PHYSICIAN'S RESPONSIBILITY IN DEATH REGISTRATION

The primary responsibility of the physician in death registration is:
1. To complete the medical certification section of the death certificate;
2. The medical certification section of the record must be completed, signed and made available to the funeral director/direct disposer within 72 hours after receipt;
3. The physician is deemed responsible for knowledge of state statutes and the physician handbook regarding medical certification of causes of death.

When death occurs without medical attendance or when death is due to or with mention of trauma, whether from accident, homicide or suicide, the physician should report the case to the medical examiner.

When inquiry is required by the medical examiner, within 72 hours after taking charge of the case:
1. This official shall investigate the cause of death;
2. Complete and sign the medical certification, or
3. Complete a temporary record, indicating the cause of death is pending further investigation;
4. Make application for the burial transit permit if there is no funeral home yet assigned to the case;
5. He/she is also responsible for cooperating with the local and state registrars by replying promptly to medical queries concerning the medical certification of cause of death.

The medical certification shall be completed and signed by the physician in charge of the decedent's care for the illness or condition that resulted in death, or by the physician in attendance either at the time of death or immediately before or after. The certifier shall specify the time when death occurred (24 hour clock); and he shall further state the cause(s) of death, so as to show the course of events or sequence of causes resulting in the death, stating:
1. First the condition causing death (terminal);
2. Followed by any contributing (secondary) cause(s);
3. Then the underlying cause or initiating disease condition with the corresponding durations.

The cause of death should be the physician’s best medical opinion. Terms such as “possible”, “probable”, etc. can be used when the certifier is not comfortable making an exact diagnosis. Death records can be amended at any time should additional information become available.

Deaths that may be the result of either disease or violence shall be carefully defined; and if trauma is mentioned, items 46 – 52b, the means of injury, shall be completed. Any information that is not available to the certifier may be indicated as unknown or unavailable. The Manner of Death, item 39, should be completed for all deaths, indicating whether it was probably from natural causes, accident, suicide, homicide, or undetermined. If the manner is stated to be other than natural or undetermined, a trauma must be reported in Part I or Part II.
Subregistrars are also responsible for reviewing the record and the medical certification to insure that traumatic deaths are reported to the medical examiner's office.

WHO MAY SIGN MEDICAL CERTIFICATION

In cases where there is an attending physician, the following persons, when duly licensed (pursuant to chapters 458, 459, and 460, F.S.) and registered in our state, are entitled to complete and sign the medical certification of the death certificate: medical doctors, osteopaths, and chiropractors. Where death occurs without medical attendance, the medical certification on the death certificate must be signed by the medical examiner. (Refer to s. 382.011 (1), F. S.). Nurse practitioners (ARNP) and physicians’ assistants (PA) are not authorized under statute to certify cause of death.

PROBLEM GETTING PHYSICIAN TO SIGN RECORD

The physician in charge of the patient's care for the illness or condition that resulted in death must complete the medical certification of the certificate of death within 72 hours after being presented the death record by the funeral director.

Many times the physician is reluctant to sign a death record. He/she may feel they are not completely sure of the actual cause of death or that it had been some time since they had last seen the decedent. The statute and the death record itself (item 30) states that the physician should determine cause of death to the best of their ability. The funeral director must explain to the physician their responsibility and reference s. 382.008 (3) F.S. regarding who the rightful certifier might be. The following are some suggestions for the funeral director:

1. Funeral director (FD), not funeral home staff, must speak to the physician to verify that he/she is willing to sign the DC. Law enforcement is not authorized to speak for the physician;
2. Funeral director must speak to the physician personally, not their staff, and explain the statutory responsibility for certifying cause of death;
3. Funeral director must provide written documentation that shows all their efforts to have the physician certify the death (Death Registration Delay Report);
4. Why is the physician refusing to sign the DC according to the FD?
   a. Not physician's patient;
   b. Covering physician;
   c. Hadn't seen within 30 days;
   d. Not expected to die;
   e. Should be ME case
5. Where did the death occur?
   a. If at home:
      i. Was there a police report? If so, the CDR should get a copy.
      ii. Was the ME notified?
      iii. If ME, as the district legal authority in these matters, has determined all signs point to natural causes, the attending physician should certify the death
   b. Did the death occur in a hospital or other facility?
      i. Contact the Administrator or Risk Management office of the facility for assistance;
ii. Explain that this death was attended by at least one physician with admitting privileges to this hospital and the appropriate physician should sign the death certificate;

6. Remind the physician: the cause of death should be the physician’s best medical opinion. Terms such as “possible”, “probable”, etc. can be used when the certifier is not comfortable making an exact diagnosis. Death records can be amended at any time should additional information become available.

7. Keep the CDR informed of what is going on with the case;

8. If above efforts are unsuccessful, the CDR can assist in getting the record filed;

9. If the CDR is unsuccessful, the next step is for the Local Registrar to contact the certifier and apprise them of their responsibilities under the law;

10. The medical examiner, in some districts, can be of assistance when trying to get a physician to understand their responsibility in certifying a death record. The CDR or Local Registrar may contact the ME for assistance.

11. When all local efforts have failed to produce a death record, the state office must be contacted.

RESPONSIBILITY IN DEATHS WITHOUT MEDICAL ATTENDANCE

In s. 382.011(1), F.S., a death occurring more than 30 days after the decedent was last treated by a physician, except where death was medically expected as certified by an attending physician, should be reported to the medical examiner. It is presumed if a physician is treating a patient and prescribing prescription(s) for a medical condition, this physician is “attending”, even though the patient has not been seen by the physician in the last 30 days. A physician covering for an absent colleague has access to the patient’s medical records and can also be considered as attending. Pursuant to s. 406.11, F.S., the medical examiner is responsible for the medical certification of cause of death in those cases where the death is unattended by a physician.

Under that portion of the statute dealing with unattended deaths, the funeral director/direct disposer or other person to whose knowledge the death may come, is required to notify the medical examiner that a death occurring without medical attendance has come to his or her attention. The funeral director/direct disposer may not dispose of the decedent prior to registering the death certificate and/or obtaining a burial-transit permit.

The local registrar will take whatever steps deemed necessary to insure that a proper death certificate is prepared and registered prior to authorizing a permit for disposition of the body. If the medical examiner has not been notified, the registrar should refer the case to the district medical examiner for investigation and certification.

RESPONSIBILITY OF CEMETERY SEXTON

Sextons, owners or managers of cemeteries, crematoriums, mausoleums, or other premises on which interments or other dispositions of decedents are made are required to have presented to them a properly issued burial-transit permit before permitting disposition of the body. Such person must endorse upon the burial-transit permit the date and method of disposal, must affix his or her signature attesting to the facts of disposition, and return the permit to the local registrar of the county where final disposition took place within ten days from the date of disposition, as required by s. 382.007 F.S.
If no such person is available, the funeral director is to sign and date the permit and forward it accordingly (s. 382.007, F.S.).

**DEATH REGISTRATION DELAY REPORT (DH 1355)**

Whenever a death certificate is not submitted to the local vital statistics office within the statutory time of five calendar days (s. 382.008, F.S.), or after an extension of time has been granted by a subregistrar or deputy registrar, a Death Registration Delay Report (DRD), form DH 1355, must be submitted by the funeral director/direct disposer to the chief deputy registrar of the county of death.

The DRD report is to be used when a physician or medical examiner has not completed the cause of death on the death certificate within 72 hours (s. 382.008(3) or 382.011(2) F.S.). All of the funeral director's attempts to obtain the death certificate from the physician/medical examiner should be documented on this form.

The DRD report should only be used when a death certificate cannot be filed on time, due to the physician or medical examiner delaying the certificate. It should not be used to justify delays resulting from the use of the mail.

A death certificate should not be held up for filing if personal information is missing. Any personal information not available at the time of filing should be entered as "unknown" or "unobtainable" on the death certificate and the record must be submitted within the required statutory time limit. The death certificate can be amended at a later date should the personal information become available.

**TEMPORARY (PENDING) DEATH RECORDS (s. 382.008 (4,5) F.S.)**

When the medical certification of the cause of death cannot be completed, pending autopsy or medical examiner's report, within the allotted time, a temporary (pending) death certificate is to be registered with the local registrar. A temporary death record is to be registered only in cases where the cause of death is unknown, pending autopsy or official investigation, or where the decedent has not been identified. Temporary records are to be forwarded to the state office in the usual manner. The CDR should keep a log or record of all outstanding temporary records and follow-up with the funeral director after 30 days to check on the status.

A temporary death certificate is to be registered only in cases where the cause of death is unknown, pending autopsy, official report or investigation. Registering of a temporary death certificate relieves the funeral director/direct disposer and certifier of possible violation of Florida Statutes and allows the burial-transit permit to be issued for disposition of the decedent.

A. Filing of temporary records:
   1. Should be registered before final disposition of the decedent, removal from state, or within five days after death or discovery of death;
   2. Must be completed with all information available at time of filing, except for the cause of death, and must be signed by the physician/medical examiner in charge of the case and the funeral director/direct disposer;
   3. The cause of death should be shown as "pending autopsy", "pending investigation," etc. followed by an estimated date of replacement;
4. A death certificate on an unknown decedent is considered a temporary record. The filing of a record must not be held up while waiting for identification of the remains. If the decedent is subsequently identified, the record can be replaced with a permanent record as outlined below.

B. Filing of permanent replacement records when the attending physician/medical examiner completes and determines the cause of death for a temporary death record already registered:
   1. When the attending physician or medical examiner completes and determines the cause of death for a temporary death record already registered or the identity of the decedent, a new and complete record is to be registered as soon as practical as a permanent replacement for the temporary record;
   2. Any information that was unknown or incorrect on the temporary record may be completed and/or corrected on the permanent record;
   3. Changed or corrected information must be documented on the back of the record, in the left margin, accompanied by either the funeral director’s, physician’s, or medical examiner’s signature and date.
      e.g. “Items 4, 7 and 18 corrected. John Q. Funeral, LFD, 3/15/2004”

When the permanent replacement record is received while the local registrar still holds the temporary record, it may be replaced at the local level. This replacement/permanent record simply becomes an original record. The temporary record should be destroyed and only the original (permanent replacement) record forwarded to the state office.

The local registrar should review the permanent record carefully to assure that all changes have been authorized. If there are changes and there is no authorization, the record must be returned to the funeral director for such authorization by the funeral director or physician.

UNIDENTIFIED BODIES

A death certificate must be registered for unidentified human remains. The decedent’s name should be listed as “Unknown.” This certificate should show all known or approximate facts related to the body. The medical examiner should provide all information concerning the place and circumstances under which the body was found. That portion of the record relating to medical certification of the cause of death should be competed to the extent possible.

An “Unknown” is considered a temporary record. If a body is later identified to the satisfaction of the medical examiner and registrar, a new death certificate must be prepared. This certificate will bear the same number as the original certificate and should be processed as any permanent replacement of a temporary record.