
13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
14. PLACE OF DEATH (Check only one, see instructions) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____			
15. FACILITY NAME (if not institution, give street & number)		16. CITY OR TOWN, STATE, AND ZIP CODE	
		17. COUNTY OF DEATH	
18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify): _____		19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	
20. LOCATION-CITY, TOWN, AND STATE		21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT		23. LICENSE NUMBER (Of Licensee)	
ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH			
24. DATE PRONOUNCED DEAD (Mo/Day/Yr)		25. TIME PRONOUNCED DEAD	
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)		27. LICENSE NUMBER	28. DATE SIGNED (Mo/Day/Yr)
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) <i>Jan, 01, 2003</i>		30. ACTUAL OR PRESUMED TIME OF DEATH	
		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
32. CAUSE OF DEATH (See Instructions and examples) 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, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <i>Gunshot wound to head</i> Due to (or as a 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 b. _____ Due to (or as a consequence of): _____ c. _____ Due to (or as a consequence of): _____ d. _____			Approximate interval: Onset to death
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No
34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
		37. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)	39. TIME OF INJURY	40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)	
		41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
42. LOCATION OF INJURY: State: _____ City or Town: _____ Street & Number: _____ Apartment No.: _____ Zip Code: _____			
43. DESCRIBE HOW INJURY OCCURRED <i>Self-inflicted, by .25 caliber hand gun</i>			44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)
45. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature of certifier: <i>R. Anderson</i>			
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32) <i>R. Anderson, 5678 Park</i>			
47. TITLE OF CERTIFIER <i>MD</i>	48. LICENSE NUMBER <i>A1234</i>	49. DATE CERTIFIED (Mo/Day/Yr) <i>JAN, 31, 2003</i>	50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)

NAME OF DECEDENT

To Be Completed/Verified FUNERAL DIRECTOR

To Be Completed By: MEDICAL CERTIFIER

CHAPTER III

BASIC DATA ENTRY INSTRUCTIONS

Exercise 2

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO.		STATE FILE NO. <u>000016</u>	
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)		2. SEX <u>F</u>	3. SOCIAL SECURITY NUMBER
4. AGE Last Birthday (Years) <u>34</u>	4a. UNDER 1 YEAR Months _____ Days _____	4b. UNDER 1 DAY Hours _____ Minutes _____	5. DATE OF BIRTH (Mo/Day/Yr)
7a. RESIDENCE-STATE		7b. COUNTY	7c. CITY OR TOWN
7d. STREET AND NUMBER		7e. APT. NO.	7f. ZIP CODE
7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)
11. FATHER'S NAME (First, Middle, Last)		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)	
13a. INFIRMANT'S NAME	13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)	
14. PLACE OF DEATH (Check only one, see instructions) IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)			
15. FACILITY NAME (If not institution, give street & number)		16. CITY OR TOWN, STATE AND ZIP CODE	17. COUNTY OF DEATH
18. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	
20. LOCATION-CITY, TOWN AND STATE		21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT		23. LICENSE NUMBER (Of Licensee)	
ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH		24. DATE PRONOUNCED DEAD (Mo/Day/Yr)	25. TIME PRONOUNCED DEAD
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)		27. LICENSE NUMBER	28. DATE SIGNED (Mo/Day/Yr)
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) <u>January 1, 2003</u>		30. ACTUAL OR PRESUMED TIME OF DEATH	
31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
32. 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, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. CAUSE OF DEATH (See Instructions and examples) IMMEDIATE CAUSE (Final disease or condition resulting in death) <u>Head and neck injuries</u> Due to (or as a 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 Due to (or as a consequence of)			
PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in PART I.		33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		36. IF FEMALE <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
		37. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)	39. TIME OF INJURY	40. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
41. LOCATION OF INJURY: State: _____ City or Town: _____ Street & Number: _____ Apartment No.: _____ Zip Code: _____			
43. DESCRIBE HOW INJURY OCCURRED: <u>Vehicle ran off road and struck Object</u>		44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
45. CERTIFIER (Check only one) <input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature of certifier: _____			
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32) <u>Devin Lee</u>			
47. TITLE OF CERTIFIER <u>CORONER</u>	48. LICENSE NUMBER <u>496832</u>	49. DATE CERTIFIED (Mo/Day/Yr)	50. FOR REGISTRAR ONLY: DATE FILED (Mo/Day/Yr)

NAME OF DECEDENT

To Be Completed/Verified By:
FUNERAL DIRECTOR

To Be Completed By:
MEDICAL CERTIFIER

E. Generating a SuperMICAR Sequence Check

The Sequence Check Function creates a file (named filename.SSQ) containing a report showing content of a batch by certificate numbers in one of three different formats.

- A “standard report” will display all of the missing certificate numbers in ascending order between the first and last certificate number in the batch.
- A “series report” (the default choice) will display all of the missing certificate numbers in ascending order, *grouped into series based on the first digit* (e.g., all certificates beginning with “1” would be grouped together). This should be used for states that assign certificates with unique leading digits.
- An “actual report” is a report showing all certificates *actually present* in the database. Rather than being a missing certificates report (like the standard report), the actual report shows the certificates that are actually present in the database. This should be used for files that do not contain sequential certificates.

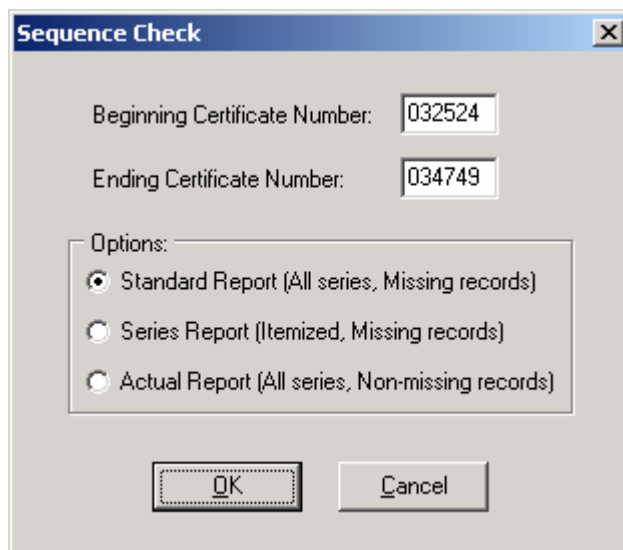
Together, these reports can reveal if there are missing and/or extra, certificates in the database file. The Sequence Check can be used only when a file is currently open. To use the sequence check:

1. From the main screen, press {Alt+T} to select the Tools Menu Option.
2. Use the up and down arrow keys to highlight the Sequence Check Function Press {ENTER}.

3. A window will be displayed requesting a beginning certificate number and an ending certificate number. SuperMICAR automatically fills in the first and last certificate numbers for the current file.

If a standard report is selected, the beginning and ending certificate numbers can be changed as follows:

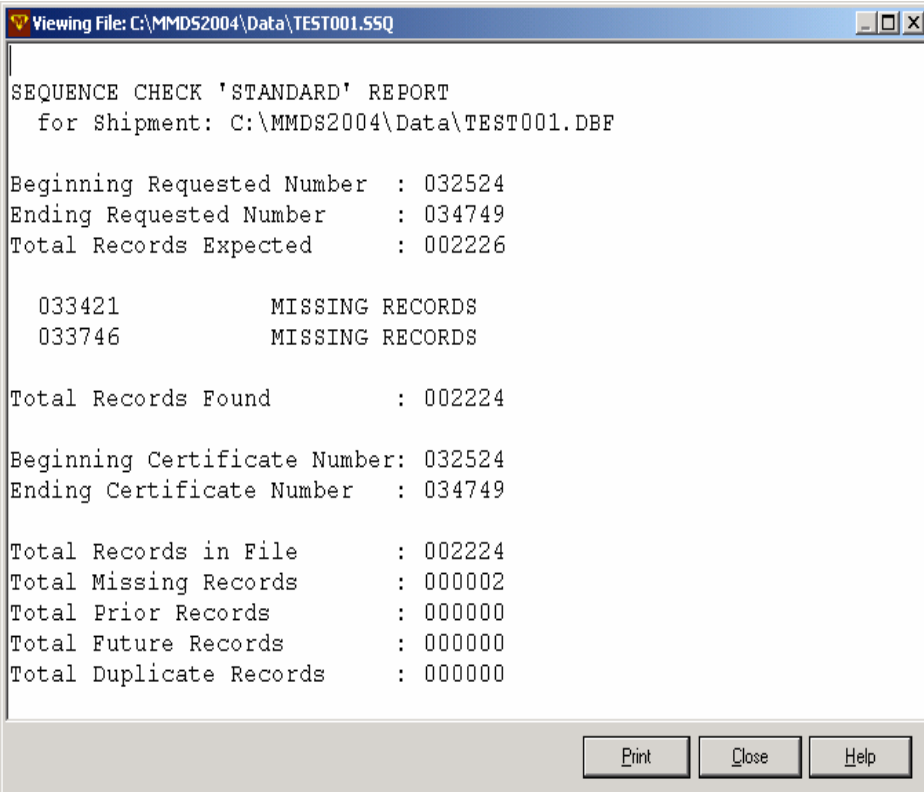
- a. Use the {TAB} key to place the cursor in the desired field.
- b. Type in the beginning certificate number (the starting certificate number for the sequence check), the ending certificate number (the ending certificate number for the sequence check), or both. Click "OK."



The screenshot shows a dialog box titled "Sequence Check". It has two input fields: "Beginning Certificate Number" containing "032524" and "Ending Certificate Number" containing "034749". Below these is an "Options" section with three radio buttons: "Standard Report (All series, Missing records)" (selected), "Series Report (Itemized, Missing records)", and "Actual Report (All series, Non-missing records)". At the bottom are "OK" and "Cancel" buttons.

Choose the type of report to be generated (standard, series, or actual) in the options box. Series report is the default.

4. The output of the sequence check (filename.SSQ) will then be displayed. Use the up and down arrow keys to scroll through the output (or {Page Up} and {Page Down}). Press the {ESC} key to close the output window. Click the Print button to print the report.



```
Viewing File: C:\MMDS2004\Data\TEST001.SSQ

SEQUENCE CHECK 'STANDARD' REPORT
  for Shipment: C:\MMDS2004\Data\TEST001.DBF

Beginning Requested Number : 032524
Ending Requested Number   : 034749
Total Records Expected    : 002226

    033421      MISSING RECORDS
    033746      MISSING RECORDS

Total Records Found       : 002224

Beginning Certificate Number: 032524
Ending Certificate Number  : 034749

Total Records in File     : 002224
Total Missing Records     : 000002
Total Prior Records       : 000000
Total Future Records      : 000000
Total Duplicate Records   : 000000

Print Close Help
```

The following counts are only included with the standard report:

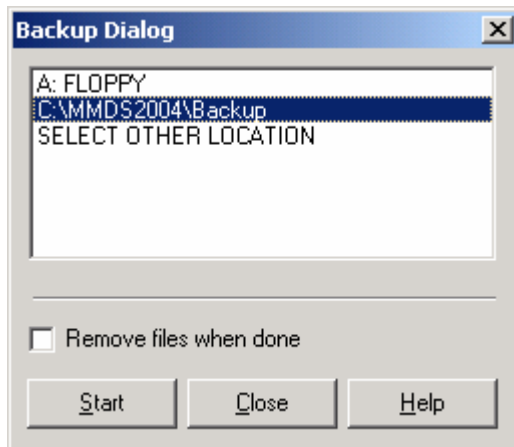
“Total Prior Records” = the number of records in the file BEFORE the Beginning Certificate Number.

“Total Future Records” = the number of records in the file AFTER the Ending Certificate Number.

F. SuperMICAR Backups

A backup should be made of the files that have been used and generated by SuperMICAR. All of the data and the associated files will be backed up. It is also recommended to run a backup at the end of each day. To create SuperMICAR backups:

1. From the main screen, press {Alt+B} to select the Backup menu option.
2. Use the up and down arrow keys to highlight the Backup All Files Function and press {ENTER}.
3. A Backup Dialog box will appear with a display box containing the Backup Directory, any drives on your computer, and an option to choose another location. Click to select one of those destinations.



4. Once your destination is selected, you may Click on the Start button to begin the backup, the Close button to abort the Backup or the Help button to use the online help system.

Note: This Backup Dialog box contains a checkbox to "Remove files when done." Checking this box will cause the current data file and associated files to be backed up (into your <Backup> directory) and then REMOVED from your <Data> directory (see

Setting SuperMICAR Options). Once the files are removed from your <Data> directory, you cannot open them using SuperMICAR without first restoring them.

5. Clicking on the Start button will begin the backup process (filename.SBK). If a previous backup exists, you will be prompted to either abort the backup or replace the previous backup. If you choose to replace the previous backup, that prior backup file will be renamed before the current backup is performed (filename.SB\$); Thus one accidental "replace" during backup can still be recovered. While the backup is underway, the title of the dialog box will change to "Working." When the backup is complete a "Backup Successful" message will appear.
6. The main screen and Menu Bar will be re-displayed.

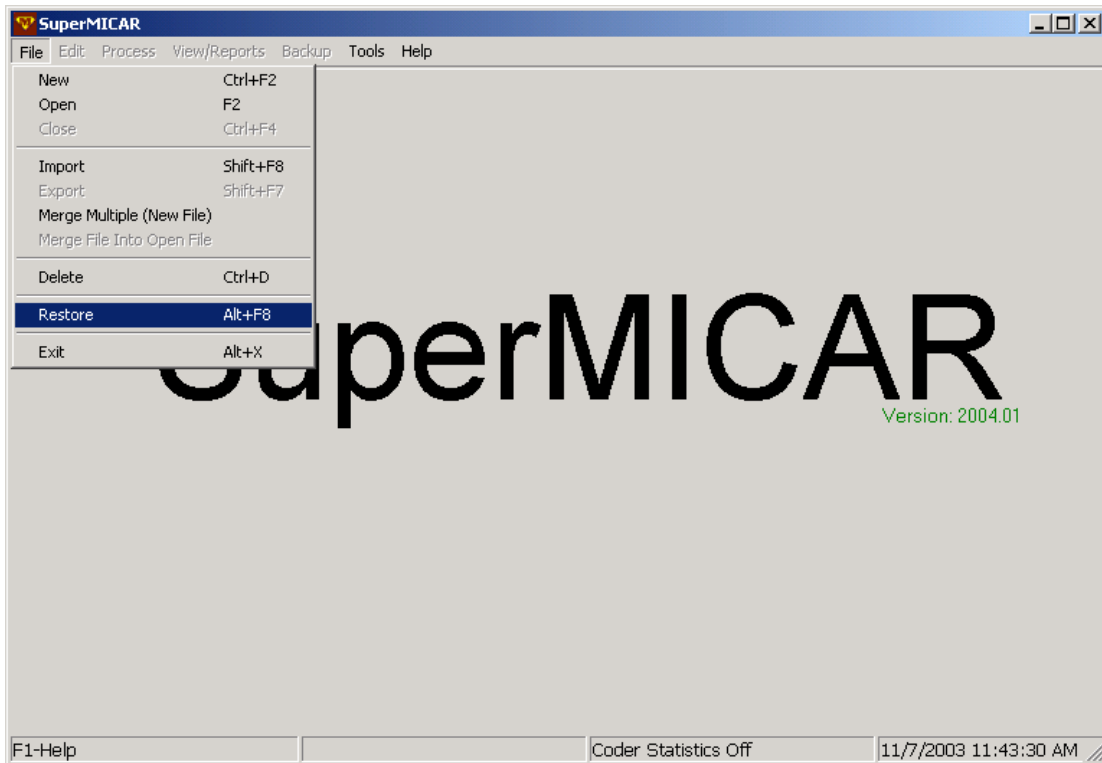
Restoring from SuperMICAR Backups

At some point it may be necessary to restore a data file from a backup (see Creating SuperMICAR Backups). For the Restore from Backup function to be active, you cannot have a file currently open (see Closing a SuperMICAR File). To use SuperMICAR's Restore function to retrieve data from a backup file:

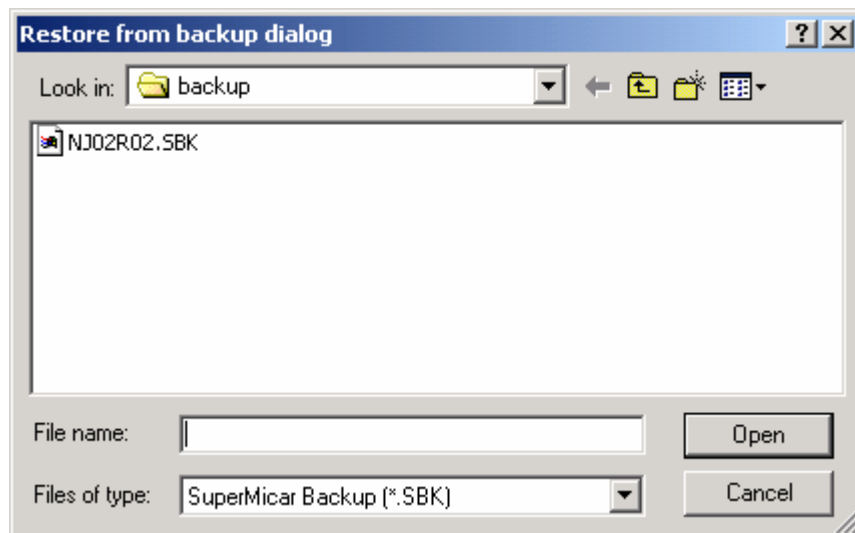
"Restore From Backup" restores files from the backup (or other chosen) directory to the current data directory. Therefore, it is advisable to verify the current data path before you move through the steps for restoring a file. See Setting SuperMICAR Options to verify (or change) current path settings.

1. From the main screen, press {Alt+F} to select the File Menu Option.

2. Use the up and down arrow keys to highlight the Restore function and press {ENTER}.



3. A dialog box for Restoring From Backup will be displayed. This is similar to the dialog for Open File and works the same way.



4. Choose the backup file (a file with a .SBK extension) to restore from. You can change the selection in the "Files Of Type" field to choose from among types of valid backup files (e.g., .SBK, .SUP, .SB\$, SU\$). The available files will be listed in the List of Files. Once the desired file is highlighted, press {ENTER}. The available files will be listed in the List of Files. Once the desired file is highlighted, press {ENTER}.

Note: If the file you are restoring already exists, a cautionary message will be displayed. If you proceed further, the files currently on your hard drive will be replaced with those from the backup. Restoring over previous files should be rare, usually only occurring when a file has become corrupted. Exercise caution as data loss can result from errors in this step.

5. A Restore dialog box will appear and its title will change to "Working" while the restore is underway.
6. After the restore is complete, the main screen and Menu Bar will be re-displayed.

G. Closing a SuperMICAR File

A certificate file will normally be closed when the user is ready to start on a new batch of certificates (which involves creating a new certificate file, as described in Creating a New SuperMICAR File. At other times SuperMICAR will require that the certificate file be closed to perform some of the menu functions. In any case, closing a SuperMICAR file is very easy:

1. From the main screen, press {Alt+F} to select the **File** Menu Option.
2. Use the arrow keys to highlight the **Close** File Function and press {ENTER} (or press {Ctrl-F4}).
3. The currently open file will be closed. The filename will disappear from the top of the screen. SuperMICAR is now ready to open another file for processing.

H. Exiting SuperMICAR

There are numerous ways to exit SuperMICAR. For shortcut keys such as {Alt+X} and {ESC}, see the Master Hotkey List (Appendix A).

To exit SuperMICAR through the File Menu:

1. From the menu screen, press {Alt+F} to select the **File** menu Option.
2. Use the up and down arrow keys to highlight the **Exit** SuperMICAR Function and press {ENTER}.
3. A message window will be displayed.
 - a. To exit SuperMICAR, press {Y}. The SuperMICAR program will close.
 - b. To cancel the exit, press {N}. The main SuperMICAR screen will be re-displayed.

Appendix B provides basic instructions for using SuperMICAR, page 150.

A. Formatting Guidelines for Interpretation of Formats

Certifiers will sometimes "modify" the format of the Medical Certification Section to meet their own needs or because the format is too restrictive in certain situations. The following paragraphs and examples list the most common deviations in format and give the proper interpretation of each.

1. Use of more lines than are provided on death certificates.

Four lines, (a), (b), (c), and (d), have been provided in Part I of the death certificate for reporting conditions involved in the sequence of events leading directly to death and to indicate the causal relationship of the reported conditions. In cases where the decedent had more than four causally related conditions leading to death, certifiers should report all of these conditions. They usually add lines (e), (f), etc., to indicate the relationship of the conditions.

In Part II, the certificate provides for only one line. Enter the entries in Part II in the order the entries are reported. Begin with the entry reported uppermost in Part II and work downward from left to right if there is more than one entry on the same line.

2. Condition(s) entered above line I(a)

When a condition(s) is reported on the certificate above line I(a), enter this condition(s) on I(a). Enter the condition(s) reported on I(a) on line I(b) and enter the condition(s) reported on each of the remaining lines in Part I as though they had been reported on succeeding lines.

Example:

Myocardial infarction

- I (a) Pulmonary embolism
- (b) Congestive heart failure
- (c) Congenital heart disease
- (d)

Enter as:

- I a Myocardial infarction
- b Pulmonary embolism
- c Congestive heart failure
- d Congenital heart disease

Treat the condition(s) reported above I(a) as on I(a). Move the condition(s) reported on I(a) to line I(b) and move the condition(s) reported on (b) and (c) downward.

3. Condition(s) reported between lines in Part I.

When a condition(s) is reported between the lines in Part I without a connecting word, enter this condition(s) on the next lower line. Enter the condition(s) reported on each of the remaining lines in Part I as though they had been reported on succeeding lines.

Example:

- I (a) Pneumonia
Bronchitis
- (b) Emphysema
- (c) Lung cancer
- (d)

Enter as:

- I a Pneumonia
- b Bronchitis
- c Emphysema
- d Lung cancer

Move the condition reported between lines I(a) and I(b) to the next "due to" position, and move the condition(s) reported on lines I(b) and I(c) downward.

4. Condition(s) entered between lines causing use of extra lines.

When a condition(s) is placed between the lines results in the use of more than four lines, enter the words “due to” on the preceding line followed by the extra term. This will format the record as it has been certified.

Example:

- I (a) Respiratory failure
- (b) Cardiac arrest
- (c) Coronary occlusion
 ASHD
- (d) Hypertension

Enter as:

- I a Respiratory failure
- I b Cardiac Arrest
- I c Coronary occlusion due to ASHD
- I d Hypertension

Thus the condition(s) between lines (c) and (d) is actually entered on line “(c)”.

5. Use of "arrow" or other symbol to indicate format

When the certifier indicates by an "arrow" or some other symbol that a condition(s) should be moved to another position on the certificate, enter the condition(s) in the position indicated by the symbol. If there is more than one condition on the line, move all of the conditions on the line.

Example:

I(a) Gangrene c̄ sepsis
(b) ASCVD
(c) → Senile dementia; peptic
(d) ↓ ulcer
II

Enter as:

I a Gangrene with Sepsis
b ASCVD
c
d
II Senile dementia; peptic ulcer

6. Deletion of "due to" on the death certificate

The certifier will sometimes indicate that conditions in Part I are not causally related by marking through items I(a), I(b), I(c), and/or I(d), or through all or part of the printed "due to, or as a consequence of" which appears below items I(a), I(b), and I(c) on the death certificate. In such cases use "ALT D." This command must be entered before entering the data on each line that has been marked through. This only applies to the line marked through. Then continue all other entries on the lines as reported.

Example: I(a) Heart disease
~~(b)~~ Malignant hypertension
~~(c)~~ Chronic nephritis
~~(d)~~ Renal failure
 II Kidney cancer

Enter as: I a Heart disease
 Malignant hypertension
 Chronic nephritis
 Renal failure
 II Kidney cancer

Example: I(a) Heart block
 (b) Degenerative myocarditis
~~(c)~~ Cerebral hemorrhage
 (d)
 II Bronchopneumonia

Enter as: a Heart block
 b Degenerative myocarditis
 Cerebral hemorrhage
 d
 II Bronchopneumonia

Example: I(a) Cardiac arrest
(b) Cirrhosis of liver
(c) Alcoholism
(d)

Enter as: I a Cardiac arrest
Cirrhosis of liver
c Alcoholism
d

7. Deletion of "Part II" on the death certificate

Use the "Alt D" command to remove the II symbol and enter conditions on Part II line as reported.

Example:
I(a) M.I.
(b) Uremia
(c) Arteriosclerosis
(d) Diabetes Mellitus
Nephritis

Enter as:
I a M.I.
b Uremia
c Arteriosclerosis
d Diabetes Mellitus
Nephritis

8. Numbering of causes

When the certifier has numbered all or part of the causes or lines in the medical certification (Part I and Part II), e.g., 1, 2, 3, etc., enter exactly what the certifier has certified.

Example:

- I(a) 1. Bronchopneumonia
- (b) 2. Cancer of stomach
- (c) Chronic nephritis
- (d)

Enter as:

- I a 1. Bronchopneumonia
- b 2. Cancer of stomach
- c Chronic nephritis
- d

Example:

- I(a) Congestive heart failure
- (b) Pneumonia
- (c) Influenza
- (d) 1. Pulmonary emphysema
- II 2. Lung cancer

Enter as:

- I a Congestive heart failure
- b Pneumonia
- c Influenza
- d 1. Pulmonary emphysema
- II 2. Lung Cancer

When the causes in Part I are numbered and an entry is stated or implied as "due to" another, enter as stated.

Example:

- I (a) 1. Bronchopneumonia due to
- (b) Influenza
- (c) 2. Pulmonary fibrosis
- (d) 3. Bronchitis

Enter as:

- I a 1. Bronchopneumonia due to
- b Influenza
- c 2. Pulmonary fibrosis
- d 3. Bronchitis

Example:

- I(a) 1. Pneumonia
- (b) M.I.
- (c) 2. ASHD
- (d) 3. Arteriosclerosis

Enter as:

- I a 1. Pneumonia
- b M.I.
- c 2. ASHD
- d 3. Arteriosclerosis

B. Exercise 3: Entering Information from Death Certificates with Special Format Issues

In this exercise, create a new file and enter the following records. After records have been entered, do a sequence check to determine that all 6 have been entered.

File Name: TEST003

Header Information:

Shipment Number:	003
Lot Number:	0003
Section Number:	1
Data Year:	2004
State Code:	AL (or post office abbreviation for any state)
Coder Status:	1

Enter today's date as the date of death on the examples.

**CHAPTER IV
EXERCISE 3**

FORMAT

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO.

STATE FILE NO. **000001**

NAME OF DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)					2. SEX F	3. SOCIAL SECURITY NUMBER	
	4a. AGE-Last Birthday (Years) 55	4b. UNDER 1 YEAR Months: Days: Hours: Minutes:	4c. UNDER 1 DAY	5. DATE OF BIRTH (Mo/Day/Yr)	6. BIRTHPLACE (City and State or Foreign Country)			
	7a. RESIDENCE-STATE		7b. COUNTY		7c. CITY OR TOWN			
	7d. STREET AND NUMBER			7e. APT. NO.	7f. ZIP CODE	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)			
	11. FATHER'S NAME (First, Middle, Last)			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)				
	13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)			
	14. PLACE OF DEATH (Check only one: see instructions) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):							
	15. FACILITY NAME (If not institution, give street & number)				16. CITY OR TOWN, STATE, AND ZIP CODE		17. COUNTY OF DEATH	
	18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):			19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)				
20. LOCATION-CITY, TOWN, AND STATE			21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY					
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT					23. LICENSE NUMBER (Of Licensee)			
To Be Completed/Verified By: FUNERAL DIRECTOR	ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH			24. DATE PRONOUNCED DEAD (Mo/Day/Yr)		25. TIME PRONOUNCED DEAD		
	26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)			27. LICENSE NUMBER		28. DATE SIGNED (Mo/Day/Yr)		
	29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) 01/01/2003			30. ACTUAL OR PRESUMED TIME OF DEATH		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	32. 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, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. Cardiac arrest and pneumonia IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Pulmonary embolism & CHF Due to (or as a consequence of): b. Cancer of lung & metastasis to spine Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____						Approximate Interval: Onset to death	
	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		
	37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)		39. TIME OF INJURY		40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)	
	41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No					42. LOCATION OF INJURY: State: City or Town: Apartment No.: Zip Code:		
	43. DESCRIBE HOW INJURY OCCURRED:					44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
	45. CERTIFIER (Check only one): <input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature of certifier: _____							
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)								
47. TITLE OF CERTIFIER MD		48. LICENSE NUMBER R06942		49. DATE CERTIFIED (Mo/Day/Yr)		50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)		

CHAPTER IV
EXERCISE 3
DRAFT 07/08/2002

FORMAT

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO.

STATE FILE NO. **100002**

NAME OF DECEDENT

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)					2. SEX M	3. SOCIAL SECURITY NUMBER
4a. AGE-Last Birthday (Years) 82	4b. UNDER 1 YEAR Months: Days:	4c. UNDER 1 DAY Hours: Minutes:	5. DATE OF BIRTH (Mo/Day/Yr)	6. BIRTHPLACE (City and State or Foreign Country)		
7a. RESIDENCE-STATE		7b. COUNTY	7c. CITY OR TOWN			
7d. STREET AND NUMBER			7e. APT. NO.	7f. ZIP CODE	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)		
11. FATHER'S NAME (First, Middle, Last)			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)			
13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)			
14. PLACE OF DEATH (Check only one: see instructions)						
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):			
15. FACILITY NAME (If not institution, give street & number)			16. CITY OR TOWN, STATE, AND ZIP CODE		17. COUNTY OF DEATH	
18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):			19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)			
20. LOCATION-CITY, TOWN, AND STATE			21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY			
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT					23. LICENSE NUMBER (Of Licensee)	
ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH				24. DATE PRONOUNCED DEAD (Mo/Day/Yr)		25. TIME PRONOUNCED DEAD
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)			27. LICENSE NUMBER	28. DATE SIGNED (Mo/Day/Yr)		
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) 01/01/2003			30. ACTUAL OR PRESUMED TIME OF DEATH		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
32. CAUSE OF DEATH (See instructions and examples)						Approximate interval: Onset to death
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, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.						
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. HEART failure due to MI ASHD						
Due to (or as a consequence of):						
b. AS						
Due to (or as a consequence of):						
c. _____						
Due to (or as a consequence of):						
d. _____						
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						
33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No						
34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No						
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		37. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)	39. TIME OF INJURY	40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)		41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		
42. LOCATION OF INJURY: State: _____ City or Town: _____						
Street & Number: _____			Apartment No.: _____	Zip Code: _____		
43. DESCRIBE HOW INJURY OCCURRED:				44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
45. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner-Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.						
Signature of certifier: _____						
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)						
47. TITLE OF CERTIFIER DOCTOR	48. LICENSE NUMBER R 2994	49. DATE CERTIFIED (Mo/Day/Yr)		50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)		

To Be Completed By: MEDICAL CERTIFIER

To Be Completed/Verified By: FUNERAL DIRECTOR

**CHAPTER IV
EXERCISE 3**

DRAFT 07/08/2002

FORMAT

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO.

STATE FILE NO. *100003*

1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last)		2. SEX F		3. SOCIAL SECURITY NUMBER	
4a. AGE-Last Birthday (Years) 78		4b. UNDER 1 YEAR Months: _____ Days: _____		4c. UNDER 1 DAY Hours: _____ Minutes: _____	
5. DATE OF BIRTH (Mo/Day/Yr)		6. BIRTHPLACE (City and State or Foreign Country)			
7a. RESIDENCE-STATE		7b. COUNTY		7c. CITY OR TOWN	
7d. STREET AND NUMBER			7e. APT. NO.		7f. ZIP CODE
7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No					
8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage)	
11. FATHER'S NAME (First, Middle, Last)					
13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)	
14. PLACE OF DEATH (Check only one. see instructions)					
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):		
15. FACILITY NAME (if not institution, give street & number)			16. CITY OR TOWN, STATE, AND ZIP CODE		17. COUNTY OF DEATH
18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):					
20. LOCATION-CITY, TOWN, AND STATE			21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY		
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT				23. LICENSE NUMBER (Of Licensee)	
ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH			24. DATE PRONOUNCED DEAD (Mo/Day/Yr)		25. TIME PRONOUNCED DEAD
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)			27. LICENSE NUMBER		28. DATE SIGNED (Mo/Day/Yr)
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) <i>01/01/2003</i>			30. ACTUAL OR PRESUMED TIME OF DEATH		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No
32. 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, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <i>Cardiac arrest</i> Due to (or as a 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 c. <i>Hepatic failure</i> Due to (or as a consequence of):					
c. <i>Hepatic cirrhosis</i> Due to (or as a consequence of):					
d. <i>Cancer of pancreas</i> Due to (or as a consequence of):					
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No
34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No					
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)		39. TIME OF INJURY		40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)	
41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No					
42. LOCATION OF INJURY: State: _____ City or Town: _____			43. DESCRIBE HOW INJURY OCCURRED:		
Street & Number: _____ Apartment No.: _____ Zip Code: _____			44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
45. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature of certifier: _____ 46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)					
47. TITLE OF CERTIFIER <i>MB</i>		48. LICENSE NUMBER <i>M1762</i>		49. DATE CERTIFIED (Mo/Day/Yr)	
50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)					

NAME OF DECEDENT

To Be Completed/Verified By:
FUNERAL DIRECTOR

To Be Completed By:
MEDICAL CERTIFIER

**CHAPTER IV
EXERCISE 3**

FORMAT

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO.

STATE FILE NO. 100004

NAME OF DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)		2. SEX <u>M</u>	3. SOCIAL SECURITY NUMBER	
	4a. AGE-Last Birthday (Years) <u>75</u>	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr)	6. BIRTHPLACE (City and State or Foreign Country)
	7a. RESIDENCE-STATE	7b. COUNTY	7c. CITY OR TOWN		
	7d. STREET AND NUMBER		7e. APT. NO.	7f. ZIP CODE	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
	8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
	11. FATHER'S NAME (First, Middle, Last)		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)		
	13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)	
	14. PLACE OF DEATH (Check only one: see instructions)				
	IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):		
	15. FACILITY NAME (If not institution, give street & number)		16. CITY OR TOWN, STATE, AND ZIP CODE		17. COUNTY OF DEATH
	18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):		19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		
	20. LOCATION-CITY, TOWN, AND STATE		21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY		
	22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT			23. LICENSE NUMBER (Of Licensee)	
	To Be Completed/Verified By: FUNERAL DIRECTOR		24. DATE PRONOUNCED DEAD (Mo/Day/Yr)		25. TIME PRONOUNCED DEAD
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)			27. LICENSE NUMBER		
28. DATE SIGNED (Mo/Day/Yr)					
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) <u>January 1, 2003</u>		30. ACTUAL OR PRESUMED TIME OF DEATH		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
CAUSE OF DEATH (See Instructions and examples) 32. 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, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <u>Congestive heart failure</u> Due to (or as a consequence of): a. <u>ASHD</u> Due to (or as a consequence of): b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____ 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				Approximate interval: Onset to death	
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. <u>Pneumonia</u>				33. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
To Be Completed By: MEDICAL CERTIFIER		35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
		37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined			
		38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)	39. TIME OF INJURY	40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)	
41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		42. LOCATION OF INJURY: State: _____ City or Town: _____ Apartment No.: _____ Zip Code: _____			
43. DESCRIBE HOW INJURY OCCURRED:		44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
45. CERTIFIER (Check only one): <input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature of certifier: <u>John Wilson Cornd</u>					
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)					
47. TITLE OF CERTIFIER <u>Coroner</u>		48. LICENSE NUMBER <u>C1489</u>	49. DATE CERTIFIED (Mo/Day/Yr)	50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)	

**CHAPTER IV
EXERCISE 3**

FORMAT

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO.

STATE FILE NO. **100005**

NAME OF DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)	2. SEX F		3. SOCIAL SECURITY NUMBER		
	4a. AGE-Last Birthday (Years) 67	4b. UNDER 1 YEAR Months	4c. UNDER 1 DAY Days	5. DATE OF BIRTH (Mo/Day/Yr)	6. BIRTHPLACE (City and State or Foreign Country)	
	7a. RESIDENCE-STATE	7b. COUNTY	7c. CITY OR TOWN	7d. STREET AND NUMBER	7e. APT. NO.	7f. ZIP CODE
	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)		
	11. FATHER'S NAME (First, Middle, Last)			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)		
	13a. INFORMANT'S NAME	13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)			
	14. PLACE OF DEATH (Check only one: see instructions)					
	IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):		
	15. FACILITY NAME (If not institution, give street & number)			16. CITY OR TOWN, STATE, AND ZIP CODE		17. COUNTY OF DEATH
	18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):			19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		
	20. LOCATION-CITY, TOWN, AND STATE			21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY		
	22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT				23. LICENSE NUMBER (Of Licensee)	
	24. DATE PRONOUNCED DEAD (Mo/Day/Yr)	25. TIME PRONOUNCED DEAD				
	26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)	27. LICENSE NUMBER	28. DATE SIGNED (Mo/Day/Yr)			
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) January 1, 2003	30. ACTUAL OR PRESUMED TIME OF DEATH	31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No				
32. 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, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					Approximate interval: Onset to death	
IMMEDIATE CAUSE (Final disease or condition resulting in death) → heart disease Due to (or as a 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 → malignant hypertension Due to (or as a consequence of):						
→ Chronic nephritis Due to (or as a consequence of):						
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Cancer of Kidney					33. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No						
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	37. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined				
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)	39. TIME OF INJURY	40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)		41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		
42. LOCATION OF INJURY: State: _____ City or Town: _____	Street & Number: _____ Apartment No.: _____ Zip Code: _____	43. DESCRIBE HOW INJURY OCCURRED:				
					44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
45. CERTIFIER (Check only one): <input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.						
Signature of certifier: _____						
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)						
47. TITLE OF CERTIFIER	48. LICENSE NUMBER	49. DATE CERTIFIED (Mo/Day/Yr)	50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)			

CHAPTER IV EXERCISE 3

FORMAT

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO.

STATE FILE NO. **100006**

NAME OF DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)		2. SEX M		3. SOCIAL SECURITY NUMBER	
	4a. AGE-Last Birthday (Years) 54		4b. UNDER 1 YEAR Months: _____ Days: _____		4c. UNDER 1 DAY Hours: _____ Minutes: _____	
	5. DATE OF BIRTH (Mo/Day/Yr)		6. BIRTHPLACE (City and State or Foreign Country)			
	7a. RESIDENCE-STATE		7b. COUNTY		7c. CITY OR TOWN	
	7d. STREET AND NUMBER		7e. APT. NO.		7f. ZIP CODE	
	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage)	
	11. FATHER'S NAME (First, Middle, Last)		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)			
	13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)	
	14. PLACE OF DEATH (Check only one: see instructions)					
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival						
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):						
15. FACILITY NAME (if not institution, give street & number)				16. CITY OR TOWN, STATE, AND ZIP CODE		
17. COUNTY OF DEATH						
18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):		19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)				
20. LOCATION-CITY, TOWN, AND STATE		21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY				
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT				23. LICENSE NUMBER (Of Licensee)		
ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH						
24. DATE PRONOUNCED DEAD (Mo/Day/Yr)		25. TIME PRONOUNCED DEAD				
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)		27. LICENSE NUMBER		28. DATE SIGNED (Mo/Day/Yr)		
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) January 1 2003		30. ACTUAL OR PRESUMED TIME OF DEATH		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
CAUSE OF DEATH (See instructions and examples)						
32. 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, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.						
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cardiac arrest						
Due to (or as a consequence of): b. Cirrhosis of liver						
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 c. Alcoholism						
Due to (or as a consequence of): d.						
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						
33. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No		
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)		39. TIME OF INJURY		40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)		
41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No						
42. LOCATION OF INJURY: State: _____ City or Town: _____				43. DESCRIBE HOW INJURY OCCURRED:		
Street & Number: _____ Apartment No.: _____ Zip Code: _____				44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
45. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.						
Signature of certifier: _____						
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)						
47. TITLE OF CERTIFIER		48. LICENSE NUMBER 404038		49. DATE CERTIFIED (Mo/Day/Yr)		
50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)						

To Be Completed By:
MEDICAL CERTIFIER

Historically, additional information is defined as information gathered as a result of queries to the physician, results of investigations by coroners or other officials, traffic accident reports, etc. The SuperMICAR Additional Information screen is used for these and other types of data.

AI includes any information or changes of information made to the original certificate. Preserving the original death certificate information is important; therefore, any changes to that information is made on the Additional Information Screen. These changes can be made in several different places for several different reasons.

It is important to remember that SuperMICAR will process only the information on the AI screen if an AI entry for a particular certificate exists. This means for any certificate that has both original information and additional information, changes to the original certificate will have no effect on SuperMICAR's attempts to match causes of death to their medical entity reference numbers. Only those changes made on the AI certificate will be processed. For certificates with no AI, the data on the original certificate is processed.

Accessing the Additional Information Screen

Each record in a SuperMICAR file can have two separate screens of information associated with it. The first screen, the Certificate Information screen, should contain the cause of death data as it appeared on the death certificate. Theoretically, certified copies of the death certificate information could be taken from this screen. The second screen, the Additional Information (AI) screen, contains the overriding information that will be processed by SuperMICAR.

To access an AI screen, first navigate to the associated record/certificate. From there, press {F9} to view the AI screen associated with that certificate. Even from the AI view, it is not possible to jump directly to a new AI record - to find a different AI record. First, close any currently-open AI screen by pressing {Esc} and then navigate to the desired certificate in normal edit view or use {F3} to go to the next original certificate that has an AI record. Press {F9} to see the associated AI screen for that certificate. In standard edit certificate view, if a particular certificate has associated AI, a red indicator will appear in the status bar along the bottom of the screen,

The information on the AI screen may be different than that on the Certificate Information screen in cases where information needs to be added to the record as the result of queries. Changes in the record may also be required to assist the SuperMICAR processor in assigning Entity Reference Numbers to the medical conditions on the record. For most records, SuperMICAR will process the original information as it appears on the Certificate Information screen. When the AI screen is first invoked, the information from the original screen is copied onto the new screen. After this, the AI screen will always retain the changes made to it separately from the Certificate Information Screen.

NOTE: Once a record has an associated AI certificate, changes cannot be made to the original certificate. SuperMICAR will not allow it.

Adding Certificates with AI

1. Access the Certificate Information Screen for the desired certificate.
2. Press {F9}. "Edit Certificates – Additional Information" will appear in the title bar at the top of this new screen. When the Additional Information Screen initially appears, the data from the Certificate Information Screen will be copied onto the AI Screen.
3. Enter additional information. The parameters for field data are the same for AI records as for original certificate records. See Appendix A, SuperMICAR Hotkey List for keys used on the AI SCREEN and their functions.
 - a. If "pneumoconiosis" is listed on the death certificate and the decedent's occupation is "coal worker" "or coal miner," or "miner," enter COAL WORKERS PNEUMOCONIOSIS.

- b. Additional information (AI) may be attached to the death certificate.
1. If the AI states the underlying cause of a specific disease in Part I, the AI is considered to be reported on the line below the indicated disease. Adjust all other reported conditions accordingly. For example:

I (a) Congestive heart failure
(b) Arteriosclerosis
(c)
(d)
II
AI: The underlying cause of the congestive heart failure was ASHD The above should be entered into SuperMICAR as:

I (a) CONGESTIVE HEART FAILURE
(b) ASHD
(c) ARTERIOSCLEROSIS
(d)
II
 2. If a disease is modified by AI, treat the disease as modified by the AI where the disease is first reported. For example:

Pneumonia

AI: Lobar pneumonia

The above should be entered into SuperMICAR as:

LOBAR PNEUMONIA
- c. If an "amended certificate" is submitted, enter the data on the amended certificate only.

- d. When the AI indicates the condition for which surgery was performed, enter this condition on the next lower line (in a "due to" position) to the surgery:

Example:

I (a) Coronary occlusion

(b) Gastrectomy

(c)

(d)

II

AI: Gastrectomy done for Gastric ulcer

Enter as:

I (a) Coronary occlusion

(b) Gastrectomy

(c) Gastric ulcer

(d)

II

- e. If the surgery is reported in Part II enter the AI following the surgery:

Example:

I (a) Respiratory arrest

(b) Pneumonia

(c)

(d)

II Uremia, cholecystectomy

AI: Surgery for gallstones

Enter as:

I (a) Respiratory arrest

(b) Pneumonia

(c)

(d)

II Uremia, cholecystectomy for gallstones

- f. When AI states a specified condition is the underlying cause (U.C.) of death, enter this condition in Part I on the next lower line following the last entry in Part I (in a "due" to position) to the conditions reported on the original death record.

Example:

I (a) Cardiac arrest
 (b) M.I.
 (c) ASHD
 (d)
II
AI: U.C. was diabetes

Enter as:

I a Cardiac arrest
 b M.I.
 c ASHD
 d Diabetes
II

- g. When AI states the primary site of a malignant neoplasm, enter this condition in a “due to” position to the other malignant neoplasms reported in Part I.

Example:

I (a) Cancer of liver
(b)
(c)
(d)
II

AI: Colon was primary

Enter as:

I a Cancer of liver
b Primary colon cancer
c
d
II

Example:

I (a) Carcinomatosis
(b)
(c)
(d)
II

AI: Prostate was the primary site

Enter as:

I a Carcinomatosis
b Primary site prostate carcinomatosis
c
d
II

- h. When the AI does not modify a condition on the certificate or does not state this condition is the underlying cause, enter the AI as the last condition(s) in Part II.

Example:

- I (a) Coronary thrombosis
(b) HASCVD
(c)
(d)
II Hypertension

AI: Arteriosclerosis, CVA, old M.I.

Enter as:

- I a Coronary thrombosis
b HASCVD
c
d
II Hypertension; Arteriosclerosis, CVA; OLD MI

Example:

- I (a) Hip fracture
(b)
(c)
(d)
II ASHD, dehydration

AI: Fell at nursing home

Enter as:

- I a Hip fracture
b
c
d
II ASHD; dehydration; Fell at nursing home

Example:

I (a) Respiratory failure
(b) RDS
(c)
(d)
AI Twin B

Enter as:

I a Respiratory failure
b RDS
c
d
II Twin B

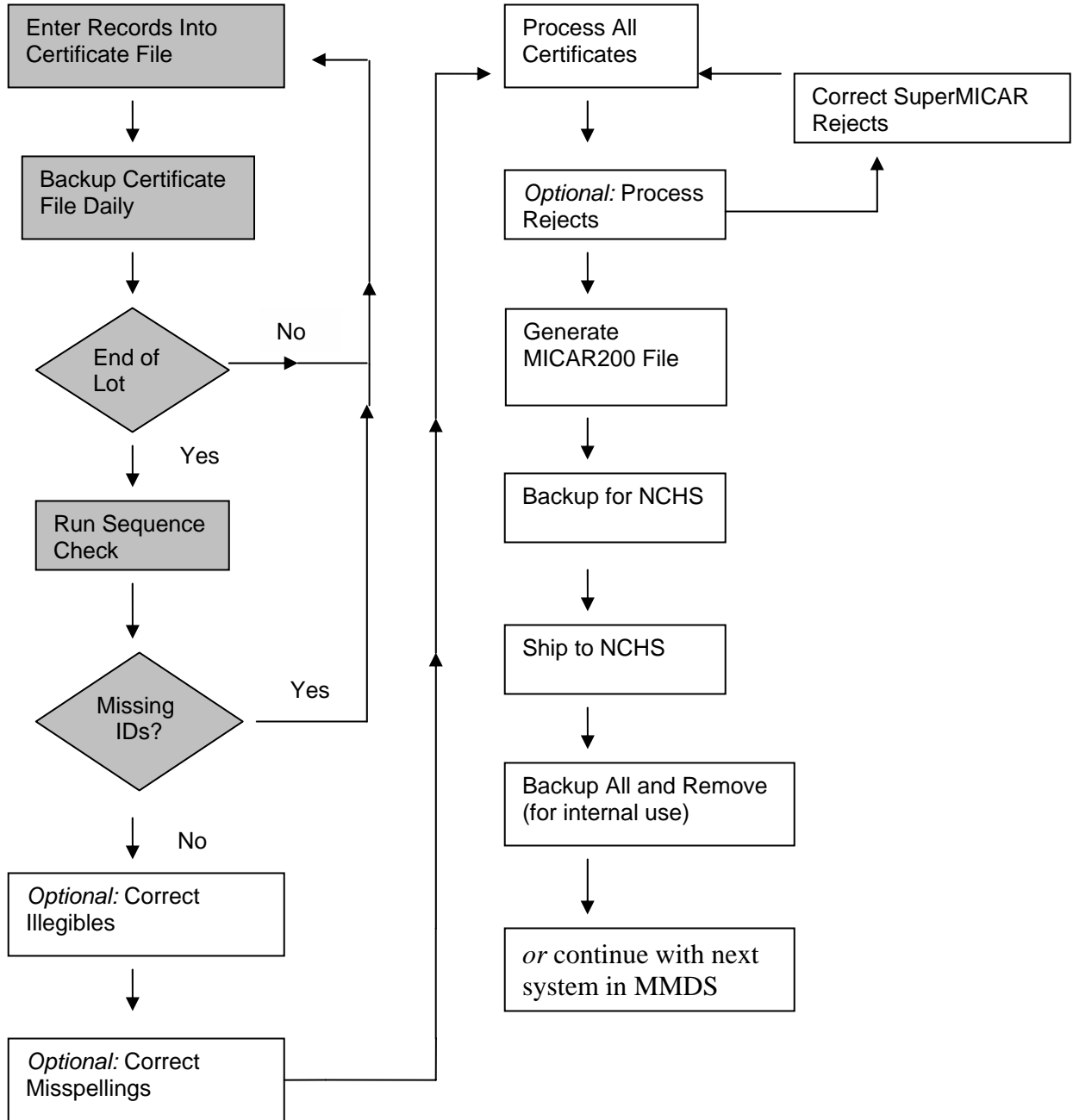
Information on multiple births may appear in the “Name” block or on the side of certificate. Enter as last entry in Part II.

When all of the changes have been made:

- Press {CTRL+ENTER} to save the information, or
- Press {ESC} or {PageDown} to return to the standard certificate view. A message box will prompt for saving the AI

After changes have been made and saved on the AI SCREEN, subsequent viewing of the AI SCREEN will show the additional information.

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



A. Correcting Illegibles in SuperMICAR

Certificates may fail to process because they contain words that were entered as ILLEGIBLE during data entry. This can be corrected through the use of SuperMICAR's illegibles function. The Illegibles function checks for the word "Illegible(s)" or "Unintelligible(s)" in the cause fields (including Part II), duration fields, and the injury description field. The Illegibles function displays and permits corrections to those records in which illegible words were found. This process should be done by someone more familiar with reading and interpreting cause of death information, e.g., a trained underlying cause of death coder.

1. From the main screen, press (Alt+T) to select the **Tools** Menu Option.
2. Use the up and down arrow keys to highlight the Illegibles function. Press (ENTER).
3. A window will be displayed:
 - a. To check illegibles, press {C}. After checking the illegibles, SuperMICAR will display a report window showing the certificates that contained illegibles. Press {Alt-P} to print this report or {Alt-C} to close the form without printing.
 - b. To edit illegibles, press (E). The edit certificates screen will be displayed for each certificate that contained illegibles. Edit those records to correct the illegible. After the final illegible has been edited, a message box will indicate that the illegibles check is completed. Press (ENTER) to continue.
4. The main SuperMICAR screen will be re-displayed.

B. Correcting Misspellings in SuperMICAR

As fields in the certificate edit screen are filled, SuperMICAR automatically checks the spelling of terms and other appropriate fields. If SuperMICAR detects a potential misspelling, the spelling check box is displayed, showing the misspelled word along with a list of the most likely correct word spellings. At that point, there are three choices:

1. Press {Accept} to accept the current word as is, with no changes.
2. Retype the word in the box and press {Enter} to have SuperMICAR check the new word against the correct word list.
3. Choose the correct word spelling from the list of potential matches offered by SuperMICAR.

The spellcheck routine can be run at anytime to check the spelling on EVERY certificate in the current file. To access the spellchecker, first close the Edit Certificate screen by pressing {Esc}, then follow the directions below. When searching for misspellings, SuperMICAR checks the words in the Cause of Death fields Part I, Part II, and the injury description field. To use the SuperMICAR spelling function:

1. From the main screen, press (Alt+T) to select the **Tools** Menu Option.
2. Use the up and down arrow keys to highlight the Spelling function. Press (ENTER).

3. A spelling check box displays each misspelled word and, in the background, the certificate edit screen for that record. The certificate edit screen is shown only to provide a context for the spelling error; all spelling changes must be made in the Spelling Check box itself. For each misspelled word, there are three choices:
 - a. Press {ENTER} to accept the current word as is, with no changes.
 - b. Retype the word in the box and press {Enter} to have SuperMICAR check the new word against the correct word list.
 - c. Choose the correct word spelling from the list of potential matches offered by SuperMICAR.
4. After the final misspelling, a message box will indicate that the spelling check is completed. Press {ENTER} to continue.
5. The main SuperMICAR screen will be re-displayed.

C. Processing Records using SuperMICAR

Processing is how SuperMICAR converts the entered cause of death information into NCHS's Entity Reference Numbers (ERNs). There are two phases of processing in SuperMICAR: Record Processing and Reject Processing. It is intended these two processing operations be performed to insure that the certificate data is processed correctly. The two operations are:

Record Processing	The first phase of SuperMICAR processing produces output for all certificates in the databases that are perfectly correct. It marks the certificates containing errors as rejects. This process runs in batch mode without user interaction.
Reject Processing	The second phase of SuperMICAR processing is an interactive session in which only the rejects from Record Processing are run. A trained MICAR coder can help SuperMICAR processing by changing the data on the certificate using MICAR data entry rules, making additions on the AI screen, or selecting external cause codes from the External Cause prompts. The results of Reject Processing are merged with the results of Record Processing to produce a complete MICAR file. NOTE: Proper use of the External Cause Prompts requires special training. If the user has not been trained, the External Cause Prompts should not be used.

Before records can be processed using SuperMICAR, the following actions must have already been performed:

Opening a file (**New** Certificate File or **Open** an Existing File).
Note: The file must have certificates in it to process.

The user does not need to do anything while the processing is occurring. After the processing is finished, the user can generate a batch error listing and then perform any editing needed to process the rejects.

To process all the records in a file:

1. From the main screen, press {Alt+P} to select the Process Menu option.
2. Use the up and down arrow keys to highlight the Process All Records function and press {ENTER}.
3. A progress bar will be displayed on the screen showing what percentage of the data file has been processed.
4. The certificate number for the certificate currently being processed is displayed in the progress dialog box.
5. No other activity is needed during processing.
6. When the processing is complete, a Processing Results report will be displayed.
 - A. To print out a copy of the Processing Results report, click on the "Yes" button.
 - B. To continue without printing, click on the "No" button or press {ESC}.
7. The main screen will be re-displayed.

Correcting SuperMICAR Rejects

Note: Correcting SuperMICAR rejects is an optional step in the process of using SuperMICAR. Correcting rejects requires training - more than just an understanding of basic medical terminology. Correcting SuperMICAR rejects should generally be done by a trained underlying cause coder.

SuperMICAR may reject a record for several reasons. A word may be misspelled, two separate conditions may be listed on a single line with no punctuation between them, or an external cause may be embedded in the record. Unlike ACME, SuperMICAR does not generate messages corresponding to the reason for processing failure. This section provides some general instructions for correcting SuperMICAR records during processing.

Two Terms on a Line

If two separate terms appear on a single line with no divider to separate them (a divider can be a punctuation mark or any of several words that indicate a division, such as AND or WITH), they may be processed as a single term and thus produce a reject. In this case, place a semicolon (;) between the two terms and save the certificate. This will solve most problems of this variety.

Example: II. DIABETES MELLITUS END STAGE RENAL DISEASE
Enter: DIABETES MELLITUS; END STAGE RENAL DISEASE;

Misspelling/Unrecognized Terms, Extraneous Information

If a misspelled or unknown term appears on a record, simply type over the old term (toggle between insert and overwrite mode by pressing the {Insert} key) to give the certificate the correct spelling for the term. In other cases, a word may appear that has no significance to a death certificate - such as a person's name or the name of a hospital or city. In these cases, access the Additional Information (AI) screen and delete the unnecessary information. SuperMICAR will process the AI information instead of the original certificate data.

Example: Ib. ARTERIOSCLEROTIC HRT DX
Enter: ARTERIOSCLEROTIC HEART DISEASE or ASHD

Dates and Times

Under most circumstances, SuperMICAR will automatically pull dates and times from a line and will, under certain circumstances, use them to generate a proper duration for the term. Since dates and times can be written in so many ways, SuperMICAR will sometimes miss a date or time. If this occurs, access the additional information screen for the certificate and remove the date or time from the line. If appropriate, use the deleted date to supply a duration code for the term (if one is not already provided).

Example: II. DIED 25 DAYS AFTER MITRAL REPAIR AND CORONARY BYPASS SURGERY
Enter: MITRAL REPAIR; CORONARY BYPASS SURGERY

Example: Ib. ESSENTIAL HYPERTENSION 4 YRS
Enter: ESSENTIAL HYPERTENSION and in DURATION block: 4 YRS

External Causes

See Chapter VIII for instruction on using prompts.

Multi-Line Terms

Many certificates contain terms that flow from one line to the next. SuperMICAR makes an attempt to identify these terms and bring them together, but sometimes it fails to recognize the condition. In that case, access the Edit screen for the certificate, position the cursor on the line that should be connected with the previous line, and press {Alt+D} to delete the line number for that line, indicating that the two lines should be considered as one for the purpose of processing it.

Two Lines Connected Together

Because SuperMICAR attempts to connect lines together, it will from time to time connect two lines together that should be left separate. This often occurs when a line is improperly formatted, perhaps ending with a modifier that should be applied to a prior lead term. In these cases, access the Additional Information screen and re-format the first line, putting modifiers preceding the terms they modify. Another situation that may cause lines to run together improperly occurs when the last character on a line is a punctuation mark, such as a comma, semicolon, or period. To correct errors of this variety, simply remove the punctuation mark. (This often occurs when periods are used to divide the letters in an abbreviated term, such as C.O.P.D. The periods are not necessary and can be deleted.)

Processing SuperMICAR Rejects

Before records can be processed, the following actions must have already been performed:

Opening a file (**New** Certificate File, or **Open** an Existing File).

The file must have been processed already (see SuperMICAR Processing: An Overview).

Please note that the file must have certificates in it to process.

Note: Processing SuperMICAR rejects is an **OPTIONAL** step of SuperMICAR processing, and should not be performed by anyone who is not at least a trained UC (Underlying Cause) coder.

In Processing Rejects, SuperMICAR will stop the processing whenever a term that it cannot translate is encountered. At the user's option, the user may edit the cause of death information and process the rejected record again.

NOTE: This function cannot be used until the Process All Records Function has been used. See Correcting SuperMICAR Rejects for more details. The details of Processing Rejects are as follows:

1. From the main screen, press {Alt+P} to select the Process menu option.
2. Use the up and down arrow keys to highlight the Process Rejects Function and press {ENTER}.

3. A progress bar will be displayed on the screen showing what percentage of the data file has been processed.
 - a. When SuperMICAR finds a mismatch or an error, a message window will be displayed. To make a correction, press {Y}. To accept the error as correct and continue with the processing, press {N}. To cancel editing of the error and return to processing, press {ESC}. To exit without any further processing, press {Y}.
 - b. If the {Y} key is pressed to make corrections, the user will be returned to the Certificate Information screen (refer to **Adding Certificates**, for a description of the Certificate Information screen) or the Additional Information Screen, whichever is most appropriate. Refer to **Editing Additional Information** for a description of the AI screen. SuperMICAR will fill the fields on the screen with certificate information. Make changes to the fields as described in **ENTERING AND SAVING CERTIFICATE DATA**.
 - c. When {F6} is pressed after a {Y}, a Processed Output screen will be displayed (if the reject is found on a certificate with no AI). Press {ESC} to return to the Enter Certificate Information screen.

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

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

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

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

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

Place of Injury: highway

How injury occurred:

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

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

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

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

TRANSPORT: B

1. Type of vehicle:
Motor Vehicle Designed Primarily for On-road Use:
Enter **01** **Automobile** (car, minivan, minibus)

2. Location of transport at the time of the accident:
Enter **01** **On highway** (Being driven on, left, ran off:
highway, street, road, military reservation, alley,
Route #, roadway)

3. Had a collision with:
 - 3a. Collision with
Enter **66**: **Object normally on highway** (Tree, bridge, abutment, overpass, ditch, post, guardrail, mailbox, weight station, welcome center)
 - 3b. Location of transport at time of collision
Enter **01** **ON HIGHWAY**
4. Other circumstances
 - 4a. Involving vehicle
Enter **01** **LOSS OF CONTROL OF VEHICLE**
(DERAILMENT, OVERTURNED, SKIDDED, RAN OFF ROAD)
 - 4b. Involving victim
Enter **08** **THROWN FROM**
5. Decedent Information:
 - 5a. Status of decedent
Enter **02** **PASSENGER**
 - 5b. Decedent was occupant of which vehicle
Enter **01** **Automobile** (car, minivan, minibus)

The correct entry in standardized MICAR nomenclature will look like:

>B0101660101080201.

When using prompts, note the following:

1. The set of reference numbers for the external cause must be preceded by the ">" symbol and the category letter, e.g. >M0104," or by entering ">>" and using the drop down menu. Enter the symbol for that category and follow questions for that category.
2. The prompt must be entered on the AI screen, {F9}, where the first mention of the external cause is reported, whether in Part I, Part II or in the space provided for "How Injury Occurred."
3. All information used in the prompt must be deleted from the AI certificate. Terms that imply both injury and external cause are listed in Appendix G. These terms should not be deleted.

Example: I (a) Pneumonia
(b) Hip Fracture
(c)
(d)

II How injury occurred: Fall on Stairs, Fracture

Go to AI Screen {F9}

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

I a Pneumonia
b Hip Fracture
c
d

II How Injury Occurred: >O02; Fracture

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

Example I (a) Hip Fracture, Contusion
(b) Fall

How injury occurred: Fell down stairs, Head Injury

Go to AI Screen {F9}

I a Hip Fracture, Contusion
b >O02

How injury occurred: Head Injury

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

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

Examples of terms in Appendix G.

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

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

B. SUPERMICAR PROMPTS

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

	Content	Questions	Digits
A	Cataclysmic Events causing any Accident or Injury	1	2
B	Transports	8	16
C	Fire and Flames	6	12
D	Explosions	1	2
E	Excessive Exposure to Natural and Environmental Factors	1	2
F	Bites, Stings, Poisoning, Reactions to, Other injuries by Animals and Plants	2	4
G	Hot Substance or Object, Caustic or Corrosive Material and Steam	1	2
H	Electrical Current	1	2
I	Firearms	2	4
J	Exposure to Radiation	1	2
K	Drowning or Submersion with Activities in Water	3	6
L	Circumstances Involving Suffocation, Strangulation, Obstruction, Aspiration, Choking or Asphyxiation	Do not use L prompt	
M	Tools, Appliances and Sharp Objects (Includes Lawn Mowers.)	2	4
N	Machinery in Operation	1	2
O	Falling, Diving, Jumping, Pushed	1	2
P	Abuse, Assault, Abandonment, Neglect	2	4
Q	Legal Interventions and Operations of War	1	2
R	Other	1	2

C. EXAMPLES OF SELECTED PROMPTS

Prompt - Transports

Example 1

I (a) Blunt Impact of head

(b)

(c)

(d)

II

How injury occurred: Bicyclist struck by a motor vehicle

Place of injury: Street

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

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

Completed AI Certificate will read:

I (a) Blunt impact to head

(b)

(c)

(d)

II

How injury occurred: >B5701060199060157

Example 2

- I (a) Pneumonia
- (b) Fractures of Pelvis and femur
- (c) MVA
- (d)
- II Intra-abdominal injuries

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

Completed AI Certificate will read:

- I a Pneumonia
- b Fractures of pelvis and femur
- c >B02016503990607SS
- d
- II Intra-abdominal Injuries

How injury occurred:

Example 3

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

How injury occurred: Driver of jeep which left road

Completed AI certificate will read:

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

How injury occurred:

Example 4

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

How injury occurred: Driver of car in collision, crushed

Place of Injury: Route 66

Completed AI certificate will read:

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

How injury occurred: Crushed

Prompt - Fire and Flame**Example 5**

- I (a) Smoke Inhalation
 - (b)
 - (c)
 - (d)
 - II Third degree burns of body
- How injury Occurred: House fire (Space heater ignited chair)

Completed AI certificate will read:

- I a Smoke Inhalation
 - b
 - c
 - d
 - II Third degree burns of body
- How injury occurred: >C55SS01019930

Example 6

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

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

Place of injury: Home

Completed AI certificate will read:

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

How injury occurred:

Prompt – Others**Example 7**

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

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

Completed AI certificate will read:

- I a Crushed chest
- b >R01

Example 8

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

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

Completed AI certificate will read:

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

Multiple Prompts On One Certificate

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

A. CATAclysmic EVENTS CAUSING ANY ACCIDENT OR INJURY

(Cataclysmic event **must be** in progress at time of accident and be a direct cause of the injury)

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

Includes: A transport washed off the road by storm

C. FIRE AND FLAMES

Excludes: Fire caused by transport accident. Reselect B.

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

- Excludes:**
- (1) An explosion involving a transport. Reselect B.
 - (2) An explosion involving machinery. Reselect N.

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

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

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

Excludes: Heat caused by a fire. Reselect C.

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

- Includes:**
- (1) Transport accidents where victim is clear of vehicle
 - (2) Machinery contacting electrical current

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

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

K. DROWNING OR SUBMERSION WITH ACTIVITIES IN WATER (SPORTS, COMMERCE, RESCUE, BATHING) (fell, walked in, while in)

- Excludes:**
- (1) Accidents involving transports. Reselect B.
 - (2) Accidents involving machinery. Reselect N.

M. TOOLS, APPLIANCES, AND SHARP OBJECTS

- Excludes:**
- (1) Accidents involving broken glass caused by EXPLOSION. Reselect D.
 - (2) Accidents involving broken glass caused by discharge of FIREARM. Reselect I.

- Includes:** Accidents involving lawn mower, powered or unpowered

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

- Excludes:** Machinery on traffic way. Reselect B

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

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

P. ABUSE, ASSAULT, ABANDONMENT, NEGLECT

Excludes: Transports. Reselect B.

R. Other**Example 9**

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

II.

How injury occurred: Fell into river while white water rafting

Completed AI certificate will read:

- I a Drown
- b
- c
- d

II

How injury occurred: >B30085SSS99099930

This record has one prompt only. Both the K prompt and the O prompt exclude accidents involving transports (white water rafting is a type of transport).

Example 10

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

How injury occurred: Beaten and Stabbed by assailants

Completed AI certificate will read:

- I a Hemorrhagic Shock
 - b Internal Hemorrhage, massive
 - c Stab wounds of left chest and abdomen
 - d
 - II None
- How injury occurred: >P0399; stabbed

Example 11

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

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

Completed AI certificate will read:

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

How injury occurred: >I0505; >M0104; Stabbed

D. Exercise 4: Entering External Cause Prompts

In the exercise, create a new file and enter the following records. After the records have been entered, do a sequence check to determine that all 42 have been entered (See page 110-151).

File Name: TEST004

Header Information:

Shipment Number:	004
Lot Number;	0004
Section Number:	1
Data Year:	2004
State Code:	AL (or post office abbreviation for any state)
Coder Status:	1

Edit Certificates: C:\MMD52003\Data\A503K01.DBF

Certificate: 000001 Sex: M Date of Death: 06/13 2003
 Age: 43 Unit: YEARS State of Death: AS

Conditions Causing Death		Duration
Ia:	CHEST TRAUMA	INSTANT
Ib:	ROLLED BULLDOZER	
Ic:		
Id:		
II:	HEAD/PELVIS INJURIES	

Was an Autopsy Performed?: N
 Were Autopsy Findings Available?: N
 Tobacco Use Contribute to Death?:

Pregnancy:
 Manner of Death: A
 Date of Surgery: //
 Activity Code:

Date of Injury: 06/12/2003
 Time of Injury: 4:40 P (AM/PM/Military)
 Injury at Work?: Y

Place of Injury: CONSTRUCTION SITE (G)

Injury Description: DECEASED WAS ON BULLDOZER WHEN IT ROLLED OVER

Transportation Injury, Specify: [Alt-F1 - Key Help](#)

Certifier: M State-Specific Data:

Cause of Death Part I Line C F1-Help Record 1 of 3 Typing Mode: OVR

Certificate 1

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000002 Sex: F Date of Death: 02/13 2003
 Age: 66 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	SEPSIS	HOURS
b:	THERMAL BURNS (70% OF THE BODY)	
c:		
d:		

II: ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

Was an Autopsy Performed?: N Were Autopsy Findings Available?: Tobacco Use Contribute to Death?:
 Pregnancy: Manner of Death: A Date of Surgery: // Activity Code:

Date of Injury: 02/10/2003 Time of Injury: 12:00 A (AM/PM/Military) Injury at Work?:
 Place of Injury: HOME (A)
 Injury Description: HER GOWN CAUGHT FIRE WHILE WORKING AT HER STOVE
 Transportation Injury, Specify: Alt-F1 - Key Help

Certifier: M State-Specific Data:

Certificate Number: 0-999999 F1-Help Record 2 of 43 Typing Mode: OVR

Certificate 2

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000003 Sex: M Date of Death: 01/01 2003
 Age: 48 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	SLASHED WRISTS	
b:	CUT WRISTS WITH RAZOR BLADE	
c:		
d:		
ll:		

Was an Autopsy Performed?: Y
 Were Autopsy Findings Available?: Y
 Tobacco Use Contribute to Death?: N
 Pregnancy:
 Manner of Death: S
 Date of Surgery: //
 Activity Code:

Date of Injury: 01/01/2003
 Time of Injury: 12:01 A (AM/PM/Military)
 Injury at Work?: N
 Place of Injury: MOTEL (I)
 Injury Description: SLASHED WRISTS WITH RAZOR BLADE AND BLED TO DEATH
 Transportation Injury, Specify: [Alt-F1 - Key Help](#)
 Certifier: M
 State-Specific Data:

Certificate Number: 0-999999
 F1-Help
 Record 3 of 43
 Typing Mode: OVR

Certificate 3

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000004 Sex: M Date of Death: 03/28 2003
 Age: 36 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	ELECTROCUTED	
b:		
c:		
d:		
ll:		

Was an Autopsy Performed?: Were Autopsy Findings Available?: Tobacco Use Contribute to Death?:
 Pregnancy: Manner of Death: A Date of Surgery: // Activity Code:

Date of Injury: 03/27/2003 Time of Injury: 02:30 P (AM/PM/Military) Injury at Work?:
 Place of Injury: POWER POLE (G)
 Injury Description: CONTACTED HIGH POWER LINE WHILE ATTEMPTING TO REPAIR IT
 Transportation Injury, Specify: [Alt-F1 - Key Help](#)
 Certifier: M State-Specific Data:

Certificate Number: 0-999999 F1-Help Record 4 of 43 Typing Mode: OVR

Certificate 4

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000005 Sex: F Date of Death: 02/28 2003
 Age: 2 Unit: MONTHS State of Death: AS

	Conditions Causing Death	Duration
a:	HEAD INJURIES	
b:	INJURIES TO TRUNK AND EXTREMITIES	
c:	BEATEN BY FATHER	
d:		
ll:		

Was an Autopsy Performed?: Y Were Autopsy Findings Available?: Y Tobacco Use Contribute to Death?: N
 Pregnancy: Manner of Death: H Date of Surgery: // Activity Code:

Date of Injury: 02/28/2003 Time of Injury: 10:00 P (AM/PM/Military) Injury at Work?: N
 Place of Injury: HOME (A)
 Injury Description: BEATEN BY FATHER BECAUSE SHE WOULD NOT STOP CRYING
 Transportation Injury, Specify: [Alt-F1 - Key Help](#)
 Certifier: M State-Specific Data:

Certificate Number: 0-999999 F1-Help Record 5 of 43 Typing Mode: OVR

Certificate 5

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000006 Sex: M Date of Death: 05/23 2003
 Age: 10 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	BURNED	
b:	LIGHTING FIREWORKS	
c:		
d:		
e:		

Was an Autopsy Performed?: N Were Autopsy Findings Available?: Tobacco Use Contribute to Death?:
 Pregnancy: Manner of Death: A Date of Surgery: // Activity Code:

Date of Injury: 05/20/2003 Time of Injury: 02:45 P (AM/PM/Military) Injury at Work?:
 Place of Injury: BEACH (P)
 Injury Description: FIREWORKS EXPLODED AND BURNED VICTIM
 Transportation Injury, Specify: Alt-F1 - Key Help
 Certifier: D State-Specific Data:

Certificate Number: 0-999999 F1-Help Record 6 of 43 Typing Mode: OVR

Certificate 6

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000007 Sex: F Date of Death: 04/04 2003
 Age: 88 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	FRACTURES OF FEMUR, RADIUS AND ULNAR, AND	
b:	INTRA CEREBRAL HEMORRHAGE	
c:	BLUNT IMPACTS (FELL)	
d:		
II:	ATHEROSCLEROTIC CARDIOVASCULAR DISEASE; OSTEOPOROSIS	

Was an Autopsy Performed?: Were Autopsy Findings Available?: Tobacco Use Contribute to Death?:
 Pregnancy: Manner of Death: A Date of Surgery: // Activity Code:

Date of Injury: 03/30/2003 Time of Injury: 07:26 A (AM/PM/Military) Injury at Work?:
 Place of Injury: NURSING HOME (C)
 Injury Description: FELL FROM CHAIR
 Transportation Injury, Specify: [Alt-F1 - Key Help](#)
 Certifier: M State-Specific Data:

Certificate Number: 0-999999 F1-Help Record 7 of 43 Typing Mode: OVR

Certificate 7

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000008 Sex: M Date of Death: 06/16 2003
 Age: 23 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	MASSIVE MULTIPLE TRAUMA	INSTANT
b:	PLANE CRASH	
c:		
d:		
ll:		

Was an Autopsy Performed?: Y Were Autopsy Findings Available?: N Tobacco Use Contribute to Death?:
 Pregnancy: Manner of Death: A Date of Surgery: // Activity Code:

Date of Injury: 06/16/2003 Time of Injury: : (AM/PM/Military) Injury at Work?: N
 Place of Injury: FIELD (P)
 Injury Description: SINGLE ENGINE PLANE CRASH - IMPACTED GROUND
 Transportation Injury, Specify: Alt-F1 - Key Help
 Certifier: M State-Specific Data:

Certificate Number: 0-999999 F1-Help Record 8 of 43 Typing Mode: OVR

Certificate 8

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000009 Sex: M Date of Death: 01/23 2003
 Age: 28 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	GUNSHOT WOUND OF CHEST WITH PERFORATIONS OF HEART AND LUNG	
b:		
c:		
d:		
II:	THORACOTOMY;GUNSHOT WOUND OF HEART	

Was an Autopsy Performed?: N Were Autopsy Findings Available?: Tobacco Use Contribute to Death?:

Pregnancy: Manner of Death: H Date of Surgery: 01/23/2003 Activity Code:

Date of Injury: 01/23/2003 Time of Injury: 06:30 A (AM/PM/Military) Injury at Work?:

Place of Injury: PARKING GARAGE (P)

Injury Description: SHOT BY POLICE

Transportation Injury, Specify: [Alt-F1 - Key Help](#)

Certifier: M State-Specific Data:

Certificate Number: 0-999999 F1-Help Record 9 of 43 Typing Mode: OVR

Certificate 9

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000010 Sex: M Date of Death: 03/15 2003
 Age: 42 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	ELECTRICAL BURNS OF APPROXIMATELY 30% OF TOTAL BODY	
b:	SURFACE AREA WITH COMPLICATIONS	
c:		
d:		
II:		

Was an Autopsy Performed?:
 Were Autopsy Findings Available?:
 Tobacco Use Contribute to Death?:

Pregnancy:
 Manner of Death: A
 Date of Surgery: //
 Activity Code:

Date of Injury: 03/15/2003
 Time of Injury: 12:00 P (AM/PM/Military)
 Injury at Work?:

Place of Injury: RAILROAD TRACKS (G)

Injury Description: CAME IN CONTACT WITH LIVE ELECTRICAL WIRE

Transportation Injury, Specify: [Alt-F1 - Key Help](#)

Certifier: P State-Specific Data:

Certificate Number: 0-999999
 F1-Help
 Record 10 of 43
 Typing Mode: OVR

Certificate 10

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000011 Sex: M Date of Death: 03/31 2003
 Age: 26 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	ENTRAPMENT BY AVALANCHE	
b:		
c:		
d:		
ll:		

Was an Autopsy Performed?: Were Autopsy Findings Available?: Tobacco Use Contribute to Death?:
 Pregnancy: Manner of Death: A Date of Surgery: // Activity Code:

Date of Injury: 03/31/2003 Time of Injury: : (AM/PM/Military) Injury at Work?: N
 Place of Injury: MOUNTAINS (P)
 Injury Description: SUBJECT CAUGHT IN AVALANCHE WHILE SNOW-SHOEING
 Transportation Injury, Specify: Alt-F1 - Key Help
 Certifier: M State-Specific Data:

Certificate Number: 0-999999 F1-Help Record 11 of 43 Typing Mode: OVR

Certificate 11

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000012 Sex: M Date of Death: 04/28 2003
 Age: 50 Unit: YEARS State of Death: AS

Conditions Causing Death	Duration
a: ASPHYXIA	
b: PLASTIC BAG OVER HEAD	MINUTES
c:	
d:	
e:	

Was an Autopsy Performed?: Were Autopsy Findings Available?: Tobacco Use Contribute to Death?:
 Pregnancy: Manner of Death: A Date of Surgery: // Activity Code:

Date of Injury: 04/28/2003 Time of Injury: : (AM/PM/Military) Injury at Work?:
 Place of Injury: CLOSET AT HOME (A)
 Injury Description: PLACED PLASTIC BAG OVER HEAD
 Transportation Injury, Specify: [Alt-F1 - Key Help](#)

Certifier: M State-Specific Data:

Certificate Number: 0-999999 F1-Help Record 12 of 43 Typing Mode: OVR

Certificate 12

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000013 Sex: M Date of Death: 02/14 2003
 Age: 17 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	HEAD WOUND	
b:	SHOT MULTIPLE TIMES	
c:		
d:		
e:		

Was an Autopsy Performed?: Y
 Were Autopsy Findings Available?: Y
 Tobacco Use Contribute to Death?: N
 Pregnancy:
 Manner of Death: H
 Date of Surgery: //
 Activity Code:

Date of Injury: 02/14/2003
 Time of Injury: 11:00 A (AM/PM/Military)
 Injury at Work?: N
 Place of Injury: LIQUOR STORE (I)
 Injury Description: SHOT BY POLICE AFTER ROBBING LIQUOR STORE AND SHOOTING OWNER
 Transportation Injury, Specify: [Alt-F1 - Key Help](#)
 Certifier: M
 State-Specific Data:

Certificate Number: 0-999999
 F1-Help
 Record 13 of 43
 Typing Mode: OVR

Certificate 13

Edit Certificates: C:\MMD52003\Data\A503E14.DBF

Certificate: 000014 Sex: M Date of Death: 01/18 2003
 Age: 78 Unit: YEARS State of Death: AS

Conditions Causing Death		Duration
Ia:	CARDIOPULMONARY ARREST	IMMEDIATE
Ib:	ARDS(ACUTE RESPIRATORY DISTRESS SYNDROME)	DAYS
Ic:	PNEUMONIA	DAYS
Id:	HYPOTHERMIA	5 DAYS
II:	DIABETES;ISCHEMIC HEART DISEASE	

Was an Autopsy Performed?: Were Autopsy Findings Available?: Tobacco Use Contribute to Death?:
 Pregnancy: Manner of Death: A Date of Surgery: // Activity Code:

Date of Injury: 01/13/2003 Time of Injury: 10:00 A (AM/PM/Military) Injury at Work?:
 Place of Injury: HOME (A)
 Injury Description: WANDERED OUTSIDE, FELL INTO PIT
 Transportation Injury, Specify: Alt-F1 - Key Help

Certifier: D State-Specific Data:

Place of Injury F1-Help Record 1 of 1 Typing Mode: OVR

Certificate 14

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000015 Sex: M Date of Death: 02/05 2003
 Age: 88 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	COMPLICATIONS OF BLUNT IMPACT OF HEAD	
b:		
c:		
d:		
II:	CRANIOTOMY;SUBDURAL HEMORRHAGE	

Was an Autopsy Performed?:
 Were Autopsy Findings Available?:
 Tobacco Use Contribute to Death?:

Pregnancy:
 Manner of Death: A
 Date of Surgery: 02/04/2003
 Activity Code:

Date of Injury: 02/01/2003
 Time of Injury: 08:30 P (AM/PM/Military)
 Injury at Work?:

Place of Injury: HOME (A)

Injury Description: FELL IN BATHTUB

Transportation Injury, Specify: [Alt-F1 - Key Help](#)

Certifier: D State-Specific Data:

Certificate Number: 0-999999
 F1-Help
 Record 15 of 43
 Typing Mode: OVR

Certificate 15

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000016 Sex: F Date of Death: 05/01 2003
 Age: 3 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	STREPTOCOCCAL TOXIC SHOCK	
b:	RABBIT BITE	
c:		
d:		
ll:		

Was an Autopsy Performed?: Were Autopsy Findings Available?: Tobacco Use Contribute to Death?:
 Pregnancy: Manner of Death: A Date of Surgery: // Activity Code:

Date of Injury: 04/26/2003 Time of Injury: 10:30 A (AM/PM/Military) Injury at Work?:
 Place of Injury: HOME (A)
 Injury Description: BITTEN BY RABBIT
 Transportation Injury, Specify: [Alt-F1 - Key Help](#)

Certifier: M State-Specific Data:

Certificate Number: 0-999999 F1-Help Record 16 of 43 Typing Mode: OVR

Certificate 16

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000017 Sex: F Date of Death: 02/27 2003
 Age: 72 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	MULTIPLE WOUNDS TO HEAD AND TORSO	
b:	INTERNAL BLEEDING	
c:		
d:		
ll:		

Was an Autopsy Performed?:
 Were Autopsy Findings Available?:
 Tobacco Use Contribute to Death?: N

Pregnancy:
 Manner of Death: C
 Date of Surgery: //
 Activity Code:

Date of Injury: 02/27/2003
 Time of Injury: 03:30 P (AM/PM/Military)
 Injury at Work?: N

Place of Injury: WOODS (P)

Injury Description: FOUND IN WOODS ENTANGLED IN VINES;UNKNOWN CAUSE OF INJURY

Transportation Injury, Specify: [Alt-F1 - Key Help](#)

Certifier: M State-Specific Data:

Certificate Number: 0-999999
 F1-Help
 Record 17 of 43
 Typing Mode: OVR

Certificate 17

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000018 Sex: M Date of Death: 01/12 2003
 Age: 32 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	HEAD INJURY	
b:	TRAUMA TO ARMS AND HANDS AND CHEST	
c:	FELL INTO WOOD CHIPPER	
d:		
ll:		

Was an Autopsy Performed?: Were Autopsy Findings Available?: Tobacco Use Contribute to Death?: N
 Pregnancy: Manner of Death: A Date of Surgery: // Activity Code:

Date of Injury: 01/12/2003 Time of Injury: 03:12 P (AM/PM/Military) Injury at Work?: Y
 Place of Injury: LUMBER MILL (G)
 Injury Description: FELL INTO CHIPPER WHILE FEEDING WASTE INTO MACHINE
 Transportation Injury, Specify: [Alt-F1 - Key Help](#)
 Certifier: M State-Specific Data:

Certificate Number: 0-999999 F1-Help Record 18 of 43 Typing Mode: OVR

Certificate 18

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000019 Sex: F Date of Death: 01/08 2003
 Age: 2 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	INFECTIOUS COMPLICATIONS OF THERMAL INJURIES OF 15% OF BODY SURFACE AREA	
b:	INCLUDING HEAD, TRUNK AND EXTREMITIES	
c:		
d:		
II:	SKIN GRAFTS;BURNS;UNKNOWN	

Was an Autopsy Performed?: N Were Autopsy Findings Available?: N Tobacco Use Contribute to Death?:

Pregnancy: Manner of Death: A Date of Surgery: 01/06/2003 Activity Code:

Date of Injury: 01/01/2003 Time of Injury: 11:32 P (AM/PM/Military) Injury at Work?:

Place of Injury: HOME (A)

Injury Description: RESIDENCE FIRE

Transportation Injury, Specify: [Alt-F1 - Key Help](#)

Certifier: M State-Specific Data:

Certificate Number: 0-999999 F1-Help Record 19 of 43 Typing Mode: OVR

Certificate 19

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000020 Sex: F Date of Death: 06/06 2003
 Age: 27 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	DROWNING	2 HOURS
b:		
c:		
d:		
ll:		

Was an Autopsy Performed?: Were Autopsy Findings Available?: Tobacco Use Contribute to Death?:
 Pregnancy: Manner of Death: A Date of Surgery: // Activity Code:

Date of Injury: 06/06/2003 Time of Injury: : (AM/PM/Military) Injury at Work?: N

Place of Injury: SOUTH FORK PEYOTE RIVER (P)

Injury Description: VICTIM WAS THROWN FROM A RAFT. NO LIFE JACKET

Transportation Injury, Specify: [Alt-F1 - Key Help](#)

Certifier: M State-Specific Data:

Certificate Number: 0-999999 F1-Help Record 20 of 43 Typing Mode: OVR

Certificate 20

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000021 Sex: M Date of Death: 04/28 2003
 Age: 2 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	SEVERE TRAUMA TO HEAD	SECONDS
b:	TORNADO	
c:		
d:		
ll:		

Was an Autopsy Performed?:
 Were Autopsy Findings Available?:
 Tobacco Use Contribute to Death?:

Pregnancy:
 Manner of Death: A
 Date of Surgery: //
 Activity Code:

Date of Injury: 04/28/2003
 Time of Injury: : (AM/PM/Military)
 Injury at Work?: N

Place of Injury: HOME (A)

Injury Description: SUBJECT RECEIVED HEAD INJURY WHEN TORNADO STRUCK HIS TRAILER

Transportation Injury, Specify: [Alt-F1 - Key Help](#)

Certifier: M State-Specific Data:

Certificate Number: 0-999999 F1-Help Record 21 of 43 Typing Mode: OVR

Certificate 21

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000022 Sex: M Date of Death: 04/23 2003
 Age: 57 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	CEREBRAL HYPOXIA	HOURS
b:	DROWNING	
c:		
d:		
ll:		

Was an Autopsy Performed?:
 Were Autopsy Findings Available?:
 Tobacco Use Contribute to Death?:
 Pregnancy:
 Manner of Death: A
 Date of Surgery: //
 Activity Code:

Date of Injury: 04/23/2003
 Time of Injury: 04:30 P (AM/PM/Military)
 Injury at Work?:
 Place of Injury: LAKE CHAMPLAIN (L)
 Injury Description: PASSENGER IN CAPSIZED SAILBOAT
 Transportation Injury, Specify: [Alt-F1 - Key Help](#)
 Certifier: M
 State-Specific Data:

Certificate Number: 0-999999
 F1-Help
 Record 22 of 43
 Typing Mode: OVR

Certificate 22

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000023 Sex: F Date of Death: 02/09 2003
 Age: 2 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	ANAPHYLACTIC REACTION	MINUTES
b:	STUNG BY BEE	MINUTES
c:		
d:		

II: ASTHMA

Was an Autopsy Performed?: Were Autopsy Findings Available?: Tobacco Use Contribute to Death?: N
 Pregnancy: Manner of Death: A Date of Surgery: // Activity Code:

Date of Injury: 02/09/2003 Time of Injury: 03:21 P (AM/PM/Military) Injury at Work?:
 Place of Injury: BACKYARD (A)
 Injury Description: STUNG BY SEVERAL BEES IN BACKYARD OF HOME
 Transportation Injury, Specify: Alt-F1 - Key Help

Certifier: M State-Specific Data:

Certificate Number: 0-999999 F1-Help Record 23 of 43 Typing Mode: OVR

Certificate 23

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000024 Sex: M Date of Death: 02/01 2003
 Age: 32 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	GUNSHOT WOUND OF HEAD	
b:		
c:		
d:		
e:		

Was an Autopsy Performed?:
 Were Autopsy Findings Available?:
 Tobacco Use Contribute to Death?:

Pregnancy:
 Manner of Death: S
 Date of Surgery: //
 Activity Code:

Date of Injury: 01/01/2003
 Time of Injury: 02:13 A (AM/PM/Military)
 Injury at Work?:

Place of Injury: AUTO SHOP (I)

Injury Description: SHOT SELF WITH RIFLE

Transportation Injury, Specify: [Alt-F1 - Key Help](#)

Certifier: M State-Specific Data:

Certificate Number: 0-999999
 F1-Help
 Record 24 of 43
 Typing Mode: OVR

Certificate 24

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: Sex: Date of Death:

Age: Unit: State of Death:

	Conditions Causing Death	Duration
a:	INJURY TO ARMS AND LEGS	
b:	PINNED UNDER RIDING LAWN MOWER	
c:		
d:		
ll:		

Was an Autopsy Performed?: Were Autopsy Findings Available?: Tobacco Use Contribute to Death?:

Pregnancy: Manner of Death: Date of Surgery: Activity Code:

Date of Injury: Time of Injury: (AM/PM/Military) Injury at Work?:

Place of Injury: (A)

Injury Description:

Transportation Injury, Specify: [Alt-F1 - Key Help](#)

Certifier: State-Specific Data:

Certificate Number: 0-999999 F1-Help Record 25 of 43 Typing Mode: OVR

Certificate 25

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000026 Sex: M Date of Death: 02/24 2003
 Age: 22 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	MULTIPLE INTERNAL INJURIES	
b:	TRAMPLED IN STAMPEDE	
c:		
d:		
ll:		

Was an Autopsy Performed?: Were Autopsy Findings Available?: Tobacco Use Contribute to Death?: N
 Pregnancy: Manner of Death: A Date of Surgery: // Activity Code:

Date of Injury: 02/02/2003 Time of Injury: 02:02 A (AM/PM/Military) Injury at Work?: N
 Place of Injury: NIGHTCLUB (I)
 Injury Description: TRAMPLED BY PEOPLE ATTEMPTING TO EXIT NIGHT CLUB AFTER ALTERCATION
 Transportation Injury, Specify: [Alt-F1 - Key Help](#)
 Certifier: M State-Specific Data:

Certificate Number: 0-999999 F1-Help Record 26 of 43 Typing Mode: OVR

Certificate 26

Edit Certificates: C:\MMD52003\Data\A503K01.DBF

Certificate: Sex: Date of Death:

Age: Unit: State of Death:

Conditions Causing Death		Duration
Ia:	2ND AND 3RD DEGREE BURNS ON 30% OF BODY	
Ib:	STRUCK BY SCALDING WATER	
Ic:		
Id:		
Il:		

Was an Autopsy Performed?: Were Autopsy Findings Available?: Tobacco Use Contribute to Death?:

Pregnancy: Manner of Death: Date of Surgery: Activity Code:

Date of Injury: Time of Injury: (AM/PM/Military) Injury at Work?:

Place of Injury: (A)

Injury Description:

Transportation Injury, Specify: [Alt-F1 - Key Help](#)

Certifier: State-Specific Data:

Certificate Number: 0-999999 F1-Help Record 2 of 3 Typing Mode: OVR

Certificate 27

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000028 Sex: F Date of Death: 02/24 2003
 Age: 32 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	GUNSHOT WOUND TO HEAD	SECONDS
b:		
c:		
d:		
e:		

Was an Autopsy Performed?: Were Autopsy Findings Available?: Tobacco Use Contribute to Death?: N
 Pregnancy: Manner of Death: H Date of Surgery: // Activity Code:

Date of Injury: 02/24/2003 Time of Injury: 02:00 A (AM/PM/Military) Injury at Work?: N
 Place of Injury: HOME (A)
 Injury Description: SHOT BY HUSBAND WITH HANDGUN DURING ALTERCATION
 Transportation Injury, Specify: [Alt-F1 - Key Help](#)
 Certifier: M State-Specific Data:

Certificate Number: 0-999999 F1-Help Record 28 of 43 Typing Mode: OVR

Certificate 28

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: Sex: Date of Death:

Age: Unit: State of Death:

	Conditions Causing Death	Duration
a:	BLUNT FORCE TRAUMA	
b:	STRUCK BY FLYING SHRAPNEL	
c:	EXPLOSION	
d:		

II:

Was an Autopsy Performed?: Were Autopsy Findings Available?: Tobacco Use Contribute to Death?: N

Pregnancy: Manner of Death: Date of Surgery: Activity Code:

Date of Injury: Time of Injury: (AM/PM/Military) Injury at Work?: Y

Place of Injury: (G)

Injury Description:

Transportation Injury, Specify: [Alt-F1 - Key Help](#)

Certifier: State-Specific Data:

Certificate Number: 0-999999 F1-Help Record 29 of 43 Typing Mode: OVR

Certificate 29

SuperMICAR - C:\MMD52004\Data\A503E30.DBF

Edit Certificates: C:\MMD52004\Data\A503E30.DBF

Certificate: 000030 Sex: F Date of Death: 05/26 2003
 Age: 85 Unit: YEARS State of Death: AS

Conditions Causing Death		Duration
Ia:	RIGHT CEREBELLAR AND PONS HEMORRHAGE	HOURS
Ib:	SEVERE CLOSED HEAD INJURY	HOURS
Ic:		
Id:		
II: RIGHT SUBDURAL HEMATOMA; HYPOTHERMIA		

Was an Autopsy Performed?: Were Autopsy Findings Available?: Tobacco Use Contribute to Death?:
 Pregnancy: Manner of Death: A Date of Surgery: // Activity Code:

Date of Injury: 05/25/2003 Time of Injury: : (AM/PM/Military) Injury at Work?: N
 Place of Injury: HOME (A)
 Injury Description: VICTIM FOUND AT BOTTOM OF STAIRCASE AT HOME WITH MULTIPLE FRACTURES
 Transportation Injury, Specify: Alt-F1 - Key Help
 Certifier: State-Specific Data:

Certificate Number: 0-999999 F1-Help Record 1 of 1 Typing Mode: OVR
 F1-Help Coder Statistics Off 9/10/2004 12:03:46 PM

Certificate 30

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000031 Sex: F Date of Death: 01/04 2003
 Age: 96 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	SMOKE INHALATION	
b:		
c:		
d:		

II: HYPERTENSIVE AND ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE;ALZHEIMERS DEMENTIA

Was an Autopsy Performed?: Were Autopsy Findings Available?: Tobacco Use Contribute to Death?:
 Pregnancy: Manner of Death: A Date of Surgery: // Activity Code:

Date of Injury: 01/04/2003 Time of Injury: 03:23 A (AM/PM/Military) Injury at Work?:
 Place of Injury: RESIDENCE (A)
 Injury Description: ACCIDENTAL FIRE AT RESIDENCE BY CANDLES
 Transportation Injury, Specify: [Alt-F1 - Key Help](#)
 Certifier: M State-Specific Data:

Certificate Number: 0-999999 F1-Help Record 31 of 43 Typing Mode: OVR

Certificate 31

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000032 Sex: M Date of Death: 05/31 2003
 Age: 16 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	DROWNING	MINUTES
b:		
c:		
d:		
ll:		

Was an Autopsy Performed?: Y Were Autopsy Findings Available?: Y Tobacco Use Contribute to Death?: N
 Pregnancy: Manner of Death: A Date of Surgery: // Activity Code:

Date of Injury: 05/31/2003 Time of Injury: 03:30 P (AM/PM/Military) Injury at Work?: N
 Place of Injury: QUARRY (J)
 Injury Description: DROWNED WHILE SWIMMING IN QUARRY
 Transportation Injury, Specify: [Alt-F1 - Key Help](#)
 Certifier: M State-Specific Data:

Certificate Number: 0-999999 F1-Help Record 32 of 43 Typing Mode: OVR

Certificate 32

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000033 Sex: M Date of Death: 01/15 2003
 Age: 56 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	BURNS	
b:	EXPOSURE TO RADIATION	
c:		
d:		
ll:		

Was an Autopsy Performed?: Y
 Were Autopsy Findings Available?: Y
 Tobacco Use Contribute to Death?: N
 Pregnancy:
 Manner of Death: A
 Date of Surgery: //
 Activity Code:

Date of Injury: 01/02/2003
 Time of Injury: 12:30 P (AM/PM/Military)
 Injury at Work?: Y
 Place of Injury: SCIENTIFIC LABORATORY (P)
 Injury Description: EXPOSED TO EXCESSIVE RADIOACTIVE ISOTOPES WHILE DOING SCIENTIFIC TESTING
 Transportation Injury, Specify: [Alt-F1 - Key Help](#)
 Certifier: M
 State-Specific Data:

Certificate Number: 0-999999
 F1-Help
 Record 33 of 43
 Typing Mode: OVR

Certificate 33

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000034 Sex: F Date of Death: 02/24 2003
 Age: 20 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	SUBDURAL HEMATOMA	
b:	HEAD INJURY	
c:	MVA	
d:		
II:	EMPHYSEMA	

Was an Autopsy Performed?:
 Were Autopsy Findings Available?:
 Tobacco Use Contribute to Death?:

Pregnancy:
 Manner of Death: A
 Date of Surgery: //
 Activity Code:

Date of Injury: 02/24/2003
 Time of Injury: 05:25 P (AM/PM/Military)
 Injury at Work?:

Place of Injury: HIGHWAY (K)

Injury Description: CAR STRUCK BY 18 WHEELER

Transportation Injury, Specify: CAR - DRIVER [Alt-F1 - Key Help](#)

Certifier: M State-Specific Data:

Certificate Number: 0-999999 F1-Help Record 34 of 43 Typing Mode: OVR

Certificate 34

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000035 Sex: M Date of Death: 05/04 2003
 Age: 42 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	BLUNT FORCE TRAUMA TO FACE, HEAD, AND ARMS	
b:		
c:		
d:		
e:		

Was an Autopsy Performed?:
 Were Autopsy Findings Available?:
 Tobacco Use Contribute to Death?:

Pregnancy:
 Manner of Death: H
 Date of Surgery: //
 Activity Code:

Date of Injury: 05/04/2003
 Time of Injury: 10:30 P (AM/PM/Military)
 Injury at Work?:

Place of Injury: HOME (A)

Injury Description: WAS BEATEN WITH BLUNT OBJECT

Transportation Injury, Specify: [Alt-F1 - Key Help](#)

Certifier: M State-Specific Data:

Certificate Number: 0-999999 F1-Help Record 35 of 43 Typing Mode: OVR

Certificate 35

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000036 Sex: M Date of Death: 02/08 2003
 Age: 10 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	LEFT HEMOTHORAX	MINUTES
b:	CARDIAC AND PERICARDIAL LACERATION	MINUTES
c:	BLUNT TRAUMA TO THE CHEST	MINUTES
d:	SINGLE SNOWMOBILE COLLISION	MINUTES
e:		

Was an Autopsy Performed?: Were Autopsy Findings Available?: Tobacco Use Contribute to Death?:
 Pregnancy: Manner of Death: A Date of Surgery: // Activity Code:

Date of Injury: 02/08/2003 Time of Injury: 02:15 P (AM/PM/Military) Injury at Work?: N
 Place of Injury: SNOWMOBILE TRAIL (P)
 Injury Description: DRIVER, SINGLE SNOWMOBILE COLLISION
 Transportation Injury, Specify: [Alt-F1 - Key Help](#)
 Certifier: M State-Specific Data:

Certificate Number: 0-999999 F1-Help Record 36 of 43 Typing Mode: OVR

Certificate 36

Edit Certificates: C:\MMDS2003\DATA\SMPRMPT.DBF

Certificate: 000037 Sex: F Date of Death: 01/25 2003
 Age: 82 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	HYPOTHERMIA	
b:		
c:		
d:		
II:	ALZHEIMERS	

Was an Autopsy Performed?: Were Autopsy Findings Available?: Tobacco Use Contribute to Death?:
 Pregnancy: Manner of Death: A Date of Surgery: // Activity Code:

Date of Injury: 01/25/2003 Time of Injury: : (AM/PM/Military) Injury at Work?:
 Place of Injury: OUTSIDE NURSING HOME (C)
 Injury Description: REPORTEDLY WANDERED AWAY FROM NURSING HOME AND WAS FOUND OUTSIDE ON THE GROU
 Transportation Injury, Specify: [Alt-F1 - Key Help](#)

Certifier: M State-Specific Data:

Certificate Number: 0-999999 F1-Help Record 37 of 43 Typing Mode: OVR

Certificate 37

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000038 Sex: M Date of Death: 05/04 2003
 Age: 23 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	DROWNED	MINUTES
b:		
c:		
d:		
e:		

Was an Autopsy Performed?: Were Autopsy Findings Available?: Tobacco Use Contribute to Death?:
 Pregnancy: Manner of Death: A Date of Surgery: // Activity Code:

Date of Injury: 05/04/2003 Time of Injury: : (AM/PM/Military) Injury at Work?:
 Place of Injury: RIVER (P)
 Injury Description: DROWNED
 Transportation Injury, Specify: Alt-F1 - Key Help

Certifier: C State-Specific Data:

Certificate Number: 0-999999 F1-Help Record 38 of 43 Typing Mode: OVR

Certificate 38

Edit Certificates: C:\MMDS2003\Data\AS03K01.DBF

Certificate: 000039 Sex: M Date of Death: 02/15 2003
 Age: 72 Unit: YEARS State of Death: AS

Conditions Causing Death		Duration
Ia:	MULTIPLE SEPTIC COMPLICATIONS OF FULL THICKNESS SCALD BURNS OF FEET	
Ib:		
Ic:		
Id:		
II:	HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE;DIABETES MELLITUS	

Was an Autopsy Performed?: Were Autopsy Findings Available?: Tobacco Use Contribute to Death?:
 Pregnancy: Manner of Death: A Date of Surgery: // Activity Code:

Date of Injury: 02/02/2003 Time of Injury: 10:30 P (AM/PM/Military) Injury at Work?:
 Place of Injury: HOME (A)
 Injury Description: GOT BURNED IN SHOWER
 Transportation Injury, Specify: [Alt-F1 - Key Help](#)
 Certifier: M State-Specific Data:

Certificate Number: 0-999999 F1-Help Record 3 of 3 Typing Mode: OVR

Certificate 39

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000040 Sex: M Date of Death: 05/06 2003
 Age: 40 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	BLUNT IMPACTS OF HEAD, TORSO, AND EXTREMITIES	INSTANT
b:	PLANE CRASH	
c:		
d:		
ll:		

Was an Autopsy Performed?: Were Autopsy Findings Available?: Tobacco Use Contribute to Death?:
 Pregnancy: Manner of Death: A Date of Surgery: // Activity Code:

Date of Injury: 01/25/2003 Time of Injury: 12:23 A (AM/PM/Military) Injury at Work?: Y
 Place of Injury: STATE FOREST (P)
 Injury Description: PLANE CRASH (PILOT)
 Transportation Injury, Specify: [Alt-F1 - Key Help](#)
 Certifier: M State-Specific Data:

Certificate Number: 0-999999 F1-Help Record 40 of 43 Typing Mode: OVR

Certificate 40

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000041 Sex: M Date of Death: 01/05 2003
 Age: 92 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	HYPOTHERMIA	HOURS
b:	EXPOSURE TO ENVIRONMENT	
c:		
d:		

II: ASHD;EMPHYSEMA;COPD

Was an Autopsy Performed?:
 Were Autopsy Findings Available?:
 Tobacco Use Contribute to Death?:

Pregnancy:
 Manner of Death: A
 Date of Surgery: //
 Activity Code:

Date of Injury: 01/05/2003
 Time of Injury: 04:15 A (AM/PM/Military)
 Injury at Work?:

Place of Injury: WOODS (P)

Injury Description: WANDERED AWAY FROM HOME IN FRIGID TEMPERATURES

Transportation Injury, Specify: [Alt-F1 - Key Help](#)

Certifier: M State-Specific Data:

Certificate Number: 0-999999
 F1-Help
 Record 41 of 43
 Typing Mode: OVR

Certificate 41

Edit Certificates: C:\MMD52003\DATA\SMPRMPT.DBF

Certificate: 000042 Sex: F Date of Death: 01/10 2003
 Age: 36 Unit: YEARS State of Death: AS

	Conditions Causing Death	Duration
a:	COMPLICATIONS OF BLUNT IMPACT TO LOWER EXTREMITIES	
b:	WITH BILATERAL AMPUTATIONS	
c:		
d:		
ll:		

Was an Autopsy Performed?:
 Were Autopsy Findings Available?:
 Tobacco Use Contribute to Death?:

Pregnancy:
 Manner of Death: S
 Date of Surgery: //
 Activity Code:

Date of Injury: 01/10/2003
 Time of Injury: 12:00 P (AM/PM/Military)
 Injury at Work?: N

Place of Injury: SUBWAY (G)

Injury Description: JUMPED IN FRONT OF SUBWAY TRAIN

Transportation Injury, Specify: [Alt-F1 - Key Help](#)

Certifier: M State-Specific Data:

Certificate Number: 0-999999
 F1-Help
 Record 42 of 43
 Typing Mode: OVR

Certificate 42

Hotkeys Accessible from Main Screen

File:	New	Ctrl + F2
	Open	F2
	Close	Ctrl + F4
	Import	Shift + F8
	Export	Shift + F7
	Delete	Ctrl + D
	Restore	Alt + F8
	Exit	Alt + X
Edit:	Certificates	F4
	Delete Certificate	F8
Process:	All Records	Ctrl + P
View/Reports:	Print All Certificates	F7
	All Certificate Listing	Ctrl + A
Backup:	All	Alt + F7
Tools:	Sequence Check	Ctrl + S
	Filter	Ctrl + F
	Build ARJ File	Ctrl + A
	Change Certificate Digits	Ctrl + C
	Create QC Sample with AIN File	Ctrl + Q

Hotkeys Accessible from Certificate Edit Screen

Help (context)	F1
Function Key List	Alt + F1
Next AI Certificate	F3
Find Certificate	F5
Show Processed Info	F6
Print Certificate	F7
Delete Certificate	F8
Additional Information (AI)	F9
Go to Part I	Alt + 1
Go to Part II	Alt + 2
Go to State-Specific Data	Alt + S
Go to Certifier Field	Alt + C
Mark Out (Due To)	Alt + D
Incomplete	Alt + I
Wipe Field	Alt + W
End Editing/Adding	Alt + F9
End Editing/Adding	Esc
Beginning of Field	Home
End of Field	End
Next Field	Tab, or Enter, or Down Arrow
Previous Field	Shift + Tab, or Up Arrow
First Field	Ctrl + Home
Last Field	Ctrl + End
Next Record	Page Down
Previous Record	Page Up
First Record	Ctrl + Page Up
Last Record	Ctrl + Page Down

APPENDIX B

QUICK START FOR SuperMICAR DATA ENTRY

1. SuperMICAR

- Tools, Options Verify Data and Backup Paths

 Data: C:\2003MMDS\DATA
 Table: C:\2003MMDS\TABLE
 Backup: C:\2003MMDS\BACKUP

- File, New Enter File name, must be exactly 7 characters long. Click on OK after name is entered. Click on YES to create the file.

Supply Header Information

Shipment Number:	-----	3 alpha-numeric characters (alpha in first position only)
Lot Number:	-----	4-digit numeric
Section Number:	-----	1 digit numeric
Data Year:	-----	Year of death, 4 characters
State Code:	-----	State code – alpha abbreviation FL, MO, DC, etc.
Code Status:	-----	Single digit

Click OK when all information is entered.

APPENDIX B

QUICK START FOR SuperMICAR DATA ENTRY

- File, Certificates ----- Enter information from each certificate. After entering first certificate number, the number will increment by one each subsequent certificate.
- Tools, Sequence Check Determine completeness of file. If records are missing, return to date entry for correction.
- Tools, Illegible Select CHECK
Must have original document to make corrections.
{Page-Down} to move to next record after correction.
- Tools, Spelling Use original document to make corrections.

Process all records. Close information screen when complete (no need to print).

- Process, Generate MICAR200 File Select All (Not edited)
Select OK if message appears that file already exists
- File, close
- File, exit (Or use {ESC} key)
Answer YES to exit program

APPENDIX C**GEOGRAPHIC JURISDICTION CODES**

<u>State</u>	<u>Alpha</u>	<u>State</u>	<u>Alpha</u>
Alabama	AL	Nebraska	NE
Alaska	AK	Nevada	NV
Arizona	AZ	New Hampshire	NH
Arkansas	AR	New Jersey	NJ
California	CA	New Mexico	NM
Colorado	CO	New York	NY
Connecticut	CT	New York City	YC
Delaware	DE	North Carolina	NC
District of Columbia	DC	North Dakota	ND
Florida	FL	Ohio	OH
Georgia	GA	Oklahoma	OK
Hawaii	HI	Oregon	OR
Idaho	ID	Pennsylvania	PA
Illinois	IL	Puerto Rico	PR
Indiana	IN	Rhode Island	RI
Iowa	IA	South Carolina	SC
Kansas	KS	South Dakota	SD
Kentucky	KY	Tennessee	TN
Louisiana	LA	Texas	TX
Maine	ME	Utah	UT
Maryland	MD	Vermont	VT
Massachusetts	MA	Virginia	VA
Michigan	MI	Virgin Islands	VI
Minnesota	MN	Washington	WA
Mississippi	MS	West Virginia	WV
Missouri	MO	Wisconsin	WI
Montana	MT	Wyoming	WY
American Samoa	AS		
Guam	GU		
Northern Mariana Islands	MP		
Puerto Rico	PR		
Virgin Islands (US)	VI		

Following is a list of symbols and their meanings commonly used in the Cause of Death sections of a death certificate. This list is for use with **Adding Certificates**, pg. 26

- # "Fracture." Substitute for the word "fracture." Example: For "Leg #," type "LEG FRACTURE."

- ↓ "Decreased." Substitute for the word "decreased." Example: For "↓ blood pressure," type "DECREASED BLOOD PRESSURE."

- ↑ "Increased." Substitute for the word "increased." Example: For "↑ hemorrhaging," type "INCREASED HEMORRHAGING."

- $\frac{0}{1}$ "Hour." Substitute for the word "Hour." Example: For "0/1" type "1 HOUR."

- $\frac{00}{11}$ "Secondary to." Substitute for the words "secondary to." Example: For "Pneumonia 00/11 Gunshot wound," type "PNEUMONIA SECONDARY TO GUNSHOT WOUND."

- 1° "Primary." Substitute for the word "primary." Example: For "1° colon cancer," type "PRIMARY COLON CANCER."

- 2° "Secondary to." Substitute for the words "secondary to." Example: For "Pneumonia 2° cardiorespiratory infection," type "PNEUMONIA SECONDARY TO CARDIORESPIRATORY INFECTION."

- \bar{c} "With." Substitute for the word "with." Example: For "Heat stroke \bar{c} Myocardial infarction," type "HEAT STROKE WITH MYOCARDIAL INFARCTION."

- \bar{p} "After." Substitute for the word "after." Example: For "Spontaneous bleeding \bar{p} tracheal tube removal," type "SPONTANEOUS BLEEDING AFTER TRACHEAL TUBE REMOVAL."

- ̄s** “Without.” Substitute for the word “without.” Example: For “Three weeks without taking medication,” type “THREE WEEKS WITHOUT TAKING MEDICATION.”
- w/** “With.” Substitute for the word “with.” Example: For “Heat stroke w/ myocardial infarction,” type “HEAT STROKE WITH MYOCARDIAL INFARCTION.”

APPENDIX E

ABBREVIATIONS

If this **TERM** is on a certificate key this **ABBREVIATION**

Abdominal aortic aneurysm	AAA
Above Knee Amputation	AKA
Acquired Immunodeficiency Syndrome.	AIDS
Acquired Immune Deficiency Syndrome	
Acquired Immunity Deficiency Syndrome	
Acute Myocardial Infarction.....	AMI
Acute Renal Failure.....	ARENFA
Adenocarcinoma	ACA
Adult Onset Diabetes Mellitus.....	AODM
Adult Respiratory Distress Syndrome	ARDS
Alcohol	ETOH
Alcoholism.....	ALC
Alzheimer's type senile dementia.....	SDAT
Amyotrophic Lateral Sclerosis.....	ALS
Arteriosclerosis	AS
Arteriosclerosis Obliterans	ASO
Arteriosclerotic Cardiovascular Disease	ASCVD
Arteriosclerotic Cardiovascular Renal Disease	ASCVRD
Arteriosclerotic Coronary Artery Disease.	ASCAD
Arteriosclerotic Coronary Disease	ASCD
Arteriosclerotic Coronary Heart Disease.	ASCHD
Arteriosclerotic Heart Disease	ASHD
Arteriosclerotic Hypertensive Cardiovascular Disease.	ASHCVD
Arteriosclerotic Hypertensive Heart Disease.....	ASHD
Arteriosclerotic Hypertensive Vascular Disease	AHVD
Arteriosclerotic Peripheral Vascular Disease	ASPVD
Arteriosclerotic Vascular Disease	ASVD
Arteriosclerotic Vascular Heart Disease.....	ASVHD
Asphyxiation.....	ASPH
Aspiration	ASPIR
Atherosclerosis	AT
Atherosclerotic Cardiovascular Disease	ATCVD
Atherosclerotic Coronary Artery Disease.	ATCAD
Atherosclerotic Heart Disease	ATHD
Atherosclerotic Vascular Disease	ATVD

APPENDIX E

ABBREVIATIONS

If this **TERM** is on a certificatekey this **ABBREVIATION**

Atrial Fibrillation.....	AF
Below Knee Amputation.....	BKA
Benign Prostatic Hypertrophy	BPH
Breast Adenocarcinoma.....	BADENO
Breast Carcinoma	BCAR
Bronchogenic Carcinoma.....	BGCAR
Bronchopneumonia	BPN
Bundle Branch Block.....	BBB
Cancer	CA
Carcinomatosis	CSS
Cardiac Arrest (this can never be Carcinoma)	CAR
Cardiac Arrhythmia	CARRY
Cardiac Failure.....	CFA
Cardiomyopathy	CMY
Cardiopulmonary Arrest	CPAR
Cardiopulmonary Failure	CPFA
Cardiorespiratory Arrest.....	CRAR
Cardiorespiratory Failure.....	CRFA
Central Nervous System	CNS
Cerebral Hemorrhage	CERHEM
Cerebral Infarction.....	CERI
Cerebral Thrombosis.....	CERT
Cerebrovascular.....	CERV
Cerebrovascular Disease.....	CERVD
Chronic Brain Syndrome.....	CBS
Chronic Obstructive Airway Disease.....	COAD
Chronic Obstructive Lung Disease.....	COLD
Chronic Obstructive Pulmonary Disease	COPD
Chronic Obstructive Pulmonary Emphysema	COPE
Chronic Organic Brain Syndrome	COBS
Chronic Renal Failure	CRENFA
Coal Worker's Pneumoconiosis	CWP
Colon or Colonic Adenocarcinoma	CADENO
Colon Carcinoma	COLCAR
Congestive Heart Failure	CHF
Coronary Arteriosclerosis.....	CORAS

APPENDIX E

ABBREVIATIONS

If this **TERM** is on a certificatekey this **ABBREVIATION**

Coronary Artery Bypass Graft	CABG
Coronary Artery Bypass Surgery	CABS
Coronary Artery Disease.....	CAD
Coronary Heart Disease	CORHD
Cytomegalovirus	CMV
Decubitus Ulcer.....	DU
Deep Vein Thrombosis.....	DVT
Dehydration	DEH
Delirium Tremens.....	DT
Diabetes	DI
Diabetes Mellitus.....	DM
Disseminated Intravascular Coagulation.....	DIC
Disease	DZ
Edema	ED
Electromechanical Dissociation	EMD
Emphysema	EMP
End Stage Renal Disease.....	ESRD
Fever Unknown Origin	FUO
Fracture	FX
Gastric Hemorrhage	GHEM
Gastrointestinal	GI
Gastrointestinal Hemorrhage	GIHEM
Gastroesophageal.....	GE
Generalized	GEN
Gunshot Wound	GSW
Heart Failure	HFA
Hemorrhage (Never for Hemorrhagic!)	HEM
High Blood Pressure	HBP
Human Immunodeficiency Virus	HIV
Hyaline Membrane Disease.....	HMD
Hypertension.....	HTN
Hypertensive Arteriosclerotic Cardiovascular Disease.	HASCVD
Hypertensive Arteriosclerotic Heart Disease.	HASHD
Hypertensive Arteriosclerotic Vascular Disease.	HASVD
Hypertensive Heart Disease.	HHD
Hypertensive Vascular Disease	HVD

APPENDIX E

ABBREVIATIONS

If this **TERM** is on a certificatekey this **ABBREVIATION**

Influenza	FLU
Insufficiency	INSUF
Insulin Dependent Diabetes	IDDI
Insulin Dependent Diabetes Mellitus.....	IDDM
Intraventricular Hemorrhage	IVH
Ischemic Heart Disease	IHD
Left	LT
Left Bundle Branch Block.	LBBB
Left Lower Lobe	LLL
Left Middle Lobe	LML
Left Upper lobe	LUL
Liver Cancer.....	LIVCA
Liver Carcinoma	LIVCAR
Liver Cirrhosis	LIVCIR
Lower Lobe	LL
Lung Adenocarcinoma	LADRNO
Lung Cancer	LCA
Lung Carcinoma	LCAR
Lupus Erythematosus	LE
Malignant	MAL
Malignant Hypertension	MALIJTN
Malnutrition	MALN
Metastatic (this is the <u>only</u> acceptable abbreviation for this).....	M
Metastases (this is the <u>only</u> acceptable abbreviation for this)	MES
Metastasis (this is the <u>only</u> acceptable abbreviation for this)	MIS
Metastatic Adenocarcinoma.....	MADENO
Metastatic Breast Carcinoma.....	MBCAR
Metastatic Bronchogenic Carcinoma	MBGCAR
Metastatic Cancer	MCA
Metastatic Carcinoma	MCAR
Metastatic Lung Cancer	MLCA
Metastatic Lung Carcinoma	MLCAR
Metastatic Prostate (or Prostatic) Carcinoma	MPCAR
Mycobacterium Avium Intracellulare	MAI
Myocardial Infarction	MI
Negative	NEG

APPENDIX E

ABBREVIATIONS

If this **TERM** is on a certificatekey this **ABBREVIATION**

Non Insulin Dependent Diabetes (Also- NIDD)	NIDDI
Non Insulin Dependent Diabetes Mellitus	NIDDM
Open Reduction Internal Fixation.....	ORIF
Organic Brain Syndrome.....	OBS
Ovarian Carcinoma	OCAR
Pancreatic Carcinoma.....	PANCAR
Patent Ductus Arteriosus	PDA
Peripheral Vascular Disease	PVD
Pneumonia	PN
Post Operative	PO
Prematurity	PREM
Prolonged Prothrombin Time	PPT
Prostatic Cancer.....	PRCA
Prostatic Carcinoma	PRCAR
Pulmonary	PUL
Pulmonary Embolism	PULEM
Renal Failure.....	RENFA
Respiratory	RESP
Respiratory Arrest	RAR
Respiratory Distress Syndrome	RDS
Respiratory Failure.....	RFA
Rheumatic Heart Disease	RHD
Right	RT
Right Bundle Branch Block	RBBB
Right Lower Lobe	RLL
Right Middle Lobe	RML
Right Upper Lobe	RUL
Ruptured Abdominal Aortic Aneurysm	RAAA
Septicemia	SEPT
Sick Sinus Syndrome	SSS
Small Bowel Obstruction	SBO
Stab Wound	SW
Staphylococcal, Staphylococcus	STAPH
Status Post.....	SP
Stomach Carcinoma.....	STCAR
Streptococcal, Streptococcus.....	STREP

APPENDIX E

ABBREVIATIONS

If this **TERM** is on a certificatekey this **ABBREVIATION**

Sudden Infant Death	SID
Sudden Infant Death Syndrome.....	SIDS
Syndrome of Inappropriate Diuretic Hormone.....	SIADH
Systemic Lupus Erythematosus.....	SLE
Transient Ischemic Attack	TIA
Transitional Cell Carcinoma	TCC
Transurethral Resection	TUR
Transurethral Resection Prostate	TURP
Tuberculosis (Note- also TBC)	TB
Unknown	UNK
Upper Gastrointestinal	UGI
Upper Lobe	UL
Urinary Tract Infection	UTI
Venereal Disease	VD
Ventricular Fibrillation.....	VF
Week or Weeks.....	WK

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

A -

ABDOMEN	ABSTINENCE
ABDOMINAL	ABUSE2
ABDOMINALGIA	ABUSED
ABDOMINALIS	ABUSER
ABDOMINIS	ACANTHOLYSIS
ABDOMINOCENTESIS	ACANTHOSIS
ABDOMINOPERINEAL	ACCELERATED
ABDOMINORECTAL	ACCESS
ABDOMINOSIGMOIDAL	ACCESSORY
ABDOMINOTHORACIC	ACCRETA
ABDOMINOVESICAL	ACCRETIO
ABDUCTION	ACEPHALIA
ABERRANT	ACEPHALIC
ABERRATION	ACEPHALISM
ABLATIO	ACEPHALUS
ABLATION	ACEPHALY
ABNORMAL	ACETABULAR
ABNORMALITIES	ACETABULUM
ABNORMALITY	ACETAMINOPHEN
ABORTION	ACETONE
ABORTUS	ACETONEMIA
ABOVE	ACETYLENE
ABRASION	ACETYLSALICYLIC
ABRASIONS	ACHALASIA
ABRUPTIO	ACHLORHYDRIC
ABRUPTION	ACHONDROPLASIA
ABS	ACHONDROPLASTIC
ABSCESS	ACHYLIA
ABSCESED	ACID
ABSCESSSES	ACIDEMIA
ABSENCE	ACIDITY
ABSENT	ACIDOPHIL
ABSINTHE	ACIDOSIS
ABSINTHEMIA	ACNITIS
ABSINTHISM	ACOUSTIC
ABSORPTION	ACQUIRED
ACROCEPHALY	ACRANIA
	ACRODERMATITIS

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

ACROMEGALIA	ADENOSQUAMOUS
ACROMEGALY	ADENOVIRAL
ACROMIAL	ADHERENT
ACROMICRIA	ADHESION
ACROMIOCLAVICULAR	ADHESIONS
ACROMION	ADHESIVE
ACROPATHY	ADIPOSIS
ACROSCLERODERMA	ADIPOSITOY
ACROSCLEROSIS	ADMINISTRATION
ACTERYL	ADNEXA
ACTINIC	ADRENAL
ACTINOBACTER	ADRENALECTOMY
ACTINOBACTERIAL	ADRENALITIS
ACTINOMYCOSIS	ADRENITIS
ACTINOMYCOTIC	ADRENOCORTICAL
ACTION	ADRENOCORTICOTROPHIC
ACTIVE	ADRENOGENITAL
ACTIVITY	ADRIAMYCIN
ACTUALLY	ADULT
ACUTE	ADVANCED
ADAIR	ADVENTITIAL
ADAMS	ADVERSE
ADDICTION	ADVIL
ADDISON	ADYNAMIC
ADDISONIAN	AERATION
ADDISONS	AEROBACTER
ADENITIS	AEROBIC
ADENOCANCER	AEROGENES
ADENOCARCINOMA	AEROSOL
ADENOCARCINOMATOSIS	AERUGINOSA
ADENOCYSTIC	AFFAIR
ADENOFIBROMA	AFFECTINGAFFECTIVE
ADENOID	AFFERENT
ADENOIDECTOMY	AFIBRINOGENEMIA
ADENOIDS	AGE
ADENOMA	AGED
ADENOMATOID	AGENESIS
ADENOMATOUS	
ADENOPATHY	
ADENOSARCOMA	

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

AGALACTIA	ALKALOSIS
AGAMMAGLOBULINEMIA	ALKASELTZER
AGANGLIONICAGANGLIONOSIS	ALKERAN
AGENT	ALLERGIC
AGGLUTININ	ALLERGY
AGGRAVATED	ALLOGRAFT
AGGRESSIVE	ALOPECIA
AGING	ALPHA
AGITANS	ALPORTS
AGITATION	ALTERED
AGNOGENIC	ALUMINUM
AGONAL	ALVAREZ
AGORAPHOBIA	ALVEOLAR
AGRANULOCYTIC	ALVEOLARCAPILLARY
AGRANULOCYTOSIS	ALVEOLI
AGYRIA	ALVEOLITIS
AILMENT	ALVEOLUS
AIRWAY	ALZHEIMER
AIRWAYS	ALZHEIMERS
AKINETIC	AMANTADINE
ALACTASIA	AMAUROSIS
ALACTASIS	AMAUROTIC
ALBA	AMBLYOPIA
ALBERS	AMBULATE
ALBERTINI	AMEBIC
ALBICANS	AMELOBLASTOMA
ALBRIGHT	AMERICAN
ALBUMIN	AMINOGLYCOSIDE
ALCOHOL	AMINOPHYLLINE
ALCOHOLIC	AMIODARONE
ALCOHOLISM	AMITRIPTYLINE
ALDRICH	AMMONIA
ALEUKEMIC	AMNESIA
ALEXANDERS	AMNIOCENTESIS
ALIMENTARY	AMNION
ALIMENTATION	AMNIONITIS
ALKALEMIA	AMNIOTIC
ALKALI	AMOBARBITAL
ALKALINE	AMOXAPINE

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

AMOXICILLIN	ANDERSONS
AMPHETAMINE	ANEMIA
AMPICILLIN	ANEMIC
AMPULLA	ANENCEPHALIA
AMPULLARY	ANENCEPHALIC
AMPUTATED	ANENCEPHALUS
AMPUTATION	ANENCEPHALY
AMPUTATIONS	ANESTHESIA
AMPUTE	ANESTHETIC
AMYELENCEPHALUS	ANEURYSM
AMYELIA	ANEURYSMAL
AMYLOID	ANEURYSMECTOMY
AMYLOIDOSIS	ANEURYSMS
AMYOPLASIA	ANGIITIS
AMYOTONIC	ANGINA
AMYOTROPHIA	ANGINAL
AMYOTROPHIC	ANGIOBLASTIC
AMYOTROPHY	ANGIOBLASTOMA
ANAEROBIC	ANGIODYSPLASIA
ANAFRANIL	ANGIOEDEMA
ANAL	ANGIOENDOTHELIOMATOSIS
ANALBUMINEMIA	ANGIOGRAM
ANALGESIA	ANGIOGRAPHY
ANALGESIC	ANGIOIMMUNOBLASTIC
ANALGESICS	ANGIOMA
ANALYSES	ANGIOMATOSIS
ANALYSIS	ANGIOMYOSARCOMA
ANAPHYLACTIC	ANGIONEUROSIS
ANAPHYLACTOID	ANGIONEUROTIC
ANAPHYLAXIS	ANGIOPATHY
ANAPLASTIC	ANGIOPLASTY
ANARTHRIA	ANGIOSARCOMA
ANARTHROTIC	ANGIOSCLEROSIS
ANASARCA	ANGIOSPASM
ANASTOMIC	ANGIOSPASTIC
ANASTOMOSIS	ANGLE
ANASTOMOTIC	ANGULATION
ANCIENT	ANHYDRATION
ANDERSENS	ANHIDREMIA

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

ANICTERIC	ANTICOAGULATION
ANITRATUM	ANTICONVULSANT
ANKLE	ANTIDEPRESSANT
ANKLES	ANTIDEPRESSANTS
ANKYLOPOIETICA	ANTIDIURETIC
ANKYLOSED	ANTIFREEZE
ANKYLOSING	ANTIGEN
ANKYLOSIS	ANTIISTAMINE
ANNULAR	ANTIINFLAMMATORY
ANNULOPLASTY	ANTINEOPLASTIC
ANNULUS	ANTITHROMBIN
ANOMALIES	ANTITOXIN
ANOMALOUS	ANTITRYPSIN
ANOMALY	ANTITUMOR
ANORECTAL	ANTONS
ANORECTUM	ANTRAL
ANOREXIA	ANTRECTOMY
ANOXEMIA	ANTRITIS
ANOXEMIC	ANTROGASTRIC
ANOXIA	ANTRUM
ANOXIC	ANURIA
ANTAGONIST	ANURIC
ANTECUBITAL	ANUS
ANTEPARTUM	ANXIETY
ANTERIORLATERAL	AORTA
ANTERIOR	AORTAILIAC
ANTERIOSEPTAL	AORTIC
ANTERO	AORTICOPULMONARY
ANTEROLATERAL	AORTITIS
ANTEROSEPTAL	AORTO
ANTEVERSION	AORTOBIFEMORAL
ANTHONY'S	AORTOCAVAL
ANTHRACOSILICOSIS	AORTOCORONARY
ANTHRACOSIS	AORTOCUTANEOUS
ANTIBIOTIC	AORTOENTERIC
ANTIBODIES	AORTOFEMORAL
ANTIBODY	AORTOGRAM
ANTICOAGULANT	AORTOILIAC
ANTICOAGULANTS	AORTOJEJUNAL

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

AORTOPLASTY	ARACHNODACTYLY
AORTOPOPLITEAL	ARACHNOID
AORTOPULMONARY	ARACHNOIDITIS
AORTORENAL	ARCH
AORTOSAPHENOUS	AREA
APATHETIC	AREGENERATIVE
APEPSIA	AREOLA
APERTA	ARHINENCEPHALY
APERTS	ARIAS
APERTURES	ARM
APEX	ARMENIAN
APGAR	ARMS
APHAGIA	ARNOLD
APHASIA	ARREST
APHASIC	ARRESTED
APHEMIA	ARRHYTHMIA
APHONIA	ARRHYTHMIC
APICAL	ARRILLAGA
APLASIA	ARSENIC
APLASTIC	ARSENICAL
APNEA	ARSENISM
APNEIC	ARTERIAL
APOCRINE	ARTERIECTASIS
APONEUROSIS	ARTERIES
APOPLECTIC	ARTERIO
APOPLECTIFORM	ARTERIOCAPILLARY
APOPLEXIA	ARTERIOCARDIORENAL
APOPLEXY	ARTERIOFIBROSIS
APPENDAGE	ARTERIOGRAM
APPENDECTOMY	ARTERIOGRAPHY
APPENDICEAL	ARTERIOLAR
APPENDICITIS	ARTERIOLES
APPENDIX	ARTERIOLITIS
APPETITE	ARTERIOLONEPHROSCLEROSIS
APPREHENSION	ARTERIOLOSCLEROSIS
APPREHENSIVE	ARTERIOMESENTERIC
APRAXIA	ARTERIONEPHROSCLEROSIS
AQUEDUCT	ARTERIOOCCLUSIVE
ARACHNITIS	ARTERIOPATHIC

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

ARTERIOPATHY	ASPHYXIATION
ARTERIORENAL	ASPIRATED
ARTERIOSCLEROSIS	ASPIRATION
ARTERIOSCLEROTIC	ASPIRATIONAL
ARTERIOSEPTAL	ASPIRIN
ARTERIOSPASM	ASPLENIA
ARTERIOSUS	ASTASIA
ARTERIOTOMY	ASTERIXIS
ARTERIOVASCULAR	ASTHENIA
ARTERIOVENOUS	ASTHMA
ARTERIOVENTRICULAR	ASTHMATIC
ARTERITIS	ASTHMATICUS
ARTERY	ASTROBLASTOMA
ARTHRITIC	ASTROCYTOMA
ARTHRITIS	ASTROGLIOMA
ARTHROFIBROSIS	ASYMMETRIC
ARTHROPATHY	ASYMMETRICAL
ARTHROPLASTY	ASYNERGIA
ARTHROSIS	ASYNERGY
ARTHUS	ASYSTOLE
ARTIFICIAL	ASYSTOLIC
ARYTENOID	ATAXIA
ASBESTOS	ATAXIC
ASBESTOSIS	ATELECTASIS
ASCARIASIS	ATELOCARDIA
ASCENDING	ATELOMYELIA
ASCHOFFS	ATHEROGENESIS
ASCITES	ATHEROMA
ASCITIC	ATHEROMATOSIS
ASEPTIC	ATHEROMATOUS
ASIAN	ATHEROSCLEROSIS
ASIDEROTIC	ATHEROSCLEROTIC
ASPERGILLOMA	ATHETOID
ASPERGILLOSIS	ATHETOSIS
ASPERGILLUS	ATHLETES
ASPHYXIA	ATHYREA
ASPHYXIAL	ATHYROIDISM
ASPHYXIATED	ATLANTO
ASPHYXIATING	ATLANTOAXIAL

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

ATLANTOOCIPITAL
ATLAS
ATONIA
ATONIC
ATONY
ATOPIC
ATRANSFERRINEMIA
ATRESIA
ATRIAL
ATRIOVENTRICAL
ATRIOVENTRICULAR
ATRIOVENTRICULARE
ATRIUM
ATROPHIA
ATROPHIC
ATROPHODERMIA
ATROPHY
ATROPINE
ATTACK
ATTACKS
ATTEMPT
ATTEMPTED
ATTENDANCE
ATTENDING
ATTENTION
ATTRITION
ATYPICAL
AUDITORY
AURA
AUREUS
AURICLE
AURICLES
AURICULAR
AURICULOVENTRICULAR
AUSTIN
AUSTRALIA
AUTISM
AUTOANTIBODIES
AUTODIGESTION

AUTOERYTHROCYTE
AUTOHEMOLYSIS
AUTOIMMUNE
AUTOINFECTION
AUTOINTOXICATION
AUTOLYSIS
AUTOMATISM
AUTONOMIC
AUTOPSY
AUTOSENSITIVITY
AUTOSOMAL
AUTOSOMES
AUTOTOPAGNOSIA
AUTOTOXEMIA
AVASCULAR
AVELLIS
AVIAN
AVIATORS
AVITAMINOSIS
AVIUM
AVULSION
AXIAL
AXIALIS
AXILLA
AXILLARY
AXILLO
AXILLOFEMORAL
AXIS
AXON
AYALAS
AYERZA
AYERZAS
AZOTEMIA
AZYGOS

B -
BABINSKI
BABINSKIS
BABY

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

BACILLI	BASOPHILISM
BACILLUS	BATHYCEPHALY
BACK	BATTEN
BACTEREMIA	BATTENS
BACTEREMIC	BATTERED
BACTERIA	BATTEY
BACTERIAL	BAUMGARTEN
BACTERIOIDES	BEATS
BACTERIUM	BECHTEREW
BACTERIURIA	BECK
BACTEROIDES	BECKWITH
BAD	BEDFAST
BAG	BEDREST
BALANCE	BEDRIDDEN
BALL	BEDSORE
BALLOON	BEDSORES
BAND	BEE
BANDING	BEER
BANDS	BEHCETS
BANTIS	BELLADONNA
BAR	BELLS
BARBITAL	BELLY
BARBITURATE	BELOW
BARDET	BENEDIKTS
BARIUM	BENIGN
BARRE	BENNETTS
BARRETT	BENZOCAINE
BARRETT'S	BENZODIAZEPINE
BARSONY	BERNARD
BARTHOLIN	BERNHEIMS
BARTHOLINS	BERRY
BARTONS	BESNIER
BARTTERS	BETA
BASAL	BEVERAGE
BASALNUCLEAR	BIBASILAR
BASE	BICUSPID
BASEMENT	BIEDL
BASILAR	BIELSCHOWSKY
BASOPHIL	BIEMONDS

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

BIERMERS	BLEB
BIFASCICULAR	BLEED
BIFEMORAL	BLEEDER
BIFIDA	BLEEDING
BIFIDUM	BLEOMYCIN
BIFRONTAL	BLIND
BIFURCATION	BLINDNESS
BILATERAL	BLOCH
BILATERALLY	BLOCK
BILE	BLOCKAGE
BILIARY	BLOCKED
BILIOUS	BLOCKING
BILIRUBINEMIA	BLOOD
BILLROTH	BLOODSTREAM
BILLROTHS	BLOODY
BILOBAR	BLOOM
BING	BLOWOUT
BIOPROSTHETIC	BLUNT
BIOPSY	BOCHDALEK
BIPOLAR	BODECHTEL
BIRTH	BODIES
BIRTHWEIGHT	BODILY
BITE	BODY
BITEMPORAL	BOECK
BIVENTRICULAR	BOECKS
BJORK	BOERHAAVES
BLACK	BOGAERTS
BLACKFAN	BONE
BLADDER	BONES
BLADE	BONNEVIE
BLALOCK	BONY
BLALOCK-TAUSSIG	BORDERLINE
BLAND	BORDETELLA
BLAST	BORN
BLASTIC	BOTALLI
BLASTOMA	BOTH
BLASTOMYCOSIS	BOTULISM
BLASTOMYCOTIC	BOUND
BLEACH	BOUT

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

BOUVERET	BROKEN
BOUVERETS	BRONCHI
BOVINE	BRONCHIAL
BOVIS	BRONCHIECTASIS
BOWEL	BRONCHIOALVEOLAR
BOYDII	BRONCHIOGENIC
BRACHIAL	BRONCHIOLAR
BRACHYCARDIA	BRONCHIOLE
BRACHYCEPHALY	BRONCHIOLITIS
BRADY	BRONCHITIS
BRADYARRHYTHMIA	BRONCHO
BRADYCARDIA	BRONCHOALVEOLAR
BRADYPNEA	BRONCHOALVEOLITIS
BRADYTACHYARRHYTHMIA	BRONCHOCUTANEOUS
BRAILSFORD	BRONCHUESOPHAGEAL
BRAIN	BRONCHOGENIC
BRAINSTEM	BRONCHOMEDIASTINAL
BRANCH	BRONCHOPLEURAL
BRANHAMELLA	BRONCHOPLEUROMEDIASTINAL
BRAVAIS	BRONCHOPNEUMONIA
BRAZILIAN	BRONCHOPNEUMONITIS
BREAKDOWN	BRONCHOPULMONARY
BREAST	BRONCHOSCOPE
BREASTS	BRONCHOSCOPY
BREATH	BRONCHOSPASM
BREATHE	BRONCHOSPASTIC
BREATHING	BRONCHOSTATIC
BREATHLESSNESS	BRONCHOSTENOSIS
BREECH	BRONCHUS
BRENNEMANNS	BRONZE
BRIGHT	BRONZED
BRIGHTS	BROW
BRITTLE	BROWN
BROAD	BROWNS
BROCAS	BRUGSCHS
BROCK	BRUISE
BROCKS	BRUISED
BRODIES	BRUISES
BROKE	BRUISING

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

BUBBLY
BUCCAL
BUDD
BUERGERS
BULB
BULBAR
BULBOURETHRAL
BULIMIA
BULLA
BULLAE
BULLOSA
BULLOSUM
BULLOUS
BUNDLE
BURDEN
BURKITTS
BURN
BURNED
BURNETTS
BURNING
BURNS
BURNT
BURR
BURSA
BURST
BURSTED
BUSULFAN
BUTABARBITAL
BUTANE
BUTTERFLY
BUTTOCK
BUTTOCKS
BYPASS
BYPASSES

C -

CACHEXIA
CADAVER
CAESAREAN

CAFE
CAFFEINE
CAFFEYS
CAGE
CALCANEUS
CALCAREOUS
CALCEMIA
CALCIFIC
CALCIFICATION
CALCIFIED
CALCINOSIS
CALCIUM
CALCIURIA
CALCULI
CALCULOUS
CALCULUS
CALF
CALLOSUM
CALORIC
CALORIE
CALVARIUM
CALYX
CAMPYLOBACTER
CANAL
CANAVANS
CANCER
CANCEROUS
CANDIDA
CANDIDAL
CANDIDEMIA
CANDIDIASIS
CANNULATION
CANTHUS
CAPILLARIES
CAPILLARY
CAPITELLUM
CAPLAN
CAPOTEN
CAPSULAR

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

CAPSULATUS	CARDIOSPASM
CAPSULE	CARDIOTOMY
CAPSULITIS	CARDIOTONIC
CARBAMAZEPINE	CARDIOVASCULAR
CARBOHYDRATE	CARDIOVERSION
CARBON	CARDITIS
CARBOXYHEMOGLOBIN	CARDIZEM
CARBOXYHEMOGLOBINEMIA	CARIES
CARCINOID	CARINA
CARCINOMA	CARINATUM
CARCINOMATOSIS	CARINII
CARCINOMATOUS	CARIOUS
CARCINOSARCOMA	CAROTID
CARDIA	CAROTIDS
CARDIAC	CARPAL
CARDIACPULMONARY	CARPENTER
CARDIALGIA	CARPENTERS
CARDIECTASIS	CARPUS
CARDIO	CARTILAGE
CARDIOAUDITORY	CASEOUS
CARDIOCEREBRAL	CASTLEMANS
CARDIOCHALASIA	CATABOLISM
CARDIOCIRCULATORY	CATALEPSY
CARDIOESOPHAGEAL	CATARACT
CARDIOESOPHAGUS	CATARRHAL
CARDIOGENIC	CATARRHALIS
CARDIOMALACIA	CATASTROPHE
CARDIOMEGALIA	CATASTROPHIC
CARDIOMEGALY	CATASTROPHY
CARDIOMYOPATHY	CATATONIA
CARDIONEPHRITIS	CATATONIC
CARDIONEPHROPATHY	CATHETER
CARDIONEPHROSIS	CATHETERIZATION
CARDIOPATHY	CATTAN
CARDIOPULMONARY	CAUDA
CARDIORENAL	CAUSE
CARDIORENOVASCULAR	CAUSES
CARDIORESPIRATORY	CAUSTIC
CARDIOSCLEROSIS	CAVA

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

CAVAL	CEREBRAL
CAVERNOSUM	CEREBRALVASCULAR
CAVERNOUS	CEREBRI
CAVITARY	CEREBRITIS
CAVITATION	CEREBRO
CAVITY	CEREBROCEREBELLAR
CAZENAVES	CEREBROCRANIAL
CEBOCEPHALY	CEREBROEMBOLUS
CECAL	CEREBROHEPATORENAL
CECECTOMY	CEREBROMACULAR
CECITIS	CEREBROMALACIA
CECOSIGMOIDAL	CEREBROMENINGEAL
CECOSTOMY	CEREBRORETINAL
CECUM	CEREBRORHINORRHEA
CELIAC	CEREBROSPINAL
CELIOTOMY	CEREBROVASCULAR
CELL	CEREBRUM
CELLS	CEROID
CELLULAR	CERULEA
CELLULARITY	CERVICAL
CELLULITIS	CERVICODORSAL
CEMENTED	CERVICOSIGMOIDAL
CENTER	CERVICOTHORACIC
CENTERS	CERVICOVESICAL
CENTRAL	CERVIX
CENTRIACINAR	CESAREAN
CENTRILOBULAR	CESSATION
CENTROLOBAR	CESTANS
CEPACIA	CHAIN
CEPHALGIA	CHALASIA
CEPHALHEMATOMA	CHAMBER
CEPHALIC	CHANGE
CEPHALITIS	CHANGES
CEPHALOCELE	CHANNEL
CEPHALOMALACIA	CHARCOAL
CEREBELLAR	CHARCOT
CEREBELLI	CHARCOTS
CEREBELLOPONTINE	CHARRED
CEREBELLUM	CHAUFFARD

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

CHAUFFEURS	CHOLANGITIS
CHEEK	CHOLECYSTDOCHOLITHIASIS
CHELONEI	CHOLECYSTECTOMY
CHEMICAL	CHOLECYSTIC
CHEMISTRY	CHOLECYSTITIS
CHEMODECTOMA	CHOLECYSTOCOLONIC
CHEMOTHERAPEUTIC	CHOLECYSTOLITHIASIS
CHEMOTHERAPY	CHOLECYSTOTOMY
CHEST	CHOLEDOCHAL
CHEYNE	CHOLEDOCHITIS
CHIARI	CHOLEDOCHODUODENAL
CHIARIS	CHOLEDOCHODUODENOSTOMY
CHIASMA	CHOLEDOCHOJEJUNOSTOMY
CHICKEN	CHOLEDOCHOLITH
CHILD	CHOLEDOCHOLITHIASIS
CHILDBIRTH	CHOLEDOCHOSTOMY
CHILDHOOD	CHOLELITHIASIS
CHILLS	CHOLELITHOTOMY
CHIN	CHOLEMIA
CHLORAL	CHOLEMIC
CHLORDIAZEPOXIDE	CHOLERA
CHLORINE	CHOLESTASIS
CHLOROFORM	CHOLESTATIC
CHLOROMA	CHOLESTEREMIA
CHLOROMAS	CHOLESTEROL
CHLOROTIC	CHOLESTEROLEMIA
CHLORPHENIRAMINE	CHONDROCALCINOSIS
CHLORPROMAZINE	CHONDRODYSPLASIA
CHOANAL	CHONDRODYSTROPHIA
CHOKED	CHONDRODYSTROPHY
CHOLANGIECTASIS	CHONDROLYSIS
CHOLANGIOCARCINOMA	CHONDROMALACIA
CHOLANGIOCARCINONA	CHONDROMATOSIS
CHOLANGIOGRAM	CHONDROSARCOMA
CHOLANGIOHEPATOMA	CHORDAE
CHOLANGIOLITIC	CHORDOMA
CHOLANGIOLITIS	CHORDOTOMY
CHOLANGIOMA	CHOREA
CHOLANGITIC	CHOREIFORM

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

CHOREOATHETOSIS
CHORIOAMNIONITIS
CHORIOCARCINOMA
CHORIOEPITHELIOMA
CHORIONIC
CHORIORETINITIS
CHOROID
CHOROIDAL
CHRISTIAN
CHROMATE
CHROMATES
CHROMOGENIC
CHROMOPHOBE
CHROMOSOMAL
CHROMOSOME
CHROMOSOMES
CHRONIC
CHRONICA
CHURG
CHYLOTHORAX
CHYLOUS
CICATRIX
CIGARETTE
CIGARETTES
CILIARY
CIRCLE
CIRCULATING
CIRCULATION
CIRCULATORY
CIRCUMFERENTIAL
CIRCUMFLEX
CIRCUMSCRIBED
CIRRHOUS
CIRRHOTIC
CITROBACTER
CLAMPING
CLASSICAL
CLAUDE
CLAUDICATION

CLAVICLE
CLAVICULAR
CLEAR
CLEARED
CLEFT
CLIP
CLIPPING
CLITORIS
CLOACA
CLOACAE
CLOACAL
CLOACOGENIC
CLOMIPRAMINE
CLONIC
CLOROX
CLOSE
CLOSED
CLOSTRIDIA
CLOSTRIDIAL
CLOSTRIDIUM
CLOSURE
CLOSURES
CLOT
CLOTS
CLOTTED
CLOTTING
CLOVERLEAF
CLUBFOOT
CLUMSINESS
COAGULATION
COAGULOPATHY
COAL
COALWORKERS
COARCTATION
COBALT
COCAINE
COCAINISM
COCCI
COCCIDIODOMYCOSIS

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

COCCIDIOIDAL	COMA
COCCIDIOIDOMYCOSIS	COMATOSE
COCCYGEAL	COMATOSED
COCCYX	COMATOSIS
COCKAYNE	COMBAT
COCKAYNES	COMBINED
CODEINE	COMBS
COIL	COMBUSTIFORMIS
COIN	COMBUSTION
COLCHICINE	COMMANDO-PROCEDURE
COLECTOMY	COMMISSURE
COLI	COMMISSUROTOMY
COLIC	COMMUNE
COLIFORM	COMMON
COLITIS	COMMUNE
COLLAGEN	COMMUNICATING
COLLAPSE	COMMUNIS
COLLAPSED	COMPENSATION
COLLAR	COMPENSATORY
COLLECTING	COMPLETE
COLLES	COMPLETION
COLLIERS	COMPLEX
COLLINS	COMPLICATING
COLLIQUATIVE	COMPLICATION
COLLOID	COMPLICATIONS
COLOCUTANEOUS	COMPOSITE
COLOENTERIC	COMPOUND
COLOENTERITIS	COMPRESSED
COLOMBIAN	COMPRESSION
COLON	COMPRESSIONAL
COLONIC	COMPROMISE
COLONOSCOPE	COMPROMISED
COLONOSCOPY	COMPULSIVE
COLOR	COMPUTER
COLORECTAL	COMPUTERIZED
COLOSTOMY	CONCEALED
COLOVAGINAL	CONCENTRATION
COLOVESICAL	CONCENTRIC
COLUMN	CONCEPTION

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

CONCHA	CONTRACTION
CONCUSSION	CONTRACTURE
CONDITION	CONTRACTURES
CONDUCTION	CONTRALATERAL
CONDUIT	CONTRAST
CONFIRMATION	CONTRECOUP
CONFLUENT	CONTROL
CONFUSED	CONTROLLED
CONFUSION	CONTUSED
CONFUSIONAL	CONTUSION
CONGENITA	CONTUSIONS
CONGENITAL	CONUS
CONGENITALLY	CONVALESCENT
CONGESTED	CONVERSION
CONGESTION	CONVULSION
CONGESTIVE	CONVULSIONS
CONGLOMERATE	CONVULSIVE
CONJOINED	COOLEYS
CONJUNCTIVA	COOPERS
CONJUNCTIVAL	COPPER
CONJUNCTIVITIS	COR
CONNECTION	CORAS
CONNECTIVE	CORD
CONSCIOUS	CORDIS
CONSCIOUSNESS	CORDOTOMY
CONSEQUENT	CORDS
CONSOLIDATION	CORKSCREW
CONSTIPATION	CORNEAL
CONSTITUTIONAL	CORONAL
CONSTRICTION	CORONARIES
CONSTRICTIVE	CORONARY
CONSUMPTION	CORPUS
CONSUMPTIVE	CORRECT
CONTACT	CORRECTED
CONTENTS	CORRECTION
CONTINUA	CORROSIVE
CONTINUAL	CORTEX
CONTRACEPTIVE	CORTICAL
CONTRACTED	CORTICOADRENAL

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

CORTICOSTEROID	CRICOARYTENOID
CORTICOSTEROIDS	CRICOID
CORTICOSTRIATAL	CRIGLER
CORTISOL	CRIPPLE
CORTISONE	CRIPPLED
COSTAL	CRIPPLING
COSTOCHONDRAL	CRISIS
COTTON	CROHNS
COTWIN	CROSS
COUGH	CROUP
COUGHING	CRST
COUMADIN	CRURAL
COUMARIN	CRURIS
COUNT	CRUSH
COWPERS	CRUSHED
COXSACKIE	CRUSHING
CRACK	CRUVEILHIER
CRADLE	CRYOFIBRINOGENEMIA
CRAMP	CRYOGLOBULINEMIA
CRAMPS	CRYOGLOBULINEMIC
CRANIAL	CRYPTOCOCCAL
CRANIECTOMY	CRYPTOCOCCIC
CRANIO	CRYPTOCOCCOSIS
CRANIOCARPOTARSAL	CRYPTOCOCCUS
CRANIOCEREBRAL	CRYPTOGENETIC
CRANIOCERVICAL	CRYPTOGENIC
CRANIOCLASIS	CRYPTOSPORIDIOSIS
CRANIOENCEPHALON	CURETTAGE
CRANIOFACIAL	CURLINGS
CRANIOMETAPHYSEAL	CURSE
CRANIOPHARYNGEAL	CURVATURE
CRANIOPHARYNGIOMA	CUSHING
CRANIOTOMY	CUSHINGOID
CRANIOVASCULAR	CUSHINGS
CRANIUM	CUSHION
CREATION	CUSP
CREMATION	CUSPS
CREUTZFELDT	CUT
CREVELD	CUTANEA

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

CUTANEOUS	DANDY
CUTIS	DANLOS
CUTS	DARIER
CYANIDE	DARLINGS
CYANOSIS	DARVOCET
CYANOTIC	DARVON
CYCLE	DAWSONS
CYCLOPHOSPHAMIDE	DEAD
CYCLOPS	DEAF
CYLINDRICAL	DEAFMUTISM
CYLINDROMA	DEAFNESS
CYST	DEATH
CYSTADENOCARCINOMA	DEBANDING
CYSTADENOMA	DEBILITATED
CYSTECTOMY	DEBILITATING
CYSTIC	DEBILITATION
CYSTICA	DEBILITY
CYSTITIS	DEBRIBEMENT
CYSTOCELE	DEBRIDEMENT
CYSTOIDES	DECADRON
CYSTOLITHIASIS	DECAPITATION
CYSTOPROSTATOURETHRECTOMY	DECEREBRATE
CYSTOPYELITIS	DECEREBRATION
CYSTOSARCOMA	DECLINE
CYSTOSCOPY	DECOMPENSATED
CYSTOSTOMY	DECOMPENSATION
CYSTOURETHRITIS	DECOMPOSED
CYSTOURETHROCELE	DECOMPOSING
CYSTS	DECOMPOSITION
CYTOMA	DECOMPRESSION
CYTOMEGALIC	DECOMPRESSIVE
CYTOMEGALOVIRAL	DECREASED
CYTOMEGALOVIRUS	DECUBITAL
CYTOXAN	DECUBITI
D -	DECUBITUS
DACTYLITIS	DEEP
DALMANE	DEFECT
DAMAGE	DEFECTIVE
DANCE	DEFECTS

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

DEFENSE	DEPENDENT
DEFERENS	DEPLETED
DEFERENTITIS	DEPLETION
DEFERRED	DEPRAVED
DEFIBRATION	DEPRESSANT
DEFICIENCY	DEPRESSED
DEFICIENT	DEPRESSION
DEFICIT	DEPRESSIVE
DEFORMANS	DEPRIVATION
DEFORMED	DERANGEMENT
DEFORMING	DERANGEMENTS
DEFORMITIES	DERMA
DEFORMITY	DERMATITIS
DEGENERATION	DERMATOFIBROMA
DEGENERATIVE	DERMATOFIBROSARCOMA
DEGLUTITION	DERMATOMYOSITIS
DEGOS	DERMATOSCLEROSIS
DEGREE	DERMATOSIS
DEHISCENCE	DERMOID
DEHYDRATION	DESCENDING
DEJERINE	DESERT
DELAYED	DESIPRAMINE
DELETION	DESPONDENCY
DELIRIOUS	DESPONDENT
DELIRIUM	DESQUAMATIVE
DELIVERED	DESTRUCTION
DELIVERY	DESTRUCTIVE
DELUSIONS	DETACHED
DEMENTIA	DETACHMENT
DEMEROL	DETERIORATION
DEMYELINATING	DETERMINED
DEMYELINATION	DEVASCULARIZATION
DEMYELINIZATION	DEVELOPING
DENATURED	DEVELOPMENT
DENSITY	DEVELOPMENTAL
DENTAL	DEVICE
DENVER	DEXTRA
DEPENDENCE	DEXTROCARDIA
DEPENDENCY	DEXTROVERSION

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

DIABETES	DIMITRI
DIABETIC	DIMORPHIC
DIABETICORUM	DIOXIDE
DIAGNOSIS	DIPHENHYDRAMINE
DIAGNOSTIC	DIPHENYLHYDANTOIN
DIALYSIS	DIPHThERIA
DIAMOND	DIPLEGIA
DIAPHRAGM	DIPLEGIC
DIAPHRAGMATIC	DIPLOCOCCAL
DIARRHEA	DIPLOCOCCI
DIARRHEAL	DIPLOCOCCUS
DIASTOLIC	DIRECT
DIATHESES	DISABILITY
DIATHESIS	DISACCHARIDASE
DIAZEPAM	DISACCHARIDE
DIED	DISARTICULATION
DIENCEPHALIC	DISASTER
DIET	DISC
DIETARY	DISCHARGE
DIETETIC	DISCITIS
DIFFERENTIATED	DISCOGENIC
DIFFICELE	DISCOID
DIFFICILE	DISCONNECTED
DIFFICULT	DISEASE
DIFFICULTY	DISEASED
DIFFUSA	DISKITIS
DIFFUSE	DISLOCATED
DIFFUSELY	DISLOCATION
DIGESTIVE	DISLOCATIONS
DIGHTON	DISLODGED
DIGITALIS	DISLODGEment
DIGITOXIN	DISLODGMent
DIGOXIN	DISMEMBERMENT
DILANTIN	DISOPYRAMIDE
DILATATION	DISORDER
DILATED	DISORIENTATION
DILATION	DISPLACED
DILUTIONAL	DISPLACEMENT
DIMINISHED	DISRUPTION

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

DISSECTED	DRAGER
DISSECTING	DRAIN
DISSECTION	DRAINAGE
DISSEMINATED	DRAINING
DISSOCIATION	DRANK
DISSOCIATIVE	DRESSERS
DISTAL	DRESSLERS
DISTANT	DRINK
DISTENSION	DRINKERS
DISTILLATE	DRINKING
DISTORTION	DROMEDARY
DISTRESS	DROPPED
DISTRIBUTION	DROPSY
DISTURBANCE	DROWN
DISTURBED	DROWNED
DIURETIC	DROWNING
DIVERSION	DROWSINESS
DIVERTICULA	DRUG
DIVERTICULAR	DRUGS
DIVERTICULECTOMY	DRUNKENNESS
DIVERTICULI	DRY
DIVERTICULITIS	DUBIN
DIVERTICULOSIS	DUCHENNE
DIVERTICULUM	DUCHENNES
DIVERTING	DUCT
DIZZINESS	DUCTAL
DOLENS	DUCTS
DOMESTIC	DUCTUS
DOMINANT	DUKES
DORIDEN	DUMPING
DORMANT	DUODENAL
DORSAL	DUODENECTOMY
DORSALIS	DUODENITIS
DOUBLE	DUODENOCHOLANGITIS
DOUGLAS	DUODENUM
DOULOUREUX	DURA
DOWNS	DURAL
DOXEPIN	DURATION
DOXYLAMINE	DUST

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

DWARF	EALES
DWARFISM	EAR
DYAZIDE	EARLOBE
DYE	EAT
DYING	EATING
DYKE	EATON
DYSARTHRIA	EBSTEINS
DYSAUTONOMIC	ECCHYMOSIS
DYSCRASIA	ECHINOCOCCUS
DYSENTERY	ECLAMPSIA
DYSERYTHROPOIETIC	ECLAMPTIC
DYSFUNCTION	ECTASIA
DYSFUNCTIONAL	ECTASIS
DYSGAMMAGLOBULINEMIA	ECTOCARDIA
DYSGENESIS	ECTODERMAL
DYSGERMINOMA	ECTOPIA
DYSHEMATOPOIETIC	ECTOPIC
DYSKARYOSIS	ECTOPICS
DYSKINESIA	ECTOPY
DYSKINETIC	ECTROPION
DYSLIPIDEMIA	ECZEMA
DYSMATURITY	EDDOWES
DYSMOTILITY	EDEMA
DYSMYELOPOETIC	EDEMATOUS
DYSMYELOPOIETIC	EDWARDS
DYSPEPSIA	EFFECT
DYSPHAGIA	EFFECTS
DYSPHASIA	EFFERENT
DYSPLASIA	EFFORT
DYSPNEA	EFFUSION
DYSPRAXIA	EHLERS
DYSRHYTHMIA	EISENMENGER
DYSTACHYCARDIA	EISENMENGER
DYSTONIA	EJACULATORY
DYSTROPHY	ELASTOMYOFIBROSIS
DYSURIA	ELAVIL
E -	ELBOW
EAGLE	ELDERLY
	ELECTIVE

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

ELECTRIC	EMPHYSEMATOUS
ELECTRICAL	EMPTY
ELECTROCARDIOGRAM	EMPYEMA
ELECTROCONVULSIVE	ENCEPHALITIC
ELECTROCUTED	ENCEPHALITIS
ELECTROCUTION	ENCEPHALOCELE
ELECTROENCEPHALOGRAM	ENCEPHALOCUTANEOUS
ELECTROLYTE	ENCEPHALOMALACIA
ELECTROLYTES	ENCEPHALOMENINGITIS
ELECTROLYTIC	ENCEPHALOMENINGOCELE
ELECTROMECHANICAL	ENCEPHALOMENINGOMYELITIS
ELECTROMYOGRAM	ENCEPHALOMENINGOPATHY
ELECTRONIC	ENCEPHALOMYELITIS
ELECTROSHOCK	ENCEPHALOMYELOCELE
ELEMENTS	ENCEPHALOMYELOMENINGITIS
ELEPHANTIASIS	ENCEPHALOMYELONEUROPATHY
ELEVATED	ENCEPHALOMYELOPATHY
ELEVATION	ENCEPHALOMYELORADICULONEURITIS
ELLIS	ENCEPHALOMYELORADICULOPATHY
ELLISON	ENCEPHALOPATHY
ELONGATED	ENCHONDROSES
ELONGATION	ENDARTERECTOMY
ELUCIDATED	ENDARTERIAL
EMACIATION	ENDARTERITIS
EMBARRASSMENT	ENDMETRIOD
EMBOLECTOMY	ENDOBONCHIAL
EMBOLI	ENDOCARDIAL
EMBOLIC	ENDOCARDITIS
EMBOLISM	ENDOCARDIUM
EMBOLISMS	ENDOCERVICAL
EMBOLIZATION	ENDOCERVIX
EMBOLUS	ENDOCRINE
EMBRYOMA	ENDOCRINOPATHIES
EMBRYONAL	ENDODERMAL
EMERGENCY	ENDOGENOUS
EMESIS	ENDOMETRIAL
EMINENCE	ENDOMETRITIS
EMOTIONAL	ENDOMETRIUM
EMPHYSEMA	ENDOMYOCARDIAL

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

ENDOMYOCARDITIS	ENTEROSTOMY
ENDOMYOMETRITIS	ENTEROVAGINAL
ENDOPERICARDITIS	ENTEROVESICAL
ENDOPROSTHESIS	ENTEROVESICULAR
ENDOSCOPIC	ENTEROVIRAL
ENDOSCOPY	ENTEROVIRUS
ENDOSEPTIC	ENTIRE
ENDOTHELIAL	ENTRAPMENT
ENDOTOXEMIA	ENUCLEATED
ENDOTOXIC	ENUCLEATION
ENDOTOXICOSIS	ENURESIS
ENDOTOXIN	ENVIRONMENT
ENDOTRACHEAL	ENVIRONMENTAL
ENDSCOPIC	ENZYMATIC
ENDSTAGE	ENZYME
ENEMA	EOSINOPHIL
ENGELMANN'S	EOSINOPHILIA
ENGORGEMENT	EOSINOPHILIC
ENLARGED	EPENDYMITIS
ENLARGEMENT	EPENDYMOBLASTOMA
ENTERCOLITIS	EPENDYMOMA
ENTERECTOMY	EPHEDRINE
ENTERIC	EPICARDIAL
ENTERITIS	EPICARDITIS
ENTERO	EPICARDIUM
ENTEROBACTER	EPICYSTITIS
ENTEROBACTERIAL	EPIDEMIC
ENTEROCELE	EPIDERMAL
ENTEROCOCCAL	EPIDERMIDIS
ENTEROCOCCI	EPIDERMOID
ENTEROCOCCUS	EPIDERMOLYSIS
ENTEROCOLIC	EPIDIDYMIS
ENTEROCOLITICA	EPIDIDYMITIS
ENTEROCOLITIS	EPIDIDYMOORCHITIS
ENTEROCUTANEOUS	EPIDURA
ENTEROGASTRITIS	EPIDURAL
ENTEROPATHY	EPIGASTRIC
ENTEROPERINEAL	EPIGASTRITIS
ENTERORRHAPHY	EPIGASTRIUM

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

EPIGASTROCELE	ERYTHEMATOUS
EPIGLOTTIC	ERYTHREMIA
EPIGLOTTIDITIS	ERYTHREMIC
EPIGLOTTIS	ERYTHROBLASTIC
EPIGLOTTITIS	ERYTHROBLASTOPHTHISIS
EPIGNATHUS	ERYTHROBLASTOSIS
EPILEPSIA	ERYTHROCYTE
EPILEPSY	ERYTHROCYTES
EPILEPTIC	ERYTHROCYTHEMIA
EPILEPTICUS	ERYTHROCYTIC
EPILEPTIFORM	ERYTHRODERMA
EPILEPTOID	ERYTHROGENESIS
EPILOIA	ERYTHROID
EPIPHARYNGITIS	ERYTHROLEUKEMIA
EPIPHYSEAL	ERYTHROMEALOCARYOCYTIC
EPIPLOIC	ERYTHROPHAGOCYTOSIS
EPISODE	ESCAPE
EPISODES	ESCAPED
EPISODIC	ESCHAROTOMIES
EPISPLENITIS	ESCHAROTOMY
EPISTAXIS	ESCHERICHIA
EPITHELIAL	ESOPHAGEAL
EPITHELIOD	ESOPHAGECTASIS
EPITHELIOMA	ESOPHAGECTOMY
EPSTEINS	ESOPHAGISMUS
EQUANIL	ESOPHAGITIS
EQUINA	ESOPHAGOBRONCHIAL
EQUIVALENT	ESOPHAGOGASTRECTOMY
ERDHEIMS	ESOPHAGOGASTRIC
ERODED	ESOPHAGOGASTRITIS
EROSION	ESOPHAGOGASTRODUODENOSCOPY
EROSIVE	ESOPHAGOGASTROSTOMY
ERROR	ESOPHAGOJEJUNOSTOMY
ERUPTED	ESOPHAGOMALACIA
ERUPTION	ESOPHAGOSCOPY
ERYTHEMA	ESOPHAGOTRACHEAL
ERYTHEMATODES	ESOPHAGUS
ERYTHEMATOSIS	ESSENTIAL
ERYTHEMATOSUS	ESTROGEN

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

ETHANOL	EXFOLIATIVE
ETHANOLIC	EXHAUST
ETHANOLISM	EXHAUSTION
ETHCHLORVYNOL	EXOGENOUS
ETHER	EXOMPHALOS
ETHMOID	EXOPHTHALMIC
ETHMOIDAL	EXOPHTHALMOS
ETHYL	EXPANDING
ETHYLENE	EXPANSION
ETHYLISM	EXPLORATION
ETIOLOGY	EXPLORATORY
EUROPEAN	EXPOSED
EUSTACHIAN	EXPOSURE
EVACUATE	EXPRESSIVE
EVACUATED	EXSANGUINATED
EVACUATION	EXSANGUINATING
EVANS	EXSANGUINATION
EVENT	EXTENDED
EVENTRATION	EXTENSION
EVERSION	EXTENSIVE
EVISCKERATION	EXTERNAL
EWING	EXTRA
EWINGS	EXTRACORTICAL
EXACERBATION	EXTRACORTICALIS
EXAGGERATED	EXTRACRANIAL
EXAM	EXTRACTION
EXAMINATION	EXTRADURAL
EXCAVATUM	EXTRAHEPATIC
EXCESS	EXTRAPLEURAL
EXCESSIVE	EXTRAPYRAMIDAL
EXCESSIVELY	EXTRASYSTOLES
EXCHANGE	EXTRASYSTOLIC
EXCISED	EXTRAVADED
EXCISION	EXTRAVASATION
EXCISIONAL	EXTREME
EXCITATION	EXTREMELY
EXENCEPHALUS	EXTREMITIES
EXENTERATION	EXTREMITY
EXERCISE	EXTRINSIC

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

EXTROPHY
EXTROVERSION
EXTRUSION
EXTUBATED
EXTUBATION
EXUDATE
EXUDATIVE
EYE
EYEBALL
EYEBROW
EYELID
EYES

F -

FABERS
FABRYS
FACE
FACIAL
FACIOCEPHALALGIA
FACIOSCAPULOHUMERAL
FACTOR
FACTORS
FAECALIS
FAILED
FAILURE
FAINTING
FALCIFORM
FALCIPARUM
FALLOPIAN
FALLOT
FALLOTS
FALLOUT
FALSE
FALX
FAMILIAL
FAMILY
FAMINE
FANCONI
FANCONIS

FARMERS
FASCIA
FASCIAL
FASCIITIS
FASCIOTOMY
FASCITIS
FAST
FAT
FATAL
FATIGUE
FATIGUED
FATNESS
FATTY
FAUCES
FAUCITIS
FEATURES
FEBRILE
FEBRILIS
FECAL
FECALITH
FED
FEEBLE
FEED
FEEDER
FEEDING
FEEDINGS
FEET
FEICHTIGER
FEIL
FEINMESSERS
FELTYS
FEMALE
FEMORAL
FEMUR
FEMURS
FENESTRATION
FERMENTATION
FETAL
FETALIS

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

FETOMATERNAL	FIBROUS
FETUS	FIBULA
FEVER	FIBULAR
FIBEROPTIC	FIEDLERS
FIBRILLARY	FIELD
FIBRILLATION	FILLING
FIBRINOGEN	FINAL
FIBRINOGENOLYSIS	FINE
FIBRINOGENOPENIA	FINGER
FIBRINOLYSIS	FIORINAL
FIBRINOLYTIC	FISHERS
FIBRINOPENIA	FISSURE
FIBRINOPURULENT	FISTULA
FIBRINOUS	FISTULAE
FIBROCALCIFIC	FISTULOUS
FIBROCASEOUS	FIT
FIBROCYSTIC	FIXATION
FIBROELASTOSIS	FLACCID
FIBROEMPHYSEMA	FLAIL
FIBROHISTIOCYTOMA	FLAILED
FIBROID	FLAJANIS
FIBROIDS	FLANK
FIBROLIPOMA	FLAT
FIBROLIPOSARCOMA	FLATULENCE
FIBROMA	FLETCHER
FIBROMATOSIS	FLEXION
FIBROMUSCULAR	FLEXURE
FIBROMYOMA	FLOATING
FIBROMYOSARCOMA	FLOOR
FIBROMYOSITIS	FLOPPY
FIBROMYXOLIPOMA	FLORIAL
FIBROMYXOSARCOMA	FLORID
FIBRONODULAR	FLOW
FIBROPURULENT	FLUCTUATING
FIBROSARCOMA	FLUID
FIBROSING	FLUIDS
FIBROSIS	FLURAZEPAM
FIBROTHORAX	FLUTTER
FIBROTIC	FOCAL

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

FOGARTY	FRENULUM
FOLATE	FREON
FOLD	FRICTION
FOLDS	FRIDERICHSEN
FOLEY	FRIEDLANDER
FOLIC	FRIEDLANDERS
FOLLICLIS	FRIEDREICHS
FOLLICULAR	FROHLICHS
FONTAN	FROINS
FOOD	FRONT
FOOT	FRONTAL
FORAMEN	FRONTO
FORBES	FRONTONASAL
FORCEPS	FRONTOOCCIPITAL
FOREARM	FRONTOPARIETAL
FOREFOOT	FRONTOTEMPORAL
FOREGUT	FROSTBITE
FOREHEAD	FROZE
FOREIGN	FROZEN
FORELEG	FRUCTOSE
FOREQUARTER	FULGURATION
FORMATION	FULL
FORMER	FULMINANT
FOSSA	FULMINATING
FOURNIERS	FUME
FOVILLES	FUMES
FRACTIONAL	FUNCTION
FRACTURE	FUNCTIONAL
FRACTURED	FUNCTIONING
FRACTURES	FUNDAL
FRAGILIS	FUNDOPLICATION
FRAGILITY	FUNDUS
FRAGMENTATION	FUNGAL
FRANCESCHETTI	FUNGEMIA
FRANKLINS	FUNGOIDES
FRANKS	FUNGOUS
FREDRICKSON	FUNGUS
FREDRICKSONS	FUNICULITIS
FREEZING	FUNNEL

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

FURTHER
FURUNCLE
FUSION

G -

GAG
GAISBOCKS
GALACTOPHORITIS
GALACTOSE
GALACTOSEMIA
GALACTOSURIA
GALEN
GALL
GALLBLADDER
GALLDUCT
GALLOP
GALLOPING
GALLSTONE
GALLSTONES
GAMMA
GAMMOGLOBULINOPATHY
GAMMOPATHY
GAMNAS
GANDY
GANGLIA
GANGLIOGLIOMA
GANGLION
GANGLIONITIS
GANGLIOSIDOSIS
GANGRENE
GANGRENOUS
GANNISTER
GANONG
GANSERS
GANTZ
GANZ
GARDNERS
GARGOYLISM
GARRES

GARTNERS
GASES
GASOLINE
GASTRALGIA
GASTRECTASIS
GASTRECTOMY
GASTRIC
GASTRICA
GASTRINOMA
GASTRITIS
GASTRO
GASTROCARCINOMA
GASTROCOLIC
GASTROCOLITIS
GASTROCUTANEOUS
GASTRODUODENAL
GASTRODUODENITIS
GASTROENTERIC
GASTROENTERITIS
GASTROENTEROCOLIC
GASTROENTEROCOLITIS
GASTROENTEROPATHY
GASTROENTEROPTOSIS
GASTROENTEROSTOMY
GASTROESOPHAGEAL
GASTROESOPHAGITIS
GASTROESPHAGEAL
GASTROINTESTINAL
GASTROJEJUNAL
GASTROJEJUNITIS
GASTROJEJUNOCOLIC
GASTROJEJUNOSTOMY
GASTROLITHS
GASTROPARESIS
GASTROPATHY
GASTROPEXY
GASTROPLASTY
GASTROSCHISIS
GASTROSCOPIC

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

GASTROSCOPY	GLIOMATOSIS
GASTROSPASM	GLIOSARCOMA
GASTROSTAXIS	GLIOSIS
GASTROSTOMY	GLISSONS
GASTROTOMY	GLOBAL
GAUCHERS	GLOBINURIA
GEHRIG	GLOBULIN
GEHRIGS	GLOBUS
GENERAL	GLOMANGIOMA
GENERALIZED	GLOMERULAR
GENES	GLOMERULITIS
GENETIC	GLOMERULO
GENICULATE	GLOMERULONEPHRITIS
GENITAL	GLOMERULONEPHROSCLEROSIS
GENITALIA	GLOMERULOSCLEROSIS
GENITOURINARY	GLOMUS
GEOPHAGIA	GLOSSAL
GEORGES	GLOSSECTOMY
GERBODES	GLOSSOPHARYNGEAL
GERHARDTS	GLOTTIC
GERM	GLOTTIS
GESTATION	GLUCOSE
GESTATIONAL	GLUCURONYL
GIANT	GLUE
GIANTISM	GLUTEAL
GIDDINESS	GLUTEN
GIGANTISM	GLUTETHIMIDE
GILBERTS	GLUTEUS
GILFORD	GLYCOGEN
GINGIVA	GLYCOGENIC
GINGIVAL	GLYCOGENICA
GINGIVOSTOMATITIS	GLYCOGENOSIS
GIRDLE	GLYCOL
GLAND	GLYCOLIPID
GLANDS	GLYCOPENIA
GLANDULAR	GLYCOSURIA
GLAUCOMA	GOATS
GLIOBLASTOMA	GOITER
GLIOMA	GOLDBLATT

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

GOLDBLATTS
GOLDFLAM
GOLTZ
GONADAL
GONADOBLASTOMA
GONOCOCCAL
GOODPASTURES
GORE
GORLIN
GORTEX
GOUT
GOUTY
GOWERS
GRADE
GRADUAL
GRAFT
GRAFTING
GRAFTS
GRAM
GRAMS
GRAN
GRAND
GRANITE
GRANULAR
GRANULOCYTIC
GRANULOCYTOPENIA
GRANULOCYTOPENIC
GRANULOMA
GRANULOMATOSIS
GRANULOMATOUS
GRANULOSA
GRAVEL
GRAVES
GRAVIS
GREAT
GREATER
GREENFIELDS
GREENSTICK
GRIPPE

GROIN
GROSONG
GROSS
GROUP
GROWTH
GRUBERS
GUBLER
GUERIN
GUGLIELMOS
GUILLAIN
GULLET
GULLS
GUM
GUMMA
GUNNS
GUNSHOT
GUT
GUTTMAN
GVH
GYNECOLOGIC
GYNECOLOGICAL
GYRI

H -
HABIT
HABITS
HABITUAL
HAGEMAN
HAGIE
HAILEY
HAIR
HAIRY
HALLERMAN
HALLOPEAUS
HALLUCINOSIS
HALLUX
HALOPERIDOL
HALOTHANE
HAMARTOBLASTOMA

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

HAMARTOMA	HEMANGIOENDOTHELIOMA
HAMMAN	HEMANGIOMA
HAMMER	HEMANGIOPERICYTOMA
HAND	HEMANGIOSARCOMA
HANDICAPPED	HEMATEMESIS
HANDLE	HEMATOCEPHALUS
HANDLING	HEMATOCHEZIA
HANDS	HEMATOGENOUS
HANGED	HEMATOLOGIC
HANGING	HEMATOMA
HANOVER	HEMATOMYELIA
HANOT	HEMATOMYELITIS
HANOTS	HEMATOPERICARDIUM
HARD	HEMATOPERITONEUM
HARDENING	HEMATOPNEUMOTHORAX
HARDWARE	HEMATOPOIESIS
HARELIP	HEMATOPOIETIC
HARLEQUIN	HEMATOPORPHYRIA
HARTMANN'S	HEMATOPORPHYRINURIA
HASHIMOTOS	HEMATOTHORAX
HAUT	HEMATURIA
HAY	HEMIANENCEPHALY
HEAD	HEMIANOPSIA
HEADACHE	HEMIATROPHY
HEALED	HEMIBALLISM
HEALING	HEMIBLOCK
HEALTH	HEMICARDIA
HEARING	HEMICEPHALUS
HEART	HEMICEPHALY
HEAT	HEMICHOREA
HEAVILY	HEMICOLECTOMY
HEAVY	HEMICOLONIC
HEBEPHRENIA	HEMICRANIA
HEBEPHRENIC	HEMIDIAPHRAGM
HEBERDENS	HEMIDIAPHRAGMATIC
HEEL	HEMIFACIAL
HEELS	HEMIGASTRECTOMY
HEMANGIOBLASTOMA	HEMIHYPERTROPHY
HEMANGIOENDOTHELIAL	HEMIPARALYSIS

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

HEMIPARESIS	HEPATIOJEJUNOSTOMY
HEMIPLEGIA	HEPATITIS
HEMIPNEUMONECTOMY	HEPATO
HEMISPHERE	HEPATOBIILIARY
HEMISPHERIC	HEPATOBLASTOMA
HEMISPOROSIS	HEPATOCARCINOMA
HEMIVERTEBRA	HEPATOCELLULAR
HEMOBLASTIC	HEPATOCHOLANGIOPATHY
HEMOCHROMATOSIS	HEPATOCHOLANGIOLITIC
HEMODIALYSIS	HEPATOCHOLANGITIS
HEMODYNAMIC	HEPATOENCEPHALOPATHY
HEMOGLOBIN	HEPATIOJEJUNOSTOMY
HEMOGLOBINOPATHY	HEPATOLENTICULAR
HEMOLYMPHANGIOMA	HEPATOLIENAL
HEMOLYSIS	HEPATOMA
HEMOLYTIC	HEPATOMEGALIA
HEMOMEDIASTIUM	HEPATOMEGALY
HEMOPERICARDIA	HEPATOPTOSIS
HEMOPERICARDIUM	HEPATOPULMONARY
HEMOPERITONEUM	HEPATORENAL
HEMOPHILIA	HEPATOSIS
HEMOPHILUS	HEPATOSPLENIC
HEMOPNEUMOTHORAX	HEPATOSPLENOMEGALY
HEMOPTYSIS	HEREDITARY
HEMORRHAGE	HERELLEA
HEMORRHAGED	HERNIA
HEMORRHAGES	HERNIATED
HEMORRHAGIC	HERNIATION
HEMORRHAGING	HERNIOPLASTY
HEMORRHOID	HERNIORRHAPHY
HEMORRHOIDECTOMY	HEROIN
HEMORRHOIDS	HERPES
HEMOSIDEROSIS	HERPETIC
HEMOSTASIS	HERPETO
HEMOTHORAX	HERRICKS
HENNEBERG	HERTER
HENOCH	HIATAL
HEPARIN	HIATUS
HEPATIC	HICCOUGHS

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

HICKMAN	HORMONE
HICKS	HORN
HIGH	HORNER
HIGHLY	HORSESHOE
HIGHMORE	HORTONS
HILAR	HOST
HILUM	HOURLASS
HILUS	HUMAN
HIP	HUMERAL
HIPPEL	HUMERI
HIPPOCAMPAL	HUMERUS
HIPS	HUMP
HIRSCHSPRUNGS	HUMPBACK
HISTIOCYTIC	HUNCHBACK
HISTIOCYTOMA	HUNG
HISTIOCYTOSIS	HUNGER
HISTOCYTOMA	HUNNERS
HISTOLYTICA	HUNT
HISTOPLASMA	HUNTER
HISTOPLASMOSIS	HUNTERS
HISTORY	HUNTINGTONS
HIVES	HUNTS
HODGKIN	HURLER
HODGKINS	HURLERS
HODGSONS	HURTHLE
HOFFMAN	HUTCHINSON
HOFFMANN	HYALINE
HOFFMANS	HYDATID
HOLES	HYDATIDIFORM
HOLLOW	HYDRADENITIS
HOLOPROSENCEPHALY	HYDRAMNIOS
HOLT	HYDRANENCEPHALY
HOLTERMULLER	HYDRATE
HOMOGRAFT	HYDREMIA
HOMOLOGOUS	HYDREMIC
HOMONYMOUS	HYDRENCEPHALOCELE
HONEYCOMB	HYDRENCEPHALOMENINGOCELE
HOOK	HYDROCALYCOSIS
HORMONAL	HYDROCELE

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

HYDROCEPHALUS
HYDROCEPHALY
HYDROCHLORIDE
HYDROCORTISONE
HYDROENCEPHALOCELE
HYDROENCEPHALOMENINGOCELE
HYDROFLUORIC
HYDROHEMATOPNEUMOTHORAX
HYDROHEMATOPX
HYDROMENINGOCELE
HYDROMICROCEPHALY
HYDROMORPHONE
HYDROMPHALOS
HYDROMYELIA
HYDROMYELOCELE
HYDRONEPHROSIS
HYDRONEPHROTIC
HYDROPERICARDITIS
HYDROPERICARDIUM
HYDROPERITONEUM
HYDROPTHALMOS
HYDROPNEUMOHEMOTHORAX
HYDROPNEUMOPERICARDITIS
HYDROPNEUMOPERICARDIUM
HYDROPNEUMOTHORAX
HYDROPS
HYDROPX
HYDROPYONEPHROSIS
HYDRORHACHIS
HYDROTHORAX
HYDROURETER
HYDROURETERONEPHROSIS
HYDROURETHRA
HYDROXYZINE
HYGROMA
HYGROMAS
HYOID
HYPERACIDITY
HYPERACTIVE
HYPERACTIVITY
HYPERADRENALISM
HYPERADRENOCORTICISM
HYPERALDOSTERONE
HYPERALDOSTERONISM
HYPERALIMENTATION
HYPERAMINOACIDURIA
HYPERAMMONEMIA
HYPERAZOTEMIA
HYPERBETALIPOPROTEINEMIA
HYPERBILIRUBINEMIA
HYPERCALCEMIA
HYPERCALCEMIC
HYPERCALCINURIA
HYPERCALEMIA
HYPERCAPNIA
HYPERCARBIA
HYPERCHLOREMIA
HYPERCHLORHYDRIA
HYPERCHOLESTERINEMIA
HYPERCHOLESTEROLEMIA
HYPERCHOLESTEROLYSIS
HYPERCOAGULABILITY
HYPERCOAGULABLE
HYPERCOAGULATION
HYPERCORTICOSTERONISM
HYPERCORTISONISM
HYPEREMESIS
HYPEREMIA
HYPEREOSINOPHILIC
HYPEREXTENSION
HYPERFIBRINOLYSIS
HYPERFUNCTION
HYPERGAMMAGLOBULINEMIA
HYPERGLOBULINEMIA
HYPERGLYCEMIA
HYPERGLYCEMIC
HYPERGLYCERIDEMIA
HYPERINSULINISM

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

HYPERKALEMIA	HYPERSENSITIVE
HYPERKALEMIC	HYPERSENSITIVITY
HYPERKINESIA	HYPERSPLENIA
HYPERKINETIC	HYPERSPLENISM
HYPERLIPEMIA	HYPERSUPRARENALISM
HYPERLIPIDEMIA	HYPERSYMPATHETIC
HYPERLIPIDOSIS	HYPERTELORISM
HYPERLIPOPROTEINEMIA	HYPERTENSION
HYPERMAGNESEMIA	HYPERTENSIVE
HYPERMATURITY	HYPERTHERMIA
HYPERMOBILITY	HYPERTHYROID
HYPERMOTILITY	HYPERTHYROIDISM
HYPERNATREMIA	HYPERTONICITY
HYPERNEPHROID	HYPERTONY
HYPERNEPHROMA	HYPERTRIGLYCERIDE
HYPERNITREMIA	HYPERTRIGLYCERIDEMIA
HYPERORNITHINEMIA	HYPERTROPHIC
HYPEROSMOLALITY	HYPERTROPHY
HYPEROSMOLAR	HYPERTROPIC
HYPEROSMOLARITY	HYPURICEMIA
HYPEROSMOTIC	HYPERVERTILATION
HYPEROSOMOLAR	HYPERVERSICIDOSIS
HYPEROSOMOTIC	HYPERVERSICOSITY
HYPERPARATHYROID	HYPERVERVITAMINOSIS
HYPERPARATHYROIDISM	HYPERVERVOLEMIA
HYPERPERMEABILITY	HYPNOTIC
HYPERPHAGIA	HYPOACIDITY
HYPERPHOSPHATEMIA	HYPOADRENALISM
HYPERPIESIA	HYPOADRENIA
HYPERPIESIS	HYPOADRENOCORTICISM
HYPERPINEALISM	HYPOALBUMINEMIA
HYPERPLASIA	HYPOC
HYPERPLASTIC	HYPOCALCEMIA
HYPERPNEA	HYPOCHLOREMIA
HYPERPOTASSEMIA	HYPOCHLORHYDRIA
HYPERPREBETALIPOPROTEINEMIA	HYPOCHOLESTEREMIA
HYPERPROTEINEMIA	HYPOCHROMIC
HYPERPYREXIA	HYPOCHRONIC
HYPERSECRETION	HYPOEOSINOPHILIA

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

HYPOFIBRINOGENEMIA	HYPOSTASIS
HYPOFUNCTION	HYPOSTATIC
HYPOGAMMAGLOBULINEMIA	HYPOSTATICUM
HYPOGAMMAGLOBULINEMIC	HYPOSUPRARENALISM
HYPOGASTRIC	HYPOTENSION
HYPOGLOBULINEMIA	HYPOTENSIVE
HYPOGLYCEMIA	HYPOTHALAMIC
HYPOGLYCEMIC	HYPOTHALAMUS
HYPOGONADISM	HYPOTHALMUS
HYPOIMMUNITY	HYPOTHERMIA
HYPOKALEMIA	HYPOTHYROID
HYPOKALEMIC	HYPOTHYROIDISM
HYPOLEUKOCYTOSIS	HYPOTONIA
HYPOMAGNESEMIA	HYPOTONIC
HYPOMOTILITY	HYPOTONICITY
HYPONATREMIA	HYPOTONY
HYPOPARATHYROIDISM	HYPOVENTILATION
HYPOPERFUSION	HYPOVITAMINOSIS
HYPOPHARYNGEAL	HYPOVOLEMIA
HYPOPHARYNX	HYPOVOLEMIC
HYPOPHOSPHATASIA	HYPOXEMIA
HYPOPHOSPHATEMIA	HYPOXEMIC
HYPOPHYSEAL	HYPOXIA
HYPOPHYSECTOMY	HYPOXIC
HYPOPHYSIS	HYSTERECTOMY
HYPOPIESIS	HYSTERICAL
HYPOPINEALISM	HYSTEROTOMY
HYPOPITUITARISM	
HYPOPLASIA	I -
HYPOPLASIAS	I
HYPOPLASTIC	IASD
HYPOPOTASSEMIA	IATROGENIC
HYPOPROLIFERATIVE	IB
HYPOPROTEINEMIA	ICTERUS
HYPOPROTEINOSIS	IDA
HYPOPROTHROMBINEMIA	IDD
HYPOPYREXIA	IDDI
HYPOSIDERINEMIA	IDDM
HYPOSMOLALITY	IDENTIFIED

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

IDIO	ILLEGAL
IDIOCY	ILLEGIBLE
IDIOPATHIC	ILLCIT
IDIOSYNCRACY	ILLNESS
IDIOT	IMBALANCE
IDIOVENTRICULAR	IMBECILE
IGA	IMBECILITY
IGG	IMIPRAMINE
IH	IMMATURE
IHD	IMMATURITY
IHSS	IMMEDIATE
II	IMMERSION
IIB	IMMOBILITY
III	IMMOBILIZATION
IIIB	IMMUNE
ILEAL	IMMUNITY
ILEITIS	IMMUNO
ILEO	IMMUNOBLASTIC
ILEOCECAL	IMMUNOCOMPROMISED
ILEOCECUM	IMMUNODEFICIENCY
ILEOCOLECTOMY	IMMUNODEFICIENT
ILEOCOLIC	IMMUNODEFICIENY
ILEOCOLITIS	IMMUNOGLOBULIN
ILEOCOLONIC	IMMUNOLOGICAL
ILEOFEMORAL	IMMUNOSUPPRESSED
ILEOJEJUNAL	IMMUNOSUPPRESSION
ILEORECTAL	IMMUNOSUPPRESSIVE
ILEOSIGMOID	IMPACT
ILEOSIGMOIDAL	IMPACTED
ILEOSTOMY	IMPACTION
ILEOVESICAL	IMPAIRED
ILEUM	IMPAIRMENT
ILEUS	IMPEDIMENT
ILIAC	IMPERFECT
ILIO	IMPERFECTA
ILIOFEMORAL	IMPERFORATE
ILIOPSOAS	IMPETIGO
ILIUM	IMPLANT
ILL	IMPLANTATION

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

IMPLANTED	INDERAL
IMPOSED	INDETERMINATE
IMPOTENCY	INDIGESTION
IMPROPER	INDIRECT
IN	INDOMETACIN
INABILITY	INDUCEABLE
INACTION	INDUCED
INACTIVE	INDUCTION
INACTIVITY	INDURATED
INADEQUATE	INDURATION
INADVERTENT	INDWELLING
INANITION	INE
INAPPROPRIATE	INEBRIATED
INATTENTION	INEBRIETY
INBORN	INEFFICIENCY
INCARCERATED	INERTIA
INCARCERATING	INEVITABLE
INCARCERATION	INFANCY
INCIDENT	INFANT
INCIDENTAL	INFANTILE
INCINERATION	INFANTUM
INCIPIENT	INFARCT
INCISED	INFARCTED
INCISION	INFARCTION
INCISIONAL	INFARCTIONAL
INCISIVE	INFARCTIONS
INCLUSION	INFARCTS
INCOMPATIBILITY	INFECTED
INCOMPATIBLE	INFECTION
INCOMPETENCE	INFECTIONAL
INCOMPETENCE	INFECTIONS
INCOMPETENCY	INFECTIOUS
INCOMPETENT	INFECTIVE
INCOMPLETE	INFERIOLATERAL
INCONTIENCE	INFERIOR
INCONTINENCE	INFERO
INCREASED	INFEROAPICAL
INCREASING	INFEROLATERAL
INCUS	INFEROPOSTERIOR

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

INFEROPOSTEROLATERAL	INNOMINATE
INFEROSEPTAL	INOCULATION
INFESTATION	INOPERABLE
INFILTRATE	INQUERY
INFILTRATED	INQUEST
INFILTRATES	INQUINAL
INFILTRATING	INSANE
INFILTRATION	INSANITY
INFILTRATIVE	INSECT
INFIRMITIES	INSECTICIDE
INFIRMITY	INSERTED
INFLAMED	INSERTION
INFLAMMATION	INSIPIDUS
INFLAMMATORY	INSPISSATED
INFLATION	INSTABILITY
INFLICTED	INSTANT
INFLUENCE	INSTANTANEOUS
INFLUENZA	INSTRUMENTAL
INFLUENZAE	INSUF
INFLUENZAL	INSUFFICIENCY
INFRA	INSUFFICIENT
INFRACLAVICULAR	INSUFFICIENY
INFRARED	INSULIN
INFRARENAL	INSULINOMA
INFUNDIBULAR	INSULOMA
INFUSION	INSULT
INGESTED	INSULTS
INGESTION	INTAKE
INGUINAL	INTEGRITY
INHALANT	INTEMPERANCE
INHALATION	INTER
INHALED	INTERABDOMINAL
INHIBITORS	INTERASD
INIENCEPHALY	INTERATRIAL
INJECTION	INTERAURICULAR
INJURED	INTERCAPILLARY
INJURIES	INTERCEREBRAL
INJURY	INTERCERHEM
INNER	INTERCOMMUNICATING

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

INTERCOSTAL	INTRABRONCHIAL
INTERCRANIAL	INTRACAPSULAR
INTERIOR	INTRACARDIAC
INTERLOBAR	INTRACELLULAR
INTERLOBULAR	INTRACELLULARE
INTERMEDIATE	INTRACEREBELLAR
INTERMITTENT	INTRACEREBRAL
INTERNAL	INTRACERHEM
INTERPOSITION	INTRACERI
INTERRUPTED	INTRACERT
INTERRUPTION	INTRACRANIAL
INTERSCAPULAR	INTRACRANIUM
INTERSTITAL	INTRACTABLE
INTERSTITIAL	INTRACVACC
INTERTROCHANTER	INTRADUCTAL
INTERTROCHANTERIC	INTRAHEPATIC
INTERVENOUS	INTRALUMINAL
INTERVENTRICULAR	INTRAMEDULLARY
INTERVERTEBRAL	INTRAMURAL
INTERVSD	INTRAMUSCULAR
INTESTINAL	INTRAOCULAR
INTESTINALIS	INTRAOPERATIVE
INTESTINE	INTRAORAL
INTESTINES	INTRAORBITAL
INTESTINOCOLONIC	INTRAOSSEOUS
INTO	INTRAPARENCHYMAL
INTOLERANCE	INTRAPARIETAL
INTOXICATED	INTRAPELVIC
INTOXICATION	INTRAPERITONEAL
INTRA	INTRAPLEURAL
INTRAABDOMEN	INTRAPONTINE
INTRAABDOMINAL	INTRAPULMONARY
INTRAABOMINAL	INTRASPINAL
INTRAALVEOLAR	INTRASPLENIC
INTRAAORTIC	INTRATHALAMIC
INTRAARTERIAL	INTRATHECAL
INTRAARTICULAR	INTRATHORACIC
INTRAASD	INTRATHORAIC
INTRAATRIAL	INTRATONSILLAR

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

INTRAUTERINE
INTRAVASCULAR
INTRAVENOUS
INTRAVENTRICULAR
INTRAVESICAL
INTREATABLE
INTRINSIC
INTUBATED
INTUBATION
INTUSSUSCEPTION
INVAGINATION
INVALID
INVALIDISM
INVASIVE
INVERSUS
INVERTASE
INVESTIGATION
INVOLUTIONAL
INVOLVEMENT
IO
IODIMATED
IODINE
IOWA
IRDS
IRITIS
IRON
IRRADIATION
IRREDUCIBLE
IRREGULAR
IRREGULARITY
IRREVERSIBLE
IRRIGATION
IRRIGATIONS
IRRITABILITY
IRRITABLE
IRRITATION
IS
ISCHEMIA
ISCHEMIC

ISCHIAL
ISCHIATIC
ISCHIORECTAL
ISCHIUM
ISD
ISLAND
ISLANDS
ISLET
ISLETS
ISOIMMUNIZATION
ISONIAZID
ISOPROPANOL
ISOPROPYL
ITP
IUD
IV
IVB
IVH
IVP

J -
JACKSON
JACKSONIAN
JACKSONS
JAFFE
JAKOB
JAKSCHS
JAMES
JANNETTEE
JANSKY
JAUNDICE
JAUNDICED
JAW
JAWBONE
JEJUNAL
JEJUNITIS
JEJUNOSTOMY
JEJUNUAL
JEJUNUM

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

JELLYFISH
JERVELL
JEUNES
JOAQUIN
JOHNSON
JOINT
JOINTS
JUGULAR
JUNCTION
JUNCTIONAL
JUVENILE
JUXTAGLOMERULAR

K -

K
KALISCHER
KANAMYCIN
KANSASII
KAPOSI
KAPPA
KARTAGENER
KARTAGENERS
KASABACH
KASCHIN
KAWASAKIS
KELLY
KERATOACANTHOMA
KEROSENE
KETOACIDOSIS
KETOACIDOTIC
KETONURIA
KETOSIS
KETOTIC
KFS
KIDNEY
KIDNEYS
KIMMELSTIEL
KINK
KINKY

KLATSKIN
KLATSKINS
KLEBSIELLA
KLINEFELTERS
KLIPPEL
KLUBLATTSCHADEL
KNEE
KNEES
KNIFE
KNOT
KNOWN
KOHLMEIR
KORSAKOFF
KORSAKOFFS
KORSAKOV
KORSAKOV
KORSAKOW
KORSAKOWS
KRABBES
KRAFT
KRUKENBERGS
KUGELBERG
KUHN
KUHNS
KULCHITZSKY
KULCHITZSKYS
KW
KWASHIORKOR
KYPHOSCOLIOSIS
KYPHOSCOLIOTIC
KYPHOSIS

L -

L
LAB
LABIA
LABIAL
LABILE

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

LABIUM	LARYNGOSPASM
LABOR	LARYNGOSTENOSIS
LABORED	LARYNGOTOMY
LACERATED	LARYNGOTRACHEAL
LACERATION	LARYNGOTRACHEITIS
LACERATIONS	LARYNGOTRACHEOBRONCHITIS
LACK	LARYNX
LACRIMAL	LASER
LACTACIDEMIA	LASH
LACTASE	LATE
LACTATE	LATENT
LACTIC	LATERAL
LACTICEMIA	LAURENCE
LACTOSE	LAVAGE
LACUNA	LAXA
LACUNAR	LAXATIVE
LADENO	LB
LAENNECS	LBBB
LAMBERT	LBW
LAMINECTOMY	LCA
LANDOUZY	LCAR
LANDRYS	LE
LANGDON	LEAD
LANGE	LEAFLET
LANGERHANS	LEAFLETS
LANGES	LEAK
LAP	LEAKAGE
LAPAROSCOPY	LEAKING
LAPAROTOMY	LEAKY
LARGE	LEBERS
LARYNGEAL	LEDERERS
LARYNGECTOMY	LEFT
LARYNGISMUS	LEG
LARYNGITIS	LEGALLY
LARYNGO	LEGIONELLA
LARYNGOBRONCHITIS	LEGIONNAIRES
LARYNGOPHARYNGEAL	LEGS
LARYNGOPHARYNX	LEIOMYOBLASTOMA
LARYNGOSCOPY	LEIOMYOMA

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

LEIOMYOSARCOMA	LEVEL
LEIOMYOSARCOMATOSIS	LEVINE
LEIOMYSARCOMA	LEVOCARDIA
LEMLI	LEVOVERSION
LENEGRES	LEVS
LENS	LEVYS
LENTICULAR	LEYDEN
LENTICULARSTRIATE	LIBERAL
LEODS	LIBMAN
LEPRA	LIBRIUM
LEPTOMENINGEAL	LICHTENSTEIN
LEPTOMENINGITIS	LID
LERICHES	LIDOCAINE
LERMOYEZS	LIFE
LESION	LIFELONG
LESIONS	LIFETIME
LESSER	LIGAMENT
LETHAL	LIGATION
LETHARGY	LIGHT
LEUCOSARCOMA	LIGHTNING
LEUKEMIA	LIKE
LEUKEMIC	LIMB
LEUKEMOID	LIMBS
LEUKO	LIMITATION
LEUKOCYTOBLASTIC	LIMITED
LEUKOCYTOSIS	LINDAU
LEUKODYSTROPHY	LINE
LEUKOENCEPHALITIS	LINEARIS
LEUKOENCEPHALOPATHY	LINES
LEUKOERYTHROBLASTIC	LINGUAL
LEUKOERYTHROBLASTOSIS	LINING
LEUKOERYTHROSIS	LINITIS
LEUKOLYMPHOSARCOMA	LINKED
LEUKOMYELOBLASTIC	LIP
LEUKOPENIA	LIPASE
LEUKOPLAKIA	LIPEDEMA
LEUKOPOLIOENCEPHALOPATHY	LIPEMIA
LEUKOSARCOMA	LIPID
LEVEEN	LIPIDOSIS

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

LIPOBLASTOMA	LOBES
LIPOBLASTOMATOSIS	LOBOTOMY
LIPOCHONDRODYSTROPHY	LOBULAR
LIPOFIBROMA	LOCAL
LIPOFUSCINOSIS	LOCALIZED
LIPOID	LOCKJAW
LIPOIDEMIA	LOCOMOTOR
LIPOIDOSIS	LOCULATED
LIPOMA	LOEFFLERS
LIPOMYOSARCOMA	LOFGRENS
LIPOMYXOMA	LOIN
LIPOMYXOSARCOMA	LONG
LIPOPROTEINEMIA	LOOP
LIPOSARCOMA	LOOSE
LIPOTROPHIC	LORDOSIS
LIQUID	LOSING
LISTERELLA	LOSS
LISTERIA	LOU
LISTERIOSIS	LOUD
LITHIASIS	LOUIS
LITHIUM	LOW
LITHOTOMY	LOWER
LITHOTRIPT	LOWN
LITTLE	LSD
LIVCA	LT
LIVCAR	LTB
LIVCIR	LUDOVICI
LIVE	LUDWIGS
LIVER	LUES
LIVING	LUETIC
LL	LUETSCHERS
LLL	LUL
LLQ	LULS
LML	LUMBAR
LN	LUMBAR SACRAL
LOADING	LUMBOSACRAL
LOBAR	LUMINAL
LOBE	LUMP
LOBECTOMY	LUNG

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

LUNGS
LUPOID
LUPOSA
LUPUS
LUSCHKA
LUTEMBACHERS
LUTEUM
LV
LVF
LVH
LYE
LYING
LYMPH
LYMPHADENECTOMY
LYMPHADENITIS
LYMPHADENOPATHY
LYMPHADENOSIS
LYMPHANGIECTASIS
LYMPHANGIECTATIC
LYMPHANGIOMA
LYMPHANGIOSARCOMA
LYMPHANGITIC
LYMPHANGITIS
LYMPHATIC
LYMPHECTASIA
LYMPHED
LYMPHEDEMA
LYMPHOANGIOSARCOMA
LYMPHOBLASTIC
LYMPHOCYTE
LYMPHOCYTIC
LYMPHOEPITHELIOMA
LYMPHOGENOUS
LYMPHOHISTIOCYTIC
LYMPHOHISTIOCYTOSIS
LYMPHOID
LYMPHOMA
LYMPHOMATOID
LYMPHOMATOSIS

LYMPHOMATOUS
LYMPHOPENIA
LYMPHOPROLIFERATIVE
LYMPHORETICULAR
LYMPHORETICULARPROLIFERATIVE
LYMPHORETICULUM
LYMPHOSARCOMA
LYMPHOSTASIS
LYMPHOTROPHIC
LYMPHOTROPIC
LYSIS
LYSOL

M -

M
MAC
MACERATION
MACHACEK
MACROCEPHALIA
MACROCEPHALY
MACROCOLON
MACROCYTIC
MACROGLOBULINEMIA
MACROGYRIA
MACROHYDROCEPHALUS
MACRONODULAR
MACROSIGMOID
MACULAR
MADENO
MAGENDIE
MAGNESIUM
MAGNUM
MAIN
MAINSTEM
MAINTENANCE
MAJOR
MAKERS
MAL
MALABSORPTION

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

MALACIA	MARCHESANI
MALAISE	MARFANS
MALAR	MARGIN
MALARIA	MARGINAL
MALATHION	MARIE
MALDEVELOPMENT	MARIES
MALFORMATION	MARIHUANA
MALFORMATIONS	MARKED
MALFUNCTION	MARROW
MALFUNCTIONED	MASHED
MALFUNCTIONING	MASS
MALGAIGNES	MASSAGE
MALHTN	MASSES
MALIGANCY	MASSIVE
MALIGNANCY	MAST
MALIGNANT	MASTECTOMY
MALLEOLUS	MASTOCYTOSIS
MALLEUS	MASTOID
MALLORY	MASTOIDITIS
MALN	MATER
MALNOURISHED	MATERIALS
MALNOURISHMENT	MATERNAL
MALNUTRITION	MATTED
MALPOSITION	MATTER
MALROTATION	MATURITY
MALTREATMENT	MAXILLA
MALUNION	MAXILLAOFACIAL
MAMMARY	MAXILLARY
MAMOU	MAXILLOFACIAL
MAN	MAYOU
MANDIBLE	MBAI
MANDIBULAR	MBCAR
MANDIBULECTOMY	MBGCAR
MANGLED	MCA
MANIC	MCAR
MAPAROTILINE	MCAFCINOMA
MARANTIC	MCCUNE
MARASMUS	MCOCAR
MARCECENS	MEASLES

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

MEATUS
MECHANICAL
MECHANISM
MECKELS
MECONIUM
MEDIA
MEDIAL
MEDIAN
MEDIASTINAL
MEDIASTINITIS
MEDIASTINOBRONCHIAL
MEDIASTINOCUTANEOUS
MEDIASTINOPERICARDITIS
MEDIASTINOSCOPY
MEDIASTINUM
MEDICAL
MEDICATION
MEDICATIONS
MEDICINAL
MEDICINE
MEDICINES
MEDITERRANEAN
MEDIUM
MEDULLA
MEDULLARY
MEDULLOBLASTOMA
MEGABLASTIC
MEGACOLON
MEGACYSTIS
MEGAESOPHAGUS
MEGAKARYOBLASTIC
MEGAKARYOCYTIC
MEGAKARYOCYTOID
MEGALENCEPHALY
MEGALOAPPENDIX
MEGALOBLASTIC
MEGALOCEPHALUS
MEGALOCEPHALY
MEGALOCORNEA
MEGALOCYSTIS
MEGALOCYSTITIS
MEGALOCYTTIC
MEGALODUODENUM
MEGALOESOPHAGUS
MEGALOURETER
MEGARECTUM
MEGASIGMOID
MEGAURETER
MEIGS
MELANCHOLIA
MELANOBLASTOSIS
MELANOMA
MELANOMATOSIS
MELANOMATOUS
MELANOSARCOMA
MELANOSIS
MELENA
MELENEYS
MELLARIL
MELLITUS
MEMBRANE
MEMBRANES
MEMBRANOUS
MEMORY
MENDELSONS
MENIERES
MENINGEAL
MENINGES
MENINGIOMA
MENINGIOMAS
MENINGIOSARCOMA
MENINGITIDIS
MENINGITIS
MENINGOCELE
MENINGOCOCCAL
MENINGOCOCCEMIA
MENINGOCOCCI
MENINGOCOCCUS

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

MENINGOENCEPHALITIS	METABOLISM
MENINGOENCEPHALOCELE	METACARPAL
MENINGOENCEPHALOMYELITIS	METACHROMATIC
MENINGOENCEPHALOMYELOPATHY	METAL
MENINGOENCEPHALOPATHY	METAMORPHOSIS
MENINGOMYELITIS	METAPHYSEAL
MENINGOMYELOCELE	METAPLASIA
MENINGOVASCULAR	METAPLASTIC
MENISCECTOMY	METASTASES
MENKES	METASTASIS
MENOPAUSAL	METASTASIZED
MENTAL	METASTATIC
MENTALLY	METASTATIS
MEPERIDINE	METATARSAL
MEPROMAMATE	METHADONE
MERCURY	METHAMPHETAMINE
MERKEL	METHANE
MERKLE	METHANOL
MERMAID	METHAPYRILENE
MERRITT	METHAQUALONE
MES	METHICILLIN
MESENCEPHALITIS	METHIONINEMIA
MESENCHYMOMA	METHOHEXITAL
MESENCHYMONA	METHOTREXATE
MEENTERIC	METHYL
MEENTERY	METOPROLOL
MESENTRIC	METS
MESOAPPENDIX	MG
MESOCARDIA	MGN
MESOCAVAL	MI
MESOCOLON	MICRENCEPHALON
MESOCOLONIC	MICRO
MESODERMAL	MICROANGIOPATHIC
MESOEPITHELIOMA	MICROANGIOPATHY
MESOPHARYNX	MICROCEPHALIC
MESOSALPINX	MICROCEPHALUS
MESOTHELIOMA	MICROCEPHALY
MET	MICROCOLON
METABOLIC	MICROCYTIC

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

MICROGASTRIA	MIRABILIS
MICROGLIOMA	MIS
MICROGYRIA	MISADVENTURE
MICROINFARCT	MISCARRIAGE
MICROINFARCTION	MISMATCHED
MICRONASE	MISPLACED
MICRONDULAR	MISPLACEMENT
MICRONODULAR	MISUSE
MICROORGANISM	MITRAL
MICROSCOPIC	MIXED
MICROVASCULAR	MIXTURE
MICROVESICULAR	ML
MICTURITION	MLCA
MID	MLCAR
MIDBRAIN	MOBIUS
MIDDLE	MODERATE
MIDGUT	MODERATELY
MIDTHORACIC	MODIFIED
MIGRAINE	MOIST
MIGRANS	MOLE
MIGRATORY	MONCKEBERGS
MIKITY	MONGOLIAN
MILD	MONGOLISM
MILIARY	MONGOLOID
MILK	MONILIA
MILKMANS	MONILIAL
MILLARD	MONILIASIS
MILLARS	MONITOR
MILLER	MONOBLASTIC
MILLSTONE	MONOCLONAL
MILROYS	MONOCYTIC
MIND	MONOCYTOGENES
MINDED	MONOCYTOID
MINERAL	MONOLEUKOCYTIC
MINERS	MONOMYELOCYTIC
MINI	MONOMYELOGENOUS
MINKOWSKI	MONONEURITIS
MINOR	MONONEUROPATHY
MINUTE	MONONUCLEOSIS

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

MONOPLÉGIA	MUCINOUS
MONOSACCHARIDE	MUCOENTERITIS
MONOSOMY	MUCOEPIDERMAL
MONOXIDE	MUCOEPIDERMOID
MONRO	MUCOGENIC
MONS	MUCOID
MONSTER	MUCOLIPIDOSIS
MONSTROSITY	MUCOPIDERMOID
MONTH	MUCOPOLYSACCHARIDOSIS
MOON	MUCOPURULENT
MOORE	MUCORMYCOSIS
MOORES	MUCOSA
MORBID	MUCOSAL
MORBUS	MUCOUS
MORGAGNI	MUCOVISCIDOSIS
MORGANELLA	MUELLERIAN
MORGANII	MULLERIAN
MORON	MULTI
MORPHINE	MULTICYSTIC
MORPHINISM	MULTIFOCAL
MORQUIO	MULTIFORME
MORRISON	MULTIINFARCT
MOTHER	MULTIINFARCTION
MOTHERS	MULTILOBAR
MOTILITY	MULTILOBE
MOTOR	MULTILOCLULARIS
MOULDERS	MULTINODULAR
MOUNIER	MULTIORGAN
MOUNT	MULTIORGANISM
MOUNTAIN	MULTIORGANS
MOUTH	MULTIPLE
MOVEMENT	MULTIPLEX
MOYAMOYA	MULTISYSTEM
MPRCAR	MULTISYSTEMS
MRSAU	MULTIVALVULAR
MS	MULTIVESSEL
MT	MULTOCIDA
MUA	MUMPS
MUCIN	MURAL

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

MURIATIC	MYELOID
MURMUR	MYELOLEUKODYSTROPHY
MUSCLE	MYELOMA
MUSCLES	MYELOMALACIA
MUSCULAR	MYELOMATOSIS
MUSCULATURE	MYELOMENINGITIS
MUSCULO	MYELOMENINGOCELE
MUSCULORUM	MYELOMONOBLASTIC
MUSCULOSKELETAL	MYELOMONOCYTIC
MUSTARD	MYELOPATHIC
MUTE	MYELOPATHY
MUTILATION	MYELOPHTHISIC
MUTISM	MYELOPROLIFERATION
MVR	MYELOPROLIFERATIVE
MYONECROSIS	MYELORADICULITIS
MYASTHENIA	MYELOSCHISIS
MYASTHENIC	MYELOSCLEROSIS
MYCO	MYELOSIS
MYCOBACTERIA	MYELOSUPPRESSION
MYCOBACTERIAL	MYLERAN
MYCOBACTERIOSIS	MYOADENOMA
MYCOBACTERIUM	MYOBACTERIUM
MYCOPLASM	MYOCARDIAC
MYCOPLASMA	MYOCARDIAL
MYCOSIS	MYOCARDIOPATHY
MYCOTIC	MYOCARDITIS
MYELINOSIS	MYOCARDIUM
MYELITIS	MYOCARDOSIS
MYELOBLASTIC	MYOCLONIC
MYELOCELE	MYOCLONUS
MYELOCYSTOCELE	MYOFACITIS
MYELOCYTIC	MYOFIBROSIS
MYELODYSPLASIA	MYOFIBROSITIS
MYELODYSPLASTIC	MYOGLOBINURIA
MYELOENCEPHALITIS	MYOLIPOSARCOMA
MYELOFIBROSIS	MYOMA
MYELOGENIC	MYOMALACIA
MYELOGENOUS	MYOMETRIAL
MYELOGRAM	MYOMETRITIS

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

MYOMETRIUM
MYONECROSIS
MYOPATHY
MYOSARCOMA
MYOSITIS
MYOTATIC
MYOTONIA
MYOTONIC
MYXEDEMA
MYXOFIBROSARCOMA
MYXOID
MYXOLIPOSARCOMA
MYXOMA
MYXOMATOSIS
MYXOMATOUS
MYXOMEMBRANOUS
MYXOPAPILLARY
MYXOSARCOMA

N -

NAGEOTTE
NAIL
NAILING
NAJJAR
NANTA
NARCOLEPSY
NARCOSIS
NARCOTIC
NARCOTICS
NARCOTISM
NARES
NARROWING
NASAL
NASOGASTRIC
NASOPHARYNGEAL
NASOPHARYNGITIS
NASOPHARYNGOSCOPY
NASOPHARYNX
NATURAL

NAUSEA
NAVEL
NAVICULAR
NC
NEAR
NEC
NECK
NECROLYSIS
NECROSING
NECROSIS
NECROTIC
NECROTICANS
NECROTIZING
NEEDLE
NEG
NEGATIVE
NEGLECT
NEIMANN
NEISSERIA
NEMALINE
NEMBUTAL
NEOFORMANS
NEONATAL
NEONATORUM
NEOPLASIA
NEOPLASM
NEOPLASTIC
NEOVASCULAR
NEPHOSCLEROTIC
NEPHRECTOMY
NEPHRITIC
NEPHRITIS
NEPHROARTERIOSCLEROSIS
NEPHROAS
NEPHROBLASTOMA
NEPHROCALCINOSIS
NEPHROCYSTITIS
NEPHROGENIC
NEPHROLITHIASIS

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

NEPHROLITHOTOMY	NEUROMUSCULAR
NEPHROMA	NEUROMYALGIA
NEPHRON	NEUROMYOPATHY
NEPHRONEPHRITIS	NEUROMYOSITIS
NEPHROPATHY	NEURON
NEPHROPTOSIS	NEURONE
NEPHROPYOSIS	NEUROPATHIC
NEPHRORRHAGIA	NEUROPATHY
NEPHROSCLEROSIS	NEUROSIS
NEPHROSIS	NEUROSURGERY
NEPHROSTOMY	NEUROSURGICAL
NEPHROTIC	NEUROSYPHILIS
NEPHROTOXICITY	NEUROTIC
NERVE	NEUROVASCULAR
NERVOSA	NEUTROPENIA
NERVOUS	NEUTROPHILIC
NERVOUSNESS	NEVER
NEURAL	NEVUS
NEURALGIA	NEWBORN
NEURALGIC	NG
NEURASTHENIA	NICOTINE
NEURILEMMOMA	NIDD
NEURILEMMOSARCOMA	NIDDI
NEURITIS	NIDDM
NEUROBLASTOMA	NIELSEN
NEUROCIRCULATORY	NIEMANN
NEURODEGENERATIVE	NIGHT
NEUROECTODERMAL	NIGRA
NEUROENDOCRINE	NINE
NEUROFIBROMA	NIPPLE
NEUROFIBROMATOSIS	NISSEN
NEUROFIBROSARCOMA	NITROUS
NEUROGASTRIC	NO
NEUROGENIC	NOCARDIA
NEUROLEMMOSARCOMA	NOCARDIASIS
NEUROLEPTIC	NOCARDIOSIS
NEUROLOGIC	NOCTEC
NEUROLOGICAL	NOCTURAL
NEUROMA	NODAL

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

NODE	NONTHROMBOCYTOPENIC
NODES	NONTOXIC
NODOSA	NONTP
NODULAR	NONTRAUMATIC
NODULE	NONTROPICAL
NODULES	NONTUBERCULOUS
NON	NONUNION
NONALCOHOLIC	NONVASCULAR
NONAUTOIMMUNE	NONVENOMOUS
NONBACTERIAL	NONVIABILITY
NONCARDIAC	NONVIABLE
NONCLOSURE	NONVIABLY
NONCOMMUNICATING	NOONANS
NONCONVULSIVE	NORDIAZEPAM
NONDEVELOPMENT	NORDIAZIEPAM
NONEPIDEMIC	NORMAL
NONEXPANSION	NORMOBLASTIC
NONFAMILIAL	NORMOBLASTOSIS
NONFUNCTION	NORMOCHROMIC
NONFUNCTIONING	NORMOCYTIC
NONHEALING	NORMOTENSIVE
NONHEMOLYTIC	NOROXIN
NONHEMORRHAGIC	NORPRAMINE
NONHODGKINS	NORTRIPTYLINE
NONINFECTIOUS	NOSE
NONKETOTIC	NOSEBLEED
NONLYMPHOCYTIC	NOSOCOMIAL
NONOBSTRUCTIVE	NOSTRIL
NONORGANIC	NOT
NONOSTEOGENIC	NOTCH
NONPRESCRIBED	NOURISHMENT
NONPROLIFERATIVE	NPD
NONPSYCHOTIC	NTG
NONPYOGENIC	NUCHAL
NONREGENERATIVE	NUCK
NONRHEUMATIC	NUCLEAR
NONSPECIFIC	NUCLEI
NONSUPPURATIVE	NUCLEUS
NONSYPHILITIC	NUTMEG

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

NUTRITION
NUTRITIONAL

O -

O

OA

OAD

OAT

OBESE

OBESITY

OBLIGUE

OBLIQUE

OBLITERANS

OBLITERATION

OBLITERATIVE

OBLONGATA

OBS

OBSCURE

OBSESSIVE

OBSTIPATION

OBSTRUCTED

OBSTRUCTING

OBSTRUCTION

OBSTRUCTIVE

OBTUNDATION

OBTURATOR

OCAR

OCCASIONAL

OCCIPITAL

OCCIPITO

OCCIPITOCERVICAL

OCCIPITOFRONTAL

OCCIPITOPARIETAL

OCCIPITOTEMPORAL

OCCLUDED

OCCCLUSION

OCCLUSIVE

OCCULT

OCCULTA

OCCUPATIONAL

OCCUPYING

OCULOPHARYNGEAL

OCVA

ODDI

ODONTOID

OESOPHAGEAL

OF

OGILIVIES

OGILVIES

OHD

OLD

OLECRANON

OLFACTORY

OLIGODENDROBLASTOMA

OLIGODENDROGLIOMA

OLIGOHYDRAMNIOS

OLIGURIA

OLIGURIC

OLIVOPONTINECEREBELLAR

OLIVOPONTOCEREBELLAR

OLLIERS

OLSZEWSKI

OLSZEWSKIS

OM

OMENECTOMY

OMENTAL

OMENECTOMY

OMENTITIS

OMENTUM

OMI

OMPHALOCELE

OMS

ON

ONCOCYTOMA

ONDINES

ONE

ONGOING

ONSET

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

OOPHORECTOMY	ORGIN
OOPHORITIS	ORIF
OOPHOROTOMY	ORIFICE
OP	ORIGIN
OPACITY	ORNITHINE
OPEN	OROFACIAL
OPENED	OROPHARYNGEAL
OPENING	OROPHARYNX
OPERATED	ORTHOPEDIC
OPERATION	ORTHOPNEA
OPERATIVE	ORTHOSTATIC
OPERATIVELY	ORTHOTOPIC
OPHTHALMICUS	OS
OPHTHALMITIS	OSLER
OPIATE	OSLERS
OPITZ	OSSEOUS
OPIUM	OSSIFICATION
OPPENHEIM	OSTEITIS
OPPENHEIMES	OSTEOARTHRITICA
OPPORTUNISTIC	OSTEOARTHRITIS
OPHTHALMIC	OSTEOARTHROPATHY
OPTIC	OSTEOARTHROSIS
OPTICUM	OSTEOCHONDRITIS
OR	OSTEOCHONDRODYSTROPHY
ORAL	OSTEOCHONDROSARCOMA
ORAM	OSTEOCHONDROMA
ORANGE	OSTEODYSTROPHY
ORBIT	OSTEOFIBROSARCOMA
ORBITAL	OSTEOGENESIS
ORBITS	OSTEOGENIC
ORCHIDECTOMY	OSTEOLYSIS
ORCHIECTOMY	OSTEOLYTIC
ORCHIOBLASTOMA	OSTEOMALACIA
ORCHITIS	OSTEOMYELITIS
ORGAN	OSTEOMYELOFIBROSIS
ORGANIC	OSTEOMYELOSCLEROSIS
ORGANISM	OSTEONECROSIS
ORGANISMS	OSTEOPATHY
ORGANS	OSTEOPENIA

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

OSTEOPERIOSTITIS
OSTEOPETROSIS
OSTEOPOROSIS
OSTEOPOROTIC
OSTEOSARCOMA
OSTEOSCLEROSIS
OSTEOSCLEROTIC
OSTIUM
OTHER
OTITIS
OTOGENIC
QUININE
OUT
OUTER
OUTFLOW
OUTLET
OUTPUT
OVALE
OVARIAN
OVARIES
OVARY
OVER
OVERACTIVE
OVERDOSAGE
OVERDOSE
OVEREXERCISED
OVEREXERTION
OVEREXPOSURE
OVERHEATED
OVERINDULGENCE
OVERLOAD
OVERSEW
OVERSTRAINED
OVERWEIGHT
OVERWHELMING
OVIDUCT
OXALOSIS
OXIDE
OXYCODONE

OXYGEN
OZ

P -

PAC
PACEMAKER
PACER
PACHYGYRIA
PACK
PACKING
PACKS
PAD
PADENO
PAGET
PAGETS
PAIN
PAINFUL
PAINS
PAINT
PALATE
PALLIATION
PALLIATIVE
PALLIDUS
PALMAR
PALPITATION
PALPITATIONS
PALSY
PAM
PANACINAR
PANAORTIC
PANARTERITIS
PANCAR
PANCARDITIS
PANCOAST
PANCOASTS
PANCREAS
PANCREATECTOMY
PANCREATIC
PANCREATICODUODENAL

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

PANCREATITIS	PARANOID
PANCREATOBILIARY	PARAPARESIS
PANCREATODUODENECTOMY	PARAPHARYNGEAL
PANCYTOPENIA	PARAPHRENIA
PANENCEPHALITIS	PARAPLEGIA
PANHYPGAMMAGLOBULINEMIA	PARAPLEGIC
PANHYPPOPITUITARISM	PARAPNEUMONIC
PANIC	PARAPROSTHETIC
PANLOBAR	PARARECTAL
PANLOBULAR	PARASINUS
PANNICULITIS	PARASITIC
PANSINUSITIS	PARASPINAL
PAPILLA	PARATHYROID
PAPILLARY	PARATHYROIDECTOMY
PAPILLEDEMA	PARATHYROIDITIS
PAPILLITIS	PARATRACHEAL
PAPILLOMA	PARAUMBILICAL
PAPILLOTOMY	PARAURETHRAL
PARA	PARAUTERINE
PARAAORTIC	PAREGORIC
PARACENTESIS	PARENCHYMA
PARACOLIC	PARENCHYMAL
PARADOX	PARENCHYMATOUS
PARADUODENAL	PARENTERAL
PARAESOPHAGEAL	PARESIS
PARAGANGLIOMA	PARIETAL
PARAINFLUENZA	PARIETO
PARALDEHYDE	PARIETOTEMPORAL
PARALYSIS	PARKINSON
PARALYTIC	PARKINSONIAN
PARALYZED	PARKINSONISM
PARAMENINGEAL	PARKINSONS
PARAMETRIC	PAROTID
PARAMETRITIS	PAROTIDITIS
PARAMETRIUM	PAROTITIS
PARAMYOCLONUS	PAROXYSMAL
PARANASAL	PARRY
PARANEOPLASTIC	PARTIAL
PARANOIA	PARTIALIS

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

PARTUM	PEMPHIGOIDES
PAS	PEMPHIGUS
PASS	PENDING
PASSAGE	PENETRATED
PASSAGES	PENETRATING
PASSIVE	PENETRATION
PAST	PENICILLIN
PASTEURELLA	PENILE
PAT	PENIS
PATAUS	PENTAZOCINE
PATCHY	PENTOBARBITAL
PATELLA	PEPTIC
PATENT	PER
PATERSON	PERCUTANEOUS
PATHOGENIC	PERFORATED
PATHOLOGIC	PERFORATING
PATHOLOGICAL	PERFORATION
PATHOLOGY	PERFORATIONS
PATIENT	PERFRINGENS
PATTERSON	PERFUSION
PAULO	PERIANAL
PCD	PERIAORTIC
PCV	PERIAPPENDICEAL
PDA	PERIARTERITIS
PECTORAL	PERICARDIAC
PECTORIS	PERICARDIAL
PECTUS	PERICARDICENTESIS
PEDAL	PERICARDIECTOMY
PEDICLE	PERICARDIOCENTESIS
PEDUNCLE	PERICARDIOSTOMY
PEG	PERICARDIOTOMY
PEGT	PERICARDITIS
PELVIC	PERICARDIUM
PELVIPERITONITIS	PERICECAL
PELVIRECTAL	PERICHOLECYSTIC
PELVIS	PERICOLIC
PELVIURETERAL	PERICOLONIC
PELVIURETERIC	PERICRANIAL
PEMPHIGOID	PERICUTANEOUS

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

PERIGASTRIC	PERONEAL
PERIHILAR	PERPHENAZINE
PERINATAL	PERSISTANT
PERINEAL	PERSISTENCE
PERINEPHRIC	PERSISTENT
PERINEPHRITIC	PERSONALITY
PERINEPHRITIS	PERSTANS
PERINEUM	PERTUSSIS
PERIODIC	PERVERTED
PERIOPERATIVE	PESTICIDE
PERIPADENO	PETECHIA
PERIPANCAR	PETECHIAE
PERIPANCREATIC	PETECHIAL
PERIPARTUM	PETIT
PERIPHERAL	PETROLEUM
PERIPHEROVASCULAR	PETROUS
PERIPORTAL	PHARYNGEAL
PERIPROCTIC	PHARYNGECTOMY
PERIPROSTATE	PHARYNGITIS
PERIPROSTATIC	PHARYNGO
PERIRECTAL	PHARYNGOTRACHEAL
PERIRENAL	PHARYNX
PERISCAPULAR	PHASE
PERISINUS	PHENACETIN
PERITERMINAL	PHENCYCLIDINE
PERITONEAL	PHENOBARBITAL
PERITONEI	PHENOMENON
PERITONEOVENOUS	PHENOTHIAZINE
PERITONEUM	PHENOTYPE
PERITONITIS	PHENYLPROPANOLAMINE
PERITONSILLAR	PHENYTOIN
PERIURETERAL	PHEOCHROMOBLASTOMA
PERIURETHRAL	PHEOCHROMOCYTOMA
PERIUTERINE	PHLEBITIC
PERIVALVULAR	PHLEBITIS
PERIVESICAL	PHLEBOTHROMBOSIS
PERIVESICULAR	PHLEGMASIA
PERMANENT	PHLEGMON
PERNICIOUS	PHLEGMONOUS

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

PHOSPHATE	PITTING
PHOSPHATEMIA	PITUITARISM
PHOSPHATURIA	PITUITARY
PHOTOSENSITIVE	PKD
PHOTOSENSORY	PLACE
PHTHISIS	PLACED
PHYLLODES	PLACEMENT
PHYSICAL	PLACENTA
PHYSICIAN	PLACENTAL
PHYSIOLOGIC	PLACIDYL
PHYSIOLOGICAL	PLACING
PIA	PLAGUE
PICK	PLANTAR
PICKS	PLAQUE
PICKWICKIAN	PLAQUES
PIE	PLASMA
PIERCING	PLASMACYTIC
PIERRE	PLASMACYTOID
PIGMENTATION	PLASMACYTOMA
PIGMENTATIONS	PLASMAPHERESIS
PIGMENTED	PLASMOCYTIC
PIGMENTOSA	PLASMODIUM
PIGMENTOSUM	PLASTER
PIGMENTOSUS	PLASTIC
PILL	PLASTICA
PILLAR	PLATE
PILLS	PLATEAU
PILONIDAL	PLATELET
PIN	PLATELETS
PINEAL	PLATYBASIA
PINEALOBLASTOMA	PLEOCHROMIC
PINEALOMA	PLEURA
PINEOBLASTOMA	PLEURAL
PINEOCYTOMA	PLEURISY
PINNED	PLEURITIC
PINNING	PLEURITIS
PIPE	PLEUROBPN
PIRIFORM	PLEUROBRONCHO
PIT	PLEUROCUTANEOUS

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

PLEUROPERICARDIAL
PLEUROPERICARDITIS
PLEUROPERITONEAL
PLEUROPN
PLEUROPNEUMONIA
PLEUROPUL
PLEUROPULMONARY
PLEXUS
PLICATION
PLUG
PLUGGED
PLUGGING
PLUMMER
PLUMMERS
PLUNGING
PMD
PN
PNEUMATOSIS
PNEUMOATELECTASIS
PNEUMOCOCCAL
PNEUMOCOCCEMIA
PNEUMOCOCCI
PNEUMOCOCCUS
PNEUMOCONIOSIS
PNEUMOCONIOTIC
PNEUMOCUTANEOUS
PNEUMOCYSTIC
PNEUMOCYSTIS
PNEUMOCYSTOSIS
PNEUMOENCEPHALOGRAPHY
PNEUMOHEMOPERICARDIUM
PNEUMOHEMOTHORAX
PNEUMOHYDROPERICARDIUM
PNEUMOHYDROTHORAX
PNEUMOMEDIASTINUM
PNEUMOMEDIASTIUM
PNEUMOMYCOSIS
PNEUMONECTOMY
PNEUMONIA
PNEUMONIAE
PNEUMONIC
PNEUMONITIS
PNEUMOPATHY
PNEUMOPERICARDITIS
PNEUMOPERICARDIUM
PNEUMOPERITONEUM
PNEUMOPLEURISY
PNEUMOPLEURITIS
PNEUMOPYOPERICARDIUM
PNEUMOPYOTHORAX
PNEUMORRHAGIA
PNEUMOTHORACES
PNEUMOTHORAX
PO
POINTES
POINTS
POISON
POISONING
POISONOUS
POLANDS
POLE
POLGAR
POLICE
POLIO
POLIOMYELITIS
POLLUTION
POLYADENITIS
POLYANGIITIS
POLYARTERITIS
POLYARTHRALGIA
POLYARTHRITIS
POLYARTHROPATHY
POLYARTICULAR
POLYCHONDRITIS
POLYCHONDRODYSTROPHY
POLYCLONAL
POLYCYSTIC
POLYCYTHEMIA

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

POLYDIPSIA	PORTERS
POLYDRUG	PORTO
POLYHYDRAMNIOS	PORTOSYSTEMIC
POLYMER	PORTUGUESE
POLYMICROBIAL	POSADAS
POLYMIRABIAL	POSITIVE
POLYMYALGIA	POSITIVITY
POLYMYOPATHY	POSS
POLYMYOSITIS	POSSIBLE
POLYNEURITIS	POST
POLYNEUROPATHY	POSTANAL
POLYP	POSTCECAL
POLYPHARMACY	POSTCHICKENPOX
POLYPOID	POSTCONCUSSIONAL
POLYPOSA	POSTCONTUSIONAL
POLYPOSIS	POSTDYSENTERIC
POLYPS	POSTERIOR
POLYRADICULONEUROPATHY	POSTERO
POLYRADICULOPATHY	POSTEROLATERAL
POLYSEROSITIS	POSTEROSEPTAL
POLYSPLENIA	POSTHEMORRHAGIC
POLYVALVULAR	POSTHEPATIC
POMPE	POSTHEPATITIC
POMPES	POSTHERPETIC
POND	POSTICTAL
PONS	POSTINFECTIONAL
PONTINE	POSTINFECTIOUS
POOR	POSTINFLAMMATORY
POORLY	POSTIVE
POPLITEAL	POSTLARYNGEAL
POPPERS	POSTMATURE
PORCINE	POSTMATURITY
PORENCEPHALIC	POSTMEASLES
PORENCEPHALY	POSTMI
PORPHYRIA	POSTMORTEM
PORTA	POSTMYOCARDIAL
PORTACAVAL	POSTNASAL
PORTACAVAL	POSTNATAL
PORTAL	POSTNECROTIC

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

POSTOBSTRUCTIVE	PREEXCITATION
POSTOPERATIVE	PREFRONTAL
POSTPARTAL	PREGNANCY
POSTPARTUM	PREGNANT
POSTPHARYNGEAL	PREINFARCTIONAL
POSTTONSILLAR	PRELEUKEMIA
POSTTRAUMATIC	PRELEUKEMIC
POSTURAL	PREM
POSTVARICELLA	PREMATURE
POSTVIRAL	PREMATURELY
POTASSIUM	PREMATURITY
POTENTIAL	PRENATAL
POTTERS	PREPARTUM
POTTS	PREPATELLAR
POUCH	PREPUCE
POWER	PREPYLORIC
POX	PREPYLORUS
PPH	PRESACRAL
PPT	PRESACRUM
PRADEN	PRESBYCARDIA
PRADER	PRESBYCUSIS
PRAECOX	PRESBYESOPHAGUS
PRCA	PRESCRIBED
PRCAR	PRESCRIPTION
PRE	PRESENILE
PREADMISSION	PRESENILITY
PRECEDING	PRESENTATION
PRECEREBRAL	PRESSURE
PRECERT	PRESSURING
PRECIPITATE	PRETERM
PRECIPITOUS	PRETHROMBOTIC
PRECORDIAL	PREVIA
PREDI	PREVIABLE
PREDIABETES	PREVIOUS
PREDIABETIC	PRIMARY
PREDNISON	PRIMIDONE
PREDOMINANT	PRIMITIVE
PREECLAMPSIA	PRIMUM
PREECLAMPTIC	PRINZMETALS

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

PRIOR	PROSTAGLANDIN
PROB	PROSTATE
PROBABLE	PROSTATECTOMY
PROBLEM	PROSTATIC
PROBLEMS	PROSTATISM
PROCAIN	PROSTATITIS
PROCAINAMIDE	PROSTATOCYSTECTOMY
PROCEDURE	PROSTHESIS
PROCESS	PROSTHETIC
PROCIDENTIA	PROSTRATION
PROCTITIS	PROTAMINE
PROCTOCELE	PROTEIN
PROCTOSIGMOIDITIS	PROTEINOSIS
PROCTOSIGMOIDOSCOPY	PROTEINURIA
PRODUCING	PROTEUS
PRODUCT	PROTHROMBIN
PRODUCTS	PROTHROMBINASE
PROFOUND	PROTOZOAL
PROGERIA	PROTRACTED
PROGRANULOCYTIC	PROTRUSION
PROGRESSION	PROWER
PROGRESSIVE	PROXIMAL
PROLAPSE	PRUNE
PROLAPSED	PRURITUS
PROLAPSING	PSEUDO
PROLIFERATIVE	PSEUDOANEURYSM
PROLONGED	PSEUDOARTHROSIS
PROLYMPHOCYTIC	PSEUDOBUULAR
PROM	PSEUDOCCLAUDICATION
PROMAZINE	PSEUDOCYST
PROMETHAZINE	PSEUDODIVERTICULUM
PROMYELOCYTIC	PSEUDOFOLLICULAR
PRONATOR	PSEUDOGOUT
PRONESTYL	PSEUDOHYPERTROPHIC
PROPANE	PSEUDOILEUS
PROPANOL	PSEUDOLEUKEMICA
PROPERLY	PSEUDOMEMBRANOUS
PROPOXYPHENE	PSEUDOMONAS
PROPRANOLOL	PSEUDOMUCINOUS

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

PSEUDOMYXOMA
PSEUDOMYXOMATOSIS
PSEUDOOBSTRUCTION
PSEUDOPARKINSONISM
PSEUDOSARCOMATOUS
PSITTACOSIS
PSOAS
PSORIASIS
PSORIATIC
PSYCHIATRIC
PSYCHOGENIC
PSYCHOMOTOR
PSYCHONEUROSIS
PSYCHONEUROTIC
PSYCHOSIS
PSYCHOTHERAPEUTIC
PSYCHOTHERAPEUTICS
PSYCHOTIC
PTE
PUBIC
PUBIS
PUL
PULEM
PULI
PULMONALE
PULMONARY
PULMONIC
PULPOSUS
PULSE
PULSELESS
PUMP
PUNCTURE
PUNCTURED
PURE
PURPURA
PURULENT
PUS
PUSTULAR
PUSTULOSA
PUTNAM
PUTRID
PVC
PVD
PVI
PVT
PX
PYARTHROSIS
PYELITIS
PYELOCYSTITIS
PYELOGRAM
PYELOHYDRONEPHROSIS
PYELONEPHRITIC
PYELONEPHRITIS
PYELONEPHROSIS
PYEMIA
PYEMIC
PYLEPHLEBOTHROMBOSIS
PYLES
PYLORIC
PYLOROFUNDAL
PYLOROPLASTY
PYLOROSPASM
PYLORUS
PYOCYSTITIS
PYOGENIC
PYOMETRA
PYOMETRIUM
PYONEPHRITIS
PYONEPHROSIS
PYREXIA
PYRIDOXINE
PYRIFORM
PYURIA

Q -
Q
QUADRANT
QUADRIPARESIS

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

QUADRIPLEGIA
QUADRIPLEGIC
QUADRUPLE
QUALITATIVE
QUESTIONABLE
QUIETLY
QUINCKES
QUINIDINE
QUININE
QUITE

R -

RA
RAAA
RACEMOSE
RACHISCHISIS
RACHITIC
RADIAL
RADIATION
RADICAL
RADICULAR
RADICULITIS
RADICULOMYELITIS
RADICULOPATHY
RADIO
RADIOACTIVE
RADIOCONTRAST
RADIOGRAPHIC
RADIOLOGICAL
RADIONECROSIS
RADIOTHERAPY
RADIUM
RADIUS
RAISED
RAMSEY
RAMUS
RAPE
RAPID
RAPIDLY

RAR
RASH
RATE
RAY
RAYMONDS
RAYNAUD
RAYNAUDS
RAYS
RBBB
RCS
RDS
RE
REACTION
REACTIVATE
REACTIVATED
REACTIVATION
REACTIVE
RECALCITRANT
RECENT
RECIPIENT
RECKLINGHAUSENS
RECOGNITION
RECONSTRUCTION
RECOVERING
RECTAL
RECTO
RECTOCELE
RECTOLABIAL
RECTOSIGMOID
RECTOSIGMOIDAL
RECTOSIGMOIDECTOMY
RECTOSIGMOIDITIS
RECTOURETERAL
RECTOURETHRAL
RECTOUTERINE
RECTOVAGINAL
RECTOVESICAL
RECTOVESICOVAGINAL
RECTOVULVAL

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

RECTUM	RENDU
RECUMBENCY	RENFA
RECURRENCE	RENOVASCULAR
RECURRENT	REOPERATION
RED	REPAIR
REDLICHS	REPAIRED
REDO	REPEAT
REDUCTION	REPETITIVE
REFLEX	REPLACED
REFLUX	REPLACEMENT
REFRACTIVE	REPORT
REFRACTORY	REPTILE
REFUSAL	REQUIRING
REFUSE	RESECT
REFUSED	RESECTED
REGION	RESECTION
REGIONAL	RESERVE
REGIONS	RESIDUAL
REGURGITATION	RESIDUALS
REGURGITORY	RESISTANT
REILLYS	RESP
REINFARCTION	RESPIRATION
REINFECTION	RESPIRATIONS
REINSERTION	RESPIRATOR
REJECTION	RESPIRATORY
RELAPSING	RESPONSE
RELATED	RESPONSIVE
RELATIVE	RESTRICTED
RELAXATION	RESTRICTING
RELEASE	RESTRICTIVE
RELIEF	RESULTANT
RELIEVE	RESUSCITATED
RELIEVED	RESUSCITATION
REMAINS	RESUSCITATIVE
REMOTE	RETAINED
REMOVAL	RETARDATION
REMOVE	RETARDED
REMOVED	RETENTION
RENAL	RETICULAR

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

RETICULARPROLIFERATIVE	RFA
RETICULO	RH
RETICULOENDOTHELIAL	RHABDOMYOLYSIS
RETICULOHISTIOCYTIC	RHABDOMYOMA
RETICULOHISTIOCYTOMA	RHABDOMYOSARCOMA
RETICULUM	RHABDOSARCOMA
RETINA	RHD
RETINAE	RHEUMATIC
RETINAL	RHEUMATICA
RETINITIS	RHEUMATISM
RETINOBLASTOMA	RHEUMATOID
RETINOPATHY	RHINITIS
RETRANSPLANTATION	RHINORRHEA
RETRO	RHIZOTOMY
RETROABDOMINAL	RHYTHM
RETROBULBAR	RHYTHMS
RETROCECAL	RIB
RETROGASTRIC	RIBS
RETROINTERNAL	RICH
RETROLARYNGEAL	RICHARDSON
RETROMOLAR	RICHTERS
RETROPERITONEAL	RICKETS
RETROPERITONEUM	RIDDEN
RETROPERTIONEAL	RIDGE
RETROPHARYNGEAL	RIEMANNS
RETROPLACENTAL	RIFLE
RETRORECTAL	RIGHT
RETROSTERNAL	RIGID
RETROUTERINE	RIGIDITY
RETROVESICAL	RIGIDUS
RETURN	RING
REVASCULARIZATION	RINGED
REVASCULARIZE	RINGS
REVERSE	RLL
REVERSED	RMCAT
REVERSIBLE	RML
REVISION	RND
REYES	ROBIN
RF	ROBINS

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

ROCKY	SACKS
ROD	SACRAL
RODENT	SACROCOCCYGEAL
RODS	SACROILIAC
ROENTGEN	SACRUM
ROMBERG	SADDLE
ROOF	SAGITTAL
ROOT	SAINT
ROSTANS	SAINTS
ROTORS	SALICYLATE
ROTOSCOLIOSIS	SALICYLATES
ROUND	SALIVARY
ROUSSY	SALMONELLA
ROUX	SALMONELLOSIS
RSA	SALPINGITIS
RT	SALPINGO
RTA	SALPINGO-OOPHORECTOMY
RUBBING	SALT
RUBELLA	SAN
RUBINSTEIN	SANDHOFFS
RUBRA	SANGER
RUL	SAO
RULS	SAPHENOUS
RUNYON	SARCOID
RUPTURE	SARCOIDOSIS
RUPTURED	SARCOMA
RUQ	SARCOMATOSIS
RUSSELL	SATURATION
RVH	SBE
RVT	SBO
RX	SCABIES
S -	SCALD
S	SCALDED
SA	SCALENE
SAC	SCALP
SACCULAR	SCAN
SACHS	SCAPHOID
	SCAPULA
	SCAPULAR

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

SCAR	SDS
SCARRING	SECOBARBITAL
SCC	SECONAL
SCCA	SECOND
SCHAUMANN	SECONDARY
SCHEUERMANN	SECRETANS
SCHIARRI	SECRETION
SCHILLING	SECRETIONS
SCHIZO	SECRETORY
SCHIZOAFFECTIVE	SECTION
SCHIZOPHRENIA	SECUNDUM
SCHIZOPHRENIC	SED
SCHOLZ	SEDATION
SCHONBERG	SEDATIVE
SCHONLEIN	SEDATIVES
SCHROETTER	SEDIMENTATION
SCHROETTERS	SEGMENT
SCHULLER	SEGMENTAL
SCHWANNOMA	SEIZURE
SCIATIC	SEIZURES
SCIATICA	SELF
SCIRRHUS	SELLA
SCLERAL	SEMI
SCLEROCYSTIC	SEMICOMA
SCLERODERMA	SEMICOMATOSE
SCLEROSING	SEMILUNAR
SCLEROSIS	SEMINAL
SCLEROTIC	SEMINOMA
SCLEROUS	SEMIPLASTIC
SCOLIOSIS	SENEAR
SCORE	SENESCENCE
SCOTCHGUARD	SENESCENT
SCRATCH	SENILE
SCRATCHES	SENILIS
SCREW	SENILITY
SCROTAL	SENILIZATION
SCROTUM	SENSE
SDAT	SENSITIVITY
SDII	SENSITIZATION

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

SENSORIMOTOR	SHEATH
SENSORY	SHEATHING
SEPARATION	SHEEHANS
SEPSIS	SHIFT
SEPT	SHIGELLA
SEPTA	SHINGLES
SEPTAL	SHOCK
SEPTIC	SHORT
SEPTICEMIA	SHORTNESS
SEPTICEMIC	SHOT
SEPTUM	SHOULDER
SEQUARD	SHOWER
SEQUELA	SHUNT
SEQUELAE	SHUNTED
SEQUESTRATION	SHUNTING
SEROFIBRINOUS	SHUNTS
SEROLOGY	SHUT
SEROPURULENT	SHUTDOWN
SEROSITIS	SHY
SEROUS	SIADH
SERRATIA	SIALADENITIS
SERUM	SIALITIS
SEVERANCE	SIALOADENITIS
SEVERE	SIAMESE
SEVERED	SICCA
SEVERELY	SICD
SEWED	SICK
SEX	SICKLE
SEZARY	SICKLEMIA
SEZARYS	SICKNESS
SH	SID
SHADOW	SIDE
SHAFT	SIDED
SHAKEN	SIDEROACHRESTIC
SHAKING	SIDEROBLASTIC
SHAPE	SIDEROPENIC
SHAPED	SIDS
SHARP	SIEGAL
SHATTERED	SIEMENS

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

SIGHT	SIXTH
SIGMOID	SJOGRENS
SIGMOIDAL	SKELETAL
SIGMOIDITIS	SKELETON
SIGMOIDOSCOPY	SKELETONIZED
SIGMOIDOSTOMY	SKENES
SIGMOIDOVAGINAL	SKENITIS
SIGN	SKIN
SIGNET	SKULL
SILENT	SLASHED
SILICA	SLATE
SILICATE	SLE
SILICOSIS	SLEEP
SILICOTB	SLEEPING
SILICOTBC	SLIDING
SILICOTIC	SLIM
SILICOTUBERCULOSIS	SLIPPED
SILVER	SLOUGHING
SILVERS	SLOW
SIMMONDS	SLURRED
SIMPLE	SLURRING
SIMPLEX	SMALL
SINCE	SMITH
SINEQUAN	SMITHS
SINGLE	SMOKE
SINOATRIAL	SMOKED
SINOAURICULAR	SMOKER
SINUS	SMOKERS
SINUSES	SMOKES
SINUSITIS	SMOKING
SIPPLES	SMOTHERING
SITE	SNAKE
SITES	SNIFFING
SITTING	SNUFF
SITU	SO
SITUATIONAL	SOB
SITUS	SODIUM
SIVE	SOFT
SIX	SOFTENING

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

SOLITARY	SPLENOMEGALIA
SOOT	SPLENOMEGALIC
SORE	SPLENOMEGALY
SOURCE	SPLENOPATHY
SP	SPLENOPTOSIS
SPACE	SPONDYLARTHROSIS
SPASM	SPONDYLITIS
SPASMODIC	SPONDYLOARTHROSIS
SPASMS	SPONDYLOGENIC
SPASTIC	SPONDYLOLISTHESIS
SPASTICITY	SPONDYLOLYSIS
SPECIES	SPONDYLOSIS
SPECIFIC	SPONDYLYTIC
SPEECH	SPONGE
SPELLS	SPONTANEOUS
SPERMATIC	SPOTTED
SPHENOID	SPRAIN
SPHENOIDAL	SPRAY
SPHEROCYTIC	SPREAD
SPHEROCYTOSIS	SPRUE
SPHINCTER	SQUAMOUS
SPHINCTERAL	SSS
SPIDER	ST
SPIELMEYER	STAB
SPINA	STABBED
SPINAL	STABBING
SPINALIS	STAGE
SPINDLE	STAGHORN
SPINE	STAGING
SPINOCEREBELLAR	STAIN
SPINOCEREBRAL	STANDSTILL
SPINOUS	STAPH
SPIRALIS	STAPHYLOCOCCAL
SPITTING	STAPHYLOCOCCEMIA
SPLEEN	STAPHYLOCOCCUS
SPLENECTOMY	STAPLING
SPLENIC	STARR
SPLENITIS	STARVATION
SPLENOCOLIC	STASIS

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

STATE	STOCK
STATED	STOKES
STATIC	STOMA
STATUS	STOMACH
STAVE	STOMATITIS
STCAR	STONE
STEAL	STONES
STEAM	STOOL
STEATOCIRRHOIS	STOP
STEATORRHEA	STOPPAGE
STEATOSIS	STORAGE
STEELE	STORM
STEINBROCKERS	STRAIN
STEINERTS	STRAINING
STELLA	STRANGLER
STEM	STRANGULATED
STENOCARDIA	STRANGULATION
STENOSING	STRAUSS
STENOSIS	STREIFF
STENOTIC	STREP
STERCOLITH	STREPT
STERCORACEOUS	STREPTOCOCCAL
STERCORAL	STREPTOCOCCEMIA
STERILE	STREPTOCOCCI
STERN	STREPTOCOCCICOSIS
STERNAL	STREPTOCOCCUS
STERNALGIA	STREPTODERMA
STERNBERG	STREPTOKINASE
STERNOTOMY	STREPTOMYCOSIS
STERNUM	STRESS
STEROID	STRIATAL
STERIODS	STRIATE
STEVENS	STRIATONIGRAL
STIFF	STRIATUM
STILLBORN	STRICTURE
STILLS	STRIDOR
STING	STRIPPING
STITCH	STROHL
STMPH	STROKE

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

STROKES	SUBFRONTAL
STROMAL	SUBGALEAL
STRONGYLOIDES	SUBGLOTTIC
STRUCTURE	SUBGLOTTIS
STRUCTURES	SUBHEPATIC
STRUMA	SUBINTIMAL
STRUMPELL	SUBLEUKEMIC
STRYCHNINE	SUBLINGUAL
STUART	SUBLUXATION
STUDIES	SUBMANDIBULAR
STUDY	SUBMAXILLARY
STUMP	SUBMENTAL
STUNT	SUBMERGED
STUPOR	SUBMERSION
STURGE	SUBPECTORAL
STURGES	SUBPERIOSTEAL
STYLOID	SUBPHRENIC
SUBA	SUBPLEURAL
SUBACUTE	SUBSTAINED
SUBAORTIC	SUBSTANCE
SUBARACHNOID	SUBSTANTIAL
SUBARACHOID	SUBSTERNAL
SUBCAPITAL	SUBSYSTEM
SUBCAPSULAR	SUBTENTORIAL
SUBCECAL	SUBTHYROIDISM
SUBCLAVIAN	SUBTOTAL
SUBCLAVICOCAROTICA	SUCK
SUBCLAVICULAR	SUCROSE
SUBCORTICAL	SUD
SUBCOSTAL	SUDDEN
SUBCUTANEOUS	SUDDENLY
SUBD	SUFFOCATED
SUBDIAPHRAGMATIC	SUFFOCATION
SUBDURAL	SUGAR
SUBEFE	SUICIDAL
SUBEMF	SUICIDE
SUBENDOCARDIAL	SUID
SUBEPENDYMOMA	SULCUS
SUBEPIDERMAL	SULFAMETHOXAZOLE

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

SULFASALAZINE
SULFATE
SULFATIDOSIS
SULZBERGER
SUMMER
SUPERFICIAL
SUPERFICIALIS
SUPERIMPOSED
SUPERINFECTED
SUPERIOR
SUPERNUCLEAR
SUPERNUMERARY
SUPPORT
SUPPRESSION
SUPPURATIVE
SUPRA
SUPRAAORTIC
SUPRABULBAR
SUPRACLAVICULAR
SUPRACONDYLAR
SUPRADIAPHRAGMATIC
SUPRAGLOTTIC
SUPRAGLOTTIS
SUPRAHILAR
SUPRANUCLEAR
SUPRAORBITAL
SUPRAPELVIC
SUPRAPUBIC
SUPRARENAL
SUPRASELLAR
SUPRAVALVULAR
SUPRAVENTRICULAR
SUPRAVT
SURFACE
SURGERIES
SURGERY
SURGICAL
SURROUNDING
SUTTON

SUTURE
SUTURED
SUTURES
SVT
SW
SWALLOW
SWALLOWED
SWALLOWING
SWAN
SWANN
SWEATS
SWELLING
SWISS
SWITCH
SWOLLEN
SWYER
SY
SYLVIUS
SYMMETRICAL
SYMONDS
SYMPATHECTOMY
SYMPATHETIC
SYMPATHETICOTONIA
SYMPHYSIS
SYMPTOMATIC
SYMPTOMS
SYN
SYNCEPHALUS
SYNCOPAL
SYNCOPE
SYNCYTIAL
SYNDROM
SYNDROME
SYNERGISTIC
SYNOSTOSIS
SYNOVIAL
SYPHILIS
SYPHILITIC
SYPHILITICA

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

SYRINGOBULBIA
SYRINGOMYELIA
SYRINGOMYELIC
SYRINGOMYELITIS
SYRINGOMYELOCELE
SYRINGOPONTIA
SYSTEM
SYSTEMATICUS
SYSTEMATISATA
SYSTEMIC
SYSTEMS
SYSTOLE
SYSTOLIC

T -

T
T12
TABES
TABETIC
TABLETS
TACHYARRHYTHMIA
TACHYBRADY
TACHYBRADYARRHYTHMIA
TACHYBRADYCARDIA
TACHYCARDIA
TACHYDYSRHYTHMIA
TACHYPNEA
TACHYRHYTHMIA
TAGS
TAIL
TAKAYASUS
TAKE
TALK
TALUS
TALWIN
TAMPONADE
TARDA
TARDIVE
TARGET

TARSAL
TARSUS
TAUSSIG
TAY
TAYBI
TB
TBC
TCC
TCELL
TCI
TEAR
TECKOFF
TEF
TEGRETOL
TELANGIECTASIA
TELANGIECTASIS
TELANGIECTATIC
TELANGIECTODES
TEMPERATURE
TEMPLE
TEMPORAL
TEMPORARY
TEMPORO
TEMPOROFRONTAL
TEMPOROCCIPITAL
TEMPOROPARIETAL
TEMPOROPONTINE
TEMPOROSPHENOIDAL
TENCKHOFF
TENCKOFF
TENDENCIES
TENDENCY
TENDINEAE
TENDON
TENORMIN
TENOSYNOVIAL
TENSION
TENTORIAL
TENTORIUM

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

TERATOCARCINOMA
TERATOMA
TERM
TERMINAL
TERMINATION
TERTIARY
TESCHENDORF
TEST
TESTES
TESTICLE
TESTICULAR
TESTIS
TETANUS
TETANY
TETRAD
TETRALOGY
TETRAPLEGIA
TEX
TF
TGV
THA
THALAMIC
THALAMUS
THALASSANEMIA
THALASSEMIA
THALASSEMIC
THANATOPHORIC
THE
THECA
THECOMA
THEOPHYLLINE
THEOPOHYLLINE
THERAPEUTIC
THERAPY
THERMAL
THERMOCUTANEOUS
THERMOPLEGIA
THIAMINIC
THICKENING

THICKNESS
THIGH
THINNING
THIORIDAZINE
THIORIDIAZINE
THIOTHIXENE
THIRD
THIRTEEN
THIS
THOMAS
THOMSONS
THORACENTESIS
THORACIC
THORACIS
THORACO
THORACOAAA
THORACOABDOMINAL
THORACOLUMBAR
THORACOPAGUS
THORACOPLASTY
THORACOSCOPY
THORACOSTOMY
THORACOTOMY
THORAX
THORAZINE
THORN
THORNWALDTS
THREE
THRIVE
THROAT
THROMBECTOMY
THROMBI
THROMBO
THROMBOARTERITIS
THROMBOCYTHEMIA
THROMBOCYTIC
THROMBOCYTOPENIA
THROMBOCYTOPENIC
THROMBOCYTOSIS

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

THROMBOEMBOLI	TISSUE
THROMBOEMBOLIC	TISSUES
THROMBOEMBOLISM	TL
THROMBOEMBOLUS	TO
THROMBOENCEPHALOMALACIA	TOBACCO
THROMBOENDARTERECTOMY	TOBACCOISM
THROMBOPENIA	TOBACOSIS
THROMBOPENIC	TOE
THROMBOPHLEBITIS	TOES
THROMBOPHLEBOTIC	TOFRANIL
THROMBOSED	TOGETHER
THROMBOSIS	TOILET
THROMBOSUS	TOLBUTAMIDE
THROMBOTIC	TOLERANCE
THROMBUS	TOLOSA
THRUSH	TOLUENE
THUMB	TOLUOL
THYMIC	TOMOGRAPHY
THYMOMA	TONGUE
THYMONA	TONIC
THYMUS	TONSIL
THYROCELE	TONSILLAR
THYROGLOSSAL	TONSILLECTOMY
THYROID	TONSILLOPHARYNGEAL
THYROIDAL	TONSILS
THYROIDECTOMY	TOOTH
THYROIDITIS	TOPHACEOUS
THYROMEGALY	TORCH
THYROTOXIC	TORN
THYROTOXICOSIS	TORRE
TI	TORSADES
TIA	TORSION
TIBIA	TORSO
TIBIAL	TORTICOLLIS
TIC	TORULA
TICK	TORULAR
TIME	TORULOPSIS
TIP	TORULOSIS
TIREDNESS	TOTAL

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

TOTALLY	TRANSCUTANEOUS
TOUCH	TRANSECTED
TOXEMIA	TRANSECTION
TOXIC	TRANSFERASE
TOXICITY	TRANSFORMATION
TOXICOLOGIC	TRANSFORMED
TOXICOLOGICAL	TRANSFUSION
TOXICOLOGY	TRANSFUSIONS
TOXICOSIS	TRANSIENT
TOXOPLASMA	TRANSITIONAL
TOXOPLASMIC	TRANSITORY
TOXOPLASMOSIS	TRANSLOCATION
TP	TRANSLUMINAL
TRACHEA	TRANSMURAL
TRACHEAL	TRANSPHENOIDAL
TRACHEITIS	TRANSPLANT
TRACHEOBPN	TRANSPLANTATION
TRACHEOBRONCHIAL	TRANSPORT
TRACHEOBRONCHITIS	TRANSPOSED
TRACHEOBRONCHOPN	TRANSPOSITION
TRACHEOBRONCHOPNEUMONIA	TRANSTENTORIAL
TRACHEOBRONCHOPNEUMONITIS	TRANSURETHRAL
TRACHEOCELE	TRANSVENOUS
TRACHEOESOPHAGEAL	TRANSVERSE
TRACHEOGASTRIC	TRANSVERSION
TRACHEOLARYNGEAL	TRANSVERSUS
TRACHEOMALACIA	TRANVERSE
TRACHEOPHARYNGEAL	TRAPEZIAL
TRACHEOSTENOSIS	TRAPEZOID
TRACHEOSTOMY	TRAUMA
TRACHEOTOMY	TRAUMATIC
TRACHOMA	TRAUMATISM
TRACT	TREACHER
TRACTION	TREATED
TRAIT	TREATMENT
TRANPLANT	TREATMENTS
TRANQUILIZER	TREE
TRANSBRONCHIAL	TREFOIL
TRASCORTICAL	TREMBLING

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

TREMENS	TUBE
TREMOR	TUBERCULAR
TRIAD	TUBERCULID
TRIATRIATUM	TUBERCULIDE
TRIAVIL	TUBERCULOSIS
TRICHINELLA	TUBERCULOSUS
TRICHLOROETHANE	TUBERCULOUS
TRICUSPID	TUBEROUS
TRICYCLIC	TUBES
TRIFASCICULAR	TUBO
TRIFID	TUBOOVARIAN
TRIGEMINAL	TUBULAR
TRIGONE	TUINAL
TRIGONITIS	TUMOR
TRIGONOCEPHALY	TUMORAL
TRIOLOCULAR	TUNICA
TRIMALLEOLAR	TUNNEL
TRIMESTER	TUR
TRIMETHOPRIM	TURBINATE
TRIPLE	TURCICA
TRIPLEGIA	TURNER
TRIPLETS	TURNERS
TRIPLOIDY	TURP
TRISOMY	TURPENTINE
TRIVESSEL	TURRICEPHALY
TROCHANTER	TWIN
TROCHANTERIC	TWINS
TROISIERS	TWISTED
TROPHIC	TWO
TROPHONEUROSI	TYLENOL
TROPICAL	TYMPANIC
TROPICALIS	TYMPANITIS
TROUBLE	TYPE
TRUE	TYPHUS
TRUNCUS	
TRUNK	U -
TRYPSIN	ULCER
TTP	ULCERATED
TUBAL	ULCERATING

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

ULCERATION	UNILATERAL
ULCERATIONS	UNILOBULAR
ULCERATIVE	UNINODULAR
ULCERS	UNION
ULLRICH	UNKNOWN
ULNA	UNSPECIFIED
ULNAR	UNSTABLE
ULS	UNSUCCESSFUL
ULTRAVIOLET	UNVERRICHT
UMBILICAL	UPPER
UMBILICUS	UPSET
UMBRELLA	URACHAL
UNABLE	URACHUS
UNATTENDED	URATIC
UNCAL	URBACH
UNCERTAIN	URBACHS
UNCIFORM	UREA
UNCLASSIFIED	UREMIA
UNCLEAR	UREMIC
UNCONSCIOUS	URETER
UNCONSCIOUSNESS	URETERAL
UNCONTROLLABLE	URETERECTOMY
UNDEFINED	URETERITIS
UNDER	URETEROCELE
UNDERDEVELOPED	URETEROLITH
UNDERDEVELOPMENT	URETEROLITHIASIS
UNDERLYING	URETEROLITHOTOMY
UNDERNOURISHED	URETEROPELVIC
UNDERNOURISHMENT	URETEROSIGMOID
UNDERNUTRITION	URETEROSIGMOIDOSTOMY
UNDERWEIGHT	URETEROSTOMY
UNDESCENDED	URETEROVAGINAL
UNDETERMINED	URETEROVESICAL
UNDEVELOPED	URETHRA
UNDIFFERENTIATED	URETHRAL
UNEXPECTED	URETHRITIS
UNEXPLAINED	URETHROCELE
UNHEALED	URETHROCUTANEOUS
UNIDENTIFIED	URETHROVAGINAL

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

URIC
URICACIDEMIA
URICEMIA
URINARY
URINE
URINEMIA
URODIALYSIS
UROHEPATIC
UROLITHIASIS
UROLOGICAL
URONEPHROSIS
UROPATHY
UROSEPSIS
UROSEPTIC
URTICARIA
USAGE
USHER
UTERI
UTERINE
UTERO
UTEROINTESTINAL
UTEROPELVIC
UTERORECTAL
UTEROVESICAL
UTERUS
UTILITY
UVEOPAROTITIS
UVULA
UVULAR
UVULITIS

V -

V
VACCINATION
VACCINIA
VACUUM
VAGINA
VAGINAL
VAGINALIS

VAGINALITIS
VAGINITIS
VAGINO
VAGINOVESICAL
VAGOTOMY
VALGUS
VALIUM
VALLECULAE
VALLEY
VALSALVA
VALUE
VALVE
VALVES
VALVOTOMY
VALVULAR
VALVULITIS
VALVULOPATHY
VALVULOPLASTY
VALVULOTOMY
VAN
VAPOR
VAQUEZ
VARIANCE
VARIANTS
VARICEAL
VARICELLA
VARICES
VARICOSE
VARICOSIS
VARICOSITIES
VARICOSITY
VARIX
VARNY
VARUS
VAS
VASCULAR
VASCULARITY
VASCULATURE
VASCULITIS

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

VASCULOPATHY	VENTRICULOPERITONEAL
VASECTOMY	VENTRICULOSTOMY
VASOCONSTRICTION	VENTRICULOTOMY
VASODILATION	VENTRICULR
VASOGENIC	VERA
VASOMOTOR	VERAPAMIL
VASOSPASM	VERBIESTS
VASOSPASTIC	VERMIFORM
VASOTEC	VERNER
VASOVAGAL	VERRUCOSA
VATER	VERRUCOUS
VAULT	VERSES
VD	VERSUS
VEGETATION	VERT
VEGETATIVE	VERTEBRA
VEHICLE	VERTEBRAE
VEIL	VERTEBRAL
VEIN	VERTEBROBASILAR
VEINS	VERTERBRAL
VELAMENTOUS	VERTEX
VELDT	VERTIGO
VELOCITY	VERY
VELOPHARYNGEAL	VESICAL
VENA	VESICLE
VENAL	VESICO
VENAR	VESICOABDOMINAL
VENEREAL	VESICOCOLONIC
VENOFIBROSIS	VESICOCUTANEOUS
VENOM	VESICOENTERIC
VENOMOUS	VESICOINTESTINAL
VENOUS	VESICORECTAL
VENTILATION	VESICOURETERAL
VENTILATOR	VESICOURETHRAL
VENTILATORY	VESICOVAGINA
VENTRAL	VESICOVAGINAL
VENTRICLE	VESICULAR
VENTRICULAR	VESSEL
VENTRICULITIS	VESSELS
VENTRICULOATRIAL	VF

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

VH
VIABLE
VIBRIO
VII
VIII
VILLANOUS
VILLOUS
VINCRISTINE
VINEBERG
VINEBERGS
VINSON
VIRAL
VIRCHOWS
VIREMIA
VIRIDANS
VIRUS
VISCERA
VISCERAL
VISCUS
VISION
VITAL
VITALITY
VITAMIN
VITRECTOMY
VITREOUS
VITUS
VOCAL
VOGT
VOICE
VOLUME
VOLUNTARY
VOLVULUS
VOMER
VOMITING
VON
VP
VROLIKS
VS
VSD

VT
VULGARIS
VULVA
VULVAL
VULVAR
VULVOVAGINITIS

W -

WAGNER
WAIST
WALDENSTROMS
WALKER
WALL
WALLENBERGS
WALLENBURGS
WALLGRENS
WANDERING
WARFARIN
WARM
WASP
WASPS
WASSERMANN
WASTING
WATER
WATERHOUSE
WATERY
WAVE
WEAK
WEAKNESS
WEAN
WEATHER
WEB
WEBBED
WEBER
WEBERS
WEBS
WEDGE
WEDGED
WEDGING

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

WEEKS
WEGENERS
WEIGHT
WEIGHTLESSNESS
WEIL
WEILL
WEINGARTENS
WEISS
WELANDER
WELCHII
WELL
WENCKEBACHS
WERDNIG
WERNERS
WERNICKE
WERNICKES
WESTPHAL
WET
WHARTONS
WHEEZING
WHIP
WHIPLASH
WHIPPLE
WHIRLPOOL
WHITE
WHOLE
WHOOPING
WIDESPREAD
WIDOW
WIEDEMANN
WIETHE
WILLANS
WILLEBRANDS
WILLI
WILLIS
WILMS
WILSON
WILSONS
WINDOW

WING
WINGED
WINTER
WISKOTT
WITHDRAWAL
WITTS
WK
WOLFE
WOLFF
WOLMANS
WOOD
WORKERS
WORN
WOUND
WOUNDED
WOUNDS
WPW
WRIST

X -
XANAX
XANTHOGRANULOMA
XANTHOGRANULOMATOUS
XANTHOMA
XANTHOMATOSIS
XENOGRAFT
XERODERMA
XIPHOID
XIPHOIDALGIA
XIPHOIDITIS
XIPHOPAGUS
XRAY

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

Y-

YEARS
YEAST
YELLOW
YERSINIA
YOUNG

Z -

ZELLWEGER
ZENKERS
ZETTERSTROM
ZIEVES
ZINC
ZOLLINGER
ZONE
ZOSTER
ZYGOMA
ZYGOMATIC

A –

ABRASION
ACID BURN (ANY DEGREE)
AIR EMBOLUS
AIR POLLUTION
ALLERGIC BEE STING REACTION
ALLERGIC REACTION
ALLERGIC SHOCK
ALLERGY
ALLERGY REACTION
AMPUTATION
ANAPHYLACTIC REACTION STING
ANAPHYLACTIC SHOCK STING
ANIMAL BITE
ASPHYXIATION
ASPIRATION
AVULSION

B –

BATTERED BABY (SYNDROME)
BATTERED CHILD (SYNDROME)
BEE STING
BEE STING ALLERGIC REACTION
BEE STING ALLERGY
BEE STING HYPERSENSITIVITY
BITE
BLACK WIDOW SPIDER BITE (SYNDROME)
BLAST INJURY
BLAST SYNDROME
BLAST TRAUMA
BLUNT FORCE IMPACT INJURY
BLUNT FORCE INJURY
BLUNT FORCE TO SITE
BLUNT FORCE TRAUMA
BLUNT IMPACT INJURY
BLUNT IMPACT TO SITE

BLUNT IMPACT TRAUMA
BLUNT INJURY
BLUNT TRAUMA
BLUNT TRAUMA INJURY
BROKEN
BRUISE
BULLET WOUND
BURN (ANY DEGREE) (ANY %)
BURN DAMAGE
BURN INJURY
BURNED
BURNED BEYOND RECOGNITION
BURNED TO DEATH

C –

CARBON MONOXIDE
CARBON MONOXIDE ASPHYXIA
CARBON MONOXIDE GASES
CARBON MONOXIDE LEVEL
SATURATION (ANY %)
CARBON MONOXIDE SATURATION
(ANY %)
CARBOXYHEMOGLOBIN (ANY %)
CARBOXYHEMOGLOBINEMIA
CHARRED
CHEMICAL BURN (ANY DEGREE)
CHILD ABUSE
CHILD MALTREATMENT
(SYNDROME)
CHILD NEGLECT
CHOKED
CHOKED TO DEATH
COLD EFFECTS
COLD EXPOSURE
COMPRESSION ASPHYXIA
CONCUSSION
CONTUSION
CREMATION
CRUSHED

CRUSHING (SYNDROME)
CRUSHING ASPHYXIATION
CRUSHING INJURY
CRUSHING TRAUMACUT
CUT WOUND

D –

DAMAGE
DECAPITATION
DECEREBRATION
DISLOCATION
DISMEMBERMENT
DISRUPTION
DROWNING
DROWNING ANOXIA

E –

ELECTRIC CURRENT EFFECTS
ELECTRIC SHOCK
ELECTRICAL BURN
ELECTRICAL INJURY
ELECTRICAL SHOCK
ELECTROCUTION
ENVIRONMENTAL EXPOSURE
ENVIRONMENTAL HYPERPYREXIA
ENVIRONMENTAL HYPERTHERMIA
ENVIRONMENTAL HYPOTHERMIA
EVISERATION
EXPOSURE
EXPOSURE TO ELEMENTS
EXPOSURE TO ENVIRONMENT

F –

FAMINE
FAT EMBOLISM (SYNDROME)
FIREARMS INJURY
FIREARMS WOUND
FISH STING
FLAME BURN

FOOD DEPRIVATION
FOOD INSUFFICIENCY
FRACTURE
FRACTURE DISLOCATION
FRACTURE INJURY
FREEZING
FRICTION BURN
FROSTBITE
FROZE TO DEATH
FROZEN
FULL THICKNESS BURN (ANY %)

G -

GAS ASPHYXIA
GAS SUFFOCATION
GUNSHOT INJURY
GUNSHOT WOUND

H -

HANGING
HEAT APOPLEXY
HEAT COLLAPSE
HEAT CRAMPS
HEAT EFFECTS
HEAT EXHAUSTION
HEAT FEVER
HEAT HYPERPYREXIA
HEAT HYPERTHERMIA
HEAT PROSTRATION
HEAT PYREXIA
HEAT STROKE
HEMATOMA
HUNGER
HYPERSENSITIVE REACTION
HYPOTHERMIA

I -

IDIOSYNCRACY
IMMERSION
IMPACT INJURY

IMPACT TO SITE
IMPROPER CARE
INATTENTION AFTER BIRTH
INATTENTION AT BIRTH INCINERATION
INCISED
INCISED KNIFE WOUND
INCISED STAB WOUND
INCISED WOUND
INFRARED RAYS INJURY
INJURY
INSECT BITE
INSECT BITE HYPERSENSITIVITY
INSECT STING

J –
JELLYFISH STING

K –
KNIFE WOUND

L -
LACERATION
LACK OF CARE
LACK OF FOOD
LEAD ENCEPHALOPATHY
LEAD NEPHROPATHY
LETHAL CARBON MONOXIDE
CONCENTRATION
LIGHTNING BURN
LIGHTNING SHOCK
LIGHTNING STROKE

M –
MANGLED
MUTILATION

N –
NEGLECT

O –

OVEREXERCISED
OVEREXERTION
OVEREXPOSURE
OVERHEATED

P –

PENETRATING KNIFE WOUND
PENETRATING STAB WOUND
PENETRATING TRAUMA
PENETRATING WOUND
PERFORATING KNIFE WOUND
PERFORATING STAB WOUND
PERFORATING WOUND
PIERCING KNIFE WOUND
PIERCING STAB WOUND
PIERCING WOUND
POLYMER FUME FEVER
PORTUGUESE MAN-O-WAR STING
PUNCTURE
PUNCTURE KNIFE WOUND
PUNCTURE STAB WOUND
PUNCTURE WOUND

R –

RADIOACTIVE FALLOUT
RAPE
REPTILE BITE
RUPTURE

S –

SCALD BURN (ANY DEGREE)
SCRATCH
SENSITIVITY
SEPARATION
SHAKEN INFANT (SYNDROME)
SHAKING INJURY
SHARP FORCE INJURY
SHARP FORCE TRAUMA

SLASH
SMOTHERING
SNAKE BITE
SPIDER BITE
SPRAIN
STAB
STAB WOUND
STARVATION
STING
STRAIN
STRANGULATION
SUBLUXATION
SUBMERSION
SUFFOCATION
SUNSTROKE

T-

THERMAL BLUNT TRAUMA
THERMAL BURN
THERMAL IMPACT INJURY
THERMAL INJURY
THERMAL TRAUMA
THERMOPLEGIA
TOBACOSIS
TORN
TRANSECTION
TRAUMA
TRAUMATIC DEATH
TRAUMATISM

U –

UNATTENDED BIRTH

V –

VAPOR ASPHYXIA
VAPOR SUFFOCATION

W –

WAR INJURY

WASP STING

WEATHER EXPOSURE

WEIGHTLESSNESS

WHIPLASH (SYNDROME)

WOUND

- A Cataclysmic Events Causing any Accident or Injury - see page H-2**
- B Transports - see page H-3**
- C Fire and Flames - see page H-18**
- D Explosions - see page H-23**
- E Excessive or Exposure to Natural and Environmental Factors - see page H-24**
- F Bites, Stings, Poisoning, Reactions to, Other Injuries by Animals and Plants - see page H-26**
- G Hot Substance or Object, Caustic or Corrosive Material, and Steam - see page H-28**
- H Electrical Current - see page H-29**
- I Firearms - see page H-30**
- J Exposure to Radiation - see page H-31**
- K Drowning or Submersion with Activities in Water - see page H-32**
- L Circumstances Involving Suffocation, Strangulation, Obstruction, Aspiration, Choking, or Asphyxiation - see page H-34**
- M Tools, Appliances, and Sharp Objects (Includes Lawn Mowers) - see page H-36**
- N Machinery in Operation - see page H-38**
- O Falling, Diving, Jumping, Pushed - see page H-39**
- P Abuse, Assault, Abandonment, Neglect - see page H-41**
- Q Legal Interventions and Operations of War - see page H-42**
- R Other – See Page H-44**

A. CATAclySMIC EVENTS CAUSING ANY ACCIDENT OR INJURY

(Cataclysmic event **must be** in progress at time of accident and be a direct cause of the injury)

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

Includes: A transport washed off the road by storm

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

! STOP !

End of Cataclysmic Events Causing Any Accident or Injury

B. TRANSPORTS (page 1 of 15)1. Type of vehicle**Motor Vehicle Designed Primarily for On-road Use**

- 01: Automobile** (Car, minivan, minibus)
- 02: Truck** (Pickup)
- 03: Van**
- 04: Heavy transport vehicle** (Tractor-trailer truck, panel truck)
- 05: Bus**
- 06: Motor vehicle** (Stated as Motor Vehicle or MV)
- 07: Stated "Traffic Accident", no vehicle specified on record**

Motorcycle:

- 08: Motorcycle, motorscooter** (Includes motorized bicycle, motorcycle with sidecar)
- 09: Motorized tricycle**
- 10: Moped**

Work Vehicle (in transit)

- 11: Industrial vehicle** (Coal car, logging car, battery powered vehicle, baggage truck, other)
- 12: Tractor**
- 13: Other agricultural vehicle** (Combine, harvester)
- 14: Construction vehicle** (Road scraper, road grader, backhoe, snowplow)
- 15: Bulldozer**

Recreational Vehicle

- 16: All-terrain vehicle** (ATV)
- 17: Off-road vehicle** (Go cart, minibike, dirt bike, race car, three wheeler, golf cart)
- 18: Snowmobile**

Other (in transit)

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

MORE ON NEXT PAGE**! C O N T I N U E next page !**

B. TRANSPORTS (page 2 of 15)1. Type of vehicle - continued**Watercraft**

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

Aircraft - Powered

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

MORE ON NEXT PAGE

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

B. TRANSPORTS (page 3 of 15)1. Type of vehicle - continued**Aircraft - Unpowered and Unspecified**

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

Railed Vehicle

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

Other Vehicles

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

Non-Motor Vehicle

- 57: Pedal cycle (Bicycle, tricycle)**
- 58: Other**

Animal

- 59: Animal being ridden**
- 60: Animal drawn vehicle**
- 61: Other**

Objects Set in Motion by

- 62: Railway train**
- 63: Motor vehicle**
- 64: Non-motor vehicle**

- 88: Other specified**
- 99: Unspecified**

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

B. TRANSPORTS (page 4 of 15)2. Location of transport at time of accident¹

- 01: On highway** (Being driven on, left, ran off: highway, street, road, military reservation, alley, Route #, roadway)
- 02: Off highway** (Being driven: home, yard, parking lot, farm, park, school grounds)
- 03: Left highway and re-entered**
- 04: Stationary** (Parked car, car in garage)
- 05: At airport, on runway, arriving, landing, departing, taking off**
- 06: In flight, enroute, midair**
- 07: Railway yard, railway track, railroad**
- 08: In water** (Lake, river, ocean)
-
- 88: Other specified**
- 99: Unspecified**

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

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

B. TRANSPORTS (page 5 of 15)

3. Collision
 - 3a. Collision with

SS: Skip (No collision mentioned)²

Motor Vehicle Designed Primarily for On-road Use

- 01: Automobile** (Car, minivan, minibus)
- 02: Truck** (Pickup)
- 03: Van**
- 04: Heavy transport vehicle** (Tractor-trailer truck, panel truck)
- 05: Bus**
- 06: Motor vehicle** (Stated as Motor Vehicle or MV)
- 07: Stated "Traffic Accident", no vehicle specified on record**

Motorcycle

- 08: Motorcycle, motorscooter** (Includes motorized bicycle, motorcycle with sidecar)
- 09: Motorized tricycle**
- 10: Moped**

Work Vehicle (in transit)

- 11: Industrial vehicle** (Coal car, logging car, battery powered vehicle, baggage truck, other)
- 12: Tractor**
- 13: Other agricultural vehicle** (Combine, harvester)
- 14: Construction vehicle** (Road scraper, road grader, backhoe, snowplow)
- 15: Bulldozer**

1. MORE ON NEXT PAGE

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

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

B. TRANSPORTS (page 6 of 15)

3. Collision - continued
- 3a. Collision with – continued

Recreational Vehicle

- 16: All-terrain vehicle** (ATV)
- 17: Off-road vehicle** (Go cart, minibike, dirt bike, race car, three wheeler, golf cart)
- 18: Snowmobile**

Other (in transit)

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

Watercraft

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

MORE ON NEXT PAGE

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

B. TRANSPORTS (page 7 of 15)

3. Collision - continued
- 3a. Collision with – continued

Aircraft - Powered

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

Aircraft - Unpowered and Unspecified

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

Railed Vehicle

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

Other Vehicles

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

MORE ON NEXT PAGE**! C O N T I N U E next page !**

B. TRANSPORTS (page 8 of 15)

3. Collision - continued
3a. Collision with – continued

Non-Motor Vehicle

57: Pedal cycle (Bicycle, tricycle)

58: Other

Animal

59: Animal being ridden

60: Animal drawn vehicle

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

Objects Set in Motion by

62: Railway train

63: Motor vehicle

64: Non-motor vehicle

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

Stationary Object

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

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

68: Unspecified object (Fixed object)

88: Other specified

99: Unspecified

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

B. TRANSPORTS (page 9 of 15)3. Collision - continued3b. Location of transport at time of collision^{3, 4}**SS: Skip** (No collision mentioned)⁵**01: On highway** (road, street, alley)**02: Off highway** (off road), (off street), (off highway property)**03: On roadway****04: Off roadway** (off travel portion of road)**06: In flight, enroute, midair****08: In water** (lake, river, ocean)**88: Other specified** (runway)**99: Unspecified****! C O N T I N U E next page !**

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

⁴Location of transport at time of collision:
Left or ran off highway, road, street---enter 02.
Left or ran off roadway---enter 04.

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

B. TRANSPORTS (page 10 of 15)

4. Other circumstances
 4a. Involving vehicle

01:	Loss of control of vehicle (Derailment, overturned, skidded, ran off road or roadway)
02:	Submerging, sinking (Overturned boat)
03:	Explosion, fire, or burning of vehicle
04:	Object thrown on, fell on or in
05:	Machinery accident on transport
06:	Excessive heat in or from transport
88:	Other specified
99:	Unspecified

- 4b. Involving victim

01:	Fell (Or other accident) while boarding or alighting
02:	Inhaled or poisoned by carbon monoxide, exhaust fumes, and smoke from vehicle
Fell in, on, or from Vehicle	
03:	On stairs or ladder
04:	Other fall from one level to another, fall from any vehicle, animal
05:	Other and unspecified fall
06:	Run over by, knocked down by, entangled in vehicle, struck by
07:	Injury from moving part or breakage of part, thrown against some part of, sucked into jet, hit by propeller.
08:	Thrown from, ejected from
09:	Drowning, submersion, fell from or washed overboard
10:	Crushed between transports
11:	Electrocuted
88:	Other specified (Pinned under)
99:	Unspecified

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

B. TRANSPORTS (page 11 of 15)

5. Decedent information
5a. Status of decedent

Person in or on Vehicle

- 01: Driver** (Motorcyclist, bicyclist, cyclist)
02: Passenger
03: Occupant
04: Rider (Riding, in back of truck)
05: Rider on outside of vehicle
06: Crew (Railroad conductor, engineer, pilot, flight attendant)

Person Not in or on Vehicle⁶

- 07: Pedestrian**
08: Airline ground crew
09: Person on ground injured in air transport accident
10: Water skier
11: Swimmer
12: Dock worker, stevedore

Other

- 88: Other specified position**
99: Unspecified position

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

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

B. TRANSPORTS (page 12 of 15)

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

SS: Skip, decedent was not occupant of vehicle⁷

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

Motor Vehicle Designed Primarily for On-road Use

- 01: Automobile** (Car, minivan, minibus)
02: Truck (Pickup)
03: Van
04: Heavy transport vehicle (Tractor-trailer truck, panel truck)
05: Bus
06: Motor vehicle (Stated as Motor Vehicle or MV)
07: Stated "Traffic Accident", no vehicle specified on record

Motorcycle

- 08: Motorcycle, motorscooter** (Includes motorized bicycle, motorcycle with sidecar)
09: Motorized tricycle
10: Moped

Work Vehicle (in transit)

- 11: Industrial vehicle** (Coal car, logging car, battery powered vehicle, baggage truck, other)
12: Tractor
13: Other agricultural vehicle (Combine, harvester)
14: Construction vehicle (Road scraper, road grader, backhoe, snowplow)
15: Bulldozer

MORE ON NEXT PAGE

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

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

B. TRANSPORTS (page 13 of 15)

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

Recreational Vehicle

- 16: **All-terrain vehicle** (ATV)
17: **Off-road vehicle** (Go cart, minibike, dirt bike, race car, three wheeler, golf cart)
18: **Snowmobile**

Other (in transit)

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

Watercraft

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

MORE ON NEXT PAGE

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

B. TRANSPORTS (page 14 of 15)

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

Aircraft - Powered

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

Aircraft - Unpowered and Unspecified

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

Railed Vehicle

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

Other Vehicles

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

MORE ON NEXT PAGE**! C O N T I N U E next page !**

B. TRANSPORTS (page 15 of 15)

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

Non-Motor Vehicle**57: Pedal cycle** (Bicycle, tricycle)**58: Other****Animal****59: Animal being ridden****60: Animal drawn vehicle****61: Other****88: Other specified****99: Unspecified****! STOP !**

END OF TRANSPORTS

C. FIRE AND FLAMES (page 1 of 5)

Excludes: Fire caused by transport accident. Reselect B.

1. Origin of fire

05:	Blowlamp
10:	Blowtorch
15:	Brazier
20:	Candle
25:	Cigarette/cigar/pipe
30:	Explosion
35:	Fireplace
40:	Furnace
45:	Lighter/match
50:	Lightning
55:	Stove, heater (Gas, wood, electric)
60:	Welding torch
65:	Wiring, electric
88:	Other specified
99:	Unspecified

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

C. FIRE AND FLAMES (page 2 of 5)2. If fire caused by explosion, indicate agent**SS: No explosion involved****Pressurized Materials**

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

Explosive Materials

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

- 30: In mine**

- 88: Other specified** (Unspecified stove)
- 99: Unspecified**

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

C. FIRE AND FLAMES (page 3 of 5)3. Fire located in

01: Private dwelling (Apartment, boarding house, camping place, caravan, farmhouse, home, house, lodging house, private garage, rooming house, tenement)
02: Other building or structure (Barn, church, convalescent or nursing home, factory, farm out-building, hospital, hotel, educational institution, dormitory, school, shop, store, theater)
03: Not in building or structure (Stationary vehicle, forest, field (prairie), mine, bonfire, campfire, trash fire)
88: Other specified
99: Unspecified

4. Resulted in large uncontrolled fire

01: Yes (Indications of uncontrolled fire such as “housefire,” “house burned”, “fire in home”, or fire AND place of injury is reported as HOME, unless indications that fire was restricted to a specific area in the home)
02: No (Indication of controlled fire limited to a piece of furniture, a single room, or a limited area, bonfire, campfire, trash fire)
99: Unspecified

CONTINUE next page !

C. FIRE AND FLAMES (page 4 of 5)5. Fire ignited**Explosive Materials**

- 01: Highly inflammable liquids and material (Benzene, gasoline, kerosene)
- 02: Blasting materials
- 03: Explosive gases
- 04: Other explosives

Clothing

- 21: Bed, bed linens, bedspread
- 22: Nightwear (Pajamas, night gown)
- 23: **Other clothes and apparel** (Dress, melting of plastic jewelry)

- 88: **Other specified**
- 99: **Unspecified**

!CONTINUE next page!

C. FIRE AND FLAMES (page 5 of 5)6. Victim⁸

05: Burned, thermal injury
10: Cremated, incinerated
15: Jumped from burning building
20: Building collapsed
25: Fell into fire

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

30: Smoke, soot
35: Carbon monoxide
40: Fumes from PVC
45: Fumes, gas (Noxious, unspecified source)
50: Inhalation of flames
55: Products of combustion
60: Was asphyxiated (Suffocated) - means unspecified

88: Other specified
99: Unspecified

! S T O P !

END OF FIRE AND FLAMES

⁸When more than one category applies, select code for first reported injury on record.

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

- Excludes:** (1) An explosion involving a transport. Reselect B.
(2) An explosion involving machinery. Reselect N.

(Explosion of)

Pressurized Materials

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

Explosive Materials

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

- 30: In mine**

- 88: Other specified** (Unspecified stove)
- 99: Unspecified**

! S T O P !

END OF EXPLOSIONS

E. EXCESSIVE OR EXPOSURE TO NATURAL AND ENVIRONMENTAL FACTORS (page 1 of 2)**Heat, Cold, Weather, and Environment** (codes 01-12)

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

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

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

Neglect or Abandonment (codes 31-37)

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

MORE ON NEXT PAGE**! C O N T I N U E next page !**

E. EXCESSIVE OR EXPOSURE TO NATURAL AND ENVIRONMENTAL FACTORS (page 2 of 2)**Hunger, Thirst** (codes 38-40)**38: Lack of food****39: Lack of water****40: Privation, unqualified****Other** (codes 50-55)**50: Overexertion, strenuous exercise** (Running, lifting heavy objects, rowing, etc.)**51: Prolonged stay in weightless environment****52: Noise, sound waves, supersonic waves****53: Vibration****54: Travel and motion****55: Abnormal gravitational (G) forces****88: Other specified****99: Unspecified****! S T O P !****END OF EXCESSIVE OR EXPOSURE TO NATURAL AND ENVIRONMENTAL FACTORS**

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

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

1. STATED as venomous or nonvenomous

01: Stated as venomous or poisonous
02: Stated as nonvenomous or nonpoisonous
99: Not stated

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

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

2. Type animal or plant

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

! S T O P !

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

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

Excludes: Heat caused by a fire. Reselect C.

Hot Liquids and Vapors Including Steam

- 01: Hot tap water** (Water from faucet, bathtub, bucket, water hose, etc.)
- 02: Hot food, drink, fat, cooking oil**
- 03: Other liquids** (Boiling, hot, water heated on stove, etc.)
- 04: Hot metal** (Liquid metal)
- 05: Steam, hot vapors**
- 06: Hot air and gases**

Caustic and Corrosive Substances

- 10: Acid**
- 11: Ammonia**
- 12: Oven cleaner**
- 13: Lye**
- 14: Chemicals**
- 15: Other and unspecified caustic or corrosive substance**

Other

- 20: Heat from electric appliance**
- 21: Household appliance, hot object** (Iron, coffee pot, toaster, hot plate)
- 22: Stove** (Electric, gas)
- 23: Other heating appliances** (Radiators, pipes, heating pads)
- 24: Hot engine, machine or tools**

- 88: Other specified hot substance or object**
- 99: Unspecified hot substance or object**

! S T O P !

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

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

- Includes:** (1) Transport accidents where victim is clear of vehicle
(2) Machinery contacting electrical current

Caused by:

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

! S T O P !

END OF ELECTRICAL CURRENT

I. FIREARMS (page 1 of 1)

1. Type of weapon

05:	Pistol (Handgun)		
	Revolver	38	Caliber Saturday night special
	25 Caliber	45	Caliber
	32 Caliber	357	Magnum
10:	Shotgun (8, 10, 12, 16, 20, 410 gauge, buckshot)		
15:	Rifle (Hunting), 30.06 (30 ought 6), 30/30 , 25.06 (25 ought 6), 308		
20:	Military		
	M1	M14	Army rifle
	M1 carbine	M16	
	Machine gun	AK47	
88:	Other specified		
	Verey pistol (Flare)	Pellet pistol	BB gun
	Airgun	Pellet gun	
99:	Unspecified		
	22 Caliber gun		
	30 Caliber gun		

2. Circumstances

01:	Playing Russian Roulette
02:	While cleaning, handling or playing with gun
03:	Hunting
04:	Shot by police (Security guard)
05:	Shot by other person
06:	Self-inflicted, shot self
88:	Other specified
99:	Unspecified shooting (Shot)

! S T O P !

END OF FIREARMS

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

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

05: Radio frequency radiation

10: Infrared heaters and lamps

Visible & Ultraviolet Light Sources

15: Arc lamps

20: Sun rays

25: Tanning booth or bed

30: Welding arc

35: Other

40: X-rays

45: Lasers

50: Radioactive isotopes

55: Nuclear fuel

60: Natural radiation (Uranium)

88: Other specified

99: Unspecified

! S T O P !

END OF EXPOSURE TO RADIATION

K. DROWNING OR SUBMERSION WITH ACTIVITIES IN WATER

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

- Excludes:** (1) Accidents involving transports. Reselect B.
 (2) Accidents involving machinery. Reselect N.

1. Type of activity

<p>Sport or Recreation</p> <p>01: Diving</p> <p>03: Fishing</p> <p>05: Hunting</p> <p>07: Ice skating</p> <p>09: Playing or wading in water</p> <p>11: Scuba diving</p> <p>13: Skin diving</p> <p>15: Surf boarding</p> <p>17: Swimming</p> <p>19: Water skiing</p> <p>21: Other sport or recreation</p> <p>Swimming or Diving Involving Other Than Sport/Recreation</p> <p>41: Marine salvage</p> <p>43: Pearl diving</p> <p>45: Placement of fishing nets</p> <p>47: Rescuing another person</p> <p>49: Underwater construction</p> <p>50: Other commercial activity</p> <p>Other Activity</p> <p>88: Other specified (fell, jumped, pushed)</p> <p>99: Unspecified</p>

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

K. DROWNING OR SUBMERSION WITH ACTIVITIES IN WATER

(page 2 of 2)

2. Decedent fell, was pushed

01: Fell, slipped
02: Jumped, pushed
99: Unspecified

3. Place

05: Bathtub (Bathing), jacuzzi, hot tub
10: Quenching tank
15: Swimming pool
20: River
25: Ocean (Sea, bay, salt water)
30: Lake
35: Pond
40: Other natural body of water (Stream, creek, swamp, fresh water, brackish water, shore)
88: Other specified (Pool, wading pool, reservoir, irrigation ditch, canal)
99: Unspecified water

! S T O P !

END OF DROWNING OR SUBMERSION WITH ACTIVITIES IN WATER

L. CIRCUMSTANCES INVOLVING SUFFOCATION, STRANGULATION, OBSTRUCTION, ASPIRATION, CHOKING, OR ASPHYXIATION

(Choked on, asphyxia by, suffocation by, obstruction of airway, strangulation, aspiration, inhalation foreign body) (page 1 of 2)

1. Cause of circumstances

- 01: Food** (Bone, food bolus, seed)
- 02: Gastric contents** (Vomitus, regurgitated food, fecal matter, stomach acid)
- 03: Nonfood** (Blood, medicine, mucus, secretion NOS, chewing gum, sputum)
- 04: Stated foreign body** (Foreign matter, foreign object) ⁹
- 05: Plastic bag**
- 06: Enclosed space** (Shut in refrigerator, air-tight space)
- 07: Falling earth or other substance** (Cave-in)
- 08: Hanging, asphyxia, strangulation, or suffocation by device around neck** (Ligature)
- 09: Bed, crib, baby carriage, bed clothing, infants while asleep**
- 10: Strangulation, asphyxia, or suffocation not by foreign body** (Compression, constriction, pressure, mechanical, positional)

- 88: Other specified**
- 99: Unspecified**

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

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

L. CIRCUMSTANCES INVOLVING SUFFOCATION, STRANGULATION, OBSTRUCTION, ASPIRATION, CHOKING, OR ASPHYXIATION

(page 2 of 2)

2. Location of obstruction

- | | |
|------------|--|
| 01: | Airway |
| 02: | Bronchus |
| 03: | Bronchiole |
| 04: | Esophagus |
| 05: | Intestine (Small, jejunum) |
| 06: | Large Intestine (Colon) |
| 07: | Larynx |
| 08: | Lung |
| 09: | Mouth |
| 10: | Nasopharynx, Oropharynx |
| 11: | Nose |
| 12: | Pharynx |
| 13: | Respiratory |
| 14: | Stomach |
| 15: | Throat |
| 16: | Trachea |
| 88: | Other specified site |
| 99: | Unspecified site or no obstruction reported |

! S T O P !

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

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

- Excludes:** (1) Accidents involving broken glass caused by EXPLOSION. Reselect D.
 (2) Accidents involving broken glass caused by discharge of FIREARM. Reselect I.

Includes: Accidents involving lawn mower, powered or unpowered

1. Act

01:	Stabbed by
02:	Cut by
03:	Falling on
04:	Injured by
88:	Other specified
99:	Unspecified

2. Type

Powered	
01:	Hand tools (Chain saw, drill, handsaw, hedge clipper, rivet gun, staple gun)
02:	Household appliances and implements (Blender, electric can opener, electric fan, electric knife)
03:	Industrial tools (Band saw, bench saw, circular saw, overhead plane, powered saw, radial saw, sander, lathe)
Unpowered	
04:	Knives, swords, and daggers
05:	Other hand tools and implements (Axe, can opener, chisel, fork, hoe, ice pick, needle, paper cutter, pitch fork, rake, razor, scissors, screwdriver, shovel)
06:	Sharp object used during sport activity (Arrow, dart)
07:	Sharp object, excluding broken glass (Lathe turnings, nail, splinter, sharp paper, tin can lid)
08:	Broken glass
MORE ON NEXT PAGE	

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

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

2. Type - continued

Lawn Mower

09: Riding lawn mower

10: Powered lawn mower, powered push mower

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

12: Non-powered lawn mower

88: Other specified

99: Unspecified

! S T O P !

END OF TOOLS, APPLIANCES, AND SHARP OBJECTS

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

Excludes: Machinery on traffic way. Reselect B

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

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

Lifting Machines and Appliances (codes 03-06)

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

03: Used in agricultural operations

04: Used in mining operations

05: Other specified

06: Unspecified

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

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

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

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

11: Water, gas, steam turbines and engines

88: Other specified

99: Unspecified

! STOP !

END OF MACHINERY IN OPERATION

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

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

From, on, out of, off, down

- 01: Escalator**
02: Other stairs or steps (Includes ice or snow on stairs/steps)
03: Ladder
04: Scaffolding
05: Residential structure (Apartment, boarding house, camping place, caravan, farm house, home, house, lodging house, private garage, rooming house, tenement)
06: Building or other nonresidential structure (Barn, church, convalescent or nursing home, factory, farm outbuilding, hospital, hotel, educational institution, dormitory, school, shop, store, theater)
07: Other manmade structure (Bridge, flagpole, tower)
08: Cliff (Mountain, while mountain climbing)
09: Tree
10: Other natural structure or site (Embankment)
11: Playground equipment

Fall Getting Out of or Striking Against

- 12: Bed**
13: Chair
14: Other furniture

MORE ON NEXT PAGE

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

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

- 15: Bed**
- 16: Chair**
- 17: Other furniture**

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

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

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

Into (in)

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

- 88: Other specified fall (Fall from or off toilet)**
- 99: Unspecified fall**

! S T O P !

END OF FALLING, DIVING, JUMPING, PUSHED

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

Excludes: Transports. Reselect B.

1. Circumstances

- | |
|---|
| 01: Abandonment or neglect |
| 02: Beaten with blunt object (Stick, ball bat) |
| 03: Beaten (Unspecified) |
| 04: Involved in fight, brawl, or altercation |
| 05: Mental abuse |
| 06: Physical abuse |
| 07: Sexual abuse |
| 08: Sexual assault (Rape, sodomy) |
| 09: Abuse (Unspecified) |
| 10: Assault (Unspecified) |
| 11: Riot (Unspecified) |
| 12: Pushed or placed in front of moving object |
| 88: Other specified |
| 99: Other unspecified |

2. By person

- | |
|---|
| 01: Spouse or partner |
| 02: Parent, step-parent |
| 03: Acquaintance or friend (Boss, co-worker) |
| 04: By official authorities |
| 05: By other relative (Brother, sister, etc.) |
| 88: Other specified persons |
| 99: By unspecified person (Assailant, mugger, robber, vague reference) |

! S T O P !

END OF ABUSE, ASSAULT, ABANDONMENT, NEGLECT

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

- 01: Asphyxiation by gas**
- 02: Beheading, decapitation** (by guillotine)
- 03: Electrocution**
- 04: Hanging**
- 05: Lethal injection** (Poisoning)
- 06: Shooting**
- 07: Capital punishment, means unspecified** (Or other words to that effect)

Other Legal Intervention

- 08: Involving discharge of firearm**
- 09: Involving explosives**
- 10: Involving gas**
- 11: Involving blunt objects**
- 12: Involving sharp objects**
- 13: Other specified intervention**
- 14: Unspecified Intervention**

! STOP !

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

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

- 88: Other specified**
- 99: Unspecified**

! STOP !

END OF LEGAL INTERVENTIONS AND OPERATIONS OF WAR

R. OTHER (page 1 of 1)

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

Struck Against or Struck by People

02: In sports

03: In crowd stampede

04: In running water

05: Other

Struck Against or Struck by Object

06: In sports, with sporting equipment

07: In running water

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

09: Other

10: Hit, twisted, kicked by person

11: Bitten by person

12: Caught in between objects

Tripping or Stumbling

13: Over animal

14: Over rug or other object

15: Over other person

! STOP!

END OF OTHER

APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

Certificate 1

Certificate Number		Sex	Date of Death	
000001		F	01/01	
Age Unit		Age Field	State of Death	
68		YEARS	AS	
Part I			Duration	
a. CEREBRAL THROMBOSIS			7 WKS	
b. RENAL FAILURE			4 WKS	
c. PNEUMONIA			1 WK	
d.				
Part II				
Was Autopsy Performed		Were Autopsy Finding Used	Tobacco Use Contribute to death	
			Y	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
1		N		
Date of Injury		Time of Injury	Injury at Work	
Place of Injury				
Injury Description				
Transportation, Specify				
Certifier	D	State Specific Data		

APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

Certificate 2

Certificate Number		Sex	Date of Death	
000002		M	01/01	
Age Unit		Age Field		State of Death
34		YEARS		AS
Part I			Duration	
a. CONGESTIVE HEART FAILURE				
b. STOMACH ULCER WITH HEMORRHAGE				
c.				
d.				
Part II: MYOCARDIAL INFARCTION; CANCER OF BREAST; CIRCULATORY				
INSUFFICIENCY				
Was Autopsy Performed		Were Autopsy Finding Used		Tobacco Use Contribute to death
				Y
Pregnancy		Manner of Death		Date of Surgery
		N		
Date of Injury		Time of Injury		Injury at Work
Place of Injury				
Injury Description				
Transportation, Specify				
Certifier	D	State Specific Data		

APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

Certificate 3

Certificate Number		Sex	Date of Death	
000003		F	01/01	
Age Unit		Age Field	State of Death	
79		YEARS	AS	
Part I			Duration	
a.. PULMONARY EDEMA			ACUTE	
b. MYOCARDIAL INFARCTION			3 MO	
c. ARTERIOSCLEROTIC HEART DISEASE				
d.				
Part II				
Was Autopsy Performed		Were Autopsy Finding Uses	Tobacco Use Contribute to death	
			N	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
1		N		
Date of Injury		Time of Injury	Injury at Work	
Place of Injury				
Injury Description				
Transportation, Specify				
Certifier	M	State Specific Data		

APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

Certificate 4

Certificate Number		Sex	Date of Death	
000004		M	01/01	
Age Unit		Age Field	State of Death	
48		YEARS	AS	
Part I			Duration	
a. BRONCHOPNEUMONIA				
b. GASTRIC ULCERS, CAUSE UNKNOWN				
c. RHEUMATOID ARTHRITIS				
d.				
Part II: WIDESPREAD CARCINOMA OF LUNG				
Was Autopsy Performed		Were Autopsy Finding Uses	Tobacco Use Contribute to death	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
		N		
Date of Injury		Time of Injury	Injury at Work	
Place of Injury				
Injury Description				
Transportation, Specify				
Certifier	CORONER	State Specific Data		

APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

Certificate 5

Certificate Number		Sex	Date of Death	
000005		F	01/01	
Age Unit		Age Field		State of Death
56		YEARS		AS
Part I			Duration	
a. PULMONARY EMBOLISM			.	
b. CORONARY BYPASS GRAFT				
c. ASHD				
d.				
Part II:				
Was Autopsy Performed		Were Autopsy Finding Uses		Tobacco Use Contribute to death
				U
Pregnancy		Manner of Death		Date of Surgery
		N		
Date of Injury		Time of Injury		Injury at Work
Place of Injury				
Injury Description				
Transportation, Specify				
Certifier	M	State Specific Data		

APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

Certificate 6

Certificate Number		Sex	Date of Death	
000006		F	01/01	
Age Unit		Age Field	State of Death	
50		YEARS	AS	
Part I			Duration	
a. CARDIAC ARRHYTHMIA				
b. MASSIVE ACUTE MYOCARDIAL INFARCTION				
c.				
d.				
Part II: MIGRAINE HEADACHES				
Was Autopsy Performed		Were Autopsy Finding Uses	Tobacco Use Contribute to death	
			U	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
		U		
Date of Injury		Time of Injury	Injury at Work	
Place of Injury				
Injury Description				
Transportation, Specify				
Certifier	D	State Specific Data		

APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

Certificate 7

Certificate Number		Sex	Date of Death	
000007		M	99/99	
Age Unit		Age Field		State of Death
70		YEARS		AS
Part I			Duration	
a. SEVERE ACUTE RESPIRATORY FAILURE				
b. TERMINAL PNEUMONIA				
c. CONGESTIVE HEART FAILURE DUE TO MI				
d. CARDIOMYOPATHY DUE TO ARTERIOSCLEROSIS				
Part II				
Was Autopsy Performed		Were Autopsy Finding Uses		Tobacco Use Contribute to death
Y				N
Pregnancy		Manner of Death		Date of Surgery
		P		
Date of Injury		Time of Injury		Injury at Work
Place of Injury				
Injury Description				
Transportation, Specify				
Certifier	D	State Specific Data		

APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

Certificate 8

Certificate Number		Sex	Date of Death	
000008		M	01/01	
Age Unit		Age Field		State of Death
65		YEARS		AS
Part I			Duration	
a. CONGESTIVE HEART FAILURE			4 YEARS	
b. RENAL FAILURE			3 MOS	
c.				
d.				
Part II				
Was Autopsy Performed		Were Autopsy Finding Uses		Tobacco Use Contribute to death
				Y
Pregnancy		Manner of Death		Date of Surgery
		N		
Date of Injury		Time of Injury		Injury at Work
Place of Injury				
Injury Description				
Transportation, Specify				
Certifier		State Specific Data		
D				

APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

Certificate 9

Certificate Number		Sex	Date of Death	
000009		M	01/01	
Age Unit		Age Field	State of Death	
60		YEARS	AS	
Part I			Duration	
a. HYPERTENSIVE HEART DISEASE				
b. METASTASIS TO PITUITARY GLAND				
c.				
d.				
Part II: CARCINOMA OF BREAST				
Was Autopsy Performed		Were Autopsy Finding Uses	Tobacco Use Contribute to death	
			N	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
		N		
Date of Injury		Time of Injury	Injury at Work	
Place of Injury				
Injury Description				
Transportation, Specify				
Certifier	D	State Specific Data		

APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

Certificate 10

Certificate Number		Sex	Date of Death	
000010		F	01/01	
Age Unit		Age Field	State of Death	
32		YEARS	AS	
Part I			Duration	
a. SEPTICEMIA				
b. POSTPARTUM HEMORRHAGE				
c.				
d.				
Part II				
Was Autopsy Performed		Were Autopsy Finding Uses	Tobacco Use Contribute to death	
			U	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
1		U		
Date of Injury		Time of Injury	Injury at Work	
Place of Injury				
Injury Description				
Transportation, Specify				
Certifier		State Specific Data		

APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

Certificate 11

Certificate Number		Sex	Date of Death	
000011		F	01/01	
Age Unit		Age Field	State of Death	
55		YEARS	AS	
Part I			Duration	
a. AORTIC INSUFFICIENCY				
b. RHEUMATIC HEART DISEASE				
c.				
d.				
Part II: END STAGE CHRONIC RENAL DISEASE WITH DAMAGE				
Was Autopsy Performed		Were Autopsy Finding Uses	Tobacco Use Contribute to death	
			Y	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
1		Y		
Date of Injury		Time of Injury	Injury at Work	
Place of Injury				
Injury Description				
Transportation, Specify				
Certifier	D	State Specific Data		

APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

Certificate 12

Certificate Number		Sex	Date of Death	
000013		F	01/01	
Age Unit		Age Field	State of Death	
4		HOURS	AS	
Part I			Duration	
a. ANOXIA				
b. CEREBRAL HEMORRHAGE				
c.				
d.				
Part II:				
Was Autopsy Performed		Were Autopsy Finding Uses	Tobacco Use Contribute to death	
Y		Y	N	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
		N		
Date of Injury		Time of Injury	Injury at Work	
Place of Injury				
Injury Description				
Transportation, Specify				
Certifier	M	State Specific Data		

APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

Certificate 13

Certificate Number		Sex	Date of Death	
000013		F	01/05	
Age Unit		Age Field	State of Death	
58		YEARS	AS	
Part I			Duration	
a. FRACTURE OF RIB				
b. METASTATIC CANCER TO BONE				
c. CANCER OF RIGHT BREAST				
d.				
Part II:				
Was Autopsy Performed		Were Autopsy Finding Uses	Tobacco Use Contribute to death	
N			P	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
1		N		
Date of Injury		Time of Injury	Injury at Work	
01/05/2003		08:00 A	N	
Place of Injury		HOME		
Injury Description		FRACTURED RIB WHILE TURNING IN BED		
Transportation, Specify				
Certifier	CORONER	State Specific Data		

APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

Certificate 14

Certificate Number		Sex	Date of Death	
000014		F	01/01	
Age Unit		Age Field		State of Death
74		YEARS		AS
Part I			Duration	
a. CARDIOGENIC SHOCK				
b. FRACTURE OF ARM AND LEG				
c.				
d.				
Part II				
Was Autopsy Performed		Were Autopsy Finding Uses		Tobacco Use Contribute to death
Pregnancy		Manner of Death		Date of Surgery
		A		
Date of Injury		Time of Injury		Injury at Work
				N
Place of Injury		HOME		
Injury Description		FALL		
Transportation, Specify				
Certifier	UNKNOWN	State Specific Data		

APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

Certificate 15

Certificate Number		Sex	Date of Death	
000015		M	01/01	
Age Unit		Age Field	State of Death	
28		YEARS	AS	
Part I			Duration	
a. GUNSHOT WOUND TO HEAD				
b.				
c.				
d.				
Part II				
Was Autopsy Performed		Were Autopsy Finding Uses	Tobacco Use Contribute to death	
Pregnancy		Manner of Death	Date of Surgery	Activity Code
		S		
Date of Injury		Time of Injury	Injury at Work	
Place of Injury				
Injury Description		SELF-INFLICTED, BY 25 CALIBER HANDGUN		
Transportation, Specify				
Certifier	D	State Specific Data		

APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

Certificate 16

Certificate Number		Sex	Date of Death	
000016		F	01/01	
Age Unit		Age Field		State of Death
34		YEARS		AS
Part I			Duration	
a. HEAD AND NECK INJURIES				
b.				
c.				
d.				
Part II:				
Was Autopsy Performed		Were Autopsy Finding Uses		Tobacco Use Contribute to death
Pregnancy		Manner of Death		Date of Surgery
1		A		
Date of Injury		Time of Injury		Injury at Work
Place of Injury				
Injury Description		VEHICLE RAN OFF ROAD AND STRUCK OBJECT		
Transportation, Specify				
Certifier	CORONER	State Specific Data		

APPENDIX J

FORMAT — EXERCISE 3 - ANSWERS

Certificate 1

Certificate Number		Sex		Date of Death	
000001		F		01/01	
Age Unit		Age Field		State of Death	
55		YEARS		AS	
Part I				Duration	
a. CARDIAC ARREST AND PNEUMONIA					
b. PULMONARY EMBOLISM & CHF					
c. CANCER OF LUNG WITH METASTASIS TO SPINE					
d.					
Part II					
Was Autopsy Performed		Were Autopsy Finding Uses		Tobacco Use Contribute to death	
				N	
Pregnancy		Manner of Death		Date of Surgery	Activity Code
		N			
Date of Injury		Time of Injury		Injury at Work	
Place of Injury					
Injury Description					
Transportation, Specify					
Certifier	D	State Specific Data			

APPENDIX J

FORMAT — EXERCISE 3 - ANSWERS

Certificate 2

Certificate Number		Sex		Date of Death	
100002		M		01/01	
Age Unit		Age Field		State of Death	
82		YEARS		AS	
Part I				Duration	
a. HEART FAILURE DUE TO MI					
b. ASHD					
c. AS					
d.					
Part II:					
Was Autopsy Performed		Were Autopsy Finding Uses		Tobacco Use Contribute to death	
				N	
Pregnancy		Manner of Death		Date of Surgery	Activity Code
		P			
Date of Injury		Time of Injury		Injury at Work	
Place of Injury					
Injury Description					
Transportation, Specify					
Certifier	D	State Specific Data			

APPENDIX J

FORMAT — EXERCISE 3 - ANSWERS

Certificate 3

Certificate Number		Sex		Date of Death	
100003		F		01/01	
Age Unit		Age Field		State of Death	
78		YEARS		AS	
Part I				Duration	
a. CARDIAC ARREST					
b. HEPATIC FAILURE					
c. HEPATIC COMA DUE TO CIRRHOSIS					
d. CANCER OF PANCREAS					
Part II:					
Was Autopsy Performed		Were Autopsy Finding Uses		Tobacco Use Contribute to death	
				Y	
Pregnancy		Manner of Death		Date of Surgery	Activity Code
		N			
Date of Injury		Time of Injury		Injury at Work	
Place of Injury					
Injury Description					
Transportation, Specify					
Certifier	D	State Specific Data			

Certificate 4

Certificate Number		Sex	Date of Death	
100004		M	01/01	
Age Unit		Age Field		State of Death
75		YEARS		AS
Part I			Duration	
a. CONGESTIVE HEART FAILURE				
ASHD				
c.				
d.				
Part II: PNEUMONIA				
Was Autopsy Performed		Were Autopsy Finding Uses		Tobacco Use Contribute to death
Y				Y
Pregnancy		Manner of Death		Date of Surgery
		N		
Date of Injury		Time of Injury		Injury at Work
Place of Injury				
Injury Description				
Transportation, Specify				
Certifier	CORONER	State Specific Data		

APPENDIX J

FORMAT — EXERCISE 3 - ANSWERS

Certificate 5

Certificate Number		Sex		Date of Death	
100005		F		01/01	
Age Unit		Age Field		State of Death	
67		YEARS		AS	
Part I				Duration	
a. HEART DISEASE					
MALIGNANT HYPERTENSION					
CHRONIC NEPHRITIS					
d.					
Part II: CANCER OF KIDNEY					
Was Autopsy Performed		Were Autopsy Finding Uses		Tobacco Use Contribute to death	
Y					
Pregnancy		Manner of Death		Date of Surgery	Activity Code
		P			
Date of Injury		Time of Injury		Injury at Work	
Place of Injury					
Injury Description					
Transportation, Specify					
Certifier	CORONER	State Specific Data			

APPENDIX J

FORMAT — EXERCISE 3 - ANSWERS

Certificate 6

Certificate Number	Sex	Date of Death	
100006	M	01/01	
Age Unit	Age Field	State of Death	
54	YEARS	AS	
Part I		Duration	
a. CARDIAC ARREST			
CIRRHOSIS OF LIVER			
c. ALCOHOLISM			
d.			
Part II:			
Was Autopsy Performed	Were Autopsy Finding Uses	Tobacco Use Contribute to death	
Y			
Pregnancy	Manner of Death	Date of Surgery	Activity Code
	N		
Date of Injury	Time of Injury	Injury at Work	
Place of Injury			
Injury Description			
Transportation, Specify			
Certifier		State Specific Data	

Certificate 1

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

Certificate 2

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

Certificate 3

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

Certificate 4

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

Certificate 5

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

Certificate 6

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

Certificate 7

Part I		Duration
a. FRACTURES OF FEMUR, RADIUS AND ULNAR AND		
b. INTRACEREBRAL HEMORRHAGE		
c. BLUNT IMPACTS; >O16		
d.		
Part II: ATHEROSCLEROTIC CARDIOVASCULAR DISEASE; OSTEOPOROSIS		
Place of Injury	NURSING HOME	
Injury Description		

Certificate 8

Part I		Duration
a. MASSIVE MULTIPLE TRAUMA		INSTANT
b. >B4388SSSS99999943		
c.		
d.		
Part II:		
Place of Injury	FIELD	
Injury Description		

Certificate 9

Part I		Duration
a. GUNSHOT WOUND OF CHEST WITH PERFORATION OF HEART AND LUNG		
b.		
c.		
d.		
Part II: THORACOTOMY; GUNSHOT WOUND OF HEART		
Place of Injury	PARKING GARAGE	
Injury Description	>I9904	

Certificate 10

Part I		Duration
a. ELECTRICAL BURNS OF APPROXIMATELY 30% OF TOTAL BODY		
b. SURFACE AREA WITH COMPLICATIONS		
c.		
d.		
Part II:		
Place of Injury	RAILROAD TRACKS	
Injury Description	>H88	

Certificate 11

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

Certificate 12

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

Certificate 13

Part I		Duration
a. HEAD WOUND		
b. >I9904		
c.		
d.		
Part II:		
Place of Injury	LIQUOR STORE	
Injury Description		

Certificate 14

Part I		Duration
a. CARDIOPULMONARY ARREST		IMMEDIATE
b. ARDS (ACUTE RESPIRATORY DISTRESS SYNDROME)		DAYS
c. PNEUMONIA		DAYS
d. HYPOTHERMIA		5 DAYS
Part II: DIABETES; ISCHEMIC HEART DISEASE		
Place of Injury	HOME	
Injury Description	>O44	

Certificate 15

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

Certificate 16

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

Certificate 17

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

Certificate 18

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

Certificate 19

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

Certificate 20

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

Certificate 21

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

Certificate 22

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

Certificate 23

Part I		Duration
a. ANAPHYLACTIC REACTION		MINUTES
b. STUNG; >F9910		
c.		
d.		
Part II: ASTHMA		
Place of Injury	BACKYARD	
Injury Description	STUNG	

Certificate 24

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

Certificate 25

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

Certificate 26

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

Certificate 27

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

Certificate 28

Part I		Duration
a. GUNSHOT WOUND TO HEAD		SECONDS
b.		
c.		
d.		
Part II:		
Place of Injury	HOME	
Injury Description	>I0505	

Certificate 29

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

Certificate 30

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

Certificate 31

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

Certificate 32

Part I		Duration
a. DROWNING		MINUTES
b.		
c.		
d.		
Part II:		
Place of Injury	QUARRY	
Injury Description	DROWNED; >K179988	

Certificate 33

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

Certificate 34

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

Certificate 35

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

Certificate 36

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

Certificate 37

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

Certificate 38

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

Certificate 39

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

Certificate 40

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

Certificate 41

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

Certificate 42

Part I		Duration
a. COMPLICATIONS OF BLUNT IMPACT TO LOWER EXTREMITIES		
b. WITH BILATERAL AMPUTATIONS		
c.		
d.		
Part II:		
Place of Injury	SUBWAY	
Injury Description	>B5107SSSS998807SS	