

## SUPERMICAR TABLE OF CONTENTS

<b>Chapter I - Introduction to SuperMICAR</b> .....	1
A. History and Background .....	1
<b>Chapter II – The Death Certificate</b> .....	3
Exercise 1 – Reading Death Certificate .....	7
<b>Chapter III Basic Data Entry Instructions</b> .....	12
A. Creating a SuperMICAR File .....	14
B. Entering and Saving Certificate Data.....	18
C. Adding Certificates using SuperMICAR.....	19
1. Opening a file.....	19
2. Certificate.....	19
3. Sex.....	20
4. Date of Death.....	20
5. Age: Number of Units .....	20
6. Age: Unit .....	20
7. Part I, Cause of Death .....	21
8. Duration .....	22
9. Part II, Cause of Death .....	22
10. Was Autopsy Performed.....	23
11. Were Autopsy Findings Available .....	23
12. Tobacco .....	24
13. Pregnancy.....	24
14. Manner of Death .....	25
15. Date of Surgery.....	25
16. Activity Code .....	27
17. Date of Injury .....	27
18. Time of Injury .....	28
19. Injury At Work .....	28
20. Place of Injury .....	28
21. Injury Description .....	28
22. Transportation Injury.....	29
23. State Specific Data .....	29

## SUPERMICAR TABLE OF CONTENTS (continued)

D. Exercise 2 – Entering Information from Death Certificates .....	31
E. Generating a SuperMICAR sequence check.....	48
F. SuperMICAR Backups .....	51
G. Closing a SuperMICAR file.....	55
H. Exiting SuperMICAR .....	56
<b>Chapter IV - Format.....</b>	<b>57</b>
A. Formatting Guidelines for Interpretation of Formats ..	57
B. Exercise 3 – Entering Information from Death Certificates with Special Format Issues .....	66
<b>Chapter V - Additional Information.....</b>	<b>73</b>
A. Accessing the Additional Information Screen.....	73
B. Adding Certificates with AI .....	75
<b>Chapter VI – Processing SuperMICAR File.....</b>	<b>82</b>
A. Correcting Illegibles in SuperMICAR.....	83
B. Correcting Misspellings in SuperMICAR .....	84
C. Processing Records Using SuperMICAR.....	86
<b>Chapter VII – Prompts.....</b>	<b>93</b>
A. Instructions for Identifying Standardizing and Entering External Causes (Prompts) .....	93
B. SuperMICAR Prompt.....	99
C. Examples of Selected Prompt .....	100
D. Exercise 4 – Entering external cause prompts.....	110

## SUPERMICAR TABLE OF CONTENTS (continued)

Appendix	A - Hot Keys List.....	A-1
Appendix	B - Quick Start for SuperMICAR Data Entry.....	B-1
Appendix	C - Geographic Jurisdiction Codes.....	C-1
Appendix	D - Special Symbols .....	D-1
Appendix	E – Abbreviations .....	E-1
Appendix	F – Spelling Words for SuperMICAR Data Entry.....	F-1
Appendix	G – Injury List .....	G-1
Appendix	H – Prompts .....	H-1
Appendix	I – Basic Data Entry Exercise 2 Answer Key.....	I-1
Appendix	J – Format Exercise 3 Answer Key .....	J-1
Appendix	K – Prompts Exercise 4 Answer Key.....	K-1



## 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 booklet<sup>1</sup> 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](mailto:ICD10@cdc.gov)

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<sup>1</sup>A 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. BURIAL OR CREMATION REMOVAL (Specify)		20b. DISPOSITION DATE (Mo., Day, Year)		20c. CEMETERY OR CREMATORY NAME		20d. LOCATION (City or Town, State, Zip, County)	
REMOVAL		Dec 02, 1996		BEAUFORT NATIONAL CEMETERY		BEAUFORT, S.C.	
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.	
[Signature]		3748		EDO MILLER AND SONS FUNERAL HO 3321 GLYNN AVE. BRUNSWICK, GEORGIA, 31520		1431	
21e. EMBALMER (Signature)		21f. EMBALMER LICENSE NO.					
[Signature]		3317					
PART I		23. IMMEDIATE CAUSE (Enter only one cause per line for A, B, and C)					
A. [Handwritten]		Approximate interval between onset and death					
B. [Handwritten]		Approximate interval between onset and death					
C. [Handwritten]		Approximate interval between onset and death					
PART II		24. OTHER SIGNIFICANT CONDITIONS (conditions contributing to death but not related to causes given in Part IA. If female, indicate if pregnant or birth occurred within 90 days of death.)					
[Handwritten]		25a. AUTOPSY (Yes or No)		25b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No)			
[Handwritten]		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							
27a. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify)		27b. DATE OF INJURY (Mo., Day, Year)		27c. DESCRIBE HOW INJURY OCCURRED		27d. HOUR OF INJURY	
						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)			
29a. To the best of your knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		29b. DATE SIGNED (Mo., Day, Year)		29c. HOUR OF DEATH		29d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	
[Signature]		Dec 3, 1996		9:10 PM M			
30a. 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)		30b. DATE SIGNED (Mo., Day, Year)		30c. HOUR OF DEATH		30d. DATE PRONOUNCED DEAD (Mo., Day, Year)	
[Signature]							
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)		31c. DATE RECEIVED BY REGISTRAR (Mo., Day, Year)			
DR HERMAN LEVY, M.D.		3208 SHRINE RD, BWK., GA., 31520		DEC 4 1996			
32a. REGISTRAR (Signature)		32b. DATE RECEIVED BY REGISTRAR (Mo., Day, Year)					
[Signature]		DEC 4 1996					

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

# CHAPTER II

# THE DEATH CERTIFICATE

Illustration 2.3

20a. BURIAL, CRYSTALLIZATION, OR REMOVAL (Specify)		21a. DISPOSITION DATE (Mo., Day, Year)		22a. FUNERAL HOME OR CREMATORY NAME		23a. LOCATION (Street, R.F.D. No., City or Town, State, Zip, County)	
BURIAL		NOV. 30, 1996		KENNEDY MEMORIAL GARDENS		ELLENWOOD, GA. DEKALB	
20b. FUNERAL DIRECTOR (Signature)		21b. FUN. DIR. LICENSE NO.		22b. NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip)		23b. EST. LICENSE NO.	
DELORIS C. STOCKS		2919		STOCKS FUNERAL HOME KIRKWOOD CHAPEL, INC. 1970 BOULEVARD DR. N.E. ATLANTA, GA. 30317.		1081	
20c. EMBALMER (Signature)		21c. EMBALMER LICENSE NO.					
THOMAS E. HOUSTON		1967					
24. IMMEDIATE CAUSE (Enter only one cause per line for A, B, and C)							
PART I							
A. <i>Cerebrovascular accident, HTN</i>						Approximate interval between onset and death	
B. <i>with Dementia and seizures</i>						Approximate interval between onset and death	
C. <i>Due to unknown etiology</i>						Approximate interval between onset and death	
25. OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but not related to cause given in Part IA. (If female, indicate if pregnant or birth occurred within 30 days of death.)							
<i>pneumonia</i>							
26. AUTOPTOY (Yes or No)						27. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No)	
NO						NO	
28a. WAS OPERATION PERFORMED? (Yes or No)		28b. DATE OF OPERATION (Mo., Day, Year)		28c. CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify)			
NO							
29a. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify)		29b. DATE OF INJURY (Mo., Day, Year)		29c. DESCRIBE HOW INJURY OCCURRED		29d. HOUR OF INJURY	
NO						M	
30a. INJURY AT WORK? (Yes or No)		30b. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)		30c. LOCATION (Street, R.F.D. No., City or Town, State, Zip, County)			
NO							
31a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)				31b. 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)			
PART II				PART III			
32a. DATE SIGNED (Mo., Day, Year)		32b. HOUR OF DEATH		33a. DATE SIGNED (Mo., Day, Year)		33b. HOUR OF DEATH	
12-6-96		7:13 A. M.				M	
34a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER				34b. DATE PRONOUNCED DEAD (Mo., Day, Year)		34c. HOUR PRONOUNCED DEAD	
						AT	
35a. NAME, TITLE, AND LICENSE NO. OF CERTIFIER (Physician, Medical Examiner, or Coroner)				35b. 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			
36a. REGISTRAR (Signature)						36b. DATE RECEIVED BY REGISTRAR (Mo., Day, Year)	
L. L. Cason						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

20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. DISPOSITION DATE (Mo., Day, Year) Sep 24, 1996		20c. CEMETERY OR CREMATORY NAME Elam Cemetery		20d. LOCATION (City or Town, State, Zip, County) Millen, GA 30442, Jenkins	
21a. FUNERAL DIRECTOR (Signature) <i>Robert A. Gigney</i>		21b. FUN. DIR. LICENSE NO. 1955		21c. NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip) CROWE-FIELDS FUNERAL HOME, INC. P O BOX 876; 364 E. WINTHROPE AVE. Millen, GA 30442-0876		21d. EST. LICENSE NO. 13	
21e. EMBALMER (Signature) <i>Robert A. Gigney</i>		21f. EMBALMER LICENSE NO. 2487		21g.		21h.	
22. IMMEDIATE CAUSE (Enter only one cause per line for A, B, and C)		23. Approximate interval between onset and death		23. Approximate interval between onset and death		23. Approximate interval between onset and death	
A. Cerebrovascular Accident		24 <sup>a</sup>		24 <sup>b</sup>		24 <sup>c</sup>	
B. INTRACEREBRAL/POSTERIOR Fossa A: HEMORRHAGE		24 <sup>a</sup>		24 <sup>b</sup>		24 <sup>c</sup>	
C. ASPVD/HTN		24 <sup>a</sup>		24 <sup>b</sup>		24 <sup>c</sup>	
24. OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but not related to causes given in Part IA. (If female, indicate if pregnant or birth occurred within 90 days of death.)		24. AUTOPTSY (Yes or No)		24. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No)		24.	
ASHD/CABG/HTN/AT.FIB/DIABETES MELLITUS		No		No			
25. WAS OPERATION PERFORMED? (Yes or No)		25. DATE OF OPERATION (Mo., Day, Year)		25. CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify)		25.	
NO		-					
26. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify)		26. DATE OF INJURY (Mo., Day, Year)		26. DESCRIBE HOW INJURY OCCURRED		26. HOUR OF INJURY	
						M	
27. INJURY AT WORK? (Yes or No)		27. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)		27. LOCATION (Street, R.F.D. No., City or Town, State, Zip, County)		27.	
28. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		28. DATE SIGNED (Mo., Day, Year)		28. HOUR OF DEATH		28. HOUR OF DEATH	
<i>John D. Rathbun</i>		9/30/96		02:50P		02:50P	
28. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		28. DATE SIGNED (Mo., Day, Year)		28. HOUR OF DEATH		28. HOUR OF DEATH	
29. To be completed by MEDICAL EXAMINER OR CORONER ONLY		29. DATE SIGNED (Mo., Day, Year)		29. HOUR OF DEATH		29. HOUR OF DEATH	
30. NAME, TITLE, AND LICENSE NO. OF CERTIFIER (Physician, Medical Examiner, or Coroner)		30. ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip)		30. DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		30.	
John D. Rathbun M.D.		11700 Mercy Blvd., Savannah, GA 31419		OCT 03 1996			
31. REGISTRAR (Signature) <i>James H. Owen</i>		31. LIC. NO. 023665		31. DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		31.	

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

Illustration 2.5

BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		DISPOSITION DATE (Mo., Day, Year) <b>Dec 6 1996</b>	CEMETERY OR CREMATION (Name) <b>Howard Carmichael Crem.</b>	LOCATION (City or Town, State, Zip, County) <b>P'tree City Fayette GA30269</b>
DISPOSITION FUNERAL DIRECTOR (Signature) <b>Jed Cash</b>	FUN. DIR. LICENSE NO. <b>2191</b>	NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip) <b>Horis A. Ward, Inc. 376 Fairview Road Stockbridge, Georgia 30281</b>		EST. LICENSE NO. <b>1402</b>
	EMBALMER (Signature) <b>Not Embalmed</b>	EMBALMER LICENSE NO. -----		
23 IMMEDIATE CAUSE (Enter only one cause per line for A, B, and C)				Approximate interval between onset and death
A. <b>Cardiorespiratory arrest</b> Due to, or as a consequence of				Approximate interval between onset and death
B. <b>Cardiac event suspected</b> Due to, or as a consequence of				Approximate interval between onset and death
C. <b>atherosclerosis Hypertensive Heart Disease.</b>				Approximate interval between onset and death
24 OTHER SIGNIFICANT CONDITIONS (If female, indicate if pregnant or birth occurred within 90 days of death.)				AUTOPEY (Yes or No) <b>NO</b>
25. (If female, indicate if pregnant or birth occurred within 90 days of death.)				IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No)
26. (If infant death, indicate birth certificate No. of mother.)		DATE OF OPERATION (Mo., Day, Year) <b>NO</b>	CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify)	
27. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED		DATE OF INJURY (Mo., Day, Year)	DESCRIBE HOW INJURY OCCURRED	
28. 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)	
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) <b>Ch. E. Diaz, M.D.</b>		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)		DATE SIGNED (Mo., Day, Year)
DATE SIGNED (Mo., Day, Year) <b>December 10/1996</b>		HOUR OF DEATH <b>4:20 AM</b>		HOUR OF DEATH
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		DATE PRONOUNCED DEAD (Mo., Day, Year)		HOUR PRONOUNCED DEAD
NAME, TITLE, AND LICENSE NO. OF CERTIFIER (Physician, Medical Examiner, or Coroner) <b>Eloy Diaz, M. D.</b>		ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip) <b>6572 River park Dr Riverdale, Ga. 30274</b>		DATE RECEIVED BY REGISTRAR (Mo., Day, Year) <b>Dec. 16, 1996</b>
REGISTRAR (Signature) <b>[Signature]</b>				

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

# CHAPTER II

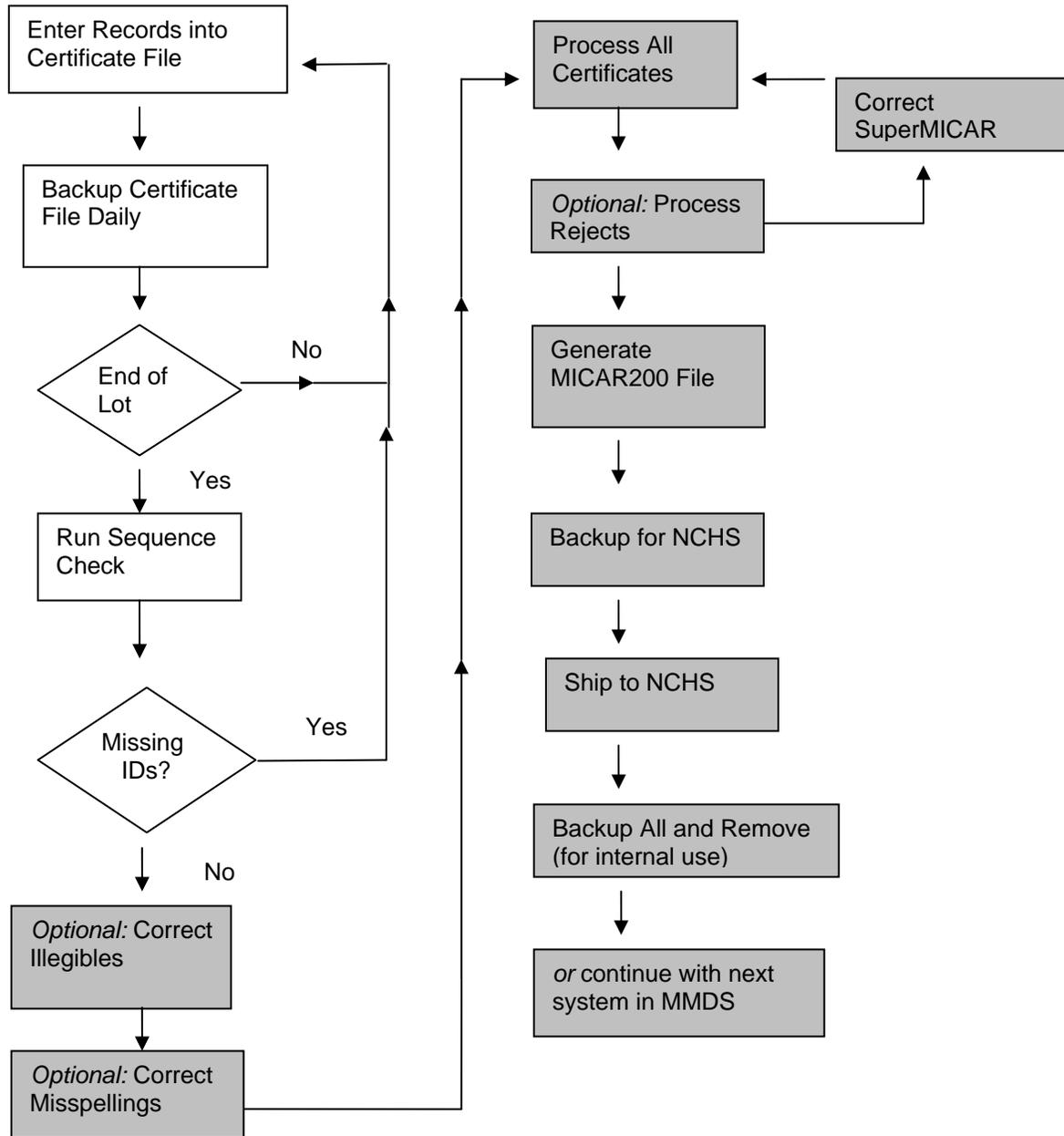
# THE DEATH CERTIFICATE

Illustration 2.6

<input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		Scenic Hills Memorial Park		Ashland, Oregon	
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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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) Suffocation sec to aspiration of oral secretions				Interval between on and death Immediate	
DUE TO, OR AS A CONSEQUENCE OF (b) Amyotrophic lateral sclerosis				Interval between on and death 10 yrs	
DUE TO, OR AS A CONSEQUENCE OF (c) Severe malnutrition				Interval between on and death _____	
PART II OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART I Severe malnutrition				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 cor 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		41d DESCRIBE HOW INJURY OCCURRED _____		41e PLACE OF INJURY: At home, farm, street, factory, office building etc (Specify) _____	
		41f LOCATION (Street and Number or Rural Route Number, City or Town) _____			
RESERVED FOR REGISTRAR'S USE					

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

The following flowchart indicates the primary steps used within SuperMICAR:



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

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

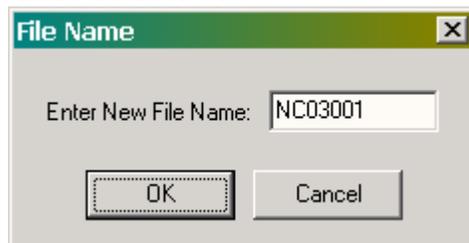


### A. Creating a New SuperMICAR File

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

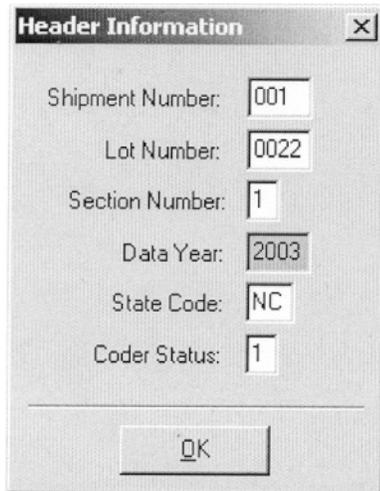
1. From the main screen, press {Alt+F} to select the **File** Menu Option.
2. Use the up and down arrow keys to highlight the **New** File Function and press {ENTER}.
3. If a file is currently open, a message window will be displayed.
  - a. To close the currently open file and open a new one, press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

Illustration 3.1



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

Illustration 3.2



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

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

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

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

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

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

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

**B. Entering and Saving Certificate Data**

Illustration 3.3

SuperMICAR Certificate Entry Screen

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

## C. Adding Certificates Using SuperMICAR

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

N	No
Y	Yes
U	Unknown
	Blank

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

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

N	No
Y	Yes
U	Unknown
	Blank

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

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

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

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

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

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

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

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

Use the arrow keys to highlight the desired entry and press {ENTER} to select it. Blanks are acceptable. **If no manner of death is reported, leave field blank. Do not assume natural.** 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 legally allowed to certify, or use one of the standard codes for the certifier by typing in the code (this field has a **display** box only, not a pick-list). After viewing the display list, select the "OK" button with the mouse or press {Esc} to close the display list box.

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

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

6. The Add Certificate Information screen will be re-displayed with all but one of the fields blank (the certificate number field will contain data). The certificate number will be automatically incremented by the program. Go to step 4 above to enter field information for another certificate.
  
7. To exit the Add or Edit Certificate Function, either press the {ESC} key or press Alt-F9. If {ESC} or {Alt-F9} is selected from a certificate screen that contains unsaved data, a message box will ask whether you want to save the certificate information before leaving Add or Edit mode.
  
8. The main screen will be displayed.

**D. Exercise 2: Entering Information from Death Certificates**

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

File Name: TEST002

Header Information:

Shipment Number:	002
Lot Number;	0002
Section Number:	1
Data Year:	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 <u>F</u>	3. SOCIAL SECURITY NUMBER	
	4a. AGE-Last Birthday (Years) <u>68</u>	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr)	6. BIRTHPLACE (City and State or Foreign Country)
	RESIDENCE-STATE		7b. COUNTY	7c. CITY OR TOWN	
	7d. STREET AND NUMBER		7e. APT. NO.	7f. ZIP CODE	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
	8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
	11. FATHER'S NAME (First, Middle, Last)		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)		
	13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)	
	14. PLACE OF DEATH (Check only one: see instructions) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____				
	15. FACILITY NAME (If not institution, give street & number)		16. CITY OR TOWN, STATE, AND ZIP CODE		17. COUNTY OF DEATH
	18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify): _____		19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		
20. LOCATION-CITY, TOWN, AND STATE		21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY			
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT			23. LICENSE NUMBER (Of Licensee)		
ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH					
24. DATE PRONOUNCED DEAD (Mo/Day/Yr)		25. TIME PRONOUNCED DEAD			
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)		27. LICENSE NUMBER	28. DATE SIGNED (Mo/Day/Yr)		
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) <u>01/01/2003</u>		30. ACTUAL OR PRESUMED TIME OF DEATH		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
32. PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <u>Cerebral thrombosis</u> Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <u>Renal failure</u> Due to (or as a consequence of): <u>Pneumonia</u> Due to (or as a consequence of):				Approximate interval: Onset to death <u>7 wks</u> <u>4 wks</u> <u>1 wk</u>	
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No					
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		36. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)	39. TIME OF INJURY	40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)		41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
42. LOCATION OF INJURY: State: _____ City or Town: _____		Apartment No.: _____ Zip Code: _____			
43. DESCRIBE HOW INJURY OCCURRED:		44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
45. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner-On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature of certifier: <u>John Smith MD</u>					
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)					
47. TITLE OF CERTIFIER <u>Physician</u>	48. LICENSE NUMBER <u>PH 567</u>	49. DATE CERTIFIED (Mo/Day/Yr)		50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)	

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. **000002**

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)		2. SEX <b>M</b>		3. SOCIAL SECURITY NUMBER	
4a. AGE-Last Birthday (Years) <b>34</b>		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		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) <b>JAN 01, 2003</b>		30. ACTUAL OR PRESUMED TIME OF DEATH		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
32. PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>CONGESTIVE HEART FAILURE</b> 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 d. <b>STOMACH ULCER WITH HEMORRHAGE</b> 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. <b>MYOCARDIAL INFARCTION, CANCER OF BREAST, CIRCULATORY INSUFFICIENCY</b>					
33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No				34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)		39. TIME OF INJURY	40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)		41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
42. LOCATION OF INJURY: State: _____ City or Town: _____ Street & Number: _____ Apartment No.: _____ Zip Code: _____					
43. DESCRIBE HOW INJURY OCCURRED:				44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
45. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature of certifier: _____					
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32) <b>William Smith 508 Franklin St.</b>					
47. TITLE OF CERTIFIER <b>MD</b>		48. LICENSE NUMBER <b>479820</b>		49. DATE CERTIFIED (Mo/Day/Yr) <b>1/1/03</b>	
50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)					

NAME OF DECEDENT

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. <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>3mo</u>
32. PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <u>pulmonary edema</u> Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <u>myocardial infarction</u> Due to (or as a consequence of): <u>arteriosclerotic heart disease</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 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>ME101</u>	49. DATE CERTIFIED (Mo/Day/Yr) <u>1-1-03</u>	50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)

NAME OF DECEDENT

To Be Completed/Verified By: FUNERAL

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)	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) <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
	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) → <i>Bronchopneumonia &amp; abscess</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 <i>Gastric ulcers, cause unknown</i> Due to (or as a consequence of): <i>Rheumatoid arthritis</i>				
	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. <i>Widespread carcinoma of lung</i>				
	33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	To Be Completed By: MEDICAL CERTIFIER	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	
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)		39. TIME OF INJURY	40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)		41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
42. LOCATION OF INJURY: State: _____ City or Town: _____		Street & Number: _____ Apartment No.: _____ Zip Code: _____			
43. DESCRIBE HOW INJURY OCCURRED:				44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
45. CERTIFIER (Check only one): <input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.					
Signature of certifier: <i>John 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)	

# 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 <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. CAUSE OF DEATH (See instructions and examples)				Approximate interval: Onset to death		
<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 embolism</u> Due to (or as a consequence of):</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> <p><u>Coronary bypass graft</u> Due to (or as a consequence of):</p> <p><u>ASHD</u> Due to (or as a consequence of):</p> <p>d. _____</p>						
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: _____		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 checked="" type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.						
Signature of certifier: <u>[Signature]</u>						
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)						
47. TITLE OF CERTIFIER <u>ME</u>	48. LICENSE NUMBER <u>B0601</u>	49. DATE CERTIFIED (Mo/Day/Yr)		50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)		

# CHAPTER III

# BASIC DATA ENTRY INSTRUCTIONS

## Exercise 2

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO.

STATE FILE NO. 000006

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)		2. SEX <u>M</u>		3. SOCIAL SECURITY NUMBER	
4a. AGE-Last Birthday (Years) <u>50</u>		4b. UNDER 1 YEAR Months: _____ Days: _____		4c. UNDER 1 DAY Hours: _____ Minutes: _____	
5. DATE OF BIRTH (Mo/Day/Yr)		6. BIRTHPLACE (City and State or Foreign Country)			
7a. RESIDENCE-STATE		7b. COUNTY		7c. CITY OR TOWN	
7d. STREET AND NUMBER		7e. APT. NO.		7f. ZIP CODE	
7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No					
8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
11. FATHER'S NAME (First, Middle, Last)			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)		
13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)	
14. PLACE OF DEATH (Check only one, see instructions) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____					
15. FACILITY NAME (If not institution, give street & number)			16. CITY OR TOWN, STATE, AND ZIP CODE		17. COUNTY OF DEATH
18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify): _____			19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		
20. LOCATION-CITY, TOWN, AND STATE			21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY		
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT				23. LICENSE NUMBER (Of Licensee)	
ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH			24. DATE PRONOUNCED DEAD (Mo/Day/Yr)		25. TIME PRONOUNCED DEAD
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)			27. LICENSE NUMBER		28. DATE SIGNED (Mo/Day/Yr)
29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) <u>January 1, 2003</u>			30. ACTUAL OR PRESUMED TIME OF DEATH		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No
CAUSE OF DEATH (See instructions and examples)					
32. PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>Cardiac arrhythmia</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>Massive acute myocardial infarction</u> Due to (or as a consequence of):					
c. _____ Due to (or as a consequence of):					
d. _____ Due to (or as a consequence of):					
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No					
34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No					
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input 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: _____					
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: <u>Maria Hansen M.D.</u>					
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)					
47. TITLE OF CERTIFIER <u>Physician</u>		48. LICENSE NUMBER <u>PH 649</u>		49. DATE CERTIFIED (Mo/Day/Yr) <u>1-1-03</u>	
50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)					

NAME OF DECEDENT

To Be Completed/Verified By: FUNERAL DIRECTOR

To Be Completed By: MEDICAL CERTIFIER

# CHAPTER III

# BASIC DATA ENTRY INSTRUCTIONS

## Exercise 2

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO.		STATE FILE NO. <b>000007</b>	
1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last)		2. SEX <b>M</b>	3. SOCIAL SECURITY NUMBER
4a. AGE-Last Birthday (Years) <b>70</b>	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)		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>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>Severe acute respiratory failure</u></p> <p>Due to (or as a consequence of): <u>terminal pneumonia</u></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> <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>Cardiomyopathy due to arteriosclerosis</u></p>			
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
33. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
37. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined			
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)	39. TIME OF INJURY	40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)	41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
42. LOCATION OF INJURY: State: _____ City or Town: _____		43. DESCRIBE HOW INJURY OCCURRED:	
Street & Number: _____ Apartment No.: _____ Zip Code: _____		44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify): _____	
45. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
Signature of certifier: <u>R. A. Chamberland</u>			
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)			
47. TITLE OF CERTIFIER <b>MD</b>	48. LICENSE NUMBER <b>M0374</b>	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 <b>M</b>	3. SOCIAL SECURITY NUMBER	
	4a. AGE-Last Birthday (Years) <b>65</b>	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) <b>January 1, 2003</b>		30. ACTUAL OR PRESUMED TIME OF DEATH		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>CAUSE OF DEATH (See instructions and examples)</b> 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) → <b>congestive heart failure</b> Due to (or as a consequence of): <b>renal failure</b> Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST Due to (or as a consequence of): _____ PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				Approximate interval: Onset to death  <b>4 yrs</b> <b>3 mos</b>	
33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No				34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)	39. TIME OF INJURY	40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)		41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
42. LOCATION OF INJURY: State: _____ City or Town: _____		43. DESCRIBE HOW INJURY OCCURRED:			
		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 <b>MD</b>	48. LICENSE NUMBER <b>HW 0007</b>	49. DATE CERTIFIED (Mo/Day/Yr)		50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)	

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
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)	
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<sup>st</sup>, 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.			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)

# 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 <u>F</u>	3. SOCIAL SECURITY NUMBER	
	4a. AGE-Last Birthday (Years) <u>55</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		
32. PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <u>Acute Myocardial Infarction</u> Due to (or as a consequence of): <u>Rheumatic Heart Disease</u> Due to (or as a consequence of): _____ Due to (or as a consequence of): _____ Due to (or as a consequence of): _____ 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. <u>Endstage Chronic renal disease Stage 4</u>	33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No	34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No		
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	36. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)	39. TIME OF INJURY	40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)	41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
42. LOCATION OF INJURY: State: _____ City or Town: _____ Apartment No.: _____ Zip Code: _____	43. DESCRIBE HOW INJURY OCCURRED:			
44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
45. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				
Signature of certifier: _____				
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32) <u>James O. Brent 503 E Main St</u>				
47. TITLE OF CERTIFIER <u>M.D.</u>	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

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

NAME OF DECEDENT  
For use by physician or institution

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. **000013**

NAME OF DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)		2. SEX <b>F</b>	3. SOCIAL SECURITY NUMBER		
	4a. AGE-Last Birthday (Years) <b>58</b>	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) <b>04-05-03</b>		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) <b>January 5, 2003</b>		30. ACTUAL OR PRESUMED TIME OF DEATH		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>CAUSE OF DEATH (See instructions and examples)</b> 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) → <b>a. Fracture of rib</b> 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>b. Metastatic Cancer to bone</b> Due to (or as a consequence of): <b>c. Cancer of right breast</b> 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 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) <b>08/05/03</b>		39. TIME OF INJURY <b>8:00 AM</b>		40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area) <b>Home</b>		
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: <b>Fractured rib while turning in Bed.</b>					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) <b>JOHN Henry Smith, CORONER 1111 S. CHICAGO, ILLINOIS</b>						
47. TITLE OF CERTIFIER <b>CORONER</b>		48. LICENSE NUMBER		49. DATE CERTIFIED (Mo/Day/Yr) <b>01/5/03</b>		
50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)						

To Be Completed/Verified By:  
FUNERAL DIRECTOR

To Be Completed By:  
MEDICAL CERTIFIER

# CHAPTER III

# BASIC DATA ENTRY INSTRUCTIONS

## Exercise 2

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO.

STATE FILE NO. 000014

NAME OF DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)		2. SEX F	3. SOCIAL SECURITY NUMBER
	4a. AGE-Last Birthday (Years) 74	4b. UNDER 1 YEAR Months: Days:	4c. UNDER 1 DAY Hours: Minutes:	5. DATE OF BIRTH (Mo/Day/Yr)
	6. BIRTHPLACE (City and State or Foreign Country)		7a. RESIDENCE-STATE	
	7b. COUNTY		7c. CITY OR TOWN	
	7d. STREET AND NUMBER		7e. APT. NO.:	7f. ZIP CODE
	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage)	
	11. FATHER'S NAME (First, Middle, Last)		13a. INFORMANT'S NAME	
	13b. RELATIONSHIP TO DECEDENT		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)	
	14. PLACE OF DEATH (Check only one: see instructions) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):		15. FACILITY NAME (if not institution, give street & number)	
16. CITY OR TOWN, STATE, AND ZIP CODE		17. COUNTY OF DEATH		
18. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):		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> 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 checked="" type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)	39. TIME OF INJURY	40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area) Home		41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
42. LOCATION OF INJURY: State: _____ City or Town: _____ Apartment No.: _____ Zip Code: _____				
43. DESCRIBE HOW INJURY OCCURRED: Fall				44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)
45. CERTIFIER (Check only one): <input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature of certifier: <u>Bill Knowles</u>				
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32)				
47. TITLE OF CERTIFIER Unknown	48. LICENSE NUMBER	49. DATE CERTIFIED (Mo/Day/Yr)	50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)	

# CHAPTER III

# BASIC DATA ENTRY INSTRUCTIONS

## Exercise 2

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO.

STATE FILE NO. *000015*

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)		2. SEX <i>M</i>	3. SOCIAL SECURITY NUMBER
4a. AGE-Last Birthday (Years) <i>28</i>	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr)
7a. RESIDENCE-STATE		7b. COUNTY	7c. CITY OR TOWN
7d. STREET AND NUMBER		7e. APT. NO.	7f. ZIP CODE
7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. EVER IN 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)	
<b>ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH</b>			
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. 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. <b>CAUSE OF DEATH (See instructions and examples)</b> IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <i>Gunshot wound to head</i> Due to (or as a consequence of): _____ Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. _____ Due to (or as a consequence of): _____ c. _____ Due to (or as a consequence of): _____ d. _____			Approximate interval: Onset to death
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No
34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
37. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined			
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)	39. TIME OF INJURY	40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)	41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
42. LOCATION OF INJURY: State: _____ City or Town: _____ Street & Number: _____ Apartment No.: _____ Zip Code: _____			
43. DESCRIBE HOW INJURY OCCURRED: <i>Self-inflicted, by .25 caliber handgun</i>			44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)
45. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature of certifier: <i>R. P. Anderson</i>			
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32) <i>R. P. Anderson, 5678 Park</i>			
47. TITLE OF CERTIFIER <i>MD</i>	48. LICENSE NUMBER <i>A1234</i>	49. DATE CERTIFIED (Mo/Day/Yr) <i>JAN, 31, 2003</i>	50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)

NAME OF DECEDENT

To Be Completed/Verified FUNERAL DIRECTOR

To Be Completed By: MEDICAL CERTIFIER

# CHAPTER III

# BASIC DATA ENTRY INSTRUCTIONS

## Exercise 2

DRAFT 07/08/2002

U.S. STANDARD CERTIFICATE OF DEATH

LOCAL FILE NO.		STATE FILE NO. <u>000016</u>	
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (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
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 (Frs, Middle, Last)		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (Frs, Middle, Last)	
13a. INFANT'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. <b>CAUSE OF DEATH (See instructions and examples)</b> IMMEDIATE CAUSE (Final disease or condition resulting in death) <u>a. 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 b. _____ Due to (or as a consequence of) c. _____ Due to (or as a consequence of)			
PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in PART I.		33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		36. IF FEMALE <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
37. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined			
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)	39. TIME OF INJURY	40. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
41. LOCATION OF INJURY: State: _____ City or Town: _____		Apartment No.: _____ Zip Code: _____	
42. DESCRIBE HOW INJURY OCCURRED: <u>Vehicle ran off road and struck Object</u>		43. IF TRANSPORTATION INJURY, SPECIFY: <input checked="" 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 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: _____			
45. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32) <u>_____</u>			
46. TITLE OF CERTIFIER <u>CORONER</u>	47. LICENSE NUMBER <u>496832</u>	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

## E. Generating a SuperMICAR Sequence Check

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

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

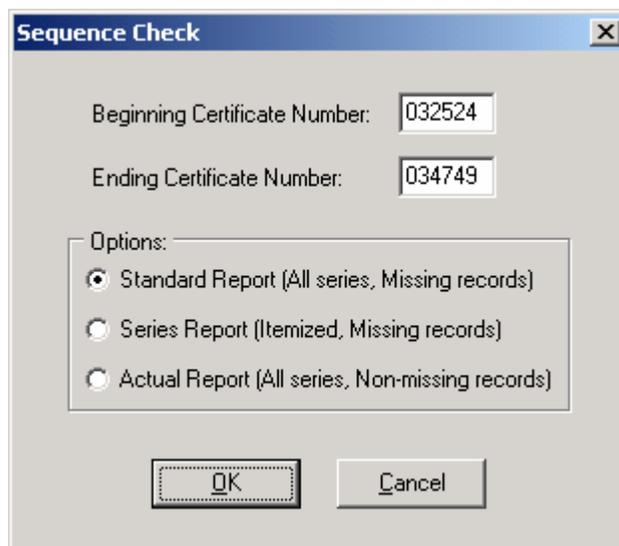
Together, these reports can reveal if there are missing and/or extra, certificates in the database file. The Sequence Check can be used only when a file is currently open. To use the sequence check:

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

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

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

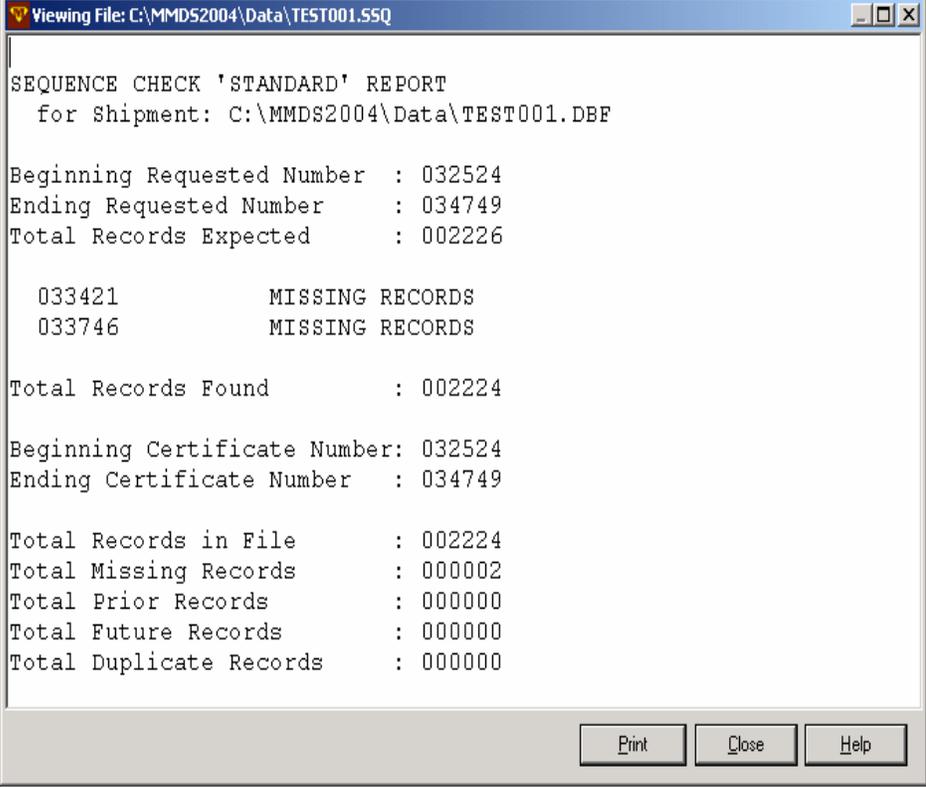
- a. Use the {TAB} key to place the cursor in the desired field.
- b. Type in the beginning certificate number (the starting certificate number for the sequence check), the ending certificate number (the ending certificate number for the sequence check), or both. Click "OK."



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

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

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



The screenshot shows a window titled "Viewing File: C:\MMDS2004\Data\TEST001.SSQ". The window contains a text-based report with the following content:

```
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
```

At the bottom of the window, there are three buttons: "Print", "Close", and "Help".

The following counts are only included with the standard report:

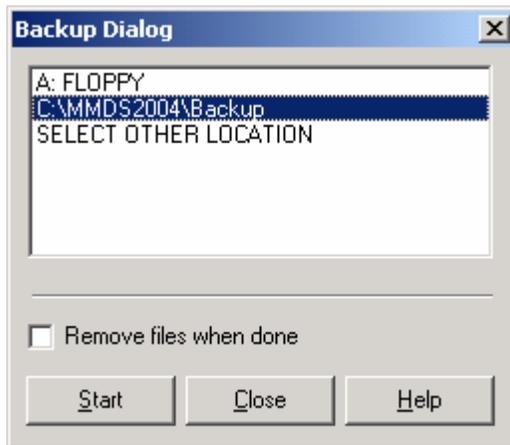
“Total Prior Records” = the number of records in the file BEFORE the Beginning Certificate Number.

“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.

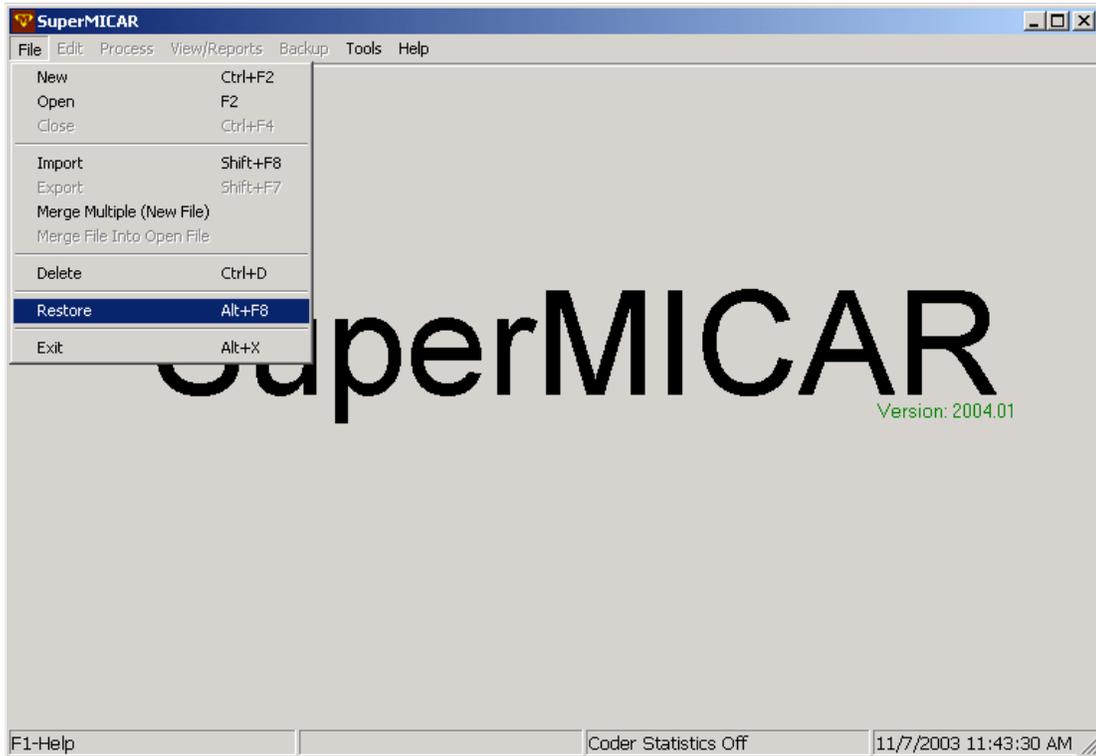
### **Restoring from SuperMICAR Backups**

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:

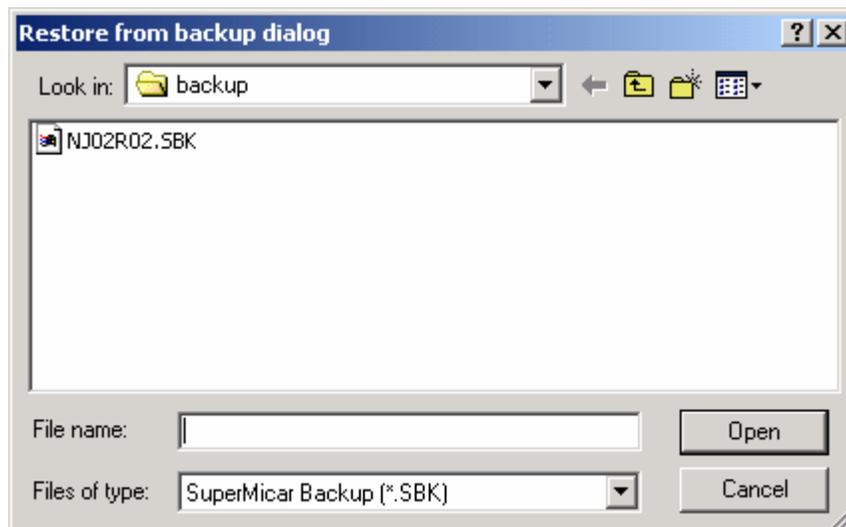
"Restore From Backup" restores files from the backup (or other chosen) directory to the current data directory. Therefore, it is advisable to verify the current data path before you move through the steps for restoring a file. See Setting SuperMICAR Options to verify (or change) current path settings.

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

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

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

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

Example:

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

Enter as:

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

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

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

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

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

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

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

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

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

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

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

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

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

**8. Numbering of causes**

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

Example:

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

Enter as:

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

Example:

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

Enter as:

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

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

Example:

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

Enter as:

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

Example:

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

Enter as:

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

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

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

File Name: TEST003

Header Information:

Shipment Number:	003
Lot Number:	0003
Section Number:	1
Data Year:	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 <b>F</b>	3. SOCIAL SECURITY NUMBER	
	4a. AGE-Last Birthday (Years) <b>55</b>	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) <b>01/01/2003</b>			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) → <b>cardiac arrest and pneumonia</b> a. <b>pulmonary embolism &amp; CHF</b> Due to (or as a consequence of): b. <b>Cancer of lung &amp; metastasis to spine</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 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 and 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 <b>MD</b>		48. LICENSE NUMBER <b>R06942</b>		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 <b>M</b>	3. SOCIAL SECURITY NUMBER	
4a. AGE-Last Birthday (Years) <b>82</b>	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)				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) <b>01/01/2003</b>			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. <b>HEART failure due to MI</b> <b>ASHD</b>							
Due to (or as a consequence of):							
b. <b>AS</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 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 <b>DOCTOR</b>		48. LICENSE NUMBER <b>R 2794</b>		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 <b>F</b>		3. SOCIAL SECURITY NUMBER	
4a. AGE-Last Birthday (Years) <b>78</b>	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)					
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) <b>01/01/2003</b>			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. <b>Cardiac arrest</b> 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. <b>Hepatic Failure</b> Due to (or as a consequence of):					
c. <b>Hepatic Cirrhosis</b> Due to (or as a consequence of):					
d. <b>Cancer of pancreas</b>					
PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in PART I.					
33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No					
34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No					
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)		39. TIME OF INJURY		40. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)	
41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No					
42. LOCATION OF INJURY: State: City or Town:			43. DESCRIBE HOW INJURY OCCURRED:		
Street & Number: Apartment No.: Zip Code:			44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
45. CERTIFIER (Check only one): <input 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 <b>MB</b>		48. LICENSE NUMBER <b>M1762</b>		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)	
	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.				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					
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. <u>Pneumonia</u>				33. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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:	
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 checked="" type="checkbox"/> Medical Examiner/Coroner-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.					
Signature of certifier: <u>John Wilson 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 <b>F</b>	3. SOCIAL SECURITY NUMBER		
	4a. AGE-Last Birthday (Years) <b>67</b>	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 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 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 MEDICAL 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) <b>January 1, 2003</b>			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) → <b>heart disease</b> 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>malignant hypertension</b> Due to (or as a consequence of):					
	→ <b>Chronic nephritis</b> 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. <b>CANCER OF KIDNEY</b>					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 <u>M</u>		3. SOCIAL SECURITY NUMBER	
	4a. AGE-Last Birthday (Years) <u>54</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>Cardiac arrest</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>Cirrhosis of liver</u> Due to (or as a consequence of):						
c. <u>Alcoholism</u> 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 <u>A404038</u>		49. DATE CERTIFIED (Mo/Day/Yr)	50. FOR REGISTRAR ONLY- DATE FILED (Mo/Day/Yr)	

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. an screen, first navigate to the associated record/certificate. 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:
- Pneumonia
- AI: Lobar pneumonia
- The above should be entered into SuperMICAR as:
- LOBAR PNEUMONIA
- c. If an "amended certificate" is submitted, enter the data on the amended certificate only.

- d. When the 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) HASCVD  
(c)  
(d)  
II Hypertension

AI: Arteriosclerosis, CVA, old M.I.

Enter as:

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

Example:

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

AI: Fell at nursing home

Enter as:

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

Example:

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

Enter as:

I a   Respiratory failure  
    b   RDS  
    c  
    d  
II    Twin B

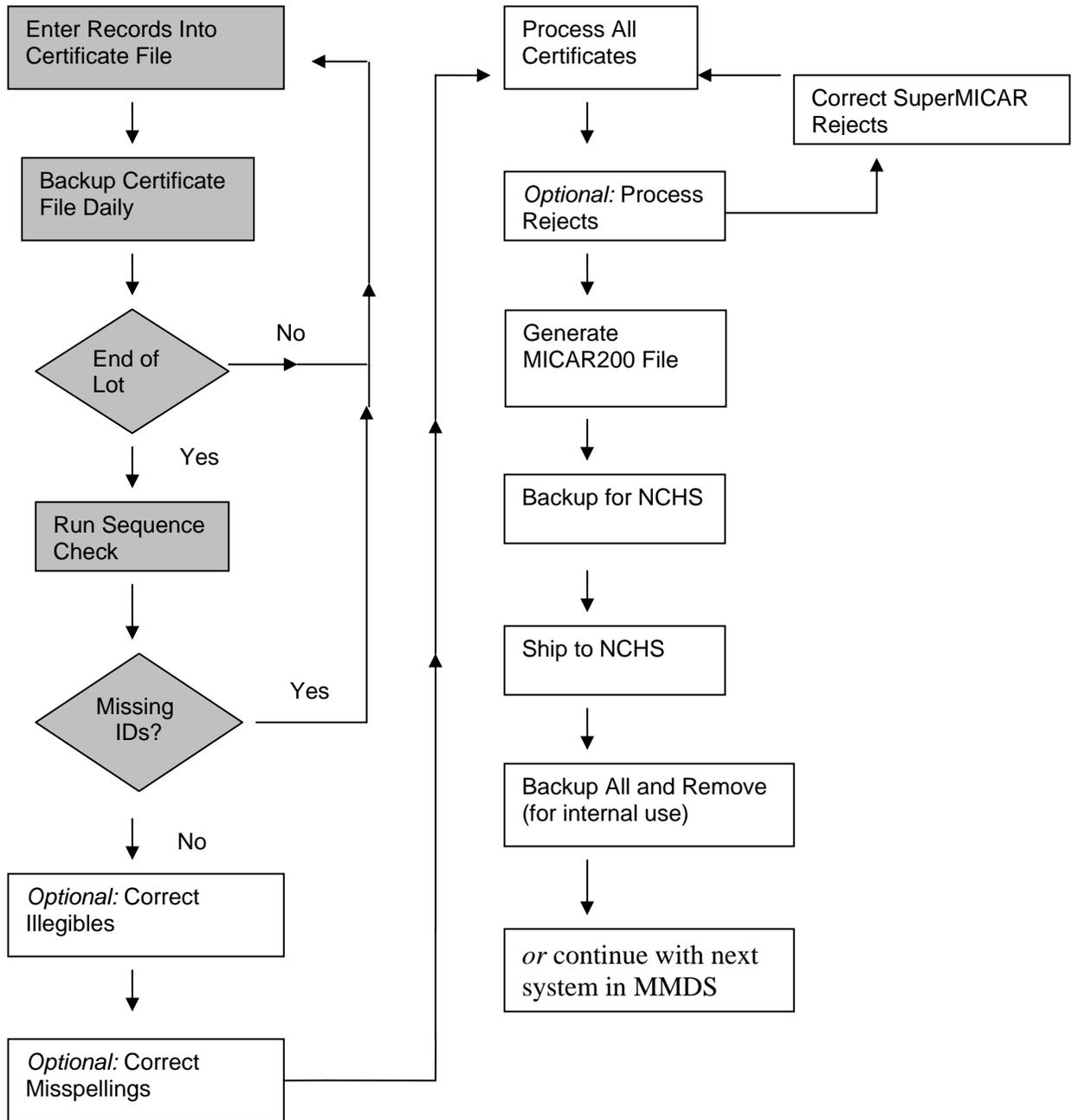
Information on multiple births may appear in the “Name” block or on the side of certificate. Enter as last entry in Part II.

When all of the changes have been made:

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

After changes have been made and saved on the 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:

<b>Record Processing</b>	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.
<b>Reject Processing</b>	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. <b>NOTE:</b> 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.

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

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

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

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

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

Place of Injury: highway

How injury occurred:

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

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

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

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

TRANSPORT: B

1. Type of vehicle:  
Motor Vehicle Designed Primarily for On-road Use:  
Enter **01 Automobile** (car, minivan, minibus)
2. Location of transport at the time of the accident:  
Enter **01 On highway** (Being driven on, left, ran off:  
highway, street, road, military reservation, alley,  
Route #, roadway)

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

The correct entry in standardized MICAR nomenclature will look like:

>B0101660101080201.

When using prompts, note the following:

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

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

II How injury occurred: Fall on Stairs, Fracture

Go to AI Screen {F9}

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

I a Pneumonia  
b Hip Fracture  
c  
d

II How Injury Occurred: >O02; Fracture

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

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

How injury occurred: Fell down stairs, Head Injury

Go to AI Screen {F9}

I a Hip Fracture, Contusion  
b >O02

How injury occurred: Head Injury

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

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

Examples of terms in Appendix G.

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

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

**B. SUPERMICAR PROMPTS**

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

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

## C. EXAMPLES OF SELECTED PROMPTS

### Prompt - Transports

#### Example 1

I (a) Blunt Impact of head

(b)

(c)

(d)

II

How injury occurred: Bicyclist struck by a motor vehicle

Place of injury: Street

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

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

Completed AI Certificate will read:

I (a) Blunt impact to head

(b)

(c)

(d)

II

How injury occurred: >B5701060199069957

**Example 2**

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

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

Completed AI Certificate will read:

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

How injury occurred:

**Example 3**

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

How injury occurred: Driver of jeep which left road

Completed AI certificate will read:

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

How injury occurred:

**Example 4**

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

How injury occurred: Driver of car in collision, crushed

Place of Injury: Route 66

Completed AI certificate will read:

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

How injury occurred: Crushed

**Prompt - Fire and Flame****Example 5**

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

Completed AI certificate will read:

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

**Example 6**

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

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

Place of injury: Home

Completed AI certificate will read:

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

How injury occurred:

**Prompt – Others****Example 7**

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

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

Completed AI certificate will read:

- I a Crushed chest
- b >R01

**Example 8**

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

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

Completed AI certificate will read:

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

## Multiple Prompts On One Certificate

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

### A. CATAclysmic EVENTS CAUSING ANY ACCIDENT OR INJURY

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

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

**Includes:** A transport washed off the road by storm

### C. FIRE AND FLAMES

**Excludes:** Fire caused by transport accident. Reselect B.

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

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

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

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

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

**Excludes:** Heat caused by a fire. Reselect C.

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

**Includes:** (1) Transport accidents where victim is clear of vehicle

- (2) Machinery contacting electrical current

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

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

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

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

**M. TOOLS, APPLIANCES, AND SHARP OBJECTS**

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

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

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

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

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

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

**P. ABUSE, ASSAULT, ABANDONMENT, NEGLECT**

**Excludes:** Transports. Reselect B.

**R. Other****Example 9**

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

**II.**

How injury occurred: Fell into river while white water rafting

Completed AI certificate will read:

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

**II**

How injury occurred: >B3008SSSS99099930

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

**Example 10**

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

How injury occurred: Beaten and Stabbed by assailants

Completed AI certificate will read:

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

How injury occurred: >P0399; stabbed

**Example 11**

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

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

Completed AI certificate will read:

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

How injury occurred: Shot; >I0505; >M0104; Stabbed

**D. Exercise 4: Entering External Cause Prompts**

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

File Name: TEST004

Header Information:

Shipment Number:	004
Lot Number;	0004
Section Number:	1
Data Year:	2006
State Code:	AL (or post office abbreviation for any state)
Coder Status:	1

**Use current date and year for date of death and date of injury for all certificates**

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

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

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

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

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

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

Place of Injury: CONSTRUCTION SITE **(G)**

Injury Description: DECEASED WAS ON BULLDOZER WHEN IT ROLLED OVER

Transportation Injury, Specify:  **Alt-F1 - Key Help**

Certifier: M      State-Specific Data:

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

Certificate 1

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

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

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

II: ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

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

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

Date of Injury: 02/10/2003      Time of Injury: 12:00 A (AM/PM/Military)      Injury at Work?:

Place of Injury: HOME (A)

Injury Description: HER GOWN CAUGHT FIRE WHILE WORKING AT HER STOVE

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

Certifier: M      State-Specific Data:

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

Certificate 2

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

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

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

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

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

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

Certificate 3

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

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

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

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

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

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

Certificate 4

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

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

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

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

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

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

Certificate 5

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

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

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

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

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

Date of Injury: 05/20/2003      Time of Injury: 02:45 P (AM/PM/Military)      Injury at Work?:

Place of Injury: BEACH (P)

Injury Description: FIREWORKS EXPLODED AND BURNED VICTIM

Transportation Injury, Specify:  Alt-F1 - Key Help

Certifier: D      State-Specific Data:

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

Certificate 6

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

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

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

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

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

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

Certificate 7

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

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

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

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

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

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

Certificate 8

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

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

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

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

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

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

Place of Injury: PARKING GARAGE (P)

Injury Description: SHOT BY POLICE

Transportation Injury, Specify:  Alt-F1 - Key Help

Certifier: M      State-Specific Data:

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

**Certificate 9**

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

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

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

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

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

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

Place of Injury: RAILROAD TRACKS (G)

Injury Description: CAME IN CONTACT WITH LIVE ELECTRICAL WIRE

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

Certifier: P      State-Specific Data:

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

Certificate 10

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

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

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

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

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

Date of Injury: 03/31/2003     
 Time of Injury: :      (AM/PM/Military)     
 Injury at Work?: N

Place of Injury: MOUNTAINS (P)

Injury Description: SUBJECT CAUGHT IN AVALANCHE WHILE SNOW-SHOEING

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

Certifier: M      State-Specific Data:

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

Certificate 11

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

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

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

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

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

Place of Injury: CLOSET AT HOME (A)

Injury Description: PLACED PLASTIC BAG OVER HEAD

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

Certifier: M      State-Specific Data:

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

Certificate 12

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

Certificate:  Sex:  Date of Death:  2003  
 Age:  Unit:  State of Death:

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

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

Date of Injury:  Time of Injury:   (AM/PM/Military) Injury at Work?:  N  
 Place of Injury:  (I)  
 Injury Description:

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

Certifier:  State-Specific Data:

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

Certificate 13

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

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

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

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

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

Certifier: D      State-Specific Data:

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

Certificate 14

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

Certificate:  Sex:  Date of Death:

Age:  Unit:  State of Death:

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

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

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

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

Place of Injury:  (A)

Injury Description:

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

Certifier:  State-Specific Data:

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

Certificate 15

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

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

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

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

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

Certifier: M      State-Specific Data:

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

Certificate 16

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

Certificate:  Sex:  Date of Death:  2003  
 Age:  Unit:  State of Death: **AS**

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

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

Date of Injury:  Time of Injury:   (AM/PM/Military) Injury at Work?:  N  
 Place of Injury:  (P)  
 Injury Description:   
 Transportation Injury, Specify:  [Alt-F1 - Key Help](#)  
 Certifier:  State-Specific Data:

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

Certificate 17

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

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

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

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

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

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

Certificate 18

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

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

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

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

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

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

Place of Injury: HOME (A)

Injury Description: RESIDENCE FIRE

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

Certifier: M      State-Specific Data:

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

Certificate 19

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

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

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

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

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

Place of Injury: SOUTH FORK PEYOTE RIVER (P)

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

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

Certifier: M      State-Specific Data:

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

Certificate 20

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

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

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

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

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

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

Place of Injury: HOME (A)

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

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

Certifier: M      State-Specific Data:

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

Certificate 21

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

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

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

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

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

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

Certificate 22

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

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

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

II: ASTHMA

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

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

Date of Injury: 02/09/2003     
 Time of Injury: 03:21 P (AM/PM/Military)     
 Injury at Work?:

Place of Injury: BACKYARD (A)

Injury Description: STUNG BY SEVERAL BEES IN BACKYARD OF HOME

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

Certifier: M      State-Specific Data:

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

Certificate 23

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

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

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

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

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

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

Place of Injury: AUTO SHOP (I)

Injury Description: SHOT SELF WITH RIFLE

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

Certifier: M      State-Specific Data:

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

Certificate 24

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

Certificate: 000025      Sex: M      Date of Death: 05/29 2003  
 Age: 64      Unit: YEARS      State of Death: AS

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

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

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

Date of Injury: 05/13/2003      Time of Injury: 05:32 P (AM/PM/Military)      Injury at Work?:

Place of Injury: HOME (A)

Injury Description: HIT DITCH AND FELL OFF LAWN MOWER

Transportation Injury, Specify:  Alt-F1 - Key Help

Certifier: D      State-Specific Data:

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

**Certificate 25**

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

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

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

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

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

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

Place of Injury: NIGHTCLUB (I)

Injury Description: TRAMPLED BY PEOPLE ATTEMPTING TO EXIT NIGHT CLUB AFTER ALTERCATION

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

Certifier: M      State-Specific Data:

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

Certificate 26

Edit Certificates: C:\MMD52003\Data\AS03K01.DBF

Certificate:  Sex:  Date of Death:

Age:  Unit:  State of Death:

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

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

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

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

Place of Injury:  (A)

Injury Description:

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

Certifier:  State-Specific Data:

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

Certificate 27

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

Certificate:  Sex:  Date of Death:  2003  
 Age:  Unit:  State of Death:

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

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

Date of Injury:  Time of Injury:   (AM/PM/Military) Injury at Work?:  N  
 Place of Injury:  (A)  
 Injury Description:   
 Transportation Injury, Specify:  [Alt-F1 - Key Help](#)  
 Certifier:  State-Specific Data:

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

Certificate 28

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

Certificate:  Sex:  Date of Death:  2003  
 Age:  Unit:  State of Death:

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

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

Date of Injury:  Time of Injury:   (AM/PM/Military) Injury at Work?:  Y  
 Place of Injury:  (G)  
 Injury Description:   
 Transportation Injury, Specify:  [Alt-F1 - Key Help](#)  
 Certifier:  State-Specific Data:

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

Certificate 29

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

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

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

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

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

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

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

Certificate 30

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

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

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

II: HYPERTENSIVE AND ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE;ALZHEIMERS DEMENTIA

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

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

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

Certificate 31

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

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

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

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

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

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

**Certificate 32**

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

Certificate:  Sex:  Date of Death:

Age:  Unit:  State of Death:

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

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

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

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

Place of Injury:  (P)

Injury Description:

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

Certifier:  State-Specific Data:

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

Certificate 33

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

Certificate:  Sex:  Date of Death:  2003  
 Age:  Unit:  State of Death: **AS**

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

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

Date of Injury:  Time of Injury:   (AM/PM/Military) Injury at Work?:  N  
 Place of Injury:  (K)  
 Injury Description:   
 Transportation Injury, Specify:  **Alt-F1 - Key Help**  
 Certifier:  State-Specific Data:

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

Certificate 34

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

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

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

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

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

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

Place of Injury: HOME (A)

Injury Description: WAS BEATEN WITH BLUNT OBJECT

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

Certifier: M      State-Specific Data:

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

Certificate 35

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

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

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

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

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

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

Certificate 36

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

Certificate:  Sex:  Date of Death:  2003  
 Age:  Unit:  State of Death:

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

II:

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

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

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

Certifier:  State-Specific Data:

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

**Certificate 37**

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

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

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

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

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

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

Place of Injury: RIVER (P)

Injury Description: DROWNED

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

Certifier: C      State-Specific Data:

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

Certificate 38

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

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

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

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

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

Certifier: M      State-Specific Data:

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

Certificate 39

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

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

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

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

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

Date of Injury: 01/25/2003     
 Time of Injury: 12:23 A (AM/PM/Military)     
 Injury at Work?: Y

Place of Injury: STATE FOREST (P)

Injury Description: PLANE CRASH (PILOT)

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

Certifier: M      State-Specific Data:

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

Certificate 40

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

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

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

II: ASHD;EMPHYSEMA;COPD

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

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

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

Place of Injury: WOODS (P)

Injury Description: WANDERED AWAY FROM HOME IN FRIGID TEMPERATURES

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

Certifier: M      State-Specific Data:

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

Certificate 41

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

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

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

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

Date of Injury: 01/10/2003      Time of Injury: 12:00 P (AM/PM/Military)      Injury at Work?: N  
 Place of Injury: SUBWAY (G)  
 Injury Description: JUMPED IN FRONT OF SUBWAY TRAIN  
 Transportation Injury, Specify:      [Alt-F1 - Key Help](#)  
 Certifier: M      State-Specific Data:

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

Certificate 42

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**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

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**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

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

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

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

**APPENDIX C****GEOGRAPHIC JURISDICTION CODES**

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



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

- # "Fracture." Substitute for the word "fracture." Example: For "Leg #," type "LEG FRACTURE."
- ↓ "Decreased." Substitute for the word "decreased." Example: For "↓ blood pressure," type "DECREASED BLOOD PRESSURE."
- ↑ "Increased." Substitute for the word "increased." Example: For "↑ hemorrhaging," type "INCREASED HEMORRHAGING."
- $\frac{0}{1}$  "Hour." Substitute for the word "Hour." Example: For "0/1" type "1 HOUR."
- $\frac{00}{11}$  "Secondary to." Substitute for the words "secondary to." Example: For "Pneumonia 00/11 Gunshot wound," type "PNEUMONIA SECONDARY TO GUNSHOT WOUND."
- 1° "Primary." Substitute for the word "primary." Example: For "1° colon cancer," type "PRIMARY COLON CANCER."
- 2° "Secondary to." Substitute for the words "secondary to." Example: For "Pneumonia 2° cardiorespiratory infection," type "PNEUMONIA SECONDARY TO CARDIORESPIRATORY INFECTION."
- $\bar{c}$  "With." Substitute for the word "with." Example: For "Heat stroke  $\bar{c}$  Myocardial infarction," type "HEAT STROKE WITH MYOCARDIAL INFARCTION."
- $\bar{p}$  "After." Substitute for the word "after." Example: For "Spontaneous bleeding  $\bar{p}$  tracheal tube removal," type "SPONTANEOUS BLEEDING AFTER TRACHEAL TUBE REMOVAL."

- $\bar{s}$       “Without.” Substitute for the word “without.” Example: For “Three weeks  $\bar{s}$  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.”

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 certificate .....key 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 certificate .....key 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 certificate .....key 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 .....	MPRCAR
Mycobacterium Avium Intracellulare .....	MAI
Myocardial Infarction .....	MI
Negative .....	NEG

## APPENDIX E

## ABBREVIATIONS

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

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**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**

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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**

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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**

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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**

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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**

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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**

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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**

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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**

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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**

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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**

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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**

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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
<b>C -</b>	CAPILLARY
CACHEXIA	CAPITELLUM
CADAVER	CAPLAN
	CAPOTEN

## **APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY**

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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**

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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**

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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**

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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
CIRRHOISIS	COALWORKERS
CIRRHOTIC	COARCTATION
CITROBACTER	COBALT
CLAMPING	COCAINE
CLASSICAL	COCAINISM
CLAUDE	COCCI

## **APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY**

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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**

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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**

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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
<b>D -</b>	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**

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DEXTROVERSION  
DIABETES  
DIABETIC  
DIABETICORUM  
DIAGNOSIS  
DIAGNOSTIC  
DIALYSIS  
DIAMOND  
DIAPHRAGM  
DIAPHRAGMATIC  
DIARRHEA  
DIARRHEAL  
DIASTOLIC  
DIATHESES  
DIATHESIS  
DIAZEPAM  
DIED  
DIENCEPHALIC  
DIET  
DIETARY  
DIETETIC  
DIFFERENTIATED  
DIFFICELE  
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  
DISLODGEment  
DISLODGMent  
DISMEMBERMENT  
DISOPYRAMIDE  
DISORDER  
DISORIENTATION  
DISPLACED  
DISPLACEMENT

## **APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY**

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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**

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DUST  
DWARF  
DWARFISM  
DYAZIDE  
DYE  
DYING  
DYKE  
DYSARTHRIA  
DYSAUTONOMIC  
DYSCRASIA  
DYSENTERY  
DYSERYTHROPOIETIC  
DYSFUNCTION  
DYSFUNCTIONAL  
DYSGAMMAGLOBULINEMIA  
DYSGENESIS  
DYSGERMINOMA  
DYSHEMATOPOIETIC  
DYSKARYOSIS  
DYSKINESIA  
DYSKINETIC  
DYSLIPIDEMIA  
DYSMATURITY  
DYSMOTILITY  
DYSMYELOPOETIC  
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**

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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**

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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**

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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**

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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**

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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**

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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**

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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**

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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**

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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**

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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	<b>H -</b>
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**

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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**

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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**

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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**

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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	HYPERCHOLESTEROLYSIS
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**

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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	HYPURICEMIA
HYPEROSMOTIC	HYPERVERTILATION
HYPEROSOMOLAR	HYPERVERSICIDOSIS
HYPEROSOMOTIC	HYPERVERSICOSITY
HYPERPARATHYROID	HYPERVERVITAMINOSIS
HYPERPARATHYROIDISM	HYPERVERVOLEMIA
HYPERPERMEABILITY	HYPNOTIC
HYPERPHAGIA	HYPOACIDITY
HYPERPHOSPHATEMIA	HYPOADRENALISM
HYPERPIESIA	HYPOADRENIA
HYPERPIESIS	HYPOADRENOCORTICISM
HYPERPINEALISM	HYPOALBUMINEMIA
HYPERPLASIA	HYPOC
HYPERPLASTIC	HYPOCALCEMIA
HYPERPNEA	HYPOCHLOREMIA
HYPERPOTASSEMIA	HYPOCHLORHYDRIA
HYPERPREBETALIPOPROTEINEMIA	HYPOCHOLESTEREMIA
HYPERPROTEINEMIA	HYPOCHROMIC

## **APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY**

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HYPOCHRONIC  
HYPOEOSINOPHILIA  
HYPOFIBRINOGENEMIA  
HYPOFUNCTION  
HYPOGAMMAGLOBULINEMIA  
HYPOGAMMAGLOBULINEMIC  
HYPOGASTRIC  
HYPOGLOBULINEMIA  
HYPOGLYCEMIA  
HYPOGLYCEMIC  
HYPOGONADISM  
HYPOIMMUNITY  
HYPOKALEMIA  
HYPOKALEMIC  
HYPOLEUKOCYTOSIS  
HYPOMAGNESEMIA  
HYPOMOTILITY  
HYPONATREMIA  
HYPOPARATHYROIDISM  
HYPOPERFUSION  
HYPOPHARYNGEAL  
HYPOPHARYNX  
HYPOPHOSPHATASIA  
HYPOPHOSPHATEMIA  
HYPOPHYSEAL  
HYPOPHYSECTOMY  
HYPOPHYSIS  
HYPOPIESIS  
HYPOPINEALISM  
HYPOPITUITARISM  
HYPOPLASIA  
HYPOPLASIAS  
HYPOPLASTIC  
HYPOPOTASSEMIA  
HYPOPROLIFERATIVE  
HYPOPROTEINEMIA  
HYPOPROTEINOSIS  
HYPOPROTHROMBINEMIA  
HYPOPYREXIA

HYPOSIDERINEMIA  
HYPOSMOLALITY  
HYPOSTASIS  
HYPOSTATIC  
HYPOSTATICUM  
HYPOSUPRARENALISM  
HYPOTENSION  
HYPOTENSIVE  
HYPOTHALAMIC  
HYPOTHALAMUS  
HYPOTHALMUS  
HYPOTHERMIA  
HYPOTHYROID  
HYPOTHYROIDISM  
HYPOTONIA  
HYPOTONIC  
HYPOTONICITY  
HYPOTONY  
HYPOVENTILATION  
HYPOVITAMINOSIS  
HYPOVOLEMIA  
HYPOVOLEMIC  
HYPOXEMIA  
HYPOXEMIC  
HYPOXIA  
HYPOXIC  
HYSTERECTOMY  
HYSTERICAL  
HYSTEROTOMY

I -

I

IASD

IATROGENIC

IB

ICTERUS

IDA

IDD

IDDI

## **APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY**

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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**

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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
INFLICTED	INSTANT
INFLUENCE	INSTANTANEOUS
INFLUENZA	INSTRUMENTAL
INFLUENZAE	INSUF
INFLUENZAL	INSUFFICIENCY
INFRA	INSUFFICIENT
INFRACLAVICULAR	INSUFFICIENY
INFRARED	INSULIN
INFRARENAL	INSULINOMA
INFUNDIBULAR	INSULOMA
INFUSION	INSULT
INGESTED	INSULTS
INGESTION	INTAKE
INGUINAL	INTEGRITY
INHALANT	INTEMPERANCE
INHALATION	INTER
INHALED	INTERABDOMINAL
INHIBITORS	INTERASD
INIENCEPHALY	INTERATRIAL
INJECTION	INTERAURICULAR
INJURED	INTERCAPILLARY
INJURIES	INTERCEREBRAL

## **APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY**

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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**

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

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

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

## **APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY**

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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  
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**

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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**

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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**

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LUMP  
LUNG  
LUNGS  
LUPOID  
LUPOSA  
LUPUS  
LUSCHKA  
LUTEMBACHERS  
LUTEUM  
LV  
LVF  
LVH  
LYE  
LYING  
LYMPH  
LYMPHADENECTOMY  
LYMPHADENITIS  
LYMPHADENOPATHY  
LYMPHADENOSIS  
LYMPHANGIECTASIS  
LYMPHANGIECTATIC  
LYMPHANGIOMA  
LYMPHANGIOSARCOMA  
LYMPHANGITIC  
LYMPHANGITIS  
LYMPHATIC  
LYMPHECTASIA  
LYMPHED  
LYMPHEDEMA  
LYMPHOANGIOSARCOMA  
LYMPHOBLASTIC  
LYMPHOCYTE  
LYMPHOCYTIC  
LYMPHOEPITHELIOMA  
LYMPHOGENOUS  
LYMPHOHISTIOCYTIC  
LYMPHOHISTIOCYTOSIS  
LYMPHOID  
LYMPHOMA  
LYMPHOMATOID  
LYMPHOMATOSIS  
LYMPHOMATOUS  
LYMPHOPENIA  
LYMPHOPROLIFERATIVE  
LYMPHORETICULAR  
LYMPHORETICULARPROLIFERATIVE  
LYMPHORETICULUM  
LYMPHOSARCOMA  
LYMPHOSTASIS  
LYMPHOTROPHIC  
LYMPHOTROPIC  
LYSIS  
LYSOL

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

## **APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY**

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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**

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MCOCAR	MEGALOCEPHALY
MEASLES	MEGALOCORNEA
MEATUS	MEGALOCYSTIS
MECHANICAL	MEGALOCYSTITIS
MECHANISM	MEGALOCYTTIC
MECKELS	MEGALODUODENUM
MECONIUM	MEGALOEESOPHAGUS
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**

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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**

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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**

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

## **APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY**

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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**

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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**

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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**

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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**

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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**

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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	OSTEOARTHRTICA
OPPORTUNISTIC	OSTEOARTHRTIS
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**

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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**

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

## **APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY**

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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**

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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**

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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**

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PLEUROBRONCHO	PNEUMONECTOMY
PLEURO CUTANEOUS	PNEUMONIA
PLEUROPERICARDIAL	PNEUMONIAE
PLEUROPERICARDITIS	PNEUMONIC
PLEUROPERITONEAL	PNEUMONITIS
PLEUROPN	PNEUMOPATHY
PLEURO PNEUMONIA	PNEUMOPERICARDITIS
PLEURO PUL	PNEUMOPERICARDIUM
PLEURO PULMONARY	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**

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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**

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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**

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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**

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PSEUDOMONAS  
PSEUDOMUCINOUS  
PSEUDOMYXOMA  
PSEUDOMYXOMATOSIS  
PSEUDOOBSTRUCTION  
PSEUDOPARKINSONISM  
PSEUDOSARCOMATOUS  
PSITTACOSIS  
PSOAS  
PSORIASIS  
PSORIATIC  
PSYCHIATRIC  
PSYCHOGENIC  
PSYCHOMOTOR  
PSYCHONEUROSIS  
PSYCHONEUROTIC  
PSYCHOSIS  
PSYCHOTHERAPEUTIC  
PSYCHOTHERAPEUTICS  
PSYCHOTIC  
PTE  
PUBIC  
PUBIS  
PUL  
PULEM  
PULI  
PULMONALE  
PULMONARY  
PULMONIC  
PULPOSUS  
PULSE  
PULSELESS  
PUMP  
PUNCTURE  
PUNCTURED  
PURE  
PURPURA  
PURULENT  
PUS

PUSTULAR  
PUSTULOSA  
PUTNAM  
PUTRID  
PVC  
PVD  
PVI  
PVT  
PX  
PYARTHROSIS  
PYELITIS  
PYELOCYSTITIS  
PYELOGRAM  
PYELOHYDRONEPHROSIS  
PYELONEPHRITIC  
PYELONEPHRITIS  
PYELONEPHROSIS  
PYEMIA  
PYEMIC  
PYLEPHLEBOTHROMBOSIS  
PYLES  
PYLORIC  
PYLOROFUNDAL  
PYLOROPLASTY  
PYLOROSPASM  
PYLORUS  
PYOCYSTITIS  
PYOGENIC  
PYOMETRA  
PYOMETRIUM  
PYONEPHRITIS  
PYONEPHROSIS  
PYREXIA  
PYRIDOXINE  
PYRIFORM  
PYURIA

**Q -**  
**Q**

## **APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY**

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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**

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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**

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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**

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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
	SCALENE
	SCALP
	SCAN
	SCAPHOID
<b>S -</b>	
S	
SA	
SAC	

## **APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY**

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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**

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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**

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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**

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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**

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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
STEROIDS	STRIATE
STEVENS	STRIATONIGRAL
STIFF	STRIATUM
STILLBORN	STRICTURE
STILLS	STRIDOR
STING	STRIPPING

## **APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY**

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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**

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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**

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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
<b>T -</b>	TEGRETOL
<b>T</b>	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**

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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	<b>U -</b>
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**

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

### **V -**

V  
VACCINATION  
VACCINIA  
VACUUM  
VAGINA

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

## **APPENDIX F SPELLING WORDS FOR SuperMICAR DATA ENTRY**

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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  
EVISERATION  
EXPOSURE  
EXPOSURE TO ELEMENTS  
EXPOSURE TO ENVIRONMENT

**F –**

FAMINE  
FAT EMBOLISM (SYNDROME)  
FIREARMS INJURY  
FIREARMS WOUND  
FISH STING  
FLAME BURN  
FOOD DEPRIVATION  
FOOD INSUFFICIENCY  
FRACTURE  
FRACTURE DISLOCATION

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

**G -**

GAS ASPHYXIA  
GAS SUFFOCATION  
GUNSHOT INJURY  
GUNSHOT WOUND

**H -**

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

**I -**

IDIOSYNCRACY  
IMMERSION  
IMPACT INJURY  
IMPACT TO SITE  
IMPROPER CARE  
INATTENTION AFTER BIRTH

INATTENTION AT BIRTH  
INCINERATION  
INCISED  
INCISED KNIFE WOUND  
INCISED STAB WOUND  
INCISED WOUND  
INFRARED RAYS INJURY  
INJURY  
INSECT BITE  
INSECT BITE HYPERSENSITIVITY  
INSECT STING

**J –**  
JELLYFISH STING

**K –**  
KNIFE WOUND

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

**M –**  
MANGLED  
MUTILATION

**N –**  
NEGLECT

**O –**

OVEREXERCISED  
OVEREXERTION  
OVEREXPOSURE  
OVERHEATED

**P –**

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

**R –**

RADIOACTIVE FALLOUT  
RAPE  
REPTILE BITE  
RUPTURE

**S –**

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

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

- A Cataclysmic Events Causing any Accident or Injury - see page H-2**
- B Transports - see page H-3**
- C Fire and Flames - see page H-18**
- D Explosions - see page H-23**
- E Excessive or Exposure to Natural and Environmental Factors - see page H-24**
- F Bites, Stings, Poisoning, Reactions to, Other Injuries by Animals and Plants - see page H-26**
- G Hot Substance or Object, Caustic or Corrosive Material, and Steam - see page H-28**
- H Electrical Current - see page H-29**
- I Firearms - see page H-30**
- J Exposure to Radiation - see page H-31**
- K Drowning or Submersion with Activities in Water - see page H-32**
- L Circumstances Involving Suffocation, Strangulation, Obstruction, Aspiration, Choking, or Asphyxiation - see page H-34**
- M Tools, Appliances, and Sharp Objects (Includes Lawn Mowers) - see page H-36**
- N Machinery in Operation - see page H-38**
- O Falling, Diving, Jumping, Pushed - see page H-39**
- P Abuse, Assault, Abandonment, Neglect - see page H-41**
- Q Legal Interventions and Operations of War - see page H-42**
- R Other – See Page H-44**

**A. CATAclySMIC EVENTS CAUSING ANY ACCIDENT OR INJURY**

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

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

**Includes:** A transport washed off the road by storm

<b>05:</b>	<b>Avalanche</b>
<b>10:</b>	<b>Blizzard</b>
<b>15:</b>	<b>Cloudburst</b>
<b>20:</b>	<b>Collapse of dam</b>
<b>25:</b>	<b>Cyclone</b>
<b>30:</b>	<b>Earthquake</b>
<b>35:</b>	<b>Flood</b> (Flood caused by melting snow, flood resulting from storm)
<b>40:</b>	<b>Hurricane</b>
<b>45:</b>	<b>Landslide</b>
<b>50:</b>	<b>Lightning</b> (With resulting fire - see Fire - C)
<b>55:</b>	<b>Mudslide</b>
<b>60:</b>	<b>Storm - unspecified</b>
<b>65:</b>	<b>Tidal wave caused by storm</b> (Tsunami)
<b>70:</b>	<b>Tidal wave unspecified or not caused by storm</b>
<b>75:</b>	<b>Tornado</b>
<b>80:</b>	<b>Torrential rain</b>
<b>85:</b>	<b>Transport washed off the road by a storm</b>
<b>90:</b>	<b>Volcanic eruption</b>
<b>88:</b>	<b>Other specified</b>
<b>99:</b>	<b>Unspecified</b>

**! STOP !**

End of Cataclysmic Events Causing Any Accident or Injury

**B. TRANSPORTS** (page 1 of 15)1. Type of vehicle**Motor Vehicle Designed Primarily for On-road Use**

- 01: Automobile** (Car, minivan, minibus)
- 02: Truck** (Pickup)
- 03: Van**
- 04: Heavy transport vehicle** (Tractor-trailer truck, panel truck)
- 05: Bus**
- 06: Motor vehicle** (Stated as Motor Vehicle or MV)
- 07: Stated "Traffic Accident", no vehicle specified on record**

**Motorcycle:**

- 08: Motorcycle, motorscooter** (Includes motorized bicycle, motorcycle with sidecar)
- 09: Motorized tricycle**
- 10: Moped**

**Work Vehicle (in transit)**

- 11: Industrial vehicle** (Coal car, logging car, battery powered vehicle, baggage truck, other)
- 12: Tractor**
- 13: Other agricultural vehicle** (Combine, harvester)
- 14: Construction vehicle** (Road scraper, road grader, backhoe, snowplow)
- 15: Bulldozer**

**Recreational Vehicle**

- 16: All-terrain vehicle** (ATV)
- 17: Off-road vehicle** (Go cart, minibike, dirt bike, race car, three wheeler, golf cart)
- 18: Snowmobile**

**Other (in transit)**

- 20: Other ground transport** (Army tank, hovercraft over land)

**MORE ON NEXT PAGE****! C O N T I N U E next page !**

**B. TRANSPORTS** (page 2 of 15)1. Type of vehicle - continued**Watercraft**

- 21: Merchant ship**
- 22: Passenger ship** (Ferry, liner)
- 23: Ship, unspecified**
- 24: Fishing boat, powered**
- 25: Fishing boat, unpowered**
- 26: Fishing boat, unspecified**
- 27: Sailboat**
- 28: Yacht**
- 29: Canoe or Kayak**
- 30: Inflatable craft** (Unpowered, raft)
- 31: Water-skis**
- 32: Other powered watercraft** (Hovercraft over water, jetski, powerboat)
- 33: Other unpowered watercraft** (Surf board, wind surfer)
- 34: Unspecified watercraft** (Boat)

**Aircraft - Powered**

- 35: Helicopter** (Non-military)
- 36: Ultralight** (Microlight, powered glider)
- 37: Private airplane**
- 38: Commercial airplane** (Commercial jet, 747, etc.)
- 39: Military aircraft** (C-130, F-15, military helicopter, etc.)
- 40: Space craft**
- 43: Other specified powered aircraft** (Airplane, jet, Cessna, blimp, etc.)

MORE ON NEXT PAGE

**! C O N T I N U E next page !**

**B. TRANSPORTS** (page 3 of 15)1. Type of vehicle - continued**Aircraft - Unpowered and Unspecified**

- 44: Balloon**
- 45: Hang glider**
- 46: Glider**
- 47: Parachute**
- 48: Other specified non-powered aircraft (Kite)**
- 49: Unspecified non-powered aircraft**
- 50: Unspecified aircraft**

**Railed Vehicle**

- 51: Railway train (Subway)**
- 52: Streetcar (Cable car on rails, tram, trolley)**

**Other Vehicles**

- 53: Cable car (Not on rails or unspecified)**
- 54: Ski lift, gondola**
- 55: Ice yacht, land yacht**
- 56: Other**

**Non-Motor Vehicle**

- 57: Pedal cycle (Bicycle, tricycle)**
- 58: Other**

**Animal**

- 59: Animal being ridden**
- 60: Animal drawn vehicle**
- 61: Other**

**Objects Set in Motion by**

- 62: Railway train**
- 63: Motor vehicle**
- 64: Non-motor vehicle**
  
- 88: Other specified**
- 99: Unspecified**

**! C O N T I N U E next page !**

**B. TRANSPORTS** (page 4 of 15)2. Location of transport at time of accident<sup>1</sup>

- |            |  |
|------------|--|
| <b>01:</b> | <b>On highway</b> (Being driven on, left, ran off: highway, street, road, military reservation, alley, Route #, roadway) |
| <b>02:</b> | <b>Off highway</b> (Being driven: home, yard, parking lot, farm, park, school grounds)                                   |
| <b>03:</b> | <b>Left highway and re-entered</b>   |
| <b>04:</b> | <b>Stationary</b> (Parked car, car in garage)  |
| <b>05:</b> | <b>At airport, on runway, arriving, landing, departing, taking off</b>   |
| <b>06:</b> | <b>In flight, enroute, midair</b>  |
| <b>07:</b> | <b>Railway yard, railway track, railroad</b>   |
| <b>08:</b> | <b>In water</b> (Lake, river, ocean)   |
| <b>88:</b> | <b>Other specified</b>   |
| <b>99:</b> | <b>Unspecified</b>   |

**! C O N T I N U E next page !**

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<sup>1</sup>If Location not reported in term, use information from Place of Injury. If Place of Injury is not stated, enter 99.

**B. TRANSPORTS** (page 5 of 15)

3. Collision
  - 3a. Collision with

**SS: Skip** (No collision mentioned)<sup>2</sup>

**Motor Vehicle Designed Primarily for On-road Use**

- 01: Automobile** (Car, minivan, minibus)
- 02: Truck** (Pickup)
- 03: Van**
- 04: Heavy transport vehicle** (Tractor-trailer truck, panel truck)
- 05: Bus**
- 06: Motor vehicle** (Stated as Motor Vehicle or MV)
- 07: Stated "Traffic Accident", no vehicle specified on record**

**Motorcycle**

- 08: Motorcycle, motorscooter** (Includes motorized bicycle, motorcycle with sidecar)
- 09: Motorized tricycle**
- 10: Moped**

**Work Vehicle (in transit)**

- 11: Industrial vehicle** (Coal car, logging car, battery powered vehicle, baggage truck, other)
- 12: Tractor**
- 13: Other agricultural vehicle** (Combine, harvester)
- 14: Construction vehicle** (Road scraper, road grader, backhoe, snowplow)
- 15: Bulldozer**

**1. MORE ON NEXT PAGE**

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<sup>2</sup>PC Data Entry: If SS is entered for 3a, SS will automatically be assigned for 3b.

**B. TRANSPORTS** (page 6 of 15)

3. Collision - continued
- 3a. Collision with – continued

**Recreational Vehicle**

- 16: All-terrain vehicle** (ATV)
- 17: Off-road vehicle** (Go cart, minibike, dirt bike, race car, three wheeler, golf cart)
- 18: Snowmobile**

**Other (in transit)**

- 20: Other ground transport** (Army tank, hovercraft over land)

**Watercraft**

- 21: Merchant ship**
- 22: Passenger ship** (Ferry, liner)
- 23: Ship, unspecified**
- 24: Fishing boat, powered,**
- 25: Fishing boat, unpowered**
- 26: Fishing boat, unspecified**
- 27: Sailboat**
- 28: Yacht**
- 29: Canoe or Kayak**
- 30: Inflatable craft** (Unpowered, raft)
- 31: Water-skis**
- 32: Other powered watercraft** (Hovercraft over water, jetski, powerboat)
- 33: Other unpowered watercraft** (Surf board, wind surfer)
- 34: Unspecified watercraft** (Boat)

**MORE ON NEXT PAGE****! C O N T I N U E next page !**

**B. TRANSPORTS** (page 7 of 15)

3. Collision - continued
- 3a. Collision with – continued

**Aircraft - Powered**

- 35: **Helicopter** (Non-military)
- 36: **Ultralight** (Microlight, powered glider)
- 37: **Private airplane**
- 38: **Commercial airplane** (Commercial jet, 747, etc.)
- 39: **Military aircraft** (C-130, F-15, military helicopter, etc.)
- 40: **Space craft**
- 43: **Other specified powered aircraft** (Airplane, jet, Cessna, blimp, etc.)

**Aircraft - Unpowered and Unspecified**

- 44: **Balloon**
- 45: **Hang glider**
- 46: **Glider**
- 47: **Parachute**
- 48: **Other specified non-powered aircraft** (Kite)
- 49: **Unspecified non-powered aircraft**
- 50: **Unspecified aircraft**

**Railed Vehicle**

- 51: **Railway train** (Subway)
- 52: **Streetcar** (Cable car on rails, tram, trolley)

**Other Vehicles**

- 53: **Cable car** (Not on rails or unspecified)
- 54: **Ski lift, gondola**
- 55: **Ice yacht, land yacht**
- 56: **Other**

**MORE ON NEXT PAGE****! C O N T I N U E next page !**

**B. TRANSPORTS** (page 8 of 15)

3. Collision - continued  
3a. Collision with – continued

**Non-Motor Vehicle**

**57: Pedal cycle** (Bicycle, tricycle)

**58: Other**

**Animal**

**59: Animal being ridden**

**60: Animal drawn vehicle**

**61: Other** (Includes hitting animal, deer, cow, etc.)

**Objects Set in Motion by**

**62: Railway train**

**63: Motor vehicle**

**64: Non-motor vehicle**

**65: Pedestrian or pedestrian conveyance** (Skateboard, sled, wheelchair)

**Stationary Object**

**66: Object normally on highway** (Tree, bridge, abutment, overpass, ditch, post, guardrail, mailbox, weight station, welcome center)

**67: Objects normally off highway** (House, other buildings, commercial or private)

**68: Unspecified object** (Fixed object)

**88: Other specified**

**99: Unspecified**

**! C O N T I N U E next page !**

**B. TRANSPORTS** (page 9 of 15)3. Collision - continued3b. Location of transport at time of collision<sup>3, 4</sup>**SS: Skip** (No collision mentioned)<sup>5</sup>**01: On highway** (road, street, alley)**02: Off highway** (off road), (off street), (off highway property)**03: On roadway****04: Off roadway** (off travel portion of road)**06: In flight, enroute, midair****08: In water** (lake, river, ocean)**88: Other specified** (runway)**99: Unspecified****! C O N T I N U E next page !**

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<sup>3</sup>If Location not reported in term, use information from Place of Injury. If Place of Injury is not stated, enter 99.

<sup>4</sup>Location of transport at time of collision:  
Left or ran off highway, road, street---enter 02.  
Left or ran off roadway---enter 04.

<sup>5</sup>PC Data Entry: If SS is entered for 3a, SS will automatically be assigned for 3b.

**B. TRANSPORTS** (page 10 of 15)

4. Other circumstances  
 4a. Involving vehicle

<b>01:</b>	<b>Loss of control of vehicle</b> (Derailment, overturned, skidded, ran off road or roadway)
<b>02:</b>	<b>Submerging, sinking</b> (Overturned boat)
<b>03:</b>	<b>Explosion, fire, or burning of vehicle</b>
<b>04:</b>	<b>Object thrown on, fell on or in</b>
<b>05:</b>	<b>Machinery accident on transport</b>
<b>06:</b>	<b>Excessive heat in or from transport</b>
<b>88:</b>	<b>Other specified</b>
<b>99:</b>	<b>Unspecified</b>

- 4b. Involving victim

<b>01:</b>	<b>Fell</b> (Or other accident) <b>while boarding or alighting</b>
<b>02:</b>	<b>Inhaled or poisoned by carbon monoxide, exhaust fumes, and smoke from vehicle</b>
<b>Fell in, on, or from Vehicle</b>	
<b>03:</b>	<b>On stairs or ladder</b>
<b>04:</b>	<b>Other fall from one level to another, fall from any vehicle, animal</b>
<b>05:</b>	<b>Other and unspecified fall</b>
<b>06:</b>	<b>Run over by, knocked down by, entangled in vehicle, struck by</b>
<b>07:</b>	<b>Injury from moving part or breakage of part, thrown against some part of, sucked into jet, hit by propeller.</b>
<b>08:</b>	<b>Thrown from, ejected from</b>
<b>09:</b>	<b>Drowning, submersion, fell from or washed overboard</b>
<b>10:</b>	<b>Crushed between transports</b>
<b>11:</b>	<b>Electrocuted</b>
<b>88:</b>	<b>Other specified</b> (Pinned under)
<b>99:</b>	<b>Unspecified</b>

**! C O N T I N U E next page !**

**B. TRANSPORTS** (page 11 of 15)

5. Decedent information  
5a. Status of decedent

**Person in or on Vehicle**

- 01: Driver** (Motorcyclist)  
**02: Passenger**  
**03: Occupant**  
**04: Rider** (Riding, in back of truck)  
**05: Rider on outside of vehicle**  
**06: Crew** (Railroad conductor, engineer, pilot, flight attendant)

**Person Not in or on Vehicle<sup>6</sup>**

- 07: Pedestrian**  
**08: Airline ground crew**  
**09: Person on ground injured in air transport accident**  
**10: Water skier**  
**11: Swimmer**  
**12: Dock worker, stevedore**

**Other**

- 88: Other specified position**  
**99: Unspecified position** (Bicyclist, pedal cyclist)

**! C O N T I N U E next page !**

<sup>6</sup>For PC Data Entry: Question 5b will automatically be assigned code SS if Status of Decedent is not in or on vehicle.

**B. TRANSPORTS** (page 12 of 15)

5. Decedent information - continued  
 5b. Decedent was occupant of which vehicle

**SS: Skip, decedent was not occupant of vehicle<sup>7</sup>**

**77: Different types of vehicles stated, unclear which vehicle decedent was in**

**Motor Vehicle Designed Primarily for On-road Use**

- 01: Automobile** (Car, minivan, minibus)  
**02: Truck** (Pickup)  
**03: Van**  
**04: Heavy transport vehicle** (Tractor-trailer truck, panel truck)  
**05: Bus**  
**06: Motor vehicle** (Stated as Motor Vehicle or MV)  
**07: Stated "Traffic Accident", no vehicle specified on record**

**Motorcycle**

- 08: Motorcycle, motorscooter** (Includes motorized bicycle, motorcycle with sidecar)  
**09: Motorized tricycle**  
**10: Moped**

**Work Vehicle (in transit)**

- 11: Industrial vehicle** (Coal car, logging car, battery powered vehicle, baggage truck, other)  
**12: Tractor**  
**13: Other agricultural vehicle** (Combine, harvester)  
**14: Construction vehicle** (Road scraper, road grader, backhoe, snowplow)  
**15: Bulldozer**

**MORE ON NEXT PAGE**

**! C O N T I N U E next page !**

<sup>7</sup>PC Data Entry: If person is not in or on vehicle, question 5b will automatically be assigned code SS.

**B. TRANSPORTS** (page 13 of 15)

5. Decedent information - continued  
5b. Decedent was occupant of which vehicle – continued

**Recreational Vehicle**

- 16: **All-terrain vehicle** (ATV)  
17: **Off-road vehicle** (Go cart, minibike, dirt bike, race car, three wheeler, golf cart)  
18: **Snowmobile**

**Other (in transit)**

- 20: **Other ground transport** (Army tank, hovercraft over land)

**Watercraft**

- 21: **Merchant ship**  
22: **Passenger ship** (Ferry, liner)  
23: **Ship, unspecified**  
24: **Fishing boat, powered**  
25: **Fishing boat, unpowered**  
26: **Fishing boat, unspecified**  
27: **Sailboat**  
28: **Yacht**  
29: **Canoe or Kayak**  
30: **Inflatable craft** (Unpowered, raft)  
31: **Water-skis**  
32: **Other powered watercraft** (Hovercraft over water, jetski, powerboat)  
33: **Other unpowered watercraft** (Surf board, wind surfer)  
34: **Unspecified watercraft** (Boat)

**MORE ON NEXT PAGE**

**! C O N T I N U E next page !**

**B. TRANSPORTS** (page 14 of 15)

5. Decedent information - continued  
5b. Decedent was occupant of which vehicle – continued

**Aircraft - Powered**

- 35: Helicopter** (Non-military)  
**36: Ultralight** (Microlight, powered glider)  
**37: Private airplane**  
**38: Commercial airplane** (Commercial jet, 747, etc.)  
**39: Military aircraft** (C-130, F-15, military helicopter, etc.)  
**40: Space craft**  
**41: Involved in crop dusting, skywriting, airdrops, lowering materials, parachuting.**  
**42: Involved in storm or traffic surveillance, rescue** (Includes pilot or passenger of private plane).  
**43: Other specified powered aircraft** (Airplane, jet, Cessna, blimp, etc.)

**Aircraft - Unpowered and Unspecified**

- 44: Balloon**  
**45: Hang glider**  
**46: Glider**  
**47: Parachute**  
**48: Other specified non-powered aircraft** (Kite)  
**49: Unspecified non-powered aircraft**  
**50: Unspecified aircraft**

**Railed Vehicle**

- 51: Railway train** (Subway)  
**52: Streetcar** (Cable car on rails, tram, trolley)

**Other Vehicles**

- 53: Cable car** (Not on rails or unspecified)  
**54: Ski lift, gondola**  
**55: Ice yacht, land yacht**  
**56: Other**

**MORE ON NEXT PAGE****! C O N T I N U E next page !**

**B. TRANSPORTS** (page 15 of 15)

5. Decedent information - continued
  - 5b. Decedent was occupant of which vehicle – continued

**Non-Motor Vehicle****57: Pedal cycle** (Bicycle, tricycle)**58: Other****Animal****59: Animal being ridden****60: Animal drawn vehicle****61: Other****88: Other specified****99: Unspecified****! STOP !**

END OF TRANSPORTS

**C. FIRE AND FLAMES** (page 1 of 5)

**Excludes:** Fire caused by transport accident. Reselect B.

1. Origin of fire

<b>05:</b>	<b>Blowlamp</b>
<b>10:</b>	<b>Blowtorch</b>
<b>15:</b>	<b>Brazier</b>
<b>20:</b>	<b>Candle</b>
<b>25:</b>	<b>Cigarette/cigar/pipe</b>
<b>30:</b>	<b>Explosion</b>
<b>35:</b>	<b>Fireplace</b>
<b>40:</b>	<b>Furnace</b>
<b>45:</b>	<b>Lighter/match</b>
<b>50:</b>	<b>Lightning</b>
<b>55:</b>	<b>Stove, heater (Gas, wood, electric)</b>
<b>60:</b>	<b>Welding torch</b>
<b>65:</b>	<b>Wiring, electric</b>
<b>88:</b>	<b>Other specified</b>
<b>99:</b>	<b>Unspecified</b>

**! C O N T I N U E next page !**

**C. FIRE AND FLAMES** (page 2 of 5)2. If fire caused by explosion, indicate agent**SS: No explosion involved****Pressurized Materials**

- 10: Aerosol can**
- 11: Boiler, hot water heater**
- 12: Gas cylinder, air tank**
- 13: High-pressure jet** (Hydraulic jet, pneumatic jet)
- 14: Motor vehicle tire**
- 15: Pressurized pipe or hose**
- 16: Unspecified pressure vessel**

**Explosive Materials**

- 20: Gas, gasoline, methane, propane** (Heater, stove)
- 21: Kerosene, oil** (Heater, stove)
- 22: Fireworks**
- 23: Blasting materials** (Dynamite)
- 24: Acetylene**
- 25: Butane**
- 26: Bomb**
- 27: Unspecified explosive material**
  
- 30: In mine**
  
- 88: Other specified** (Unspecified stove)
- 99: Unspecified**

**! C O N T I N U E next page !**

**C. FIRE AND FLAMES** (page 3 of 5)3. Fire located in

- 01: Private dwelling**  
(Apartment, boarding house, camping place, caravan, farmhouse, home, house, lodging house, private garage, rooming house, tenement)
- 02: Other building or structure**  
(Barn, church, convalescent or nursing home, factory, farm out-building, hospital, hotel, educational institution, dormitory, school, shop, store, theater)
- 03: Not in building or structure**  
(Stationary vehicle, forest, field (prairie), mine, bonfire, campfire, trash fire)
- 88: Other specified**
- 99: Unspecified**

4. Resulted in large uncontrolled fire

- 01: Yes** (Indications of uncontrolled fire such as “housefire,” “house burned”, “fire in home”, or fire AND place of injury is reported as HOME, unless indications that fire was restricted to a specific area in the home)
- 02: No** (Indication of controlled fire limited to a piece of furniture, a single room, or a limited area, bonfire, campfire, trash fire)
- 99: Unspecified**

CONTINUE next page !

**C. FIRE AND FLAMES** (page 4 of 5)5. Fire ignited**Explosive Materials**

- 01: Highly inflammable liquids and material (Benzene, gasoline, kerosene)
- 02: Blasting materials
- 03: Explosive gases
- 04: Other explosives

**Clothing**

- 21: Bed, bed linens, bedspread
- 22: Nightwear (Pajamas, night gown)
- 23: **Other clothes and apparel** (Dress, melting of plastic jewelry)

**88: Other specified****99: Unspecified**

!CONTINUE next page!

**C. FIRE AND FLAMES** (page 5 of 5)6. Victim<sup>8</sup>

**05: Burned, thermal injury**  
**10: Cremated, incinerated**  
**15: Jumped from burning building**  
**20: Building collapsed**  
**25: Fell into fire**

**Asphyxiated by, Inhaled, Suffocated, Poisoned by, Intoxicated by**

**30: Smoke, soot**  
**35: Carbon monoxide**  
**40: Fumes from PVC**  
**45: Fumes, gas (Noxious, unspecified source)**  
**50: Inhalation of flames**  
**55: Products of combustion**  
**60: Was asphyxiated (Suffocated) - means unspecified**

**88: Other specified**  
**99: Unspecified**

**! S T O P !**

END OF FIRE AND FLAMES

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<sup>8</sup>When more than one category applies, select code for first reported injury on record.

**D. EXPLOSIONS** (Burned by, blistered by, knocked down by, fell because of) (page 1 of 1)

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

(Explosion of)

**Pressurized Materials**

- 10: Aerosol can**
- 11: Boiler, hot water heater**
- 12: Gas cylinder, air tank**
- 13: High-pressure jet** (Hydraulic jet, pneumatic jet)
- 14: Motor vehicle tire**
- 15: Pressurized pipe or hose**
- 16: Unspecified pressure vessel**

**Explosive Materials**

- 20: Gas, gasoline, methane, propane** (Heater, stove)
- 21: Kerosene, oil** (Heater, stove)
- 22: Fireworks**
- 23: Blasting materials** (Dynamite)
- 24: Acetylene**
- 25: Butane**
- 26: Bomb**
- 27: Unspecified explosive material**
  
- 30: In mine**
  
- 88: Other specified** (Unspecified stove)
- 99: Unspecified**

**! S T O P !**

END OF EXPLOSIONS

**E. EXCESSIVE OR EXPOSURE TO NATURAL AND ENVIRONMENTAL FACTORS** (page 1 of 2)**Heat, Cold, Weather, and Environment** (codes 01-12)

- 01: Heat due to weather conditions**
- 02: Heat of manmade origin**
- 03: Heat unspecified origin**
- 04: Cold due to weather conditions** (Includes indications of being outside)
- 05: Cold of manmade origin**
- 06: Cold other specified origin**
- 07: Cold unspecified origin**
- 08: Weather** (Unspecified hot or cold, natural environment)
- 09: Exposure to sunlight** (Sun stroke)
- 10: Other specified exposure to environment**
- 11: Unspecified exposure to environment**
- 12: Exposure, unspecified**

**High and Low Air Pressure and Changes in Air Pressure** (codes 21-26)

- 21: Residence or prolonged visit at high altitude**
- 22: In aircraft**
- 23: Due to diving**
- 24: Surfacing from underground**
- 25: Other specified causes**
- 26: Unspecified**

**Neglect or Abandonment** (codes 31-37)

- 31: By spouse or partner**
- 32: By parent, step-parent**
- 33: By acquaintance or friend** (Boss, co-worker)
- 34: By official authority**
- 35: By other relative** (Brother, sister, etc.)
- 36: By other specified persons**
- 37: By unspecified person** (Assailant, mugger, robber, vague reference to the person)

**MORE ON NEXT PAGE****! C O N T I N U E next page !**

**E. EXCESSIVE OR EXPOSURE TO NATURAL AND ENVIRONMENTAL FACTORS** (page 2 of 2)**Hunger, Thirst** (codes 38-40)**38: Lack of food****39: Lack of water****40: Privation, unqualified****Other** (codes 50-55)**50: Overexertion, strenuous exercise** (Running, lifting heavy objects, rowing, etc.)**51: Prolonged stay in weightless environment****52: Noise, sound waves, supersonic waves****53: Vibration****54: Travel and motion****55: Abnormal gravitational (G) forces****88: Other specified****99: Unspecified****! S T O P !****END OF EXCESSIVE OR EXPOSURE TO NATURAL AND ENVIRONMENTAL FACTORS**

**F. BITES, STINGS, POISONING, REACTIONS TO, OTHER INJURIES  
BY ANIMALS AND PLANTS** (page 1 of 2)

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

1. STATED as venomous or nonvenomous

<b>01: Stated as venomous or poisonous</b>
<b>02: Stated as nonvenomous or nonpoisonous</b>
<b>99: Not stated</b>

**! C O N T I N U E next page !**

**F. BITES, STINGS, POISONING, REACTIONS TO, OTHER INJURIES BY ANIMALS AND PLANTS (page 2 of 2)**

2. Type animal or plant

<b>Mammals</b>	<b>Reptiles</b>
<b>01: Bull</b>	<b>22: Crocodile, alligator</b>
<b>02: Cat</b>	<b>23: Viper</b>
<b>03: Cow</b>	<b>24: Snake</b>
<b>04: Dog</b>	<b>25: Lizard</b>
<b>05: Horse (Mule, donkey, burro, pony, etc.)</b>	<b>26: Other reptile (Gila monster)</b>
<b>06: Pig</b>	<b>Marine Animals</b>
<b>07: Rat</b>	<b>30: Jelly fish</b>
<b>08: Rodents other than rats</b>	<b>31: Shark</b>
<b>09: Other mammal (Excluding marine animals)</b>	<b>32: Sea snake</b>
	<b>33: Other marine animal (Sea urchin, sea cucumber, whale, nematocysts)</b>
<b>Insects/Arthropods</b>	<b>40: Bird (Any kind)</b>
<b>10: Bee</b>	<b>Plants (contact with)</b>
<b>11: Centipede</b>	<b>50: Plant thorns, spines, and sharp leaves</b>
<b>12: Millipede</b>	<b>51: Marine plants</b>
<b>13: Hornet</b>	<b>52: Other plants</b>
<b>14: Scorpion</b>	
<b>15: Tarantula</b>	
<b>16: Spider (Any kind, excluding Tarantula)</b>	
<b>17: Wasp</b>	
<b>18: Yellow jacket</b>	
<b>19: Tick</b>	
<b>20: Other insect (Ant)</b>	
<b>21: Other arthropod (Caterpillar)</b>	
<b>88: Other specified animal</b>	
<b>99: Unspecified plant or animal</b>	

**! S T O P !**

**END OF BITES, STINGS, POISONING, REACTIONS TO, OTHER INJURIES BY ANIMALS AND PLANTS**

**G. HOT SUBSTANCE OR OBJECT, CAUSTIC OR CORROSIVE MATERIAL, AND STEAM** (Scalded by, burned by, fell onto) (page 1 of 1)

**Excludes:** Heat caused by a fire. Reselect C.

**Hot Liquids and Vapors Including Steam**

- 01: Hot tap water** (Water from faucet, bathtub, bucket, water hose, etc.)
- 02: Hot food, drink, fat, cooking oil**
- 03: Other liquids** (Boiling, hot, water heated on stove, etc.)
- 04: Hot metal** (Liquid metal)
- 05: Steam, hot vapors**
- 06: Hot air and gases**

**Caustic and Corrosive Substances**

- 10: Acid**
- 11: Ammonia**
- 12: Oven cleaner**
- 13: Lye**
- 14: Chemicals**
- 15: Other and unspecified caustic or corrosive substance**

**Other**

- 20: Heat from electric appliance**
- 21: Household appliance, hot object** (Iron, coffee pot, toaster, hot plate)
- 22: Stove** (Electric, gas)
- 23: Other heating appliances** (Radiators, pipes, heating pads)
- 24: Hot engine, machine or tools**
  
- 88: Other specified hot substance or object**
- 99: Unspecified hot substance or object**

**! S T O P !**

**END OF HOT SUBSTANCE OR OBJECT, CAUSTIC OR CORROSIVE MATERIAL, AND STEAM**

**H. ELECTRICAL CURRENT** (Burn, cardiac fibrillation, convulsion, electric shock, electrocution, puncture wound, respiratory paralysis) (page 1 of 1)

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

Caused by:

- 05: Transmission line** (Over 500 volts, high tension, power line, high voltage line) (Anywhere)
- 10: Broken power line** (Broken transmission line) (Anywhere)
- 15: Domestic wiring and appliances** (Up to 220 volts)
- 20: Distribution station** (Over 500 volts, includes generating plant)
- 25: Industrial wiring and appliances** (Plant, factory, transformer)
- 30: Other wiring and appliances** (Farm wiring but not farmhouse, outdoors, public building, residential construction, school, outside TV antenna)
- 88: Other specified**
- 99: Unspecified**

**! S T O P !**

END OF ELECTRICAL CURRENT

**I. FIREARMS** (page 1 of 1)

1. Type of weapon

<b>05:</b>	<b>Pistol (Handgun)</b>		
	Revolver	<b>38</b>	<b>Caliber</b> Saturday night special
	<b>25</b> Caliber	<b>45</b>	<b>Caliber</b>
	<b>32</b> Caliber	<b>357</b>	<b>Magnum</b>
<b>10:</b>	<b>Shotgun</b> (8, 10, 12, 16, 20, 410 gauge, buckshot)		
<b>15:</b>	<b>Rifle</b> (Hunting), <b>30.06</b> (30 ought 6), <b>30/30</b> , <b>25.06</b> (25 ought 6), <b>308</b>		
<b>20:</b>	<b>Military</b>		
	<b>M1</b>	<b>M14</b>	<b>Army rifle</b>
	<b>M1 carbine</b>	<b>M16</b>	
	<b>Machine gun</b>	<b>AK47</b>	
<b>88:</b>	<b>Other specified</b>		
	<b>Verey pistol (Flare)</b>	<b>Pellet pistol</b>	<b>BB gun</b>
	<b>Airgun</b>	<b>Pellet gun</b>	
<b>99:</b>	<b>Unspecified</b>		
	<b>22</b> Caliber gun		
	<b>30</b> Caliber gun		

2. Circumstances

<b>01:</b>	<b>Playing Russian Roulette</b>
<b>02:</b>	<b>While cleaning, handling or playing with gun</b>
<b>03:</b>	<b>Hunting</b>
<b>04:</b>	<b>Shot by police</b> (Security guard)
<b>05:</b>	<b>Shot by other person</b>
<b>06:</b>	<b>Self-inflicted, shot self</b>
<b>88:</b>	<b>Other specified</b>
<b>99:</b>	<b>Unspecified shooting</b> (Shot)

**! S T O P !**

END OF FIREARMS

**J. EXPOSURE TO RADIATION** (Overexposure to, exposure to, burns from, blistering, burning) (page 1 of 1)

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

**05: Radio frequency radiation**

**10: Infrared heaters and lamps**

**Visible & Ultraviolet Light Sources**

**15: Arc lamps**

**20: Sun rays**

**25: Tanning booth or bed**

**30: Welding arc**

**35: Other**

**40: X-rays**

**45: Lasers**

**50: Radioactive isotopes**

**55: Nuclear fuel**

**60: Natural radiation (Uranium)**

**88: Other specified**

**99: Unspecified**

**! S T O P !**

**END OF EXPOSURE TO RADIATION**

**K. DROWNING OR SUBMERSION WITH ACTIVITIES IN WATER**

(SPORTS, COMMERCE, RESCUE, BATHING) (fell, walked in, while in) (page 1 of 2)

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

1. Type of activity

<p><b>Sport or Recreation</b></p> <p><b>01: Diving</b></p> <p><b>03: Fishing</b></p> <p><b>05: Hunting</b></p> <p><b>07: Ice skating</b></p> <p><b>09: Playing or wading in water</b></p> <p><b>11: Scuba diving</b></p> <p><b>13: Skin diving</b></p> <p><b>15: Surf boarding</b></p> <p><b>17: Swimming</b></p> <p><b>19: Water skiing</b></p> <p><b>21: Other sport or recreation</b></p> <p><b>Swimming or Diving Involving Other Than Sport/Recreation</b></p> <p><b>41: Marine salvage</b></p> <p><b>43: Pearl diving</b></p> <p><b>45: Placement of fishing nets</b></p> <p><b>47: Rescuing another person</b></p> <p><b>49: Underwater construction</b></p> <p><b>50: Other commercial activity</b></p> <p><b>Other Activity</b></p> <p><b>88: Other specified (fell, jumped, pushed)</b></p> <p><b>99: Unspecified</b></p>
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**! C O N T I N U E next page !**

**K. DROWNING OR SUBMERSION WITH ACTIVITIES IN WATER**

(page 2 of 2)

2. Decedent fell, was pushed

<b>01:</b>	<b>Fell, slipped</b>
<b>02:</b>	<b>Jumped, pushed</b>
<b>99:</b>	<b>Unspecified</b>

3. Place

<b>05:</b>	<b>Bathtub (Bathing), jacuzzi, hot tub</b>
<b>10:</b>	<b>Quenching tank</b>
<b>15:</b>	<b>Pool (swimming, wadding)</b>
<b>20:</b>	<b>River</b>
<b>25:</b>	<b>Ocean (Sea, bay, salt water)</b>
<b>30:</b>	<b>Lake</b>
<b>35:</b>	<b>Pond</b>
<b>40:</b>	<b>Other natural body of water (Stream, creek, swamp, fresh water, brackish water, shore quarry)</b>
<b>88:</b>	<b>Other specified (reservoir, irrigation ditch, canal)</b>
<b>99:</b>	<b>Unspecified water</b>

**! S T O P !**

**END OF DROWNING OR SUBMERSION WITH ACTIVITIES IN WATER**

**L. CIRCUMSTANCES INVOLVING SUFFOCATION, STRANGULATION, OBSTRUCTION, ASPIRATION, CHOKING, OR ASPHYXIATION**

(Choked on, asphyxia by, suffocation by, obstruction of airway, strangulation, aspiration, inhalation foreign body) (page 1 of 2)

**1. Cause of circumstances**

- 01: Food** (Bone, food bolus, seed)
- 02: Gastric contents** (Vomitus, regurgitated food, fecal matter, stomach acid)
- 03: Nonfood** (Blood, medicine, mucus, secretion NOS, chewing gum, sputum)
- 04: Stated foreign body** (Foreign matter, foreign object) <sup>9</sup>
- 05: Plastic bag**
- 06: Enclosed space** (Shut in refrigerator, air-tight space)
- 07: Falling earth or other substance** (Cave-in)
- 08: Hanging, asphyxia, strangulation, or suffocation by device around neck** (Ligature)
- 09: Bed, crib, baby carriage, bed clothing, infants while asleep**
- 10: Strangulation, asphyxia, or suffocation not by foreign body** (Compression, constriction, pressure, mechanical, positional)
  
- 88: Other specified**
- 99: Unspecified**

**! C O N T I N U E next page !**

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<sup>9</sup>If foreign body is stated in the certification, but more specific information is reported elsewhere on the certificate, prefer codes 01, 02, or 03.

**L. CIRCUMSTANCES INVOLVING SUFFOCATION, STRANGULATION, OBSTRUCTION, ASPIRATION, CHOKING, OR ASPHYXIATION**

(page 2 of 2)

2. Location of obstruction

- |            |  |
|------------|--|
| <b>01:</b> | <b>Airway</b>                                      |
| <b>02:</b> | <b>Bronchus</b>                                    |
| <b>03:</b> | <b>Bronchiole</b>                                  |
| <b>04:</b> | <b>Esophagus</b>                                   |
| <b>05:</b> | <b>Intestine (Small, jejunum)</b>                  |
| <b>06:</b> | <b>Large Intestine (Colon)</b>                     |
| <b>07:</b> | <b>Larynx</b>                                      |
| <b>08:</b> | <b>Lung</b>  |
| <b>09:</b> | <b>Mouth</b>                                       |
| <b>10:</b> | <b>Nasopharynx, Oropharynx</b>                     |
| <b>11:</b> | <b>Nose</b>  |
| <b>12:</b> | <b>Pharynx</b>                                     |
| <b>13:</b> | <b>Respiratory</b>                                 |
| <b>14:</b> | <b>Stomach</b>                                     |
| <b>15:</b> | <b>Throat</b>                                      |
| <b>16:</b> | <b>Trachea</b>                                     |
| <b>88:</b> | <b>Other specified site</b>                        |
| <b>99:</b> | <b>Unspecified site or no obstruction reported</b> |

**! S T O P !**

**END OF CIRCUMSTANCES INVOLVING SUFFOCATION, STRANGULATION, OBSTRUCTION, ASPIRATION, CHOKING, OR ASPHYXIATION**

**M. TOOLS, APPLIANCES, AND SHARP OBJECTS** (page 1 of 2)

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

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

1. Act

<b>01:</b>	<b>Stabbed by</b>
<b>02:</b>	<b>Cut by</b>
<b>03:</b>	<b>Falling on</b>
<b>04:</b>	<b>Injured by</b>
<b>88:</b>	<b>Other specified</b>
<b>99:</b>	<b>Unspecified</b>

2. Type

<b>Powered</b>	
<b>01:</b>	<b>Hand tools</b> (Chain saw, drill, handsaw, hedge clipper, rivet gun, staple gun)
<b>02:</b>	<b>Household appliances and implements</b> (Blender, electric can opener, electric fan, electric knife)
<b>03:</b>	<b>Industrial tools</b> (Band saw, bench saw, circular saw, overhead plane, powered saw, radial saw, sander, lathe)
<b>Unpowered</b>	
<b>04:</b>	<b>Knives, swords, and daggers</b>
<b>05:</b>	<b>Other hand tools and implements</b> (Axe, can opener, chisel, fork, hoe, ice pick, needle, paper cutter, pitch fork, rake, razor, scissors, screwdriver, shovel)
<b>06:</b>	<b>Sharp object used during sport activity</b> (Arrow, dart)
<b>07:</b>	<b>Sharp object, excluding broken glass</b> (Lathe turnings, nail, splinter, sharp paper, tin can lid)
<b>08:</b>	<b>Broken glass</b>

**! C O N T I N U E next page !**

**M. TOOLS, APPLIANCES, AND SHARP OBJECTS (page 2 of 2)**

2. Type - continued

**Lawn Mower**

**09: Riding lawn mower**

**10: Powered lawn mower, powered push mower**

**11: Lawn mower, push mower, unspecified whether powered or unpowered**

**12: Non-powered lawn mower**

**88: Other specified**

**99: Unspecified**

**! S T O P !**

END OF TOOLS, APPLIANCES, AND SHARP OBJECTS

**N. MACHINERY IN OPERATION** (Overturned, ran over, fell in, fell on, crushed, pinned under, cut by) (page 1 of 1)

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

**01: Agricultural machine** (Tractor, harvester, hay mower, hay rake, combine, reaper, cotton gin, animal powered, thresher, other specified, unspecified)

**02: Mining and earth drilling machinery** (Under-cutter, bore, or drill)

**Lifting Machines and Appliances** (codes 03-06)

(Hoist, winch, crane, derrick, elevator, grain elevator, forklift)

**03: Used in agricultural operations**

**04: Used in mining operations**

**05: Other specified**

**06: Unspecified**

**07: Metal working machines** (Abrasive wheel, lathe, forging machine, metal drilling, sawing and milling machines, power press, rolling mill)

**08: Woodworking and forming machines** (Band saw, bench saw, circular saw, overhead plane, powered saw, radial saw, sander, lathe, drill)

**09: Transmission machinery** (Transmission belt, cable, chain, gear, pinion, pulley, shaft)

**10: Earth moving, scraping, and other excavating machines** (Bulldozer, road scraper, steam shovel)

**11: Water, gas, steam turbines and engines**

**88: Other specified**

**99: Unspecified**

**! STOP !**

END OF MACHINERY IN OPERATION

**O. FALLING, DIVING, JUMPING, PUSHED** (Fell, fall, dove, diving, jumped, was pushed) (page 1 of 2)

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

**From, on, out of, off, down**

- 01: Escalator**  
**02: Other stairs or steps** (Includes ice or snow on stairs/steps)  
**03: Ladder**  
**04: Scaffolding**  
**05: Residential structure** (Apartment, boarding house, camping place, caravan, farm house, home, house, lodging house, private garage, rooming house, tenement)  
**06: Building or other nonresidential structure** (Barn, church, convalescent or nursing home, factory, farm outbuilding, hospital, hotel, educational institution, dormitory, school, shop, store, theater)  
**07: Other manmade structure** (Bridge, flagpole, tower)  
**08: Cliff** (Mountain, while mountain climbing)  
**09: Tree**  
**10: Other natural structure or site** (Embankment)  
**11: Involving playground equipment**

**Fall Getting Out of or Striking Against**

- 12: Bed**  
**13: Chair**  
**14: Other furniture**

**MORE ON NEXT PAGE**

**! C O N T I N U E next page !**

**O. FALLING, DIVING, JUMPING, PUSHED (page 2 of 2)****Fall from**

- 15: Involving bed**
- 16: Involving chair**
- 17: Involving furniture**
  
- 18: Stationary vehicle**
- 19: Involving ice-skates, skis, roller-skates, skateboards or snowboards**
- 20: Other fall involving ice and snow (Same level)**
- 21: Other fall from one level to another (Curb, high place, height)**
- 22: Tripping, slipping, stumbling (Same level)**
- 23: While being carried by another person**
- 24: Involving wheelchair**

**Fall on Same Level from Push, Collision, or Shove of Another Individual**

- 30: In sports**
- 31: Human stampede**
- 32: Collision with another person or pedestrian conveyance**
- 33: Other and unspecified**

**Into (in)**

- 40: Well**
- 41: Storm drain or manhole**
- 42: Swimming pool**
- 43: Water (Rock quarry, sand pit)**
- 44: Pit, quarry (Without mention of water)**
- 45: Tub**
- 46: Other hole or opening (Elevator shaft)**
  
- 88: Other specified fall (Fall from or off toilet)**
- 99: Unspecified fall**

**! S T O P !**

END OF FALLING, DIVING, JUMPING, PUSHED

**P. ABUSE, ASSAULT, ABANDONMENT, NEGLECT (page 1 of 1)**

**Excludes:** Transports. Reselect B.

1. Circumstances

- |            |   |
|------------|---|
| <b>01:</b> | <b>Abandonment or neglect</b>                     |
| <b>02:</b> | <b>Beaten with blunt object</b> (Stick, ball bat) |
| <b>03:</b> | <b>Beaten</b> (Unspecified)                       |
| <b>04:</b> | <b>Involved in fight, brawl, or altercation</b>   |
| <b>05:</b> | <b>Mental abuse</b>                               |
| <b>06:</b> | <b>Physical abuse</b>                             |
| <b>07:</b> | <b>Sexual abuse</b>                               |
| <b>08:</b> | <b>Sexual assault</b> (Rape, sodomy)              |
| <b>09:</b> | <b>Abuse</b> (Unspecified)                        |
| <b>10:</b> | <b>Assault</b> (Unspecified)                      |
| <b>11:</b> | <b>Riot</b> (Unspecified)                         |
| <b>12:</b> | <b>Pushed or placed in front of moving object</b> |
| <b>88:</b> | <b>Other specified</b>                            |
| <b>99:</b> | <b>Other unspecified</b>                          |

2. By person

- |            |   |
|------------|---|
| <b>01:</b> | <b>Spouse or partner</b>  |
| <b>02:</b> | <b>Parent, step-parent</b>  |
| <b>03:</b> | <b>Acquaintance or friend</b> (Boss, co-worker)                           |
| <b>04:</b> | <b>By official authorities</b>  |
| <b>05:</b> | <b>By other relative</b> (Brother, sister, etc.)                          |
| <b>88:</b> | <b>Other specified persons</b>  |
| <b>99:</b> | <b>By unspecified person</b> (Assailant, mugger, robber, vague reference) |

**! S T O P !**

END OF ABUSE, ASSAULT, ABANDONMENT, NEGLECT

**Q. LEGAL INTERVENTIONS AND OPERATIONS OF WAR** (page 1 of 2)**Legal Execution**

- 01: Asphyxiation by gas**
- 02: Beheading, decapitation** (by guillotine)
- 03: Electrocution**
- 04: Hanging**
- 05: Lethal injection** (Poisoning)
- 06: Shooting**
- 07: Capital punishment, means unspecified** (Or other words to that effect)

**Other Legal Intervention**

- 08: Involving discharge of firearm**
- 09: Involving explosives**
- 10: Involving gas**
- 11: Involving blunt objects**
- 12: Involving sharp objects**
- 13: Other specified intervention**
- 14: Unspecified Intervention**

**! STOP !**

**Q. LEGAL INTERVENTIONS AND OPERATIONS OF WAR** (page 2 of 2)**Operations of War**

- 15: Occurring after cessation of hostilities** (Any method)
- 16: Involving explosion of marine weapons**
- 17: Involving destruction of aircraft**
- 18: Involving other explosives and fragments** (Unspecified)
- 19: Involving fires, conflagration, and hot substances**
- 20: involving firearm discharge and other forms of conventional warfare**
- 21: Involving nuclear weapons**
- 22: Involving biological weapons**
- 23: Involving chemical weapons**
- 24: Involving other forms of unconventional warfare**
- 25: Laser**
- 26: Unspecified operation of war**
  
- 88: Other specified**
- 99: Unspecified**

**! STOP !**

**END OF LEGAL INTERVENTIONS AND OPERATIONS OF WAR**

**R. OTHER** (page 1 of 1)

**01: Struck by falling object** (Mud, snowslide, stone, tree, stationary motor vehicle)

**Struck Against or Struck by People**

**02: In sports**

**03: In crowd stampede**

**04: In running water**

**05: Other**

**Struck Against or Struck by Object**

**06: In sports, with sporting equipment**

**07: In running water**

**08: High pressure jet** (Hydraulic jet, pneumatic jet)

**09: Other**

**10: Hit, twisted, kicked by person**

**11: Bitten by person**

**12: Caught in between objects**

**Tripping or Stumbling**

**13: Over animal**

**14: Over rug or other object**

**15: Over other person**

**! STOP!**

**END OF OTHER**

# APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

## Certificate 1

<b>Certificate Number</b>		<b>Sex</b>		<b>Date of Death</b>	
000001		F		01/01	
<b>Age Unit</b>		<b>Age Field</b>		<b>State of Death</b>	
68		YEARS		AS	
<b>Part I</b>				<b>Duration</b>	
a. CEREBRAL THROMBOSIS				7 WKS	
b. RENAL FAILURE				4 WKS	
c. PNEUMONIA				1 WK	
d.					
<b>Part II</b>					
<b>Was Autopsy Performed</b>		<b>Were Autopsy Finding Used</b>		<b>Tobacco Use Contribute to death</b>	
				Y	
<b>Pregnancy</b>		<b>Manner of Death</b>		<b>Date of Surgery</b>	<b>Activity Code</b>
1		N			
<b>Date of Injury</b>		<b>Time of Injury</b>		<b>Injury at Work</b>	
<b>Place of Injury</b>					
<b>Injury Description</b>					
<b>Transportation, Specify</b>					
<b>Certifier</b>	D	<b>State Specific Data</b>			

# APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

## Certificate 2

<b>Certificate Number</b>		<b>Sex</b>	<b>Date of Death</b>	
000002		M	01/01	
<b>Age Unit</b>		<b>Age Field</b>		<b>State of Death</b>
34		YEARS		AS
<b>Part I</b>			<b>Duration</b>	
a. CONGESTIVE HEART FAILURE				
b. STOMACH ULCER WITH HEMORRHAGE				
c.				
d.				
<b>Part II: MYOCARDIAL INFARCTION; CANCER OF BREAST; CIRCULATORY</b>				
INSUFFICIENCY				
<b>Was Autopsy Performed</b>		<b>Were Autopsy Finding Used</b>		<b>Tobacco Use Contribute to death</b>
				Y
<b>Pregnancy</b>		<b>Manner of Death</b>		<b>Date of Surgery</b>
		N		
<b>Date of Injury</b>		<b>Time of Injury</b>		<b>Injury at Work</b>
<b>Place of Injury</b>				
<b>Injury Description</b>				
<b>Transportation, Specify</b>				
<b>Certifier</b>	D	<b>State Specific Data</b>		

# APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

## Certificate 3

<b>Certificate Number</b>		<b>Sex</b>		<b>Date of Death</b>	
000003		F		01/01	
<b>Age Unit</b>		<b>Age Field</b>		<b>State of Death</b>	
79		YEARS		AS	
<b>Part I</b>				<b>Duration</b>	
a.. PULMONARY EDEMA				ACUTE	
b. MYOCARDIAL INFARCTION				3 MO	
c. ARTERIOSCLEROTIC HEART DISEASE					
d.					
<b>Part II</b>					
<b>Was Autopsy Performed</b>		<b>Were Autopsy Finding Uses</b>		<b>Tobacco Use Contribute to death</b>	
				N	
<b>Pregnancy</b>		<b>Manner of Death</b>		<b>Date of Surgery</b>	<b>Activity Code</b>
1		N			
<b>Date of Injury</b>		<b>Time of Injury</b>		<b>Injury at Work</b>	
<b>Place of Injury</b>					
<b>Injury Description</b>					
<b>Transportation, Specify</b>					
<b>Certifier</b>	M	<b>State Specific Data</b>			

# APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

## Certificate 4

<b>Certificate Number</b>		<b>Sex</b>	<b>Date of Death</b>	
000004		M	01/01	
<b>Age Unit</b>		<b>Age Field</b>	<b>State of Death</b>	
48		YEARS	AS	
<b>Part I</b>			<b>Duration</b>	
a. BRONCHOPNEUMONIA WITH ABSCESS				
b. GASTRIC ULCERS, CAUSE UNKNOWN				
c. RHEUMATOID ARTHRITIS				
d.				
<b>Part II: WIDESPREAD CARCINOMA OF LUNG</b>				
<b>Was Autopsy Performed</b>		<b>Were Autopsy Finding Uses</b>	<b>Tobacco Use Contribute to death</b>	
<b>Pregnancy</b>		<b>Manner of Death</b>	<b>Date of Surgery</b>	<b>Activity Code</b>
		N		
<b>Date of Injury</b>		<b>Time of Injury</b>	<b>Injury at Work</b>	
<b>Place of Injury</b>				
<b>Injury Description</b>				
<b>Transportation, Specify</b>				
<b>Certifier</b>	CORONER	<b>State Specific Data</b>		

# APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

## Certificate 5

<b>Certificate Number</b>		<b>Sex</b>		<b>Date of Death</b>	
000005		F		01/01	
<b>Age Unit</b>		<b>Age Field</b>		<b>State of Death</b>	
56		YEARS		AS	
<b>Part I</b>				<b>Duration</b>	
a. PULMONARY EMBOLISM				.	
b. CORONARY BYPASS GRAFT					
c. ASHD					
d.					
<b>Part II:</b>					
<b>Was Autopsy Performed</b>		<b>Were Autopsy Finding Uses</b>		<b>Tobacco Use Contribute to death</b>	
				U	
<b>Pregnancy</b>		<b>Manner of Death</b>		<b>Date of Surgery</b>	<b>Activity Code</b>
		N			
<b>Date of Injury</b>		<b>Time of Injury</b>		<b>Injury at Work</b>	
<b>Place of Injury</b>					
<b>Injury Description</b>					
<b>Transportation, Specify</b>					
<b>Certifier</b>	M	<b>State Specific Data</b>			

# APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

## Certificate 6

<b>Certificate Number</b>		<b>Sex</b>		<b>Date of Death</b>	
000006		F		01/01	
<b>Age Unit</b>		<b>Age Field</b>		<b>State of Death</b>	
50		YEARS		AS	
<b>Part I</b>				<b>Duration</b>	
a. CARDIAC ARRHYTHMIA					
b. MASSIVE ACUTE MYOCARDIAL INFARCTION					
c.					
d.					
<b>Part II: MIGRAINE HEADACHES</b>					
<b>Was Autopsy Performed</b>		<b>Were Autopsy Finding Uses</b>		<b>Tobacco Use Contribute to death</b>	
				U	
<b>Pregnancy</b>		<b>Manner of Death</b>		<b>Date of Surgery</b>	<b>Activity Code</b>
<b>Date of Injury</b>		<b>Time of Injury</b>		<b>Injury at Work</b>	
<b>Place of Injury</b>					
<b>Injury Description</b>					
<b>Transportation, Specify</b>					
<b>Certifier</b>	D	<b>State Specific Data</b>			

## APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

### Certificate 7

<b>Certificate Number</b>		<b>Sex</b>		<b>Date of Death</b>	
000007		M		99/99	
<b>Age Unit</b>		<b>Age Field</b>		<b>State of Death</b>	
70		YEARS		AS	
<b>Part I</b>				<b>Duration</b>	
a. SEVERE ACUTE RESPIRATORY FAILURE					
b. TERMINAL PNEUMONIA					
c. CONGESTIVE HEART FAILURE DUE TO MI					
d. CARDIOMYOPATHY DUE TO ARTERIOSCLEROSIS					
<b>Part II</b>					
<b>Was Autopsy Performed</b>		<b>Were Autopsy Finding Uses</b>		<b>Tobacco Use Contribute to death</b>	
Y				N	
<b>Pregnancy</b>		<b>Manner of Death</b>		<b>Date of Surgery</b>	<b>Activity Code</b>
		P			
<b>Date of Injury</b>		<b>Time of Injury</b>		<b>Injury at Work</b>	
<b>Place of Injury</b>					
<b>Injury Description</b>					
<b>Transportation, Specify</b>					
<b>Certifier</b>	D	<b>State Specific Data</b>			

# APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

## Certificate 8

<b>Certificate Number</b>		<b>Sex</b>		<b>Date of Death</b>	
000008		M		01/01	
<b>Age Unit</b>		<b>Age Field</b>		<b>State of Death</b>	
65		YEARS		AS	
<b>Part I</b>				<b>Duration</b>	
a. CONGESTIVE HEART FAILURE				4 YEARS	
b. RENAL FAILURE				3 MOS	
c.					
d.					
<b>Part II</b>					
<b>Was Autopsy Performed</b>		<b>Were Autopsy Finding Uses</b>		<b>Tobacco Use Contribute to death</b>	
				Y	
<b>Pregnancy</b>		<b>Manner of Death</b>		<b>Date of Surgery</b>	<b>Activity Code</b>
		N			
<b>Date of Injury</b>		<b>Time of Injury</b>		<b>Injury at Work</b>	
<b>Place of Injury</b>					
<b>Injury Description</b>					
<b>Transportation, Specify</b>					
<b>Certifier</b>	D	<b>State Specific Data</b>			

## APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

### Certificate 9

<b>Certificate Number</b>		<b>Sex</b>		<b>Date of Death</b>	
000009		M		01/01	
<b>Age Unit</b>		<b>Age Field</b>		<b>State of Death</b>	
60		YEARS		AS	
<b>Part I</b>				<b>Duration</b>	
a. HYPERTENSIVE HEART DISEASE					
b. METASTASIS TO PITUITARY GLAND					
c.					
d.					
<b>Part II: CARCINOMA OF BREAST</b>					
<b>Was Autopsy Performed</b>		<b>Were Autopsy Finding Uses</b>		<b>Tobacco Use Contribute to death</b>	
				N	
<b>Pregnancy</b>		<b>Manner of Death</b>		<b>Date of Surgery</b>	<b>Activity Code</b>
		N			
<b>Date of Injury</b>		<b>Time of Injury</b>		<b>Injury at Work</b>	
<b>Place of Injury</b>					
<b>Injury Description</b>					
<b>Transportation, Specify</b>					
<b>Certifier</b>	D	<b>State Specific Data</b>			

## APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

### Certificate 10

<b>Certificate Number</b>		<b>Sex</b>	<b>Date of Death</b>	
000010		F	01/01	
<b>Age Unit</b>		<b>Age Field</b>	<b>State of Death</b>	
32		YEARS	AS	
<b>Part I</b>			<b>Duration</b>	
a. SEPTICEMIA				
b. POSTPARTUM HEMORRHAGE				
c.				
d.				
<b>Part II</b>				
<b>Was Autopsy Performed</b>		<b>Were Autopsy Finding Uses</b>	<b>Tobacco Use Contribute to death</b>	
			U	
<b>Pregnancy</b>		<b>Manner of Death</b>	<b>Date of Surgery</b>	<b>Activity Code</b>
2		U		
<b>Date of Injury</b>		<b>Time of Injury</b>	<b>Injury at Work</b>	
<b>Place of Injury</b>				
<b>Injury Description</b>				
<b>Transportation, Specify</b>				
<b>Certifier</b>		<b>State Specific Data</b>		

## APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

### Certificate 11

<b>Certificate Number</b>		<b>Sex</b>	<b>Date of Death</b>	
000011		F	01/01	
<b>Age Unit</b>		<b>Age Field</b>	<b>State of Death</b>	
55		YEARS	AS	
<b>Part I</b>			<b>Duration</b>	
a. AORTIC INSUFFICIENCY				
b. RHEUMATIC HEART DISEASE				
c.				
d.				
<b>Part II: END STAGE CHRONIC RENAL DISEASE WITH DAMAGE</b>				
<b>Was Autopsy Performed</b>		<b>Were Autopsy Finding Uses</b>	<b>Tobacco Use Contribute to death</b>	
			Y	
<b>Pregnancy</b>		<b>Manner of Death</b>	<b>Date of Surgery</b>	<b>Activity Code</b>
1		N		
<b>Date of Injury</b>		<b>Time of Injury</b>	<b>Injury at Work</b>	
<b>Place of Injury</b>				
<b>Injury Description</b>				
<b>Transportation, Specify</b>				
<b>Certifier</b>	D	<b>State Specific Data</b>		

# APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

## Certificate 12

<b>Certificate Number</b>		<b>Sex</b>		<b>Date of Death</b>	
000013		F		01/01	
<b>Age Unit</b>		<b>Age Field</b>		<b>State of Death</b>	
4		HOURS		AS	
<b>Part I</b>				<b>Duration</b>	
a. ANOXIA					
b. CEREBRAL HEMORRHAGE					
c.					
d.					
<b>Part II:</b>					
<b>Was Autopsy Performed</b>		<b>Were Autopsy Finding Uses</b>		<b>Tobacco Use Contribute to death</b>	
Y		Y		N	
<b>Pregnancy</b>		<b>Manner of Death</b>		<b>Date of Surgery</b>	<b>Activity Code</b>
		N			
<b>Date of Injury</b>		<b>Time of Injury</b>		<b>Injury at Work</b>	
<b>Place of Injury</b>					
<b>Injury Description</b>					
<b>Transportation, Specify</b>					
<b>Certifier</b>	M	<b>State Specific Data</b>			

## APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

### Certificate 13

<b>Certificate Number</b>		<b>Sex</b>	<b>Date of Death</b>	
000013		F	01/05	
<b>Age Unit</b>		<b>Age Field</b>		<b>State of Death</b>
58		YEARS		AS
<b>Part I</b>			<b>Duration</b>	
a. FRACTURE OF RIB				
b. METASTATIC CANCER TO BONE				
c. CANCER OF RIGHT BREAST				
d.				
<b>Part II:</b>				
<b>Was Autopsy Performed</b>		<b>Were Autopsy Finding Uses</b>		<b>Tobacco Use Contribute to death</b>
N				P
<b>Pregnancy</b>		<b>Manner of Death</b>		<b>Date of Surgery</b>
1		N		
<b>Date of Injury</b>		<b>Time of Injury</b>		<b>Injury at Work</b>
01/05/2003		08:00 A		N
<b>Place of Injury</b>		HOME		
<b>Injury Description</b>		FRACTURED RIB WHILE TURNING IN BED		
<b>Transportation, Specify</b>				
<b>Certifier</b>	CORONER	<b>State Specific Data</b>		

## APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

### Certificate 14

<b>Certificate Number</b>		<b>Sex</b>		<b>Date of Death</b>	
000014		F		01/01	
<b>Age Unit</b>		<b>Age Field</b>		<b>State of Death</b>	
74		YEARS		AS	
<b>Part I</b>				<b>Duration</b>	
a. CARDIOGENIC SHOCK					
b. FRACTURE OF ARM AND LEG					
c.					
d.					
<b>Part II</b>					
<b>Was Autopsy Performed</b>		<b>Were Autopsy Finding Uses</b>		<b>Tobacco Use Contribute to death</b>	
<b>Pregnancy</b>		<b>Manner of Death</b>		<b>Date of Surgery</b>	<b>Activity Code</b>
		A			
<b>Date of Injury</b>		<b>Time of Injury</b>		<b>Injury at Work</b>	
				N	
<b>Place of Injury</b>		HOME			
<b>Injury Description</b>		FALL			
<b>Transportation, Specify</b>					
<b>Certifier</b>	UNKNOWN	<b>State Specific Data</b>			

## APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

### Certificate 15

<b>Certificate Number</b>		<b>Sex</b>	<b>Date of Death</b>	
000015		M	01/01	
<b>Age Unit</b>		<b>Age Field</b>		<b>State of Death</b>
28		YEARS		AS
<b>Part I</b>			<b>Duration</b>	
a. GUNSHOT WOUND TO HEAD				
b.				
c.				
d.				
<b>Part II</b>				
<b>Was Autopsy Performed</b>		<b>Were Autopsy Finding Uses</b>		<b>Tobacco Use Contribute to death</b>
<b>Pregnancy</b>		<b>Manner of Death</b>		<b>Date of Surgery</b>
		S		
<b>Date of Injury</b>		<b>Time of Injury</b>		<b>Injury at Work</b>
<b>Place of Injury</b>				
<b>Injury Description</b>		SELF-INFLICTED, BY 25 CALIBER HANDGUN		
<b>Transportation, Specify</b>				
<b>Certifier</b>	D	<b>State Specific Data</b>		

## APPENDIX I BASIC DATA ENTRY– EXERCISE 2 - ANSWERS

### Certificate 16

<b>Certificate Number</b>		<b>Sex</b>	<b>Date of Death</b>	
000016		F	01/01	
<b>Age Unit</b>		<b>Age Field</b>	<b>State of Death</b>	
34		YEARS	AS	
<b>Part I</b>			<b>Duration</b>	
a. HEAD AND NECK INJURIES				
b.				
c.				
d.				
<b>Part II:</b>				
<b>Was Autopsy Performed</b>		<b>Were Autopsy Finding Uses</b>	<b>Tobacco Use Contribute to death</b>	
<b>Pregnancy</b>		<b>Manner of Death</b>	<b>Date of Surgery</b>	<b>Activity Code</b>
1		A		
<b>Date of Injury</b>		<b>Time of Injury</b>	<b>Injury at Work</b>	
<b>Place of Injury</b>				
<b>Injury Description</b>		VEHICLE RAN OFF ROAD AND STRUCK OBJECT		
<b>Transportation, Specify</b>		DR		
<b>Certifier</b>	CORONER	<b>State Specific Data</b>		

**APPENDIX J**

**FORMAT — EXERCISE 3 - ANSWERS**

**Certificate 1**

<b>Certificate Number</b>		<b>Sex</b>		<b>Date of Death</b>	
000001		F		01/01	
<b>Age Unit</b>		<b>Age Field</b>		<b>State of Death</b>	
55		YEARS		AS	
<b>Part I</b>				<b>Duration</b>	
a. CARDIAC ARREST AND PNEUMONIA					
b. PULMONARY EMBOLISM & CHF					
c. CANCER OF LUNG WITH METASTASIS TO SPINE					
d.					
<b>Part II</b>					
<b>Was Autopsy Performed</b>		<b>Were Autopsy Finding Uses</b>		<b>Tobacco Use Contribute to death</b>	
				N	
<b>Pregnancy</b>		<b>Manner of Death</b>		<b>Date of Surgery</b>	<b>Activity Code</b>
		N			
<b>Date of Injury</b>		<b>Time of Injury</b>		<b>Injury at Work</b>	
<b>Place of Injury</b>					
<b>Injury Description</b>					
<b>Transportation, Specify</b>					
<b>Certifier</b>	D	<b>State Specific Data</b>			

**APPENDIX J**

**FORMAT — EXERCISE 3 - ANSWERS**

**Certificate 2**

<b>Certificate Number</b>		<b>Sex</b>		<b>Date of Death</b>	
100002		M		01/01	
<b>Age Unit</b>		<b>Age Field</b>		<b>State of Death</b>	
82		YEARS		AS	
<b>Part I</b>				<b>Duration</b>	
a. HEART FAILURE DUE TO MI					
b. ASHD					
c. AS					
d.					
<b>Part II:</b>					
<b>Was Autopsy Performed</b>		<b>Were Autopsy Finding Uses</b>		<b>Tobacco Use Contribute to death</b>	
				N	
<b>Pregnancy</b>		<b>Manner of Death</b>		<b>Date of Surgery</b>	<b>Activity Code</b>
		P			
<b>Date of Injury</b>		<b>Time of Injury</b>		<b>Injury at Work</b>	
<b>Place of Injury</b>					
<b>Injury Description</b>					
<b>Transportation, Specify</b>					
<b>Certifier</b>	D	<b>State Specific Data</b>			

**APPENDIX J**

**FORMAT — EXERCISE 3 - ANSWERS**

**Certificate 3**

<b>Certificate Number</b>		<b>Sex</b>		<b>Date of Death</b>	
100003		F		01/01	
<b>Age Unit</b>		<b>Age Field</b>		<b>State of Death</b>	
78		YEARS		AS	
<b>Part I</b>				<b>Duration</b>	
a. CARDIAC ARREST					
b. HEPATIC FAILURE					
c. HEPATIC COMA DUE TO CIRRHOSIS					
d. CANCER OF PANCREAS					
<b>Part II:</b>					
<b>Was Autopsy Performed</b>		<b>Were Autopsy Finding Uses</b>		<b>Tobacco Use Contribute to death</b>	
				Y	
<b>Pregnancy</b>		<b>Manner of Death</b>		<b>Date of Surgery</b>	<b>Activity Code</b>
		N			
<b>Date of Injury</b>		<b>Time of Injury</b>		<b>Injury at Work</b>	
<b>Place of Injury</b>					
<b>Injury Description</b>					
<b>Transportation, Specify</b>					
<b>Certifier</b>	D	<b>State Specific Data</b>			

**Certificate 4**

<b>Certificate Number</b>		<b>Sex</b>		<b>Date of Death</b>	
100004		M		01/01	
<b>Age Unit</b>		<b>Age Field</b>		<b>State of Death</b>	
75		YEARS		AS	
<b>Part I</b>				<b>Duration</b>	
a. CONGESTIVE HEART FAILURE					
ASHD					
c.					
d.					
<b>Part II: PNEUMONIA</b>					
<b>Was Autopsy Performed</b>		<b>Were Autopsy Finding Uses</b>		<b>Tobacco Use Contribute to death</b>	
Y				Y	
<b>Pregnancy</b>		<b>Manner of Death</b>		<b>Date of Surgery</b>	<b>Activity Code</b>
		N			
<b>Date of Injury</b>		<b>Time of Injury</b>		<b>Injury at Work</b>	
<b>Place of Injury</b>					
<b>Injury Description</b>					
<b>Transportation, Specify</b>					
<b>Certifier</b>	CORONER	<b>State Specific Data</b>			

**APPENDIX J**

**FORMAT — EXERCISE 3 - ANSWERS**

**Certificate 5**

<b>Certificate Number</b>		<b>Sex</b>		<b>Date of Death</b>	
100005		F		01/01	
<b>Age Unit</b>		<b>Age Field</b>		<b>State of Death</b>	
67		YEARS		AS	
<b>Part I</b>				<b>Duration</b>	
a. HEART DISEASE					
MALIGNANT HYPERTENSION					
CHRONIC NEPHRITIS					
d.					
<b>Part II: CANCER OF KIDNEY</b>					
<b>Was Autopsy Performed</b>		<b>Were Autopsy Finding Uses</b>		<b>Tobacco Use Contribute to death</b>	
Y					
<b>Pregnancy</b>		<b>Manner of Death</b>		<b>Date of Surgery</b>	<b>Activity Code</b>
		P			
<b>Date of Injury</b>		<b>Time of Injury</b>		<b>Injury at Work</b>	
<b>Place of Injury</b>					
<b>Injury Description</b>					
<b>Transportation, Specify</b>					
<b>Certifier</b>	CORONER	<b>State Specific Data</b>			

**APPENDIX J**

**FORMAT — EXERCISE 3 - ANSWERS**

**Certificate 6**

<b>Certificate Number</b>	<b>Sex</b>	<b>Date of Death</b>	
100006	M	01/01	
<b>Age Unit</b>	<b>Age Field</b>	<b>State of Death</b>	
54	YEARS	AS	
<b>Part I</b>		<b>Duration</b>	
a. CARDIAC ARREST			
CIRRHOSIS OF LIVER			
c. ALCOHOLISM			
d.			
<b>Part II:</b>			
<b>Was Autopsy Performed</b>	<b>Were Autopsy Finding Uses</b>	<b>Tobacco Use Contribute to death</b>	
Y			
<b>Pregnancy</b>	<b>Manner of Death</b>	<b>Date of Surgery</b>	<b>Activity Code</b>
	N		
<b>Date of Injury</b>	<b>Time of Injury</b>	<b>Injury at Work</b>	
<b>Place of Injury</b>			
<b>Injury Description</b>			
<b>Transportation, Specify</b>			
<b>Certifier</b>		<b>State Specific Data</b>	

**Certificate 1**

<b>Part I</b>		<b>Duration</b>
a. CHEST TRAUMA		INSTANT
b. >N10		
c.		
d.		
<b>Part II: HEAD/PELVIS INJURIES</b>		
<b>Place of Injury</b>	CONSTRUCTION SITE	
<b>Injury Description</b>		

**Certificate 2**

<b>Part I</b>		<b>Duration</b>
a.. SEPSIS		HOURS
b. THERMAL BURNS (70% OF THE BODY)		
c.		
d.		
<b>Part II: ATHEROSCLEROTIC CARDIOVASCULAR DISEASE</b>		
<b>Place of Injury</b>	HOME	
<b>Injury Description</b>	>C55SS01022205	

**Certificate 3**

Part I		Duration
a. SLASHED WRISTS		
b. CUT WRISTS; >M0205		
c.		
d.		
Part II:		
Place of Injury	MOTEL	
Injury Description	SLASHED WRISTS AND BLED TO DEATH	

**Certificate 4**

Part I		Duration
a. ELECTROCUTED		
b.		
c.		
d.		
Part II:		
Place of Injury	POWER POLE	
Injury Description	>H05	

**Certificate 5**

Part I		Duration
a. HEAD INJURIES		
b. INJURIES TO TRUNK AND EXTREMITIES		
c. >P0302		
d.		
Part II:		
Place of Injury	HOME	
Injury Description		

**Certificate 6**

Part I		Duration
a. BURNED		
b. >D22		
c.		
d.		
Part II:		
Place of Injury	BEACH	
Injury Description	BURNED	

**Certificate 7**

Part I		Duration
a. FRACTURES OF FEMUR, RADIUS AND ULNAR AND		
b. INTRACEREBRAL HEMORRHAGE		
c. BLUNT IMPACTS INJURY; >O16		
d.		
Part II: ATHEROSCLEROTIC CARDIOVASCULAR DISEASE; OSTEOPOROSIS		
Place of Injury	NURSING HOME	
Injury Description		

**Certificate 8**

Part I		Duration
a. MASSIVE MULTIPLE TRAUMA		INSTANT
b. >B4388SSSS99999943		
c.		
d.		
Part II:		
Place of Injury	FIELD	
Injury Description		

**Certificate 9**

<b>Part I</b>		<b>Duration</b>
a. GUNSHOT WOUND OF CHEST WITH PERFORATION OF HEART AND LUNG		
b.		
c.		
d.		
<b>Part II: THORACOTOMY; GUNSHOT WOUND OF HEART</b>		
<b>Place of Injury</b>	PARKING GARAGE	
<b>Injury Description</b>	Shot; >I9904	

**Certificate 10**

<b>Part I</b>		<b>Duration</b>
a. ELECTRICAL BURNS OF APPROXIMATELY 30% OF TOTAL BODY		
b. SURFACE AREA WITH COMPLICATIONS		
c.		
d.		
<b>Part II:</b>		
<b>Place of Injury</b>	RAILROAD TRACKS	
<b>Injury Description</b>	>H99	

**Certificate 11**

<b>Part I</b>		<b>Duration</b>
a. >A05		
b.		
c.		
d.		
<b>Part II:</b>		
<b>Place of Injury</b>	MOUNTAINS	
<b>Injury Description</b>		

**Certificate 12**

<b>Part I</b>		<b>Duration</b>
a. ASPHYXIA		
b. PLASTIC BAG OVER HEAD		MINUTES
c.		
d.		
<b>Part II:</b>		
<b>Place of Injury</b>	CLOSET AT HOME	
<b>Injury Description</b>	PLACED PLASTIC BAG OVER HEAD	

**Certificate 13**

<b>Part I</b>		<b>Duration</b>
a. HEAD WOUND		
b. SHOT MULTIPLE TIMES		
c.		
d.		
<b>Part II:</b>		
<b>Place of Injury</b>	LIQUOR STORE	
<b>Injury Description</b>	>19904	

**Certificate 14**

<b>Part I</b>		<b>Duration</b>
a. CARDIOPULMONARY ARREST		IMMEDIATE
b. ARDS (ACUTE RESPIRATORY DISTRESS SYNDROME)		DAYS
c. PNEUMONIA		DAYS
d. HYPOTHERMIA		5 DAYS
<b>Part II: DIABETES; ISCHEMIC HEART DISEASE</b>		
<b>Place of Injury</b>	HOME	
<b>Injury Description</b>	>O44	

**Certificate 15**

Part I		Duration
a. COMPLICATIONS OF BLUNT IMPACT OF HEAD		
b.		
c.		
d.		
Part II: CRANIOTOMY; SUBDURAL HEMORRHAGE		
Place of Injury	HOME	
Injury Description	>O45	

**Certificate 16**

Part I		Duration
a. STREPTOCOCCAL TOXIC SHOCK		
b. BITE; >F9909		
c.		
d.		
Part II:		
Place of Injury	HOME	
Injury Description	BITTEN	

**Certificate 17**

<b>Part I</b>		<b>Duration</b>
a. MULTIPLE WOUNDS OF HEAD AND TORSO		
b. INTERNAL BLEEDING		
c.		
d.		
<b>Part II:</b>		
<b>Place of Injury</b>	WOODS	
<b>Injury Description</b>	FOUND IN WOODS ENTANGLED IN VINES; UNKNOWN CAUSE OF INJURY	

**Certificate 18**

<b>Part I</b>		<b>Duration</b>
a. HEAD INJURY		
b. TRAUMA TO ARMS AND HANDS AND CHEST		
c. >N88		
d.		
<b>Part II:</b>		
<b>Place of Injury</b>	LUMBER MILL	
<b>Injury Description</b>		

**Certificate 19**

Part I		Duration
a. INFECTIOUS COMPLICATION OF THERMAL INJURIES OF 15% OF BODY SURFACE AREA		
b. INCLUDING HEAD, TRUNK AND EXTREMITIES		
c.		
d.		
Part II: SKIN GRAFTS;BURNS;UNKNOWN		
Place of Injury	HOME	
Injury Description	>C99SS01019905	

**Certificate 20**

Part I		Duration
a. DROWNING		2 HOURS
b.		
c.		
d.		
Part II:		
Place of Injury	SOUTH FORK PEYOTE RIVER	
Injury Description	>B3008SSSS99099930	

**Certificate 21**

Part I		Duration
a. SEVERE TRAUMA TO HEAD		SECONDS
b. >A75		
c.		
d.		
Part II:		
Place of Injury	HOME	
Injury Description	HEAD INJURY	

**Certificate 22**

Part I		Duration
a. CEREBRAL HYPOXIA		HOURS
b. DROWNING		
c.		
d.		
Part II:		
Place of Injury	LAKE CHAMPLAIN	
Injury Description	>B2708SSSS02090227	

**Certificate 23**

<b>Part I</b>		<b>Duration</b>
a. ANAPHYLACTIC REACTION		MINUTES
b. STUNG BY BEE		
c.		
d.		
<b>Part II: ASTHMA</b>		
<b>Place of Injury</b>	BACKYARD	
<b>Injury Description</b>	STUNG BY SEVERAL BEES IN BACKYARD AT HOME	

**Certificate 24**

<b>Part I</b>		<b>Duration</b>
a. GUNSHOT WOUND OF HEAD		
b.		
c.		
d.		
<b>Part II:</b>		
<b>Place of Injury</b>	AUTO SHOP	
<b>Injury Description</b>	SHOT; >I1506	

**Certificate 25**

Part I		Duration
a. INJURY TO ARMS AND LEGS		
b. >M0409		
c.		
d.		
Part II:		
Place of Injury	HOME	
Injury Description		

**Certificate 26**

Part I		Duration
a. MULTIPLE INTERNAL INJURIES		
b. >R03		
c.		
d.		
Part II:		
Place of Injury	NIGHTCLUB	
Injury Description		

**Certificate 27**

Part I		Duration
a. 2 <sup>ND</sup> AND 3 <sup>RD</sup> DEGREE BURNS ON 30% OF BODY		
b. >G03		
c.		
d.		
Part II:		
Place of Injury	HOME	
Injury Description		

**Certificate 28**

Part I		Duration
a. GUNSHOT WOUND TO HEAD		SECONDS
b.		
c.		
d.		
Part II:		
Place of Injury	HOME	
Injury Description	SHOT; >I0505	

**Certificate 29**

Part I		Duration
a. BLUNT FORCE TRAUMA		
b. >D11		
c.		
d.		
Part II: ASTHMA		
Place of Injury	FACTORY	
Injury Description		

**Certificate 30**

Part I		Duration
a. RIGHT CEREBELLAR AND PONS HEMORRHAGE		HOURS
b. SEVERE CLOSED HEAD INJURY		HOURS
c.		
d.		
Part II: RIGHT SUBDURAL HEMATOMA; HYPOTHERMIA		
Place of Injury	HOME	
Injury Description	VICTIM FOUND AT BOTTOM OF STAIRCASE AT HOME WITH MULTIPLE FRACTURES	

**Certificate 31**

Part I		Duration
a. SMOKE INHALATION		
b.		
c.		
d.		
Part II: HYPERTENSIVE AND ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE;		
ALZHEIMERS DEMENTIA		
Place of Injury	RESIDENCE	
Injury Description	>C20SS01019930	

**Certificate 32**

Part I		Duration
a. DROWNING		MINUTES
b.		
c.		
d.		
Part II:		
Place of Injury	QUARRY	
Injury Description	DROWNED; >K179940	

**Certificate 33**

Part I		Duration
a. BURNS		
b. EXPOSURE; >J50		
c.		
d.		
Part II:		
Place of Injury	SCIENTIFIC LABORATORY	
Injury Description	EXPOSED	

**Certificate 34**

Part I		Duration
a. SUBDURAL HEMATOMA		
b. HEAD INJURY		
c. >B0101040199990101		
d.		
Part II: EMPHYSEMA		
Place of Injury	HIGHWAY	
Injury Description		

**Certificate 35**

Part I		Duration
a. BLUNT FORCE TRAUMA TO FACE, HEAD, AND ARMS		
b.		
c.		
d.		
Part II:		
Place of Injury	HOME	
Injury Description	>P0299	

**Certificate 36**

Part I		Duration
a. LEFT HEMOTHORAX		MINUTES
b. CARDIAC AND PERICARDIAL LACERATION		MINUTES
c. BLUNT TRAUMA TO CHEST		MINUTES
d. >B1802990299990118		MINUTES
Part II:		
Place of Injury	SNOWMOBILE TRAIL	
Injury Description		

**Certificate 37**

Part I		Duration
a. HYPOTHERMIA		
b.		
c.		
d.		
Part II: ALZHEIMERS		
Place of Injury	OUTSIDE NURSING HOME	
Injury Description	REPORTEDLY WANDERED AWAY FROM HOME AND WAS FOUND OUTSIDE ON THE GROUND	

**Certificate 38**

Part I		Duration
a. DROWNED		MINUTES
b.		
c.		
d.		
Part II:		
Place of Injury	RIVER	
Injury Description	DROWNED	

**Certificate 39**

Part I		Duration
a. MULTIPLE SEPTIC COMPLICATIONS OF FULL THICKNESS SCALD BURNS OF FEET		
b.		
c.		
d.		
Part II: HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE;		
DIABETES MELLITUS		
Place of Injury	HOME	
Injury Description	BURNED; >G01	

**Certificate 40**

Part I		Duration
a. BLUNT IMPACTS OF HEAD, TORSO AND EXTREMITIES		INSTANT
b. >B4388SSSS99990643		
c.		
d.		
Part II:		
Place of Injury	STATE FOREST	
Injury Description		

**Certificate 41**

<b>Part I</b>		<b>Duration</b>
a. HYPOTHERMIA		HOURS
b. EXPOSURE TO ENVIRONMENT		
c.		
d.		
<b>Part II: ASHD; EMPHYSEMA; COPD</b>		
<b>Place of Injury</b>	WOODS	
<b>Injury Description</b>	>E04	

**Certificate 42**

<b>Part I</b>		<b>Duration</b>
a. COMPLICATIONS OF BLUNT IMPACT TO LOWER EXTREMITIES		
b. WITH BILATERAL AMPUTATIONS		
c.		
d.		
<b>Part II:</b>		
<b>Place of Injury</b>	SUBWAY	
<b>Injury Description</b>	>B51076588998807SS	



# INDEX

---

## A

A.I.....	73
Adding Certificates.....	75
Amended Certificate.....	76
Accessing.....	88
Edit.....	90
Activity.....	27
Activity Code.....	27
Adding.....	75
during.....	73
refer.....	91
Additional Information.....	73, 89, 90, 91
Additional Information Screen.....	73, 89, 90
certificate.....	88, 89
Age.....	
About, etc.....	20
Blank.....	20
Newborn.....	20
Not stated.....	20
Number of units.....	20
Unit.....	20
AI.....	73, 89, 92
view.....	74
AI certificate.....	74
Alt. D – Deletion.....	63
Amended Certificates.....	76
Autopsy.....	23
Findings.....	23

## B

B 84.....	
Backup function.....	52
Backups.....	51, 52
SuperMICAR Backups.....	52
Batch Names.....	14
Blank.....	23, 24, 25, 28
Bypassing.....	73
Reject Editing.....	73

## C

C 84.....	
C.O.P.D.....	90
Cancel Buttons.....	91
Cause.....	22, 23, 26, 27, 84, 91
Death.....	91
Death Part.....	91
SURGERY.....	25, 26
Underlying.....	91
Certificate Complete.....	29
Certificate File.....	91

# INDEX

---

Certificate Information .....	73, 74, 92
Certificate Information Screen .....	73, 74, 92
Certificate Numbers.....	19
Certificates.....	75, 84, 90, 91
additional information screen .....	88
Certifier .....	29
Check.....	83
illegibles .....	83
Closing SuperMICAR file .....	55
CONGENITAL .....	22
Constitutes .....	73
Copy	
Processing Results .....	87
Processing Results .....	87
CORONARY BYPASS SURGERY .....	89
Correct .....	83
Correcting	
Illegibles .....	83
Misspellings.....	84
Correcting Misspellings in SuperMICAR .....	84
Correcting SuperMICAR Rejects .....	88, 91
<b>D</b>	
D 91	
Date .....	88
of Death .....	20
of Injury .....	27
Entered anywhere on certificate .....	27
Span .....	27
of Surgery .....	25
Death .....	22, 23, 24, 25, 26, 27, 28, 91
Cause .....	91
State .....	29
Death Certificate.....	3, 4
Death Field .....	84
Death Part .....	91
Cause .....	91
Deletion	
Alt. D.....	63
Lines A, B, C.....	62
Part II.....	63
DIABETES MELLITUS .....	88
DIABETES MELLITUS END STAGE RENAL DISEASE.....	88
DIED 25 DAYS AFTER MITRAL REPAIR AND CORONARY BYPASS SURGERY.....	88
Duration	
Symbols .....	22
Years, Months, etc. ....	22
Duration.....	89
During	
Add .....	73

# INDEX

---

## *E*

Edit/Browse Certificates.....	73
Editing .....	88, 91
access.....	89, 90
END STAGE RENAL DISEASE .....	88
Entering .....	92
certificate .....	22, 23, 24, 25, 26, 27, 28
ENTERING AND SAVING CERTIFICATE DATA .....	91
Entity Reference Numbers.....	74
assigning.....	74
ESSENTIAL HYPERTENSION.....	89
Example.....	25, 26
Exercise 1 - Reading Death Certificates .....	7
Exercise 2	
Entering Information from the Death Certificate.....	31
Exercise 4 - Entering External Cause Prompts .....	110
Existing File.....	91
Open .....	91
Exiting	
Add.....	26
Header Information.....	15
SuperMICAR.....	56
External Causes .....	88
Extraneous Information .....	88

## *F*

F6.....	91
F9.....	73, 91
File Menu Option.....	52
select.....	52
Files .....	52
List.....	52
Files Of Type.....	52
Formating .....	57
Causeing extra lines.....	60
Conditions above Line A.....	58
Conditions written between lines.....	59
Deletion of Lines .....	62
Deletion of Part II.....	63
Numbering of Causes .....	64
Use of Arrows.....	61
Function.....	91

## *G*

Generating .....	91
External Cause Code .....	91
Get .....	84
Retype.....	84, 85

## *H*

Header Information Screen.....	15
--------------------------------	----

# INDEX

---

Header Records .....	15
History and Background .....	1
<b>I</b>	
Ib 89 .....	
Ignore .....	84
II 25, 26, 88, 89 .....	
ILLEGIBLE .....	83
Illegibles .....	83
checking .....	83
Income .....	27
Information .....	91, 92
Injury .....	27, 28, 83, 84, 91
Injury at Work .....	28
Injury Description .....	28, 83, 84
Introduction .....	1
<b>L</b>	
Line .....	88, 89, 90
Terms .....	88, 90
Lines Flowed Together .....	88
List .....	52
Files .....	52
<b>M</b>	
Manner of Death .....	25
Menu Bar .....	52
Misspelling/Unrecognized Terms .....	89
Misspellings .....	84
MITRAL REPAIR .....	89
Multiple Prompts on one certificate .....	105
<b>N</b>	
N 91 .....	
New .....	15
NOTE .....	91
Number .....	22
Units .....	22
Numbering of Causes .....	64
<b>O</b>	
Open File .....	52
Opening A File .....	14
OPTIONAL .....	91
Order of Entry .....	
Part I .....	57
Part II .....	57
Other Specified Activity .....	27
Other Types .....	27
<b>P</b>	
Part .....	22, 23, 25, 26, 27, 84

# INDEX

---

Part 2g.....	91
Part I, Cause of Death.....	21
Part II.....	23, 25, 26, 91
Part II Cause.....	84
Part II, Cause of Death.....	23
Place.....	28, 73, 88, 91
Place of Injury.....	28
Pneumonia.....	25, 26
Pregnancy.....	24
Process All Records Function.....	91
Process Menu.....	91
select.....	91
Process Rejects Function.....	91
Processed Output.....	92
Processing.....	87, 91, 92
Correcting SuperMICAR rejects.....	88
Dates and Times.....	89
External Causes.....	89
Misspelling.....	89
Multi-Line Terms.....	90
Records.....	86
Rejects.....	86
SuperMICAR Rejects.....	91
Two Lines Connected Together.....	90
Two terms on a line.....	88
Unrecognized Terms.....	89
Processing Rejects.....	91
Processing Results	
copy.....	87
Prompts.....	93
Exclusions.....	105
Fire and Flame.....	102
Instructions.....	93
List.....	99
More Transport Examples.....	100
Multiple on one certificate.....	105
Number of Digits.....	99
Number of Questions.....	99
Other Examples.....	103
Prompts.Multi-Line Terms.....	88
Purpose.....	90

## **R**

Record Processing.....	86
Record/certificate.....	74
Refer.....	91
Adding.....	92
Editing.....	92
Reject Processing.....	86
Resting.....	27
Restore.....	52
From backup.....	52

# INDEX

---

Restore dialog .....	52
Restore From Backup .....	52
Restore From Backup Function .....	52
Return	
Enter .....	92
Retype.....	84
get .....	84
<b>S</b>	
S 73	
SB .....	52
SBK .....	52
Select .....	52, 83, 84, 91
File Menu Option.....	52
Process menu .....	91
Tools Menu Option.....	84
Select.Repeat .....	91
Sequence Check.....	48
Types of reports .....	48
Actual Report.....	48
Series Report.....	48
Standard Report .....	48
Sex.....	20
Special Symbols .....	22, 23
Specify Header Information .....	15
Spelling.....	84, 85
Spelling Check.....	84, 85
State Specific Data.....	29
State-Specific Data .....	29
use.....	23, 24, 25, 27, 28, 29
SU .....	52
SuperMICAR.....	26, 27, 52, 73, 74, 83, 84, 85, 88, 89, 90, 91, 92
Backups .....	51
Restoring from backup .....	52
Sequence Check.....	48
SuperMICAR attempts .....	73, 90
SuperMICAR Backups .....	52
SuperMICAR checks.....	84
SuperMICAR File.....	73
SuperMICAR finds.....	92
SuperMICAR makes.....	90
SuperMICAR Record .....	88
SuperMICAR records during.....	88
SuperMICAR Rejects .....	73, 91
Processing.....	91
SuperMICAR's processing .....	91
SuperMICAR's Restore .....	52
SuperMICAR's spelling .....	84
Surgery	
Checked.....	26
Diseases, Injuries entered .....	26
Named Surgeries reported .....	26

# INDEX

---

Was operation performed .....	26
<b>T</b>	
TAB .....	84, 91
Terms .....	88
Line .....	88
Time of Injury .....	28
Times .....	89
Tobacco .....	24
Tools Menu Option .....	84
select .....	84
Transportation Injury .....	29
<b>U</b>	
<b>U</b>	
Unknown .....	23, 24, 25, 27, 28
Under .....	91
Underlying .....	91
UNIT .....	28
Enter .....	22, 23, 24, 25, 26, 27, 29
Unlike ACME .....	88
Use .....	91
Use of Arrows .....	61
Using .....	22, 23, 88
Using SuperMICAR .....	88
<b>W</b>	
Window showing .....	83
certificates .....	83
Windows .....	91
Wish	
select.Repeat .....	91
<b>Y</b>	
Y 91	
YRS .....	89