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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.	
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)		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		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)		Approximate interval: Onset to 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. _____ 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. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		35. 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	
36. 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		37. DATE OF INJURY (Mo/Day/Yr) (Spell Month)	
38. TIME OF INJURY		39. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)	
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: _____	
42. DESCRIBE HOW INJURY OCCURRED:		43. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
44. 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: _____			
45. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)			
46. TITLE OF CERTIFIER		47. LICENSE NUMBER	
48. DATE CERTIFIED (Mo/Day/Yr)		49. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)	

NAME OF DECEDENT

To Be Completed/Verified By: FUNERAL DIRECTOR

To Be Completed By: MEDICAL CERTIFIER

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	21. BEAUFORT NATIONAL CEMETERY		22. BEAUFORT, S.C.
23a. [Signature]		23b. 3748	24. EDO MILLER AND SONS FUNERAL HO		25. 1431
23c. [Signature]		23d. 3317	24. 3321 GLYNN AVE.		25. []
24. 3317		24. BRUNSWICK, GEORGIA, 31520		25. []	
PART I					
26. a. [Handwritten: Cardiopulmonary arrest]					
26. b. [Handwritten: Metastatic lung cancer]					
26. c. [Handwritten: Emphysema]					
PART II					
27. 28. No					
29. No					
30. No					
31. No					
32. No					
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- a) Cardiopulmonary arrest
- b) Metastatic lung cancer
- c) Emphysema

CHAPTER II

THE DEATH CERTIFICATE

Illustration 2.3

20a. BURIAL OR CREMATION REMOVAL (Specify)		20b. DISPOSITION DATE (Mo., Day, Year)		20c. FUNERAL OR CREMATORY NAME		20d. LOCATION (Street, R.F.D. No., City or Town, State, Zip, County)	
BURIAL		NOV. 30, 1996		KENNEDY MEMORIAL GARDENS		ELLENWOOD, GA. DEKALB	
21a. FUNERAL DIRECTOR (Signature)		21b. FUN. DIR. LICENSE NO.		21c. NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip)		21d. EST. LICENSE NO.	
DELORIS C. STOCKS		2919		STOCKS FUNERAL HOME KIRKWOOD CHAPEL, INC. 1970 BOULEVARD DR. N.E. ATLANTA, GA. 30317.		1081	
21e. EMBALMER (Signature)		21f. EMBALMER LICENSE NO.					
THOMAS E. HOUSTON		1967					
PART I		22. IMMEDIATE CAUSE (Enter only one cause per line for A, B, and C)					
A.		Cerebrovascular accident, HTN					
B.		with Dementia and seizures					
C.		Due to unknown etiology					
PART II		23. OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but not related to cause given in Part I A. (If female, indicate if pregnant or birth occurred within 30 days of death.)					
		pneumonia					
24. AUTOPTIC (Yes or No)		25. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No)					
NO		NO					
26a. WAS OPERATION PERFORMED? (Yes or No)		26b. DATE OF OPERATION (Mo., Day, Year)		26c. CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify)			
NO							
27. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify)		27a. DATE OF INJURY (Mo., Day, Year)		27b. DESCRIBE HOW INJURY OCCURRED		27c. 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	
30e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		30f. DATE PRONOUNCED DEAD (Mo., Day, Year)		30g. HOUR PRONOUNCED DEAD			
30h. ON		30i. AT					
31a. NAME, TITLE, AND LICENSE NO. OF CERTIFIER (Physician, Medical Examiner, or Coroner)		31b. 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					
31c. REGISTRAR (Signature)		31d. 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

BURIAL, CREMATION REMOVAL (Specify) 20a. Burial		DISPOSITION DATE (Mo., Day, Year) 20b. Sep 24, 1996	CEMETERY OR CREMATORY NAME 20c. Elam Cemetery	LOCATION (City or Town, State, Zip, County) 20d. Millen, GA 30442, Jenkins
DISPOSITION	FUNERAL DIRECTOR (Signature) 21a. <i>Robert A. Gigney</i>	FUN. DIR. LICENSE NO. 21b. 1955	NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip) 21c. CROWE-FIELDS FUNERAL HOME, INC. P O BOX 876; 364 E. WINTHROPE AVE. Millen, GA 30442-0876	
	EMBALMER (Signature) 21d. <i>Robert A. Gigney</i>	EMBALMER LICENSE NO. 21e. 2487	EST. LICENSE NO. 21f. 13	
23. IMMEDIATE CAUSE (Enter only one cause per line for A, B, and C)				
CAUSE OF DEATH	PART I A. Cerebrovascular Accident			Approximate interval between onset and death 24 ^a . 24 ^a
	Due to, or as a consequence of: B. Intracerebral/Posterior Fossa Hemorrhage			Approximate interval between onset and death 24 ^b . 24 ^b
	Due to, or as a consequence of: C. ASPVD/HTN			Approximate interval between onset and death 24 ^c . YMS
PART II 24. OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but not related to causes given in Part I A.				
(If female, indicate if pregnant or birth occurred within 90 days of death.) ASHD/CABG/HTN/AT.FIB/DIABETES MELLITUS		AUTOPSY (Yes or No) 25a. No	IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No) 25b.	
WAS OPERATION PERFORMED? (Yes or No) 26a. NO		DATE OF OPERATION (Mo., Day, Year) 26b.	CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify) 26c.	
ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) 27.		DATE OF INJURY (Mo., Day, Year) 28a.	DESCRIBE HOW INJURY OCCURRED 28b.	HOUR OF INJURY 28c. M
INJURY AT WORK? (Yes or No) 29a.		PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify) 29b.	LOCATION (Street, R.F.D. No., City or Town, State, Zip, County) 29c.	
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) <i>John D. Rathbun</i>		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]		DATE SIGNED (Mo., Day, Year) 29c. 9/30/96
DATE SIGNED (Mo., Day, Year) 29d. 9/30/96		HOUR OF DEATH 29e. 02:50P M	DATE SIGNED (Mo., Day, Year) 30a.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 29f.		DATE PRONOUNCED DEAD (Mo., Day, Year) 30b.		HOUR OF DEATH 30c. 02:50P M
DATE PRONOUNCED DEAD (Mo., Day, Year) 30d.		DATE PRONOUNCED DEAD (Mo., Day, Year) 30e.		HOUR PRONOUNCED DEAD 30f. AT
NAME, TITLE, AND LICENSE NO. OF CERTIFIER (Physician, Medical Examiner, or Coroner) 31a. John D. Rathbun M.D.		PHYS. LIC. NO. 31b. 023665	ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip) 31c. 11700 Mercy Blvd., Savannah, GA 31419	
REGISTRAR (Signature) 22a. <i>James H. Allen</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Year) 22b. 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)	
	Jed Cash	2191	Horis A. Ward, Inc. 376 Fairview Road Stockbridge, Georgia 30281	
	EMBALMER (Signature)	EMBALMER LICENSE NO.	EST. LICENSE NO.	
	Not Embalmed	---	1402	
PART I IMMEDIATE CAUSE (Enter only one cause per line for A, B, and C)				
Conditions, if Any, Which Give Rise To Immediate Cause During The Underlying Cause Last.	A. Cardio respi pata 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				
AUTOPEY (Yes or No) IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No)				
NO				
WAS OPERATION PERFORMED? (Yes or No)				
NO				
DATE OF OPERATION (Mo., Day, Year)				
CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify)				
ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED				
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)				
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)				
DEC 16 1996				
PART III CERTIFIER				
28a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)				
Ch. E. Di M. D.				
DATE SIGNED (Mo., Day, Year)				
December 10/1996				
HOUR OF DEATH				
4:20 AM				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER				
28b. 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)				
DATE SIGNED (Mo., Day, Year)				
DATE PROMOUNCED DEAD (Mo., Day, Year)				
HOUR OF DEATH				
HOUR PROMOUNCED DEAD				
28c. ON				
28d. NAME, TITLE, AND LICENSE NO. OF CERTIFIER (Physician, Medical Examiner, or Coroner)				
Eloy Diaz, M. D.				
PHYSICIAN LICENSE NO.				
6572 RIVER PARK DR				
28e. ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip)				
28f. RIVERDALE, GA. 30274				
28g. NAME, TITLE, AND LICENSE NO. OF REGISTRAR				
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)				
Dec. 16, 1996				

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

CHAPTER II

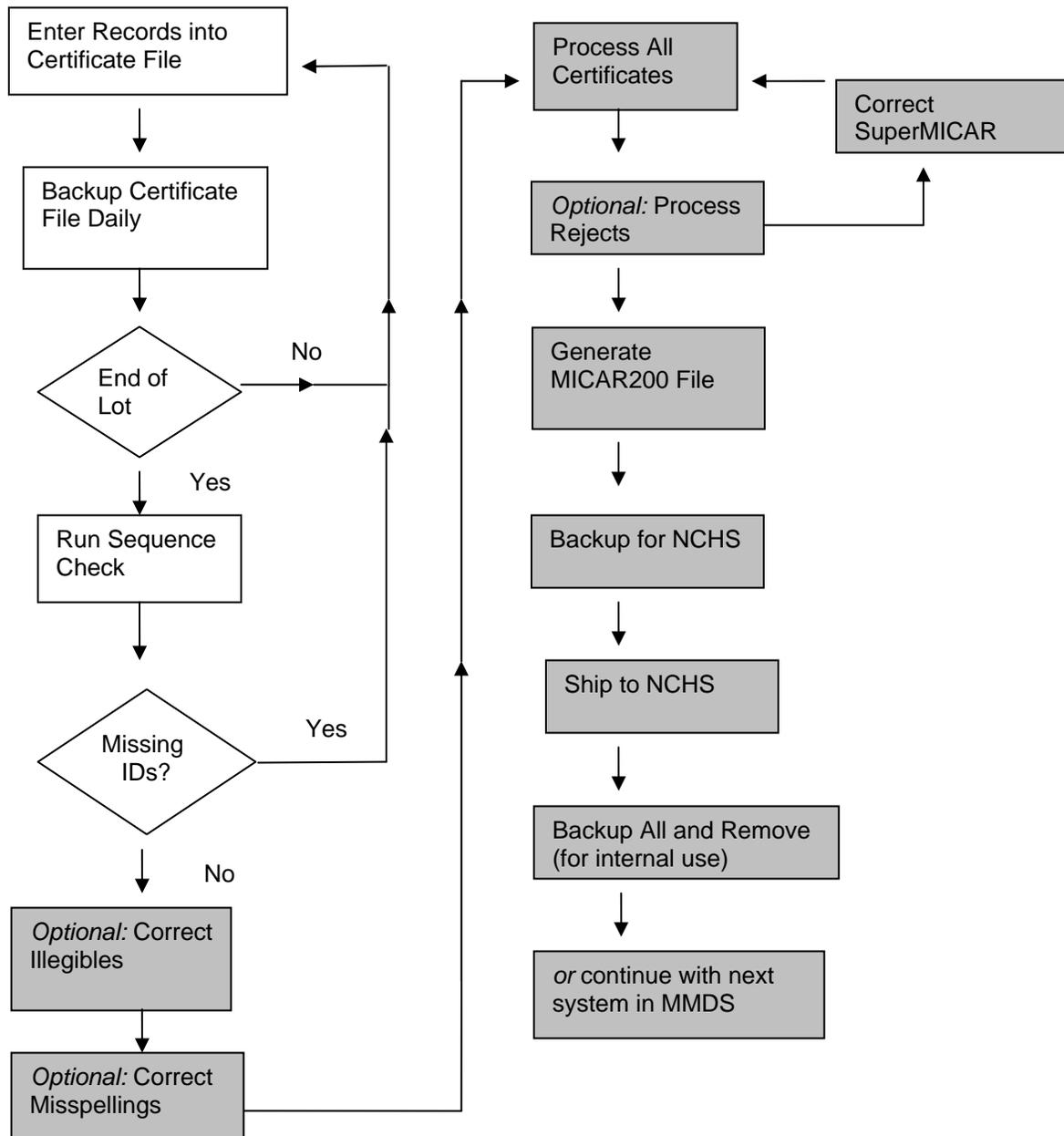
THE DEATH CERTIFICATE

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			TO BE COMPLETED ONLY BY MEDICAL EXAMINER		
27 TIME OF DEATH 10:20 P.M. M		28 WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		31a TIME OF DEATH M	
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			32 On the basis of examination and/or investigation in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) _____		
30 DATE SIGNED (Month, Day, Year) 10/9/95		33 DATE SIGNED (Month, Day, Year)		COUNTY	
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				Interval between on and death	
(b) <i>Amyotrophic Lateral Sclerosis</i>				10 Yrs	
DUE TO, OR AS A CONSEQUENCE OF				Interval between on and death	
PART II (c) 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	
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			
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 PLACE OF INJURY: At home, farm, street, factory, office building etc (Specify)		41e DESCRIBE HOW INJURY OCCURRED	
		41f LOCATION (Street and Number or Rural Route Number, City or Town)			
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.

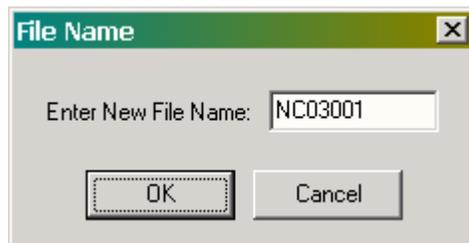


A. Creating a New SuperMICAR File

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

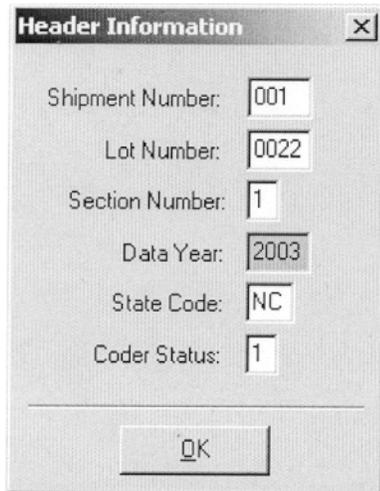
1. From the main screen, press {Alt+F} to select the **File** Menu Option.
2. Use the up and down arrow keys to highlight the **New** File Function and press {ENTER}.
3. If a file is currently open, a message window will be displayed.
 - a. To close the currently open file and open a new one, press {Y} 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 file name 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.
- h.
 - 1. If the estimated date of death and found date are given, both occurring in the same year, enter estimated date of death.
 - 2. If the data year is different for estimated date of death and found date, enter the date within the data year being processed.
- i. If a span is reported for month or day of death, enter the earlier date. For 3-5, enter 02 for month and 03 for day.

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.

Ditto ("), "Same", "As above", should not be entered in the Cause of Death durations items.

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.** Any entry in this item that is not listed as a manner of death should be entered as the last entry in Part II.

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. If more than one surgery date is specified, enter the most current date.

- 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 holds 4 digits that compromise a valid time (00:00, blank) plus the unit of time field immediately following. All four characters must be filled. If the certificate reports the time of injury as “unknown”, then enter 99:99. Leave AM/PM blank. If a time or “unknown” is not stated, leave blank. If no unit of time is entered, DO NOT enter a unit. DO NOT assume that it is military time. The unit of time MUST be entered as reported. For 6:30 AM enter **06:30A**.

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 title, 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). If no title, leave blank. If no title, and box not checked, leave blank. 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:	2006
State Code:	AL (or post office abbreviation for any state)
Coder Status:	1

Enter today's date as the date of death on all 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 F	3. SOCIAL SECURITY NUMBER	
	4a. AGE-Last Birthday (Years) 68	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) 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.				Approximate interval: Onset to death	
IMMEDIATE CAUSE (Final disease or condition resulting in death) → Cerebral thrombosis				7 wks 4 wks 1 wk	
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 → Renal failure					
Due to (or as a consequence of): Pneumonia					
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: John Smith MD					
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)					
47. TITLE OF CERTIFIER Physician	48. LICENSE NUMBER PH 567	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.			Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CONGESTIVE HEART FAILURE 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. STOMACH ULCER WITH HEMORRHAGE Due to (or as a consequence of):			
PART B. 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			
33. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No
34. 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			34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
35. 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			
36. DATE OF INJURY (Mo/Day/Yr) (Spell Month)	37. TIME OF INJURY	38. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)	39. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
40. LOCATION OF INJURY: State: _____ City or Town: _____			
Street & Number: _____		Apartment No.: _____	Zip Code: _____
41. DESCRIBE HOW INJURY OCCURRED:			42. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)
43. 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: _____			
44. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32) William Smith 508 Franklin St.			
45. TITLE OF CERTIFIER MD	46. LICENSE NUMBER 474820	47. DATE CERTIFIED (Mo/Day/Yr) 11/1/03	48. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)

NAME OF DECEDENT

To Be Completed By: MEDICAL CERTIFIER

Completed/Verified By: 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. <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
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) 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			
a. <i>Bronchopneumonia & abscess</i> Due to (or as a consequence of):			
b. <i>Gastrointestinal ulcers, cause unknown</i> Due to (or as a consequence of):			
c. <i>Rheumatoid arthritis</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.			
<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: _____		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.				Approximate interval: Onset to death		
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <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 b. <u>Coronary bypass graft</u> Due to (or as a consequence of):						
c. <u>ASHD</u> 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 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:		Apartment No.:		Zip Code:		
Street & Number:						
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>[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. <u>000006</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>50</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)			
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. <u>Cardiac arrhythmia</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	b. <u>Massive acute myocardial infarction</u>		
	c. _____		
	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
<u>Migraine headaches</u>			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: _____		Zip Code: _____	
Street & Number: _____		Apartment No.: _____	
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: <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)

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
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)	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
32. CAUSE OF DEATH (See instructions and examples)			Approximate interval: Onset to death
<p>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>Severe acute respiratory failure</u></p> <p>Due to (or as a consequence of): <u>terminal pneumonia</u></p> <p>Due to (or as a consequence of): <u>Congestive heart failure due to MI</u></p> <p>Due to (or as a consequence of): <u>Coronary artery disease due to arteriosclerosis</u></p> <p>PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.</p>			
33. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		34. 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	
35. 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		36. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
37. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No		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. Chamberlain</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 M	3. SOCIAL SECURITY NUMBER	
	4a. AGE-Last Birthday (Years) 65	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)	
	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, 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) 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) Congestive heart failure Due to (or as a consequence of): renal failure 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.				Approximate interval: Onset to death 4 yrs 3 mos	
33. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			34. 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		
35. 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		36. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
37. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No		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:			
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>[Signature]</i>					
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)					
47. TITLE OF CERTIFIER MO	48. LICENSE NUMBER HW 0007	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**

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) 60	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) 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
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) Sequitally 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			
a. hypertensive heart disease Due to (or as a consequence of):			
b. metastases to pituitary gland 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
Carcinoma of breast			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] M.D.			
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)
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. 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.			Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>Septicemia</u>			
Due to (or as a consequence of): b. <u>Postpartum hemorrhage</u>			
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 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: _____		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>49368</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

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.				Approximate interval: Onset to death	
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: _____ 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) <i>James O. Brent 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: Minutes: <u>4</u>	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. <u>000013</u>		
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
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) Due to (or as a consequence of): a. Fracture of rib					
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): b. Metastatic cancer to bone					
Due to (or as a consequence of): c. Cancer of right breast					
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 ST., 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)					

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. 000014

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: 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)		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	
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) → a. <u>Cardiogenic Shock</u>					
Due to (or as a consequence of): b. <u>Fracture of arm and leg</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					
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)					

NAME OF DECEDENT

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. *000015*

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>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
	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)		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 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) <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)			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. <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. _____				
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>P. J. Anderson</i>				
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32) <i>P. J. 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)	

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) (Frs, 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	8. BIRTHPLACE (City and State or Foreign Country)		
7c. STREET AND NUMBER		7d. APT NO.	7e. ZIP CODE		
7f. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)			
10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. 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 (Frs, Middle, Last)		
11. FATHER'S NAME (Frs, Middle, Last)		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Frs, Middle, Last)			
13a. INFIRMARY'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) <input type="checkbox"/> 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"/> 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):		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 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: _____		42. INJURY AT (WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No)			
Street & Number: _____ Apartment No.: _____ Zip Code: _____		43. DESCRIBE HOW INJURY OCCURRED: <u>Vehicle ran off road and struck Object</u>			
44. 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: _____		45. IF TRANSPORTATION INJURY, SPECIFY: <input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify):			
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32) <u>Dr. [Signature]</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)		51. FOR REGISTRAR ONLY: DATE FILED (Mo/Day/Yr)			

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.

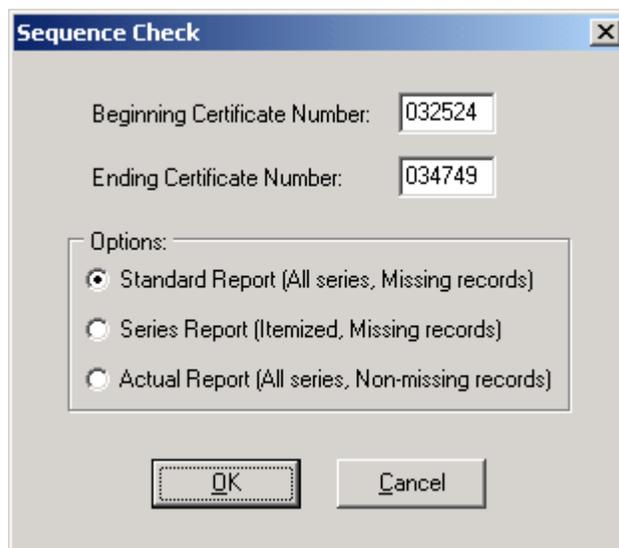
Together, these reports can reveal if there are missing and/or extra, certificates in the database file. The Sequence Check can be used only when a file is currently open. To use the sequence check:

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:

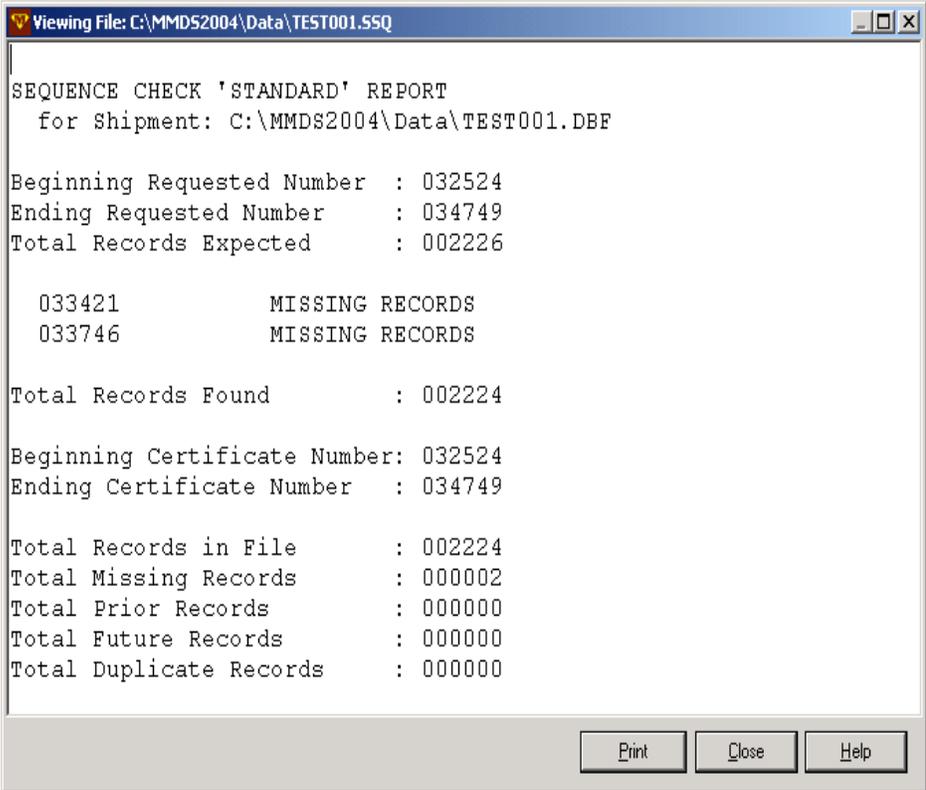
- a. Use the {TAB} key to place the cursor in the desired field.
- b. Type in the beginning certificate number (the starting certificate number for the sequence check), the ending certificate number (the ending certificate number for the sequence check), or both. Click "OK."



The screenshot shows a dialog box titled "Sequence Check". It has a blue title bar with a close button (X) on the right. The main area is light gray. There are two text input fields: "Beginning Certificate Number:" with the value "032524" and "Ending Certificate Number:" with the value "034749". Below these is a section labeled "Options:" containing three radio buttons. The first radio button, "Standard Report (All series, Missing records)", is selected. The other two are "Series Report (Itemized, Missing records)" and "Actual Report (All series, Non-missing records)". At the bottom of the dialog are two buttons: "OK" and "Cancel".

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:

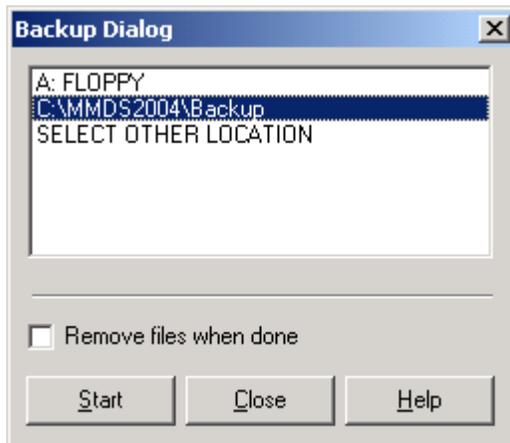
“Total Prior Records” = the number of records in the file BEFORE the Beginning Certificate Number.

“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.

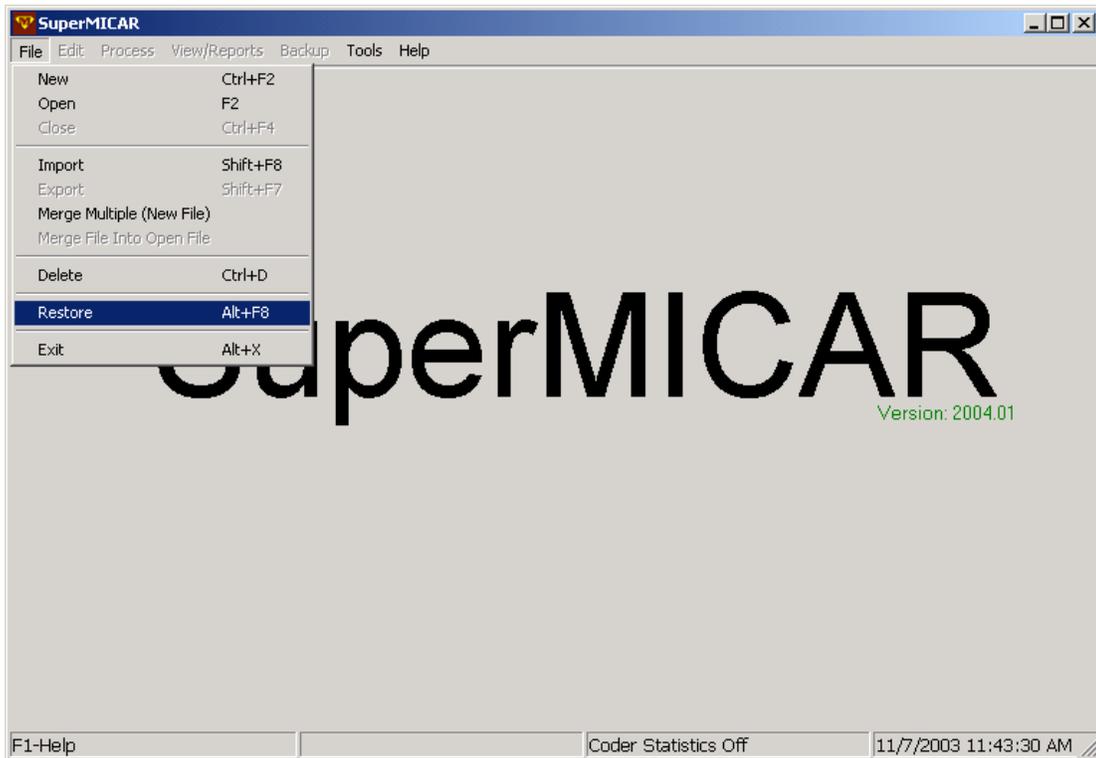
Restoring from SuperMICAR Backups

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:

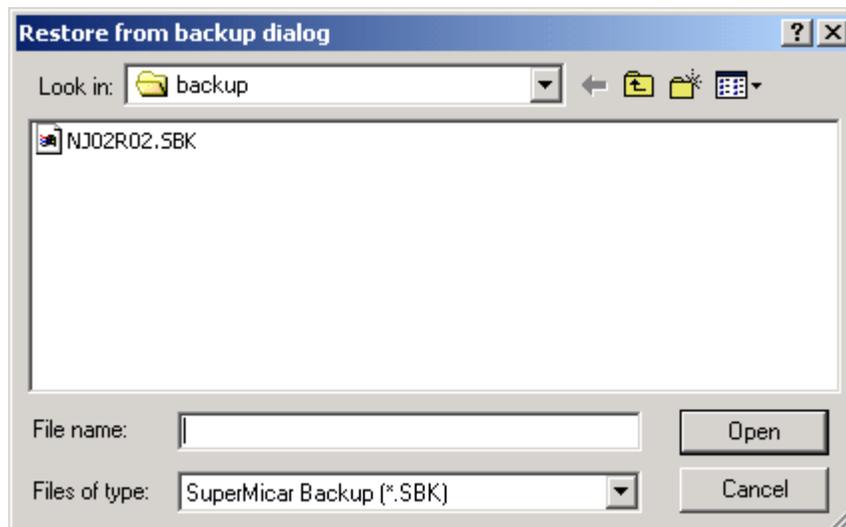
"Restore From Backup" restores files from the backup (or other chosen) directory to the current data directory. Therefore, it is advisable to verify the current data path before you move through the steps for restoring a file. See Setting SuperMICAR Options to verify (or change) current path settings.

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.

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
- (b) Cardiac Arrest
- (c) Coronary occlusion due to ASHD
- (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 1:

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) ↓ Senile dementia; peptic ulcer
II

Example 2:

1(a) Cardiac Arrest → Congestive heart failure

Enter as:

1(a) Cardiac Arrest results in Congestive heart failure

Example 3:

1(a) Pneumonia ← Respiratory Failure

Enter As:

1(a) Pneumonia resulted in Respiratory Failure

(b)

Note: See Special Symbols – Appendix D

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: I(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:	2006
State Code:	AL (or post office abbreviation for any state)
Coder Status:	1

Enter today's date as the date of death on all 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		
	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: 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: _____								
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: 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)	
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	
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) 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 2794		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**

FORMAT

DRAFT 07/08/2002

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: 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
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: 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>[Signature]</i>					
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)						
To Be Completed By: MEDICAL CERTIFIER		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.			Approximate interval: Onset to death	
		IMMEDIATE CAUSE (Final disease or condition resulting in death) → <u>Congestive heart failure</u>				
		Due to (or as a consequence of): → <u>ASHD</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>Pneumonia</u>				
		33. 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 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 Wilson Coroner</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)	
	NAME OF CERTIFIER	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		
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: _____		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 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: _____						
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		48. LICENSE NUMBER A404038		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 A.I. screen if an A.I. 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 A.I. certificate will be processed. For certificates with no A.I., 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 (A.I.) screen, contains the overriding information that will be processed by SuperMICAR.

To access A.I. on screen, first navigate to the associated record/certificate (by pressing F5). From there, press {F9} to view A.I. the screen associated with that certificate. Even from the A.I. view, it is not possible to jump directly to a new A.I. record - to find a different A.I. record. First, close any currently-open A.I. 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 A.I. record. Press {F9} to see the associated A.I. screen for that certificate. In standard edit certificate view, if a particular certificate has associated A.I., a red indicator will appear in the status bar along the bottom of the screen,

The information on the A.I. 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 A.I. screen is first invoked, the information from the original screen is copied onto the new screen. After this, the A.I. screen will always retain the changes made to it separately from the Certificate Information Screen.

NOTE: Once a record has an associated A.I. 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 A.I. Screen.
3. Enter additional information. The parameters for field data are the same for A.I. records as for original certificate records. See Appendix A, SuperMICAR Hotkey List for keys used on the A.I 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 (A.I.) may be attached to the death certificate.
1. If the A.I. states the underlying cause of a specific disease in Part I, the A.I. 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 A.I., treat the disease as modified by the A.I. where the disease is first reported. For example:
- I (a) Pneumonia
AI: Lobar pneumonia
- The above should be entered into SuperMICAR as:
- I (a) LOBAR PNEUMONIA
- c. If an "amended certificate" is submitted, enter the data on the amended certificate only.

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

Example:

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

AI: Arteriosclerosis, CVA, old M.I.

Enter as:

- I (a) Coronary thrombosis
(b) HASCV
(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

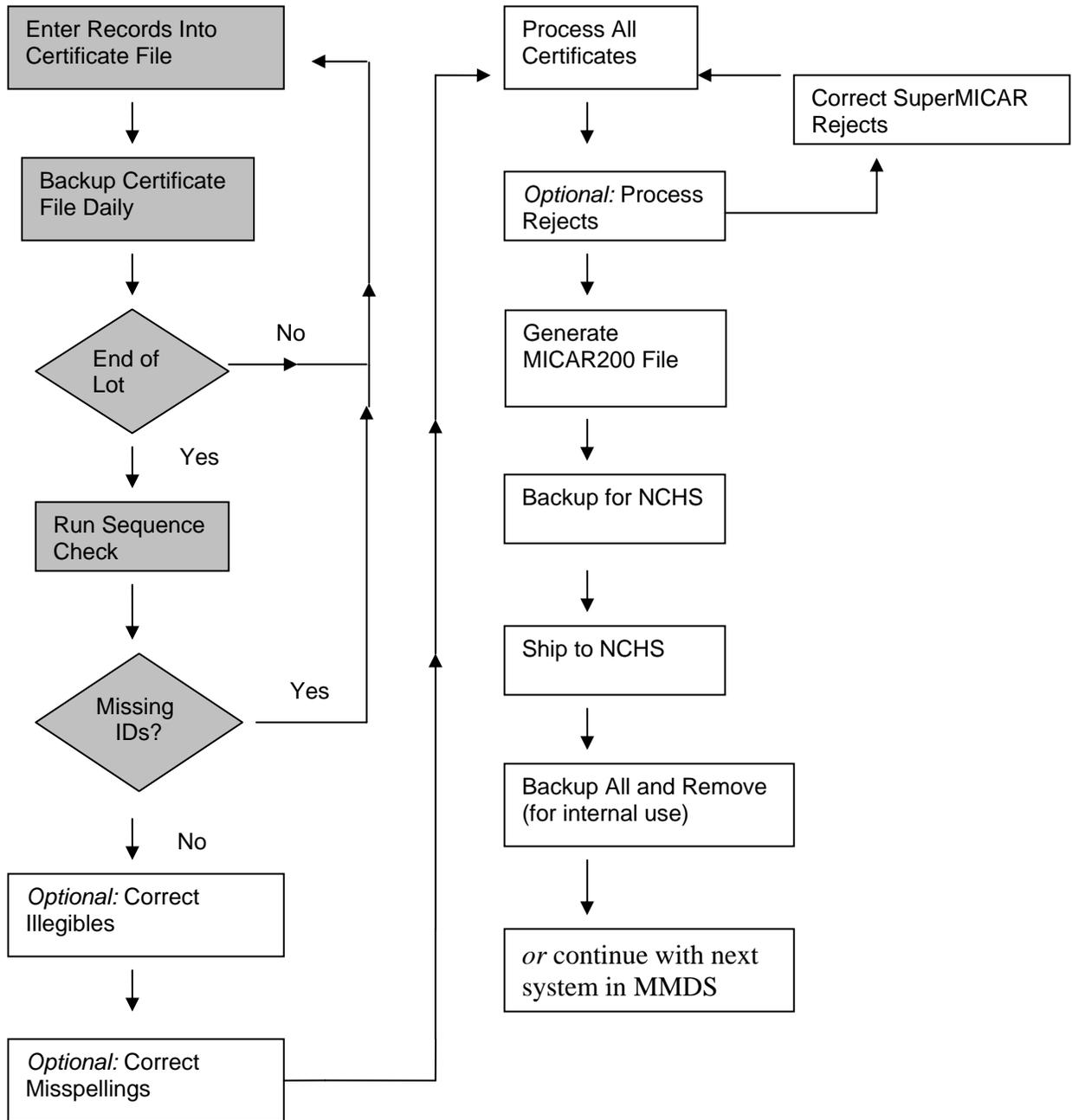
Information on multiple births may appear in the “Name” block or on the side of certificate. Enter as last entry in Part II.

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 A.I. SCREEN, subsequent viewing of the A.I. 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 VII 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.

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

- 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. 19

- # “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.”

- Results in

- ← Resulted from

- $\frac{0}{1}$ “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.”

- p̄** “After.” Substitute for the word “after.” Example: For “Spontaneous bleeding **p̄** tracheal tube removal,” type “SPONTANEOUS BLEEDING AFTER TRACHEAL TUBE REMOVAL.”
- s̄** “Without.” Substitute for the word “without.” Example: For “Three weeks **s̄** 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	LADENO
Lung Cancer	LCA
Lung Carcinoma	LCAR
Lupus Erythematosus	LE
Malignant	MAL
Malignant Hypertension	MALHTN
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
ABDOMINAL
ABDOMINALGIA
ABDOMINALIS
ABDOMINIS
ABDOMINOCENTESIS
ABDOMINOPERINEAL
ABDOMINORECTAL
ABDOMINOSIGMOIDAL
ABDOMINOTHORACIC
ABDOMINOVESICAL
ABDUCTION
ABERRANT
ABERRATION
ABLATIO
ABLATION
ABNORMAL
ABNORMALITIES
ABNORMALITY
ABORTION
ABORTUS
ABOVE
ABRASION
ABRASIONS
ABRUPTIO
ABRUPTION
ABS
ABSCESS
ABSCESED
ABSCESSSES
ABSENCE
ABSENT
ABSINTHE
ABSINTHEMIA
ABSINTHISM
ABSORPTION
ACROCEPHALY
ABSTINENCE
ABUSE
ABUSED
ABUSER
ACANTHOLYSIS
ACANTHOSIS
ACCELERATED
ACCESS
ACCESSORY
ACCRETA
ACCRETIO
ACEPHALIA
ACEPHALIC
ACEPHALISM
ACEPHALUS
ACEPHALY
ACETABULAR
ACETABULUM
ACETAMINOPHEN
ACETONE
ACETONEMIA
ACETYLENE
ACETYLSALICYLIC
ACHALASIA
ACHLORHYDRIC
ACHONDROPLASIA
ACHONDROPLASTIC
ACHYLIA
ACID
ACIDEMIA
ACIDITY
ACIDOPHIL
ACIDOSIS
ACNITIS
ACOUSTIC
ACQUIRED
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	ADIPOSITIVITY
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	AFFECTING
ADENOID	AFFECTIVE
ADENOIDECTOMY	AFFERENT
ADENOIDS	AFIBRINOGENEMIA
ADENOMA	AGE
ADENOMATOID	AGED
ADENOMATOUS	AGENESIS
ADENOPATHY	
ADENOSARCOMA	

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

AGALACTIA	ALKALINE
AGAMMAGLOBULINEMIA	ALKALOSIS
AGANGLIONIC	ALKASELTZER
AGANGLIONOSIS	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	AMAUIROSIS
ALACTASIS	AMAUIROTIC
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

AMOXAPINE	ANDERSENS
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

ANHYDREMIA
ANICTERIC
ANITRATUM
ANKLE
ANKLES
ANKYLOPOIETICA
ANKYLOSED
ANKYLOSING
ANKYLOSIS
ANNULAR
ANNULOPLASTY
ANNULUS
ANOMALIES
ANOMALOUS
ANOMALY
ANORECTAL
ANORECTUM
ANOREXIA
ANOXEMIA
ANOXEMIC
ANOXIA
ANOXIC
ANTAGONIST
ANTECUBITAL
ANTEPARTUM
ANTERIO LATERAL
ANTERIOR
ANTERIOSEPTAL
ANTERO
ANTEROLATERAL
ANTEROSEPTAL
ANTEVERSION
ANTHONY'S
ANTHRACOSILICOSIS
ANTHRACOSIS
ANTIBIOTIC
ANTIBODIES
ANTIBODY
ANTICOAGULANT

ANTICOAGULANTS
ANTICOAGULATION
ANTICONVULSANT
ANTIDEPRESSANT
ANTIDEPRESSANTS
ANTIDIURETIC
ANTIFREEZE
ANTIGEN
ANTI HISTAMINE
ANTI INFLAMMATORY
ANTINEOPLASTIC
ANTITHROMBIN
ANTITOXIN
ANTITRYPSIN
ANTITUMOR
ANTONS
ANTRAL
ANTRECTOMY
ANTRITIS
ANTROGASTRIC
ANTRUM
ANURIA
ANURIC
ANUS
ANXIETY
AORTA
AORTAILIAC
AORTIC
AORTICOPULMONARY
AORTITIS
AORTO
AORTOBIFEMORAL
AORTOCAVAL
AORTOCORONARY
AORTOCUTANEOUS
AORTOENTERIC
AORTOFEMORAL
AORTOGRAM
AORTOILIAC

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

AORTOJEJUNAL	ARACHNITIS
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

ARTERIOPATHIC	ASPHYXIATING
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

ATLANTOAXIAL
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

BABY	BASOPHIL
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
BARRETTTS	BENZODIAZEPINE
BARSONY	BERNARD
BARTHOLIN	BERNHEIMS
BARTHOLINS	BERRY
BARTONS	BESNIER
BARTTERS	BETA
BASAL	BEVERAGE
BASALNUCLEAR	BIBASILAR
BASE	BICUSPID
BASEMENT	BIEDL
BASILAR	BIELSCHOWSKY

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

BIEMONDS	BLEACH
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

BOUT	BROKE
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

BRUISING	CAESAREAN
BUBBLY	CAFE
BUCCAL	CAFFEINE
BUDD	CAFFEYS
BUERGERS	CAGE
BULB	CALCANEUS
BULBAR	CALCAREOUS
BULBOURETHRAL	CALCEMIA
BULIMIA	CALCIFIC
BULLA	CALCIFICATION
BULLAE	CALCIFIED
BULLOSA	CALCINOSIS
BULLOSUM	CALCIUM
BULLOUS	CALCIURIA
BUNDLE	CALCULI
BURDEN	CALCULOUS
BURKITTS	CALCULUS
BURN	CALF
BURNED	CALLOSUM
BURNETTS	CALORIC
BURNING	CALORIE
BURNS	CALVARIUM
BURNT	CALYX
BURR	CAMPYLOBACTER
BURSA	CANAL
BURST	CANAVANS
BURSTED	CANCER
BUSULFAN	CANCEROUS
BUTABARBITAL	CANDIDA
BUTANE	CANDIDAL
BUTTERFLY	CANDIDEMIA
BUTTOCK	CANDIDIASIS
BUTTOCKS	CANNULATION
BYPASS	CANTHUS
BYPASSES	CAPILLARIES
C -	CAPILLARY
CACHEXIA	CAPITELLUM
CADAVER	CAPLAN
	CAPOTEN

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

CAPSULAR	CARDIOSCLEROSIS
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

CAVA	CEREBELLUM
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

CHAUFFARD	CHOLANGITIC
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

CHOREIFORM	CLAUDICATION
CHOREOATHETOSIS	CLAVICLE
CHORIOAMNIONITIS	CLAVICULAR
CHORIOCARCINOMA	CLEAR
CHORIOEPITHELIOMA	CLEARED
CHORIONIC	CLEFT
CHORIORETINITIS	CLIP
CHOROID	CLIPPING
CHOROIDAL	CLITORIS
CHRISTIAN	CLOACA
CHROMATE	CLOACAE
CHROMATES	CLOACAL
CHROMOGENIC	CLOACOGENIC
CHROMOPHOBE	CLOMIPRAMINE
CHROMOSOMAL	CLONIC
CHROMOSOME	CLOROX
CHROMOSOMES	CLOSE
CHRONIC	CLOSED
CHRONICA	CLOSTRIDIA
CHURG	CLOSTRIDIAL
CHYLOTHORAX	CLOSTRIDIUM
CHYLOUS	CLOSURE
CICATRIX	CLOSURES
CIGARETTE	CLOT
CIGARETTES	CLOTS
CILIARY	CLOTTED
CIRCLE	CLOTTING
CIRCULATING	CLOVERLEAF
CIRCULATION	CLUBFOOT
CIRCULATORY	CLUMSINESS
CIRCUMFERENTIAL	COAGULATION
CIRCUMFLEX	COAGULOPATHY
CIRCUMSCRIBED	COAL
CIRRHOUS	COALWORKERS
CIRRHOTIC	COARCTATION
CITROBACTER	COBALT
CLAMPING	COCAINE
CLASSICAL	COCAINISM
CLAUDE	COCCI

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

COCCIDIODOMYCOSIS	COLUMN
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	COMMODE
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

CONCEPTION	CONTRACTED
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

CORTICOADRENAL	CREVELD
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

CUTANEA	DANCE
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

DEFECTS	DEPENDENCY
DEFENSE	DEPENDENT
DEFERENS	DEPLETED
DEFERENTITIS	DEPLETION
DEFERRED	DEPRAVED
DEFIBRINATION	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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

DEXTROVERSION
DIABETES
DIABETIC
DIABETICORUM
DIAGNOSIS
DIAGNOSTIC
DIALYSIS
DIAMOND
DIAPHRAGM
DIAPHRAGMATIC
DIARRHEA
DIARRHEAL
DIASTOLIC
DIATHESSES
DIATHESIS
DIAZEPAM
DIED
DIENCEPHALIC
DIET
DIETARY
DIETETIC
DIFFERENTIATED
DIFFICILE
DIFFICILE
DIFFICULT
DIFFICULTY
DIFFUSA
DIFFUSE
DIFFUSELY
DIGESTIVE
DIGHTON
DIGITALIS
DIGITOXIN
DIGOXIN
DILANTIN
DILATATION
DILATED
DILATION
DILUTIONAL

DIMINISHED
DIMITRI
DIMORPHIC
DIOXIDE
DIPHENHYDRAMINE
DIPHENYLHYDANTOIN
DIPHThERIA
DIPLEGIA
DIPLEGIC
DIPLOCOCCAL
DIPLOCOCCI
DIPLOCOCCUS
DIRECT
DISABILITY
DISACCHARIDASE
DISACCHARIDE
DISARTICULATION
DISASTER
DISC
DISCHARGE
DISCITIS
DISCOGENIC
DISCOID
DISCONNECTED
DISEASE
DISEASED
DISKITIS
DISLOCATED
DISLOCATION
DISLOCATIONS
DISLODGED
DISLODGE
DISLODGE
DISMEMBERMENT
DISOPYRAMIDE
DISORDER
DISORIENTATION
DISPLACED
DISPLACEMENT

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

DISRUPTION	DOXYLAMINE
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

DUST
DWARF
DWARFISM
DYAZIDE
DYE
DYING
DYKE
DYSARTHRIA
DYSAUTONOMIC
DYSCRASIA
DYSENTERY
DYSERYTHROPOIETIC
DYSFUNCTION
DYSFUNCTIONAL
DYSGAMMAGLOBULINEMIA
DYSGENESIS
DYSGERMINOMA
DYSHEMATOPOIETIC
DYSKARYOSIS
DYSKINESIA
DYSKINETIC
DYSLIPIDEMIA
DYSMATURITY
DYSMOTILITY
DYSMYELOPOIETIC
DYSMYELOPOIETIC
DYSPEPSIA
DYSPHAGIA
DYSPHASIA
DYSPLASIA
DYSPNEA
DYSPRAXIA
DYSRHYTHMIA
DYSTACHYCARDIA
DYSTONIA
DYSTROPHY
DYSURIA

E -
EAGLE
EALES
EAR
EARLOBE
EAT
EATING
EATON
EBSTEINS
ECCHYMOSIS
ECHINOCOCCUS
ECLAMPSIA
ECLAMPTIC
ECTASIA
ECTASIS
ECTOCARDIA
ECTODERMAL
ECTOPIA
ECTOPIC
ECTOPICS
ECTOPY
ECTROPION
ECZEMA
EDDOWES
EDEMA
EDEMATOUS
EDWARDS
EFFECT
EFFECTS
EFFERENT
EFFORT
EFFUSION
EHLERS
EISENMENGER
EISENMENGER
EJACULATORY
ELASTOMYOFIBROSIS
ELAVIL
ELBOW

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

ELDERLY	EMOTIONAL
ELECTIVE	EMPHYSEMA
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

EPIGASTRITIS	ERYTHEMATOSIS
EPIGASTRIUM	ERYTHEMATOSUS
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

ESSENTIAL	EXENTERATION
ESTROGEN	EXERCISE
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
EVISCERATION	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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

EXTREMITY
EXTRINSIC
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

FETAL	FIBROTHORAX
FETALIS	FIBROTIC
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

FLUTTER	FREDRICKSONS
FOCAL	FREEZING
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

FUNICULITIS
FUNNEL
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

GASTROSCHISIS	GLIOBLASTOMA
GASTROSCOPIC	GLIOMA
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

GOITER	GREENSTICK
GOLDBLATT	GRIPPE
GOLDBLATTS	GROIN
GOLDFLAM	GROSONG
GOLTZ	GROSS
GONADAL	GROUP
GONADOBLASTOMA	GROWTH
GONOCOCCAL	GRUBERS
GOODPASTURES	GUBLER
GORE	GUERIN
GORLIN	GUGLIELMOS
GORTEX	GUILLAIN
GOUT	GULLET
GOUTY	GULLS
GOWERS	GUM
GRADE	GUMMA
GRADUAL	GUNNS
GRAFT	GUNSHOT
GRAFTING	GUT
GRAFTS	GUTTMAN
GRAM	GVH
GRAMS	GYNECOLOGIC
GRAN	GYNECOLOGICAL
GRAND	GYRI
GRANITE	
GRANULAR	H -
GRANULOCYTIC	HABIT
GRANULOCYTOPENIA	HABITS
GRANULOCYTOPENIC	HABITUAL
GRANULOMA	HAGEMAN
GRANULOMATOSIS	HAGIE
GRANULOMATOUS	HAILEY
GRANULOSA	HAIR
GRAVEL	HAIRY
GRAVES	HALLERMAN
GRAVIS	HALLOPEAUS
GREAT	HALLUCINOSIS
GREATER	HALLUX
GREENFIELDS	HALOPERIDOL

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

HALOTHANE	HEMANGIOBLASTOMA
HAMARTOBLASTOMA	HEMANGIOENDOTHELIAL
HAMARTOMA	HEMANGIOENDOTHELIOMA
HAMMAN	HEMANGIOMA
HAMMER	HEMANGIOPERICYTOMA
HAND	HEMANGIOSARCOMA
HANDICAPPED	HEMATEMESIS
HANDLE	HEMATOCEPHALUS
HANDLING	HEMATOCHEZIA
HANDS	HEMATOGENOUS
HANGED	HEMATOLOGIC
HANGING	HEMATOMA
HANGOVER	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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

HEMIHYPERTROPHY	HEPARIN
HEMIPARALYSIS	HEPATIC
HEMIPARESIS	HEPATIOJEJUNOSTOMY
HEMIPLEGIA	HEPATITIS
HEMIPNEUMONECTOMY	HEPATO
HEMISPHERE	HEPATOBIILIARY
HEMISPHERIC	HEPATOBLASTOMA
HEMISPOROSIS	HEPATOCARCINOMA
HEMIVERTEBRA	HEPATOCELLULAR
HEMOBLASTIC	HEPATOCHOLANGIOCARCINOMA
HEMOCHROMATOSIS	HEPATOCHOLANGIOLITIC
HEMODIALYSIS	HEPATOCHOLANGITIS
HEMODYNAMIC	HEPATOENCEPHALOPATHY
HEMOGLOBIN	HEPATOJEJUNOSTOMY
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

HIATUS	HOOK
HICCOUGHS	HORMONAL
HICKMAN	HORMONE
HICKS	HORN
HIGH	HORNER
HIGHLY	HORSESHOE
HIGHMORE	HORTONS
HILAR	HOST
HILUM	HOURGLASS
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

HYPERGLYCERIDEMIA	HYPERPYREXIA
HYPERINSULINISM	HYPERSECRETION
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	HYPERURICEMIA
HYPEROSMOTIC	HYPERVERTILATION
HYPEROSOMOLAR	HYPERVERSICIDOSIS
HYPEROSOMOTIC	HYPERVERSICOSITY
HYPERPARATHYROID	HYPERVITAMINOSIS
HYPERPARATHYROIDISM	HYPERVOLEMIA
HYPERPERMEABILITY	HYPNOTIC
HYPERPHAGIA	HYPOACIDITY
HYPERPHOSPHATEMIA	HYPOADRENALISM
HYPERPIESIA	HYPOADRENIA
HYPERPIESIS	HYPOADRENOCORTICISM
HYPERPINEALISM	HYPOALBUMINEMIA
HYPERPLASIA	HYPOC
HYPERPLASTIC	HYPOCALCEMIA
HYPERPNEA	HYPOCHLOREMIA
HYPERPOTASSEMIA	HYPOCHLORHYDRIA
HYPERPREBETALIPOPROTEINEMIA	HYPOCHOLESTEREMIA
HYPERPROTEINEMIA	HYPOCHROMIC

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

HYPOCHRONIC	HYPOSIDERINEMIA
HYPOEOSINOPHILIA	HYPOSMOLALITY
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

IDDM	ILIUM
IDENTIFIED	ILL
IDIO	ILLEGAL
IDIOCY	ILLEGIBLE
IDIOPATHIC	ILLICIT
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

IMPLANT	INCREASING
IMPLANTATION	INCUS
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

INFEROLATERAL	INJURY
INFEROPOSTERIOR	INNER
INFEROPOSTEROLATERAL	INNOMINATE
INFEROSEPTAL	INOCULATION
INFESTATION	INOPERABLE
INFILTRATE	INQUIRY
INFILTRATED	INQUEST
INFILTRATES	INQUINAL
INFILTRATING	INSANE
INFILTRATION	INSANITY
INFILTRATIVE	INSECT
INFIRMITIES	INSECTICIDE
INFIRMITY	INSERTED
INFLAMED	INSERTION
INFLAMMATION	INSIPIDUS
INFLAMMATORY	INSPISSATED
INFLATION	INSTABILITY
INFLECTED	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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

INTERCERHEM	INTRAASD
INTERCOMMUNICATING	INTRAATRIAL
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

INTRATHORAIC	ISCHEMIA
INTRATONSILLAR	ISCHEMIC
INTRAUTERINE	ISCHIAL
INTRAVASCULAR	ISCHIATIC
INTRAVENOUS	ISCHIORECTAL
INTRAVENTRICULAR	ISCHIUM
INTRAVESICAL	ISD
INTREATABLE	ISLAND
INTRINSIC	ISLANDS
INTUBATED	ISLET
INTUBATION	ISLETS
INTUSSUSCEPTION	ISOIMMUNIZATION
INVAGINATION	ISONIAZID
INVALID	ISOPROPANOL
INVALIDISM	ISOPROPYL
INVASIVE	ITP
INVERSUS	IUD
INVERTASE	IV
INVESTIGATION	IVB
INVOLUTIONAL	IVH
INVOLVEMENT	IVP
IO	
IODIMATED	J -
IODINE	JACKSON
IOWA	JACKSONIAN
IRDS	JACKSONS
IRITIS	JAFFE
IRON	JAKOB
IRRADIATION	JAKSCHS
IRREDUCIBLE	JAMES
IRREGULAR	JANNETTEE
IRREGULARITY	JANSKY
IRREVERSIBLE	JAUNDICE
IRRIGATION	JAUNDICED
IRRIGATIONS	JAW
IRRITABILITY	JAWBONE
IRRITABLE	JEJUNAL
IRRITATION	JEJUNITIS
IS	JEJUNOSTOMY

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

JEJUNUAL
JEJUNUM
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'S
KORSAKOW
KORSAKOWS
KRABBES
KRAFT
KRUKENBERGS
KUGELBERG
KUHN
KUHNS
KULCHITZSKY
KULCHITZSKYS
KW
KWASHIORKOR
KYPHOSCOLIOSIS
KYPHOSCOLIOTIC
KYPHOSIS

L -

L
LAB
LABIA

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

LABIAL	LARYNGOPHARYNX
LABILE	LARYNGOSCOPY
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

LEIOMYOBLASTOMA	LEUKOSARCOMA
LEIOMYOMA	LEVEEN
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

LIPID	LOBE
LIPIDOSIS	LOBECTOMY
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

LUMP	LYMPHOMATOID
LUNG	LYMPHOMATOSIS
LUNGS	LYMPHOMATOUS
LUPOID	LYMPHOPENIA
LUPOSA	LYMPHOPROLIFERATIVE
LUPUS	LYMPHORETICULAR
LUSCHKA	LYMPHORETICULARPROLIFERATIVE
LUTEMBACHERS	LYMPHORETICULUM
LUTEUM	LYMPHOSARCOMA
LV	LYMPHOSTASIS
LVF	LYMPHOTROPHIC
LVH	LYMPHOTROPIC
LYE	LYSIS
LYING	LYSOL
LYMPH	
LYMPHADENECTOMY	M -
LYMPHADENITIS	M
LYMPHADENOPATHY	MAC
LYMPHADENOSIS	MACERATION
LYMPHANGIECTASIS	MACHACEK
LYMPHANGIECTATIC	MACROCEPHALIA
LYMPHANGIOMA	MACROCEPHALY
LYMPHANGIOSARCOMA	MACROCOLON
LYMPHANGITIC	MACROCYTIC
LYMPHANGITIS	MACROGLOBULINEMIA
LYMPHATIC	MACROGYRIA
LYMPHECTASIA	MACROHYDROCEPHALUS
LYMPHED	MACRONODULAR
LYMPHEDEMA	MACROSIGMOID
LYMPHOANGIOSARCOMA	MACULAR
LYMPHOBLASTIC	MADENO
LYMPHOCYTE	MAGENDIE
LYMPHOCYTIC	MAGNESIUM
LYMPHOEPITHELIOMA	MAGNUM
LYMPHOGENOUS	MAIN
LYMPHOHISTIOCYTIC	MAINSTEM
LYMPHOHISTIOCYTOSIS	MAINTENANCE
LYMPHOID	MAJOR
LYMPHOMA	MAKERS

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

MAL	MARASMUS
MALABSORPTION	MARCESCENS
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	MCARCINOMA
MARANTIC	MCCUNE

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

MENINGOCOCCI	MET
MENINGOCOCCUS	METABOLIC
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
MEPROBAMATE	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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

MICROCOLON	MINOR
MICROCYTIC	MINUTE
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

MONONEUROPATHY	MUA
MONONUCLEOSIS	MUCIN
MONOPLEGIA	MUCINOUS
MONOSACCHARIDE	MUCOENTERITIS
MONOSOMY	MUCOEPIDERMAL
MONOXIDE	MUCOEPIDERMAL
MONRO	MUCOGENIC
MONS	MUCOID
MONSTER	MUCOLIPIDOSIS
MONSTROSITY	MUCOPIIDERMAL
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	MULTILOCLARIS
MOULDERS	MULTINODULAR
MOUNIER	MULTIORGAN
MOUNT	MULTIORGANISM
MOUNTAIN	MULTIORGANS
MOUTH	MULTIPLE
MOVEMENT	MULTIPLEX
MOYAMOYA	MULTISYSTEM
MPRCAR	MULTISYSTEMS
MRSAU	MULTIVALVULAR
MS	MULTIVESSEL
MT	MULTOCIDA

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

MUMPS	MYELOGENOUS
MURAL	MYELOGRAM
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

MYOMETRIAL
MYOMETRITIS
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

NEPHROGENIC	NEUROLOGICAL
NEPHROLITHIASIS	NEUROMA
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

NOCTURAL	NONSUPPURATIVE
NODAL	NONSYPHILITIC
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

NUCLEUS
NUTMEG
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
OCCLUSION
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

ONGOING	ORGANISMS
ONSET	ORGANS
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	OSTEOCHRONDROMA
ORANGE	OSTEODYSTROPHY
ORBIT	OSTEOFIBROSARCOMA
ORBITAL	OSTEOGENESIS
ORBITS	OSTEOGENIC
ORCHIDECTOMY	OSTEOLYSIS
ORCHIECTOMY	OSTEOLYTIC
ORCHIOBLASTOMA	OSTEOMALACIA
ORCHITIS	OSTEOMYELITIS
ORGAN	OSTEOMYELOFIBROSIS
ORGANIC	OSTEOMYELOSCLEROSIS
ORGANISM	OSTEONECROSIS

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

OSTEOPATHY
OSTEOPENIA
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

PARTIAL	PELVIURETERIC
PARTIALIS	PEMPHIGOID
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

PERICRANIAL	PERMANENT
PERICUTANEOUS	PERNICIOUS
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

PHLEGMON	PIRIFORM
PHLEGMONOUS	PIT
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

POLYCYSTIC	PORTACAVAL
POLYCYTHEMIA	PORTAL
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

POSTNATAL	PREECLAMPSIA
POSTNECROTIC	PREECLAMPTIC
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
PREDNISONE	PRIMIDONE
PREDOMINANT	PRIMITIVE

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

PRIMUM	PROPOXYPHENE
PRINZMETALS	PROPRANOLOL
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	PSEUDOBULBAR
PROM	PSEUDOCLAUDICATION
PROMAZINE	PSEUDOCYST
PROMETHAZINE	PSEUDODIVERTICULUM
PROMYELOCYTIC	PSEUDOFOLLICULAR
PRONATOR	PSEUDOGOUT
PRONESTYL	PSEUDOHYPERTROPHIC
PROPANE	PSEUDOILEUS
PROPANOL	PSEUDOLEUKEMICA
PROPERLY	PSEUDOMEMBRANOUS

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

QUADRANT
QUADRIPARESIS
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

RECTOVESICOVAGINAL	REMOVED
RECTOVULVAL	RENAL
RECTUM	RENDU
RECUMBENCY	RENFA
RECURRENCE	RENOVASCULAR
RECURRENT	REOPERATION
RED	REPAIR
REDLICHES	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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

RETENTION	REYES
RETICULAR	RF
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

ROBIN	SACCULAR
ROBINS	SACHS
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
	SCALD
	SCALDED
S -	SCALENE
S	SCALP
SA	SCAN
SAC	SCAPHOID

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

SCAPULA	SDAT
SCAPULAR	SDII
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
SCIRRHOUS	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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

SENSITIVITY	SHARP
SENSITIZATION	SHATTERED
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

SIEGAL	SIVE
SIEMENS	SIX
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

SOFT	SPLENITIS
SOFTENING	SPLENOCOLIC
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

STARVATION	STITCH
STASIS	STMPH
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

STROHL	SUBEPENDYMOMA
STROKE	SUBEPIDERMAL
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

SULCUS	SURROUNDING
SULFAMETHOXAZOLE	SUTTON
SULFASALAZINE	SUTURE
SULFATE	SUTURED
SULFATIDOSIS	SUTURES
SULZBERGER	SVT
SUMMER	SW
SUPERFICIAL	SWALLOW
SUPERFICIALIS	SWALLOWED
SUPERIMPOSED	SWALLOWING
SUPERINFECTED	SWAN
SUPERIOR	SWANN
SUPERNUCLEAR	SWEATS
SUPERNUMERARY	SWELLING
SUPPORT	SWISS
SUPPRESSION	SWITCH
SUPPURATIVE	SWOLLEN
SUPRA	SWYER
SUPRAAORTIC	SY
SUPRABULBAR	SYLVIUS
SUPRACLAVICULAR	SYMMETRICAL
SUPRACONDYLAR	SYMONDS
SUPRADIAPHRAGMATIC	SYMPATHECTOMY
SUPRAGLOTTIC	SYMPATHETIC
SUPRAGLOTTIS	SYMPATHETICOTONIA
SUPRAHILAR	SYMPHYSIS
SUPRANUCLEAR	SYMPTOMATIC
SUPRAORBITAL	SYMPTOMS
SUPRAPELVIC	SYN
SUPRAPUBIC	SYNCEPHALUS
SUPRARENAL	SYNCOPAL
SUPRASELLAR	SYNCOPE
SUPRAVALVULAR	SYNCYTIAL
SUPRAVENTRICULAR	SYNDROM
SUPRAVT	SYNDROME
SURFACE	SYNERGISTIC
SURGERIES	SYNOSTOSIS
SURGERY	SYNOVIAL
SURGICAL	SYPHILIS

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

SYPHILITIC	TARDIVE
SYPHILITICA	TARGET
SYRINGOBULBIA	TARSAL
SYRINGOMYELIA	TARSUS
SYRINGOMYELIC	TAUSSIG
SYRINGOMYELITIS	TAY
SYRINGOMYELOCELE	TAYBI
SYRINGOPONTIA	TB
SYSTEM	TBC
SYSTEMATICUS	TCC
SYSTEMATISATA	TCELL
SYSTEMIC	TCI
SYSTEMS	TEAR
SYSTOLE	TECKOFF
SYSTOLIC	TEF
T -	TEGRETOL
T	TELANGIECTASIA
T12	TELANGIECTASIS
TABES	TELANGIECTATIC
TABETIC	TELANGIECTODES
TABLETS	TEMPERATURE
TACHYARRHYTHMIA	TEMPLE
TACHYBRADY	TEMPORAL
TACHYBRADYARRHYTHMIA	TEMPORARY
TACHYBRADYCARDIA	TEMPORO
TACHYCARDIA	TEMPOROFRONTAL
TACHYDYSRHYTHMIA	TEMPOROCCIPITAL
TACHYPNEA	TEMPOROPARIETAL
TACHYRHYTHMIA	TEMPOROPONTINE
TAGS	TEMPOROSPHEOIDAL
TAIL	TENCKHOFF
TAKAYASUS	TENCKOFF
TAKE	TENDENCIES
TALK	TENDENCY
TALUS	TENDINEAE
TALWIN	TENDON
TAMPONADE	TENORMIN
TARDA	TENOSYNOVIAL
	TENSION

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

TENTORIAL	THIAMINIC
TENTORIUM	THICKENING
TERATOCARCINOMA	THICKNESS
TERATOMA	THIGH
TERM	THINNING
TERMINAL	THIORIDAZINE
TERMINATION	THIORIDIAZINE
TERTIARY	THIOTHIXENE
TESCHENDORF	THIRD
TEST	THIRTEEN
TESTES	THIS
TESTICLE	THOMAS
TESTICULAR	THOMSONS
TESTIS	THORACENTESIS
TETANUS	THORACIC
TETANY	THORACIS
TETRAD	THORACO
TETRALOGY	THORACOOAAA
TETRAPLEGIA	THORACOABDOMINAL
TEX	THORACOLUMBAR
TF	THORACOPAGUS
TGV	THORACOPLASTY
THA	THORACOSCOPY
THALAMIC	THORACOSTOMY
THALAMUS	THORACOTOMY
THALASSANEMIA	THORAX
THALASSEMIA	THORAZINE
THALASSEMIC	THORN
THANATOPHORIC	THORNWALDTS
THE	THREE
THECA	THRIVE
THECOMA	THROAT
THEOPHYLLINE	THROMBECTOMY
THEOPOHYLLINE	THROMBI
THERAPEUTIC	THROMBO
THERAPY	THROMBOARTERITIS
THERMAL	THROMBOCYTHEMIA
THERMOCUTANEOUS	THROMBOCYTIC
THERMOPLEGIA	THROMBOCYTOPENIA

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

THROMBOCYTOPENIC	TIP
THROMBOCYTOSIS	TIREDNESS
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

TORULOSIS	TRANSBRONCHIAL
TOTAL	TRASCORTICAL
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	TRANSPPOSED
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

TREFOIL	TTP
TREMBLING	TUBAL
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
TRILOCCULAR	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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

ULCERATED	UNHEALED
ULCERATING	UNIDENTIFIED
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

URETHROCUTANEOUS	VAGINAL
URETHROVAGINAL	VAGINALIS
URIC	VAGINALITIS
URICACIDEMIA	VAGINITIS
URICEMIA	VAGINO
URINARY	VAGINOVESICAL
URINE	VAGOTOMY
URINEMIA	VALGUS
URODIALYSIS	VALIUM
UROHEPATIC	VALLECULAE
UROLITHIASIS	VALLEY
UROLOGICAL	VALSALVA
URONEPHROSIS	VALUE
UROPATHY	VALVE
UROSEPSIS	VALVES
UROSEPTIC	VALVOTOMY
URTICARIA	VALVULAR
USAGE	VALVULITIS
USHER	VALVULOPATHY
UTERI	VALVULOPLASTY
UTERINE	VALVULOTOMY
UTERO	VAN
UTEROINTESTINAL	VAPOR
UTEROPELVIC	VAQUEZ
UTERORECTAL	VARIANCE
UTEROVESICAL	VARIANTS
UTERUS	VARICEAL
UTILITY	VARICELLA
UVEOPAROTITIS	VARICES
UVULA	VARICOSE
UVULAR	VARICOSIS
UVULITIS	VARICOSITIES
V -	VARICOSITY
V	VARIX
VACCINATION	VARNY
VACCINIA	VARUS
VACUUM	VAS
VAGINA	VASCULAR
	VASCULARITY

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

VASCULATURE	VENTRICULITIS
VASCULITIS	VENTRICULOATRIAL
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

VESSELS
VF
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

APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY

WEDGED
WEDGING
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 TRAUMA
CUT

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
EVISCERATION
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

SHOT, SHOOTING
SLASH, SLASHED
SMOKE INHALATION
SMOTHERING
SNAKE BITE
SPIDER BITE
SPRAIN
STAB
STAB WOUND
STARVATION
STING
STRAIN
STRANGULATION
SUBLUXATION
SUBMERSION, SUBMERGED
SUFFOCATION
STUNG
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

APPENDIX H 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 H 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 H 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
1		N		
Date of Injury		Time of Injury		Injury at Work
Place of Injury				
Injury Description				
Transportation, Specify				
Certifier	M	State Specific Data		

APPENDIX H 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 WITH ABSCESS				
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 H 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	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 H 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
Date of Injury		Time of Injury		Injury at Work	
Place of Injury					
Injury Description					
Transportation, Specify					
Certifier	D	State Specific Data			

APPENDIX H 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	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 H 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	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 H 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
		N		
Date of Injury		Time of Injury		Injury at Work
Place of Injury				
Injury Description				
Transportation, Specify				
Certifier	D	State Specific Data		

APPENDIX H 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
2		U		
Date of Injury		Time of Injury	Injury at Work	
Place of Injury				
Injury Description				
Transportation, Specify				
Certifier		State Specific Data		

APPENDIX H 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		N		
Date of Injury		Time of Injury	Injury at Work	
Place of Injury				
Injury Description				
Transportation, Specify				
Certifier	D	State Specific Data		

APPENDIX H 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 H 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 H 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	Activity Code
		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 H 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 H 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	Activity Code
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		DR		
Certifier	CORONER	State Specific Data		

APPENDIX I

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 I

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 I

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			

APPENDIX I

FORMAT — EXERCISE 3 - ANSWERS

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	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

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 I

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	