

**ATTACHMENT C**  
**ACCESS TO VITAL EVENT DATA**  
**EXHIBIT 2**

**Checklist for Death Certificate Data**  
**2006 and beyond**

**Instructions:**

1. Since these data are confidential, all requested certificate items need to have brief justifications according to LHE project aims.
2. If a certificate item is used for linkage, then state how and whether it will be removed from the resulting linked analysis file. If the certificate item will be retained in the linked analysis file, please also provide a brief justification according to LHE project aims.
3. For certain sensitive data elements, such as certificate number or residence address, consider alternative means of accomplishing LHE project aims while using less sensitive data. Examples include creating a LHE unique identifier instead of requesting the certificate number and requesting geocoded census tracts instead of residence address.

**I. Death Certificate Items**

✓	Item Number	Item Descriptor	Justification
<input checked="" type="checkbox"/>		Random Unique ID (unrelated to certificate number)	LHE is a properly qualified applicant. Health and Safety Code § 191.051 and 25 Texas Administrative Code § 181.1(21).
<input type="checkbox"/>	n/a	State File Number (Certificate Number)	
<input checked="" type="checkbox"/>	n/a	State of Death	LHE is a properly qualified applicant. Health and Safety Code § 191.051 and 25 Texas Administrative Code § 181.1(21).
<input checked="" type="checkbox"/>	1.	Legal Name of Deceased:	
<input checked="" type="checkbox"/>		First	
<input checked="" type="checkbox"/>		Middle	
<input checked="" type="checkbox"/>		Last	
<input checked="" type="checkbox"/>		Maiden	
<input checked="" type="checkbox"/>		Suffix	
<input checked="" type="checkbox"/>	1.	Deceased AKA's if any:	
<input checked="" type="checkbox"/>		First	
<input checked="" type="checkbox"/>		Middle	
<input checked="" type="checkbox"/>		Last	
<input checked="" type="checkbox"/>		Suffix	
<input checked="" type="checkbox"/>	2.	Date of Death	
<input checked="" type="checkbox"/>		Date of Death Type (Actual, Presumed, Estimated, Found)	
<input checked="" type="checkbox"/>	3.	Sex	
<input checked="" type="checkbox"/>	4.	Date of Birth	
<input checked="" type="checkbox"/>	5.	Age - Last Birthday	
<input checked="" type="checkbox"/>		Age – kind of units (years, months, weeks, days, hours, minutes)	
<input checked="" type="checkbox"/>	6.	Birthplace -City	
<input checked="" type="checkbox"/>		State or Foreign Country	
<input checked="" type="checkbox"/>	8.	Marital Status at Time of Death	
<input type="checkbox"/>	9.	Surviving Spouse (If wife, give name prior to first marriage):	
<input type="checkbox"/>		First	
<input type="checkbox"/>		Middle	
<input type="checkbox"/>		Last	
<input type="checkbox"/>		Suffix	
<input checked="" type="checkbox"/>	10a.	Residence Street Address	LHE is a properly qualified applicant. Health and Safety Code § 191.051 and 25 Texas Administrative
<input checked="" type="checkbox"/>	10b.	Apt No	

✓	Item Number	Item Descriptor	Justification
<input checked="" type="checkbox"/>	10c.	City or Town of Residence	Code § 181.1(21).
<input checked="" type="checkbox"/>	10d.	County of Residence	
<input checked="" type="checkbox"/>	10e.	State of Residence	
<input checked="" type="checkbox"/>	10f.	Zip Code	
<input checked="" type="checkbox"/>		Zip Code Extension	
<input checked="" type="checkbox"/>	10g.	Inside City Limits?	
<input type="checkbox"/>	11.	Father's Name:	
<input type="checkbox"/>		First	
<input type="checkbox"/>		Middle	
<input type="checkbox"/>		Last	
<input type="checkbox"/>		Suffix	
<input type="checkbox"/>	12.	Mother's Name Prior to First Marriage:	
<input type="checkbox"/>		First	
<input type="checkbox"/>		Middle	
<input type="checkbox"/>		Last	
<input type="checkbox"/>		Suffix	
<input checked="" type="checkbox"/>	13.	Place of Death:	LHE is a properly qualified applicant. Health and Safety Code § 191.051 and 25 Texas Administrative Code § 181.1(21).
		If Death Occurred in a Hospital: Inpatient	
		If Death Occurred in a Hospital: ER/Outpatient	
		If Death Occurred in a Hospital: DOA	
		If Death Occurred Somewhere Other Than a hospital: Hospice Facility	
		If Death Occurred Somewhere Other Than a hospital: Nursing Home ( <i>Includes LTC</i> )	
		If Death Occurred Somewhere Other Than a hospital: Decedent's Home	
<input checked="" type="checkbox"/>		Other	
		Other (Specify)	
<input checked="" type="checkbox"/>	14.	County of Death	
<input checked="" type="checkbox"/>	15.	City/Town of Death (If outside city limits give precinct no)	
<input checked="" type="checkbox"/>		Street Address	
<input checked="" type="checkbox"/>		Zip Code	
		Zip Code Extension	
<input checked="" type="checkbox"/>	16.	Facility Name (If not institution give street address)	
<input type="checkbox"/>	17.	Informant's Name & Relationship to Deceased	
<input type="checkbox"/>	18.	Mailing Address of Informant:	
<input type="checkbox"/>		Street	
<input type="checkbox"/>		Number	
<input type="checkbox"/>		City	
<input type="checkbox"/>		State	
<input type="checkbox"/>		Zip Code	
<input type="checkbox"/>		Zip Code Extension	
<input checked="" type="checkbox"/>	19.	Method of Disposition:	LHE is a properly qualified applicant. Health and Safety Code § 191.051 and 25 Texas Administrative Code § 181.1(21).
		Burial	
		Cremation	
		Donation	
		Entombment	
		Removal From State	
		Other	
<input checked="" type="checkbox"/>		Other (Specify)	
<input type="checkbox"/>	20.	License Number of Funeral Director or Person Acting As Such	
<input type="checkbox"/>	21.	Section	
<input type="checkbox"/>		Block	
<input type="checkbox"/>		Lot	

✓	Item Number	Item Descriptor	Justification
<input type="checkbox"/>		Space	
<input type="checkbox"/>		Unknown	
<input type="checkbox"/>	22.	Place of Disposition (Name of cemetery, crematory, other place)	
<input type="checkbox"/>	23.	Location of Disposition:	
<input type="checkbox"/>		City, Town	
<input type="checkbox"/>		State	
<input type="checkbox"/>	24.	Name of Funeral Facility	
<input type="checkbox"/>	25.	Complete Address of Funeral Facility:	
<input type="checkbox"/>		Street	
<input type="checkbox"/>		Number	
<input type="checkbox"/>		City	
<input type="checkbox"/>		State	
<input type="checkbox"/>		Zip Code	
<input type="checkbox"/>		Zip Code Extension	
<input checked="" type="checkbox"/>	26.	Certifier: Certifying Physician Medical Examiner Justice of the Peace	LHE is a properly qualified applicant. Health and Safety Code § 191.051 and 25 Texas Administrative Code § 181.1(21).
<input checked="" type="checkbox"/>	28.	Date Certified (Mo/Day/Yr)	
<input type="checkbox"/>	29.	Certifier 's License Number	
<input checked="" type="checkbox"/>	30.	Time of Death	LHE is a properly qualified applicant. Health and Safety Code § 191.051 and 25 Texas Administrative Code § 181.1(21).
<input checked="" type="checkbox"/>		Time of Death Type (Actual, Presumed, Estimated, Found)	
<input checked="" type="checkbox"/>	31.	Certifier's Name:	
<input type="checkbox"/>		Certifier's Address:	
<input type="checkbox"/>		Street and Number	
<input type="checkbox"/>		City	
<input type="checkbox"/>		State	
<input type="checkbox"/>		Zip Code	
<input type="checkbox"/>		Zip Code Extension	
<input checked="" type="checkbox"/>	32.	Title of Certifier	
	33.	Chain of Events –Diseases, Injuries or Complications – That Directly Caused the Death: <i>(if you want to order ICD-10 codes, check with the Section II of this checklist):</i>	
<input checked="" type="checkbox"/>	33. Part	Cause of Death A (Immediate Cause) – <i>certifier's text</i>	
<input checked="" type="checkbox"/>	1a.	Approximate Interval: Onset to death	
<input checked="" type="checkbox"/>	33. Part	Cause of Death B - <i>certifier's text</i>	
<input checked="" type="checkbox"/>	1b.	Approximate Interval: Onset to death	
<input checked="" type="checkbox"/>	33. Part	Cause of Death C - <i>certifier's text</i>	
<input checked="" type="checkbox"/>	1c.	Approximate Interval: Onset to death	
<input checked="" type="checkbox"/>	33. Part	Cause of Death D - <i>certifier's text</i>	
<input checked="" type="checkbox"/>	1d.	Approximate Interval: Onset to death	
<input checked="" type="checkbox"/>	33. Part	Other Significant Conditions Contributing to Death but not Resulting in the Underlying Cause Given in Part 1.	
<input checked="" type="checkbox"/>	34.	Was an Autopsy Performed?	
<input checked="" type="checkbox"/>	35.	Were Autopsy Findings Available to Complete the Cause of Death?	
<input checked="" type="checkbox"/>	36.	Manner of Death	
<input checked="" type="checkbox"/>	37.	Did Tobacco Contribute to Death?	
<input checked="" type="checkbox"/>	38.	If Female: Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant 43 days to 1 year before death	

✓	Item Number	Item Descriptor	Justification
		Unknown if pregnant within the past year	
<input checked="" type="checkbox"/>	39.	If Transportation Injury, Specify: Driver/Operator Passenger Pedestrian Other Other (Specify)	
<input checked="" type="checkbox"/>	40a.	Date of Injury (Mo/Day/Yr)	
<input checked="" type="checkbox"/>	40b.	Time of Injury	
<input checked="" type="checkbox"/>	40c.	Injury at Work?	
<input checked="" type="checkbox"/>	40d.	Place of Injury (e.g., Decedent's home; construction site, restaurant, wooded area)	
<input checked="" type="checkbox"/>	40e.	Location: Street Number City State Zip Code	
<input checked="" type="checkbox"/>	40f.	County of Injury	
<input checked="" type="checkbox"/>	41.	Describe How Injury Occurred	
<input checked="" type="checkbox"/>	43.	Decedent's Education	
<input checked="" type="checkbox"/>	44.	Decedent of Hispanic Origin?	
<input checked="" type="checkbox"/>		No, Not Spanish, Hispanic/Latino	
<input checked="" type="checkbox"/>		Yes, Mexican, Mexican American, Chicano	
<input checked="" type="checkbox"/>		Yes, Puerto Rican	
<input checked="" type="checkbox"/>		Yes, Cuban	
<input checked="" type="checkbox"/>		Yes, Other Spanish/Hispanic/Latino	
<input checked="" type="checkbox"/>		Specify	
<input checked="" type="checkbox"/>	45.	Decedent's Race (2006 revision allows informants to select one or more races to indicate what the decedent considered himself or herself to be):	
<input checked="" type="checkbox"/>		White	
<input checked="" type="checkbox"/>		Black or African American	
<input checked="" type="checkbox"/>		American Indian or Alaska Native	
<input checked="" type="checkbox"/>		Name of the enrolled or principal tribe	
<input checked="" type="checkbox"/>		Asian Indian	
<input checked="" type="checkbox"/>		Chinese	
<input checked="" type="checkbox"/>		Filipino	
<input checked="" type="checkbox"/>		Japanese	
<input checked="" type="checkbox"/>		Korean	
<input checked="" type="checkbox"/>		Vietnamese	
<input checked="" type="checkbox"/>		Other Asian	
<input checked="" type="checkbox"/>		Other Asian (Specify)	
<input checked="" type="checkbox"/>		Native Hawaiian	
<input checked="" type="checkbox"/>		Guamanian or Chamorro	
<input checked="" type="checkbox"/>		Samoan	
<input checked="" type="checkbox"/>		Other Pacific Islander	
<input checked="" type="checkbox"/>		Other Pacific Islander (Specify)	
<input checked="" type="checkbox"/>		Other	
<input checked="" type="checkbox"/>		Other (Specify)	
<input checked="" type="checkbox"/>	46.	Ever in U.S. Armed Forces?	
<input checked="" type="checkbox"/>	47.	Ever a Peace Officer in This State?	
<input checked="" type="checkbox"/>	48.	Decedent's Usual Occupation (Indicate type of work done during most of working life).	

✓	Item Number	Item Descriptor	Justification
<input checked="" type="checkbox"/>	49.	Decedent's Type of Business/Industry	
<input type="checkbox"/>	n/a	If Deceased Served in U.S. Armed Forces, Fill Out the Following: Is the deceased reported to have been in such service? Name of organization in which service was rendered? Serial number of discharge papers or adjusted service certificate? Name of next of kin or of next friend? Post Office Address?	

## II. Other Variables Calculated Based on the Death Certificate Items

✓	Item Number	Item Descriptor	Justification
<input type="checkbox"/>		Record Type ( <i>Identified, Un-identified, Out of State, Catastrophic</i> )	
<input checked="" type="checkbox"/>		Age Group	LHE is a properly qualified applicant. Health and Safety Code § 191.051 and 25 Texas Administrative Code § 181.1(21).
<input type="checkbox"/>		Additional Funeral Home	
<input checked="" type="checkbox"/>		Causes of Death (multiple, including underlying) – <i>ICD-10 codes</i>	
<input checked="" type="checkbox"/>		Underlying Cause of Death – <i>ICD-10 codes</i>	LHE is a properly qualified applicant. Health and Safety Code § 191.051 and 25 Texas Administrative Code § 181.1(21).
<input checked="" type="checkbox"/>		CDC 113 Selected Causes of Death (ICD-10)	
<input checked="" type="checkbox"/>		CDC 130 Selected Causes of Infant Death (ICD-10)	
<input checked="" type="checkbox"/>		CDC 52 Rankable Causes of Death (ICD-10)	
<input checked="" type="checkbox"/>		Was Death a Result of an Injury?	
<input checked="" type="checkbox"/>		Decedent's Bridged Race Code ( <i>determined by NCHS</i> )	
<input checked="" type="checkbox"/>		Decedent's Race/Ethnicity ( <i>based on the TSDC method</i> )	
<input checked="" type="checkbox"/>		Decedent's Spanish/Hispanic/Latino Origin Unknown	
<input checked="" type="checkbox"/>		Decedent's Race: Unknown	
<input checked="" type="checkbox"/>		Longitude ( <i>based on decedent's street address</i> )	
<input checked="" type="checkbox"/>		Latitude ( <i>based on decedent's street address</i> )	
<input checked="" type="checkbox"/>		GIS Match code	
<input checked="" type="checkbox"/>		GIS Location code	
<input checked="" type="checkbox"/>		Geocoding accuracy	
<input checked="" type="checkbox"/>		1990 census tract ( <i>based on decedent's street address</i> )	
<input checked="" type="checkbox"/>		2000 census tract ( <i>based on decedent's street address</i> )	
<input checked="" type="checkbox"/>		2010 census tract ( <i>based on decedent's street address</i> )	
<input checked="" type="checkbox"/>		2020 census tract ( <i>based on decedent's street address</i> ) - 2020 forward	
<input checked="" type="checkbox"/>		Zip code tabulation areas (ZCTAs) - from 2013 data	
<input checked="" type="checkbox"/>		GIS Residence County Name - from 2014 data	
<input checked="" type="checkbox"/>		GIS Residence County FIPS - from 2014 data	
<input checked="" type="checkbox"/>		NIOSH Industry Code – 2020 forward	
<input checked="" type="checkbox"/>		NIOSH Occupation Code – 2020 forward	
<input checked="" type="checkbox"/>		Covid-19 Flag – 2020 forward	