

Basic concepts of completing a cause-of-death querying inquiry

1. The cause-of-death information should be your best medical opinion.
2. Always report an etiology for organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure on the lines beneath it.
3. Mechanistic terminal events such as respiratory arrest, asystole, cardiac arrest, cardio-respiratory arrest, ventricular fibrillation, and electromechanical dissociation should not be the only condition included in the cause-of-death statement and are unlikely to be the underlying cause.
4. A primary site and/or histological type should be specified for neoplasms or specify that site and type are unknown.
5. If applicable, please provide the best estimate of the interval between the presumed onset of each condition and death. The terms “approximately” or “unknown” may be used. Do not leave the interval blank; if unknown, indicate that it is unknown.
6. For deaths resulting from injuries, always report the fatal injury event, the trauma, and the impairment of function.
7. Injury items (field # 41-47 in WHALES) should have some sort of entry if the manner has been reported as Accident, Homicide, Suicide, or Undetermined.

Additional guidelines on writing cause-of-death statement can be referenced in the following handbooks/PDF:

1. Instructions for completing the cause-of-death section of the death certificate (laminated plastic card or pocket size folder available from NCHS, also at https://www.cdc.gov/nchs/data/dvs/blue_form.pdf).
2. Instructions for completing the cause-of-death section of the death certificate for injury and poisoning (laminated plastic card or pocket size folder available from NCHS, also at http://www.cdc.gov/nchs/data/dvs/red_form.pdf).
3. Physicians' Handbook on Medical Certification of Death (available from NCHS, also at [Physicians' Handbook on Medical Certification of Death](#)).

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