

Standard Certificate of Death Form R-301

Draft
10-05-06

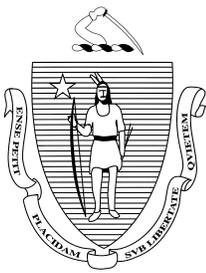
Death Registration Fact Book

(INSTRUCTIONS ON REVERSE SIDE)

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

<p>STATE USE ONLY</p> <p>4c Hosp</p> <p>5 Type</p> <p>6 Hisp Race</p> <p>10 Age</p> <p>15 Resid</p> <p>15 Out-State</p> <p>23 Dep</p> <p>31-32 Autop</p> <p>34 Manner</p> <p>35c Work Inj</p> <p>35f Place</p> <p>36-37 Cert</p> <p>40a Pron</p>	<p>DECEDENT</p> <p>INFORMANT</p> <p>DISPOSITION</p> <p>CERTIFIER</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">1 DECEDENT - NAME FIRST MIDDLE LAST</td> <td>2 REGISTERED NUMBER</td> <td>3 SEX</td> <td>4 DATE OF DEATH (Mo., Day, Yr.)</td> </tr> <tr> <td colspan="2">5 PLACE OF DEATH (City/Town):</td> <td colspan="2">6 COUNTY OF DEATH</td> <td>7 HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number)</td> </tr> <tr> <td colspan="2">8a PLACE OF DEATH (Check only one): <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA</td> <td colspan="2">8b OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)</td> <td>9 SOCIAL SECURITY NUMBER</td> </tr> <tr> <td colspan="2">10 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify Puerto Rican, Dominican, Cuban, etc.) <input type="checkbox"/> NO <input type="checkbox"/> YES</td> <td colspan="2">11 RACE (e.g. White, Black, American Indian, etc.) (Specify)</td> <td>12 IF US WAR VETERAN SPECIFY WAR</td> </tr> <tr> <td colspan="2">13a AGE - Last Birthday (Yrs.)</td> <td colspan="2">13b UNDER 1 YEAR MOS. DAYS HOURS MINS</td> <td>13c UNDER 1 DAY HOURS MINS</td> </tr> <tr> <td colspan="2">14a DATE OF BIRTH (Mo., Day, Yr.)</td> <td colspan="3">14b BIRTHPLACE (City and State or Foreign Country)</td> </tr> <tr> <td colspan="2">15a MARRIED, NEVER MARRIED WIDOWED OR DIVORCED</td> <td colspan="2">15b LAST SPOUSE (If wife, give maiden name)</td> <td>15c USUAL OCCUPATION (Prior - If Retired)</td> </tr> <tr> <td colspan="2">16 RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY</td> <td colspan="2">16a ZIP CODE</td> <td>16b</td> </tr> <tr> <td colspan="2">17 FATHER - FULL NAME</td> <td colspan="2">17a STATE OF BIRTH (If not in US, name country)</td> <td>17b MOTHER - NAME (GIVEN) (MAIDEN)</td> </tr> <tr> <td colspan="2">18 STATE OF BIRTH (If not in the US, name country)</td> <td colspan="2">18a</td> <td>18b</td> </tr> <tr> <td colspan="2">19 INFORMANT'S NAME</td> <td colspan="2">19a MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE</td> <td>19b RELATIONSHIP</td> </tr> <tr> <td colspan="2">20</td> <td colspan="2">21</td> <td>22</td> </tr> <tr> <td colspan="2">23 METHOD OF IMMEDIATE DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTH. SPEC.</td> <td colspan="2">24 FUNERAL SERVICE LICENSEE OR OTHER DESIGNEE</td> <td>25 LICENSE #</td> </tr> <tr> <td colspan="2">26a PLACE OF DISPOSITION (Name of Cemetery, Crematory or other)</td> <td colspan="3">26b LOCATION (City/Town, State)</td> </tr> <tr> <td colspan="2">27a DATE OF DISPOSITION (Mo., Day, Yr.)</td> <td colspan="3">27b NAME AND ADDRESS OF FACILITY OR OTHER DESIGNEE</td> </tr> <tr> <td colspan="4">29 PART I - Enter the diseases, injuries, or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d) PRINT OR TYPE LEGIBLY.</td> <td>Approximate Interval Between Onset and Death</td> </tr> <tr> <td colspan="4">IMMEDIATE CAUSE (final disease or condition resulting in death) a. _____ DUE TO (OR AS A CONSEQUENCE OF)</td> <td></td> </tr> <tr> <td colspan="4">Sequentially list conditions, if any, leading to immediate cause: b. _____ DUE TO (OR AS A CONSEQUENCE OF)</td> <td></td> </tr> <tr> <td colspan="4">UNDERLYING CAUSE (disease or injury that instigated events resulting in death) c. _____ DUE TO (OR AS A CONSEQUENCE OF)</td> <td></td> </tr> <tr> <td colspan="4">LAST d. _____</td> <td></td> </tr> <tr> <td colspan="4">PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.</td> <td></td> </tr> <tr> <td colspan="2">30 MED. EXAM NOTIFIED? (Yes or No)</td> <td colspan="2">31 MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> COULD NOT BE DETERMINED</td> <td>32 DATE OF INJURY (Mo., Day, Yr.)</td> </tr> <tr> <td colspan="2">33 ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> PENDING INVESTIGATION</td> <td colspan="2">34 DESCRIBE HOW INJURY OCCURRED</td> <td>35a TIME OF INJURY</td> </tr> <tr> <td colspan="2">35a</td> <td colspan="2">35b PLACE OF INJURY (At home, farm, street, factory, office bldg., etc.) Specify</td> <td>35c INJURY AT WORK (Yes or No)</td> </tr> <tr> <td colspan="2">35c</td> <td colspan="2">35d LOCATION (No. & St., City/Town, State)</td> <td>35e</td> </tr> <tr> <td colspan="2">36a To be Completed by Certifier ONLY 36a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.)</td> <td colspan="2">36b HOUR OF DEATH</td> <td>36c</td> </tr> <tr> <td colspan="2">36c NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER</td> <td colspan="2">36d</td> <td>36e</td> </tr> <tr> <td colspan="2">36d NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print)</td> <td colspan="2">36e</td> <td>36f</td> </tr> <tr> <td colspan="2">36f</td> <td colspan="2">36g</td> <td>36h</td> </tr> <tr> <td colspan="2">36g</td> <td colspan="2">36h</td> <td>36i</td> </tr> <tr> <td colspan="2">36h</td> <td colspan="2">36i</td> <td>36j</td> </tr> <tr> <td colspan="2">36i</td> <td colspan="2">36j</td> <td>36k</td> </tr> <tr> <td colspan="2">36j</td> <td colspan="2">36k</td> <td>36l</td> </tr> <tr> <td colspan="2">36k</td> <td colspan="2">36l</td> <td>36m</td> </tr> <tr> <td colspan="2">36l</td> <td colspan="2">36m</td> <td>36n</td> </tr> <tr> <td colspan="2">36m</td> <td colspan="2">36n</td> <td>36o</td> </tr> <tr> <td 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(Yes or No)		31 MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> COULD NOT BE DETERMINED		32 DATE OF INJURY (Mo., Day, Yr.)	33 ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> PENDING INVESTIGATION		34 DESCRIBE HOW INJURY OCCURRED		35a TIME OF INJURY	35a		35b PLACE OF INJURY (At home, farm, street, factory, office bldg., etc.) Specify		35c INJURY AT WORK (Yes or No)	35c		35d LOCATION (No. & St., City/Town, State)		35e	36a To be Completed by Certifier ONLY 36a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.)		36b HOUR OF DEATH		36c	36c NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER		36d		36e	36d NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print)		36e		36f	36f		36g		36h	36g		36h		36i	36h		36i		36j	36i		36j		36k	36j		36k		36l	36k		36l		36m	36l		36m		36n	36m		36n		36o	36n		36o		36p	36o		36p		36q	36p		36q		36r	36q		36r		36s	36r		36s		36t	36s		36t		36u	36t		36u		36v	36u		36v		36w	36v		36w		36x	36w		36x		36y	36x		36y		36z	36y		36z		37a	36z		37a		37b	37a		37b		37c	37b		37c		37d	37c		37d		37e	37d		37e		37f	37e		37f		37g	37f		37g		37h	37g		37h		37i	37h		37i		37j	37i		37j		37k	37j		37k		37l	37k		37l		37m	37l		37m		37n	37m		37n		37o	37n		37o		37p	37o		37p		37q	37p		37q		37r	37q		37r		37s	37r		37s		37t	37s		37t		37u	37t		37u		37v	37u		37v		37w	37v		37w		37x	37w		37x		37y	37x		37y		37z	37y		37z		38	37z		38		39	38		39		40	39		40		41	39		40		42	40		41		43	40		41		44	41		42		45	41		42		46	42		43		47	42		43		48	43		44		49	43		44		50	44		45		51	44		45		52	45		46		53	45		46		54	46		47		55	46		47		56	47		48		57	47		48		58	48		49		59	48		49		60	49		50		61	49		50		62	50		51		63	50		51		64	51		52		65	51		52		66	52		53		67	52		53		68	53		54		69	53		54		70	54		55		71	54		55		72	55		56		73	55		56		74	56		57		75	56		57		76	57		58		77	57		58		78	58		59		79	58		59		80	59		60		81	59		60		82	60		61		83	60		61		84	61		62		85	61		62		86	62		63		87	62		63		88	63		64		89	63		64		90	64		65		91	64		65		92	65		66		93	65		66		94	66		67		95	66		67		96	67		68		97	67		68		98	68		69		99	68		69		100
1 DECEDENT - NAME FIRST MIDDLE LAST		2 REGISTERED NUMBER	3 SEX	4 DATE OF DEATH (Mo., Day, Yr.)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
5 PLACE OF DEATH (City/Town):		6 COUNTY OF DEATH		7 HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
8a PLACE OF DEATH (Check only one): <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		8b OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		9 SOCIAL SECURITY NUMBER																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
10 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify Puerto Rican, Dominican, Cuban, etc.) <input type="checkbox"/> NO <input type="checkbox"/> YES		11 RACE (e.g. White, Black, American Indian, etc.) (Specify)		12 IF US WAR VETERAN SPECIFY WAR																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
13a AGE - Last Birthday (Yrs.)		13b UNDER 1 YEAR MOS. DAYS HOURS MINS		13c UNDER 1 DAY HOURS MINS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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15a MARRIED, NEVER MARRIED WIDOWED OR DIVORCED		15b LAST SPOUSE (If wife, give maiden name)		15c USUAL OCCUPATION (Prior - If Retired)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
16 RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY		16a ZIP CODE		16b																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
17 FATHER - FULL NAME		17a STATE OF BIRTH (If not in US, name country)		17b MOTHER - NAME (GIVEN) (MAIDEN)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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19 INFORMANT'S NAME		19a MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE		19b RELATIONSHIP																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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23 METHOD OF IMMEDIATE DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTH. SPEC.		24 FUNERAL SERVICE LICENSEE OR OTHER DESIGNEE		25 LICENSE #																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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29 PART I - Enter the diseases, injuries, or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d) PRINT OR TYPE LEGIBLY.				Approximate Interval Between Onset and Death																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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R-301-04



Commonwealth of Massachusetts Registry of Vital Records and Statistics

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Introduction

PURPOSE

This manual provides instruction for all individuals who participate in the death registration process in the Commonwealth of Massachusetts. The death registration system provides uniform guidelines for completing the Standard Certificate of Death. Background information is included on the importance of individual elements of these documents for legal and statistical purposes and specific instructions for recording death records.

IMPORTANCE OF DEATH REGISTRATION

A death certificate is the permanent legal record of the fact of death of an individual. As a permanent legal record, the death certificate is extremely important to the decedent's family. It is also needed for a variety of medical and health-related research efforts.

The death certificate provides important information about the decedent, such as age, sex, race, date of death, his or her parents, and if currently or previously married, name of the spouse; information on circumstances and cause of death; and immediate disposition. This information is used in the application for insurance benefits, settlement of pension claims, and transfer of title of real and personal property. The certificate is considered to be prima facie evidence of the fact of death. It can be introduced in a court of law as evidence when a question about the death arises. As a service to the decedent's family, the funeral director should prepare the best death record possible. This responsibility makes the funeral director the backbone of this country's death registration system.

Statistical data from death certificates are used to identify public health problems and measure the results of programs established to alleviate these problems. These data are a necessary foundation on which to base effective public health programs. Health departments could not perform their duties without such data.

Mortality statistics are of considerable value to individual physicians and to medical science because they can be used to identify disease etiology and evaluate diagnostic techniques. Demographers use mortality statistics in combination with natality statistics to estimate and project population sizes, which are important in forecasting and program planning. Because the information derived from death certificates can be no more accurate than the data on the certificate, it is very important that all persons concerned with the registration of deaths strive not only for complete registration but also for accuracy and promptness in reporting these events.

STATE RESPONSIBILITY

The responsibility for the preparation of the reporting form as well as the enforcement of all laws relative to death registration falls upon the Registrar of Vital Records and Statistics of the Massachusetts Department of Public Health. The Registrar's office is located on the First Floor, 150 Mt. Vernon St., Dorchester, MA 02125. Any questions regarding death registration should be directed to the Registry at (617) 740-2622. A contact sheet for the Registry staff is included as an appendix to this document.

LOCAL RESPONSIBILITY

The responsibility at the local level is two-fold:

1. The local board of health or its authorized agent receives a satisfactory certificate of death from the funeral director and issues a proper burial permit. It is of the utmost importance that the board of health officer examines the certificate carefully to ensure its proper completion in accordance with uniform guidelines. The board of health agent then transmits the certificate to the city or town clerk for recording.
2. The responsibility of the local clerk is to examine the certificate for any errors or omissions; upon acceptance, to record the certificate of death in the official records of the community. At the appropriate time, the original record is transmitted to the State Registry of Vital Records and Statistics, and a "true copy attest" to the community of residence. If applicable, a "true copy attest" is also sent to the community where burial took place if the decedent was a war veteran.

FUNERAL DIRECTORS' RESPONSIBILITIES

Funeral directors are responsible for obtaining the death certificate from the certifying physician or medical examiner; completing the personal data items on the deceased; and filing a completed certificate with the local board of health or its agent in the city or town where the death occurred in order to obtain a burial permit. In summary, the duties of a funeral director in regard to death registration include:

- * Obtain the certificate from the certifier with item numbers 29 through 40 completed as well as item numbers 1 through 5 on the reverse side of the certificate.
- * Complete all personal data items on the deceased (item numbers 1 through 22).
- * Never leave an item blank. If it is unknown, enter either dashes or "Unknown." If it is not applicable such as occupation for an infant, complete the space with dashes for each individual question.
- * Use permanent black ink only; no strikeouts, erasures or use of liquid whiteout.
- * File a completed death certificate with the local board of health or their authorized agent in order to obtain a burial permit prior to disposition.
- * Notify the medical examiner of any death that is believed to have been due to violence or in any case outlined on the reverse side of the standard certificate of death under "Referral to the Office of the Chief Medical Examiner (OCME) unless this has been previously done by the certifying physician.
- * Assist state and local officials by answering inquiries promptly and call the State Registrar's office for advice or assistance when necessary. See the Contact List in this document.

CHAPTER 1

Creating death records

All vital events have four basic individuals or entities involved in the creation of the record. For death records the responsibilities are as follows:

Subject of the Record	Decedent
Informant	Spouse or heirs at law (in most cases)
Certifier	Physician or Medical Examiner
Facilitator	Funeral Director

Informant (Spouse, Heirs at Law, Executor, Etc.)

Within the statutes on registering and creating a vital record, there is no specific legal definition of the informant in the death registration process. However, in other sections of the law, the informant is defined as the "spouse or heirs at law." The informant may also include the executor, a family friend, etc. The informant is responsible for providing the personal information to the funeral director. The informant has no responsibility for the medical information.

The decedent, however, cannot be the sole informant. In this time of prearrangements, a number of funeral directors may attempt to list the decedent as the informant. If the decedent is listed as the informant, some other individual (this could be the funeral director) must also be included as the informant). The reason that the decedent cannot be the informant alone is that some information such as residence and marital status may change up until the time of death.

Certifier (Pronouncing Registered Nurse, Physician Assistant, Nurse Practitioner, AND Physician and/or Medical Examiner)

The certifier initiates the death certificate process. If the facts of the death meet the criteria the initiation may be with a Pronouncement of Death Form (R-302).

The certifier, in all cases, must be a physician (Medical Doctor or Doctor of Osteopathy). Although there appears to be no place in Massachusetts statutes that explicitly require a pronouncement of death, prior to any type of removal of a decedent, Section 9, chapter 46, M.G.L., lists as one of the physicians able to complete the medical certification on a death certificate, the physician declaring such person dead. Further, this same section of the law allows registered nurses, physician assistants, and nurse practitioners in some limited cases to make a pronouncement to allow for removal of the remains. MGL c. 38, § 6 allows for removal of a decedent upon a telephone request of the police chief to the medical examiner (or in some limited cases to the district attorney) in cases where there is medical examiner jurisdiction). The physician completing the certificate falls into one of

three broad categories as stated in the law:

1. Attending physician (or a physician covering for the attending physician). The definition of attending physician is somewhat vague. A decedent may, in fact, have several physicians who consider themselves "attending physician." For example, if an individual is hospitalized for cardiac surgery dies while in the hospital, the cardiac surgeon, the referring cardiologist or his primary care physician may all consider themselves attending physician? For purposes of certifying the facts of death, any of the three would be highly acceptable, as they should have sufficient information regarding the patient's history to complete accurately the cause of death information.
2. Physician declaring an individual dead or a hospital medical officer. In cases where the certifying physician is not the attending physician, the name of the attending physician is included on the death certificate. This provides a relatively easy mechanism for later amendment of the certificate with more complete information if necessary by the attending physician.
3. Medical examiners.

Physicians (and all others including pronouncers. funeral directors. hospital. personnel. boards of health, clerks. etc.) are required to refer to medical examiners for certification all of the categories of deaths:

1. death where criminal violence appears to have taken place, regardless of the time interval between the incident and death, and regardless of whether such violence appears to have been the immediate cause of death, or a contributory factor thereto;
2. death by accident or unintentional injury, regardless of time interval between the incident and death, and regardless of whether such injury appears to have been the immediate cause of death, or a contributory factor thereto;
3. suicide, regardless of the time interval between the incident and death;
4. death under suspicious or unusual circumstances;
5. death following an unlawful abortion;
6. death relating to occupational illness or injury;
7. death in custody, in any jail or correctional facility, or in any mental health or mental retardation institution;
8. death where suspicion of abuse of a child, family or household member, elder person or disabled person exists;
9. death due to poison or acute or chronic use of drugs or alcohol;
10. skeletal remains;

11. death associated with diagnostic or therapeutic procedures;
12. sudden death when the decedent was in apparent good health;
13. death within twenty-four hours of admission to a hospital or nursing home;
14. death in any public or private conveyance;
15. fetal death as defined in section two hundred and two of chapter one hundred and eleven, where the period of gestation has been twenty weeks or more, or where fetal weight is three hundred and fifty grams or more;
16. death of children under the age of eighteen years from any cause;
17. any person found dead;
18. death in any emergency treatment facility, medical walk-in center, day care center, or under foster care; or
19. deaths occurring under such other circumstances as the chief medical examiner shall prescribe in regulations promulgated pursuant to the provisions of chapter thirty A.

Medical examiners are required to accept the referral for pronouncement and referral in all cases where the medical examiner or his designee is of the opinion that the death was due to violence or other unnatural means or to natural causes that require further investigation, he shall take jurisdiction. In other circumstances, the medical examiner may waive his or her jurisdiction in the case.

Facilitator (Funeral Director)

The funeral directors role in death registration is perhaps the most difficult of any individual involved in vital record creation. Two factors most directly impact on this: the time pressures of obtaining a satisfactorily created certificate prior to disposition and obtaining personal information from a family in what may be very difficult personal period. The basic duties in this process are:

- completing the personal data items on the deceased;
- completing all information relating to the immediate disposition;
- Filing a completed death certificate with the local board of health or their authorized agent to obtain a disposition or removal permit prior to disposition.
- Notifying the medical examiner of any death that is believed to have been due to violence or in any case outlined on the reverse side of the standard certificate of death unless this has been previously done by the certifying physician.
- Assisting state and local officials promptly with any queries regarding the

certificate.

Funeral directors are responsible for obtaining the death certificate from the certifying physician or medical examiner prior to removal of the decedent unless one of the two conditions noted in the box below applies;

The medical examiner may order removal of the decedent from the scene.
Circumstances when a decedent may be removed without a signed death certificate include:

The medical examiner may order removal of the decedent from the scene of the death in order to conduct further examination prior to signing a death certificate, and

A funeral director may remove a body upon receipt of a signed pronouncement of death by a registered nurse, physician assistant or nurse practitioner if the strict criteria for such pronouncements are met.

Chapter 2

Examining and Registering Death Records

The individuals and entities involved in the registration of death records includes: the city or town clerk where the death occurred; the State Registry; the city or town clerk where the decedent resided; and the board of health or burial agent. The process of registration may be somewhat elongated since registration is in two parts. First, is the initial registration by the city or town where the event occurred. After reporting to the State Registry or resident community, additional problems may be found that require activity to rectify any problems with the record.

Burial Agent

The burial agent is responsible for:

- The initial examination of the death certificate for accuracy and completeness prior to issuing the disposition or removal permit. All sections (certifier, decedent, informant, and disposition) of the death certificate should be filled out if applicable. See Examination of a Death Certificate in this fact book.
- Completion of Item #41. The burial agent's signature and date of signing must be completed. This item must be signed by the burial agent issuing the permit.

Because of the nature of death registration and the time problems that can ensue in obtaining disposition or removal permits, burial agents, in a limited number of cases where a certificate with minimal problems has been presented for registration, may issue the permit while retaining the signed certificate until a replacement is presented by the funeral director.

Regardless of the time pressures or the situation, however, the burial agent cannot issue a permit for initial disposition of remains in cases where the death took place in another community.

If a permit is requested after the date of the disposition, accept the death certificate for filing, but complete item #41 as "No Permit Issued." The burial agent must forward the signed certificate and pronouncement form (where applicable) to the city or town clerk for registration with no delay.

City or Town Clerk where Death Occurred

City and town clerks are responsible for:

- Examining the certificate for any errors or omissions;
- Registering the record by adding a registered number, date of record and clerk's signature;
- If the city or town clerk functions as burial agent, the responsibilities described above also apply.

Chapter 3

Disposition or Removal Permits

1. What Are Disposition Or Removal Permits?

Disposition or removal permits provide the funeral director with legal authority to remove a body from a community, bury, cremate, entomb, transport or exhume human remains. A signed death certificate may be used to remove a body from a community; However, if a permit is not obtained within 36 hours, the remains must be returned to the community where the death occurred.

Disposition or removal permits (Form R-309) come in a book of 100 or 50 permits. The permit is a 3-part perforated form. All three sections must be completed by the agent. All must have the same number assigned to assist in tracking down any missing permit. The information needed on the permit must be readily available on the death certificate if it is to be judged complete.

2. Who Issues Disposition Or Removal Permits?

Within each of the 351 cities and towns of the Commonwealth, one person or group of persons functions as the burial agent(s). The burial agent serves two major functions:

- Issuance of the permit guarantees that appropriate legal steps have been taken prior to any disposition (i.e., transportation, cremation, burial, entombment, or exhumation) of remains.
- Insures the timely filing of a satisfactorily completed death certificate.

These functions impact strongly on both the public safety and health of the citizens of the Commonwealth.

The Board of Health (or if no Board of Health exists in a community, the Town Clerk) either functions as the burial agent or designates burial agent(s). In many communities the function has remained with the clerk even though there now is a Board of Health. Anyone designated as a burial agent should be designated in writing and kept on file with the Board of Health.

3. When Is A Disposition Permit Required?

A disposition permit, formerly called a burial or removal permit, is required under the following circumstances:

1. Whenever a death occurs in the Commonwealth, a disposition permit is required prior to any disposition of the remains including, but not limited to: (1) burial, (2) cremation, (3) removal from state, (4) entombment, (5) medical donation, and (6) holding for later disposition. A satisfactorily completed death certificate must be submitted to the burial agent prior to

the issuance of the permit in the community where the death occurred. The burial agent is responsible for forwarding the death certificate to the city or town clerk.

2. If a fetal death occurs that is reportable to the State Registry (20 weeks gestational age or weight of 350 grams), a photocopy of the Report of Fetal Death is used to issue the permit. This Report of Fetal Death is a confidential report that is retained for 30 days only by the burial agent and is not forwarded to the city or town clerk. If a fetal death occurs of less than 20 weeks gestation or does not weigh 350 grams, a letter from the physician or hospital stating the facts of the case is used to obtain the disposition permit. There is no Report of Fetal Death.
3. Whenever a body is brought into the Commonwealth for disposition without an equivalent disposition or transportation permit from another jurisdiction, a disposition permit is required. This permit is issued in the community where the disposition is to take place. A certified copy of the death record is required from the jurisdiction where the death occurred. This death certificate is retained with the disposition permit and is not forwarded to the town clerk for registration.
4. If a decedent whose remains were previously disposed of in the Commonwealth either through burial, cremation, entombment, etc., is removed to another location in the Commonwealth, even if it is to a different grave in the same cemetery, a disposition and/or removal permit is required. This permit is issued by the burial agent in the community where the initial disposition took place. If the death occurred in the same community, no additional evidence is necessary since the original burial (or disposition) permit is on file in that community. If, however, the death occurred in another community, a certified copy of the death certificate is required prior to issuance of the permit. This certificate is retained with the permit as evidence and is not forwarded to the city or town clerk.

4. How Are Disposition Or Removal Permits Completed?

After the burial agent has completed all three sections (except for the endorsement), sections two and three should be detached along the perforations and given to the funeral director. The funeral director then gives them to the superintendent of the cemetery or crematory or other appropriate person where the remains of the decedent are disposed. The cemetery superintendent retains the second portion for the files of his facility and returns the endorsed, section three to the burial agent of the community where the permit was issued.

Upon the final disposition of the decedent, the superintendent or other person retains the middle portion in their records permanently and returns the outer portion of the disposition or removal permit to the issuing agent who attaches this portion to the permit in their book.

5. What Happens After The Disposition Permit Is Completed?

After the burial agent has completed all three sections (except for the endorsement), sections two and three should be detached along the perforations and given to the funeral director. The funeral director then gives them to the superintendent of the cemetery or crematory or other appropriate person where the remains of the decedent are disposed. The cemetery superintendent retains the second portion for the files of his facility and returns the endorsement, section three, to the burial agent of the community where the permit was issued.

Section One, near the left-hand binding, is retained by the burial agent issuing the permit. After all disposition permits in one book are completed, the front and back covers should be cut down to the same size as Section One, thus creating a book of permanent public records.

6. Who Completes the Endorsement In Sections Three?

This endorsement is completed and signed by the superintendent of the cemetery or crematory. Please note: If there is no superintendent in charge. The funeral director MUST sign and return section three to the burial agent.

7. How Are Exhumation Permits Obtained?

(Although not under the jurisdiction of the Registry of Vital Records and Statistics, the following information is provided as additional information only. The local Board of Health should be consulted about exhumation procedures in each city or town.)

After a permit has been issued for initial disposition and a new disposition is being planned, i.e., exhumation, burial after entombment, etc., the requirements for issuing the permit vary depending upon the place of death and place of initial disposition.

1. If the death and initial disposition took place in the same community, the burial agent may issue a new permit for an exhumation and reburial upon presentation of proper authority (permission of family, court order, etc.) from the funeral director. The record of the issuance of the initial disposition or removal permit in the community's records provides the legal basis for the fact of death.
2. If the initial disposition took place in another community, a certified copy of the death certificate must be presented to the burial agent in the community where the original disposition took place prior to the issuance of a removal permit.

For example, John Doe died in Boston and was buried in West Roxbury. His remains are being exhumed and reburied in Florida. The funeral director will obtain a removal and new disposition permit from the Boston Health Department upon presenting authority from the family to perform the exhumation. No copy of the death certificate is required. However, if John Doe died in Boston and was initially buried in Cambridge, the removal and new disposition permit will be obtained from Cambridge Health Department and will require a certified copy of the death certificate as well as authority to conduct the exhumation.

All of the various individuals involved in death registration should consider the following when examining death records for completeness. This is not necessarily an all-encompassing list but does contain the basic information necessary for a satisfactorily completed death certificate.

General Record Examination Questions

1. Are all necessary items completed?
2. Are all items legible and in permanent black ink?
3. Are there any erasures, strikeouts, etc.?
4. If the certificate indicates a pronouncement by a Registered Nurse, Physician Assistant or a Nurse Practitioner, does the Pronouncement form accompany the certificate?
5. Has the disposition or removal permit been issued for this decedent?
6. Will the certificate photocopy legibly?
7. Do you keep a record of the issuance of the certified copies?
8. How many copies need to be made for legally required reports?

CHAPTER 4 GENERAL AND SPECIFIC INSTRUCTIONS FOR COMPLETING DEATH CERTIFICATES.

The data necessary for preparing the death certificate are obtained from the following persons:

- * Informant (in order of preference, the spouse, one of the parents, one of the children of the decedent, another relative or other person who has knowledge of the facts).
- * Certifying physician or medical examiner or pronouncer.
- * Hospital or physician records.

It is essential the certificates be prepared as permanent legal records.

- * File the original certificate with the local board of health agent. Reproductions or duplicates are not acceptable.
- * Avoid abbreviations, except those recommended in the specific item instructions.
- * Verify the spelling of names with the informant. Be especially careful with names that can have different spellings for the same sound (Smith or Smyth, Gail or Gayle, and Wolf or Wolfe).

- * Refer problems not covered in these instructions to the local city or town clerk or to the State Registry of Vital Records and Statistics.
- * Use the current form designated by the state (R-301-01) or (R-301-05). Older versions may not be accepted for registration...
- * Type all entries whenever possible. If a typewriter cannot be used, print legibly in permanent black ink.
- * Complete each item, following the specific instructions for that item.
- * Do not make alterations or erasures.
- * Obtain signatures. Rubber stamp or other facsimile physician's signatures are not acceptable.

COMPLETING THE MASSACHUSETTS STANDARD CERTIFICATE OF DEATH (FORM R-301-01 OR R-301-05).

DECEDENT INFORMATION

Note to Clerks

There may be significant differences in the name listed by the physician on the reverse of the certificate with that given by the informant. As long as it is clearly the same individual being referred to, the information given in item number 1 should always be considered the correct name and no new certificate requested. If the back of the death certificate has not been completed by the hospital or physician, this record cannot be accepted for registration.

NAME OF DECEDENT: For use by physician or institution

The reverse of the certificate contains a line where the physician or hospital can write in the name of the decedent. This allows the hospital to assist in completing the death certificate before the body is removed by the funeral director. However, the funeral director is responsible for completion of the personal information about the decedent, as the hospital or physician frequently does not have the complete legal name of the decedent. Therefore, hospitals or physicians should enter the name they have for decedents in this item and funeral directors will enter the full legal name in item 1.

1. DECEDENT'S NAME (First, Middle, Last)

Type or print the full first, middle and last name of the decedent. Do not abbreviate. Alias or "Also Known As" names should also be entered above the legal name or in parentheses (for example, AKA-Smith). Such names should only be used if they are being used by the decedent at the time of death. Do not enter any previous names of the decedent such as previous married names.

If the decedent is a member of a religious order, enter both the birth name and religious name, i.e., Mary Jane Jones AKA Sister Mary Joseph. If the decedent has no middle name, place a dash ("--") in place of the middle name.

The name supplied by the funeral director in this item may differ from that completed by the physician or hospital in item 1 on the reverse of the certificate.

Informational Note: This item is used to identify the decedent.

2. SEX

Enter male or female. An abbreviation of "M" or "F" may be used. The designation for sex on the reverse of the certificate must match that placed on the front by the funeral director. If there is any discrepancy in the designation for sex between the front and the reverse side of the certificate, a new certificate must be obtained from the physician. However, the front of the certificate may contain an abbreviation and a full designation may appear on the reverse.

If sex cannot be determined after verification with medical records, inspection of the body, or other sources, enter "Unk". This item must be completed.

Informational Note: This item aids in the identification of the decedent. It is also used in research and statistical analysis to determine sex-specific mortality rates.

3. DATE OF DEATH (Month, Day, Year) in alphanumeric format

<p>NOTE TO CLERKS The date of death is legally one of the most important items on the death certificate. If the date given on the reverse of the certificate by the physician or medical examiner disagrees with that given in item number 3, the record must be rejected and a new certificate created.</p>

Enter the exact month, day and year that the death occurred

Enter the full or abbreviated name of the month (Jan., Feb., Mar., etc.). **Do not use a number to designate the month.** AAA/99/9999. Certificates using a numeric designation for the month will be automatically rejected and will require a new certificate.

Pay particular attention to the entry of the month, day or year when the death occurs around midnight or on December 31. Consider a death at midnight to have occurred at the end of one day rather than the beginning of the next. For instance, the date for a death that occurs at midnight on December 31 should be completed as December 31.

If the exact date of death is unknown, the certificate **must be completed by a medical examiner.** The date of death must be approximated by the medical examiner. "On or about" should be placed before the date. In extremely limited circumstances, even an approximation is impossible because of the condition of the remains or the circumstances surrounding the death. In these very limited cases, the date of death may be replaced by the date the remains were found with the word "Found" preceding the date. This is **not** to be used in cases where a person was found unattended after a period of several days.

The date of death is determined by the individual providing medical certification. For this reason, the date of death in item number 3 must agree with that on the reverse of the certificate. If there is a discrepancy between these dates, a new certificate will be necessary.

Informational Note: This item is used in conjunction with the hour of death to establish the exact time of death of the decedent. Epidemiologists also use the date of death in conjunction with the cause of death information for research on intervals between injuries, onset of conditions, and death.

4a-c PLACE OF DEATH

<p>Note to Clerks: The place of death on the reverse of the certificate must agree with Item 4. The only acceptable discrepancy would be a minor spelling error. Check for the place of death with the type of location where the death occurred. If the death is listed as "DOA", the place of death must be the hospital and not the site of an accident. Also check to determine whether or not the record should be recorded in your community. If a record is accepted in your community and a burial permit issued, but the death occurred in another community, contact the State Registry before proceeding.</p>

All information given for item 4a-c must agree exactly with that given by the certifying physician or medical examiner on the reverse of the certificate. If there is a discrepancy, a new certificate will be necessary.

In Massachusetts, death certificates are filed initially in the city or town where the death occurred. In an extremely limited number of cases annually (probably less than 10 deaths), the medical examiner will not know at the time of the initial filing of the death certificate if the death occurred where the body was found. In these type of cases the medical examiner would fill out the death certificate with the word "Found" preceding the place of death.

If the death occurred on a moving conveyance in the United States and the body was first removed from the conveyance in Massachusetts, complete a death certificate and enter as the place of death the address where the body was first removed from the conveyance.

If the death occurred on a moving conveyance in international waters, international airspace, or in a foreign country or its airspace and the body was first removed from the conveyance in Massachusetts, register the death in Massachusetts in the city or town where the body was first removed from the conveyance, but enter the actual place of death insofar as it can be determined.

4a. CITY OR TOWN OF DEATH

Enter the city or town where the death occurred with the exception listed above. Do not enter names of villages or sections of a city or town. **EXCEPTION:** If a city or town has two or more streets with the same name, the name of the village or section of the community should be used to locate precisely the place where the death occurred. In these limited cases, also use the official name of the city or town.

In an extremely limited number of cases (probably less than 10 deaths annually), the medical examiner at the time of the initial filing of a death record will not be sure if the death occurred where the body was found. In these type of cases the medical examiner would fill out the death certificate with the word "Found" preceding the place of death.

4b. COUNTY OF DEATH

Enter the name of the county where the death occurred. The county must agree with the city or town listed in number 4a.

4c. FACILITY NAME (If not institution, give street name and number)

Hospital Deaths

If the death occurred in a hospital, enter the full name of the hospital. If the death occurred en route or on arrival at a hospital, enter the full name of the hospital. Deaths that occur in an ambulance or emergency squad vehicle en route to a hospital fall into this category.

Nursing Homes, Rest Homes or Hospices

If the death occurred in a nursing home, rest home or hospice, enter the full name of the facility.

Other Deaths

If the death occurred at a residence, enter the house number and street name. This residence may or may not be the residence of the decedent. It could be the residence of a relative or friend.

If the death occurred at some place other than those described above including a correctional institution, residential school or group home for the mentally challenged, enter the number and street name of the location only, not the name of the institution.

If the death occurred on a highway, describe the location as precisely as possible. For example, the death occurred on "Route 95, two miles south of Exit 18".

If the death occurred on a moving conveyance, enter the name of the vessel, for example, "S.S. Emerald Seas (at sea)" or "Delta Airlines Flight 296 (in flight)".

Informational Note: Information on place of death is needed to determine who has jurisdiction for deaths that legally require investigation by a medical examiner. These items are also used for research and statistics comparing hospital and non-hospital deaths. Valuable information is provided for health planning and research on the utilization of health facilities.

5. PLACE OF DEATH

NOTE TO CLERKS:	As previously noted, pay particular attention to those cases where the death is listed as “DOA”. If a death is listed as dead on arrival, the place of death must be the hospital and not the accident scene.
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Hospital:

inpatient ER/Outpatient DOA (dead on arrival)

OTHER:

Nursing Home Residence Other (Specify)

Check the type of place where the death occurred.

If number 4c contains a hospital name, one of the three boxes relating to hospitals must be checked. “Inpatient” would be checked if the decedent died after admission to a hospital. If the decedent reached the hospital alive but was not admitted, the box for “ER (emergency room)” or “Outpatient” would be checked. If the decedent is pronounced dead on arrival, check “DOA”.

If the decedent was pronounced somewhere other than a hospital, check the box indicating where pronouncement occurred – i.e., a nursing home, residence, etc. If death was pronounced at a licensed long-term care facility (for example, a nursing home or rest home), check the box that indicates nursing home. If the death occurred at a residence, regardless of whether it was the decedent’s residence, check the box for residence.

If the box for “Other (Specify)” is checked, specify where the death occurred, such as a physician’s office, health clinic, highway where a traffic accident occurred, a vessel, or at work. If the decedent’s body was found, the place where the body was found should be entered as the place of death.

This form must agree exactly with that completed by the certifying physician or medical examiner on the reverse of the certificate.

6. SOCIAL SECURITY NUMBER

Enter the social security number of the decedent. If the decedent has no social security number (if the decedent is a child, for example), write “None” in this item. If the social security number is unknown, write “Unknown” in this item.

Informational Note: **This item is useful in identifying the decedent and facilitates the filing of social security claims.**

7. IF U. S. WAR VETERAN, SPECIFY WAR.

If the decedent was a U. S. war veteran, specify war; for example, WW1, WW2, Korean, Vietnam, etc. If the decedent has not served in the Armed Services or was not a war veteran, answer “No” in this item. We have included in this manual MGL, Chapter 4 which indicates what constitutes a war veteran

The decedent’s veteran status may only be completed if the additional information is completed on the reverse side of the certificate. Massachusetts General Laws require that war veteran status may only be completed if an affidavit is filed substantiating the dates of service, etc. Completion of the reverse side of the certificate will fulfill this obligation.

Informational Note: Veteran status is important for certain health studies and for providing information to veteran's groups.

8a. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes--If Yes, specify Puerto Rican, Dominican, Cuban, etc.)

No Yes Specify:

Check "No" or "Yes." If "yes" is checked, enter the specific Hispanic group. This item must be completed on all certificates. The entry in this item should reflect the response of the informant.

For purposes of this item, "Hispanic" refers to people whose origins are from Spain, Puerto Rico, Dominican Republic, Cuba, Mexico, or other Spanish-speaking countries of Central or South America. Origin can be viewed as ancestry, nationality, lineage, or country in which the person or his or her ancestors were born before their arrival in the United States.

There is no set rule as to how many generations are to be taken into account in determining Hispanic origin. A person's Hispanic origin may be reported based on the country of origin of a parent, a grandparent, or some far-removed ancestor. The response should reflect what the decedent considered himself or herself to be and should not be based on percentages of ancestry. If the decedent was a child, the parent(s) should determine the Hispanic origin based on their own origin. Although the prompts include the major Hispanic groups of Puerto Rican, Dominican and Cuban, other Hispanic groups may also be identified in the space provided.

If the informant reports that the decedent was of multiple Hispanic origin, enter the origins as reported (for example, Mexican-Puerto Rican). If an informant identifies the decedent as Mexican-American or Cuban-American, enter the Hispanic origin as stated. This item is not part of the Race item. A decedent of Hispanic origin may be of any race. Each question, Race and Hispanic origin should be asked independently.

Informational Note: Hispanics comprise the second largest ethnic minority in this country. Reliable data are needed to identify and assess public health problems of Hispanics and to target efforts to their specific needs. Information from this question will permit the production of mortality data pertaining to the Hispanic community.

8b. RACE--White, Black, American Indian, etc. (Specify)

NOTE TO CLERKS:	The race of the decedent should remain as stated by the informant. Although there are guidelines on what is acceptable and should be accepted as listed.
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Enter the race of the decedent as stated by the informant.

For Asians and Pacific Islanders, enter the national origin of the decedent such as Chinese, Japanese, Korean, Filipino, Vietnamese, Laotian, etc.

If the informant indicates that the decedent was of mixed races, enter both races or ancestries. A decedent of Hispanic origin should have an independent answer to this question. Although

“Hispanic” is not a preferred response for this item, many informants will only feel comfortable with this for response. This should be accepted.

Informational Note: Race is essential for identifying specific mortality patterns and leading causes of death among different racial groups. It is also used to determine whether specific health programs are needed in particular areas, as well as to make population estimates.

9. DECEDENT’S EDUCATION (Specify only highest grade completed)

NOTE TO CLERKS: It is quite possible that an informant would be unaware of a decedent’s educational background. Because of this, it is reasonable to accept “Unknown” as an answer to this question.

Elementary/Secondary (0-12) College (1-4 or 5+)

Enter the highest number of years of regular schooling completed by the decedent in either the space for elementary/secondary school or the space for college. An entry should be made in only one of the spaces. The other space should be left blank. Report only those years of school that were completed. A person who enrolls in college but does not complete one full year should not be identified with any college education in this item.

Count formal schooling. Do not include beauty, barber, trade, business, technical or other special schools when determining highest grade completed. In cases of children who have not yet started school, place a zero under “Elementary/Secondary.” If this information is unknown, write “Unknown” in this space.

Example: Jane Smith graduated from high school and completed 3 years of college. Item 9 would be completed in the following manner:

Elem/Sec (0-12) | College (1-4, 5+)
_____ | _____ 3 _____

Informational Note: This item is used in studies of the relationship between education and mortality and provides an indicator of socioeconomic status, which is also closely associated with mortality. This information is valuable in medical studies of causes of deaths and in prevention

10a -d AGE/DATE OF BIRTH

NOTE TO CLERKS: For both legal and data reasons, these items are extremely important. The age as stated in number 10a must agree with the date of birth given in number 10d. If these two items are inconsistent, it is impossible to determine which is in fact the correct item. If the record is registered with a disagreement between these two items, it will become necessary to file an Affidavit and Correction of Death Record with evidence provided. Records with such an Inconsistency will be rejected by the State Registry.

Make one entry only in either 10a, 10b or 10c, depending on the age of the decedent.

10a. AGE--Last Birthday (Years)

Enter the decedent's exact age in years at his or her last birthday. If the decedent was under 1 year of age, leave this item blank.

10b. UNDER 1 YEAR (Months, Days)

Enter the exact age in either months or days at time of death for infants surviving at least 1 day.

If the infant was 1-11 months of age inclusive, enter the age in completed months.

If the infant was less than 1 month old, enter the age in completed days.

If the infant was over 1 year or under 1 day of age, leave this item blank.

10c. UNDER 1 DAY (Hours, Minutes)

If an infant did not survive an entire day, enter the exact number of hours or minutes the infant lived.

If the infant lived 1-23 hours inclusive, enter the age in completed hours.

If the infant was less than 1 hour old, enter the age in minutes.

If the infant was more than 1 day old, leave this item blank.

10d. DATE OF BIRTH (Month, Day, Year)

Enter the exact month, day, and year that the decedent was born.

Enter the full or abbreviated name of the month--January or Jan. Do not use a number to designate the month.

Check carefully that the date of birth and age presented in number 10a-10c make logical sense. If these items do not agree, a legal amendment requiring evidence will be necessary to correct the record.

Informational Note: Information from this item is used to study differences in age-specific mortality and in planning and evaluating public health programs. The date of birth is useful in identification of the decedent for legal purposes. It also helps verify the accuracy of the age item.

11. BIRTHPLACE (City and State or Foreign Country)

<p>NOTE TO CLERKS: Please be aware that it is important to obtain the city or town in the case of foreign born individuals as well as those born in the United States. Although the city or town is important and is required information, the Registry would not automatically reject a record which did not contain this information.</p>
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If the decedent was born in the United States, enter the name of the city/town and state.

If the decedent was not born in the United States, enter the name of the country of birth whether or not the decedent was a U.S. citizen at the time of death.

If the decedent was born in the United States, but the city/town is unknown, enter the name of the state only. If the state is also unknown, enter "U.S.--unknown."

If the decedent was born in a foreign country but the city is unknown, enter the name of the foreign country only. If the country is also unknown, enter "Foreign--unknown."

If no information is available regarding place of birth, enter "Unknown."

Informational Note: This item is used to match birth and death certificates of a deceased individual. Matching these records provides information from the birth certificate that is not contained on the death certificate and may give insight into which conditions led to death. Information from the birth certificate is especially important in examining the cause of infant mortality.

12. MARITAL STATUS--Married, Never Married, Widowed, Divorced (Specify)

NOTE TO CLERKS: This is an extremely important item and can be very difficult to amend. If, for example, a response of "divorce" is entered and subsequently a spouse appears who alleges that a divorce never took place, this is very difficult to prove as a divorce may have been granted in another state. The fact that they were not divorced in Massachusetts is not proof of any divorce. Please note: if a marriage was legally annulled by a court of law, the response is "never married".

When examining records, it is important to use a reasonable standard of what is appropriate. For example, if the decedent is an infant, the appropriate answer is "never married"; however, a dash (-) or the response of "no" in this category should be accepted since it is not possible that a child was married.

Enter the marital status of the decedent at the time of death. Specify one of the following: Married, never married, widowed, or divorced. "Never married" may be abbreviated to "Nev. Mar." A person is legally married even if separated or if a divorce is in process. A person is no longer legally married only when there is a divorce absolute. If a divorce Nisi is signed by a judge, there is a 90 day waiting period. If a person dies within that 90 days they are considered to be still married.

If the marital status cannot be determined, enter "Unknown." Do not leave this item blank.

13. LAST SPOUSE (If wife, give maiden name)

NOTE TO CLERKS:	In all cases where the response to number 12 was not “Never Married”, a name of spouse must be given. “Last Spouse” refers to the current spouse, if applicable, or the spouse of the last marriage.
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If item 12 (Marital Status) was answered as “Married,” enter the full name of the surviving spouse. If the surviving spouse is a wife, enter her first and maiden name.

If item 12 (Marital Status) was answered as “Widowed” or “Divorced” (i.e., the decedent was not married at the time of death but had been previously married), enter the full name of the decedent’s last spouse. If the last spouse is a wife, enter her full maiden name.

If item 12 (Marital Status) was answered as “Never married,” enter “None” in this item.

If the decedent was married at any time, but the name of the spouse is unknown, enter “Unknown.” Do not leave this item blank.

Informational Note: This item is used in genealogical studies and in establishing proper insurance settlement and other survivor benefits.

14a-b. USUAL OCCUPATION / INDUSTRY

These items are to be completed for all decedents 14 years of age and over. Enter the information even if decedent was retired, disabled or institutionalized at the time of death. If the decedent was under 14 years of age, enter “None” in these items.

14a. DECEDENT’S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use “Retired” as a response.)

NOTE TO CLERKS:	Significant latitude should be given with this item. Do not reject records that contain the specific name of a company.
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Enter the usual occupation of the decedent. This is not necessarily the last occupation. “Usual occupation” is the kind of work the decedent did during most of his or her working life, such as claims adjuster, farm hand, textile worker, janitor, store manager, college professor, or civil engineer. Never enter “Retired.”

If the decedent was a homemaker during most of his or her working life, and never worked outside the household, enter “Homemaker”. Otherwise enter the primary occupation of the individual.

Enter “Student” if the decedent was a student at the time of death and was never regularly employed or employed full time during his or her working life.

If the decedent never worked and was not a homemaker or student, enter “never worked” in this item.

14b. KIND OF BUSINESS / INDUSTRY

Enter the kind of business or industry to which the occupation listed in 14a is related such as insurance, farming, textile manufacturing, hardware store, wholesale or retail clothing (If this information regarding the distinction between wholesale and retail is available, it is important to provide it.), university or government. Do not enter firm or organization names unless the informant is unable to classify the kind of business or industry.

If "Homemaker" is entered as the decedent usual occupation in item 14a, enter "Own Home" or "Someone else's home", whichever is appropriate.

If the decedent was a student at the time of death and "Student" is entered as the decedent's usual occupation in item 14a, enter the type of school, such as high school or college in item 14b.

If "Never worked" was entered in 14a, place a dash in this item.

Informational Note: These items are useful in studying occupational related mortality and in identifying job-related risk areas. For example, correlating asbestos used in particular occupations in the shipbuilding industry to respiratory cancer was possible with this information.

15a-b. RESIDENCE / ZIP CODE

NOTE TO CLERKS: Residence is one of the most important items on the death certificate for three reasons. It must be correct for legal residence registration, the address given as residence may impact on where a will is probated, and tax liability of the heirs, and finally this item is extremely important for data collection purposes.

The residence in item 15 a-b must be one of the 351 cities/towns in Massachusetts. A village designation may not be used.

The residence of the decedent is the place where his or her household is located. This is not necessarily the same as "home state," "voting residence," "mailing address," or "legal residence." The state, county, city and street address should be for the place the decedent actually lived most of the time. Do not enter a temporary residence, such as one used during a visit, business trip, or a vacation. However, place of residence during a tour of military duty or during attendance at college is not considered temporary and should be entered as the place of residence on the certificate.

If the decedent has been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, the facility address should be entered as the place of residence in item 15a. Do not enter the name of the facility, but use a street address. If someone has been in a nursing home for some period of time, either the nursing home address can be used or the address where the resident of the nursing home last resided can be listed.

If the decedent was a child, residence is the same as that of the parent(s), legal guardian or custodian unless the child was living in an institution where individuals usually reside for long periods of time, as indicated above. In those instances, the residence of the child is shown as the facility.

If the decedent was an infant who never resided at home, the place of residence is that of mother or legal guardian. Do not use an acute care hospital as the place of residence for any infant.

15a. RESIDENCE (No. & Street, City/Town, County, State or Foreign Country)

Enter the number and street name of the place where the decedent lived. Do not enter the name of the facility. If the place has no number and street name, enter the Rural Route number or box number. Do not use a mailing address.

Enter the name of the city or town in which the decedent lived. Do not enter names of villages or sections of a city or town.

EXCEPTION: If a city or town has two or more streets with the same name, the name of the village or section of the community should be used to locate precisely the place where the decedent resided. In this case, include the name of the city or town also. The city or town may differ from the city or town used in the mailing address.

Example: 150 Mt Vernon St., Dorchester, Boston, MA 02125

Enter the name of the county in which the decedent lived. The county must be given for the listed city or town.

Enter the name of the state in which the decedent lived. This may differ from the name of the state in the mailing address. If the decedent was not a resident of the United States, enter the name of the country and the name of the unit of government that is the nearest equivalent to a state.

15b. ZIP CODE

NOTE TO CLERKS: Some confusion appears to exist around the concept of ZIP code in cases where more than one ZIP code exists in a community. Think of ZIP codes as a separate item from the rest of the address. The name of the city or town should be the legal name of the community in which the residence is located, i.e., Barnstable, not Hyannis. ZIP codes, on the other hand, are not a part of a legal address but should be that ZIP code which is connected with the residence. If a community has more than one ZIP code connected with post offices using different mailing addresses, the ZIP code will still be the one connected with the physical location of the residence and not the name of the town.

Enter the 5-digit ZIP code of the place where the decedent lived. This may differ from the ZIP code of the mailing address if the mailing address is a Post Office Box or different from their residence. However, if an individual lives in a community with more than one ZIP code, list the ZIP code connected with the individual's residence.

Informational Note Mortality data by residence are used with population data to compute death rates for detailed geographical areas. These data are important in environmental studies. Data on deaths by place of residence of the decedent are also used to prepare population estimates and projections. Local officials use this information to evaluate the availability and use of services in their area. Information on ZIP codes is valuable for studies of deaths for small areas.

16. FATHER-FULL NAME

NOTE TO CLERKS: It is important to remember that there are no legal requirements for determining paternity on death certificates. The information provided by the informant is the sole source and legal basis for this information. If a mother is married, for example, and her child dies, she may list someone other than her husband as the father. In order to do so on a birth record, a specific legal process must be followed. This is not necessary on a death certificate. Also, remember that death records with no father listed are open, public records.

Type or print the first, middle, and last names of the father of the decedent. The name of the father is given by the informant and does not have to agree with information on the birth certificate. For example, if an infant dies who was born out of wedlock, placement of the father's name on the birth record requires the filing of special affidavits. This is not necessary on the death record. Do not leave this item blank. If this information cannot be determined, enter "Unknown."

17. FATHER-BIRTHPLACE

Enter the birthplace of the father. If he was born in the U.S., enter the name of the state. If he was not born in the U.S., enter the name of the country. If he was born in the U.S., but the state is unknown, enter "U.S.--Unknown." If he was born in a foreign country, but the name of the country is unknown, enter "Foreign--Unknown." If no information is available, enter "Unknown."

18. MOTHER'S NAME (FIRST, MIDDLE, MAIDEN SURNAME)

Type or print the first, middle and maiden surname of the mother of the decedent. This is the name given at birth or adoption, not a name acquired by marriage. Do not leave this item blank. If this information cannot be determined, enter "Unknown."

19. MOTHER-BIRTHPLACE

Enter the birthplace of the mother. If she was born in the U.S., enter the name of the state. If she was not born in the U.S., enter the name of the country. If she was born in the U.S., but the state is unknown, enter "U.S.--Unknown." If she was born in a foreign country, but the name of the country is unknown, enter "Foreign--Unknown." If no information is available, enter "Unknown."

Informational Note: The information relating to the decedent's parents aid in the identification of the decedent's record. The maiden surname is important for matching the record with other records because it remains constant throughout a lifetime, in contrast to other names which may change because of marriage or divorce. These items are also of importance in genealogical studies.

INFORMANT

20. INFORMANT'S NAME (Type or Print)

Type or print the name of the person who supplied the personal facts about the decedent and his or her family.

The decedent cannot be the sole informant. Although in a number of cases, the informant may provide most of the information to the funeral director in making pre-arrangements, some personal information may change right to the day of death (for example--marital status, spouse's name, or residence). In cases such as this, an additional informant will be necessary. It may be a relative or in cases where there is no family, it may be a nursing home administrator or anyone with information relating to those items subject to change. If there is no one else the funeral director may be an informant along with the decedent. In these cases the decedent and the funeral director's name will be in this item.

21. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP code)

Enter the complete mailing address of the informant whose name appears in item 20. Be sure to include the ZIP code. If the decedent is one of the informants, include the mailing address of the additional informant. Since the informant may have to be notified if there is a problem with the death certificate a post office box number may be used in this item.

Informational Note: The name and mailing address of the informant are used to contact the informant when inquires must be made to complete any items on the death certificate.

22. RELATIONSHIP

Enter the relationship of the informant to the decedent. In the case of a self-informant along with the funeral director this item must state self and funeral director.

DISPOSITION

<p>NOTE TO CLERKS:</p>	<p>Method of Immediate Disposition has sometimes been misunderstood. It is important to remember that Method of Immediate Disposition refers to the <u>immediate</u> method of disposition, not the ultimate method of disposition. Only <u>one</u> method of disposition is allowed. If more than one item is checked, do not reject the record if information relative to place of disposition will clarify the situation. For example, if "Burial" and "Cremation" are both checked and Place of Disposition is listed as a crematorium, there is a high probability that the decedent will be cremated and the remains later buried. In this case, the record does not need clarification.</p>
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23. METHOD OF IMMEDIATE DISPOSITION

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Burial | <input type="checkbox"/> Cremation | <input type="checkbox"/> Entombment |
| <input type="checkbox"/> Removal from State | <input type="checkbox"/> Donation | <input type="checkbox"/> Other (Specify) |

Check the ONE box corresponding to the immediate method of disposition for which the funeral director or other designee named on death certificate is responsible:

- Burial This box must be checked if the immediate disposition by the funeral director or other designee listed is burial. This means that the body is not being shipped out of state for subsequent burial, nor is the body being held for later burial after the ground thaws, nor is the body being cremated.
- Cremation This box must be checked if the immediate disposition by the funeral director listed is cremation. Even if the ashes will subsequently be buried in a family plot, the immediate disposition is cremation.
- Entombment This box must be checked if the body is entombed as the immediate disposition. For example, an individual dies in January, and the body is being held in a tomb for subsequent burial in the spring. The immediate disposition is entombment.
- Removal from State This box must be checked if the decedent is being transported out of state by the listed funeral director. If, for example, a Massachusetts funeral director is shipping a body out of country for disposition, this box would be checked. If a Massachusetts funeral director is delivering a body to a funeral director in another state for final disposition, such as burial or cremation, this item would be checked. On the other hand, if the listed funeral director is taking the body of out state to New Hampshire to bury the body the proper designation would be burial. If a funeral director or other designee is taking a body out of state for a service and then brings the body back for burial, the wake does not count. The correct designation would be "Burial".
- Donation This box is checked if the body is to be donated pursuant to Chapter 113, Massachusetts General Laws. "Donation" refers only to the entire body, not to individual organs.
- Other This box would be checked in limited circumstances only. An example would be the case where a funeral director is holding a body during in case at his/her facility for later burial or transportation. This may occur the winter, for example, when the ultimate burial will be occurring a cemetery without facilities for entombing. The "Specify" in this case would be Holding.

24. NAME OF FUNERAL SERVICE LICENSEE OR OTHER DESIGNEE

Type or print the name of the funeral service licensee or other designee responsible for the disposition listed in number 23.

For example, number 23 is checked as "Burial" and a funeral director or other designee removes a body from a hospital, nursing home, medical examiners office, etc. and files the death certificate and obtains the permit, this is the person who should be listed in item 24.

Even if the funeral director removed the body, but is shipping the body out of state and item 23 is checked as "Removal from State", the funeral director who removes the body and ships it out of state should be listed as the licensee in item 24.

25. LICENSE NUMBER (of licensee)

26a-b. PLACE OF DISPOSITION

26a. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)

Enter the name of the cemetery, crematory, or other place of disposition which is correlated with the "Method of Immediate Disposition" in number 23, i.e., if disposition is listed as "Burial", list the name of cemetery where the burial is to take place.

If the body is removed from the state, specify the name of the location to which the body is removed. This may be a cemetery, crematory or funeral director. If the body is donated under Chapter 113, give the name of the medical institution to which the body is donated.

26b. PLACE OF DISPOSITION (City or Town and State)

Enter the name of the city or town and the state where the place of disposition as indicated in number 23 is located. If the body of the decedent is donated, enter the name of the city or town and state where the institution is located.

If there is any question about how to record the place of disposition, contact the city or town clerk in the community where the death occurred or the office of the State Registrar.

27. DATE OF DISPOSITION

NOTE TO CLERKS: Alphabetic dates are required in all items requiring dates, for example, Aug. 12, 2006. Records containing numeric dates will be rejected.
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Enter the month (using an alphabetic abbreviation), day and year of the disposition linked with number 23. For example, if "Removal from State" is checked in number 23, the date of disposition should be the date the body is shipped, not the date of the ultimate disposition. The most confusion seems to be concerning the designation "Holding". The date of disposition in this case is the date "Holding" began.

28a-b. NAME AND ADDRESS OF FACILITY OR OTHER DESIGNEE

28a. NAME OF FACILITY

Enter the name of the facility handling the body prior to burial or other disposition. The funeral director or other designee listed in number 28a must be associated with this facility.

28b. ADDRESS OF FACILITY

Enter the complete address of the facility.

Informational Note: **The information relating to disposition indicates whether the body was properly disposed of as required by law. The items relating to**

the funeral director or other designee assist in quality control in filling out and filing death certificates.

CERTIFYING INFORMATION: TO BE COMPLETED BY CERTIFYING PHYSICIAN OR MEDICAL EXAMINER

Item numbers 29-40 are to be completed by the certifying physician or medical examiner prior to release of the body to the funeral director or other designee. The information presented below is directed toward the funeral director or other designee to assist in examining the death certificate prior to acceptance from the certifying physician or medical examiner rather than for the certifier. Item numbers 29-34 must be completed on all death certificates whether completed by a certifying physician or medical examiner.

29. PART I--CAUSE OF DEATH

NOTE TO CLERKS: The death certificate contains specific instructions to the certifying physician to specify cause of death rather than the mode of dying.

These items are to be completed by the attending physician or medical examiner who certifies to the cause of death. There must be an entry in the cause of death, even if the cause on a certificate completed by a medical examiner is stated as "Pending Investigation." The cause of death information must be typed or printed legibly in permanent black ink. If the information is not legible, or is so light that when copied can not be seen do not accept the certificate from the physician or medical examiner. It will be rejected by the board of health agent.

If the mode of dying such as cardiac arrest is listed, rather than the cause of death, the funeral director should accept the certificate. The instructions on the death certificate are intended as a guideline geared to improving the quality of cause of death information rather than stating an absolute regulation.

"Approximate Interval Between Onset and Death" must be completed. "Unknown" is an acceptable answer.

30. PART II--OTHER SIGNIFICANT CONDITIONS

This item may be left blank by the certifying physician or medical examiner. If it is completed, however, it must be printed or typed legibly.

Informational Note: Cause of death is the most important statistical and research item on the death certificate. It provides medical information that serves as a basis for describing trends in human health and mortality and for analyzing the conditions leading to death. Mortality statistics provide a basis for epidemiological studies that focus on leading causes of death by age, race, and sex (for example, AIDS, heart disease, and cancer). They also provide a basis for research in disease etiology and evaluation of diagnostic techniques, which in turn lead to improvements in patient care.

31. WAS AN AUTOPSY PERFORMED? (Yes or No)

Enter "Yes" if a partial or complete autopsy was performed. Otherwise, enter "No".

Informational Notes: An autopsy is important in giving additional insight into the conditions that lead to death. This additional information is

particularly important in arriving at the immediate and underlying causes in violent deaths.

32. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)

Enter "Yes" if the autopsy findings were available and used to determine the cause of death. Otherwise, enter "No". If no autopsy was performed, this item may be answered as "No" or dashed.

Informational Note: This information assists in determining whether, for the 10-15 percent of cases for which an autopsy is done, the information was used to assist in determining the cause of death. Knowing whether the autopsy results were used in determining the cause of death gives insight into the quality of the cause of death data.

33. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)

NOTE TO CLERKS: If the physician, funeral director, or the board of health failed to refer a case that fell under the 19 causes that must be referred to the Office of the Chief Medical Examiner, as clerk, you must refer the case. If you referred a case to the Medical Examiner you may write in the margin that the ME was notified and the date of notification.

Enter "Yes" if the case was referred to the medical examiner even if the medical examiner did not assume jurisdiction. The "Referral to the Office of the Chief Medical Examiner (OCME)" on the reverse of the certificate list those cases which must be referred to a medical examiner. If the medical examiner assumes jurisdiction of the case, enter "Yes". If the case is not referred to the medical examiner, enter "No."

If the case was not referred to the medical examiner and the cause of death listed on the certificate appears to fall within the scope of the "Referral to the Office of the Chief Medical Examiner (OCME)" for cases to be referred to the medical examiner, the funeral director should check with the certifying physician or medical examiner prior to removal of the body.

34. MANNER OF DEATH

NOTE TO CLERKS: This item should be completed on all certificates. If the certifying physician is not a medical examiner and this item is left blank, this item will be queried. In almost every single case, the manner of death in cases certified by physicians who are not medical examiners will be "Natural."

- | | | |
|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Natural | <input type="checkbox"/> Suicide | <input type="checkbox"/> Could not be determined |
| <input type="checkbox"/> Accident | <input type="checkbox"/> Homicide | <input type="checkbox"/> Pending Investigation |

This item should be completed on all certificates. Deaths not due to external causes should be identified as "Natural". In almost all cases, these are the only types of deaths a physician who is not a medical examiner will certify. In certain unusual cases, "Accident" may be checked by a certifying physician. This will usually happen when someone has been hospitalized for sometime due to a fall or other type of accident.

Informational Notes: In cases of accidental death, this information is used to justify the payment of double indemnity on life insurance policies. It is also used to obtain a more accurate determination of the cause of death.

INJURY RELATED ITEMS – These items must be completed if MANNER OF DEATH IS Accident, Suicide or Homicide. They may be completed if MANNER OF DEATH is Pending Investigation or Could not Be Determined.

35a-f. ACCIDENT OR INJURY

These items are completed in cases where violence caused or contributed to the death. Usually, deaths resulting from violence are certified by a medical examiner. However, there may be limited instances in which a medical examiner will not assume jurisdiction and the certifying physician will certify to an accidental death. In these cases, when the manner of death is anything other than natural, the certifying physician must also complete item #'s 35a-f.

35a. DATE OF INJURY (Month, Day, Year)

The exact month, day and year that the injury occurred must be entered. The month must be written out in full or the alphabetic abbreviation. The month cannot be a number. The date of injury may be stated as "On or about" or "Approx", if the exact date is unknown. In the cases of a medical examiner, this item may be completed stating "Unknown" in a limited number of cases or "Pending." The date of the injury may not necessarily be the same as the date of death.

35b. TIME OF INJURY

The exact time that the injury occurred in hours and minutes must be entered. The time must indicate whether it is a.m. or p.m. Military time (or a 24-hour clock) cannot be used. In cases where the exact time is unknown, an estimate should be made.

35c. INJURY AT WORK (Yes or No)

Enter "Yes" if the injury occurred while the decedent was working, whether or not at his normal work-site. For example, although injuries while commuting to and from work would not be counted, injuries obtained while driving from a work-site to a meeting would be counted as well as injuries obtained at a work-site. If not, enter "No". If this cannot be determined, enter "Unknown."

35d. DESCRIBE HOW INJURY OCCURRED

Briefly and clearly describe how the injury occurred, explaining the circumstances or cause of the accident or injury, such as "fell off ladder while painting house," "ran off roadway," or "car-truck collision" For motor vehicle accidents, this item should indicate whether the decedent was a driver, passenger or pedestrian.

35e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)

The general category of the place where the injury occurred. Firm or organization names should not be entered, just the general category for the place of injury, such as loading platform, office building or baseball field.

35f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

The complete address where the injury occurred should be entered.

Informational Notes: In cases of accidental death, these items are used in justifying the payment of double indemnity on life insurance policies. They are

also needed for a more accurate determination of the causes of death. Information from these items forms the basis of statistical studies of occupational injuries.

36a-d. CERTIFYING PHYSICIAN

These items must be completed by a certifying physician who is not a medical examiner. If the certifier is a medical examiner, these items are left blank.

36a. SIGNATURE AND TITLE

The physician who certifies to the cause of death in item 29 signs the certificate in PERMANENT BLACK INK. The degree or title of the physician should also be indicated. Only a doctor of medicine or doctor of osteopathy (MD or DO) may sign a death certificate. Chiropractors, RN's, Physician Assistant's, or Nurse Practitioners cannot sign death certificates. Rubber stamps of facsimile signatures are not permitted.

36b. DATE SIGNED (Month, Day, Year)

The certifier must enter the exact month, day and year that the certificate was signed.

36c. HOUR OF DEATH

The exact hour and minute that the death was pronounced must be entered. This time cannot be expressed using military time (or a 24-hour clock). The hour of death must be the time that the decedent was pronounced. In the Commonwealth of Massachusetts a person is not considered dead until that person has been pronounced dead.

If the medical examiner was contacted but refused jurisdiction, then the attending physician is required under Massachusetts law (C38, S. 13) to pronounce that person dead; therefore, item #36 should never be left blank or say "unknown"

36d. NAME OF ATTENDING PHYSICIAN NOT CERTIFIER

If the certifying physician is not the decedent's attending physician, the name and title of the attending physician should be entered in this item. If the attending physician is the certifier, this item may have a ("--") or be left blank.

37a-e. MEDICAL EXAMINER

If the certifier is a medical examiner, these items must be completed. If the certifier is not a medical examiner, these items are left blank.

37a. SIGNATURE AND TITLE

The medical examiner who certifies to the cause of death in item 29 signs the certificate in PERMANENT BLACK INK. The degree or title of the medical examiner should also be indicated. Rubber stamps or facsimile signatures are not permitted.

37b. DATE SIGNED (Month, Day, Year)

NOTE TO CLERKS:

When a medical examiner submits a completed investigation death certificate, the date signed will be a new date. The date of record in such cases, however, will not change. See Chapter 5 for more complete

information regarding pending investigation death certificates.

The medical examiner must enter the exact month, day and year that the certificate was signed. The full or alphabetic abbreviation of the month must be used (not a number designating a month).

37c. HOUR OF DEATH

The exact hour or minute that the death occurred must be entered. This time cannot be expressed using military time (or a 24-hour clock). The hour of death is the time that death actually occurred, not the time the certificate was signed.

If the exact hour that the death occurred is not known, an estimate may be given. Where an estimate is not possible, enter "Unknown".

37d. PRONOUNCED DEAD (Month, Day, Year)

The medical examiner must enter the exact month, day and year that the decedent was pronounced dead. The full or alphabetic abbreviation of the month must be used (not a number designating a month).

37e. PRONOUNCED DEAD (Hour)

The exact hour and minutes that the decedent was pronounced dead must be entered. This time cannot be expressed using military time (or a 24-hour clock). The hour that the death was pronounced should be the time that death was pronounced, not necessarily when the death actually occurred or the time the certificate was signed.

ITEMS 38-40 MUST BE COMPLETED BY CERTIFYING PHYSICIANS AND MEDICAL EXAMINERS.

38. NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER

The full name and address including the number and street and city or town of the person whose signature appears in item 36a or 37a must be typed or printed.

39. LICENSE NUMBER OF CERTIFIER

Enter the state license number of the physician or medical examiner who signs the certificate in item 36a or 37a. If the certifying physician is a resident or intern and has no license number, write "None." If the certifying physician does not have a Massachusetts license number, include the 2-digit U.S. Postal abbreviation for the state from which the license comes prior to the license number. For example "NH 1029".

40a-d. PRONOUNCEMENT OF DEATH

NOTE TO CLERKS: Item 40a can only be checked "Yes" in cases where a completed Pronouncement of Death form is filed with the certificate. If such a form is not filed, the death certificate must be rejected.

40a. WAS THERE A PRONOUNCEMENT FORM (Yes or No)

This item must be completed. If the body was removed based on pronouncement of death signed by a Registered Nurse, a Nurse Practitioner or a Physician Assistant under the precise conditions listed in M.G.L. c46, s9 and c.38, s3 and 4 have been met, enter "Yes", and complete items 40b-d. If there was no Pronouncement of Death Form, enter "No," and leave items 40b-40d blank. Appendix number 3 contains a Fact Sheet on the Pronouncement of Death Form.

40b. IF YES, DATE PRONOUNCED

If item 40a is "Yes", the date the death was pronounced by a registered nurse, physician assistant or nurse practitioner must be entered with the month, day and year.

40c. IF YES, HOUR PRONOUNCED

If item 40a is "Yes", the hour the death was pronounced by the registered nurse, physician assistant, or nurse practitioner must be entered with hours and minutes. Do not use military time (or a 24-hour clock).

40d. NAME OF PRONOUNCER AND TITLE

If item 40a is "Yes," type or print the name of the registered nurse, physician assistant, or nurse practitioner who pronounced the death, and check off appropriate box for title.

NOTE TO CLERKS: If a Pronouncement has been used, check the margin and make sure that the Pronouncement of Death Form (R-302) has been checked.

LOCAL GOVERNMENT

41. BOARD OF HEALTH AGENT

BURIAL PERMIT ISSUED ON:

When a satisfactorily completed death certificate is presented to the board of health agent or designee, the agent will issue a burial/removal permit and complete the month, day and year on which the permit was issued. If on examination a minor error has been found, do issue the funeral director a burial permit on the provision that the death record will not be forwarded to the city or town clerk or if the burial agent is the city or town clerk, that the death record will not be recorded until a new corrected death record has been received. If there is no physician signature, do not issue a burial permit until you receive a completed, signed death certificate.

If the funeral director conducted the disposition without a burial/removal permit, this item will be completed as "No permit issued." The State Registrar's office will notify the State Board of Registration in Funeral Directing and Embalming of all such cases.

SIGNATURE OF THE BOARD OF HEALTH AGENT

The agent issuing the burial permit will sign the certificate upon issuance of the burial permit and will transmit the certificate to the city or town clerk. If a burial agent has been designated for weekends or when the burial agent or town clerk is not available that designated burial agent should sign in item #41 and not wait until the burial agent or town clerk is available. In other words, whoever issued the burial permit is the person who signs item #41.

42. CITY OR TOWN CLERK

RECEIVED IN THE CITY/TOWN OF:

The city or town clerk where the death occurred, after examining the death record for completeness and accuracy, will type or print the name of the community where the death occurred.

CLERK'S SIGNATURE

The city or town clerk will sign the death record only after it is acceptable for recording.

43. DATE OF RECORD

NOTE TO CLERKS: completely registration.	Do not date the record until the record has been examined and is deemed acceptable for
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The date of record is assigned the full month, day and year by the clerk only after the record is deemed complete and satisfactory for recording. At this time, the clerk will also assign a registered number to the certificate.

Chapter 5
CERTIFIED COPIES

NOTE TO CLERKS: Certified copies are not to be issued until a record has been deemed acceptable for registration, and in fact has been recorded, by that we mean given a registered number a date of record and the signature of the clerk is on the record. Certified copies of pending investigations may be issued.

Under Massachusetts law, documentary evidence of a death is a certified copy of a Standard Certificate of Death issued by the city or town where the death occurred or where the decedent resided or from the State Registry of Vital Records and Statistics. A copy of the record issued by the funeral director with a corporate seal is not evidence of the death. Further, photocopying certified copies obtained from city or town clerks or the State Registry of Vital Records and Statistics by funeral directors is illegal. Only original, certified copies of a death certificate are legal proof of the death.

Although city and town clerks attempt to issue certified copies as quickly as possible, there is no legal requirement that such copies be issued immediately upon presentation of a completed death certificate. City and town clerks have a legal obligation to examine the certificate and determine that it meets legal requirements. It is not always feasible for this examination to occur immediately.

It is important for funeral directors to remember that correcting death certificates after certified copies have been issued is extremely difficult. It is therefore to your benefit and that of your clients that an appropriate and complete examination occur prior to issuance of certified copies.

Costs of certified copies vary by community.

Chapter 6
REPORTS OF FETAL DEATHS

NOTE TO CLERKS: If a report of Fetal Death is sent to your office, forward it immediately to the State Registry. Do not retain a copy or issue copies of the report.

Under Massachusetts law, there are no circumstances in which a Standard Certificate of Death (Form R-301) is issued for a fetal death. A Report of Fetal Death (Form R-304) is completed for every fetal death, i.e., stillbirth that meets one of the following conditions:

1. The gestation age of the fetus was at least 20 weeks.

or

2. The fetus weighed at least 350 grams.

The Report of the Fetal Death is completed by the certifying physician or medical examiner. The **original** copy of the Report of Fetal Death is sent by the hospital or physician directly to the State Registry of Vital Records and Statistics. The funeral director is provided a photocopy of this record for purposes of filing with the Board of Health Agent for obtaining a burial permit. The Board of Health maintains the copy of the record for one year. The Report of Fetal Death is not forwarded to the city or town clerk for registration.

The Report of Fetal Death is not a standard vital record, but is a legally mandated report. Attested copies of the report of fetal death may be obtained by the parents or their legal representatives from the State Registry of Vital Records and Statistics only.

If the fetus did not meet one of the two criteria listed above for filing a fetal death report, the hospital, or certifying physician/medical examiner must provide a letter on the hospital or physician stationery to the funeral director, stating the facts in the case. This letter will be used by the funeral director in obtaining a burial permit. No Report of Fetal Death or Standard Certificate of Death is filed in this case.

Chapter 7

“PENDING INVESTIGATION” DEATH CERTIFICATES

RECORDING THE CERTIFICATE

Examine, number, and record the certificate like any other death record, but because it is an ongoing or “unfinished” record, develop a system for tracking this record. We recommend that you make a photocopy of that record before including it with the others and begin a new file for it.

The new file status will help trigger your memory to inquire about the outcome of the “pending investigation” status if you have not received a replacement certificate (i.e., completed investigation) within a reasonable length of time. If you have not received the “completed investigation” within that time, you must contact the medical examiner who submitted the original certificate.

ISSUING CERTIFIED COPIES OF PENDING INVESTIGATIONS

For purposes of issuing certified copies, “pending investigation” death records must be treated like any other death record.

The “pending investigation” status of the record may not be cleared for a number of weeks (and in some cases, it may never be completed). To refuse to issue certified copies puts an undue burden on the family of the decedent. Insurance companies may require a new certified copy after the record has been completed, but the “pending investigation” certified copy will allow the paperwork to begin. For many legal purposes, such as social security, bank accounts, etc., the “pending investigation” certificate satisfies all legal needs.

COMPLETED INVESTIGATIONS

After the investigation has been completed, the medical examiner will forward a new standard certificate directly to the clerk, completing only that portion of the certificate that has been changed, signing it and adding a new date for the “Date Signed” (Item number 37b).

The clerk must then type in the information from the previous certificate on the replacement certificate, assign it the same registered number and the same date of record, and add their signature. A new original must be sent to the State Registry of Vital Records and Statistics as well as attested copies to resident and veteran’s communities, if applicable. Retain both the “pending investigation” certificate and the completed certificate together. To clarify matters you may want to type in the margin investigation completed.

Periodically, you will receive a follow-up from the State Registry on pending investigation certificates that our records indicate as incomplete. We will send you a list of records that occurred in your community that are incomplete. If they have been completed, send the original copy to us. For those that are not yet complete, indicate so on the list received from our office. We will forward the complete list of pending investigations to the State Medical Examiner’s office for further action.

APPENDIX A STATUTES RELATING TO:

Death Registration and Removal Permits In Massachusetts

The main sections relating to the registration of deaths in Massachusetts are listed below. This listing, however, is not all inclusive.

Ch. 38 M.G.L.

s.3

Duty to report deaths; failure to report

It shall be the duty of any person having knowledge of a death which occurs under the circumstances enumerated in this paragraph immediately to notify the office of the chief medical examiner, or the medical examiner designated to the location where the death has occurred, of the known facts concerning the time, place, manner, circumstances and cause of such death:

1. death where criminal violence appears to have taken place, regardless of the time interval between the incident and death, and regardless of whether such violence appears to have been the immediate cause of death, or a contributory factor thereto:
2. death by accident or unintentional injury, regardless of time interval between the incident and death, and regardless of whether such injury appears to have been the immediate cause of death, or a contributory factor thereto;
3. suicide, regard less of the time interval between the incident and death;
4. death under suspicious or unusual circumstances;
5. death following an unlawful abortion;
6. death relating to occupational illness or injury;
7. death in custody, in any jail or correctional facility, or in any mental health or mental retardation institution:
8. death where suspicion of abuse of a child, family or household member, elder person or disabled person exists;
9. death due to poison or acute or chronic use of drugs or alcohol;
10. skeletal remains;
11. death associated with diagnostic or therapeutic procedures;
12. sudden death when the decedent was in apparent good health;
13. death within twenty-four hours of admission to a hospital or nursing home;
14. death in any public or private conveyance;
15. fetal death as defined in section two hundred and two of chapter one hundred and eleven, where the period of gestation has been twenty weeks or more, or where fetal weight is three hundred and fifty grams or more;

16. death of children under the age of eighteen years from any cause;
17. any person found dead;
18. death in any emergency treatment facility, medical walk-in center, day care center, or under foster care; or
19. deaths occurring under such other circumstances as the chief medical examiner shall prescribe in regulations promulgated pursuant to the provisions of chapter thirty A.

A physician, police officer, hospital administrator, licensed nurse, department of social services social worker, or licensed funeral director, within the commonwealth, who, having knowledge of such an unreported death, fails to notify the office of the chief medical examiner of such death shall be punished by a fine of not more than five hundred dollars. Such failure shall also be reported to the appropriate board of registration, where applicable.

s.4

Investigation; transportation of bodies

Upon notification of a death in the circumstances enumerated in section three, the chief medical examiner or his designee shall carefully inquire into the cause and circumstances of the death. If, as a result of such inquiry, the chief medical examiner or such designee is of the opinion that the death was due to violence or other unnatural means or to natural causes that require further investigation, he shall take jurisdiction. The body of the deceased shall not be moved, and the scene where the body is located shall not be disturbed, until either the medical examiner or the district attorney or his representative either arrives at the scene or gives directions as to what shall be done at the scene. In such cases of unnatural or suspicious death where the district attorney's office is to be notified, the medical examiner shall not disturb the body or the scene without permission from the district attorney or his representative.

The medical examiner shall be responsible for making arrangements for transport of the body. The district attorney or his law enforcement representative shall direct and control the investigation of the death and shall coordinate the investigation with the office of the chief medical examiner and the police department within whose jurisdiction the death occurred. Either the medical examiner or the district attorney in the jurisdiction where death occurred may order an autopsy. cases requiring autopsy shall be subject to the jurisdiction of the office for such purpose. As part of his investigation, the chief medical examiner or his designee may, in his discretion, notwithstanding any other provision of law, cause the body to be tested by the department of public health for the presence of any virus, disease, infection, or syndrome which might pose a public risk.

If the medical examiner is unable to respond and take charge of the body of the deceased in an expeditious manner, the chief of police of the city or town wherein the body lies, or his representative, may, after conferring with the appropriate district attorney, move the body to another location until a medical examiner is able to respond. Before moving the body the police shall document all facts relevant to the appearance, condition and position of the body and every fact and circumstance tending to show the cause and circumstances of death.

In carrying out the duties prescribed by this section, the chief medical examiner or his designee shall be entitled to review and receive copies of medical records, hospital records, or information which he deems relevant to establishing the cause and manner of death. No person or hospital shall be subject to liability of any nature for providing such records or information in good faith at the request of the office.

s.13

Release of body; pronouncement of death

After investigation or examination by the office, the body shall be released to the person with the proper legal authority to receive it, including the surviving spouse, the next of kin, or any friend of the deceased, who shall have priority in the order named. If the body is unidentified or unclaimed after the investigation is completed, the medical examiner shall release it to the department of public welfare, which shall bury it in accordance with section eighteen of chapter one hundred and seventeen. Prior to the release of such unidentified or unclaimed body to the department of public welfare, the chief medical examiner or his designee shall certify to the city or town clerk in the municipality where the death occurred the facts of the death as required by section nine of chapter forty-six. If further identifying information is developed, the chief medical examiner or his designee shall furnish a completed certificate of death, as required by said section nine, to the city or town clerk.

In cases where jurisdiction is declined by the office, Medical Examiners shall have no responsibility for the pronouncement or certification of death. Immediately after pronouncement of death, a physician licensed in the commonwealth who attended the decedent during the decedent's last illness, or his covering physician, or the licensed physician who has declared such person dead, or, if the death occurred in a hospital, a hospital medical officer duly authorized by the administrator, shall, in the order named, furnish for registration a standard certificate of death as required by said section nine. The chief medical examiner or his designee may allow any body to be moved without pronouncement if excessive hardship to the family of the decedent would otherwise result. The office may promulgate regulations further defining the circumstances in which a body may be moved without pronouncement of death. Any physician described herein who refuses to pronounce and certify death in accordance with said section nine of chapter forty-six when jurisdiction has been declined by the office shall be subject to a fine of not more than five hundred dollars. Such refusal shall also be reported to the board of registration in medicine. The chief medical examiner or his designee may waive the requirements of this paragraph and assume jurisdiction for the purpose of certifying the facts of the death as required by said section nine in cases where excessive hardship would otherwise result due to travel or in other emergency situations as may be defined by regulations promulgated by the office.

s.14

Bodies intended for cremation; examination

A medical examiner shall, on payment of a fee of fifty dollars, view the body and make personal inquiry concerning the cause and manner of death of any person whose body is intended for cremation or burial at sea and shall authorize such cremation or burial at sea only when no further examination or judicial inquiry concerning such death is necessary. Said fee shall be paid by the person to whom such authorization for cremation or burial at sea is given.

C. 46, M.G.L.

s.1

Certificates of birth, marriage and death; contents; residence, defined.

Each town clerk shall receive or obtain and record the following facts, as well as such additional information that may be required under federal statutes or contracts, regulations promulgated pursuant to section 4 of chapter 17, or, as the commissioner of public health may require, relative to births, marriage, acknowledgments and adjudications of paternity and deaths which occurred in the town and for certificates of marriage issued by the town.

In the record of deaths, date of death, names of deceased, including birth surname for women, social security number, sex, race, marital status, education, name of spouse if ever married, supposed age, residence, occupation, place of death, place of birth; names and places of birth of

the parents, birth surname of the mother, disease or cause of death, defined so that it can be classified under the international classification of the causes of death, place and type of immediate disposition; The word "residence", as used in this section, shall be held to include the name of the street and number, if any, of the house.

s.1C

Filing reports of out-of-state deaths.

The spouse or heirs at law of any resident of this commonwealth who dies outside the commonwealth may personally present to the town clerk of the town where such person was domiciled at the time of his death an original certificate or other written evidence of the same, or a duly authenticated photostatic copy thereof. The town clerk may file such certificate, written evidence or photostatic copy as evidence establishing such death, or may make a copy thereof, which he shall attest as a true copy, and which he may then file as such evidence.

If such certificate, written evidence or photostatic copy is not, in the opinion of the town clerk, sufficient to establish such death, and he refuses to file the same, a judge of probate in the county wherein such town lies may, on petition and after a hearing at which the clerk shall have an opportunity to be heard, order him to receive such certificate, written evidence or photostatic copy as sufficient evidence to establish such death, whereupon such clerk shall file the same.

s.2

Separate registries for births, deaths and marriages.

Separate indexes of births, marriages and deaths shall be kept, and each entry shall be numbered in its order. The town clerk shall preserve all returns of births, marriages and deaths and shall conveniently arrange them for examination. He may record in separate columns the facts of such births, marriages and deaths.

s.2A

Disclosure of information about vital statistics; conditions.

Examination of records and returns of fetal deaths, or of copies of such records in the department of public health, shall not be permitted except upon proper judicial order, or upon request of a person seeking his own birth or marriage record, or his attorney, parent, guardian, or conservator, or a person whose official duties, in the opinion of the town clerk or the commissioner of public health, as the case may be, entitle him to information contained therein, nor shall certified copies thereof be furnished except upon such order, or the request of such person. The provisions of this section shall not apply to such records, returns, or notices recorded or filed prior to January first, eighteen hundred and forty-one or to such copies thereof.

s.6

Notification of births and deaths.

Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the town where the death occurs shall, within five days thereafter, cause notice thereof to be given to the board of health, or, if the selectmen constitute such board, to the town clerk. The keeper, superintendent or person in charge of a house of correction, prison, reformatory, hospital, infirmary, or other institution, public or private, which receives inmates from within or without the limits of the town where it is located shall, when a person is received, obtain a record of all the facts which would be required for record in the event of the death of such person, and shall, on or before the fifth day of each month, give notice to the town clerk of every birth and death among the persons under his charge during the preceding month. The facts required for record by section one or section one A, as the case may be, shall, so far as obtainable, be

included in every notice given under this section.

s.7

Report of births and deaths at sea.

The master or other commanding officer of a vessel shall give notice, with the facts required for record, of every birth or death occurring among the persons under his charge. The notice of a birth shall be given to the clerk, and the notice of a death shall be given to the board of health or, if the selectmen constitute such board, to the clerk of the town at which his vessel first arrives after such birth or death.

s.8

Penalty for failure to report births and deaths.

A parent, keeper, superintendent or other person required by section six to give or cause to be given notice of a birth or death, neglecting so to do for ten days after the time limited therefor, and the master or commanding officer of a vessel neglecting so to do for ten days after the arrival of his vessel at the place where notice is to be given, shall forfeit not more than five dollars.

s.9

Death certificates; issuance; contents.

A physician, after the death of a person whom he has attended during such person's last illness, or the physician declaring such person dead, or the medical examiner, as provided for in section six of chapter thirty-eight, or, if the death occurred in a hospital, a hospital medical officer duly appointed by the administrator, shall immediately, furnish for registration a standard certificate of death, or in the case of a medical examiner, a medical examiner's certificate of death, to an undertaker or other authorized person or a member of the family of the deceased, stating to the best of his knowledge and belief the name of the deceased, the disease of which he died, defined as required by section one, where the same was contracted, the duration of the illness from which he died, and the date of death.

Said physician, officer, or medical examiner shall print or type on every certificate furnished by him under this section the cause, or causes, of death and, directly below his signature, his name and the date the certificate was signed. The foregoing provisions shall apply in the same manner in the event of a child dying immediately after birth. Both the birth and death of such child shall be recorded.

When a patient suffering from a terminal illness or whose death is anticipated and who is receiving the services of a home health agency, as that term is defined in 42 USC 1395x(o), or of a hospice program licensed by the commonwealth, or who resides in a certified nursing home, dies, at home, in a hospice, or a nursing home, a registered professional nurse, licensed by the board of registration in nursing and employed by a certified home health agency, hospice or nursing home, may declare such person dead; provided, however, that said nurse first makes a reasonable effort to contact the attending physician or medical examiner before making such determination or pronouncement; provided, further, that such determination or pronouncement be made in writing on a form approved by the commissioner of public health and subscribed under pain and penalties of perjury; and provided, further, that said physician or medical examiner be notified forthwith of the exact location to which the decedent has been removed.

A registered physician assistant, after the death of a person who was a patient under the care of such physician assistant, may declare such person dead; provided, however, that said physician assistant first makes reasonable effort to contact said physician or medical examiner before making such determination or pronouncement; provided, further, that such determination or pronouncement be made in writing on a form approved by the commissioner of public health and subscribed under pains and penalties of perjury; and provided further, that the medical examiner

be notified forthwith of the exact location to which the decedent has been removed.

s. 9B
Penalties.

A physician or officer neglecting or refusing to furnish a certificate as provided in section nine or making a false statement therein, shall forfeit not more than fifty dollars.

s.10
Death certificate of veterans; contents; penalty for violation

A physician or officer furnishing a certificate of death as required by section nine or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, was a Spanish War, World War I, World War II, Korean or Vietnam veteran, as defined in clause Forth-third of section seven of chapter four, or served in the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen, insert in the certificate a recital to that effect, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars.

s.11
Duties of undertakers.

Every undertaker or other person in charge of a funeral shall forthwith obtain the physician's or officer's certificate required by section nine, enter thereon the facts as to the deceased required by section one to be recorded, and return it to the board of health or its agent, or, if the selectmen constitute such board, to the clerk of the town where the death occurred. The board of health shall transmit such certificate to the town clerk.

s.12
Certified copies of birth and death records; transmission to nonresident parents or next of kin; exceptions.

Except as hereinafter provided, the clerk of the city or town shall forthwith make a certified copy of the record of each birth and death recorded during the preceding month, if the parents of the child born were at the time of said birth residents of any other city or town in the commonwealth, or if the deceased at the time of his death was a resident of any other city or town aforesaid or was a war veteran and was buried in any other city or town aforesaid, and transmit such certified copy to the clerk of the city or town where such parents or deceased person were so resident, setting forth the name of the street and number of the house, if any, where such parents or deceased person so resided and, in the case of a deceased war veteran as aforesaid, to the clerk of the city or town where he was buried, setting forth the cemetery or other place of burial. No birth record of a child born out of wedlock or of a child of abnormal sex shall so be transmitted to any other city or town except with the written authorization of the natural mother at the time of birth.

s.13
Correction of records.

(a) If the record relating to a birth, marriage, acknowledgment or adjudication of paternity, or death does not contain all the required facts, or if it is claimed that the facts are not correct as stated therein, the town clerk or state registrar shall receive from the person required by law to furnish the information for the original record, or by credible persons having knowledge of the case, an affidavit containing the missing or corrected facts required to correct or complete

the record, accompanied by documentary evidence substantiating such facts beyond a reasonable doubt. Except as hereinafter provided, such amendments or additions can be made only to reflect the correct information at the time of the event. The minimum documentary evidence to be required shall be specified by regulations promulgated pursuant to section 4 of chapter 17.

(b) Any record filed under this chapter may be amended, corrected or supplemented within one year after the date of the event without such affidavit or documentary evidence if allowed by regulations promulgated pursuant to the provisions of section 4 of chapter 17, except such amendments, corrections, or supplements which are expressly provided for hereinafter.

(h) The clerk or state registrar shall on forms provided by the state registrar complete an amended, corrected, or supplemented record of birth, death, acknowledgment or adjudication of paternity, or marriage. The original record of birth, death, acknowledgment or adjudication of paternity, or marriage and all returns and index entries in whatever format they are maintained shall be identified as corrected, amended, or supplemented. Effective January first, two thousand, all documentary evidence, including certificates of adoption or certified copies thereof, shall be sent to the state registrar for permanent filing. Until that date, the clerk shall transmit to the state registrar a certified copy of the corrected, amended or supplemented record, noting the documentary evidence to substantiate the affidavit. If the affidavit is initially submitted to the state registrar, the state registrar shall forward to the town clerk where the birth or death occurred, a certified copy of the corrected, amended or supplemented record, noting the documentary evidence to substantiate the affidavit, and the town clerk shall thereupon correct, amend or supplement the record in his office. If a copy of the record had been sent to the town clerk of residence of the parents at the time of birth or where the deceased lived at the time of death, the state registrar shall forward to such city or town clerk a certified copy of the corrected, amended or supplemented record, noting the documentary evidence to substantiate the affidavit, and the town clerk shall thereupon correct, amend or supplement the record in his office. Reference to the record of the affidavit or such decree shall be made on the margin of the original record. If the clerk or state registrar furnishes a copy of such a record, he shall certify to the facts contained therein as corrected, amended or supplemented. Except as provided in the following two sentences, said clerk or other official responsible for the keeping of such records shall not release said information contained in such original record except upon proper judicial order, or when requested by a person seeking his own birth or marriage record, or by a person whose official duties, in the opinion of the state registrar or town clerk, entitle him to the information contained in the original record. Death records which are corrected, amended or supplemented after January 1, 1996, as well as the affidavit of the party seeking the correction, amendment, or supplementation of the death record and all documentary evidence or related records submitted in support of such affidavit shall not be restricted, except for records or other items of documentary evidence submitted in support of the affidavit which are considered medical records for purposes of paragraph (c) of clause twenty-sixth of section 7 of chapter 4, are restricted by section 2A of this chapter, or are restricted by judicial order. If the original record has been amended following adoption in accordance with this section, the clerk or state registrar shall issue information contained in the original record only upon receipt of an order of the probate court for the county in which said adoption was granted, or in the case of an adoption granted outside the commonwealth, upon order of the probate court for the county in which said birth occurred, instructing said clerk or state registrar to release the information contained in such original record. If the corrected, amended or supplemented record is that of a person who has acquired the status of a child born in wedlock, or whose record has been amended through an adoption decree, or whose record has been amended through addition of name of the father, the clerk or state registrar shall not indicate on such copy that the record has been corrected, amended or supplemented.

(i) Such affidavit or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may be made the basis for the record of a birth, marriage or death not previously

recorded, and such copy of record may also be made the basis for completing the record of a birth, marriage or death not containing all the facts required by section 1 of this chapter. No delayed record of birth shall be established for any deceased person more than five years after the date of death nor shall any delayed record of marriage be established if both the wife and husband are deceased, except as provided by sections 13A, 13B and 13.

(k) The person upon whose application a record of birth, marriage or death is corrected or amended or supplemented, or a delayed record of birth, marriage or death is entered shall pay the fee as determined by secretary of administration and finance.

s.13 A **Correction of records**

Such affidavit or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may be made the basis for the record of a birth, marriage or death not previously recorded, and such copy of record may also be made the basis for completing the record of a birth, marriage or death not containing all the facts required by section 1 of this chapter. No delayed record of birth shall be established for any deceased person more than five years after the date of death nor shall any delayed record of marriage be established if both the wife and husband are deceased, except as provided by sections 13A, 13B and 13....

(k) The person upon whose application a record of birth, marriage or death is corrected or amended or supplemented, or a delayed record of birth, marriage or death is entered shall pay the fee as determined by secretary of administration and finance.

s.14 **Penalty for false returns.**

Whoever willfully makes a false return relative to a birth, marriage or death shall forfeit not more than fifty dollars.

s.17B

Effective January 1, 2000, the clerk of each city and town shall, on or before the tenth day of the month, transmit to the state registrar on forms furnished by him, the original of death records and any documentation relating to said certificates of death recorded therein during the preceding month or, in case no such deaths have occurred, a certificate of such fact. The clerk in the city or town shall retain a certified copy of the record of said death. Prior to January 1, 2000, the clerk will maintain all original records and supporting documentation and transmit to the state registrar a certified copy of each record of death.

s.17C

The original form and documentary evidence of such amendments and corrections in birth, marriage and death records as have not been previously returned shall be transmitted to the state registrar by the tenth day of the following month. A certified copy of any such forms completed by the clerk shall be retained by said clerk.

s.17D

If an amendment to a birth, death or marriage is completed at the state registry, the state registrar shall forward a certified copy of the amended birth, death or marriage record to all cities and towns holding an original or certified copy of the initial record within ten days of recording such

event. If a delayed record of birth or death or other return of birth or death is recorded by the state registry, the state registrar shall transmit a certified copy of (the record birth or death to the clerk in the city or town where the birth or death occurred. If a delayed record of marriage or other record of marriage is recorded by the state registry, the state registrar shall transmit a certified copy of a delayed record of marriage to the town clerk where the original intention of marriage was filed. In cases where no such intention had been filed, the state registrar shall transmit such certified copy to the town clerk in the community where the marriage occurred.

s.19

Use of records as evidence

The record of the town clerk relative to a birth, marriage or death shall be prima facie evidence of the facts recorded, but nothing contained in the record of a death which has reference to the question of liability for causing the death shall be admissible in evidence. A certificate of such a record signed by the town clerk or assistant clerk or a certificate of the copy of the record relative to a birth, marriage or death required to be kept in the department of public health, signed by the commissioner of public health or the registrar of vital records and statistics, shall be admissible as evidence of such record. Upon request for an abbreviated record of birth, marriage or death, the clerk or assistant clerk commissioner of public health or registrar of vital records and statistics, shall make an abstract of the record of the same without notation thereon of the name of the parent or parents, except by request of the applicant. Upon the written request of the person to whom the record relates or of either of his parents, the clerk or assistant clerk, commissioner of public health, or registrar of vital records and statistics, shall issue a certified copy of a birth record containing no reference to the color of said person or his parents.

s. 19A

Unauthorized reproduction of records; penalty

Reproductions of certificates or records referred to in section nineteen by any person other than the town clerk, assistant clerk, commissioner of public health shall be prohibited, except that a register of deeds, register of probate or other county, state, municipal or federal official keeper of public records may, in the course of his official duties, reproduce such certificates or records as are required in his office. Whoever violates the provisions of this section shall be punished by a fine or not more than one hundred dollars.

s. 19C

Authentication of copies of birth, marriage and death records; use as evidence

The commissioner of public health shall use the seal of the department of public health for the purpose of authenticating copies of birth, marriage, and death records in his department, and copies of such records when certified by him and authenticated by said seal, shall be evidence like the originals.

s.20

Deaths in Tewksbury hospital; report

Records of birth and death previously held by the superintendent of Tewksbury Hospital shall be transferred to the town clerk of Tewksbury. No certified copies of these records shall be issued by the superintendent of the Tewksbury Hospital.

s.23

Prosecution of persons failing to file required reports

The town clerk shall give written notice of the requirements of this chapter to any person neglecting to comply therewith, and upon the continuance of such neglect for one month shall notify the agent or attorney duly appointed by the town to sue in its corporate capacity, or, if there is no such agent or attorney, the district attorney of the district, who shall cause a prosecution for the penalty or forfeiture therefor to be instituted.

s.29

Attestation of certificates

Town clerks or registrars shall attest their copies of the record of births, marriages or deaths with the official seal of the town.

s.30

Alteration, forgery or counterfeiting; penalty

Whoever falsely makes, alters, forges or counterfeits, or procures or assists another to falsely make, forge or counterfeit, a copy of a record of birth, marriage or death, or whoever forges or without authority uses the signature, facsimile of the signature, or validating signature stamp of a city or town clerk, or the secretary of state upon a genuine or falsely made, altered, forged or counterfeited copy of such a record, or whoever falsely utters, publishes as true or in any way makes use of a falsely made, altered, forged or counterfeited copy of such a record, or whoever uses, attempts to use, with intent to defraud or deceive, a copy of a record of the birth or marriage of a person other than himself, shall be punished by a fine of not more than five hundred dollars or by imprisonment for not more than six months in a house of correction.

C. 111 M.G.L.

s. 202

Fetal Deaths; reports; confidentiality; disposition of remains; violations; forms

As used in this section, "fetal death" means death prior to the complete expulsion or extraction from its mother of a fetus, irrespective of the duration of pregnancy, as indicated by the fact that after such expulsion or extraction the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. "Fetal death" does not include an abortion as defined in section twelve K of chapter one hundred and twelve.

When a fetal death occurs in a hospital, if a fetus is of twenty weeks gestation or more, or a weight of three hundred and fifty grams or more, the physician in attendance shall prepare and transmit a report of such death to the person in charge of the hospital or his designated representative, who shall file such report with the commissioner within ten days after such death.

When a fetal death occurs outside a hospital, if a fetus is of twenty weeks gestation or more, or a weight of three hundred fifty grams or more, the physician in attendance at or immediately after delivery shall prepare and file such a report of such death with said commissioner within ten days after such death.

When a fetal death occurs without medical attendance at or immediately after delivery or when the fetal death may have occurred from violence or unnatural causes, if a fetus is of twenty weeks

gestation or more, or a weight of three hundred fifty grams or more, the medical examiner shall investigate the cause and shall prepare and file a report of such death with said commissioner within ten days after such death.

Said commissioner may compile an annual statistical report of fetal deaths, and may make such further use of such records as he deems useful for administrative and research purposes connected with health programs and population studies.

Fetal death reports shall be confidential and shall be released by the department only upon written request of the parent, his or her guardian, executor, attorney or any other person designated by the parent in writing. Such reports may also be released to the National center for Health Statistics in the Department of Health, Education and Welfare, and to persons authorized by said commissioner under section twenty-four A of this chapter to conduct research studies. The department may release copies of such reports, or information contained therein, to other persons only in a manner which does not allow identification of the parents.

Disposition of fetal remains shall be made at the direction of the parent in either manner as hereinafter provided: the remains may be buried, entombed or cremated in accordance with chapter one hundred and fourteen and a copy of a report required by this section shall constitute the certificate required by section forty-five of said chapter one hundred and fourteen. Said copy shall, within thirty days after the issuance of a burial permit, be destroyed by the local board of health; or in all other circumstances, the fetal remains shall be disposed of by the hospital or as directed by the attending physician or medical examiner in a manner which does not create a hazard to public health. Such disposition shall not be subject to the provisions of said chapter one hundred and fourteen. Before disposition, the physician or person in charge of the hospital shall ensure that the parent is informed of his right to direct either burial, entombment or cremation of the fetal remains, or disposal of the remains by the hospital or physician. Before disposition, the parent shall be informed in writing of the hospital policy relating to disposal of fetal remains, and shall be informed of the availability of a chaplain if any for counsel.

The provisions of chapter forty-six regarding the reporting of death shall not apply to fetal deaths.

A physician or medical examiner neglecting or refusing to file a report required by this section, or who makes a false statement therein, shall be subject to a fine of not more than fifty dollars.

The commissioner shall prescribe the form for the making of reports under this section, which shall be consistent with the United States standard report of fetal death.

C. 114, M.G.L

s.44

Cremation of bodies

The body of a deceased person shall not be cremated within forty-eight hours after his decease unless he died of a contagious or infectious disease, and, if the death occurred within the commonwealth, the body shall not be received or cremated by any corporation authorized to cremate the bodies of the dead until its officers have received the certificate or burial permit required by law before burial, and a certificate from a medical examiner that he has viewed the body and made personal inquiry into the cause and manner of death, and is of opinion that no further examination or judicial inquiry concerning the same is necessary. If the death occurs without the commonwealth, the medical examiner's certificate may be provided by a medical examiner or similarly authorized person in whose jurisdiction said death occurred or the reception and cremation of the body of a deceased person shall be governed by a by-law or regulation made or approved by the department of public health as provided in section nine.

S.44A

Receptacles for cremated remains; caskets

The body of the deceased person to be cremated shall be contained in a suitable receptacle; provided, however, that a casket shall not be used for such cremation unless such use has been requested by a person lawfully entitled to the custody and control of such body.

s.45

Burial permits; permits for removal of bodies; certificates of death; deceased veterans

Except as provided in sections forty-four and forty-six, no undertaker or other person shall bury or otherwise dispose of a human in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such permit for removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided or the determination or pronouncement of death made by a licensed registered nurse according to section nine of chapter forty-six and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased was a veteran, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.

s.45A

Funeral director's name used in connection with death certificate or burial permit

No funeral director, whether doing business as an individual, partnership or corporation, shall permit his name to be used in connection with any death certificate or burial permit unless he was specifically engaged to perform the burial to which such permit or certificate relates.

Any violation of this section shall be punished by a fine of fifty dollars.

s.46

Permit for burial of bodies brought into commonwealth; certificate; recording

Whenever a dead body is brought into the commonwealth for burial, accompanied by a removal permit issued under the laws of the state from which such body is brought, such permit shall be received as sufficient authority for burial, and the superintendent or person or persons in charge of the cemetery where the burial is to take place shall make proper endorsements on said removal permit and send it forthwith to the local board of health in the city or town where the cemetery is located. The board of health shall make and retain a copy of said removal permit and return the original to the city or town issuing the same; but if not accompanied by such permit no funeral director or other person shall bury such body or the ashes thereof until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made, if a record is kept of the names of all persons buried therein, or from a duly appointed superintendent of burials in such town who keeps a record of interments. Such permit shall not be issued until the funeral director or other person has delivered a certificate to said board, agent, clerk, superintendent or person having such care, giving the name of the deceased, his age as nearly as can be ascertained, the cause of death, the name of the town where he last resided or from which the body was brought, or, if the death occurred at sea, the name of the vessel upon which it occurred, and any other facts required for record which could be obtained with reasonable diligence, including, in case the deceased was a veteran, a recital as required by section ten of chapter forty-six.

The board of health or its agent, or the superintendent or person having such care, shall, upon receipt of such certificate, forthwith countersign it and file it in his office.

s.46A

Veterans; burial; affidavit; veteran graves officer

No permit for the burial or other disposition of the body of a deceased veteran, known to be such, as the term veteran is defined in section twenty-one of chapter thirty-one, shall be issued unless and until an affidavit, as hereinafter set forth, shall have been filed with the board of health, or body or person having similar powers and duties, issuing such permit, by the undertaker or other person authorized to make such burial or disposition. Such affidavit shall set forth, as far as is known to the person executing it, the name and last known address of the deceased, the date and place of his or her birth, the date, place and cause of his or her death, a summary of his or her service record, and a detailed statement of the location of the burial or other disposition of his or her body.

A certified copy of the affidavit shall forthwith be transmitted by such board, body or person to the veteran graves officer, appointed under section nine of chapter one hundred and fifteen, of the city or town of burial or other disposition of the body. Upon receipt of such certified copy, said veteran graves officer shall, if said deceased veteran did not have his settlement in such city or town, thereupon transmit a copy of such affidavit to the veteran graves officer of the city or town in which said deceased veteran had his settlement, and in the event that said deceased veteran had no settlement in the common-wealth and was not a resident of the city or town of burial or other disposition, a copy of such affidavit shall be transmitted to the veteran graves officer of the city or town where said deceased veteran last resided.

s.47

Certificates for burial, removal or cremation; endorsement of coupon accompanying permit; record

No person having the care of a cemetery, burial ground or crematory shall permit the burial, removal or cremation of a human body until the permit for such burial, removal or cremation has been delivered to him, nor permit the ashes of a human body to be buried therein until there has been delivered to him a certificate that the burial permit and the certificate of the medical examiner prerequisite to the cremating of said body have been duly presented.

Upon the burial, removal, or cremation of a body, the superintendent or other officer in charge of the cemetery or crematory shall indorse upon the coupon accompanying the permit the fact of such burial, removal or cremation, with the date thereof, shall make and preserve in the files of the cemetery or crematory a record of such burial, removal or cremation, including any recital in the burial permit relative to service of the deceased as a veteran as defined in section ten of chapter forty-six, and also the location of the grave or other receptacle of the body or ashes of the deceased, and shall forthwith return the coupon to the office issuing the same; provided, that if there is no officer in charge of the cemetery or crematory, such duties shall be performed by the undertaker.

s.48

Cremation; certificates for burial

An undertaker shall not bury the ashes of a human body until he has received from the person having the charge of the crematory a certificate that the burial permit and the certificate of the medical examiner prerequisite to the cremating of said body have been duly presented.

C.4, MGL

s.7

Definition of "Veteran" effective until August 26, 2004. For definition of "Veteran" effective August 26, 2004, see below.]

Forty-third, "Veteran" shall mean any person, male or female, including a nurse, (a) whose last discharge or release from his wartime service, as defined herein, was under honorable conditions and who (b) served in the army, navy, marine corps, coast guard, or air force of the United States for not less than ninety days active service, at least one day of which was for wartime service, provided, that any person who so served in wartime and was awarded a service-connected disability or a Purple Heart, or who died in such service under conditions other than dishonorable, shall be deemed to be a veteran notwithstanding his failure to complete ninety days of active service.

Forty-third, "Veteran" shall mean (1) any person, (a) whose last discharge or release from his wartime service as defined herein, was under honorable conditions and who (b) served in the army, navy, marine corps, coast guard, or air force of the United States, or on full time national guard duty under Titles 10 or 32 of the United States Code or under sections 38, 40 and 41 of chapter 33 for not less than 90 days active service, at least 1 day of which was for wartime service; provided, however, than any person who so served in wartime and was awarded a service-connected disability or a Purple Heart, or who died in such service under conditions other than dishonorable, shall be deemed to be a veteran notwithstanding his failure to complete 90 days of active service; (2) a member of the American Merchant Marine who served in armed

conflict between December 7, 1941 and December 31, 1946, and who has received honorable discharges from the United States Coast Guard, Army, or Navy; (3) any person (a) whose last discharge from active service was under honorable conditions, and who (b) served in the army, navy, marine corps, coast guard, or air force of the United States for not less than 180 days active service; provided, however, that any person who so served and was awarded a service-connected disability or who died in such service under conditions other than dishonorable, shall be deemed to be a veteran notwithstanding his failure to complete 180 days of active service. "Wartime service" shall mean service performed by a "Spanish War veteran", a "World War I veteran", a "World War II veteran", a "Korean veteran", a "Vietnam veteran", a "Lebanese peace keeping force veteran", a "Grenada rescue mission veteran", a "Panamanian intervention force veteran", a "Persian Gulf veteran", or a member of the "WAAC" as defined in this clause during any of the periods of time described herein or for which such medals described below are awarded.

"Spanish War veteran" shall mean any veteran who performed such wartime service between February fifteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two. "World War I veteran" shall mean any veteran who (a) performed such wartime service between April sixth, nineteen hundred and seventeen and November eleventh, nineteen hundred and eighteen, or (b) has been awarded the World War I Victory Medal, or (c) performed such service between March twenty-fifth, nineteen hundred and seventeen and August fifth, nineteen hundred and seventeen, as a Massachusetts National Guardsman.

"World War II veteran" shall mean any veteran who performed such wartime service between September sixteenth, nineteen hundred and forty and December thirty-first, nineteen hundred and forty-six--, except that for the purposes of chapter thirty-one it shall mean all active service between the dates of September sixteenth, nineteen hundred and forty and June twenty-fifth, nineteen hundred and fifty.

[Definition of "Korean veteran" effective until December 15, 2004. For text effective December 15, 2004, see below.]

"Korean veteran" shall mean any veteran who performed such wartime service between June twenty-fifth, nineteen hundred and fifty and January thirty-first, nineteen hundred and fifty-five, both dates inclusive.

"Korean veteran" shall mean any veteran who performed such wartime service between June twenty-fifth, nineteen hundred and fifty and January thirty-first, nineteen hundred and fifty-five, both dates inclusive, and any person who has received the Korea Defense Service Medal as established in the Bob Stump National Defense Authorization Act for fiscal year 2003.

"Korean emergency" shall mean the period between June twenty-fifth, nineteen hundred and fifty and January thirty-first, nineteen hundred and fifty-five, both dates inclusive.

"Vietnam veteran" shall mean (1) any person who performed such wartime service during the period commencing August fifth, nineteen hundred and sixty-four and ending on May seventh, nineteen hundred and seventy-five, both dates inclusive, or (2) any person who served at least one hundred and eighty days of active service in the armed forces of the United States during the period between February first, nineteen hundred and fifty-five and August fourth, nineteen hundred and sixty-four; provided, however, that for the purposes of the application of the provisions of chapter thirty-one, it shall also include all active service between the dates May seventh, nineteen hundred and seventy-five and June fourth, nineteen hundred and seventy-six; and provided, further, that any such person who served in said armed forces during said period and was awarded a service-connected disability or a Purple Heart, or who died in said service under conditions other than dishonorable, shall be deemed to be a veteran notwithstanding his failure to complete one hundred and eighty days of active service.

"Lebanese peace keeping force veteran" shall mean any person who performed such wartime service and received a campaign medal for such service during the period commencing August

twenty-fifth, nineteen hundred and eighty-two and ending when the President of the United States shall have withdrawn armed forces from the country of Lebanon.

"Grenada rescue mission veteran" shall mean any person who performed such wartime service and received a campaign medal for such service during the period commencing October twenty-fifth, nineteen hundred and eighty-three to December fifteenth, nineteen hundred and eighty-three, inclusive.

"Panamanian intervention force veteran" shall mean any person who performed such wartime service and received a campaign medal for such service during the period commencing December twentieth, nineteen hundred and eighty-nine and ending January thirty-first, nineteen hundred and ninety.

"Persian Gulf veteran" shall mean any person who performed such wartime service during the period commencing August second, nineteen hundred and ninety and ending on a date to be determined by presidential proclamation or executive order and concurrent resolution of the Congress of the United States.

"WAAC" shall mean any woman who was discharged and so served in any corps or unit of the United States established for the purpose of enabling women to serve with, or as auxiliary to, the armed forces of the United States and such woman shall be deemed to be a veteran.

None of the following shall be deemed to be a "veteran":

- (a) Any person who at the time of entering into the armed forces of the United States had declared his intention to become a subject or citizen of the United States and withdrew his intention under the provisions of the act of Congress approved July ninth, nineteen hundred and eighteen.
- (b) Any person who was discharged from the said armed forces on his own application or solicitation by reason of his being an enemy alien.
- (b) Any person who has been proved guilty of willful desertion.
- (d) Any person whose only service in the armed forces of the United States consists of his service as a member of the coast guard auxiliary or as a temporary member of the coast guard reserve, or both.

Appendix B:

Front of Form R-301 Standard Certificate of Death

(INSTRUCTIONS ON REVERSE SIDE)		The Commonwealth of Massachusetts		REGISTERED NUMBER		STATE USE ONLY	
FOR USE BY PHYSICIANS AND MEDICAL EXAMINERS		STANDARD CERTIFICATE OF DEATH				REGISTRY OF VITAL RECORDS AND STATISTICS	
1		DECEDENT - NAME		LAST		SEX	
2		FIRST		MIDDLE		DATE OF DEATH (Mo., Day, Yr.)	
3		PLACE OF DEATH (City/Town)		COUNTY OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number)	
4a		PLACE OF DEATH (Check only one):		4b		4c	
4c Hosp		<input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		<input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		SOCIAL SECURITY NUMBER	
5 Type		5		6		7	
6 Hisp Race		WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify Puerto Rican, Dominican, Cuban, etc.)		RACE (e.g. White, Black, American Indian, etc.) (Specify)		DECEDENT'S EDUCATION (Highest Grade Completed) Elementary Sec (0-12) College (1-4, 5+)	
10 Age		AGE - Last Birthday (Yrs.)		DATE OF BIRTH (Mo., Day, Yr.)		BIRTHPLACE (City and State or Foreign Country)	
15 Resid		UNDER 1 YEAR MOS. DAYS		UNDER 1 DAY HOURS MINS		11	
15 Out-State		10a		10b		10c	
23 Disp		MARRIED, NEVER MARRIED WIDOWED OR DIVORCED		LAST SPOUSE (If wife, give maiden name)		USUAL OCCUPATION (Prior - If Retired)	
31-32 Autop		12		13		14a	
34 Manner		RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY		15a		15b	
35c Work Inj		FATHER - FULL NAME		STATE OF BIRTH (If not in U.S. name country)		MOTHER - NAME (GIVEN) (MAIDEN)	
35f Place		16		17		18	
36-37 Cert		INFORMANT'S NAME		MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE		RELATIONSHIP	
40a Pron		20		21		22	
PERMANENT BLACK INK ONLY		23		24		25	
R-301-04		METHOD OF IMMEDIATE DISPOSITION		FUNERAL SERVICE LICENSEE OR OTHER DESIGNEE		LICENSE #	
		<input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION		<input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> REMOVAL FROM STATE		<input type="checkbox"/> DONATION <input type="checkbox"/> OTH. SPEC.	
		PLACE OF DISPOSITION (Name of Cemetery, Crematory or other)		LOCATION (City/Town, State)		26	
		27		28a		28b	
		DATE OF DISPOSITION (Mo., Day, Yr.)		NAME AND ADDRESS OF FACILITY OR OTHER DESIGNEE		29	
		PART I - Enter the diseases, injuries, or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line (a through d) PRINT OR TYPE LEGIBLY.		IMMEDIATE CAUSE (Final disease or condition resulting in death)		Approximate Interval Between Onset and Death	
		a.		b.		c.	
		Due to (or as a consequence of)		Due to (or as a consequence of)		Due to (or as a consequence of)	
		d.		PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.		WAS AUTOPSY PERFORMED? (Yes or No)	
		30		31		32	
		MED. EXAM NOTIFIED? (Yes or No)		34 MANNER OF DEATH		DATE OF INJURY (Mo., Day, Yr.)	
		<input type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> COULD NOT BE DETERMINED		<input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> PENDING INVESTIGATION		TIME OF INJURY	
		DESCRIBE HOW INJURY OCCURRED		PLACE OF INJURY (At home, farm, street, factory, office bldg., etc.) Specify		LOCATION (No. & St., City/Town, State)	
		35a		35b		35c	
		To be Completed by PHYSICIAN OR CERTIFYING PHYSICIAN ONLY		To be Completed by MEDICAL EXAMINER ONLY		37a	
		36a		36b		36c	
		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	
		36d		36e		36f	
		NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (H)	
		NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print)		37d		37e	
		38		39		40	
		WAS THERE A PRONOUNCEMENT FORM? (Yes or No)		IF YES, DATE PRONOUNCED		IF YES, TIME PRONOUNCED	
		40a		40b		40c	
		DATE BURIAL PERMIT ISSUED		RECEIVED IN THE CITY/TOWN OF		DATE OF RECORD	
		SIGNATURE OF HEALTH AGENT		CLERK'S SIGNATURE		43	
		41		42		43	

Back of Form R-301 Standard Certificate of Death

INSTRUCTIONS USE ONLY PERMANENT BLACK INK				
DATE ENTERED MILITARY SERVICE: _____		DISCHARGE DATE: _____		
SERVICE NUMBER: _____		RATING: _____		
ORGANIZATION/OUTFIT: _____				
CERTIFIER: _____		Complete the following items. DO NOT COMPLETE ITEMS 1 TO 28 ON THE FRONT SIDE.		
DECEDENT - NAME FIRST	MIDDLE	LAST	SEX	DATE OF DEATH
1			2	3
PLACE OF DEATH (City/Town)	COUNTY OF DEATH	HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number)		
4a	4b	4c		
PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		
5				
CERTIFYING PHYSICIAN:		Complete only items 29-36 and 38-40 on reverse side AND information above.		
MEDICAL EXAMINER:		Complete only items 29-35 and 37-40 on reverse side AND information above.		
FUNERAL DIRECTOR:		1. Complete items 1-28 and item 40 if not completed by certifier. 2. File completed certificate with Board of Health or its authorized agent for the city or town where the death occurred (item 4a).		
BOARD OF HEALTH AGENT:		1. Examine for accuracy and completeness. 2. Sign and date item 41 only after the certificate is satisfactory and the permit issued.		
Strikeovers, erasures, liquid erasure, use of correction tape on correcting typewriters are not permitted.				
REFERRAL TO THE OFFICE OF THE CHIEF MEDICAL EXAMINER (OCME):				
Deaths requiring referral to the OCME, M.G.L. C 38, §3 include those deaths: (1) where criminal violence may have taken place; (2) by accident or unintentional injury; (3) suicide; (4) under suspicious or unusual circumstances; (5) following an unlawful abortion; (6) related to occupational illness or injury; (7) in custody, in any jail or correctional facility or in any mental health or mental retardation institution; (8) where suspicion of abuse of a child, family or household member, elder person or disabled person exists; (9) due to poison or acute or chronic use of drugs or alcohol; (10) of skeletal remains; (11) associated with diagnostic or therapeutic procedures; (12) suddenly when the decedent was in apparent good health; (13) within 24 hours of admission to a hospital or nursing home; (14) in any public or private conveyance; (15) fetal death, reportable under C 111, §202, where the period of gestation has been 20 weeks or more, or where fetal weight is 350 grams or more; (16) all children under the age of eighteen years; (17) any person found dead; (18) in any emergency treatment facility, medical walk-in center, day care center, or under foster care; or (19) occurring under circumstances as defined by regulations. All deaths listed above must be referred to the OCME regardless of the time interval between the incident and death, and regardless of whether such incident appears to have been the immediate cause of death, or a contributory factor thereto.				
If a death requiring referral to the OCME has not been referred, any physician, police officer, hospital administrator, licensed nurse, or licensed funeral director with knowledge of such an unreported death is required to make the referral. Failure to notify the OCME may result in a fine up to \$500 and may also include notification to an applicable board of registration.				
PHYSICIAN RESPONSIBILITY TO COMPLETE A DEATH CERTIFICATE:				
Under M.G.L. C 38, §13, if the OCME waives jurisdiction in the cases listed above and in all deaths not requiring referral to OCME, physicians are responsible for preparation of a death certificate in the following order of priority: the attending physician or his covering physician; the licensed physician declaring such person dead; or, if the death occurred in a hospital, a duly appointed registered hospital medical officer.				

Front of Pronouncement of Death (R-302)

FORM R-302 06/04		 <p>The Commonwealth of Massachusetts Department of Public Health Registry of Vital Records and Statistics Pronouncement of Death</p>	
DECEDENT-NAME First Middle Last			SEX
1.			2.
PLACE OF DEATH--STREET AND NUMBER (if nursing home or other institution, give name)			
3a.			
CITY OR TOWN		ZIP CODE	COUNTY
3b.		3c.	3d.
DATE OF DEATH (Month/Day/Year)		TIME OF DEATH	REFERRED TO MEDICAL EXAMINER? (Yes or No)
4.		5.	6.
NAME, ADDRESS AND TELEPHONE NUMBER OF ATTENDING PHYSICIAN/ MEDICAL EXAMINER INFORMED OF DEATH			
7.			
NAME, ADDRESS AND TELEPHONE NUMBER OF PHYSICIAN/ MEDICAL EXAMINER COMPLETING CERTIFICATE OF DEATH			
8.			
NAME OF FUNERAL SERVICE LICENSEE REMOVING DECEDENT		NAME OF FACILITY TO WHERE DECEDENT IS BEING REMOVED	
9a.		9b.	
FACILITY ADDRESS (Number and Street, City/Town, State and Zip Code)			
9c.			
NAME OF REGISTERED NURSE/ PHYSICIAN ASSISTANT/ NURSE PRACTITIONER PRONOUNCING DEATH			TITLE (Check one)
10a.			10b. <input type="checkbox"/> RN <input type="checkbox"/> PA <input type="checkbox"/> NP
LICENSE NUMBER	EMPLOYING AGENCY OR INSTITUTION		
10c.	11a.		
ADDRESS OF EMPLOYING AGENCY OR INSTITUTION(Number and Street, City/Town, State and Zip Code)			
11b.			
<i>I, meeting all criteria specified in §9, Chapter 46, M.G.L., pronounce this death only after making a reasonable effort to contact the attending physician or medical examiner. Signed under the pains and penalties of perjury.</i>			
SIGNATURE OF PRONOUNCING REGISTERED NURSE/ PHYSICIAN ASSISTANT/ NURSE PRACTITIONER			
12.			

USE PERMANENT BLACK INK ONLY
(Instructions on Reverse Side)

Back of Pronouncement of Death (R-302)

Form R-302
05/04

INSTRUCTIONS

1. Only a registered nurse, physician assistant or a nurse practitioner licensed in Massachusetts may complete this form if all the requirements of M.G.L. c.46, §9 and c. 38, §3 and §4 have been met:
 - ⇒ Death occurred in Massachusetts;
 - ⇒ In a case where referral to the medical examiner is required, jurisdiction has not been accepted by the medical examiner;
 - ⇒ The registered nurse, physician assistant or nurse practitioner has made a reasonable effort to have the attending physician make the pronouncement;
 - ⇒ An RN making a pronouncement must be employed by a licensed hospice program, certified home health agency or licensed nursing home;
 - ⇒ In the case of an RN making a pronouncement, the death must have occurred in a residence, hospice or nursing home.
2. Type or legibly print the form in permanent black ink. No erasures (including correction fluid), strikeouts, or crossovers are allowed. Numeric dates are not allowed; 4-digit year must be used--for example, Jan. 1, 2004 is correct, not 01/01/04. DO NOT USE 24-HOUR CLOCK. Time must include AM or PM.
3. Time of Death (Item #5) is the actual time that the death was pronounced by the Registered Nurse, Physician Assistant or Nurse Practitioner. It is not the time the registered nurse, physician assistant or nurse practitioner was contacted by the family or facility. Date of Death (Item #4) is the date the death was pronounced and not the date the physician assistant or registered nurse was contacted. The date issue may be problematic in cases where, for example, initial contact was at 11:00 PM and the pronouncement made at 2:00 AM of the next day.
4. The address given for place of death (Items 3a-3d) must be the location address. DO NOT USE MAILING ADDRESS. Items 11a-11b (name and address of employing agency or institution) may be a mailing address.
5. Item 6 (Case Referred to Medical Examiner?) must be completed for all cases. M.G.L. c.38, §3 specifies the types of deaths requiring referral.
6. The license number must be that provided to the individual by the appropriate Massachusetts Board of Registration.
7. The signed form must be given to the funeral service licensee prior to removing the decedent.
8. After the death is pronounced, the attending physician or medical examiner is required to provide a completed Standard Certificate of Death (Form R-301) to the funeral director prior to receipt of a Disposition or Removal permit that is necessary for a burial, cremation or transportation of the remains to occur.
9. The funeral director upon applying for a burial permit under M.G.L. c.114, §45 MUST present both the completed Standard Certificate of Death form and the Pronouncement of Death form to the burial permit agent for permanent filing.

Disposition, Removal and/or Transportation Permit (R-309)

R-309-00	The Commonwealth of Massachusetts	R-309-00	No. _____
	No. _____	DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT	
	OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT <i>(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)</i>	<i>This section to be returned immediately to the issuing City/Town, properly endorsed</i>	
	<i>This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.</i>	to _____ <i>(Office issuing permit)</i>	
	City/Town _____ Date _____ 20 _____	City/Town of _____ Mass.	
	A satisfactory death certificate having been filed for _____, <i>Full name of decedent</i>	Name of Decedent _____	
	who died on _____ US War Veteran _____ <i>date of death</i>	If a U.S. War Veteran, specify what war, organization, etc.	
	born on _____, who resided at _____ <i>date of birth</i>	=====	
	and who died of _____ <i>give immediate cause</i>	ENDORSEMENT	
	Permission is hereby given for (check all appropriate boxes):	<i>(To be filled in by cemetery or crematory official)</i>	
	<input type="checkbox"/> Removal from: _____ <i>name and address of original disposition</i>	I hereby certify that the body accompanying this permit was disposed of in accordance with its terms	
	<input type="checkbox"/> Disposition at: _____ <i>name and address of cemetery or crematory</i>	at _____ <i>(Name of cemetery or crematory) (City/Town)</i>	
	<input type="checkbox"/> Transportation to: _____ <i>name and address of immediate destination of remains</i>	on _____	
	Permission is hereby given to:	Final Disposition _____	
	_____	Certified by _____ <i>(Signature of Superintendent, cemetery or crematory)</i>	
	_____	If there is no officer in charge, funeral director must sign and return this stub.	
	_____ <i>Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk)</i>		

Front of Form R-301 Medical Examiner's Certificate of Death

FOR USE BY MEDICAL EXAMINERS ONLY		 The Commonwealth of Massachusetts MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRY OF VITAL RECORDS AND STATISTICS			OCME CASE NUMBER	REGISTERED NUMBER	STATE USE ONLY							
STATE USE ONLY	1	DECEDENT - NAME FIRST MIDDLE LAST			2	SEX	3	DATE OF DEATH						
4c HOSP	4a	PLACE OF DEATH (City/Town)	4b	COUNTY OF DEATH	4c			HOSPITAL OR OTHER INSTITUTION						
5 TYPE	5	PLACE OF DEATH Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (specify):			6	SOCIAL SECURITY NUMBER		7	US WAR VETERAN					
8 HISPANIC	8a	WAS DECEDENT OF HISPANIC ORIGIN? (if yes, specify)			8b	RACE (specify)								
10 AGE	10a	AGE (years)	b	UNDER 1 YEAR	c	UNDER 1 DAY	10d	DATE OF BIRTH	11	BIRTHPLACE (City and State or Foreign Country)				
15 RES	12	MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED	13	LAST SPOUSE (full name at birth or adoption)		14a	USUAL OCCUPATION		14b	TYPE OF BUSINESS/INDUSTRY				
15 RES	15a	RESIDENCE - No. and Street, City/Town, County, State/Country						15b	Zip Code					
15 RES	16	FATHER - full name at birth or adoption		17	STATE OF BIRTH		18	MOTHER - full name at birth or adoption		19	STATE OF BIRTH			
15 RES	20	INFORMANT'S NAME			21			MAILING ADDRESS		22	RELATIONSHIP			
15 RES	23	METHOD OF IMMEDIATE DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other:			24			FUNERAL SERVICE LICENSEE OR OTHER DESIGNEE		25	LICENSE #			
23 DISP	26a	PLACE OF DISPOSITION (Name of cemetery, crematory, or other)			26b			LOCATION (City/Town/State)						
31/32 AUT	27	DATE OF DISPOSITION			27a/b			NAME AND ADDRESS OF FACILITY OR OTHER DESIGNEE						
34 MARR	29 PART I - CAUSE OF DEATH - SEQUENTIALLY LIST IMMEDIATE CAUSE THEN ANTECEDENT CAUSES THEN UNDERLYING CAUSE										APPX	INTERVAL		
35c WORK	a	Immediate Cause												
35f PLACE	b	Due to												
35f PLACE	c	Due to												
35f PLACE	d	Due to												
36-37 CERT	30 PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH										31	AUTOPSY?? <input type="checkbox"/> Yes <input type="checkbox"/> No		
40a PRON	34	MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Pending investigation			35a	DATE OF INJURY		35b	TIME OF INJURY AM PM		35c	INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		
40a PRON	35d DESCRIBE HOW INJURY OCCURRED										35e PLACE OF INJURY (Type)			
40a PRON											35f LOCATION/ADDRESS OF INJURY			
40a PRON	38 MEDICAL EXAMINER CERTIFICATION										37c	APPX TIME OF DEATH	37d	DATE PRONOUNCED
40a PRON	(Name and Address)										39	LICENSE #	37e	TIME PRONOUNCED AM PM
40a PRON	37a 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)										37b DATE SIGNED <input type="checkbox"/> MD <input type="checkbox"/> DO			
40a PRON	40a	RN/PA/NP PRONOUNCEMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	40b	IF YES, DATE	40c	IF YES, TIME AM PM	40d NAME OF PRONOUNCER			TITLE:	<input type="checkbox"/> RN <input type="checkbox"/> PA <input type="checkbox"/> NP			
40a PRON	41	DATE BURIAL PERMIT ISSUED			42			RECEIVED IN CITY/TOWN OF		43	DATE OF RECORD			
40a PRON	BURIAL AGENT SIGNATURE										CLERK'S SIGNATURE		44	DATE OF AMENDMENT

PERMANENT BLACK INK ONLY

PRONOUNCEMENT FORM ON FILE

FORM 301-ME-090106

DRAFT -- MEDICAL EXAMINER DEATH CERTIFICATE

Summary of Changes from Standard Certificate of Death:

Top of form

- Addition of OCME case number

Cause of death section

- Part I. Elimination of instructions to provide more room for descriptions.
-
- Part II. Increase in size of response area.
-
- Elimination of item 32 (Were autopsy findings available prior to completion of certificate?). Unnecessary for ME certificate. Provides additional space.
-
- Elimination of item 33 (Medical Examiner Notified?). Unnecessary for ME certificate.
-
- Manner of Death (Item 34): Additional checkbox for use when ME prefers a manner of death other than the six standard categories (e.g., "Therapeutic Complication"). OCME will provide information for recoding to CDC standard.
-
- Describe how Injury Occurred (Item 35d): Substantially increased space.
-
- Place of Injury (Item 35e). Increased space.
-
- Elimination of items 36a-d (Certifying Physician). Unnecessary for ME certificate.
-
- Medical Examiner Certification (Items 37a-e). Increased space for responses with adequate room for ME seal.
-
- Appx. Time of Death (Item 37c). Title changed from "Hour of Death" as this item is almost always an approximation in ME cases and differs from time pronounced dead.

Back of form

Removal of explanatory items on referrals to the medical examiner.

Appendix C

Contacts for More Information on death Registration

Massachusetts Board of Registration in Medicine

560 Harrison Avenue, Suite G-4
Boston, MA 02118
(617) 654-9800
<http://www.massmedboard.org/>

Massachusetts Registry of Vital Records and Statistics

150 Mount Vernon St., 1st Fl.
Dorchester, MA 02125-3105
Main Telephone: (617) 740-2600
<http://www.mass.gov/dph/bhsre/rvr/rvr.htm>

Massachusetts Board of Embalming and Funeral Directing

239 Causeway Street, Suite 500
Boston, MA 02114
(617) 727-1718
<http://www.mass.gov/dpl/boards/em/index.htm>
Kim Scully, Assistant Director
Board Members
John J. Kazlauskas, Chair
Kathy Cartmell-Sirrico, Secretary
Ralph A. Barile, Member
Edward Mazur, Member

Massachusetts Department of Public Health Division of Community Sanitation

305 South St., 1st Floor
Jamaica Plain, MA 02130
617-983-6761
<http://www.mass.gov/dph/dcs/dcsforms.htm>
<http://www.mass.gov/dph/dcs/burial.htm>

Registry of Vital Records and Statistics Contact List

Requests for further information may be directed to the:

Registry of Vital Records and Statistics
Registration Unit Attention: Court Staff
150 Mt. Vernon St., 1st floor
Dorchester, MA 02125

Specific questions may be referred to the following Registry staff assigned to work with the courts:

NAME	TELEPHONE	E-MAIL
Pauline McNulty, Director of Registration	617-740-2622	Pauline.mcnulty@state.ma.us
June Deloney, Supervisor of Registration	617-740-2665	June.deloney@state.ma.us
Tara Andrews, Registration Clerk	617-740-2640	Tara.andrews@state.ma.us
Mary Risser, Amendments	617-740-2634	Mary.risser@state.ma.us
Phyllis Rotman, consultant	617-740-2629	Phyllis.rotman@state.ma.us
To order forms and documentation:		
Pedro Fidalgo	617-740-2637	Fax 617-740-2713