

Reporting Causes of Death for the Elderly

Center for Health Statistics
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Physicians frequently ask staff at the Center for Health Statistics “How do I report the cause of death for a patient who was 100 years old, had no serious diseases that contributed to the death, but gradually dwindled in health?” This handout has been prepared to offer some answers to questions about the certification of causes of death for the elderly.

It may be difficult to certify causes of death for the elderly because they may seem to die “with their disease” rather than “of their disease.” An elderly person may have several diseases or conditions present, but sometimes none of them alone or together may clearly lead to the death.

When preparing cause-of-death statements, the causes should present a clear and distinct etiological sequence, if possible. Reporting terms such as senescence, old age, infirmity, and advanced age are not valuable for public health or medical research. The age of the decedent and the date of birth are both reported elsewhere on the death certificate. In addition, there are no standards about what age is “old.” While old age is reported more frequently for decedents over the age of 90, the Center for Health Statistics received a death certificate in 2001 for a 55 year old decedent who was reported as dying due to “old age.”

When signing the death certificate, the physician, medical examiner, or coroner certifies that, in his/her medical opinion, the individual died from the reported causes of death. Even if extensive information is available, causes of death may be difficult to determine. The certifier may qualify the causes of death by adding terms such as “probable” or “presumed” or “consistent with.”

The chain of events leading directly to death are reported in Item # 34, proceeding from the **most recent condition** to the **oldest or originating condition**. All other significant diseases or conditions that contributed to death but did not result in the underlying cause of death can be reported in Item #35.

Case 1: If possible, choose a clear and etiologically distinct sequence of causes that led to death. For example:

- 34. a) Aspiration pneumonia - days
- b) Alzheimer’s Dementia – 6 yrs

Case 2: If the immediate cause of death was congestive heart failure with an underlying cause of coronary artery disease, but the patient also had dementia, which in your opinion contributed to the death, but did not directly cause the death, then you may report:

- 34. a) Congestive heart failure – 3-4 months
- b) Coronary artery disease - years
- 35. Multi-infarct Dementia

Case 3: If there was no clear immediate or underlying cause of death, but the patient had pre-existing conditions that probably contributed to the death, you may report:

- 34. a) Undetermined natural causes
- 35. Hypertension

Case 4: Reporting a cause of death as unknown should **only be used as a last resort**. If there were no pre-existing conditions that contributed to the death and no clear immediate or underlying cause of death, and no sign of injury, trauma, or neglect, then report:

- 34. a) Undetermined natural causes

Note: If there are any signs of injury, trauma, drug overdose, abuse or neglect, contact your county medical examiner or coroner.