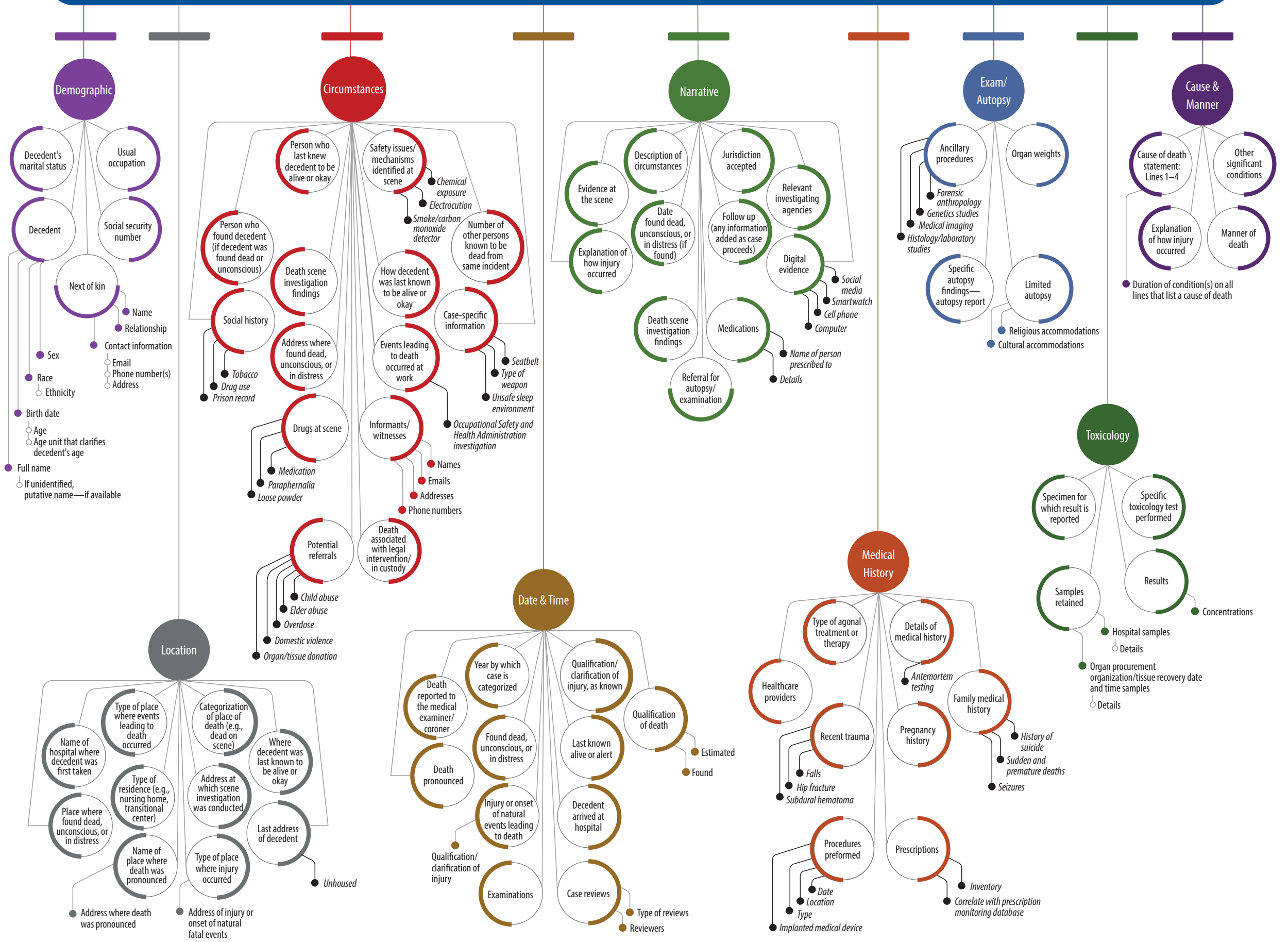


Appendix A. Medicolegal Death Investigation Frequently Used Data Elements

This appendix provides a graphic on frequently used data elements in medicolegal death investigation (adapted from Parish and Hanzlick¹⁵).

This graphic shows the final list of data elements that should be collected for every case. This graphic also links these frequently used elements to overarching categories of death investigation and indicates how these elements are integrated into the death investigation process. Italicized items are examples of information that could be provided during an investigation, and standard information is represented in normal text. This graphic can be downloaded and used in agency training to ensure all data are collected. Additionally, the graphic can be used to develop checklists for death investigators, develop programming requirements for data developers to code MDI information, or assist with standardization and consistency among data exchange as part of other resources.

Medicolegal Death Investigation Data Elements



Note: Items represented as small, closed, and colored circles are data elements that should be recorded in every case. Items represented in italics after black dots are examples of data and are not an exhaustive list. From Roper-Miller, Jeri, Nichole Bynum, Kelly Keyes, and Erica Fornaro. *Data Exchange Practices of Medicolegal Death Investigation*. U.S. Department of Justice, National Institute of Justice, Office of Investigative Sciences, December 2022.

Appendix B. Medicolegal Death Investigation Frequently Used Data Elements Descriptions

This appendix provides descriptions on medicolegal death investigation (adapted from Parish and Hanzlick¹⁵).

This table includes a final description about frequently used data elements that should be collected for every case. This table includes suggested data element titles and descriptions. The potential solutions summarize considerations and issues surrounding a specific data element. For example, this focus area discussed and considered process changes, legal and jurisdictional distinctions, data origin, technology advancements, family, and religious considerations. Many issues stemmed from the variance between MDI jurisdictions. For example, some offices currently depend on the mortuary to complete selected items on a death certificate, like ethnicity, and therefore do not currently capture that information in their files. Their case management system may not currently have fields for those elements. These offices would either need to begin collecting the data themselves or obtain the data from the mortuary or via an electronic death registration system and would also need to update their case management system to capture the data.

MDI Common Elements

Demographic

New Data Element	2021 Description	Comments*
Legal first name of decedent	For non-human remains, use this field to indicate “non-human remains,” “animal bones,” “unidentified tissue” and enter an “X” in the LASTNAME and MIDNAME fields. If unidentified human remains are to be given a John Doe or Jane Doe name, use the FIRSTNAME field to enter John Doe, Jane Doe or UnknownDoe. This will allow differentiation from persons whose real last name may be Doe, as the name “Doe” will appear in the LASTNAME field.	Add “legal” first name. Definition - unidentified human remains.
Legal middle name of decedent	Enter the middle name or initial if known. This item may be left blank, but should contain an “X” if the remains are non-human.	Add legal
Legal last name of decedent	Enter the last name for an identified human decedent. Otherwise, an “X” should be entered in this field. If remains are non-human, use the FIRSTNAME field to indicate “non human remains” or similar descriptors such as “Jane Doe” (See FIRSTNAME). Space, hyphen, and apostrophes may be used for names such as Mc Donald, Smith-Jones, or O’Henry. Another field (see next row) should be added for legal suffix, such as Jr. or III.	Add legal; define how names like McDonald or O’Shannon are captured (<i>Mc Donald, Mc_Donald, McDonald Mcdonald, etc.</i>) Space, hyphen, apostrophe should be able to be used. Add a specific field for suffix.
Legal suffix	Enter the legal suffix associated with the name, such as Jr. or III. This is not intended for designations like MD or Sr. which are rarely a legal part of the name.	Add legal; clarify how things like Jr. and III are captured.
Age of decedent	Enter the numerical value (<i>whole number</i>) for the age of the decedent in minutes (<i>if less than an hour of age</i>), hours (<i>if less than 24 hours of age</i>), days (<i>if less than 28 days of age</i>), months (<i>if less than 1 year of age</i>), or years (<i>if 1 year of age or older</i>). If the age is unknown, enter Unk. If the decedent is a fetus or stillborn infant, enter “0” (<i>zero</i>). The AGEUNIT field (see below) is used to specify which of these conditions applies.	<ol style="list-style-type: none"> 1. Change to 12 months. 2. Remove non-human. 3. If age unknown, it is unknown. 4. Fetus/stillborn = “0” (<i>zero</i>)
Age unit that clarifies decedent’s age	This field is used to indicate the unit that applies to the number expressing the decedent’s age. The following are the options: Minutes (MI) = less than 1 hour Hours (HR) = (<i>up to and including 23 hours and 59 minutes</i>) Days (DA) = (<i>up to and including 27 days</i>) Months (MO) = (<i>28 days up to and including 11 months</i>) Years (YR) = (<i>12 months or older</i>) SB = stillbirth/fetus AU = Adult, unknown CU = Child, unknown IU = Infant, unknown	Stillbirth/fetus combined.
Birth date of decedent	Enter the date of birth in MM/DD/YYYY format. If Unknown, enter “Unk.” If this is not possible, leave BIRTHDATE blank if the date of birth is not known or the item is not applicable.	If database does not allow “Unk,” or “X”, create a separate field? Preferred Format: MM/DD/YYYY
Sex of the decedent	Enter the decedent’s sex.	<ol style="list-style-type: none"> 1. Case management system (CMS) may have more information (e.g., sex assigned at birth). 2. DCs usually list male or female 3. Unknown - possibly used in unidentified skeletal remains.

* Comments by the subcommittee are thoughts on the data element, often as relevant to the initial data element list.

Demographic

New Data Element	2021 Description	Comments*
Race of decedent	<p>This item must be completed in all cases. You should select all that apply and options should match the U.S. Census option or map into U.S. Standard DC. Options of other or unknown as well.</p> <ul style="list-style-type: none"> a. White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. b. Black or African American – A person having origins in any of the Black racial groups of Africa. c. American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (<i>including Central America</i>) and who maintains tribal affiliation or community attachment. d. Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. e. Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. " 	<ol style="list-style-type: none"> 1. Ability to check all that apply. 2. Match Census option or map into U.S. Standard DC. <ul style="list-style-type: none"> a. White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. b. Black or African American – A person having origins in any of the Black racial groups of Africa. c. American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (<i>including Central America</i>) and who maintains tribal affiliation or community attachment. d. Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. e. Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. 3. Option of other or unknown. 4. Remove "X." U: unknown. O: other.
Ethnicity of decedent	<p>This field may be used to augment the entry made in the RACE field. Example entries are Cuban, Ethiopian, Filipino, Navajo Nation, Irish. Multiple options may be selected, and Unk can be used.</p>	<ol style="list-style-type: none"> 1. Important data element, when able to be obtained. 2. Unknown can still be used. 3. Multiple can be listed. 4. Often collected by funeral home.
Social security number	<p>Enter the social security number, or enter "Unk" if the social security number is not known. It may be used to link the case to other documents.</p>	<p>Add if MEC and/or EDRS system allows.</p>
Decedent's marital status at time of death	<p>Enter the decedent's marital status at the time of death.</p>	
Next of kin	<p>Name, contact details (<i>to include email, phone numbers, and address</i>) and relationship for next of kin.</p>	
Usual occupation of decedent	<p>This should contain the decedent's occupation or job title, whether or not they are currently employed. "Carpenter," "Administrator," "Physician," and "Clerk" are just a few examples of job titles. May be left blank if unknown.</p>	<p>More of a funeral home data point. (<i>Case specific</i>) MEC does not usually put on a DC.</p>
If unidentified, putative name if available	<p>List the suspected name(s) of a decedent who has not yet been identified.</p>	

* Comments by the subcommittee are thoughts on the data element, often as relevant to the initial data element list.

Location

New Data Element	2021 Description	Comments*
Name and address where found dead, unconscious, or in distress	This item should contain the name and address of where the person was found dead, or if transported, unconscious or in distress.	
Type of place where injury occurred	If an injury or poisoning caused death, enter the type of place where the injury occurred, such as "decedent's home," "wooded area," "restaurant."	
Certified street address of injury	If an injury or poisoning resulted in death, enter the address and street name of the place where the injury leading to death occurred, or significant descriptors to locate the place. It may be necessary to include a partial address or other clarifiers such as "400 block, Sweet Road," "In front of 123 Main St," "Intersection of East Rd and North St," or "West of Bird Creek."	
Certified city of injury	If an injury resulted in death, enter the name of the city in which the injury occurred. If outside an incorporated area, use the name of the city that would be used by the post office.	
Certified county of injury	If an injury resulted in death, enter the county in which the injury occurred. If outside the United States, use standard identifiers from that country.	
Certified country of injury	If an injury resulted in death, enter the country in which the injury occurred.	
Certified state of injury	If an injury resulted in death, enter the official post office abbreviation for the state in which the injury occurred. If outside the United States, use standard identifiers from that country.	
Certified zip code where injury occurred	If an injury resulted in death, enter the zip code that applies to the area where the injury occurred. If outside the United States, use standard identifiers from that country.	
Name of or specifics of decedent's residence	If the decedent's actual place of residence has a name, such as Arbor Apartments, The Snake Hotel, Tender Loving Care Home, enter the name here. If a specific name does not exist, enter the type of place such as "private home," "shelter," "underpass," "abandoned car"; will allow for people without housing to be captured. If not applicable, enter "X," or "Unk" if unknown.	
Type of residence (e.g., nursing home, transitional center)	If the decedent is living at other than a private residence, specify the type of residence, such as nursing home, transitional center, room and board home, or sober living facility.	
Address at which scene investigation was conducted	If a scene visit/investigation was conducted by an investigator or representative of the MEC, enter the address where the visit was conducted. This is case-specific and should be included as applicable. "Same as home" and "same as event site" are acceptable, if applicable.	This may be left blank if not applicable.
Last address of decedent (street number and name)	Enter the street name, number, and apartment or unit number, if applicable, of their last known address. Also include applicable qualifying words such as "Person without housing vacant building at 325 King St." If the address of residence is unknown, enter "Unk," updating the entry at a later time, if possible. This item should indicate the actual place of residence at the time of death, not necessarily the decedent's legal place of residence. Should allow for variance for international residents.	
Residence of decedent, city	If the decedent lived in an incorporated area, enter the name of the city or town. If the residence is in an unincorporated area, enter the city or town that appears in the decedent's residential mailing address for the actual place of residence. If unknown, enter "Unk." Should allow for variance for international residents.	Address descriptors need to allow variance for international residents.
Residence of decedent, county	Enter the name of the county in which the decedent's actual place of residence was located at the time of death. Enter "Unk" if unknown. This item must be completed. Should allow for variance for international residents.	

* Comments by the subcommittee are thoughts on the data element, often as relevant to the initial data element list.

Location

New Data Element	2021 Description	Comments*
Residence of decedent, country	Enter the name of the country in which the decedent's actual place of residence was located at the time of death. Enter "Unk" if unknown.	
Residence of decedent, state	Enter the postal code abbreviation for the state of actual residence for the decedent at the time of death. Enter "Unk" if unknown. Should allow for variance for international residents.	
Residence of decedent, zip	Enter the zip code for the decedent's actual place of residence at the time of death. Enter "Unk" if unknown. Zip code may be needed for geocoding. Should allow for variance for international residents.	
Categorization of place of death (e.g., <i>dead on scene</i>)	This item should contain an entry to indicate if death (<i>actual death, not where death pronounced</i>) occurred at one of the following: <ul style="list-style-type: none"> S = The scene D = Enroute to a hospital or the person was dead on arrival E = Emergency room O = Operating room (in surgery) I = Inpatient area There needs to be an option to select "Found" to clarify this location in the instance of re-located remains. Local vital statistics requirements or death certificate needs may require that this item apply to where death was pronounced, rather than where death actually occurred. However, indicating the actual place of death is preferred because the location of pronouncement is captured in other fields."	
Name of place where death was pronounced	Enter the name of the hospital or place where official pronouncement of death occurred. May list decedent's residence of type of place, such as wooded area if it is an unnamed place.	
Address where death was pronounced (<i>street name and number</i>)	Enter the street number and name for the place where official pronouncement of death occurred. Should be able to have a clarifier if found.	
City where death was pronounced	Enter the name of the city in which official pronouncement of death occurred. If outside city limits, use the city or town that is used for the mailing address.	
County where death was pronounced	Enter the name of the county in which official pronouncement of death occurred.	
State where death was pronounced	Enter the name of the state (<i>using official post office state abbreviations</i>) in which official pronouncement of death occurred.	
Zip code where death was pronounced	Enter the zip code for the address where official pronouncement of death occurred.	
Type of place where events leading to death occurred	This item should contain a brief description of the type of place where the events leading to the death occurred or, for bodies found dead or for non-human remains, the type of place where the body or remains was found. A few examples include "vacant building," "wooded lot adjacent to airport," "shelter for the unhoused," "abandoned car in strip mine."	
Where decedent was last known to be alive or okay	If the decedent was found dead, unconscious, or in distress, enter the place where the decedent was last known to be alive. Include the address (<i>fields should be specified for street, city, state, and zip</i>) and type of place (e.g., "restaurant Denny's"), if possible. Words such as "at home" are acceptable. If unknown, enter "Unk."	Can break out into address fields
Name of hospital where decedent was first taken	If the decedent was taken to the hospital prior to being pronounced dead, indicate the name of the first hospital to which the decedent was taken.	

* Comments by the subcommittee are thoughts on the data element, often as relevant to the initial data element list.

Circumstances

New Data Element	2021 Description	Comments*
Cause-specific information (seatbelt, unsafe sleep environment, type of weapon)	List specific details relevant to the case, such as information about seatbelt, unsafe sleep environment, or type of weapon (as relevant to the specifics of the case).	This is case-specific and should be included as applicable.
Safety issues/mechanisms identified at scene	Some examples include chemical exposure, electrocutions, smoke/carbon monoxide detector.	This is case-specific and should be included as applicable.
Social history, such as drug use, prison record, tobacco usage	List details of the decedent's social history, such as drug use, prison records, and tobacco usage.	This is case-specific and should be included as applicable.
Does an injury constitute OSHA injury at work?	If death resulted from an injury and the circumstances meet the NIOSH criteria for being an injury at work, enter yes; otherwise, enter no or "unknown."	Add unknown
Death scene investigation findings	This is narrative and should be included in the MEC report.	
Who last knew decedent to be alive	Add the name(s), relationship(s) to the decedent, and contact details for all persons able to provide information on how the decedent was last known to be alive.	Add contact info in MEC report database. (<i>multiple persons, contact info, etc.</i>). If not applicable may be left blank
Number of other persons known to be dead from same incident	This item should indicate the number of people who are known to have died from the same incident as the decedent. This number indicates the number in addition to the decedent. It reflects information at the time the death is first reported to the medical examiner/coroner. This is for MDI offices to be able to link companion cases. For cases related to a disaster, the death certificate should also include specifics to link the cases in how injury occurred (e.g., <i>Hurricane Maria, Clarksville Tornado</i>).	1. For use in CMS in MDI offices to link companion cases. 2. Regarding DC, list event in how injury occurred (e.g., <i>Hurricane Maria, Clarksville Tornado</i>).
Who found the decedent dead, unconscious, or in distress	Add the name(s), relationship(s) to the decedent, and contact details for all persons who found the decedent dead, unconscious, or in distress.	Add contact info in MEC report database (<i>multiple persons, contact info, etc.</i>).
Deaths associated with legal intervention/in custody	List any information about the involvement of legal intervention/in custody.	Broaden field: "Deaths associated with legal intervention/in custody."
Informants/witnesses	Name, contact details (emails, addresses, and phone numbers) and relationship for all witnesses/informants.	
Did the events leading to death occur while decedent was working?	Indicate if the events leading to death occurred while the decedent was at work or on the job, even if the cause of death appears to have been due to natural causes.	
How decedent was last known to be alive	This is narrative and should be included in the MEC report.	
Potential referrals	This is related to referral to different agencies, death review teams, or internal groups related to specific policies on specific types of cases. Some examples include child deaths, elder abuse, overdose, domestic violence, or organ/tissue donation.	
Drugs found at scene	This item should contain any information related to findings at scene indicative of medication or substance use or abuse such as medications, paraphernalia, or loose powder. May be in case narrative.	

* Comments by the subcommittee are thoughts on the data element, often as relevant to the initial data element list.

Date & Time

New Data Element	2021 Description	Comments*
Case reviews	For all case reviews, indicate the type of review, date and time of review, and who the reviewer was	
Date death was pronounced	Enter the date on which death was officially pronounced.	
Time death was pronounced	Enter the military time at which death was officially pronounced.	
Qualification of date of death	If the certified date of death is approximate or estimated, enter "Est." If the certified date of death indicated when the body was found, enter "Fnd."	
Certified date of death	Enter the date on which death is actually thought to have occurred. This represents the date that the certifier of death wishes to state on the death certificate. If the date needs to be qualified as "estimated" or "found," use one of those for clarification.	A date must be entered for every case that is certified by the MEC.
Certified time of death	Enter the military time at which death is thought to have occurred. This represents what the certifier wishes to state on the death certificate. "Unk" is acceptable. If the time is an approximation, use "Est." If the time represents when the body was found, enter the time with "Fnd."	
Certified time of injury	If an injury resulted in death, enter the military time at which the injury occurred. This item represents what the certifier of death wishes to place on the death certificate. If the time is approximate, "Est" should be included. If the time of injury is unknown, enter "Unk."	
Year by which case is categorized	This is a field related to the year in which the office will categorize the case for statistical purposes.	
Date death reported to the MEC	This item should contain the date on which the death was first reported to the MEC office.	
Date found dead, unconscious, or in distress (<i>if found</i>)	This can be part of the narrative, but is best as a Case Management System field, and should contain the date when a person was found dead, unconscious, or in distress. If witnessed death, a date should not be entered.	
Time found dead, unconscious, or in distress	This item should contain the military time when the decedent was found dead, unconscious, or in distress.	
Dates of all examinations, inspections and/or case reviews, and by whom	Enter the dates on which any inspections, autopsy, limited autopsy, external examinations, or reviews of case were conducted and by whom.	
Date of injury/onset of events leading to death	If an injury (<i>including poisoning</i>) is thought or known to have caused death, enter the date or partial date/date range of the injury. If no injury or poisoning is known or suspected, enter the date of onset of the fatal events. For example, if a person has chest pain and dies, enter the date of onset of the chest pain.	Could be a partial date (e.g., 01/25-26/2025)
Time of injury or onset of natural events leading to death	If an injury (<i>or poisoning</i>) is known or suspected as having caused death, enter the military time corresponding to the time when the injury occurred. If no injury or poisoning is suspected, enter the time of onset of the events that lead to death. An approximate time may be indicated by including "Est." Enter "Unk" if unknown.	
Qualification/clarification of injury date	To indicate that the certified date of injury is unknown, enter "Unk." If the certified date of injury is approximate, enter "Est." If the certified date of injury indicates the date a person was found, enter "Fnd."	

* Comments by the subcommittee are thoughts on the data element, often as relevant to the initial data element list.

Date & Time

New Data Element	2021 Description	Comments*
Date last known alive or alert	If the decedent was found dead, unconscious, or in distress, enter the date on which the decedent was last known to be alive.	
Time last known alive or alert	If the decedent was found dead, unconscious, or in distress, enter the military time when the decedent was last known to be alive.	If not applicable, this item may be left blank.
Date on which decedent arrived at hospital	If the decedent was taken to the hospital dead or alive, indicate the date at which the decedent arrived at the first hospital (<i>if transferred</i>).	
Time at which decedent arrived at hospital	If the decedent was taken to the hospital dead or alive, indicate in military time the time at which the decedent arrived at the first hospital (<i>if transferred</i>).	

Narrative

New Data Element	2021 Description	Comments*
Narrative description of circumstances and follow-up notes	Case notes should include a narrative description of the circumstances leading to and surrounding death, that is, a description of what is thought or known to have occurred prior to death. This includes, as applicable to each investigation, details about medications, any physical and digital evidence at the scene, an explanation of how any injury occurred and any additional details supporting information on when and how the decedent was found, death scene investigation findings, referral for autopsy/examiner details, relevant investigative agencies and information about accepting jurisdiction. This item may also be used to enter narrative notes as the case investigation proceeds. Each entry should include the date of the entry and the name or initials of the person who made the entry (or who prepared the original addendum for entry, such as the investigator). Any additional information from the case not otherwise captured in a specified field should be included here.	

* Comments by the subcommittee are thoughts on the data element, often as relevant to the initial data element list.

Medical History

New Data Element	2021 Description	Comments*
Pregnancy history	For females of child-bearing age: Pregnant at time of death, or within 0-42 days, 43 days to 1 year, unknown and not pregnant within 1 year. Only use unknown if unable to determine.	
Details of medical history	If the medical history was investigated, indicate the diseases or abnormalities known to afflict the decedent. Include information on all antemortem testing. Additional comments or explanations may be entered in case notes.	
Name of decedent's personal physicians or health providers	Enter the name of the decedent's personal physician or health care provider, including a phone number. Indicate if "Unk," "no known provider," or "not obtained."	With contact info This is a tracking field and should not be left blank if included in the database.
Type of agonal treatment or therapy	List what treatments were done, such as resuscitation (<i>if CPR was performed</i>), blood transfusions were given, IV fluids were administered, or if a surgery was performed. Narrative comments regarding medical procedures may be entered in the case	
Recent trauma	List any recent trauma, such as falls, fractures, or subdural hematomas. Include date of injury (<i>may be expanded upon in the case notes</i>).	
Family medical history	List any potentially relevant medical history of biological relatives.	
Procedures performed	If surgery was performed within 30 days of death for any reason, or at any time for the condition that possibly resulted in death, enter name(s) of the surgery here. Include dates (<i>partial dates are ok</i>), locations, and types of surgeries. This should also include details on implanted medical devices.	
Prescriptions	Include information on prescriptions, including inventory. Correlate with prescription monitoring databases.	

Exam/Autopsy

New Data Element	2021 Description	Comments*
Specific autopsy findings - autopsy report	Narrative in the autopsy report.	
Organ weights	Enter all organ weights as recorded at autopsy.	
Ancillary procedures performed	Additional testing ordered by the MEC. Some examples include histology, laboratory studies, medical imaging, genetic studies, forensic anthropology. Narrative comments regarding such procedures may be entered in the case notes or case management system.	
Limited autopsy	This item should indicate if a complete autopsy was done, or what level (<i>partial or external</i>) was completed. This would also be where to document any religious or cultural accommodations that dictated the type of autopsy performed.	

* Comments by the subcommittee are thoughts on the data element, often as relevant to the initial data element list.

Toxicology

New Data Element	2021 Description	Comments*
Toxicology results	Enter all toxicology results including all specimen types, and quantitative results with concentrations, if performed.	
What specific tox tests performed	Enter information about what toxicology tests were performed, even if negative.	
Samples retained for toxicology	List all specimens retained that could be used for toxicology. This includes details about hospital samples and details about samples retained by organ procurement/tissue organizations, including recovery dates and times.	

Cause & Manner

New Data Element	2021 Description	Comments*
Top line of cause of death statement	Enter the top line that appears in the cause of death statement. This must be completed if the office will officially determine the cause of death.	
Second line of cause of death statement	Enter the condition that appears on the second line of the cause of death statement.	
Third line of cause of death statement	Enter the condition listed on the third line of the cause of death statement.	
Fourth line of cause of death statement	Enter the condition listed on the fourth line of the cause of death statement.	
Other significant conditions	Enter the conditions listed in the "other significant conditions" area of the cause of death statement.	
Manner of death	Homicide, suicide, accidental, natural, and undetermined or could not be determined or unclassified. At least one jurisdiction currently allows Therapeutic Complication "T" as a manner.	Few jurisdictions (e.g., NYC) have/ may have Therapeutic Complication as a manner of death. Not consistent on a national basis.
Duration of condition on top line of cause of death	Enter the duration that applies to the condition listed on the top line of the cause of death statement. "Minutes," "hours," "20 days," and "unknown" are just a few examples.	Unknown to be used if/when it is truly unknown. This is a death certificate item for classification.
Duration of condition on second line of cause of death	Enter the duration of the condition listed on the second line of the cause of death statement.	Unknown to be used if/when it is truly unknown. This is a death certificate item for classification.
Duration of condition on third line of cause of death	Enter the duration of the condition listed on the third line of the cause of death statement.	Unknown to be used if/when it is truly unknown. This is a death certificate item for classification.
Duration of condition on fourth line of cause of death	Enter the duration of the condition listed on the fourth line of the cause of death statement.	Unknown to be used if/when it is truly unknown. This is a death certificate item for classification.

* Comments by the subcommittee are thoughts on the data element, often as relevant to the initial data element list.

Cause & Manner

New Data Element	2021 Description	Comments*
Certified explanation of how injury occurred	<p>Use this field to enter a narrative description of the circumstances leading to and surrounding death, that is, a description of what is thought or known to have occurred prior to death. Must be completed on all unnatural deaths. Examples:</p> <ol style="list-style-type: none"> 1. Fall from standing height while using walker. 2. Seatbelted operator of minivan struck by tractor trailer. 3. Fall from ladder from second story at construction site. 4. Hanged from rafter with belt in college dorm room. <p>Examples related to drug-related deaths:</p> <ol style="list-style-type: none"> 1. Injected heroin and ingested diverted alprazolam. 2. Used meth (<i>route unknown</i>). 3. Ingested excessive prescribed oxycodone. 	<p>For cases related to a disaster, the death certificate should also include specifics to link the cases in how injury occurred (e.g., <i>Hurricane Maria, Clarksville Tornado</i>).</p>

* Comments by the subcommittee are thoughts on the data element, often as relevant to the initial data element list.