



Cause of Death Worksheet

Certifiers are required to use EDRS to complete cause of death.
WAC 246-490-200 Electronic reporting of deaths.
Call 855-562-1928 to enroll

Part 1: Completed by Funeral Director

Legal Name	First Name	Middle Name	Last Name	Suffix	EDRS Case ID
Death Date	Sex	Age	County of Death	Birth Date	

Part 2: Completed by Medical Certifier

Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending	Time of Death (24 hours) _____ How Determined <input type="checkbox"/> Actual <input type="checkbox"/> Court Appointed <input type="checkbox"/> Presumed/Estimated <input type="checkbox"/> Found	Autopsy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	If female: <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year	

Cause of Death

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 etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) A. _____	Interval between Onset & Death
B. _____	Interval between Onset & Death
Sequentially list conditions, if any, leading to the cause listed on line A. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. C. _____	Interval between Onset & Death
D. _____	Interval between Onset & Death

Other significant conditions contributing to death but not resulting in the underlying cause given above.

Date of Injury (mm/dd/yyyy) _____ Time of Injury (24 hours) _____	How Determined: <input type="checkbox"/> Actual <input type="checkbox"/> Presumed/Est <input type="checkbox"/> Court Appointed <input type="checkbox"/> Found	Place of injury			
Location of Injury: Number & Street	Apt No	City/Town	State	Zip+4	County

Describe how injury occurred.	Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If transportation injury <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other _____
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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. X	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. X
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Name and Address of Certifier – Physician, Medical Examiner or Coroner (Type or Print)	Date Signed
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Name and Title of Attending Physician if other than Certifier (Type or Print)

Title of Certifier	License Number	ME/Coroner File Number	Was case referred to the ME/Coroner? <input type="checkbox"/> Yes <input type="checkbox"/> No
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FAX Information

Number of Pages: _____

<p>Funeral Home Name: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Phone: _____</p> <p>FAX: _____</p>	<p>Physician: _____</p> <p>Phone: _____</p> <p>FAX: _____</p> <div data-bbox="857 573 1409 695" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Note to Medical Certifier: FAX this worksheet to the Funeral Home.</p> </div>
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On January 1, 2018, the Department of Health (DOH) implemented a new rule that mandates use of the Electronic Death Registration System (EDRS) to file death records. The current “drop to paper” fax process for death registration has been eliminated. Medical certifiers are required to enter and certify cause of death information using EDRS.

WAC 246-490-200 Electronic reporting of deaths. All deaths that occur in Washington State, excluding fetal deaths, must be reported electronically using the format and system prescribed by the state registrar.

To enroll in EDRS, complete the enrollment form located on the EDRS website at www.edrs.doh.wa.gov Click on Forms then Individual Enrollment Form and fax or email it to DOH. Training is available but not required.

To Enroll, Contact DOH EDRS at:
(phone) 855-562-1928 (fax) 360-753-4135
edrs@doh.wa.gov