

CONTENTS

Item-by-Item Instructions	2
1. Legal Name of decedent (Include AKAs If Any) (first, middle, last):	2
2. Date of Death:	3
3. Sex:	5
4. Date of Birth:.....	5
5. Age:	5
6. Birthplace (City & State or Foreign Country):.....	5
7. Social Security Number:	6
8. Marital Status:	6
9. Surviving Spouse (If Wife, Give Name Prior to First Marriage):.....	7
10. Residence:	7
Residence Street Address [10a].....	7
Apt. No. [10b].....	8
City or Town [10c].....	8
County [10d]	8
State [10e].....	8
Zip Code [10f]	9
Inside City Limits [10g]	9
11. Father's Name:.....	9
12. Mother's Maiden Name:.....	9
13. Place of Death (Check Only One):	9
Hospital deaths:.....	10
Non-hospital deaths:	10
14. County of Death:	11
15. City or Town, Zip (If Outside City Limits, Give Precinct No.)	11
16. Facility Name (if not institution, give street address):	11
17. Informant's Name & Relationship To decedent.....	12
18. Mailing Address of Informant (Street and Number, City, State, and Zip Code)	12
19. Method of Disposition	12
20. Signature of Funeral Director or Person Acting as Such.....	13
21. Unknown, Section, Block, Lot, Space	13
22. Place of Disposition (Name of Cemetery, Crematory, or Other Place).....	13

23. Location (City/Town, and State).....	14
24. Name of Funeral Facility	14
25. Complete Address of Funeral Facility (Street and Number, City, State, Zip Code):.....	14
26. Certifier.....	14
27. Signature of Certifier.....	14
28. Date Signed (Month Day Year)	14
29. License Number	15
30. Time of Death (Actual or Presumed)	15
31. Printed Name, Address of Certifier (Street and Number, City, State, Zip Code)	15
32. Title of Certifier:.....	15
33. Cause of Death	15
Part 1. 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 Each Line:.....	16
Part 2. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part 1	17
34. Was An Autopsy Performed?:	17
35. Were Autopsy Findings Available to Completion of Cause of Death?.....	17
36. Manner of Death	17
37. Did Tobacco Use Contribute to Death?.....	18
38. If Female:	18
Items 39 through 41- Injury Information:.....	18
39. If Transportation Injury, Specify:.....	18
40a. Date of Injury (Mo/Day/YYYY):	19
40b. Time of Injury:.....	19
40c. Injury at Work?	19
40d. Place of Injury (e.g. Decedent's Home, Construction Site, Restaurant, Wooded Area):	20
40e. Location (Street and Number or Rural Route, City or Town, State):.....	20
40f. County of Injury:.....	20
41. Describe How Injury Occurred:	20
42A-C: Local Registrar File Information	21
42a. Registrar File Number.....	21
42b. Date Received by Local Registrar:	21
42c. Registrar:	21
Items 43 through 49:.....	21

43. Decedent's Education:	22
Check the box that best describes the highest degree of level of school completed at the time of death.....	22
44. Decedent of Hispanic Origin?	22
45. Decedent's Race:	22
46. Ever in U.S. Armed Forces?	23
47. Ever a Peace Officer in This State?	23
48. Decedent's Usual Occupation:	23
49. Type of Business/Industry	24

CHAPTER FOUR

ITEM-BY-ITEM INSTRUCTIONS

1. LEGAL NAME OF DECEDENT (INCLUDE AKAS IF ANY) (FIRST, MIDDLE, LAST):

Enter the full legal first, middle, and last name of the decedent. Enter the maiden name for women. Do not abbreviate a name. If there appears to be more than one spelling of any name provided and the correct spelling cannot be verified, use the most common spelling. The name must consist of English alphabetic characters and punctuation marks. If the informant indicates two first names separated by a space, such as "Mary Louise Carter," verify that "Louise" is part of the first name and is not a middle name. Enter the two first names with the middle name blank. If several middle names are given, enter all with a space between the names.

- If the decedent's identity is not known, enter "John Doe" or "Jane Doe", as appropriate and an investigation case number.
- If there is a title preceding the name, such as "Doctor," do not enter the title in any of the name fields.
- For religious names such as "Sister Mary Lawrence," enter "Sister Mary" in the first name field.
- If the decedent was an infant and no first name is provided, enter "Infant."

Initials:

- If the informant indicates that the person uses a first initial such as "E. Charles Jones," try to obtain the whole first name.

- If the name can be obtained, enter the whole first name. If not, enter just the initial followed by a period.
- If the informant indicates two initials and a surname such as “H.S. Green,” determine if these are a first and middle initial, or two first initials with no middle name or initial. Try to obtain the whole name(s).
- If the names can be obtained, enter the whole names in the appropriate spaces. If there are no whole names, enter the initials in the appropriate spaces. Each initial should be followed by one period.

Aliases: An alias or "A.K.A." should be entered into the AKA section in Texas Electronic Death Registration by selecting the Add button. Complete the current legal name before entering any other names (alias or AKA, “also known as,” names such as AKA John Smith) the decedent used or was known as. The alias should be listed if it is substantially different from the decedent’s legal name (e.g., Samuel Langhorne Clemens AKA Mark Twain, but not Jonathon Doe AKA John Doe). Repeat until there are no other names provided.

AKA does not include:

- Nicknames, unless used for legal purposes or at the family’s request.
- Spelling variations of the first name.
- Presence or absence of middle initial.
- Presence or absence of punctuation marks or spaces.
- Variations in spelling of common elements of the surname, such as "Mc" and "Mac" or "St." and "Saint."

This item is used to identify the decedent. This is the most important item on the certificate for legal and personal use by the family. There are alternate spellings to many names, and it is critical for the family to have the name spelled correctly.

2. DATE OF DEATH:

Enter the exact date, in standard order of “month, day, year”, that the death occurred. Enter the in an 8 digit numerical value (mm/dd/yyyy exp. 01/15/2012) when using TER. If you are completing a paper record, you must spell out the name of the month when entering the date (exp. January 15, 2012)

Consider a death at midnight to have occurred at the end of one day rather than the beginning of the next. The date for a death that occurs at midnight between December 31 and January 1 should be recorded as December 31.

Date of Death Type: For the TEDR Program select one of the following options;

- Actual - The definitive Date of death according to available information.
- Presumed - The assumed date of death when the actual date is unknown due to missing information or a missing person;
- Estimated - The exact date of death is not known but can be approximated based on documentation; and

- Found - The time at which remains were discovered. [This is usually when a body has been found after a very extended period of time and time of death cannot be estimated or presumed.

Presumed, Estimated, and Found are primarily used by Justices of the Peace and Medical Examiners.

3. SEX:

Select male or female based on observation. Do not abbreviate or use other symbols. If sex cannot be determined after verification with medical records, inspection of the body, or other sources, select Unknown. Do not leave this item blank.

This item aids in the identification of the decedent. It is also used in research and statistical analysis to determine sex-specific death rates.

4. DATE OF BIRTH:

Enter the month, day, and year that the decedent was born. If no information is available, enter one question mark (?).

5. AGE:

Enter the decedent's exact age in years at his or her last birthday. If the exact date is not known, enter one question mark (?).

If the decedent was under one year of age:

- Enter the age at the time of death in either completed months or days in the appropriate space.
- If the infant was 1-11 months inclusive, enter the age in completed months.
- If the infant was 28 days old, enter one month.
- If the infant was less than 28 days old, enter the age in completed days.

If under 1 day: For infants who did not survive for an entire day, enter the exact number of in completed hours or minutes the infant lived in the appropriate block. (Exp. Decedent lived 3 and 17 minutes you would enter 3 hours)

- If the infant lived 1-23 hours inclusive, enter the age in completed hours.
- If the infant was less than 1 hour old, enter the age in minutes.
- If the infant lived only a few seconds, enter one minute.

If Age does not agree with the date of birth and the date of death a hard-check alert will appear forcing you to correct one of the 3 items so that they correspond with each other.

If the body is found and the exact date of death is not known, enter the age the person would have been on the date he or she was found.

6. BIRTHPLACE (CITY & STATE OR FOREIGN COUNTRY):

If the decedent was born in the United States, enter the name of the city and state. This item is used to match birth and death certificates of the decedent in their birth state. Matching these records is required by law to prevent the use of birth certificates of the decedent for fraudulent purposes.

- If the decedent was born in the United States, but the city is not known, enter the name of the state only and Unknown in the City of Birth Field. If the state is not known, select United States for the State/Foreign Country section and enter Unknown for the city of birth.
- If the decedent was born in a foreign country, enter the name of the country of birth in the State/Foreign Country section and the name of the foreign city in the City field.
- If the decedent was born in a foreign country but the city of birth is not known, enter the name of the country of birth in the State/Foreign Country section and Unknown in the city section.
- If the decedent was born in a foreign country but the country is unknown, enter Unknown in State/Foreign County section and Unknown in the city section.
- If no information is available regarding the place of birth, enter Unknown in both sections.

This item is used to match birth and death certificates of a decedent individual. Matching birth and death records provides information from the birth certificate that is not contained on the death certificate and may give insight into which conditions led to death. Information from the birth certificate is especially important in examining the causes of infant mortality.

7. SOCIAL SECURITY NUMBER:

Enter the social security number (SSN) of the decedent. Do not leave this item blank. All social security numbers are exactly nine (9) digits (XXX-XX-XXXX). Special attention should be given to entering the correct social security number. TEDR will make you re-enter the SSN to insure the intended number was entered.

If the decedent did not have a social security number (such as resident aliens or newborns), enter one question mark (?). This will mean unknown or not available.

8. MARITAL STATUS:

Select the marital status of the decedent at the time of death. Select only one of the following: Married, Never Married, Widowed, Divorced, or Unknown. Common law marriage is legal in Texas, but both parties must be at least 18 years old. A person is legally married even if separated. A person is no longer legally married only after a divorce has been granted by a judge or after the death of the spouse.

“Annulled and not remarried” and “never previously married” are considered Never Married. “Married previously” is classified as how the previous marriage terminated (Widowed or Divorced).

If a married couple is killed at the exact same time, Married should be selected on each death certificate and Surviving Spouse should be completed with the name of the spouse. This situation may occur in an automobile accident.

If the medical examiner or justice of the peace can determine different times of death, these items would be completed according to the time of death. The first to die would be listed as "Married" and the second as "Widowed."

This information is used in determining differences in mortality by marital status.

9. SURVIVING SPOUSE (IF WIFE, GIVE NAME PRIOR TO FIRST MARRIAGE):

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

If the surviving spouse is the wife, enter her name prior to first marriage (i.e., maiden name).

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

10. RESIDENCE:

The residence of the decedent (State, county, city, and street address) is the place where his or her household is located, the place where the decedent actually resided, or where the person lives and sleeps most of the time. This is not necessarily the same as the home State, voting residence, mailing address, or legal residence.

Do not enter addresses that are post office boxes or rural route numbers. Get the building number and street name for the residence address rather than the postal address.

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

Multiple residences: If the decedent lived in more than one residence (parent living in a child's household, children in joint custody, person owning more than one residence, or commuters living elsewhere while working), enter the residence lived in most of the year. If a child lives an equal amount of time in each residence, report the residence where the child was staying when death occurred.

Institutions or Group Homes: If a decedent had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, long-term care facility, congregate care facility, foster home, or board and care home, this facility should be entered.

Children: If the decedent was a child, residence is the same as that of the parent(s), legal guardian, or custodian unless the child was living in an institution where individuals usually reside for long periods of time, as indicated above. In those instances the residence of the child is shown as the facility. Children residing at a boarding school are considered to live at a parent's residence. Residence for foster children is the place they live most of the time.

Infant: If the decedent was an infant who never resided at home, the place of residence is that of the mother or legal guardian. Do not use an acute care hospital as the place of residence for any infant.

RESIDENCE STREET ADDRESS [10A]

Enter the number assigned to the decedent's residence (e. g. 1100). If the street name has a direction as a prefix, enter the prefix in front of the street name (e.g., South Main Street). If the

street name has a direction after the name, enter the direction after the name (e.g., Florida Avenue, NW). Report the street designator (e.g., Street, Road, Avenue, or Court). If the number and/or name are unknown, enter Unknown.

Do not enter addresses that are post office boxes.

APT. NO. [10B]

Enter the apartment or room number associated with the residence. If there is no apartment or room number associated with this residence, leave the item blank.

CITY OR TOWN [10C]

Enter the name of the city, town, or location in which the decedent lived. This may differ from the city, town, or location used in the mailing address.

If outside the city limits, enter the justice of the peace precinct number. To complete this in TEDR:

- Select (Add New Town) from the bottom of the City/Town menu.
- When the AOF Screen appears, enter the precinct number: (exp: Precinct 1)
- Select Ok and the information will populate in the City/Town field

COUNTY [10D]

Enter the name of the county in which the decedent lived. If the decedent resided in any country other than the United States and its territories, leave this item blank.

STATE [10E]

Enter the name of the State in which the decedent lived. This may differ from the State in the mailing address. If the decedent was not a resident of the United States, enter the name of the country and the name of the unit of government that is the nearest equivalent to a State.

- This item is where the U.S. States and territories and the provinces of Canada are recorded.
- If the decedent lived in a Canadian province or territory, enter the name of the province or territory. If resident of any other country, enter the name of the country in the space for State.
- If the decedent's residence is unknown, enter Unknown.

ZIP CODE [10F]

Enter the ZIP Code of the place where the decedent lived. This may differ from the ZIP Code used in the mailing address. The 9-digit ZIP Code is preferred over the 5-digit ZIP Code. If only the 5-digit ZIP Code is known, report that. If the decedent was not a resident of the U.S. or its territories, leave this item blank..

INSIDE CITY LIMITS [10G]

Select *Yes* if the location entered in 10c is incorporated and if the decedent's residence is inside its boundaries. Otherwise enter *No*. If it is not known if the residence is inside the city or town limits, select *Unknown* in the space.

Mortality data by residence are used with population data to compute death rates for detailed geographic areas. These data are important in environmental studies. Data on deaths by place of residence of the decedent are also used to prepare population estimates and projections. Local officials use this information to evaluate the availability and use of services in their area. Information on residence inside city limits is used to properly assign events within a county. Information on ZIP Code and whether the decedent lived inside city limits is valuable for studies of deaths for small areas.

11. FATHER'S NAME:

Enter the first, middle, and last name of the father of the decedent.

- If there appears to be more than one spelling of any name provided, and the correct spelling cannot be verified, use the most common spelling.
- The name must consist of English alphabetic characters.
- If no information is available regarding the father's name, leave the first and middle name blank and enter *Unknown* in the last name field.

12. MOTHER'S MAIDEN NAME:

Enter the name (first, middle, and surname) the mother of the decedent used prior to first marriage, commonly known as the maiden name. This is the name given at birth or adoption, not a name acquired by marriage. This name is useful because it remains constant throughout life.

- If no information is available regarding the mother's maiden name, leave the first and middle name blank and enter *Unknown* in the last name field.

The names of the decedent's mother and father aid in identification of the decedent's record. The mother's name prior to first marriage or maiden surname is important for matching the record with other records because it remains constant throughout a lifetime in contrast to other names that may change because of marriage or divorce. These items are also of importance in genealogical studies.

13. PLACE OF DEATH (CHECK ONLY ONE):

The place where death is pronounced should be considered the place where death occurred. If the place of death is unknown but the body is found in your State, the certificate of death should be completed and filed in accordance with the laws of your State. Enter the type of place where the decedent was pronounced dead.

HOSPITAL DEATHS:

If the decedent was pronounced dead in a hospital, enter the decedent's status at the Hospital: Inpatient, Emergency Room/Outpatient (ER), or Dead on Arrival (DOA). Hospitals are licensed institutions providing diagnostic and therapeutic services to patients by a medical staff.

NON-HOSPITAL DEATHS:

If the decedent was pronounced dead somewhere else, enter whether pronouncement occurred at a Hospice facility, Nursing home/Long term care facility, Decedent's home, or other location.

Hospice facility refers to a licensed institution providing hospice care (e.g., palliative and supportive care for the dying), not to hospice care that might be provided in a number of different settings including a patient's home.

If death was pronounced at a licensed long-term care facility, enter Nursing home/Long term care facility. A long-term care facility is not a hospital but provides patient care beyond custodial care (e.g., nursing home, skilled nursing facility, long-term care facility, convalescent care facility, extended care facility, intermediate care facility, residential care facility, and congregate care facility).

If death was pronounced in the decedent's home, enter Decedent's home. A decedent's home includes independent living units including private homes, apartments, bungalows, and cottages. If death was pronounced at a licensed ambulatory/surgical center, orphanage, prison ward, public building, birthing center, or facilities offering housing and custodial care but not patient care (e.g., board and care home, group home, custodial care facility, foster home), enter Other (Specify). If Other (Specify) is entered, specify where death was legally pronounced, such as prison ward, physician's office, the highway where a traffic accident occurred, a vessel, orphanage, group home, or at work.

If the place of death is unknown but the body was found in a State, enter the place where the body was found as the place of death.

14. COUNTY OF DEATH:

Enter the name of the county where the death occurred.

- If the death occurred in an ambulance which crossed county lines while en-route to a hospital, enter the place of death as the county where the body was first removed from the ambulance.
- If the death occurred in a moving vehicle in the United States and the body was first removed in Texas, complete a Texas Certificate of Death and enter as the place of death the address where the body was first removed from the vehicle.
- If the death occurred in a moving conveyance in international waters, international airspace, or in a foreign country or its airspace, and the body was first removed in Texas, enter the county where the body was first removed from the conveyance (refer to the information provided in Item 16).

Information on place of death is needed to determine who has jurisdiction for deaths that legally require investigation by a medical examiner or coroner. These items are also used for research and statistics comparing hospital and non-hospital deaths. Valuable information is provided for health planning and research on the utilization of health facilities.

15. CITY OR TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.)

Enter the name of the city, town, or village the death occurred and the Zip Code.

If outside the city limits, enter the justice of the peace precinct number. To complete this in TEDR:

- Select (Add New Town) from the bottom of the City/Town menu.
- When the AOF Screen appears, enter the precinct number: (exp. Precinct 1)
- Select Ok and the information will populate in the City/Town field

If the death occurred in a moving conveyance in international waters, international airspace, or in a foreign country or its airspace, and the body was first removed in Texas, enter the city where the body was first removed from the conveyance.

16. FACILITY NAME (IF NOT INSTITUTION, GIVE STREET ADDRESS):

If the death occurred in a hospital or a long-term care facility, enter the full name of the institution. If death did not occur in an institution, give the street address of the place of death.

- If death occurred en route to or on arrival at a hospital, enter the full name of the hospital. Deaths that occur in an ambulance or emergency vehicle en route to a hospital fall in this category.
- If the death occurred at home, enter the house number and street name.
- If the death occurred at home and there is no house number or street name, describe the location; for example, "Hwy. 30, 2 mile east FM 29." Be specific. Do not enter a rural route and box number.

- If the death occurred at a place other than described above, enter the number and street name of the place or describe the location; for example, "Hwy. 30, 2 mile east of FM 29." Be specific. Do not enter a rural route and box number.
- For a death occurring either at sea or in flight, show the name of the vessel or flight and the latitude or longitude where the event occurred; for example, "SSA Everett Hill at sea 29d 18m N 94d 48m W" or "Global Airlines Flight 263 in flight 30d 18m N 97d 42m W." It is also important that the certificate contain some citation of the page and volume number of the craft's log.

17. INFORMANT'S NAME & RELATIONSHIP TO DECEDENT

Enter the name of the person who supplied the personal facts about the decedent and his or her family. The informant is usually a member of the family or close family friend.

Enter the relationship of the person supplying the personal information about the decedent. (For example, this may be a husband, wife, parent, son, daughter, brother, sister, or friend.)

The signature of the informant is not needed. The signatures that are mandatory for filing are those of the medical certifier, the funeral director or person acting as such, and the local registrar.

At times, the funeral director may be the informant and have to obtain personal information from a physician, a hospital official, or medical records. In some cases, information will be obtained from the police. "Funeral Home records" or "Inquest Records" may be the informant when an individual is not available.

18. MAILING ADDRESS OF INFORMANT (STREET AND NUMBER, CITY, STATE, AND ZIP CODE)

Enter the complete mailing address of the informant whose name appears in Item 17. Be sure to include ZIP code.

The name and mailing address of the informant are used to contact the informant when inquiries must be made to correct or complete any items on a death certificate.

19. METHOD OF DISPOSITION

Only one box should be selected.

Check the box corresponding to the method of disposition of the decedent's body.

If the decedent is being cremated then entombed or buried, Cremation should be selected

"Removal from State" should be indicated when the body is being removed or shipped out of Texas for burial or other disposition.

If the body is to be used by a hospital, medical, or mortuary school for scientific or educational purposes, check "Donation" and specify the name and location/address of the institution in Items 22 & 23. "Donation" refers only to the entire body, not to individual organs.

20. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH

When the death certificate is electronically filed in TEDR by the funeral service licensee assuming custody of the body and charged with the responsibility for completing the death certificate, this space will contain the funeral director's name, license number and the statement "by Electronic Signature"

If another person is acting as licensed funeral director and this person is first assuming custody of the body and charged with the responsibility for completing the death certificate, this person acting as a funeral director must sign the record in durable black or blue ink. Rubber stamps or facsimile signatures are not permitted [HSC Sec. 191.025(d)].

21. UNKNOWN, SECTION, BLOCK, LOT, SPACE

Enter the appropriate information for Section, Block, Lot and Space (niche) to indicate the location of the burial plot. If the cemetery has no designation of the actual location, Unknown must be marked. Do not leave this item uncompleted.

- If the cemetery has some designation such as Section, but no Block, Lot, or Space, enter the Section information and leave the other items blank.
- When designating the location of cremains that are placed in a columbarium, use the spaces in this item that most closely match. The columbarium may not designate specific locations in the same manner described on the death certificate, for example, wing, section, row, lot, space, niche, etc.
- If the cremains are given to the family for disposition, mark "Unknown."

22. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY, OR OTHER PLACE)

Enter the name of the cemetery, crematory, or other place of disposition.

- If the body is removed from the State, specify the name of the cemetery, crematory, funeral home, or other place of disposition to which the body is shipped.
- If the body is cremated and the cremains are to be permanently entombed or buried, enter the name of the cemetery, mausoleum, columbarium, or location where the cremains will be permanently placed. *If the body is being cremated and then entombed or buried, **Cremation should be marked as Method of Disposition.** (see item 19)*
- If the cremains are given to the family for disposition, enter only the name of the crematory.
- If the body is to be used by a hospital or medical or mortuary school for scientific or educational purposes, give the name of that institution.
- If the body is being shipped to a foreign country and the location (city or town) is known, but no information is available regarding the name of the cemetery, enter only the name of the city or town.

23. LOCATION (CITY/TOWN, AND STATE)

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

If the cremains are given to the family for disposition, enter only the city and state in which the crematory is located.

24. NAME OF FUNERAL FACILITY

Enter the name of the funeral facility or the name of the person acting as funeral director.

If the body is to be used by a hospital, medical, or mortuary school for scientific or educational purposes, enter the name of that institution. If the person named in item 20 is not a funeral director, enter the name of that person in this item.

25. COMPLETE ADDRESS OF FUNERAL FACILITY (STREET AND NUMBER, CITY, STATE, ZIP CODE):

This portion should automatically populate in TEDR with the funeral facility's address. If this is the first record you are completing in TEDR, review that information to insure that information is correct.

If the person named in item 20 is not a funeral director (exp. a family member acting as a funeral director), enter the address of that person in this item.

26. CERTIFIER

Mark the appropriate box indicating whether the certifier was a physician, a medical examiner, or a justice of the peace acting as coroner. A funeral home should have firm knowledge of who will sign the death certificate as certifier before assuming custody of a body.

For additional information, please refer to the Certifying Death section.

27. SIGNATURE OF CERTIFIER

When the death certificate is electronically filed in TEDR by the medical certifier that is certifying to the cause and manner on the death certificate, this space will contain the Medical Certifier's name , license number and the statement "by Electronic Signature"

28. DATE SIGNED (MONTH DAY YEAR)

TEDR will automatically complete this portion of the record when the medical certifier electronically certifies the death certificate. The certifier has five (5) days from the time he or she receives the death certificate to complete this portion of the certificate and return it to the funeral director or person acting as such [HSC Sec. 193.005(b)].

29. LICENSE NUMBER

This will automatically populate with the medical certifier's license number as it is entered in TEDR by the TEDR Local Administrator. If this is the first record you are medically certifying please review this information to insure that it is correct. If certifier is a justice of the peace acting as coroner, this will automatically be left blank.

30. TIME OF DEATH (ACTUAL OR PRESUMED)

Enter the exact time of death (hours and minutes) according to local time. If daylight-saving time is the official prevailing time when death occurs, it should be used to record the time of death. Be sure to indicate whether the time of death is A.M. or P.M. Enter 12 Noon as "12 Noon." One minute after 12 Noon is entered as "12:01 P.M." Enter 12 Midnight as "12 Midnight." A death that occurs at 12 Midnight belongs to the end of the previous day, not the beginning of the new day. One minute after 12 Midnight is entered as "12:01 A.M." of the new day.

Time of Death Type: For the TEDR Program select one of the following options;

- Actual - The definitive time of death according to available information.
- Presumed - The assumed time of death when the actual time is unknown due to missing information or a missing person;
- Estimated - The exact time of death is not known but can be approximated based on documentation; and
- Found - The time at which remains were discovered. [This is usually when a body has been found after a very extended period of time and time of death cannot be estimated or presumed.

Note: Do not confuse this item with the time of pronouncement. This item establishes the exact time of death, which may be important in inheritance cases when there is a question of who died first. This is often important in the case of multiple deaths in the same family.

31. PRINTED NAME, ADDRESS OF CERTIFIER (STREET AND NUMBER, CITY, STATE, ZIP CODE)

This portion should automatically populate in TEDR with the medical certifier's address. If this is the first record you are completing in TEDR, review this information to insure that information is correct.

32. TITLE OF CERTIFIER:

This portion should automatically populate in TEDR with title of the certifier (i.e. M.D., D.O., M.E., J.P., Justice of the Peace, or Medical Examiner) PH.D. is not permitted. If this is the first record you are completing in TEDR, review this information to insure that information is correct

33. CAUSE OF DEATH

Cause of death is the most important statistical research item on the death certificate. It provides medical information that serves as a basis for describing trends in health and mortality and for analyzing the conditions leading to death. Mortality statistics provide a basis for epidemiological studies that focus on leading causes of death by age, race, and sex. They also provide a basis for research in the course of diseases and diagnostic techniques, which in turn can lead to improvements in patient care.

Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory arrest, shock, or heart failure; enter what caused the cardiac arrest or heart failure.

If any portion of the cause of death is pending investigation, enter "Pending Investigation" and file the certificate immediately. Upon determination of the cause of death, an Amendment to Medical Certification of Certificate of Death should be filed by the physician, medical examiner, or justice of the peace who originally certified the death. See Chapter 3 for additional information on filing an Amendment to Medical Certification of Certificate of Death.

PART 1. 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 EACH LINE:

Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE [A]

Enter the final disease or condition resulting in death on line a. Do not leave blank. If awaiting the results of an autopsy or investigation, enter "Pending Investigation."

CONDITIONS LEADING TO IMMEDIATE CAUSE [B,C,D]

- Due to (or as a likely consequence of): Sequentially list conditions, if any, leading to immediate cause of death.
- Enter underlying cause (disease or injury that initiated events resulting in death) last. The cause of death means the disease, abnormality, injury, or poisoning that caused the death, not the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure.

The immediate cause of death is reported on line (a). Antecedent conditions, if any, which gave rise to the cause are reported on lines (b), (c), and (d). The underlying cause should be reported on the last line used in Part 1. No entry is necessary on lines (b), (c), and (d) if the immediate cause of death on line (a) describes completely the sequence of events. Only one cause should be entered on each line. Additional lines may be added if necessary.

- Approximate Interval: Onset and Death: provide the best estimate of the interval between the onset of each condition and death. When a precise estimate is not possible, do not leave the space blank. Entries such as "minutes," "hours," "days," "months" or "years" are useful. If no estimate is possible, enter "Unknown."

PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1

In Part 2, enter other important diseases or conditions that contributed to death but did not result in the underlying cause of death given in Part 1; for example, "substance abuse," "diabetes," or "smoking."

34. WAS AN AUTOPSY PERFORMED?:

Select "Yes" if a partial or complete autopsy was or will be performed; otherwise, select "No."

Note: An autopsy is important in giving additional insight into the conditions that led to death. This additional information is particularly important in arriving at the immediate and underlying causes in violent deaths.

35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETION OF CAUSE OF DEATH?

If Was an Autopsy Performed is "No", TEDR will automatically disable this question and it will be left blank on the death certificate. Otherwise, select "Yes" if the autopsy findings were available and used to determine the cause of death; otherwise, select "No."

36. MANNER OF DEATH

Complete this item for all deaths. Select the box corresponding to the manner of death.

General Definitions of Manner of Death:

- *Natural* - due solely or nearly totally to disease and/or the aging process.
- *Accident* - there is little or no evidence that the injury or poisoning occurred with intent to harm or cause death. In essence, the fatal outcome was unintentional.
- *Suicide* - results from an injury or poisoning as a result of an intentional, self-inflicted act committed to do self-harm or cause the death of one's self.
- *Homicide* - occurs when death results from...an injury or poisoning or from...a volitional act committed by another person to cause fear, harm, or death. Intent to cause death is a common element but is not required for classification as homicide.
- *Could not be determined* - used when the information pointing to one manner of death is no more compelling than one or more other competing manners of death when all available information is considered.
- *Pending investigation* - used when determination of manner depends on further information.

(Taken from the Nation Center for Health Statistics Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting (2.8M PDF), page 21)

Deaths not due to external causes should be identified as "Natural."

If the cause of death is anything other than natural the Medical Examiner or Justice of the Peace should be notified immediately. The Medical Examiner or Justice of the peace conduct an inquest into the death if [C.C.P. Art.49.04(a)]:

1. the person dies in prison under circumstances other than those described by Section 501.055(b), Government Code, or in jail;
2. the person dies an unnatural death from a cause other than a legal execution;
3. the body or a body part of a person is found, the cause or circumstances of death are unknown, and:
 - a. the person is identified; or
 - b. the person is unidentified;
4. the circumstances of the death indicate that the death may have been caused by unlawful means;
5. the person commits suicide or the circumstances of the death indicate that the death may have been caused by suicide;
6. the person dies without having been attended by a physician;

In cases where the immediate cause of death cannot be determined, or the cause of death is pending investigation, mark the appropriate block and file the certificate immediately. Upon determination of the cause of death, an Amendment to Medical Certification of Certificate of Death should be filed by the physician, medical examiner, or justice of the peace that originally certified the death. Medical amendments are filed without charge. See Chapter 3 for additional information about filing an Amendment to Medical Certification of Certificate of Death.

37. DID TOBACCO USE CONTRIBUTE TO DEATH?

Check "yes" if, in your clinical opinion, the use of tobacco contributed to the death. Tobacco use may contribute to deaths due to a wide variety of diseases; for example tobacco use contributes to many deaths due to emphysema or lung cancer and some heart disease and cancers of the head and neck. Check "no" if, in your clinical judgment, tobacco use did not contribute to this particular death.

38. IF FEMALE:

If decedent is male select "NOT APPLICABLE" in TER. If the decedent's sex cannot be determined, select "UNKNOWN IF PREGNANT WITHIN PAST YEAR" in TER.

ITEMS 39 THROUGH 41- INJURY INFORMATION:

Items 39 Through 41 should only be completed if the manner of death is "Accident" "Suicide" or "Homicide". Only a Medical Examiner or Justice of the Peace can certify to a cause and manner of death that is not "Natural". At the discretion of the Justice of the Peace or Medical Examiner, items 39 through 41 may be left blank when Manner of Death is marked "Could Not Be Determined."

39. IF TRANSPORTATION INJURY, SPECIFY:

Specify role of decedent (e.g., driver, passenger, pedestrian) in the transportation accident. Driver/operator and passenger should be designated for modes other than motor vehicles such as

bicycles. "Other" applies to watercraft, aircraft, animal (riding horseback), or people attached to outside of vehicles (e.g., "surfers") who are not bonfire passengers or drivers.

Leave blank if injury was not a transportation injury.

40A. DATE OF INJURY (MO/DAY/YYYY):

Enter the exact month, day, and year that the injury occurred. The date of injury might not be the same as the date of death. In cases in where the exact date is impossible to determine, an estimate should be made. Select Estimated and then enter the date.

40B. TIME OF INJURY:

Enter the exact time in hours and minutes when the injury occurred. Use prevailing local time. For cases where the exact time is impossible to determine an estimate should be made; for example, select "Approximately" and then "10:30 A.M." Be sure to indicate whether the time of injury was A.M. or P.M.

40C. INJURY AT WORK?

Complete if anything other than natural disease is mentioned in Part I or Part II of the medical certification (item 33), including homicides, suicides, and accidents or if anything other than natural is checked for manner of death (item 36). This includes all motor vehicle deaths. The item must be completed for decedent's ages 14 years or over and may be completed for those less than 14 years of age if warranted. Enter "Yes" if the injury occurred at work. Otherwise enter "No." An injury may occur at work regardless of whether the injury occurred in the course of the decedent's "usual" occupation.

Examples Of Injuries At Work	Examples of Injuries NOT At Work
Injury while working or in vocational training on job premises Injury while on break or at lunch or in parking lot on job premises Injury while working for pay or compensation, including at home Injury while working as a volunteer law enforcement official, etc. Injury while traveling on business, including to or from business contacts	Injury while engaged in personal recreational activity on job premises Injury while a visitor (not on official work business) to job premises Homemaker working at homemaking activities Student in school Working for self for no profit (mowing yard, repairing own roof, hobby) Commuting to or from work
The above guidelines were developed jointly by: The National Association for Public Health Statistics and Information Systems (NAPHSIS), the National Institute of Occupational Safety and Health (NIOSH), the National Center for Health Statistics (NCHS), and the National Center for Environmental Health and Injury Control (NCEHIC).	
Examples Of Injury At Work And Injury Not At Work	

40D. PLACE OF INJURY (E.G. DECEDENT'S HOME, CONSTRUCTION SITE, RESTAURANT, WOODED AREA):

Enter the general type of place (such as restaurant, vacant lot, baseball field, construction site, office building, or decedent's home) where the injury occurred. DO NOT enter firm or organization names. (For example, enter "factory," not "Standard Manufacturing, Inc.")

40E. LOCATION (STREET AND NUMBER OR RURAL ROUTE, CITY OR TOWN, STATE):

Enter the complete address where the injury took place. If there is no address, describe the location; for example, "Hwy. 30, 2 mile east of the FM 29."

40F. COUNTY OF INJURY:

Enter the county in which the injury occurred.

Please note: This may differ than the "County of Death"

41. DESCRIBE HOW INJURY OCCURRED:

Briefly and clearly describe how the injury occurred, explaining the circumstances or cause of the accident or injury, such as "fell off ladder while painting house," "ran off roadway," or "car/truck collision."

For firearm related deaths, indicate the type of gun, such as handgun, shotgun, hunting rifle, or military firearm.

For motor vehicle accidents, specify type of vehicle (pick-up truck, car, motorcycle, etc).

If known, indicate what activity the decedent was engaged in when the injury occurred (e.g., playing a sport, working for income, hanging out at a bar).

42A-C: LOCAL REGISTRAR FILE INFORMATION

42A. REGISTRAR FILE NUMBER

The local registrar enters the appropriate file number. The number consists of the registrar's unique two digit number (registration location number) and the file number separated by dashes or spaces. The year may also be used if desired and must be shown after the file number and preceded by a dash or space.

The local registrar consecutively numbers the certificates in separate series beginning with the number "1" for the first certificate of each type in each calendar year. For example, a registrar assigned the number "02" enters the following number for the first death certificate completed in a year: "02-1", or "02 1." The use of leading zeros in the file number section is also permitted; for example, "02 001." If the registrar wishes to use the year in the file number, it would read: "02-001-2010" or "02-001-10."

If the local registrar file number is too long to put in TER, you may eliminate the spaces in the number. For example "02-001-10" may be entered into TER as "0200110."

42B. DATE RECEIVED BY LOCAL REGISTRAR:

The local registrar enters the date the certificate was received, accepted, and filed in his or her office. This item documents whether the certificate was filed within the time period specified by law.

42C. REGISTRAR:

The local registrar for the district in which the event occurred signs the certificate when it is accepted and filed. The signature may be either handwritten or facsimile stamped with durable black or blue ink.

For fully electronic records, a signature is not needed. TER will complete this item with information indicating that the record was electronically filed and with which local registrar it is filed with (Exp. "Registrar - Dallas County Clerk, Electronically Filed").

ITEMS 43 THROUGH 49:

These items cannot be left blank.

43. DECEDENT'S EDUCATION:

Select the highest number of years of regular schooling completed by the decedent. Report only those years of school that were completed.

CHECK THE BOX THAT BEST DESCRIBES THE HIGHEST DEGREE OF LEVEL OF SCHOOL COMPLETED AT THE TIME OF DEATH.

If the decedent was currently enrolled in school, check the box that indicates the previous grade or highest degree received.

A person who enrolls in college but does not complete one (1) full year should not be identified with any college education in this item; that is, enter "High School Graduate of GED completed"

Count elementary, secondary, and college education only. Do not include beauty, barber, trade, business, technical, or other special schools when determining the highest grade completed.

Type "Unknown" if decedent's education is not known.

44. DECEDENT OF HISPANIC ORIGIN?

Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. The response should reflect what the decedent considered him-self or herself to be. Select only one response. Check the "No" box if decedent is not Spanish/Hispanic/Latino. If the decedent's Hispanic designation is not listed, check the "Yes, Other" box and enter the decedent's Hispanic origin on the (Specify) line.

Each question, Race and Hispanic Origin, should be asked independently. "Hispanic" is not a race, and a decedent of Hispanic origin may be of any race (White, Black or African American, Native American, etc.) . "Hispanic" is a self-designated classification for people whose origins are from Spain, the Spanish-speaking countries of Central or South America, the Caribbean, or those identifying themselves generally as Spanish or Spanish-American. Origin can be viewed as ancestry, nationality, or country of birth of the person or person's parents or ancestors prior to their arrival in the United States. Although the prompts include the major Hispanic groups, other groups may be specified under "Other."

If the informant does not know, select "Unknown."

If there is no informant, select "Unknown."

If informant refuses to provide this information, select "Unknown."

Note: Hispanics comprise a substantial population group within this country. Reliable data are needed to identify and assess public health problems of Hispanics. Information from item 44 will permit the production of mortality data for the Hispanic community. Identifying health problems will make it possible to target public health resources to this important segment of our population.

45. DECEDENT'S RACE:

Enter the race or races of the decedent as stated by the informant. Each question, Race and Hispanic origin, should be asked independently. Do not leave item 45 blank. If there is no box for the informant's response for one or more race, check the box "Other" and enter the informant's literal (written) response even if the response is not a race or race(s). Do not make assumptions.

American Indian and Alaska Native refer only to those native to North and South America (including Central America) and does not include Asian Indian. Please specify the name of enrolled or principal tribe (e.g., Navajo, Cheyenne, etc.) for the American Indian or Alaska Native.

For Asians and Pacific Islanders, enter the national origin of the decedent. For Asians check Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or specify other Asian group; for Pacific Islanders check Native Hawaiian, Guamanian or Chamorro, Samoan, or specify Other Pacific Islander.

If more than one race is indicated, enter each race (e.g., Samoan-Chinese-Filipino or White, American Indian).

If there is no informant or other reliable source of this information, select "If the respondent does not know, enter "Unknown." If the informant refuses to provide this information, select "Unknown."

Note: Race is essential for identifying specific mortality patterns and leading causes of death among different racial groups. It is also used to determine if specific health programs are needed in particular areas and to make population estimates.

46. EVER IN U.S. ARMED FORCES?

Mark "Yes" if the decedent was ever in any of the U.S. Armed Forces; if not, mark "No."

If "yes", complete "If decedent served in U.S. Armed Forces, Fill Out The Following:" portion located on the back to the death certificate.

- Is the decedent reported to have been in such service?
- Name of organization in which service was rendered
- Serial number of discharge papers or adjusted service certificate?
- Name of next of kin or of next friend?
- Post office address (this would be the mailing address of the next of kin or next of friend)

47. EVER A PEACE OFFICER IN THIS STATE?

Mark "Yes" if the decedent was ever a peace officer in the state of Texas; if not, mark "No". If the decedent was never a peace officer in Texas but was a peace officer in another state, mark "No".

48. DECEDENT'S USUAL OCCUPATION:

Enter the usual occupation of the decedent. This means the type of job the individual was engaged in for most of his or her working life. It is not necessarily the highest paid job nor the job considered the most prestigious, but the one occupation, of perhaps several, that accounted for the greatest number of working years. For example, usual occupation may include claim adjuster, farmhand, coal miner, janitor, store manager, college professor, or civil engineer.

Never enter "Retired."

If the decedent was a homemaker at the time of death but had worked outside the household during his or her working life, enter that occupation.

If the decedent was a "homemaker" during most of his or her working life, or never worked outside the household, enter "Homemaker." Enter "Student" if the decedent was a student at the time of death and was never regularly employed or employed full time during his or her working life.

If not known, enter "Unknown."

49. TYPE OF BUSINESS/INDUSTRY

Enter the type of business or industry to which the decedent's usual occupation relates (e. g., farming, legal, hardware store, retail clothing, university, government, etc.). Do not enter firm or organization's name.

- If the decedent was a homemaker for most of his or her working life, and "Homemaker" is enter as the decedent's usual occupation, enter "Own Home" or "Someone else's Home," whichever is appropriate.
- If the decedent was a student at the time of death and "Student" is entered as the decedent's usual occupation (Item 48), enter the type of school, not enter the actual school name (exp. enter "high school" or "college" not "South City High School").

If not known, enter "Unknown."

Note: These items are useful in studying occupationally related mortality and in identifying job-related risk areas. For example, correlating asbestos used in particular occupations in the shipbuilding industry to respiratory cancer was possible with this information.