



PLURINATIONAL STATE OF BOLIVIA
MINISTRY OF HEALTH AND SPORTS



MANUAL FOR MEDICAL CERTIFICATION OF VITAL EVENTS

Mobilized for the Right to Health and Life Series:

Technical Regulatory Documents

*La Paz – Bolivia
2011*



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MINISTRY OF HEALTH AND SPORTS

MANUAL FOR MEDICAL CERTIFICATION OF VITAL EVENTS

Medical Certificate of Live Birth (CEMENAVI)

Medical Certificate of Perinatal Death (CEMEDEP)

Medical Certificate of Death (CEMED)

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MANUAL FOR MEDICAL CERTIFICATION OF VITAL EVENTS

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Presentation

The Bolivian Ministry of Health and Sports prioritizes ensuring the health of all the country's inhabitants. To achieve this goal, it relies on the Political Constitution of the State and current laws.

The national health policy is aimed at ensuring sustainable access to health services for "Living Well," as well as reducing morbidity and mortality rates in the country. Within this framework, the National Health Information and Epidemiological Surveillance System has the mission of incorporating Vital Events as subjects of surveillance, with the aim of analyzing their distribution and trends in Bolivia, as well as defining their structure by specific causes.

The information provided by Vital Events Epidemiological Surveillance will serve to guide policies and strategies aimed at improving birth care and reducing deaths from preventable causes. To this end, it is essential to have reliable, high-quality records of administrative and demographic variables (DATA ON NEWBORNS OR DECEASED PERSONS) and cause of death (DATA ON DEATHS).

This publication will enable health personnel to improve their ability to accurately record birth data. It will also enable health and forensic medicine personnel to improve their ability to accurately identify and record data on the deceased, but mainly on the causes of death. A copy of this publication should be sent to all health and forensic medicine establishments in the country, together with the respective forms.

Dr. Nila Heredia Miranda
MINISTER OF HEALTH AND SPORTS

SPACE FOR MINISTERIAL RESOLUTION

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Introduction

The strengthening of the National Health Information and Epidemiological Surveillance System (SNIS-VE) aims to generate data, information, and knowledge for management, planning, and decision-making. The importance and necessity of reliable information that is representative of what is happening in ¹¹

The health of the population, especially with regard to birth and death rates, allows us to formulate strategies for improving the health of the population in general.

Part of these strategies is the implementation of Vital Events Surveillance as a fundamental part of SNIS-VE, which began in 2012 with the implementation of the Viv@ Birth Certificate (CEMENAVI) and updates to the Medical Death Certificate (CEMED) and the Perinatal Medical Death Certificate (CEMEDEP). (CEMENAVI) and the updates to the Medical Death Certificate (CEMED) and the Perinatal Medical Death Certificate (CEMEDEP), will form an integral part of the SNIS-VE.

The CEMENAVI, CEMED, and CEMEDEP are instruments designed to universalize and standardize information about births and deaths occurring at the national level, thus providing us with epidemiological and demographic information for structuring the epidemiological profile of birth and mortality rates.

Variables related to interculturality, gender, and other general population and epidemiological variables are part of the instruments used to record and collect information on births and deaths.

The purpose of this manual is to help healthcare personnel properly use birth certificates and death certificates by correctly filling out these medical certification documents that record births or deaths, respectively, and the circumstances surrounding them.

The certificates are designed to be used in healthcare facilities, but may also be used outside of facilities, in which case special recommendations must be taken into account.

What are Vital Statistic Certificates?

They are instruments:

- **Medical-legal** instruments that certify the birth or death of a person.
- **Demographic**, which collect information about the newborn, the mother, and the father.
 dre, information on the deceased, the time and place of birth or death, for population analysis.
- **Epidemiological**, which record circumstances related to birth (pregnancy, the product, and the mother) or death for health intervention purposes.

Who should fill out the Certificates of Vital ?

The Medical Certificate of Live Birth must be issued free of charge to every live birth in Bolivian territory, regardless of whether it is the result of a single or multiple birth.

Medical Death Certificates must be issued free of charge for every death:

- occurring in Bolivian territory of Bolivian or foreign nationals,
- in deaths outside the country of repatriated Bolivian citizens.

Who should fill out the Medical Certificate of Live Birth? (see below: Medical Certificate of Live Birth). In Level II and III hospitals, it should be filled out by a pediatrician/neonatologist. If such a professional is not available 24 hours a day, the health personnel who attended to the newborn must certify it.

In Level I care facilities, the certification is performed by the healthcare personnel who attended to the newborn.

Who should complete the Perinatal Death Medical Certificate? (see below: Perinatal Death Medical Certificate). In Level II and III healthcare facilities, it should be completed by an obstetrician in the case of intrauterine deaths (22 weeks of gestation until before birth), or

by a pediatrician in the case of early neonatal deaths (from birth to 6 days of life). If these professionals are not available 24 hours a day, it must be completed by the professional who attended the delivery or the newborn.

In Level I care facilities, certification is performed by Level II personnel. health personnel who attended the birth (stillbirths) or the newborn (early neonatal death).

Who should fill out the Medical Death Certificate? (see below: Medical Death Certificate). This certificate is used when the death is of a person aged 7 days or older, and is filled out by the healthcare personnel who last attended to them, or the last person in charge of their care (shifts), before their death.

Violent deaths are certified by a medical examiner or, in their absence, by a legally authorized physician.

**AN ESSENTIAL REQUIREMENT FOR THE CERTIFICATION OF DEATH IS
TO VERIFY THE BODY.**

MEDICAL CERTIFICATE OF BIRTH OR DEATH

C E M E N A V I

The Medical Certificate of Birth (CEMENAVI) is used to record all births that occur in Bolivian territory, whether in health facilities or outside of them but with the participation of health personnel or personnel recognized by the health system (traditional medicine and midwives). It is issued in one original and three copies (the original and first copy, which are white, will go with family members to the Civil Registry; the second copy, which is yellow, will go to the System of Health and Epidemiological Surveillance Information (SNIS-VE) and the third copy

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The green copy remains at the certifying health facility. It is an essential document for obtaining a birth certificate (Art. 30, Civil Registry Law).

Who should fill out the CEMENAVI ?

- For **births occurring in a Level II or III health facility**, the CEMENAVI must be completed by the health professional who attended the newborn during delivery (neonatologist/pediatrician), immediately after delivery or within the first 24 hours after the event. If a neonatologist/pediatrician is not available 24 hours a day, the CEMENAVI must be completed by the health professional who attended to the newborn during delivery.
- For **births that occur in a Level I health facility**, the CEMENAVI must be completed by the health professional who attends to the newborn during delivery (general practitioner, registered nurse, nursing assistant), immediately after delivery or within the first 24 hours after the event.
- For **births that occur outside a health facility**, the CEMENAVI form can be completed by the **midwife or traditional/natural doctor who attended the mother**, provided that they are **recognized by the health institution in their jurisdiction** and are therefore included in the certificate registry.
- If the midwife or traditional/naturopathic doctor is not registered or cannot read or write, the birth must be registered at the nearest health facility, or through the staff of the facility's or locality's mobile health units, following the procedure described below.
- ***For births attended by personnel not authorized to certify births***, if no person authorized to certify births is present to assist the mother and newborn during delivery, the **Certificate must be completed by the physician designated by the director or person in charge of the health facility** (hospital, health center, or health post authorized to issue certificates) **closest to the location where the birth occurred**, or by the physician, nurse, or health assistant of the

mobile health unit that serves the community. In order for the CEMENAVI to be issued, the mother must present the child, official identification of the mother, and an endorsement from the local civil authority (municipal, indigenous, judicial, etc.). In the event of maternal death, family members must meet the same requirements in addition to the mother's Medical Death Certificate.

General Instructions for Completing the CEMENAVI ()

Before filling out the form, the certifier must carefully read the instructions on the back of the last copy.

- Completing the CEMENAVI form is **MANDATORY** for all births occurring within the national territory.
- The content of the CEMENAVI is **CONFIDENTIAL** and for the exclusive use of the National Health Information System and the National Civil Registry System.
- The form must be filled out with a ballpoint *pen*, in block letters, legibly, without using abbreviations, and using the spaces provided for each variable (failure to do so will result in the statistician being authorized to request explanations and corrections on the copies).
- The person issuing the *Certificate* must fill it out in its entirety. **Certificates that do not include the mother's signature, the child's right foot print, and the mother's right thumb print** (for which no special ink is required), as well as **the seal of the issuing institution, will not be valid. Certificates issued by traditional doctors or midwives** must be signed by the mother and the traditional doctor or midwife and stamped by the health center in the jurisdiction (the health center that recognizes the midwife or traditional doctor) in order to be valid.
- If the mother cannot read or write, the form must bear the mother's fingerprint in the space provided for this purpose, as well as in the signature space.
- In some cases, the certifying officer will check the appropriate box, while in others, they will have to write in the information provided by the mother or a relative of the newborn.
- Under no circumstances may the CEMENAVI be sold, its delivery be made conditional, or the delivery of the child be subordinated to payment, given that this document is issued free of charge and under no circumstances.

conditioning, so that any violation of this provision will be punished in accordance with the penalties established in current criminal legislation; and in the case of public servants, the provisions of the corresponding Laws on the Responsibilities of Public Servants must also be complied with.

- **IF YOU MAKE A MISTAKE WHEN FILLING IN** any variable, **YOU CAN ERASE OR USE CORRECTION FLUID**, always on the back of the original and first copy **MAKE A "CLARIFICATION NOTE"** explaining what you wanted to write, followed by your signature and the corresponding professional stamp, which validates the corrected certificate before the Civil Registry. Corrections are made provided that the errors are "recoverable."
- Corrections are also made when family members return because there was an error. In any case, the other copies must also be corrected.
- **IF THE ERROR IS "UNREMEDIALABLE," VOID THE CERTIFICATE AND THE OTHER COPIES**, returning them to the statistics department or SNIS-VE of the corresponding SEDES.
- **DO NOT FILL OUT ANOTHER CERTIFICATE TO PROVIDE "CERTIFIED COPIES"; CERTIFIED PHOTOCOPIES ARE OF THE GREEN COPY AND ARE ISSUED BY THE CERTIFYING INSTITUTION** (Di-
The certification and legal department of the health facility are not responsible for the certification issued by the certifying professional. In Level I centers, the certification may be issued by the certifying professional.

The person who fills out and signs the CEMENAVI will be solely responsible for its content, so it is recommended that it be filled out carefully, with complete and accurate information.

Parts of the CEMENAVI ():

The certificate consists of six segments in the original and first copy, and five segments in the second and third copies:

1. Name of the Health Facility or Other Certifying Entity, and Sub-sector Code.
2. Part A. Newborn Data.
3. Part B. Mother's information.
4. Part C. Person Certifying the Birth.
5. Part D. Footprint, Fingerprint, and Institutional Seal.
6. Part E. To be completed by the Civil Registry Office where the newborn is registered.

1. Certifying Health Facility and Subsector Code.

Enter the name of the health facility and the corresponding subsector code (A: Public, B: Social Security, C: NGO, D: Church, E: Private, F: Armed Forces).

In this space, fill in the name of the health facility (doctor's office, clinic, polyclinic, hospital, forensic institute, etc.), then circle the health subsector code to which the health facility or other certifying entity belongs. The subsectors are:

- A) Public (dependent on the Ministry of Health, SEDES, City Halls);
- B) Short-term social security (National Health Fund, COSSMIL, University Social Security, CORDES Health Fund, State Bank Health Fund, Private Bank Health Fund, Road Health Fund, and other insurance);
- C) Employees of any NGO;
- D) Employees of any church;
- E) Private (consulting rooms and clinics);
- F) Armed Forces (Operational Health Services in barracks).

Example: Cesarean section for twin pregnancy at the Germán Urquidi Hospital in Cochabamba.

 ESTADO PLURINACIONAL DE BOLIVIA MINISTERIO DE SALUD Y DEPORTES SISTEMA NACIONAL DE INFORMACIÓN EN SALUD	CERTIFICADO MÉDICO DE NACID@ VIV@ (Para nacimientos ocurridos en territorio boliviano) En establecimientos de salud registra el personal responsable de la atención y revisión del Recién Nacid@	N° 12300001
ESTABLECIMIENTO DE SALUD U OTRO:..... HOSPITAL GERMAN URQUIDI CODIGO SUBSECTOR A B C D E F		

2. Part A. Data on the live birth.

The Father's Last Name and Mother's Last Name fields must be filled in as indicated by the mother. This information can be verified with the parents' identity documents or the Prenatal Card. Do not write anything in the Names field, as it is already printed with "NEWBORN," except in the case of twins or multiple births, where a number can be entered according to the order of birth.

Example: Female product of twin pregnancy, second birth.

A. DATOS DE LA/DEL RECIÉN NACID@			
FERNANDEZ		MONTANO	
Apellido Paterno		Apellido Materno	
1. LUGAR DE NACIMIENTO		2. EL NACIMIENTO OCURRIÓ EN:	
País: BOLIVIA		Establecimiento de Salud <input checked="" type="checkbox"/>	
Departamento: COCHABAMBA		Vivienda (domicilio particular)	
Provincia: CERCABO		Vía Pública	
Municipio: COCHABAMBA		Trabajo	
Localidad: COCHABAMBA		No puede determinarse	
		Otros	
3. FECHA DE NACIMIENTO		4. SEXO	
Hora (00:00 a 23:59): 22 05		Masculino <input type="checkbox"/>	
Día (01 a 31): 05		Femenino <input checked="" type="checkbox"/>	
Mes (01 a 12): 06		No puede determinarse <input type="checkbox"/>	
Año: 2012			
5. ATENCIÓN DEL RECIÉN NACID@		6. EDAD GESTACIONAL	
Pediatra/Neonatólogo(a) <input checked="" type="checkbox"/>		Semanas: 37	
Ginecó Obstetra		No puede determinarse	
Médico(a)		7. PESO Y TALLA AL NACER	
Enfermera(o)		Peso: 2800 gramos	
Aux. de Enfermería		Talla: 49 cm	
Médico Tradicional		No puede determinarse	
Partera(o)		8. APGAR DEL NACIDO VIVO	
Otra(o)		A1 minuto: 08 1-10	
No puede determinarse		A los 5 minutos: 10 1-10	
		No puede determinarse	
		9. PRODUCTO DE EMBARAZO	
		Único <input type="checkbox"/>	
		Gemelar <input checked="" type="checkbox"/>	
		Triple o más <input type="checkbox"/>	
		No puede determinarse <input type="checkbox"/>	
		10. MALFORMACIONES CONGENITAS	
		Sí <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		Código CIE llenado por estadística	

Variable 1 (PLACE OF BIRTH). In these boxes, you must write in block letters the exact geographical location of the birth of the newborn, including the department, province, municipality, and locality. In the case of birth in the same municipal city, this is recorded in the locality. The word "BOLIVIA" is already printed in the Country field, because the document is only used for births that occur in our country. In the example: Caesarean section of twins at Germán Urquidi Hospital in Cochabamba.

Variable 2 (BIRTH OCCURRED IN). The place where the birth occurred must be marked in the corresponding box. In the example: Health facility.

Variable 3 (DATE OF BIRTH). Write the day, month, and year of birth (in numbers) in the corresponding boxes. To record the time, use the scale from 00:00 to 23:59; two digits must be entered in each time box and a single digit in each day, month, and year box. In the example: Born on June 5, 2012, at ten past ten in the evening.

Variable 4 (SEX). Mark the appropriate box. If it is difficult to determine the sex of the newborn, mark the box "cannot be determined." In the example: Sex of the newborn is "Female."

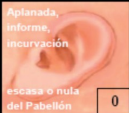






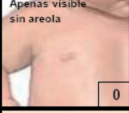
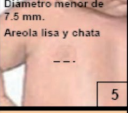
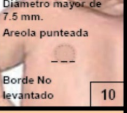
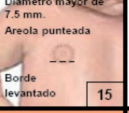
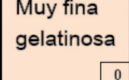

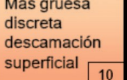
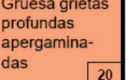


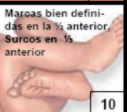


Variable 5 (CARE OF THE NEWBORN). Mark the appropriate box, bearing in mind that, depending on the level of complexity, newborns will initially be cared for by a pediatrician/neonatologist at levels II and III, and by a general practitioner, registered nurse, or nursing technician at level I.

The options are: Pediatrician/Neonatologist, Obstetrician-Gynecologist, Physician, Nurse, Nursing Assistant, Traditional Healer, Midwife, Other (which could be a family member or neighbor), and finally the option "Cannot be determined," in the case of abandoned newborns.

In the example above, because it is at the Germán Urquidí Level III Hospital, the newborn was treated by a neonatologist.

Variable 6 (GESTATIONAL AGE). Record the duration of the pregnancy, expressed in full weeks, counting from the last menstrual period to the moment of extraction or expulsion of the product. If it is not possible to specify, record the clinical estimate (Capurro) that is closest to the gestational age.

METODO DE CAPURRO PARA DETERMINAR LA EDAD GESTACIONAL EN EL RECIEN NACIDO.

Forma de la OREJA	 Aplastada, informe, incurvación escasa o nula del Pabellón 0	 Pabellón parcialmente incurvado en el borde Superior 8	 Pabellón incurvado todo el borde superior 16	 Pabellón totalmente incurvado 24	Puntuación <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> Se suma 204 + Puntaje Parcial y se divide entre 7 </div> _____ _____ _____ _____ _____	
Tamaño de GLÁNDULA MAMARIA	 No Palpable 0	 Palpable menor de 5 mm. 5	 Palpable entre 5 y 10 mm. 10	 Palpable mayor de 10 mm. 15		
Formación del PEZON	 Apenas visible, sin areola 0	 Diámetro menor de 7.5 mm. Areola lisa y chata 5	 Diámetro mayor de 7.5 mm. Areola punteada 10	 Diámetro mayor de 7.5 mm. Areola punteada 15		
TEXTURA de la PIEL	 Muy fina gelatinosa 0	 Fina lisa 5	 Mas gruesa discreta descamación superficial 10	 Gruesa grietas superficiales descamación de manos y pies 15		 Gruesa grietas profundas avergaminadas 20
PLIEGUES PLANTARES	 Sin pliegues 0	 Marcas mal definidas en la mitad anterior 5	 Marcas bien definidas en la mitad anterior 10	 Surcos en la mitad anterior 15		 Surcos en mas de la mitad anterior 20

Variable 7 (WEIGHT AND HEIGHT AT BIRTH). Record the weight in grams and height in centimeters. In the example above, the baby was born weighing 2,800 grams and measuring 49 centimeters in height.

- **Certificates issued more than 24 hours after delivery or expulsion.** For those born outside a health facility, specify "Cannot be determined" if this information is not available. In these cases, birth weight should not be recorded because it varies, unless the weight recorded immediately after birth is known. Height does not vary greatly and can be measured and recorded.

Variable 8 (APGAR SCORE OF THE NEWBORN). The scale is from 1 to 10, measured at one minute and five minutes.

APGAR TABLE FOR NEWBORNS

Parameters	Score of 0	Score of 1	Score of 2
Heart rate	Absent (no pulse)	< 100 beats per minute	Normal (> 100 beats per minute)
Respiratory effort	Absent (no breathing)	Slow or irregular breathing	Normal
Muscle tone	None, flaccidity	Slight flexion	Active movement
Irritability (reflex response)	Absent (does not respond to stimuli)	Mild crying when stimulated	Sneezing and coughing disappear when stimulated
Appearance (skin color)	Blue-gray coloration or paleness throughout the body	Blue extremities	Normal

Outside a health facility, the box "Cannot be determined" should be checked, because APGAR information is not available.

Variable 9 (PRODUCT OF PREGNANCY). In these boxes, check the appropriate box if the newborn is the product of a single, twin, or multiple pregnancy. In the example above, it is a twin pregnancy.

Variable 10 (CONGENITAL MALFORMATIONS). If clinically noticeable, check the Yes box and record Which? is the malformation observed (Examples: "*Cleft Lip*," "*Imperforate Anus*," "*Craniosynostosis*," etc.). In the example above, there were no malformations.

The four boxes of the ICD code are to be filled in by statistics personnel and do not need to be filled in for the certificate to be given to the family member, but they do need to be filled in when entering the information into the computer system.

3. Part B. Information about the mother of the live birth.

- The person authorized to answer *CEMENA*'s questions regarding the mother's information is the mother herself. Only in the event of complications, disability, or death may the child's father or another direct relative of the mother of the newborn, such as her mother or siblings, respond.

siblings. Where possible, the information may be obtained from the mother's medical records.

B. DATOS DE LA MADRE									
MONTAÑO			CAREAGA				MARISOL		
Apellido Paterno			Apellido Materno				Nombres		
11. LENGUA O IDIOMA MATERNO (Ver lista en instructivo)			12. IDIOMA CON EL QUE SE COMUNICA				13. AUTOPERTEENENCIA / IDENTIDAD CULTURAL (Ver lista en instructivo)		
0 1			MAYORMENTE 2 8				2 8		

Mother's first and last names. This information must be corroborated with an identity document, the prenatal card, or the medical record.

Variables 11 and 12 (FIRST LANGUAGE LEARNED TO SPEAK) (LANGUAGE WITH WHOM THEY COMMUNICATE MOST). Follow the numbering in the list below from 01 to 41 (02, which is Afro-Bolivian, does not apply as a language).

Variable 13 (CULTURAL BELONGING). Indigenous nation and people, peasant or intercultural community, and Afro-Bolivian with which the mother identifies. Follow the numbering in the list below, from 02 to 40. (01 Spanish and 39 Deaf-mute do not apply as a culture). There are people who do not identify with any of these, so "40" will be recorded.

01. Spanish	07. Canichaca	13. Guaraní	19. Machineri	25. Movina	31. Tapiete	37. Yuracaré
02. Afro-Bolivian	08. Caviëño	14. Guarasu'we	20. Maropa	26. Pacawara	32. Toromona	38. Zamuco
03. Aymara	09. Cayubaba	15. Guarayu	21. Mojeño-Trinitario	27. Puquina	33. Uru-Chipaya	39. Sordomuda
04. Araona	10. Chácobo	16. Itonama	22. Mojeño-Ignaciano	28. Quechua	34. Weenhayek	40. None
05. Baure	11. Chimán	17. Leco	23. Moré	29. Sirionó	35. Yaminawa	41. Unknown
06. Bésire	12. Ese-Ejja	18. Machajuyai-kallawaya	24. Moseñen	30. Tacana	36. Yuki	42. Foreign

In the example above, the first language he learned to speak was "Castilian Spanish," he currently communicates mainly in the "Quechua" language, and he identifies with the "Quechua" culture.

Variable 14 (MOTHER'S NATIONALITY AND USUAL RESIDENCE). It You must check the corresponding box indicating the country of origin (Bolivian, foreign, or cannot be determined). In the lines below, you must record the place where the mother has had her permanent residence for the last nine months, except for long periods of hospitalization, indicating the country, department, province, municipality, town, or area. If the residence is outside Bolivia, only the name of the country is recorded. In the example: Of Bolivian nationality, born in Oruro and residing in Morochata, Independencia province of Cochabamba.

Variable 15 (LEVEL OF EDUCATION). In these boxes, check the box that corresponds to the mother's level of education. In the example: She is a university professional.

Variable 16 (MARITAL STATUS). In these boxes, you must check the box corresponding to the mother's marital status. In the example: She has a stable partner.

14. NACIONALIDAD Y RESIDENCIA HABITUAL / PERMANENTE Boliviana <input checked="" type="checkbox"/> Extranjero <input type="checkbox"/> No puede determinarse <input type="checkbox"/> País BOLIVIA Departamento COCHABAMBA Provincia INDEPENDENCIA Municipio MOROCHATA Localidad MOROCHATA		15. GRADO DE INSTRUCCIÓN Sin instrucción <input type="checkbox"/> Primaria <input type="checkbox"/> Secundaria <input type="checkbox"/> Técnico <input type="checkbox"/> Universitario <input checked="" type="checkbox"/> Otro <input type="checkbox"/> No puede determinarse <input type="checkbox"/>	16. ESTADO CIVIL Soltera <input type="checkbox"/> Casada <input type="checkbox"/> Divorceda <input type="checkbox"/> Viuda <input type="checkbox"/> Unión Estable <input checked="" type="checkbox"/> No puede determinarse <input type="checkbox"/>
17. EDAD Y FECHA DE NACIMIENTO Edad <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Día <input type="text"/> <input type="text"/> <input type="text"/> Mes <input type="text"/> <input type="text"/> <input type="text"/> Año <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> No puede determinarse <input type="checkbox"/>	18. RECIBIÓ ATENCIÓN PRENATAL N° de controles <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Ninguno <input type="checkbox"/> No puede determinarse <input type="checkbox"/>		19. CONDICIÓN DE LA MADRE DESPUÉS DEL PARTO Viva <input checked="" type="checkbox"/> Fallecida <input type="checkbox"/> No puede determinarse <input type="checkbox"/>

Variable 17 (DATE OF BIRTH). Write in these boxes the age (in full years), the day, the month (in numbers), and the year in which the mother was born. The option "Approximate" is available when the mother is unsure of her age and does not have an identity document. In this case, the age is noted and the "Approximate" box is checked. Similarly, there is a box marked "Cannot be determined" for cases of abandonment where the mother's birth details are unknown. In the example: Her identity document indicates that she was born on May 20, 1987, and the mother is 25 years old as of June 5, 2012, the date of delivery in the example.

Variable 18 (RECEIVED PRENATAL CARE). Indicate the number of visits if prenatal care was received, either from a doctor or other health personnel. If it cannot be determined or no prenatal checkups were performed, check the corresponding box. In the example: I had seven prenatal checkups.

Variable 19 (CONDITION OF THE MOTHER AFTER DELIVERY/CESAREAN SECTION).

Note whether the mother is alive or died as a result of complications during pregnancy, childbirth, or other circumstances.

Variable 20 (MOTHER'S OBSTETRIC HISTORY). Enter the number of the mother's pregnancies, excluding the current one, in the "Total Previous Pregnancies" box; enter the number of live births, regardless of whether they were live births or stillbirths, in the "Total live births" box; "Total live births": how many were born alive, regardless of whether they are alive today or not; "Total live births who died": how many were born alive but died before reaching 7 days of age;

"Total abortions": fetuses that died before the 22nd week of pregnancy and "Total stillbirths": number of deaths (fetuses that died after the 22nd week of pregnancy). Finally, there is a box marked "Cannot be determined" for cases where we have no data on the mother (abandonment, mother with mental disability).

In the example: First pregnancy.

20. ANTECEDENTES OBSTETRICOS Total Embarazos Anteriores: 0 Total nacidos vivos: 0 Total nacidos vivos que murieron: 0 Total abortos: 0 Total nacidos muertos: 0 No puede determinarse: 0		21. SI SE TRATO EL PARTO, FUE PRINCIPALMENTE Parto No Complicado (Eutócico): 0 Parto Con Complicaciones (Distócico): 0 Cesárea: 0 No queda determinarse: 0		22. EL PARTO O EXPULSIÓN FUE ATENDIDO POR Médico Obstetra: X Otro Médico: 0 Enfermera(o): 0 Partera/Médico Tradicional: 0 Otro: 0 No puede determinarse: 0	
23. DOCUMENTO DE IDENTIDAD DE LA MADR C.I.: X Pasaporte: 0 RUN: 0 Certificado o Informe de Partida de Nacimiento: 0 No porta: 0 Expedido en: ORURO Número: 3 0 5 6 5 2 9 - - - -					

Variable 21 (THIS BIRTH WAS). Result of the expulsion or extraction of the product of conception when it is 22 weeks or more into the pregnancy and is classified as: eutocic (birth without complications), dystocic (if there was complication), cesarean section, or unknown.

Variable 22 (THE DELIVERY OR EXPULSION WAS ATTENDED BY). The health personnel or other personnel who attended the current delivery is marked in the corresponding box.

Variable 23 (IDENTITY DOCUMENT): Check the box corresponding to the document carried by the mother (Identity Card, Passport, R.U.N. Certificate or Birth Report), record the place of issue and the number (does not apply to Certificate or Birth Report). Similarly, mark if she does not carry any of these identity documents. In the example: She has an Identity Card (C.I.) number 3056529 issued in Oruro.

4. Part C. Person Certifying the Birth.

In variable 24, enter the name of the professional or person performing the certification in the corresponding box. The name and surname of the certifying person must be entered in block letters, as well as their professional registration number,

ID number and place of issue, the signature and personal stamp of the certifying person, and the date on which the certification is made.

PERSONA QUE CERTIFICA EL NACIMIENTO	
24. CERTIFICADO POR Médica(o): X Lic. Enfermería: 0 Aux. Enfermería: 0 Médico Tradicional: 0 Partera/o: 0	Nombre(s) y Apellidos: Matrícula Profesional MSD: C.I.: Exp. en: Firma: Sello Profesional: Fecha de Emisión del Certificado: Año 20:

In Level II and III healthcare facilities, certification must be provided by a pediatrician (neonatologist), provided that this professional is available 24 hours a day. If not, certification must be provided by the staff who received and examined the product.

In Level I care facilities, the health personnel who provided care and examined the product will certify it.

5. Part D. Footprint, Fingerprint, and Institutional Seal

IMPRESIÓN PLANTAR, DACTILAR Y SELLO INSTITUCIONAL

HUELLA DEL PIE DERECHO DE LA NIÑA O NIÑO NACIDO

HUELLA DEL DEDO PULGAR
DERECHO DE LA MADRE

FIRMA DE LA MADRE

SELLO OFICIAL DE LA
INSTITUCIÓN CERTIFICANTE

TODA ENMIENDA O CORRECCIÓN QUE SE REALICE, DEBE TENER "NOTA ACLARATORIA" EN LA CARA POSTERIOR DE LA PRIMERA HOJA
ENTREGAR A LA MADRE PARA QUE SOLICITE EL CERTIFICADO DE NACIMIENTO EN EL REGISTRO CIVIL

RIGHT FOOTPRINT OF THE NEWBORN: The footprint of the **newborn's** right foot will be taken, for which no special ink is required. If, due to a congenital defect, it is not possible to take the footprint of the **right foot, the footprint of the newborn's** right foot of the newborn, for which no special ink is required. If, due to a congenital defect, it is not possible to take the right foot print, the left foot print shall be taken, and if this is also not possible, the space shall be left blank. Both facts must be recorded in an "Explanatory Note" on the back of the original and first copy, explaining why the right foot print was not taken.

RIGHT THUMBPRINT AND MOTHER'S SIGNATURE: The mother's right thumbprint, for which no special ink is required. The mother's signature will also be recorded. If the mother does not know how to sign, her right thumbprint will also be stamped in the signature space (double right thumbprint). If the mother is deceased or has abandoned the child, this space shall be left blank and a note shall be made on the back of the original and first copy.

OFFICIAL STAMP OF THE CERTIFYING INSTITUTION: The stamp of the health facility where the birth took place or is certifying the event.

6. Part E. To be completed by the Civil Registry Office where the newborn is registered.

E. A SER LLENADO POR LA OFICIALÍA DEL REGISTRO CIVICO DONDE SE INSCRIBE A LA/AL RECIEN NACID@		
Oficialía de Registro Cívico:	Nombre(s) y Apellidos de la/del Oficial de Registro Cívico:	
Nº de Oficialía:		
Nº de Libro: Nº de Partida:		
Departamento		
Provincia		
Municipio	Firma	Sello Profesional
Localidad	Fecha de Registro: de de 20.....	Sello de la Oficialía Registro Cívico

This space only exists on the original and first copy. Health personnel should not make any entries. This space is used exclusively by the Civil Registry Office where the birth is registered.

Destination of copies of the CEMENAVI ()

Original (White) and First Copy (White) - **FOR THE CIVIL REGISTRY** - Will accompany the family to be presented to the Civil Registry Office, where the legal procedures for registering the birth will be completed. The First Copy (White) will be given to the family once the birth has been registered and the space at the bottom of the Live Birth Certificate has been filled out.

Second Copy (Yellow) – **FOR THE SNIS** – It will follow the same process as the SEDES copies of the other Surveillance and Production forms, reaching the Network or the departmental level where its information will be systematized.

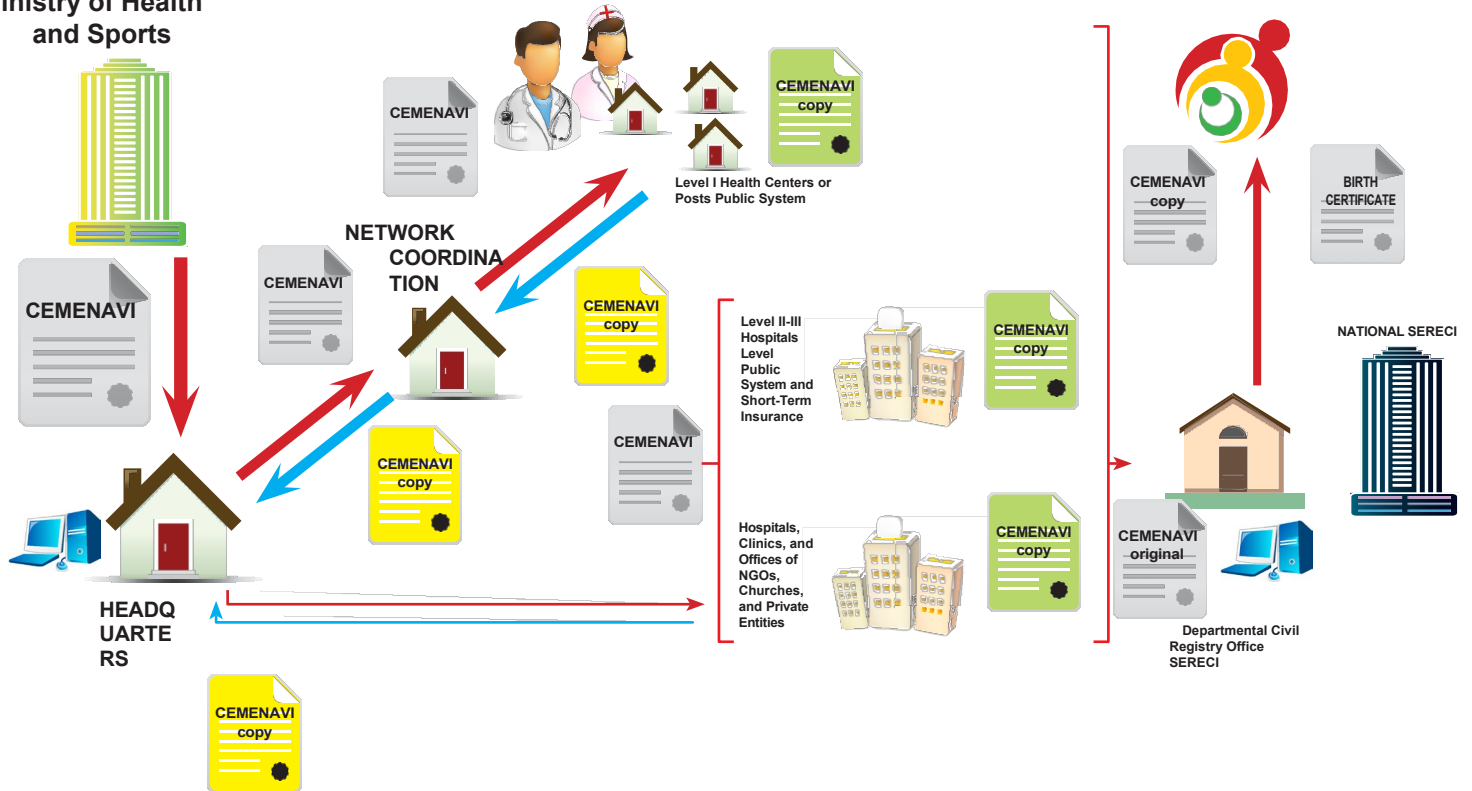
Third Copy (Green) – **FOR THE ESTABLISHMENT** – It will remain at the establishment where the birth was certified.

Final Instructions for the Live Birth Medical Certificate

- It is important to inform the newborn's relatives that they must go to the corresponding Civil Registry Office to complete the process of obtaining the Birth Certificate within 6 months of the event, since, if they do not complete this process within the time established by the State Civil Codes, they must comply with the guidelines indicated for late registration.
- It should be made clear to the mother that the *Medical Certificate of Live Birth* **DOES NOT REPLACE THE BIRTH CERTIFICATE** as a legal document for official procedures.
- The *Medical Certificate of Live Birth* will only be used to certify births that occurred after January 2012. Under no circumstances will it cover births that occurred prior to that date. If this is the case, the mother, family members, or the interested party themselves will have to go directly to the corresponding Civil Registry Office to find out what procedure to follow.
- If the certification is issued by a traditional doctor or midwife, the original (white copy) must be given to the family member, and the remaining two copies must be kept or sent to the health facility that issued the certificate.

FLOW OF BIRTH INFORMATION


Ministry of Health
and Sports



CEMENAVI: Original and First Copy

ESTADO PLURINACIONAL DE BOLIVIA MINISTERIO DE SALUD Y DEPORTES SISTEMA NACIONAL DE INFORMACIÓN EN SALUD ESTABLECIMIENTO DE SALUD U OTRO.....		CERTIFICADO MEDICO DE NACID@ VIV@ (Para nacimientos ocurridos en territorio boliviano en establecimientos de salud registra el personal responsable de la atención y revisión del Recién Nacido@)		CÓDIGO SUBSECTOR A B C D E F					
A. DATOS DE LA/DEL RECIÉN NACID@									
Apellido Paterno		Apellido Materno		RECÍEN NACID@ Nombres					
1. LUGAR DE NACIMIENTO		2. EL NACIMIENTO OCURRIÓ EN:		3. FECHA DE NACIMIENTO					
País: BOLIVIA		Establecimiento de Salud		Hora (00:00 a 23:59)					
Departamento:		Vivienda (domicilio particular)		Día (01 a 31)					
Provincia		Vía Pública		Mes (01 a 12)					
Municipio:		Trabajo		Año					
Localidad:		No puede determinarse		4. SEXO					
		Otros		Masculino					
				Femenino					
				No puede determinarse					
5. ATENCIÓN DEL RECIÉN NACID@		6. EDAD GESTACIONAL		9. PRODUCTO DE EMBARAZO					
Pediatra/Neonatólogo(a)		Semanas		Único					
Ginecó Obstetra		No puede determinarse		Gemelar					
Médico(a)		7. PESO Y TALLA AL NACER		Triple o más					
Enfermera(o)		Peso		No puede determinarse					
Aux. de Enfermería		Talla		10. MALFORMACIONES CONGENITAS					
Médico Tradicional		No puede determinarse		Sí					
Partera(o)		8. APGAR DEL NACIDO VIVO		No					
Otro(a)		Al minuto		Código CIE llenado por estadística					
No puede determinarse		A los 5 minutos							
		No puede determinarse							
B. DATOS DE LA MADRE									
Apellido Paterno		Apellido Materno		Nombres					
11. LENGUA O IDIOMA MATERNO (Ver lista en instructivo)		12. IDIOMA CON EL QUE SE COMUNICA MAYORMENTE		13. AUTOPERTENENCIA/IDENTIDAD CULTURAL (Ver lista en instructivo)					
Bolivia		Sin instrucción		Soltera					
Extranjera		Primaria		Casada					
No puede determinarse		Secundaria		Divorciada					
País		Técnico		Viuda					
Departamento		Universitario		Unión Estable					
Provincia		Otro		No puede determinarse					
Municipio		No puede determinarse							
Localidad		17. EDAD Y FECHA DE NACIMIENTO		18. RECIBIO ATENCIÓN PRENATAL					
Edad		Aprobable		Viva					
Día		Nº de controles		Fallecida					
Mes		Ninguno		No puede determinarse					
Año		No puede determinarse							
No puede determinarse		20. ANTECEDENTES OBSTÉTRICOS		22. EL PARTO O EXPULSIÓN FUE ATENDIDO POR					
Total Embarazos Anteriores		Total nacidos vivos		Médico Obstetra					
Total nacidos vivos por embarazo		Total abortos		Otro Médico					
Total nacidos muertos		Total nacidos vivos		Enfermera(o)					
No puede determinarse		No puede determinarse		Partera/Médico Tradicional					
				Otro					
				No puede determinarse					
23. DOCUMENTO DE IDENTIDAD DE LA MADRE		C.I.: <input type="checkbox"/> Pasaporte: <input type="checkbox"/> RUN: <input type="checkbox"/> Certificado o Informe de Partida de Nacimiento: <input type="checkbox"/> No porta: <input type="checkbox"/>							
Expedido en:		Número:							
C. PERSONA QUE CERTIFICA EL NACIMIENTO									
24. CERTIFICADO POR		Nombre(s) y apellidos		Médico					
Lic. Enfermería		Matrícula Profesional MSD:		C.I.: Exp. en:					
Aux. Enfermería		Firma		Fecha de Emisión del Certificado					
Médico Tradicional		Año 20		Sello Profesional					
Partera									
D. IMPRESIÓN PLANTAR, DACTILAR Y SELLO INSTITUCIONAL									
HUELLA DEL DEDO PULGAR		DERECHO DE LA MADRE		SELLO OFICIAL DE LA INSTITUCIÓN CERTIFICANTE					
		FIRMA DE LA MADRE							
TODA ENMIENDA O CORRECCIÓN QUE SE REALICE, DEBE TENER "NOTA ACLARATORIA" EN LA CARA POSTERIOR DE LA PRIMERA HOJA ENTREGAR A LA MADRE PARA QUE SOLICITE EL CERTIFICADO DE NACIMIENTO EN LA OFICINA DE REGISTRO CIVICO									
E. A SER LLENADO POR LA OFICINA DE REGISTRO CIVICO DONDE SE INSCRIBE A LA/LA RECIÉN NACID@									
Oficina de Registro Civico:		Nombre(s) y Apellidos de la/ del Oficial de Registro Civico:							
Nº de Oficialia:									
Nº de Libro:		Nº de Partida:							
Departamento									
Provincia									
Municipio									
Localidad									
		Firma		Sello Profesional					
		Fecha de Registro:		de 20					
				Sello de la Oficina Registro Civico					

CEMENAVI: Second and Third Copies

 CERTIFICADO MÉDICO DE NACID@ VIV@ (Para nacimientos ocurridos en territorio boliviano en establecimientos de salud registra el personal responsable de la atención y revisión del Recién Nacido@)		CÓDIGO SUBSECTOR A B C D E F					
A. DATOS DE LA/DEL RECIÉN NACID@							
Apellido Paterno		Apellido Materno		Nombres			
1. LUGAR DE NACIMIENTO País: BOLIVIA Departamento: <input type="text"/> Provincia: <input type="text"/> Municipio: <input type="text"/> Localidad: <input type="text"/>		2. EL NACIMIENTO OCURRIÓ EN: Establecimiento de Salud <input type="text"/> Vivienda (domicilio particular) <input type="text"/> Vía Pública <input type="text"/> Trabajo <input type="text"/> No puede determinarse <input type="text"/> Otros <input type="text"/>		3. FECHA DE NACIMIENTO Hora (00:00 a 23:59) <input type="text"/> Día (01 a 31) <input type="text"/> Mes (01 a 12) <input type="text"/> Año <input type="text"/>		4. SEXO Masculino <input type="text"/> Femenino <input type="text"/> No puede determinarse <input type="text"/>	
5. ATENCIÓN DEL RECIÉN NACID@ Pediatra/Neonatólogo(a) <input type="text"/> Ginecó Obstetra <input type="text"/> Médica(o) <input type="text"/> Enfermera(o) <input type="text"/> Aux. de Enfermería <input type="text"/> Médico Tradicional <input type="text"/> Partera(o) <input type="text"/> Otra(o) <input type="text"/> No puede determinarse <input type="text"/>		6. EDAD GESTACIONAL Semanas <input type="text"/> No puede determinarse <input type="text"/>		9. PRODUCTO DE EMBARAZO Único <input type="text"/> Gemelar <input type="text"/> Triple o más <input type="text"/> No puede determinarse <input type="text"/>		10. MALFORMACIONES CONGENITAS Sí <input type="text"/> ¿Cuál? <input type="text"/> No <input type="text"/>	
7. PESO Y TALLA AL NACER Peso <input type="text"/> gramos Talla <input type="text"/> cm No puede determinarse <input type="text"/>		8. APGAR DEL NACIDO VIVO Al minuto 1 - 10 <input type="text"/> A los 5 minutos 1 - 10 <input type="text"/> No puede determinarse <input type="text"/>		Código CIE llenado por estadística <input type="text"/>			
B. DATOS DE LA MADRE							
Apellido Paterno		Apellido Materno		Nombres			
11. LENGUA O IDIOMA MATERNO (Ver lista en instructivo) <input type="text"/>		12. IDIOMA CON EL QUE SE COMUNICA MAYORITARIAMENTE <input type="text"/>		13. AUTOPERTENENCIA/IDENTIDAD CULTURAL (Ver lista en instructivo) <input type="text"/>			
14. NACIONALIDAD Y RESIDENCIA HABITUAL PERMANENTE Boliviana <input type="text"/> Extranjera <input type="text"/> No puede determinarse <input type="text"/>		15. GRADO DE INSTRUCCIÓN Sin instrucción <input type="text"/> Primaria <input type="text"/> Secundaria <input type="text"/> Técnico <input type="text"/> Universitario <input type="text"/> Otro <input type="text"/> No puede determinarse <input type="text"/>		16. ESTADO CIVIL Soltera <input type="text"/> Casada <input type="text"/> Divorciada <input type="text"/> Viuda <input type="text"/> Unión Estable <input type="text"/> No puede determinarse <input type="text"/>			
17. EDAD Y FECHA DE NACIMIENTO Edad <input type="text"/> Día <input type="text"/> Mes <input type="text"/> Año <input type="text"/> No puede determinarse <input type="text"/>		18. RECIBIO ATENCIÓN PRENATAL Aprobado <input type="text"/> N° de controles <input type="text"/> Ninguno <input type="text"/> No puede determinarse <input type="text"/>		19. CONDICIÓN DE LA MADRE DESPUÉS DEL PARTO Viva <input type="text"/> Fallecida <input type="text"/> No puede determinarse <input type="text"/>			
20. ANTECEDENTES OBSTÉTRICOS Total Embarazos Anteriores <input type="text"/> Total nacidos vivos <input type="text"/> Total nacidos vivos que murieron <input type="text"/> Total abortos <input type="text"/> Total nacidos muertos <input type="text"/> No puede determinarse <input type="text"/>		21. ESTE NACIMIENTO FUE: Parto No Complicado (Eutócico) <input type="text"/> Parto Con Complicaciones (Distócico) <input type="text"/> Cesárea <input type="text"/> No puede determinarse <input type="text"/>		22. EL PARTO O EXPULSIÓN FUE ATENDIDO POR Médico Obstetra <input type="text"/> Otro Médico <input type="text"/> Enfermera(o) <input type="text"/> Partera/Médico Tradicional <input type="text"/> Otro <input type="text"/> No puede determinarse <input type="text"/>			
23. DOCUMENTO DE IDENTIDAD DE LA MADRE C.I.: <input type="text"/> Pasaporte: <input type="text"/> RUN: <input type="text"/> Certificado o Informe de Partida de Nacimiento: <input type="text"/> No porta: <input type="text"/> Expedido en <input type="text"/> Número: <input type="text"/>		24. CENSO LLEADO POR Médico <input type="text"/> Lic. Enfermería <input type="text"/> Aux. Enfermería <input type="text"/> Médico Tradicional <input type="text"/> Partera <input type="text"/>					
Nombre(s) y apellidos: <input type="text"/> Matricula Profesional MSD: <input type="text"/> C.I.: <input type="text"/> Exp. en: <input type="text"/> Firma: <input type="text"/> Fecha de Emisión del Certificado: <input type="text"/> Año 20 <input type="text"/> Sello Profesional <input type="text"/>		D. IMPRESIÓN PLANTAR, DACTILAR Y SELLO INSTITUCIONAL HUELLA DEL DEDO PULGAR DERECHO DE LA MADRE <input type="text"/> SELLO OFICIAL DE LA INSTITUCIÓN CERTIFICANTE <input type="text"/> FIRMA DE LA MADRE <input type="text"/>					

TODA ENMIENDA O CORRECCIÓN QUE SE REALICE, DEBE TENER "NOTA ACLARATORIA" EN LA CARA POSTERIOR DE LA PRIMERA HOJA ENTREGAR A LA MADRE PARA QUE SOLICITE EL CERTIFICADO DE NACIMIENTO EN LA OFICINA DE REGISTRO CIVIL

INSTRUCTIONS FOR COMPLETING CEMENAVI

CERTIFYING HEALTH ESTABLISHMENT: Enter the name of the health establishment or clinic. **SUBSECTOR CODE:** The corresponding code (A: Public, B: Social Security, C: NGO, D: Church-affiliated, E: Private, F: Armed Forces).

A: NEWBORN DATA

This section must be completed by the healthcare personnel who attended the birth. **Paternal surname, maternal surname, and names:** Write the newborn's surnames in block letters and in full (no initials), asking the mother. Always write "RN" in the name field.

1. PLACE OF BIRTH: In these boxes, write in block letters the exact place of birth of the newborn, including the country, department, province, municipality, and town. When it is in the same city, municipality, and town, the name will be the same.

2. BIRTH OCCURRED IN: The place where the birth occurred must be marked in the corresponding box.

3. DATE OF BIRTH: Write the day, month, and year (in numbers) of birth in the corresponding boxes. To record the time, use the scale from 00:00 to 23:59. For example, to indicate that the child was born on June 5, 2012, at ten minutes past ten at night.

Time			22	05
Day			0	5
Month			0	6
Year	2	0	1	2

Note: In cases of births outside the facility where there is no data on the time, estimate the clinical age of the newborn and record the time as 00:00.

4. SEX: Mark the appropriate box. E.g., if female, mark the "female" box. If it is difficult to determine the sex of the newborn, mark the "cannot be determined" option.

5. CARE OF THE NEWBORN: Check the corresponding box for the person who cared for the newborn.

6. GESTATIONAL AGE: Note the duration of the pregnancy, expressed in full weeks, counting from the last menstrual period to the moment of extraction or expulsion of the product. If it is not possible to specify, note the clinical estimate (Capurro) that is closest to the gestational age.

7. WEIGHT AND HEIGHT AT BIRTH: Record the weight of the baby in grams. E.g., 2,500 grams. Record the height of the baby in centimeters. E.g., 40 centimeters.

8. APGAR SCORE OF THE NEWBORN: The scale is from 1 to 10, measured at one minute and five minutes.

9. PREGNANCY OUTCOME: In these boxes, indicate whether it was a single, twin, or multiple pregnancy.

10. CONGENITAL MALFORMATIONS: If clinically noticeable, mark "Yes"; if none are observed, mark "No." If "YES," also note the malformation in the dotted space "Which one? .". The

ICD codes will be filled in for statistical purposes.

B. MOTHER'S DATA

11. MOTHER TONGUE OR LANGUAGE: First language you learned to speak, follow the numbering in the list below from 01 to 42 (02 and 40 do not apply).

12. LANGUAGE IN WHICH YOU COMMUNICATE MOST: Follow the numbering in the list below from 01 to 42 (02 and 40 do not apply).

in the list below from 01 to 42 (02 and 40 do not apply).

13. SELF-IDENTITY / CULTURAL IDENTITY WITH PEOPLE OR NATION

: Indigenous peasant nation or people or intercultural and Afro-Bolivian community with which the mother identifies. The numbering in the list below is used, from 01 to 42 (01 and 39 do not apply).

01. Spanish	07. Canichaca	13. Guaraní	19. Machineri	25. Movina	31. Tapiete	37. Yuracaré
02. Afro-Bolivian	08. Cavierño	14. Guaras'we	20. Maropa	26. Pacawara	32. Toromona	38. Zamuco
03. Aymara	09. Cayubaba	15. Guarayu	21. Mojeño-Trinitario	27. Puquina	33. Uru-Chipaya	39. Sordomuda
04. Araona	10. Chácobo	16. Itonama	22. Mojeño-Ignaciano	28. Quechua	34. Weenhayek	40. None
05. Baure	11. Chimán	17. Leco	23. Moré	29. Sirionó	35. Yaminawa	41. Unknown
06. Bésire	12. Ese-Ejja	18. Machajuyai-Kallawayá	24. Mosetén	30. Tacana	36. Yuki	42. Foreign

14. NATIONALITY AND HABITUAL/PERMANENT RESIDENCE: You must mark the corresponding box, depending on the mother's country of origin (Bolivian, Foreign, or Cannot be Determined). In the spaces below, write the place where the mother has had her permanent residence for the last nine months, excluding long periods of hospitalization, indicating the country, department, province, municipality, and town.

15. LEVEL OF EDUCATION: In these boxes, the mother's level of education must be marked in the corresponding box.

16. MARITAL STATUS: In these boxes, check the box that corresponds to the mother's marital status.

17. MOTHER'S DATE OF BIRTH: Write the mother's age in years in the corresponding boxes.

18. RECEIVED PRENATAL CARE: Indicate the number of consultations if you received prenatal care, whether from health personnel, midwife, or other. If you cannot determine whether you had any prenatal checkups, check the corresponding box.

19. CONDITION OF THE MOTHER (AFTER DELIVERY/CESAREAN SECTION): Note whether the mother is alive or died as a result of complications during pregnancy, childbirth, or other circumstances.

20. MOTHER'S OBSTETRIC HISTORY: Enter the number of the mother's pregnancies, not including the current one, in the Total Previous Pregnancies box. Total live births: how many were born alive, regardless of whether they are alive today or not, Total live births that died: how many were born alive but died before reaching 7 days of age, Total abortions the mother had (products of conception that died before 22 weeks of gestation), Total births

Two deaths: how many stillbirths (products of conception that died after the 22nd week of gestation but before birth).

21. THIS BIRTH WAS: The result of the expulsion or extraction of the product of conception when it is 22 weeks or more into gestation and is classified as: eutocic, dystocic (if there were complications), cesarean section, or unknown.

22. IDENTITY DOCUMENT: Check the box corresponding to the document carried by the mother (Identity Card, Passport, R.U.N. Certificate, or Birth Certificate), write down the number (does not apply to Certificate or Birth Certificate), and the place of issue. Similarly, mark if she does not carry any of these identity documents.

D. CERTIFYING PERSONNEL

23. CERTIFIED BY: In this section, write the first and last names of the certifying health professional, as well as the date of issue of the certificate.

The details of the person signing the certificate must be written in block letters, together with their signature and corresponding stamp.

SPACES FOR PRINTS AND STAMPS: The spaces at the bottom of the certificate are for the right foot print of the newborn and the right thumb print of the mother (no special ink is required). The mother's signature will also be recorded (if the mother cannot sign, only the right thumbprint will be used), along with the official stamp of the institution that certified the birth. **WITHOUT THIS INFORMATION, THE LIVE BIRTH CERTIFICATE WILL NOT BE VALID. IF THE MOTHER CANNOT READ OR WRITE, THE FORM MUST ALSO INCLUDE THE MOTHER'S FOOTPRINT IN THE SPACE RESERVED FOR THE SIGNATURE.**

E. TO BE COMPLETED BY THE CIVIL REGISTRY OFFICE WHERE THE NEWBORN IS REGISTERED

R MEDICAL CERTIFICATE OF DEATH

PERINATAL

C E M E D E P

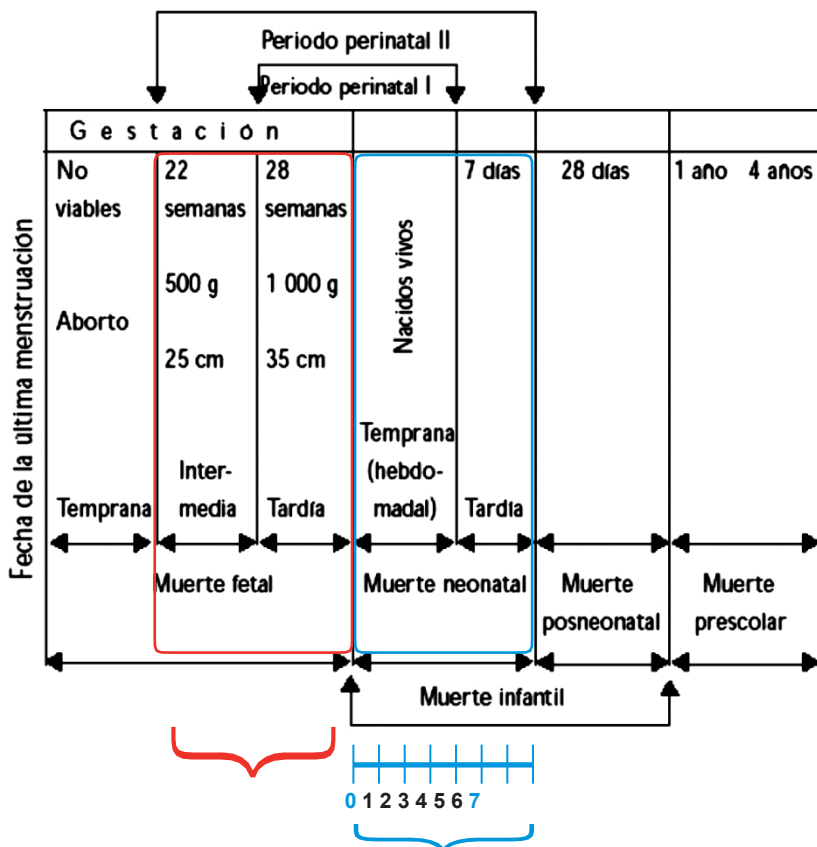
The Perinatal Death Medical Certificate (CEMEDEP) is used to record all deaths of fetuses from 22 weeks of gestation to newborns less than 7 days old. It is issued in triplicate (the original for the bereaved family goes to the Civil Registry, the first yellow copy goes to the Health Information and Epidemiological Surveillance System (SNIS-VE), and the second green copy remains at the health facility or the certifying forensic research institute). It is an indisputable document necessary to obtain permission for the burial or cremation of the deceased (Art. 49, Regulatory Decree of the Civil Registry).

Who should fill out the CEMEDEP () form?

Natural deaths (due to illness):

- The physician is required to issue the death certificate when the patient dies from the illness for which he or she was being treated, even up to seven days after discharging the patient whose illness was considered to have been overcome, provided that the death was not attended by another physician at the time of death, in which case the death certificate shall be issued by the latter.
- If the doctor considers that there are reasonable doubts about the cause of death of a person, even within the provisions of the previous paragraph, he or she must request an autopsy.
- In rural areas, if there has been no prior medical care and an autopsy is not possible, the doctor must reconstruct the medical history or perform a verbal autopsy and issue a medical death certificate, recording the fact.
- If the physician considers that there are signs of violence on the deceased, they may request the assistance of a forensic physician or the authority to request an autopsy and certify the death.

Figure 1. PROFESSIONAL WHO MUST CERTIFY THE CEMEDEP ACCORDING TO PERINATAL PERIODS AND LEVEL OF CARE.



In Levels II and III Certified by **OBSTETRICIAN-GYNECOLOGIST** **PEDIATRICIAN/NEONATOLOGIST**

Level I Certification

Physician, Registered Nurse, Nursing Assistant

Source: Adapted from: Contreras Lemus J. Figure 1. Periods for classifying the different moments when the death of children occurs. Mexican Social Security Institute, Mexico, January - March 2000.

Violent or Suspicious Deaths:

- If death is suspected to have occurred as a result of an accident, homicide, or is suspected to be unnatural, the judicial authorities must be notified, as in these cases it is the medical examiner or another designated authority who must certify the death.
- In this type of death, it does not matter if the death occurred in a health facility; the death must be certified by a medical examiner, ³⁹ This situation must be explained to the bereaved (see legal annexes).
- This group also includes deaths without prior medical attention and deaths outside a health facility (home, public thoroughfare, hospices, prisons), which will raise suspicion about the causes of death and must be certified by forensic medicine.

General Instructions for Completing the CEMEDEP Form ()

Before filling out the form, the certifier must carefully read the instructions on the back of the last copy.

- Completing the CEMEDEP is **MANDATORY** for all deaths occurring within the national territory.
- The form must be completed in *ballpoint* pen, in block letters (print), legibly, without using abbreviations, and using the spaces provided for each variable (failure to do so will result in the statistician being authorized to request explanations and corrections on the copies).
- The person issuing the *Certificate* must fill it out in its entirety. **Certificates that are not completely filled out and signed by the certifying officer and stamped with the corresponding seals will not be valid.**
- Under no circumstances may the CEMEDEP be commercialized, its delivery conditioned, or the delivery of the deceased subordinated to non-payment, given that this document is granted free of charge and without any conditions. Any violation of this provision will be punished in accordance with the penalties established in current criminal legislation. In the case of public servants, the provisions of the applicable Public Servant Responsibility Laws must also be complied with.
- IF YOU MAKE A MISTAKE when filling in any variable, YOU MAY DELETE IT OR USE CORRECTION FLUID, always writing "**CLARIFICATION NOTE**" on the back of the original, explaining what you wanted to write, followed by your signature and the corresponding professional stamp, which validate the corrected death certificate before the Civil Registry. Corrections are made provided that the errors are "recoverable."


- This also applies when the bereaved return because there was an error they want corrected. In any case, the other two copies must also be corrected.
- IF THE ERROR IS "UNREMIEDIABLE," VOID THE CERTIFICATE AND THE TWO COPIES, returning them to the statistics department or SNIS-VE of the corresponding SEDES.
- DO NOT FILL OUT ANOTHER CERTIFICATE TO PROVIDE "LEGAL COPIES." ZADAS, "Certified Copies" must be CERTIFIED PHOTOCOPIES OF THE GREEN COPY, AND MUST BE PROVIDED BY THE INSTITUTION (Legal Department, where applicable) and is not the responsibility of the certifying professional (see Legal Annex). In Level I centers, the certified copy may be made by the same health professional who certified it.

Parts of the CEMEDEP ()

The certificate consists of six segments:

1. Name of the Certifying Health Facility or Other, and Sub-sector Code.
2. Part A. Data on the fetus/newborn, pregnancy, and event.
3. Part B. Causes of fetal or early neonatal death.
4. Part C. Data on the mother.
5. Certification of Death Without Medical Intervention.
6. Part D. Person Certifying Death.

1. Name of the Establishment or Other and Subsector Code.

 <p>ESTADO PLURINACIONAL DE BOLIVIA MINISTERIO DE SALUD Y DEPORTES SISTEMA NACIONAL DE INFORMACIÓN EN SALUD</p>	<p>CERTIFICADO MÉDICO DE DEFUNCIÓN PERINATAL CÓDIGO R.A. SALUD INE 104 (09/2006)</p> <p>(Para defunciones ocurridas desde la semana 22 de gestación hasta menores de 7 días después al nacimiento) Defunciones Intrauterinas Certifican Obstétricas y Defunciones Neonatales Certifican Pediatras (II y III Nivel) En I Nivel Certifica el Personal de Salud que atendió el parto o atendió último al recién nacido</p>	N° 12300001
	ESTABLECIMIENTO DE SALUD U OTRO:.....HOSPITAL GERMAN URQUIDI	CODIGO SUBSECTOR <u>9</u> B C D E F I

In this space, fill in the name of the health facility (doctor's office, clinic, polyclinic, hospital, forensic institute, etc.), then circle the health subsector code to which the health facility or other certifying entity belongs. The subsectors are:

- A) Public (under the Ministry of Health, SEDES, City Halls);
- B) Short-term social security (National Health Fund, COSSMIL, University Social Security, CORDES Health Fund, State Banking Health Fund, Private Banking Health Fund, Road Health Fund, and other insurance);
- C) Employees of any NGO;

- D) Employees of any church;
- E) Private (medical offices and clinics);
- F) Armed Forces (Operational Health Services in barracks);
- I) Institute of Forensic Investigations (IDIF).

Example:

SISTEMA NACIONAL DE INFORMACIÓN EN SALUD		En I Nivel Certifica el Personal de Salud que atendió el parto o atendió último al recién nacido	
ESTABLECIMIENTO DE SALUD U OTRO:.....	IDIF ORURO	CODIGO SUB SECTOR	A B C D E F I

2. Part A. Data on the fetus or newborn. (Variables 1 to 9)

In this section, the certifier must pay special attention to the variables related to the product, some of which relate to pregnancy and childbirth or delivery.

Paternal and maternal surnames and first names. If you have the parents' documents, copy the surnames directly. In the case of early neonatal death, DO NOT WRITE ANYTHING in the name field, because it already says **NEWBORN**. In the case of intrauterine death, write **FETUS**.

Variable 1 (GEOGRAPHICAL LOCATION OF DEATH). If it occurred in Bolivian territory, follow the current political division. After the municipality, there is "Locality." If it occurred in the same municipal town, the name is repeated, but it will change if it was in another town but belonging to a municipality (for example, when it occurs in capital cities, the name of the municipality is repeated in the locality). If the death occurred abroad and the body is repatriated, only the name of the country is written, and in the locality, the city or town where it occurred, since other countries have a different form of political division.

Variable 2 (DEATH OCCURRED IN). Check the box corresponding to the physical location where the death occurred. There may be cases where this information is unknown, in which case the box "Cannot be determined" should be checked.

Death in a Healthcare Facility: "Death in Service" is defined as death occurring at any time and in any location within a hospital, center, clinic, or other healthcare facility, regardless of the time elapsed between arrival and death. If death occurs while in transit to a health facility in an ambulance belonging to that facility, it will also be recorded as "in service" and registered by the referring facility. It will be registered by the destination facility as long as the ambulance belongs to that facility.

Variable 3 (IN RELATION TO CHILDBIRTH, THE DEATH OCCURRED). Must Check the appropriate box indicating when the death occurred in relation to the birth (before labor contractions began, at some point during labor, or after birth but within seven days of life). In cases where this information is unknown, check the box marked "Cannot be determined."

Variable 4 (TIME AND DATE OF EXTRACTION/EXPULSION AND DEATH)

In the columns for hour, minutes, day, month, and year, two numbers must be entered in each box. For this purpose, the hours are from 00 to 23; the minutes from 00 to 59; the days from 01 to 31 (depending on the month), the month in numbers (January 01 and December 12); the year only the last two digits (see example below). This variable includes "Probable" on the right side of each row. The "Probable" box is checked only in cases where the exact data is unknown and approximate data is recorded; for example, in cases of intrauterine deaths or abandoned products.

Example: Patient transferred from rural area (San Benito, Cochabamba) on November 21, 2011, at 8 a.m., 35 weeks pregnant, reports three days without fetal movement (transfer sheet "Negative Fetal Heartbeat"). Induction is performed that same day at 4:30 p.m. Clinical examination reveals maceration with small-diameter skin detachment in various regions of the body (see: Table of Intrauterine Fetal Maceration); meconium staining, cord entanglement.

A. DATOS DEL FETO O RECIEN NACIDA/O											
MORALES				CARRASCO				RECIÉN NACIDA/O			
Apellido Paterno				Apellido Materno				Nombres			
1. LUGAR GEOGRÁFICO DEL FALLECIMIENTO				2. EL FALLECIMIENTO OCURRIÓ EN				3. EN RELACION AL PARTO LA DEFUNCIÓN OCURRIÓ			
País BOLIVIA				Establecimiento de Salud				Antes del inicio del trabajo de parto			
Departamento COCHABAMBA				Vivienda (domicilio particular) X				Durante el trabajo de parto			
Provincia PUNATA				Vía Pública				Después del parto			
Municipio SAN BENITO				Otros				No puede determinarse			
Localidad SAN BENITO				No puede determinarse							
Abandonado <input type="checkbox"/>											
Extranjero <input type="checkbox"/>											
4. HORA Y FECHA DE PARTO (EXTRACCIÓN O EXPULSIÓN) Y DE LA DEFUNCIÓN				5. SEXO				6. EDAD GESTACIONAL			
EXTR/EXP 16 30 21 11 11				Masculino X				Semanas 3 5			
FALLEC 00 00 18 11 11				Femenino				No puede determinarse			
Hora Min Día Mes Año				No puede determinarse							
7. PESO AL NACER (Registrar en gramos)				8. TALLA AL NACER (Registrar en centímetros)				9. EL PRODUCTO ERA			
Gramos 2 0 0 0				Centímetros 4 6				Único X			
No puede determinarse				No puede determinarse				Gemelar			
								Tres o más			
								No puede determinarse			

When the date of death is "probable," the time 00:00 is recorded for statistical purposes, which should not be misinterpreted by the courts.

To record the date of death in intrauterine deaths, the fetal maceration guidelines can be followed:

Table 1. INTRAUTERINE FETAL MACERATION.

DEGREES	MACERATION TIME	PHYSICAL EXAMINATION	HISTOPATHOLOGY OF THE PLACENTA	ULTRASOUND
Grade I	> 6 hours	- Skin detachment (sphacelation) is >1 cm. - Red-brown discoloration of the umbilical cord.	Intravascular villous cariorrexis.	Cessation of heartbeat: Flat recording with spectral Doppler or M mode; lack of signal in color Doppler Early signs (less than 2 days after death): - Flattened atria with anechoic content and partial or total collapse of cardiac ventricles. - Collapse and lack of pulsatility (M-mode or Doppler) in fetal systemic vessels such as the aorta, IVC, cerebral vessels, and also in the umbilical cord.
	> 12 hours	- Sphacelation includes the face, abdomen, and back in small areas.		
	> 18 hours	- The breakdown has reached 5% or more of the total body surface area		
	> 24 hours	- Subepidermal vesicles filled with fluid (bullas), with pale edges. - Hemolysis gives the tissue a red-violet coloration violet color.	Abnormalities of the vascular lumen of the villi of the trunk, including the fibroblastic "septum" and total elimination of the lumen Multifocal, 2 or more days.	Signs of intermediate duration (appearing 2-4 days after death): - Pericephalic halo "Crown of the Saint": separation of the epidermal layer on the fetal skull.
	> 5 days	- The brain shows a semi-liquid consistency. - In the skull, the sutures separate and bone riding appears.		
Grade II	> 7 days	- Periarticular soft tissues become lax (appearance of disarticulation or dislocation).		
Grade III	> 2 weeks	- Tissue dehydration with a papraceous fetus (mummification process).	Abnormalities of the vascular lumen of the villi of the trunk, including fibroblastic "septum" and total elimination of the lumen Extensive, 2 or more weeks. Extensive fibrosis of the terminal villi.	Late signs (from the second week): - Intracardiac thrombi visualized as intraluminal hyperechoic material without acoustic shadowing. - Thoracic and abdominal subcutaneous edema. - Drop of the lower jaw or open mouth sign (Brakeman's sign). - Periencephalic (subarachnoid) fluid. - Overlapping of skull bones (Spalding's sign). - Cranial irregularity with asymmetry or flattening - Ocular deformity (flattened, ovoid, protruding appearance). - Fluid in serous membranes (pleural, peritoneal, scrotal). - Fetal visceral gas, "Robert's sign" (perihepatic hyperechoic images). - Fetal body disproportion (indicating advanced maceration).

Source: Prepared based on consulted bibliography.

Similarly, in cases where deceased newborns are found in garbage dumps or other locations, with no information about family members or others, try to estimate the approximate time of death and whether or not the infant was born alive.

Variable 6 (GESTATIONAL AGE). This should be established in full weeks counted from the first day of the last menstrual period, unless this has been corrected by another diagnostic technique (ultrasound, etc.). For abandoned pregnancies, make the corresponding estimate. Health professionals can use aids for this purpose, such as: Capurro, Anthropometry (weight and height measurements), Table of Averages and Standard Deviations for Weight and Height.

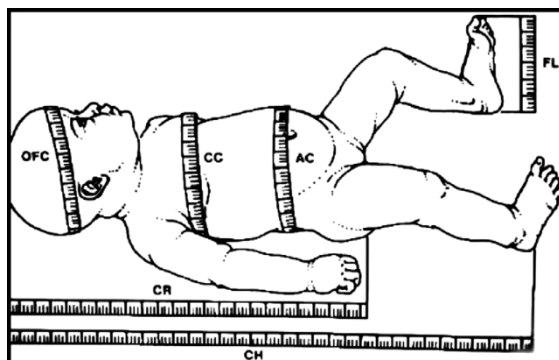
METODO DE CAPURRO PARA DETERMINAR LA EDAD GESTACIONAL EN EL RECIEN NACIDO.

Forma de la OREJA	 escasa o nula del Pabellón 0	 Incurvado en el borde Superior 8	 Incurvado todo el borde superior 16	 Incurvado totalmente 24	
Tamaño de GLÁNDULA MAMARIA	 No Palpable 0	 Palpable menor de 5 mm. 5	 Palpable entre 5 y 10 mm. 10	 Palpable mayor de 10 mm. 15	
Formación del PEZON	 Apenas visible, sin areola 0	 Diámetro menor de 7.5 mm. Areola lisa y chata 5	 Diámetro mayor de 7.5 mm. Areola punteada 10	 Diámetro mayor de 7.5 mm. Areola punteada 15	
TEXTURA de la PIEL	 Muy fina gelatinosa 0	 Fina lisa 5	 Mas gruesa discreta descamación superficial 10	 Gruesa grietas superficiales descamación de manos y pies 15	 Gruesa grietas profundas apergamina-das 20
PLIEGUES PLANTA-RES	 Sin pliegues 0	 Marcas mal definidas en la mitad anterior 5	 Marcas bien definidas en la mitad anterior. Surcos en la anterior 10	 Surcos en la mitad anterior 15	 Surcos en mas de la mitad anterior 20

Se suma 204 + Puntaje Parcial y se divide entre 7

Puntuación

Graph 2. FETAL ANTHROPOMETRY.



OFC: Occipital Front Circumference; CC: Chest Circumference; AC: Abdominal Circumference; CR: Crown – Rump length; CH: Crown-Heel length; FL: Foot Length.

Table 2. AVERAGES AND STANDARD DEVIATIONS OF WEIGHTS AND MEASUREMENTS OF STILLBORN INFANTS.

GESTATIONAL AGE WEEKS (wks)	BODY WEIGHT GRAMS (g)	CROWN-RUMP CENTIMETERS (cm)	CROWN-HEEL CENTIMETERS (cm)	FINGER – HEEL CENTIMETERS (cm)
20	313 +/- 139	18.0 +/- 2.0	24.9 +/- 2.3	3.3 +/- 0.6
21	353 +/- 125	18.9 +/- 4.8	26.2 +/- 3.6	3.5 +/- 0.6
22	398 +/- 117	19.8 +/- 9.6	27.4 +/- 2.5	3.8 +/- 0.4
23	450 +/- 118	20.6 +/- 2.3	28.7 +/- 3.3	4.0 +/- 0.5
24	510 +/- 179	21.5 +/- 3.1	29.9 +/- 4.3	4.2 +/- 0.8
25	581 +/- 178	23.3 +/- 4.0	31.1 +/- 6.5	4.4 +/- 0.8
26	663 +/- 227	23.2 +/- 4.1	32.4 +/- 5.3	4.7 +/- 0.9
27	758 +/- 227	24.1 +/- 2.9	33.6 +/- 3.2	4.9 +/- 1.4
28	864 +/- 247	24.9 +/- 2.2	34.9 +/- 5.6	5.1 +/- 1.2
29	981 +/- 511	25.8 +/- 4.1	36.1 +/- 5.9	5.3 +/- 1.2
30	1115 +/- 329	26.6 +/- 2.4	37.3 +/- 3.6	5.6 +/- 0.7
31	1259 +/- 588	27.5 +/- 3.0	38.6 +/- 2.7	5.8 +/- 0.7
32	1413 +/- 623	28.4 +/- 2.8	39.8 +/- 5.4	6.0 +/- 0.6
33	1578 +/- 254	29.2 +/- 3.5	41.1 +/- 3.1	6.2 +/- 0.4
34	1750 +/- 494	30.1 +/- 3.5	42.3 +/- 4.3	6.5 +/- 0.8
35	1930 +/- 865	30.9 +/- 3.9	43.5 +/- 5.8	6.7 +/- 0.9
36	2114 +/- 616	31.8 +/- 4.0	44.8 +/- 7.2	6.9 +/- 0.8
37	2300 +/- 647	32.7 +/- 5.1	46.0 +/- 7.9	7.2 +/- 0.9
38	2485 +/- 579	33.5 +/- 2.6	47.3 +/- 3.9	7.4 +/- 6.1
39	2667 +/- 596	34.4 +/- 3.7	48.5 +/- 4.9	7.6 +/- 0.5
40	2842 +/- 482	35.2 +/- 6.4	49.7 +/- 3.2	7.8 +/- 0.7
41	3006 +/- 761	36.1 +/- 3.7	51.0 +/- 5.4	8.1 +/- 0.8
42	3156 +/- 678	36.9 +/- 2.0	52.2 +/- 3.0	8.3 +/- 0.5

Source: Women & Infants Hospital, Providence, RI. From Jones KL., Harrison JW, Smith DW: Palpebral fissure size in newborn infants, J Ped 1978; 92:787.

Following the example above: product of 2,000 g; size 46 cm; crown-rump length 31 cm and average finger-to-heel length 6.7 cm; we will have a **gestational age of approximately 35 weeks**. However, this result must also take into account the mother's Capurro and FUM results.

3. Part B. Causes of Fetal and/or Early Neonatal Death (Various Variable 10)

Variable 10 (CAUSES OF DEATH)

The certificate has three parts distributed over five lines for recording the causes of perinatal death, identified by the letters a), b), c), d), and e).

B. CAUSAS DE LA DEFUNCION FETAL O NEONATAL PRECOZ		11. CODIGOS CIE-10	
10. CAUSAS DE DEFUNCION		Llenado solo por Estadística	
NO ESCRIBA OBITO FETAL NI PARO CARDIORESPIRATORIO UN SOLO DIAGNOSTICO POR FILA Y NO USE ABREVIATURAS NI SIGLAS			
PARTE I. CONDICION PERINATAL QUE CAUSÓ LA MUERTE:			
Causa Fetal/Neonatal Básica			
Enfermedad o afeccion principal del feto o recién nacido que le produjo la muerte.	a) _____		
Otras enfermedades o afecciones del feto o recién nacido			
Estados morbosos no relacionados directamente con la causa básica, pero que contribuyeron con la muerte .	b) _____		
Código Fetal/Neonatal Principal			
PARTE II. CONDICION MATERNA QUE CAUSÓ LA DEFUNCION PERINATAL			
Causa Básica de Origen Materno			
Enfermedad o afeccion principal de la madre que produjo la muerte del feto o recién nacido	c) _____		
Otras enfermedades o afecciones de la madre	d) _____		
Estados morbosos no relacionados directamente con la causa básica, pero que contribuyeron con la muerte .			
Código Materno Principal			
PARTE III. OTRAS CIRCUNSTANCIAS PERTINENTES			
Otra circunstancia que no puede ser descrita como una enfermedad o afeccion del recién nacido o de la madre.	e) _____		

Part I. Perinatal Condition that Caused Death (Basic Fetal/Neonatal Cause).

Lines a) and b) should be used to record the **diseases or conditions of the newborn or fetus**. The **most important disease or condition is recorded in a)** and the rest, if any, in b). **"Most important"** refers to the pathological condition that, in the opinion of the certifier, contributed most to the death of the newborn or fetus. The manner of death, for example, heart failure, asphyxia, or anoxia, should not be noted in a), as long as it is not the only known condition of the fetus or newborn. This is also true in the case of prematurity.

Example 1: A 20-year-old mother in her second pregnancy, 37 weeks gestation by LMP, arrives at the hospital in labor for 4 hours, reporting that she has not felt fetal movements for 8 hours. The infant is born covered in meconium ("pea soup"), stillborn, with a double cord loop around the neck.

B. CAUSAS DE LA DEFUNCIÓN FETAL O NEONATAL PRECOZ		11. CODIGOS CIE-10 Llenado solo por Estadística	
10. CAUSAS DE DEFUNCIÓN	NO ESCRIBA OBITO FETAL NI PARO CARDIORESPIRATORIO UN SOLO DIAGNOSTICO POR FILA Y NO USE ABREVIATURAS NI SIGLAS		
PARTE I. CONDICIÓN PERINATAL QUE CAUSÓ LA MUERTE:			
Causa Fetal/Neonatal Básica			
Enfermedad o afección principal del feto o recién nacido que le produjo la muerte.	a) DOBLE CIRCULAR DE CORDÓN		
Otras enfermedades o afecciones del feto o recién nacido			
Estados morbosos no relacionados directamente con la causa básica, pero que contribuyeron con la muerte.	b) _____		
Código Fetal/Neonatal Principal			
PARTE II. CONDICIÓN MATERNA QUE CAUSÓ LA DEFUNCIÓN PERINATAL			
Causa Básica de Origen Materno			
Enfermedad o afección principal de la madre que produjo la muerte del feto o recién nacido	c) _____		
Otras enfermedades o afecciones de la madre	d) _____		
Estados morbosos no relacionados directamente con la causa básica, pero que contribuyeron con la muerte.			
Código Materno Principal			
PARTE III. OTRAS CIRCUNSTANCIAS PERTINENTES			
Otra circunstancia que no puede ser descrita como una enfermedad o afección del recién nacido o de la madre.	e) _____		

Meconium from the Greek mekonion-arión, meaning similar to opium (attributed to Aristotle, who observed that newborns with meconium-stained amniotic fluid were drowsy at birth).

Part II. Maternal Condition that Caused Perinatal Death (Basic Cause of Maternal Origin).

In lines c) and d), the certifier must note all **diseases or conditions of the mother** that, in their opinion, had an adverse effect on the newborn or fetus. Here, again, the **most important condition should be noted in c)** and the others, if any, in d).

Example 2: A 24-year-old mother with multiple pregnancies, 30 weeks pregnant according to her last menstrual period, arrives at the hospital in labor, reporting a history of two previous miscarriages due to cervical incompetence. The baby is born alive but dies after three days in the intensive care unit due to hyaline membrane disease.

B. CAUSAS DE LA DEFUNCIÓN FETAL O NEONATAL PRECOZ		11. CODIGOS CIE-10 Llenado solo por Estadística	
10. CAUSAS DE DEFUNCIÓN	NO ESCRIBA OBITO FETAL NI PARO CARDIORESPIRATORIO UN SOLO DIAGNOSTICO POR FILA Y NO USE ABREVIATURAS NI SIGLAS		
PARTE I. CONDICIÓN PERINATAL QUE CAUSÓ LA MUERTE:			
Causa Fetal/Neonatal Básica			
Enfermedad o afección principal del feto o recién nacido que le produjo la muerte.	a) ENFERMEDAD DE MEMBRANA HIALINA		
Otras enfermedades o afecciones del feto o recién nacido			
Estados morbosos no relacionados directamente con la causa básica, pero que contribuyeron con la muerte.	b) PREMATUREZ		
Código Fetal/Neonatal Principal			
PARTE II. CONDICIÓN MATERNA QUE CAUSÓ LA DEFUNCIÓN PERINATAL			
Causa Básica de Origen Materno			
Enfermedad o afección principal de la madre que produjo la muerte del feto o recién nacido	c) INCOMPETENCIA ITSMICO CERVICAL		
Otras enfermedades o afecciones de la madre	d) _____		
Estados morbosos no relacionados directamente con la causa básica, pero que contribuyeron con la muerte.			
Código Materno Principal			
PARTE III. OTRAS CIRCUNSTANCIAS PERTINENTES			
Otra circunstancia que no puede ser descrita como una enfermedad o afección del recién nacido o de la madre.	e) _____		

Part III. Other Relevant Circumstances.

Line e) has been provided for the **annotation of any other circumstance that the certifier considers to be of some importance in the death**, but which cannot be described as a disease or condition of the newborn or the mother. An example of this might be delivery without the presence of a person to attend the birth.

Example 3: 21-year-old primigravida mother, referred from a rural area, history of home delivery without health care personnel 48 hours ago. Product of 37 weeks of gestation by clinical examination, septic, dies after 8 hours in the Intensive Care Unit.

B. CAUSAS DE LA DEFUNCIÓN FETAL O NEONATAL PRECOZ		11. CODIGOS CIE-10	
10. CAUSAS DE DEFUNCIÓN		Llenado solo por Estadística	
NO ESCRIBA OBITO FETAL NI PARO CARDIORESPIRATORIO UN SOLO DIAGNOSTICO POR FILA Y NO USE ABREVIATURAS NI SIGLAS			
PARTE I. CONDICIÓN PERINATAL QUE CAUSÓ LA MUERTE:			
Causa Fetal/Neonatal Básica			
Enfermedad o afección principal del feto o recién nacido que le produjo la muerte.	a) SÉPSIS NEONATAL		
Otras enfermedades o afecciones del feto o recién nacido			
Estados morbosos no relacionados directamente con la causa básica, pero que contribuyeron con la muerte.	b)		
Código Fetal/Neonatal Principal			
PARTE II. CONDICIÓN MATERNA QUE CAUSÓ LA DEFUNCIÓN PERINATAL			
Causa Básica de Origen Materno			
Enfermedad o afección principal de la madre que produjo la muerte del feto o recién nacido	c)		
Otras enfermedades o afecciones de la madre			
Estados morbosos no relacionados directamente con la causa básica, pero que contribuyeron con la muerte.	d)		
Código Materno Principal			
PARTE III. OTRAS CIRCUNSTANCIAS PERTINENTES			
Otra circunstancia que no puede ser descrita como una enfermedad o afección del recién nacido o de la madre.	e) PARTO DOMICILIARIO SIN ATENCIÓN MÉDICA		

Although it is often difficult to establish the causes of fetal death, the physician must make an effort in the interview and clinical examination to record the most accurate diagnoses, avoiding the use of nonspecific terms such as "interruption of fetal-placental or fetal-maternal circulation," which do not provide further information.

Some maternal causes include preeclampsia, eclampsia, premature placental abruption, placenta previa, diabetes mellitus complicating pregnancy, rubella or other acute or chronic infections or diseases during pregnancy, prolonged labor, fetal-pelvic disproportion, birth trauma, etc.

Fetal causes include congenital malformations, umbilical cord problems (compression, circular, knots, prolapse), fetal distress, etc. All these causes provide further information.

4. Part C. Mother's data. (Variables 12 to 21)

Variable 12 (NATIONALITY AND USUAL/PERMANENT RESIDENCE). In

These boxes should be checked if the mother is Bolivian or foreign. The place where the mother had her permanent residence during the last nine months should also be written, except for long periods of hospitalization,

indicating the country, department, province, municipality, and locality. After the municipality, write "Localidad" (locality). If it occurred in the same municipality, the name is repeated, but it will change if it occurred in another locality belonging to the same

municipality is "Locality," which in the case of the same municipal population, the name is repeated, but will change if it was in another population but belonging to the same municipality (for example, when it occurs in capital cities, the name of the municipality is repeated in the locality). If the residence is abroad, only the name of the country is written, since other countries have a different form of political division.

Variables 13 to 20 are boxes to be filled in according to the information available. All of them include the option "Cannot be determined," which should be marked when the information is not available or in cases of abandonment.

Example: A 19-year-old woman (date of birth January 24, 1987) arrived on May 5, 2012, with an obstetric history of G:2, P:0, AB:2; no identity document, reports that she is from the city of Oruro, did not undergo prenatal checkups (last menstrual period: September 15, 2011). Admitted for prolonged labor (more than 12 hours), with negative fetocardia. A stillborn product is delivered, with meconium staining and double cord entanglement.

C. DATOS DE LA MADRE																			
12. NACIONALIDAD Y RESIDENCIA HABITUAL / PERMANENTE Boliviana <input checked="" type="checkbox"/> Extranjero <input type="checkbox"/> No puede determinarse <input type="checkbox"/> País <u>BOLIVIA</u> Departamento <u>ORURO</u> Provincia <u>CERCADO</u> Municipio <u>ORURO</u> Localidad <u>ORURO</u>		13. GRADO DE INSTRUCCIÓN Sin instrucción <input type="checkbox"/> Primaria <input type="checkbox"/> Secundaria <input checked="" type="checkbox"/> Técnico <input type="checkbox"/> Universitario <input type="checkbox"/> Otro <input type="checkbox"/> No puede determinarse <input type="checkbox"/>																	
15. EDAD Y FECHA DE NACIMIENTO Edad <table border="1"><tr><td>2</td><td>4</td></tr><tr><td>2</td><td>4</td></tr><tr><td>0</td><td>1</td></tr><tr><td>1</td><td>9</td></tr></table> Día <table border="1"><tr><td>8</td><td>7</td></tr></table> Mes <table border="1"><tr><td>8</td><td>7</td></tr></table> Año <table border="1"><tr><td>1</td><td>9</td><td>8</td><td>7</td></tr></table> No puede determinarse <input type="checkbox"/>		2	4	2	4	0	1	1	9	8	7	8	7	1	9	8	7	14. ESTADO CIVIL Soltera <input type="checkbox"/> Casada <input checked="" type="checkbox"/> Divorciada <input type="checkbox"/> Viuda <input type="checkbox"/> Unión Estable <input type="checkbox"/> No puede determinarse <input type="checkbox"/>	
2	4																		
2	4																		
0	1																		
1	9																		
8	7																		
8	7																		
1	9	8	7																
16. RECIBIÓ ATENCIÓN PRENATAL N° de controles <table border="1"><tr><td></td><td></td></tr></table> Ninguno <input checked="" type="checkbox"/> No puede determinarse <input type="checkbox"/>				17. CONDICIÓN DE LA MADRE DESPUÉS DEL PARTO Viva <input checked="" type="checkbox"/> Fallecida <input type="checkbox"/> No puede determinarse <input type="checkbox"/>															
18. ANTECEDENTES OBSTÉTRICOS Total Embarazos Anteriores <table border="1"><tr><td>2</td></tr></table> Total nacidos vivos <table border="1"><tr><td>0</td></tr></table> Total nacidos vivos que murieron <table border="1"><tr><td>0</td></tr></table> Total abortos <table border="1"><tr><td>2</td></tr></table> Total nacidos muertos <table border="1"><tr><td>0</td></tr></table> No puede determinarse <input type="checkbox"/>		2	0	0	2	0	19. SI SE TRATÓ DE PARTO, FUE PRINCIPALMENTE Parto No Complicado (Eutócico) <input checked="" type="checkbox"/> Parto Con Complicaciones (Distócico) <input type="checkbox"/> Cesárea <input type="checkbox"/> No puede determinarse <input type="checkbox"/>												
2																			
0																			
0																			
2																			
0																			
20. EL PARTO O EXPULSIÓN FUE ATENDIDO POR Médico Obstetra <input checked="" type="checkbox"/> Otro Médico <input type="checkbox"/> Enfermera(o) <input type="checkbox"/> Partera/Médico Tradicional <input type="checkbox"/> Otro <input type="checkbox"/> No puede determinarse <input type="checkbox"/>		21. DOCUMENTO DE IDENTIDAD DE LA MADRE C.I.: <input type="checkbox"/> Pasaporte: <input type="checkbox"/> RUN: <input type="checkbox"/> Certificado o Informe de Partida de Nacimiento: <input type="checkbox"/> No porta: <input checked="" type="checkbox"/>																	
Expedido en: <input type="text"/> Número: <input type="text"/>																			

Abortion from the Latin *ab* privative; *ortus* births.

5. Certification of Death Without Medical Intervention. (Variable 22)

22. CERTIFICACION DEL FALLECIMIENTO SIN INTERVENCION MEDICA (A ser llenado por personal de salud no médico, o en su ausencia por una autoridad regional).
Causa Probable del fallecimiento.....

This space will be used exclusively where there is no physician, such as occur in rural areas, and filled out by non-medical health personnel or by a local authority if there are no health personnel available. The probable cause that triggered or initiated the death should be noted.

6. Part D. Person Certifying Death. (Variable 23)

D. PERSONA QUE CERTIFICA LA DEFUNCION	
23. CERTIFICADO POR Médico <input type="checkbox"/> Forense <input type="checkbox"/> Lic. Enfermería <input type="checkbox"/> Aux. Enfermería <input type="checkbox"/> Otro <input type="checkbox"/> Especifique.....	Nombre y Apellidos.....
	Matrícula Profesional MSD:.....
	C.I.:..... Exp. en:.....
	Firma:..... Sello.....
	Fecha de emisión del Certificado..... Año 20.....
	Sello de la Institución

TODA ENMIENDA O CORRECCION QUE SE REALICE, DEBE TENER "NOTA ACLARATORIA" EN LA CARA POSTERIOR DEL ORIGINAL Y PRIMERA COPIA

In variable 23, the box corresponding to the professional or person who certified the death should be checked. If "Other" is checked, the identity of the person should be recorded in "Specify."

The name and surname of the certifying person must be written in block letters, as well as their professional registration number, ID number, place of issue, signature, stamp, and the date of certification.

The stamp of the institution where the certifying professional works must be placed in the lower right-hand corner. If the certifying professional is a private practice physician, they must reprint their professional stamp (unless they have a practice stamp). The stamp must be affixed to all three pages of the certificate.

Destination of the copies of the CEMEDEP ()

Original (White) – **FOR CIVIL REGISTRY** – It will accompany the family to be presented to the Civil Registry Office, where the legal procedures for burial will be carried out.

First copy (yellow) – **FOR THE SNIS** – It will follow the same process as the SEDES copies of the other Surveillance and Production forms, reaching the departmental level where its information will be systematized.

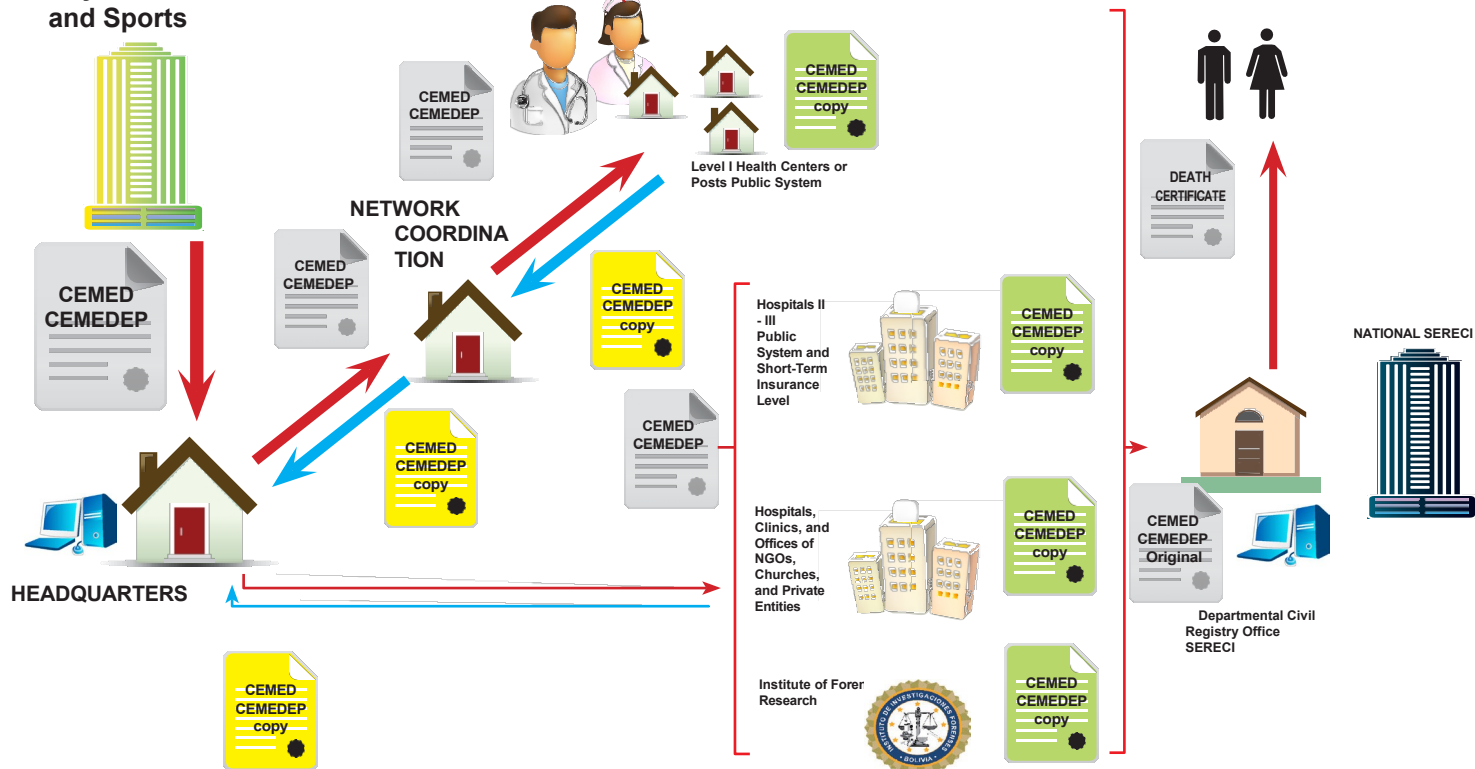
Second copy (Green) – **FOR THE ESTABLISHMENT** – Will remain at the establishment where the death was certified.

If the certification is carried out by a forensic doctor, the yellow copy must be sent to the departmental Institute of Forensic Investigations (IDIF), which will forward it to SEDES (SNIS-VE). Otherwise, it must be sent to the nearest health facility or directly to the departmental SNIS-VE.

If the certification is made by non-medical personnel, the original (white copy) must be given to the family member, and the remaining two copies must be sent
sent to the health center or clinic that issued the certificate.

FLOW OF MORTALITY INFORMATION

Ministry of Health
and Sports



INSTRUCTIONS FOR COMPLETING THE CEMEPED FORM

HEALTHCARE FACILITY: Write the name of the healthcare facility.

SUBSECTOR CODE: As applicable (A: Public, B: Social Security, C: NGO-dependent, D: Church-dependent, E: Private, F: Armed Forces, I: Institute of Forensic Investigations (IDIF)).

A: DATA ON THE FETUS OR NEWBORN: (In the case of twins or more, Write down the last name followed by a number according to the order of expulsion.

FATHER'S SURNAME, MOTHER'S SURNAME, AND FIRST NAME: Write in and in full (not initials) the surnames of the deceased, preferably copying them from the parents' identity documents. In cases of abandonment, do not use the term "NN." The names already include **NEWBORN**.

1. GEOGRAPHICAL LOCATION OF DEATH: Write in block letters the exact location of death, including country, department, province, municipality, and town. The name of the locality is repeated for municipalities in capital cities. If the death occurred in another country, only the name of the country should be entered. The box "Abandoned" should be checked in cases of abandoned bodies or unidentified bodies.

2. DEATH OCCURRED IN: Check the box corresponding to the physical location where the death occurred.

DEATH IN SERVICE (HEALTH FACILITY)

This is a death that occurs at any time and in any place in a hospital, center, clinic, or other health facility, regardless of the time elapsed between arrival and death. If death occurs while in transit to a health facility in an ambulance, it will also be considered "in service" and certified by health personnel.

Death in service will be certified by a medical examiner when the death is due to violent causes (accidents, suicides, homicides).

3. IN RELATION TO CHILDBIRTH, THE DEATH OCCURRED: In these boxes must be marked specifying whether the death of the fetus or newborn occurred before, during labor, or after delivery, considering up to 6 days after.

4. TIME AND DATE OF EXTRACTION OR EXPULSION (BIRTH), TIME AND DATE OF BIRTH, AND TIME AND DATE OF DEATH:

DEATH CERTIFICATE (Includes Probable): Enter the hour, minutes, day, month, and year of occurrence in numbers in the corresponding boxes. To enter the time, use the scale from 00:00 to 23:59. **Example:** A fetus was removed on October 14, 2011, at five minutes past five in the afternoon. Clinical examination indicated that the fetus had died two days earlier. The mother did not provide any other information:

Probable

EXTR/EXP	17	05	14	10	11
DECEASE	00*	00*	12	10	11
D	Time	Min	Day	Month	Year

X

* When no date or time is available (intrauterine deaths or abandoned corpses), the approximate day is recorded and the time is always 00:00 for statistical purposes, which should not be misinterpreted by the justice, and should be marked in the "Probable" column.

5. SEX: Must be marked in the corresponding box. If it is difficult to determine the sex of the product, mark the option "Cannot be determined."

6. GESTATIONAL AGE: Note the duration of the pregnancy, expressed in complete weeks, counting from the last menstrual period to the moment of extraction or expulsion of the product. If it cannot be specified, note the closest clinical estimate (Capurro method or tables from the Vital Statistics Manual).

7. BIRTH WEIGHT (Record in grams): Example: 500 grams. Do not record the weight in any unit of measurement other than the one specified.

8. BIRTH HEIGHT (Record in centimeters): Example: 35 centimeters. Avoid expressing height in any unit of measurement other than the one specified.

9. THE PRODUCT WAS: In these boxes, indicate whether the product was the result of a single, twin, or multiple pregnancy.

B. CAUSES OF FETAL OR EARLY NEONATAL DEATH:

10. CAUSES OF DEATH: In Level III and II facilities, if the death is fetal (intrauterine), it is filled out by the obstetrician, and if the death is neonatal, it is filled out by the pediatrician. In Level I facilities, it is filled out by the health personnel who attended the delivery (intrauterine) or the newborn (neonatal death).

PART I: Sections a) and b), intended for recording causes attributable to the fetus or newborn.

PERINATAL CONDITION THAT CAUSED DEATH (ATTRIBUTABLE TO THE FETUS OR NEWBORN): Note in a) the event that triggered the entire process (**Original Antecedent Cause or Basic Cause**), and in b) record other morbid entities that may have contributed to the death process but are not directly related to the main condition (**other diseases or conditions**).

PART II: Sections c) and d) are for recording the causes attributable to the mother that produced or triggered the fetal or early neonatal death. **MATERNAL CONDITION THAT CAUSED PERINATAL DEATH:** Enter in c) the event that originated the entire process (**Original Antecedent Cause or Basic Cause**), and in d) (record other morbid entities that may have contributed to the death process but are not directly related to the main condition, **other diseases or conditions**).

PART III. OTHER RELEVANT CIRCUMSTANCES: Line e) has been provided for the annotation of any other circumstance that the certifier considers

to be of some importance in the death, but which cannot be described as a disease or condition of the fetus/newborn or the mother. Examples: MOTHER FELL IN AN ACCIDENT AT HOME, HOME BIRTH WITHOUT MEDICAL ASSISTANCE.

11. ICD-10 CODES: These shall be filled in exclusively by codifying statisticians (it is not necessary to fill them in for delivery to the bereaved).

C. MOTHER'S DATA (Enter "Cannot be determined" in the boxes when there is no data on the mother (abandonment)).

12. NATIONALITY AND HABITUAL/PERMANENT RESIDENCE: In these cases, indicate whether the mother is Bolivian or foreign. Also write the place where the mother had her permanent residence during the last nine months, except for long periods of hospitalization, specifying the country, department, province, municipality, and locality. If it was in another country, only write the name of the country.

13. LEVEL OF EDUCATION: In these boxes, you must mark the box that corresponds to the mother's highest level of education.

14. MARITAL STATUS: In these boxes, the mother's marital status should be marked in the corresponding box.

15. AGE AND DATE OF BIRTH: In these boxes, enter the age (in full years), the day, the month (in numbers), and the year in which the mother was born.

16. RECEIVED PRENATAL CARE: Record the number of visits if she received prenatal care, whether from a doctor, midwife, or other health personnel. If it cannot be determined or she did not have any prenatal checkups, mark the corresponding box.

17. CONDITION OF THE MOTHER AFTER DELIVERY: Note whether the mother is alive or has died, whether or not as a result of complications of pregnancy or childbirth or other events.

18. OBSTETRIC HISTORY: Enter the number of pregnancies the mother has had, not counting the current one, in the boxes. Total Live Births: how many were born alive, regardless of whether they are alive today or not. Total Live Births that Died: how many were born alive but died before reaching 7 days of age. Total Deaths: how many deaths (fetus died before the 22nd week of gestation). Total Stillbirths: pregnancies that did not progress after the 22nd week.

19. IF IT WAS A DELIVERY, IT WAS MAINLY: Result of the expulsion or extraction of the product of conception when it is 22 weeks or more into gestation and is classified as Eutocic delivery: Delivery without complications. Dystocic delivery: Complicated delivery. Cesarean section if it ended with surgery to extract the product.

20. THE DELIVERY OR EXTRACTION WAS ATTENDED BY: Check the appropriate box for who attended the delivery or extraction.

21. MOTHER'S IDENTITY DOCUMENT: Check the corresponding box if it is an ID card, tax ID number, passport, certificate, or birth certificate. Similarly, check "No Porta" if she does not have any of these. Write the place where the document was issued. Also record the identity document number (the number does not apply to Certificates or Birth Certificates).

22. CERTIFICATION OF DEATH WITHOUT MEDICAL INTERVENTION:

This should only be filled out if there is no doctor available for certification. It can be done by health personnel or, in their absence, by a local authority.

D. PERSONNEL CERTIFYING DEATH

20. CERTIFIED BY: In these boxes, check the appropriate box to indicate whether the person signing this certificate is a doctor, nurse, coroner, or other.

In this box, the details of the person signing this certificate must be printed, along with their signature and stamp. Finally, the stamp of the certifying institution must also be printed. The stamps must appear on all three pages of the certificate.

MEDICAL CERTIFICATE OF DEATH

C E M E D

The Medical Death Certificate (CEMED) is used to record all deaths, from newborns older than 7 days to adults of any age. It is issued in triplicate (the original for the bereaved family goes to the Civil Registry, the first yellow copy goes to the Health Information and Epidemiological Surveillance System (SNIS-VE), and the second green copy remains at the health facility or Forensic Research Institute

). It is an essential document for obtaining a burial permit for burial or cremation of the deceased (Articles 49 and 50, Regulatory Decree of the Civil Registry).

Who Should Fill Out the CEMED () Form?

Natural Deaths (Deaths due to illness):

- The physician is required to issue the death certificate when the patient dies from the illness for which he or she was being treated, even up to seven days after discharging the patient whose illness was considered to have been overcome, provided that the death was not attended by another physician at the time of death, in which case the death certificate shall be issued by the latter.
- If the doctor considers that there are reasonable doubts about the cause of death of a person, even within the provisions of the previous paragraph, he or she must request an autopsy.
- In rural areas, if there has been no prior medical care and there is no possibility of an autopsy, the doctor must reconstruct the medical history or perform a verbal autopsy and issue a medical death certificate, recording the fact.
- If the physician considers that there are signs of violence on the deceased, they may request the assistance of a forensic physician or the authority to request an autopsy and certify the death.

Violent or Suspicious Deaths:

- If it is suspected that the death occurred as a result of an accident, homicide, suicide, or is suspected of being unnatural, the judicial authorities must be notified, as in these cases it is the medical examiner or another designated authority who must certify the death.
- In this type of death, it does not matter if the death occurred in a health facility; the death must be certified by a medical examiner, and this situation must be explained to the mourners (see legal annexes).
- This group also includes deaths without prior medical attention and deaths outside a health facility (home, public thoroughfare, hospices, prisons), which will raise suspicion about the causes of death and must be certified by forensic medicine.

General Instructions for Completing the CEMED ()

Before filling out the form, the certifier must carefully read the instructions on the back of the last copy.


- Completing the CEMED is **MANDATORY** for all deaths occurring within the national territory.
- The form must be filled out with a ballpoint *pen*, in block letters (print), legibly, without using abbreviations, and using the spaces provided for each variable (failure to do so will result in the statistician being authorized to request explanations and corrections on the copies).
- The person issuing the *certificate* must fill it out in its entirety. **Certificates that are not completely filled out and signed by the certifying officer and stamped with the corresponding seals will not be valid.**
- Under no circumstances may the CEMED be commercialized, its delivery conditioned, or the delivery of the deceased subordinated to non-payment, given that said document is granted free of charge and without any conditions. Therefore, any violation of this provision will be punished in accordance with the penalties established in current criminal legislation. and in the case of public servants, the provisions of the applicable Laws on the Responsibilities of Public Servants must also be complied with.
- IF YOU MAKE A MISTAKE when filling in any variable, YOU MAY DELETE IT OR USE CORRECTION FLUID, always writing "**CLARIFICATION NOTE**" on the back of the original, explaining what you wanted to write, followed by your signature and the corresponding professional stamp, which validate the corrected death certificate before the Civil Registry. Corrections are made provided that the errors are "recoverable."
- This also applies when the bereaved return because there was an error they want corrected. In any case, the other two copies must also be corrected.
- IF THE ERROR IS "UNREMIABLE," VOID THE CERTIFICATE AND THE TWO COPIES, returning them to the statistics department or SNIS-VE of the corresponding SEDES.
- DO NOT FILL OUT ANOTHER CERTIFICATE TO PROVIDE "LEGAL COPIES." ZADAS," the "Certified Copies" must be CERTIFIED PHOTOCOPIES OF THE GREEN COPY, AND THEY MUST BE PROVIDED BY THE INSTITUTION (Legal Department, where applicable) and is not the responsibility of the certifying professional (see Legal Annex). In Level I centers, the certified copy may be made by the same health professional who certified it.

Parts of the Certificate

The certificate consists of five segments:

1. Name of the Health Facility or Other Certifying Entity, and Sub-sector Code.
2. Part A. Details of the Deceased.
3. Part B. Details of the Death.
4. Certification of Death Without Medical Intervention.
5. Part C. Person Certifying Death.

1. Name of the Certifying Establishment or Other and Sub-sector Code.

 <p>ESTADO PLURINACIONAL DE BOLIVIA MINISTERIO DE SALUD Y DEPORTES SISTEMA NACIONAL DE INFORMACIÓN EN SALUD</p>	<p>CERTIFICADO MÉDICO DE DEFUNCIÓN CÓDIGO R.A. SALUD INE 102 (01/2006) (Para defunciones de personas mayores de 7 días de edad)</p>	N° 12-0000001
	ESTABLECIMIENTO DE SALUD U OTRO:..... HOSPITAL MATERNO INFANTIL C.N.S. La Paz CODIGO SUBSECTOR A B C D E F I	

In this space, fill in the name of the health facility (doctor's office, clinic, polyclinic, hospital, forensic institute, etc.).

Circle the health sub-sector code to which the health establishment or other certifying entity belongs. The sub-sectors are:

- A. Public (dependent on the Ministry of Health, SEDES);
- B. Short-Term Social Security (National Health Fund, COSSMIL, University Social Security, CORDES Health Fund, State Bank Health Fund, Private Bank Health Fund, Road Health Fund, and other insurance);
- C. Dependents of any NGO;
- D. Employees of any church;
- E. Private (medical offices and clinics);
- F. Armed Forces (Operational Health Services in barracks);
- I. Institute of Forensic Investigations (IDIF).

Examples:

ESTABLECIMIENTO DE SALUD U OTRO:..... **IDIF SUCRE** CODIGO SUBSECTOR A B C D E F **I**

2. Part A. Details of the deceased. (Variables 1 to 10)

This section must be completed in the presence of a family member and always with some form of identification for the deceased (ID card, passport, tax ID number, birth certificate or report, etc.).

Paternal and maternal surnames and first names. If you have the document, copy the surnames and first name directly.

If there is no identity document for the deceased person:

- Ask the relatives to go to a Civil Registry Office to request a "Birth Certificate Report," which is a "paper stub" given to you when you request a copy of the Birth Certificate (usually free of charge).
- In cases of "NN" persons, enter these initials respectively in the three spaces.

There may be some problems when filling in some of the sections, so we suggest following these instructions:

- In almost all questions, there is the option "Cannot be determined." This box should be checked if the answer is unknown, mainly used for unidentified corpses.
- **Variables 1, 2, and 3 (PLACE OF BIRTH, GEOGRAPHICAL PLACE OF DEATH, AND USUAL/PERMANENT RESIDENCE).** If these occur...
They occurred in Bolivia, following the current political division. After the municipality comes the "locality." If it occurred in the same municipal town, the name is repeated, but it will change if it occurred in another town belonging to a municipality (for example, when it occurs in capital cities, the name of the municipality is repeated in the locality). If any or all of them occurred in the
For foreign countries, only the name of the country is written, as it may have a different political division, and the "Foreign" box is checked.
- **Variable 4 (DEATH OCCURRED IN).** Check the box corresponding to the physical location where the death occurred. In cases where this information is unknown, check the box "Cannot be determined."
Death in a Health Facility: "Death in Service" is one that occurs at any time and in any place in a hospital, center, post, or other health facility, regardless of the time elapsed between arrival and death. If death occurs in transit to a

health facility in an ambulance belonging to the facility, it will also be considered "in service," and the referring facility will be recorded. The destination facility will be recorded as long as it is the ambulance.

- **Variable 5 (AGE AND DATE OF BIRTH).** Since this certificate is for persons aged 7 days and older who have died, the first row is designated between 7 and 30 days (depending on the month), if the deceased is already ⁶⁵ one month old, "1" should be entered in the second row corresponding to age in months (from 1 to 11 months and 30 days old) and so on in the third row if the deceased was one year old or older.
- The "Approximate" column is used when the age is unknown, but was recorded after a physical examination, without any supporting identity documents.
- **Variable 6 (TIME AND DATE OF DEATH).** In the first row for time, there are two boxes where two digits must be entered in each, from 00:00 to 23:59 hours. In the second row, a single digit is entered in each box, from 01 to 31 days (depending on the month), and in the third row, a single digit is entered in each box, from 01 to 12 months. Finally, in the fourth row, a single digit is entered in each box corresponding to the year.
- If it is not possible to know the date and time of death (decayed corpses):
 - Check the box in the "Probable" column, as this makes it clear that there is no certainty about the date and time, and only the following spaces are filled in for statistical purposes.
 - An approximate date must be recorded (for clinicians), and 00:00 hours should be entered by default.
 - A date and time should be decided upon as far as possible (for forensic doctors), otherwise enter 00:00 hours on the approximate day by default.
- **Variable 10 (IDENTITY DOCUMENT OF THE DECEASED).** As already seen in the section on Surnames and Names, some type of document belonging to the deceased must be requested, which should be noted in the boxes for this variable. The options are ID card, passport, tax identification number, birth certificate or birth report, and "No document" if none exists. Enter where the document was issued and the number in the corresponding boxes (one digit per box) (the number does not apply to Birth Certificate or Birth Report).

Example: Person who died at Hospital Obrero No. 4 in Oruro on September 13, 2011, at 6:30 p.m. During his lifetime, he was known as Policarpio Canedo Gutiérrez. His identity card No. 25439 from Oruro indicates that he was born in the town of Llallagua, Bustillos province, in the department of Potosí, on February 25, 1924. His relatives say that

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Series: Technical and Regulatory

**Variable 11 (DID HE RECEIVE MEDICAL CARE DURING HIS ILLNESS OR LE-
CONDITION THAT LED TO DEATH?).** Check the "YES" box if the deceased
received medical care for the illness or injury that led to their death, or check
"No" if they did not.

[illegible]

16. PROBABLE MANERA, MECANISMO Y LUGAR DEL HECHO (A ser llenado en caso de Muerte Violenta o Dudosas)									
a) Manera: Accidente <input type="checkbox"/> Suicidio <input type="checkbox"/> Homicidio <input type="checkbox"/> Natural <input type="checkbox"/> Súbita <input type="checkbox"/> Indeterminada <input type="checkbox"/>									
b) Mecanismo: (Relacionado con las circunstancias de cómo se produjo la muerte)									
Accidente de Transporte <input type="checkbox"/>		Caída (Precipitación) <input type="checkbox"/>		Golpe <input type="checkbox"/>		Ataque de Animal <input type="checkbox"/>		Asfixias <input type="checkbox"/>	
Electrocución <input type="checkbox"/>		Quemaduras <input type="checkbox"/>		Intoxicación <input type="checkbox"/>		Desastre Natural <input type="checkbox"/>		Arma Blanca <input type="checkbox"/>	
Proyectil de Arma de Fuego <input type="checkbox"/>		Citros <input type="checkbox"/>		No puede determinarse <input type="checkbox"/>					
c) Lugar: Domicilio <input type="checkbox"/> Vía Pública <input type="checkbox"/> Trabajo <input type="checkbox"/> Institución <input type="checkbox"/> Otros <input type="checkbox"/> No puede determinarse <input type="checkbox"/>									
Especificar Probable Hecho: _____									
17. PROCEDIMIENTO EFECTUADO					18. PARA TODAS LAS MUJERES DE 10 A 59 AÑOS				
Examen Físico Clínico <input type="checkbox"/> Autopsia <input type="checkbox"/>					¿Estaba embarazada en el momento de morir o 12 meses antes de la muerte?				
Reconocimiento de Cadáver <input type="checkbox"/>					Si <input type="checkbox"/> NO <input type="checkbox"/>				
Levantamiento de Cadáver <input type="checkbox"/> Exhumación <input type="checkbox"/>					Cuál fue la fecha de terminación de ese embarazo?				
					Día <input type="text"/> Mes <input type="text"/> Año <input type="text"/>				

Variable 12 (WAS SHE/HE TREATED BY THE SUBSCRIBING PHYSICIAN). Mark "YES" if

the certifying physician is the one who treated the patient, or check "NO" if they did not

Variable 13 (CAUSES OF DEATH). The main objective is to identify the **Original Antecedent Cause or Basic Cause of Death**, that is, the disease, injury, or circumstances of the accident or violence that initiated the process leading to death, without this meaning that the Direct Cause and other Antecedent Causes are not important in themselves.

Knowing the Basic Cause (or Original Antecedent) makes it possible to act on the primary agents that cause deaths, which is why the certifying physician's greatest responsibility is to review the series of morbid events until the cause that originated the entire process is identified.

Part I has four lines, a), b), c), and d), where **a single diagnosis** should be noted in each, as informative and specific as possible **and without abbreviations or acronyms**.

Direct Cause of Death: Disease or pathological condition that directly caused death. In a) the cause or pathological condition that directly caused death is recorded, that is, the last one discovered by the physician in the deceased and which has the shortest duration. It excludes symptoms or modes of death, therefore **"cardiorespiratory arrest,"** which is synonymous with **"death," should not be noted.**

Antecedent Causes of Death: Morbid conditions that caused the cause stated above. Lines b) and c) are used when the physician considers that the cause reported in a) was due to or originated from previous causes, and has a longer duration than that noted in a).

Original (Basic) Cause: This is the cause that produced or triggered death and is the last to be recorded. It should be noted in a) if the chain of events has only one cause; it should be noted in b) if the chain of events has two causes, and so on

so on until it is noted in d) if it gave rise to the one noted in the line c) and which has been in existence for longer than those listed in lines c), b) and a).

The entry **due to or as a result** of which appears below the underlining of paragraphs a), b) and c), as well as the **approximate interval between onset of the disease and death** are intended to help construct the logical scheme of causes.

When there are several disorders or pathological conditions that occur in a more or less clear causal sequence, the physician must link the events logically until identifying the event that gave rise to the process and note this last.

Part II. Contributing Causes: This section is intended to record other causes that, in the opinion of **the physician, may have contributed to death**, for example by weakening the patient or in some other way, **but which were not directly related to the causes noted in Part I.**

Variable 14 (INTERVAL BETWEEN THE ONSET OF THE DISEASE AND DEATH DEATH). This column confirms the pathogenic sequence; logically, the cause listed in a) will have less time than the one listed in b), and so on until subsection d). This information is very valuable for selecting the underlying cause of death and should not be omitted from the certificate under any circumstances.

13. CAUSAS DE DEFUNCIÓN		NO ESCRIBA PARO CARDIORESPIRATORIO NI FALLA ORGANICA MULTIPLE		14. Intervalo entre el		15. CODIGOS CIE-10	
Parte I.		UN SOLO DIAGNÓSTICO POR FILA Y NO USE ABREVIATURAS NI SIGLAS		inicio de la enfermedad y la muerte		Llenado solo por Estadística	
Causa Directa							
Enfermedad o condición Patológica que produjo la muerte directamente		a) _____ Debido a o como consecuencia de					
Causas Antecedentes		b) _____ Debido a o como consecuencia de					
Estados morbosos que produjeron la causa arriba		c) _____ Debido a o como consecuencia de					
Causa Antecedente Originaria (Básica) Es la que produjo o desencadenó la muerte y es la última en registrarse (puede ser en a, b, c o d).		d) _____ Debido a o como consecuencia de					
Parte II. Causas Contribuyentes							
Otros estados patológicos significativos que contribuyeron a la muerte pero no relacionados con la causa directa							
				Codigo Causa Básica			

This data should be noted for each of the identified causes, even if it is only known approximately. This time can be noted in hours, days, months, or years.

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Manual for Medical Certification of Vital Events

[illegible]

Example 2: Female patient brought by parents to pediatric emergency room at 1:00 a.m., in shock, with a history of acute diarrheal disease lasting five days, clinical signs of severe dehydration lasting a day and a half, as reported by the mother. She died at 3:00 a.m.

[illegible]

Often, between the underlying cause and the immediate cause, there are one or more intermediate pathological conditions considered to be antecedent causes. In this case, the immediate cause will be noted in subsection a), the underlying cause will be noted in d), and in c) and b) will be the intermediate conditions considered most important. The most recent cause is always in a) and the oldest in the last line, in this example in c).

Example 3: A 50-year-old male patient is admitted to the emergency room with dyspnea on moderate and light exertion that has been present for one week (known to the cardiology department as a patient with mitral stenosis due to rheumatic disease for 10 years, which led to congestive heart failure 5 years ago. Ultrasound confirms cardiac tamponade; he dies after 24 hours.

[illegible]

Pathologies or conditions that are considered to have contributed to the occurrence of death but cannot be considered related to the Direct Cause (Contributing Causes) shall be noted, in order of importance, in Part II.

Example 4: A 60-year-old female patient from a rural area referred with acute abdomen, with a history of abdominal pain for 24 hours, fever, rigid abdomen (5 hours), and family members report She is a non-insulin-dependent diabetic diagnosed 10 years ago (controlled with diet). She went into shock while being transferred (2 hours). She died in the operating room during surgery; generalized peritonitis was found due to a ruptured appendix.

13. CAUSAS DE DEFUNCIÓN		14. Intervalo entre el inicio de la enfermedad y la muerte		15. CODIGOS CIE-10 Llenado solo por Estadística	
Parte I.					
Causa Directa					
Enfermedad o condición Patológica que produjo la muerte directamente	a)	CHOQUE SÉPTICO Debido a o como consecuencia de	2 horas		
Causas Antecedentes Estados morbosos que produjeron la causa arriba	b)	PERITONITIS GENERALIZADA Debido a o como consecuencia de	5 horas		
Causa Antecedente Originaria (Básica) Es la que produjo o desencadenó la muerte y es la última en registrarse (puede ser en a, b, c o d).	c)	APENDICITIS AGUDA Debido a o como consecuencia de	24 horas		
	d)				
Parte II. Causas Contribuyentes		DIABETES MELLITUS TIPO II	10 años		
Otros estados patológicos significativos que contribuyeron a la muerte pero no relacionados con la causa directa					
			Código Causa Básica		

If there are two or more independent pathologies (or series of pathological events) that could have contributed to death, it will be necessary to decide which one was most responsible and note it in Direct Cause and Antecedent Causes, leaving the other(s) for Part II.

"Cardiorespiratory arrest" is synonymous with death and not a cause of death.

Knowing the Basic Causes makes it possible to act on the primary agents that cause deaths.

Variable 15 (ICD-10 CODES). These spaces are exclusively for statistical coders, from which the codes for statistical analysis of causes of death will be derived.

Variable 16 (MANNER, MECHANISM, AND PLACE OF EVENT). When the *death is violent or doubtful*, it will be recorded in this variable, preferably to filled in by a professional in legal medicine or forensic medicine. It should be recorded in "Specify" if any of the "Other" boxes have been filled in or if the injury was caused by a traffic accident.

Example 1: A traffic accident in which a person was hit by a truck; apart from the causes of death, the following will be recorded:

16. PROBABLE MANERA, MECANISMO Y LUGAR DEL HECHO (A ser llenado en caso de Muerte Violenta o Dudosas)									
a) Manera: Accidente <input checked="" type="checkbox"/> Suicidio <input type="checkbox"/> Homicidio <input type="checkbox"/> Natural <input type="checkbox"/> Súbita <input type="checkbox"/> Indeterminada <input type="checkbox"/>									
b) Mecanismo: (Relacionado con las circunstancias de cómo se produjo la muerte)									
Accidente de Transporte <input checked="" type="checkbox"/>		Caída (Precipitación) <input type="checkbox"/>		Golpe <input type="checkbox"/>		Ataque de Animal <input type="checkbox"/>		Asfixias <input type="checkbox"/>	
Electrocución <input type="checkbox"/>		Quemaduras <input type="checkbox"/>		Intoxicación <input type="checkbox"/>		Desastre Natural <input type="checkbox"/>		Arma Blanca <input type="checkbox"/>	
Proyectil de Arma de Fuego <input type="checkbox"/>		Otros <input type="checkbox"/>		No puede determinarse <input type="checkbox"/>					
c) Lugar: Domicilio <input type="checkbox"/> Vía Pública <input checked="" type="checkbox"/> Trabajo <input type="checkbox"/> Institución <input type="checkbox"/> Otros <input type="checkbox"/> No puede determinarse <input type="checkbox"/>									
Especificar Probable Hecho: PEATÓN ATROPELLADO POR CAMIÓN									

Example 2: A person drowned while swimming across a river; in addition to the causes of death, the following will be recorded:

16. PROBABLE MANERA, MECANISMO Y LUGAR DEL HECHO (A ser llenado en caso de Muerte Violenta o Dudosas)									
a) Manera: Accidente <input checked="" type="checkbox"/> Suicidio <input type="checkbox"/> Homicidio <input type="checkbox"/> Natural <input type="checkbox"/> Súbita <input type="checkbox"/> Indeterminada <input type="checkbox"/>									
b) Mecanismo: (Relacionado con las circunstancias de cómo se produjo la muerte)									
Accidente de Transporte <input type="checkbox"/>		Caída (Precipitación) <input type="checkbox"/>		Golpe <input type="checkbox"/>		Ataque de Animal <input type="checkbox"/>		Asfixias <input checked="" type="checkbox"/>	
Electrocución <input type="checkbox"/>		Quemaduras <input type="checkbox"/>		Intoxicación <input type="checkbox"/>		Desastre Natural <input type="checkbox"/>		Arma Blanca <input type="checkbox"/>	
Proyectil de Arma de Fuego <input type="checkbox"/>		Otros <input type="checkbox"/>		No puede determinarse <input type="checkbox"/>					
c) Lugar: Domicilio <input type="checkbox"/> Vía Pública <input checked="" type="checkbox"/> Trabajo <input type="checkbox"/> Institución <input type="checkbox"/> Otros <input checked="" type="checkbox"/> No puede determinarse <input type="checkbox"/>									
Especificar Probable Hecho: AHOGADO AL PASAR EL RÍO									

Example 3: A person is found crushed by a tree in the woods; apart from the causes of death, the following will be recorded:

16. PROBABLE MANERA, MECANISMO Y LUGAR DEL HECHO (A ser llenado en caso de Muerte Violenta o Dudosas)									
a) Manera: Accidente <input checked="" type="checkbox"/> Suicidio <input type="checkbox"/> Homicidio <input type="checkbox"/> Natural <input type="checkbox"/> Súbita <input type="checkbox"/> Indeterminada <input type="checkbox"/>									
b) Mecanismo: (Relacionado con las circunstancias de cómo se produjo la muerte)									
Accidente de Transporte <input type="checkbox"/>		Caída (Precipitación) <input type="checkbox"/>		Golpe <input type="checkbox"/>		Ataque de Animal <input type="checkbox"/>		Asfixias <input type="checkbox"/>	
Electrocución <input type="checkbox"/>		Quemaduras <input type="checkbox"/>		Intoxicación <input type="checkbox"/>		Desastre Natural <input checked="" type="checkbox"/>		Arma Blanca <input type="checkbox"/>	
Proyectil de Arma de Fuego <input type="checkbox"/>		Otros <input type="checkbox"/>		No puede determinarse <input type="checkbox"/>					
c) Lugar: Domicilio <input type="checkbox"/> Vía Pública <input checked="" type="checkbox"/> Trabajo <input type="checkbox"/> Institución <input type="checkbox"/> Otros <input checked="" type="checkbox"/> No puede determinarse <input type="checkbox"/>									
Especificar Probable Hecho: APLASTADO POR ARBOL EN BOSQUE									

Variable 17 (PROCEDURE PERFORMED). To be completed by both clinical medical staff and forensic doctors, check the appropriate box. For example, clinicians will check the box **"Clinical Physical Examination or Examination of the Body,"** and forensic doctors, in addition to this, will also have three other options in some cases (**Removal of the Body, Autopsy, or Exhumation**). Some clinicians in rural areas who are authorized by an authority or legal regulation may perform a "Body Removal."

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Variable 18 (FOR ALL WOMEN AGED 10 TO 59). You must mark Indicate YES or NO whether the deceased was pregnant, even up to one year prior to death. If she was pregnant, record the day, month, and year that the pregnancy ended (date of delivery or abortion).

Extended Maternal Death: *The death of a woman while pregnant or up to one year (364 days) after the end of the pregnancy, regardless of the cause of death. (This definition corresponds to the epidemiological surveillance of maternal mortality in Bolivia and has been developed with the aim of recording all maternal deaths up to one year after the end of pregnancy, regardless of the cause of death).*

Example: A 23-year-old woman who died on June 23, 2011, as a result of a traffic accident. Her relatives report that her baby is still 9 months old, having been born on September 15, 2010.

17. PROCEDIMIENTO EFECTUADO		18. PARA TODAS LAS MUJERES DE 10 A 59 AÑOS		Cuál fue la fecha de terminación de ese embarazo?					
Examen Físico Clínico	<input checked="" type="checkbox"/>	Autopsia	<input type="checkbox"/>	¿Estaba embarazada en el momento de morir o 12 meses antes de la muerte?	SI	<input checked="" type="checkbox"/>	→ Día	<input type="text" value="1"/>	<input type="text" value="5"/>
Reconocimiento de Cadáver	<input type="checkbox"/>	Exhumación	<input type="checkbox"/>		NO	<input type="checkbox"/>	Mes	<input type="text" value="0"/>	<input type="text" value="9"/>
Levantamiento de Cadáver	<input type="checkbox"/>						Año	<input type="text" value="2"/>	<input type="text" value="0"/>
								<input type="text" value="1"/>	<input type="text" value="0"/>

4. Certification of Death Without Medical Intervention. (Variable 19)

19. CERTIFICACION DEL FALLECIMIENTO SIN INTERVENCION MEDICA (A ser llenado por personal de salud no médico, o en su ausencia por una autoridad regional)
Causa Probable del fallecimiento.....

This space shall be used exclusively where there is no physician, as occurs in rural areas, and shall be filled out by non-medical health personnel or by a local authority if there are no health personnel available. The probable cause that triggered or initiated the death shall be noted.

5. Part C. Person Certifying Death. (Variable 20, Personal Data and Stamps)

C. PERSONA QUE CERTIFICA LA DEFUNCION		
20. CERTIFICADO POR Médico <input type="checkbox"/> Forense <input type="checkbox"/> Lic. Enfermería <input type="checkbox"/> Aux. Enfermería <input type="checkbox"/> Otro <input type="checkbox"/> Especifique..... <input type="checkbox"/>	Nombre y Apellidos Matrícula Profesional MSD: C.I.: Exp. en: Firma: Sello Profesional Fecha de Emisión del Certificado Año 20	Sello de la Institución

TODA ENMIENDA O CORRECCIÓN QUE SE REALICE, DEBE TENER "NOTA ACLARATORIA" EN LA CARA POSTERIOR DEL ORIGINAL Y PRIMERA COPIA

In variable 20, the professional or person performing the certification shall be noted in the corresponding box. The name and surname of the certifier, as well as their professional registration number, shall be noted in legible block letters. ID card number, place of issue, signature and stamp of the certifying person, and date of certification.

The stamp of the institution where the certifying professional works must be placed in the lower right-hand corner. If the certifying professional is a private practice physician, the professional stamp must be reprinted (unless the physician has a practice stamp). The stamp must be affixed to all three pages of the certificate.

Destination of copies of the CEMED-

Original (White) – **FOR THE CIVIL REGISTRY** – It will accompany the family to be presented to the Civil Registry Office, where the legal procedures for burial will be carried out.

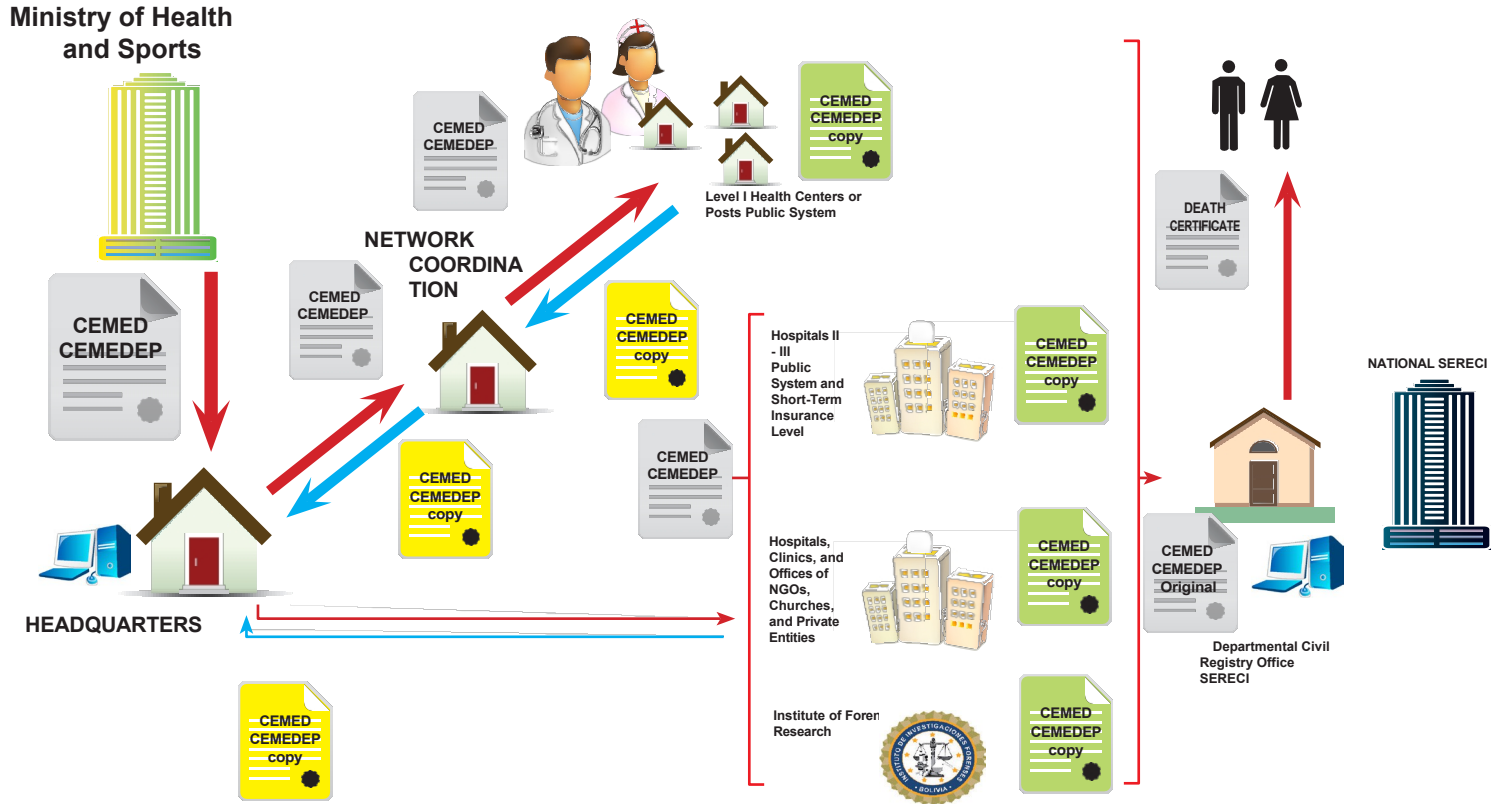
First copy (yellow) – **FOR THE SNIS** – It will follow the same process as the SEDES copies of the other Surveillance and Production forms, reaching the departmental level where its information will be systematized.

Second copy (Green) – **FOR THE ESTABLISHMENT** – It will remain at the establishment where the death was certified.

In the event that the certification is carried out by a forensic doctor, the yellow copy must be sent to the departmental Institute of Forensic Investigations (IDIF), which will forward it to SEDES (SNIS-VE). Otherwise, it must be sent to the nearest health facility or directly to the departmental SNIS-VE (this will depend on the agreement between each departmental IDIF and the respective SEDES).

If the certification is made by non-medical personnel, the original (white copy) must be given to the family member, and the remaining two copies must be sent to the health center or clinic that issued the certificate.

MORTALITY INFORMATION FLOW





ESTADO GENERAL DE SALUD
SISTEMA NACIONAL DE REGISTRO
SISTEMA NACIONAL DE REGISTRO
SISTEMA NACIONAL DE REGISTRO

CERTIFICADO MÉDICO DE DEFUNCIÓN

N° 12-0000001

CÓDIGO R.A. SALUD INE 102 (01/2006)

(Para defunciones de personas mayores de 7 días de edad)

ESTABLECIMIENTO DE SALUD U OTRO:

CÓDIGO SUBSECTOR A B C D E F I

A. DATOS DEL FALLECIDO

1. LUGAR DE NACIMIENTO		2. LUGAR GEOGRÁFICO DEL FALLECIMIENTO		3. RESIDENCIA HABITUAL/ PERMANENTE	
País	Departamento	País	Departamento	País	Departamento
Provincia	Municipio	Provincia	Municipio	Provincia	Municipio
Localidad		Localidad		Localidad	
4. EL FALLECIMIENTO OCURRIÓ EN		5. EDADES Y FECHA DE NACIMIENTO		6. FECHA Y HORA DE DEFUNCIÓN	
No puede determinarse		Edad (días 07 a 30)		Hora (de 00 a 23:59)	
Establecimiento de Salud		Edad (meses 01 a 11)		Día (de 01 a 31)	
Vivienda (domilio)		Edad (años)		Mes (de 01 a 12)	
Vía Pública		Día (de 01 a 31)		Año	
Trabajo		Mes (de 01 a 12)		Año	
Otras		Año		Año	
No puede determinarse		Aproximadamente		No puede determinarse	
7. SEXO		8. ESTADO CIVIL		9. GRADO DE INSTRUCCIÓN	
Masculino	Femenino	Soltero (a)	Casado (a)	Primaria	Secundaria
No puede determinarse		Divorciado (a)	Vuelto (a)	Técnico	Universitario
		Unión Estable	No puede determinarse	Otro	No puede determinarse
10. DOCUMENTO DE IDENTIFICACIÓN		11. DATOS DE LA DEFUNCIÓN		12. ¿A ATENDIÓ EL MÉDICO QUE SUSCRIBE?	
C.I.	Pasaporte	C.I.	Pasaporte	C.I.	Pasaporte
Expedido en:	Número:	Certificado o Informe de Partida de Nacimiento	No puede	Certificado o Informe de Partida de Nacimiento	No puede
13. CAUSAS DE DEFUNCIÓN		14. INTERVALE ENTRE EL ÚLTIMO		15. CÓDIGOS CIE-10	
Parte I.		UN SOLO DIAGNÓSTICO POR FILA Y NO USE ABREVIATURAS NI SIGLAS		Llamado solo por Estadística	
Causa Directa		a) <input type="checkbox"/> No <input type="checkbox"/> Sí		b) <input type="checkbox"/> No <input type="checkbox"/> Sí	
Enfermedad o condición Patológica que produjo la muerte directamente		Dado a o como consecuencia de		Dado a o como consecuencia de	
Causas Antecedentes		b) <input type="checkbox"/> No <input type="checkbox"/> Sí		Dado a o como consecuencia de	
Estados morbosos que produjeron la causa arriba consignada.		Dado a o como consecuencia de		Dado a o como consecuencia de	
Causa Antecedente Originaria		c) <input type="checkbox"/> No <input type="checkbox"/> Sí		Dado a o como consecuencia de	
(Básica) Es la que produjo o contribuyó a la muerte (última en registrarse) (puede ser en a, b, c o d).		Dado a o como consecuencia de		Dado a o como consecuencia de	
Parte II. Causas Contribuyentes		d) <input type="checkbox"/> No <input type="checkbox"/> Sí		Dado a o como consecuencia de	
Otros estados patológicos significativos que contribuyeron a la muerte pero no relacionados con la causa oficial		Código Causa Básica		Código Causa Básica	

16. PROBABLE MANERA, MECANISMO Y LUGAR DEL HECHO (A ser llenado en caso de Muerte Violenta o Dudosas)		17. PROCEDIMIENTO EFECTUADO		18. PARA TODAS LAS MUJERES DE 10 A 59 AÑOS	
a) Manera: Accidente <input type="checkbox"/> Suicidio <input type="checkbox"/> Homicidio <input type="checkbox"/> Natural <input type="checkbox"/> Suble <input type="checkbox"/> Indeterminado <input type="checkbox"/>		Autopsia <input type="checkbox"/> ¿Estaba embarazada en el momento de morir? <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/>		Cual fue la fecha de terminación de ese embarazo? <input type="checkbox"/> Día <input type="checkbox"/> Mes <input type="checkbox"/> Año <input type="checkbox"/>	
b) Mecanismo: (Relacionado con las circunstancias de cómo se produjo la muerte)		Reconocimiento del cadáver <input type="checkbox"/> Enterramiento <input type="checkbox"/> Exhumación <input type="checkbox"/>		Cual fue la fecha de terminación de ese embarazo? <input type="checkbox"/> Día <input type="checkbox"/> Mes <input type="checkbox"/> Año <input type="checkbox"/>	
Accidente de Transporte <input type="checkbox"/> Caída (Precaución) <input type="checkbox"/> Golpe <input type="checkbox"/> Ataque de Animal <input type="checkbox"/> Asfixias <input type="checkbox"/>		Electrocución <input type="checkbox"/> Quemaduras <input type="checkbox"/> Inoculación <input type="checkbox"/> Desastre Natural <input type="checkbox"/> Arma Blanca <input type="checkbox"/>		Cual fue la fecha de terminación de ese embarazo? <input type="checkbox"/> Día <input type="checkbox"/> Mes <input type="checkbox"/> Año <input type="checkbox"/>	
Proyectil de Arma de Fuego <input type="checkbox"/> Otros <input type="checkbox"/> No puede determinarse <input type="checkbox"/>		e) Lugar: Domicilio <input type="checkbox"/> Vía Pública <input type="checkbox"/> Trabajo <input type="checkbox"/> Institución <input type="checkbox"/> Otro <input type="checkbox"/> No puede determinarse <input type="checkbox"/>		Cual fue la fecha de terminación de ese embarazo? <input type="checkbox"/> Día <input type="checkbox"/> Mes <input type="checkbox"/> Año <input type="checkbox"/>	
17. PROCEDIMIENTO EFECTUADO		18. PARA TODAS LAS MUJERES DE 10 A 59 AÑOS		Cual fue la fecha de terminación de ese embarazo? <input type="checkbox"/> Día <input type="checkbox"/> Mes <input type="checkbox"/> Año <input type="checkbox"/>	
Autopsia <input type="checkbox"/> ¿Estaba embarazada en el momento de morir? <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/>		Reconocimiento del cadáver <input type="checkbox"/> Enterramiento <input type="checkbox"/> Exhumación <input type="checkbox"/>		Cual fue la fecha de terminación de ese embarazo? <input type="checkbox"/> Día <input type="checkbox"/> Mes <input type="checkbox"/> Año <input type="checkbox"/>	
19. CERTIFICACIÓN DEL FALLECIMIENTO SIN INTERVENCIÓN MÉDICA (A ser llenado por personal de salud no médico, o en su ausencia, por una autoridad regional)		20. CERTIFICADO POR		C. PERSONA QUE CERTIFICA LA DEFUNCIÓN	
Causa Probable del fallecimiento		Médico		Nombre y Apellido:	
		Forense		Matrícula Profesional MSD:	
		Lic. Enfermería		Exp. en:	
		Aux. Enfermería		Sello Profesional	
		Otro		Año 20	
		Firma:		Sello de la Institución	
		Fecha de Emisión del Certificado:		Sello de la Institución	
		Año 20		Sello de la Institución	

TODA ENMIENDA O CORRECCIÓN QUE SE REQUIERE, DEBE TENER NOTA ACADÉMICA EN LA CUBA POSTERIOR DEL ORIGINAL Y PRIMERA COPIA

INSTRUCTIONS FOR FILLING OUT THE CEMED

HEALTHCARE FACILITY OR OTHER: Write down the name of the healthcare facility. **SUBSECTOR CODE:** As applicable (A: Public, B: Social Security, C: NGO-affiliated, D: Church-affiliated, E: Private, F: Armed Forces, I: Institute of Forensic Investigations (IDIF)).

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A: DECEASED'S INFORMATION

FATHER'S SURNAME, MOTHER'S SURNAME, AND FIRST NAMES: Write in block letters

Print the full name (not initials) of the deceased, preferably copied from an identity document (DO NOT WRITE MARRIAGE SURNAMES). Only in the case of "unidentified" deceased persons will the terms "NN" be accepted.

1, 2, and 3. PLACE OF BIRTH, PLACE OF DEATH, AND RESIDENCE

USUAL/PERMANENT RESIDENCE: In these spaces, the exact place of birth, death, and usual residence of the deceased person must be written in block letters, indicating the country, department, province, municipality, and town. If the birth, residence, or death occurred in another country, only the name of the country should be noted and the box "Foreign" should be checked. The term "Cannot be determined" is used for cases where the place of birth, death, or residence is unknown (abandoned bodies or unidentified persons). The usual/permanent residence is the time calculated up to the last twelve months, except for long periods of hospitalization.

4. DEATH OCCURRED IN: Check the box corresponding to the physical location where death occurred.

DEATH IN SERVICE (HEALTHCARE FACILITY)

This is a death that occurs at any time and in any place in a hospital, center, clinic, or other health facility, regardless of the time elapsed between arrival and death. If death occurs while in transit to a health facility in an ambulance, it will also be considered "in service" and certified by health personnel.

Death while on duty will be certified by a medical examiner when the death is due to violent causes (accidents, suicides, homicides).

5 and 6. DATE OF BIRTH AND DATE OF DEATH: Enter in the appropriate boxes the age (full years, only years, only months, or only days), the day, month (in numbers), and year in which the deceased was born and died.

the age (full age, years only, months only, or days only), the day, month (in numbers), and year in which the deceased person was born and died.

To enter the time, use the scale from 00:00 to 23:59 (for hours, use two numbers per box). Example: A 38-year-old person was born on June 5, 1974, and died on October 14, 2012, at 10:05 p.m.:

Age (days 7 to 30)			Approximate	
Age (months 01 to 11)				
Age (years)	3	8		
Day	0	5		
Month	0	6		
Year	1	9	7	4

Time (from 12:00 a.m. to 11:00 p.m.)	22	05	Probable	
Day (from 01 to 31)	1	4		
Month (from 01 to 12)	2	0	0	2

* When no data is available on the date and time (in cases of death at home or decomposed bodies), the approximate day is noted and the time will always be 00:00 (for statistical purposes, which should not be misinterpreted by the courts), and should be marked in the "Probable" column.

7. GENDER: The corresponding box must be marked. If it is difficult to determine the gender of the deceased, the option "Cannot be determined" will be marked.

8. MARITAL STATUS: In these boxes, check the box that corresponds to the marital status of the deceased.

9. LEVEL OF EDUCATION: In these boxes, you must mark the highest level of education attained by the person. If it is postgraduate, mark "Other."

10. IDENTITY DOCUMENT OF THE DECEASED: Check the appropriate box if it is an ID card, tax ID number, passport, certificate, or birth certificate. Mark "No ID" if no document is available. Write the place where the document was issued. Also record the number (the number does not apply to Certificates or Birth Certificates).

B. DEATH DETAILS

11. DID THE DECEASED RECEIVE MEDICAL CARE DURING THE ILLNESS OR INJURY THAT LED TO DEATH? For this question, check the box "YES" if the deceased received medical care during the illness prior to death, or "NO" if they did not or if you are unsure.

12. WAS THE DECEASED TREATED BY THE ATTENDING PHYSICIAN?: In these boxes, check "YES" if the certifying physician also treated the illness that led to the death of the deceased. Check "NO" if the physician did not treat the deceased.

13. CAUSE OF DEATH: Part I (sections a, b, c, and d) is for recording the chain of pathological events that directly led to the death. **DO NOT WRITE CARDIORESPIRATORY ARREST OR MULTIPLE ORGAN FAILURE. ONLY ONE DIAGNOSIS PER LINE. DO NOT USE ABBREVIATIONS OR ACRONYMS**

Direct Cause: Enter in line a) the disease or pathological condition that directly caused death. This information must be included, so this line should not be left blank. Avoid entering symptoms or manner of death.

Preceding Causes: In sections b) and c), record the diseases that produced or triggered the Direct Cause, following the logic that a) is a consequence of b), which is a consequence of c), which is a consequence of d).

The event that originated the entire process, the Original Antecedent Cause or Basic Cause, will be noted last, which may be b), c), or d).

Contributing causes: Part II records other morbid entities that may have contributed to the process of death but are not related to the direct cause.

14. APPROXIMATE INTERVAL BETWEEN THE ONSET OF THE DISEASE AND DEATH: In this box, enter the time elapsed between the onset of the disease noted in each line recorded in point 13 and death. Record in hours, days, weeks, months, or years.

15. ICD-10 CODES: These should be filled in exclusively by the coders (they are not necessary for the delivery of the certificate to the bereaved).

16. MANNER, MECHANISM, AND PLACE OF THE EVENT: These boxes should only be filled in by a medical examiner or authorized health personnel in cases of **violent or suspicious death** or suspicion thereof. The corresponding boxes should be checked. Record the event in **"Specify,"** e.g., ELECTROCUTION BY LIGHTNING.

17. PROCEDURE PERFORMED: In these boxes, mark the procedure by which death was determined. For clinicians, "Examination of the Body" is the only option if they did not participate in the other options.

18. FOR ALL WOMEN BETWEEN THE AGES OF 10 AND 59: These boxes must be filled in whenever the deceased is a woman between those ages, checking the appropriate box. If "YES" is checked, the date of termination of that pregnancy must also be recorded.

19. CERTIFICATION OF DEATH WITHOUT MEDICAL INTERVENTION:

This form should only be completed if a doctor is not available to certify the death. It may be completed by other health personnel or, in their absence, by a local authority.

C. PERSONNEL CERTIFYING THE DEATH

20. CERTIFIED BY: In these boxes, check the appropriate box to indicate whether the person signing this certificate is a doctor, nurse, coroner, or "other" and, if "other," indicate who. In this section, print the details of the person signing this certificate, their signature, and the corresponding stamp. Finally, the seal of the certifying institution must also be printed. The seals must appear on the original and two copies of the certificate.

Abortion

(From Latin *abortus*: ab privative; ortus birth.) 1. n. The act of aborting. 2. n. Termination of pregnancy for natural reasons, or deliberately induced . It may constitute a crime.

Congenital Anomaly

Any morphological or functional alteration present from birth and occurring at the time of conception or during pregnancy.

Live birth

This is the complete expulsion or extraction from the mother's body, regardless of the duration of pregnancy, of a product of conception that, after such separation, breathes or gives any other sign of life, whether or not the umbilical cord has been cut and whether or not the placenta has been detached.

APGAR

The APGAR score is the first test performed on newborns. It is a simple and reproducible method, usually performed one minute and five minutes after birth. It is determined by assessing five simple criteria on a scale from zero to two and adding the five values obtained. The higher the score, the better the prognosis for the newborn.

Death

Permanent disappearance of all signs of life, regardless of the time elapsed since birth.

Cessation of vital functions after birth with no possibility of resuscitation. (Therefore, fetal deaths are excluded).

Live birth

Live birth is the complete expulsion or extraction from the mother's body, regardless of the duration of pregnancy, of a product of conception that, after such separation, breathes or gives any other sign of life, such as heartbeat, umbilical cord pulsations, or effective movements of voluntary contraction muscles, whether or not the umbilical cord has been cut and whether or not the placenta has been detached. Every product of a birth that meets these conditions is considered a live birth.

Causes of death

These are all diseases, morbid conditions, or injuries that caused or contributed to death, and the circumstances of the accident or violence that caused such injuries.

Direct cause of death

Disease or pathological condition that directly caused death (excludes symptoms or modes of death, therefore "cardiorespiratory arrest," which is synonymous with death, will not be noted). Similarly, the term "multiple organ failure" is not accepted.

Causes Background of death

Morbid conditions that produced the direct cause of death. These may not exist when death results from a single pathological condition.

Underlying Cause of Death

Disease or injury that initiated the chain of pathological events that led directly to death, or the circumstances of the accident or violence that caused the fatal injury.

This is the last of the antecedent causes to be recorded, first and last, when a single pathology caused the death.

Maternal Death

It is defined as the death of a woman while pregnant or up to 12 months after the end of pregnancy, regardless of the duration and location of the pregnancy, due to any cause related to or aggravated by the pregnancy itself or its care, but not due to accidental or incidental causes.

Late maternal death

Late maternal death is the death of a woman from direct or indirect obstetric causes after 42 days but before one year after the end of pregnancy.

Pregnancy-related death

A pregnancy-related death is the death of a woman while she is pregnant or within 42 days of the termination of pregnancy, regardless of the cause of death.

Maternal deaths can be subdivided into two groups:

Direct obstetric deaths: these are deaths resulting from obstetric complications of pregnancy (pregnancy, childbirth, and the postpartum period), interventions,

omissions, incorrect treatment, or a chain of events originating in any of the above circumstances.

Indirect obstetric deaths: these are deaths resulting from a disease existing prior to pregnancy or a disease that develops during pregnancy, not due to direct obstetric causes but aggravated by physiological effects of pregnancy.

To improve the quality of information on maternal mortality and provide other methods for collecting data on deaths during or related to pregnancy, as well as to encourage the registration of deaths from obstetric causes occurring after 42 days of pregnancy, the 43rd World Health Assembly, in 1990, adopted the recommendation that countries consider including questions related to a current pregnancy or a pregnancy in the year prior to death on the death certificate.

International information

For international reporting of maternal mortality, only deaths occurring before the end of the 42-day reference period should be included in the calculation of various rates and ratios, although recording deaths occurring after this period may be useful for national analysis.

Publication of maternal mortality rates

Published maternal mortality rates should always specify the numerator (number of recorded maternal deaths), which can be:

- the number of direct obstetric deaths recorded, or
- the total number of registered obstetric deaths (direct and indirect). It should be remembered that maternal deaths due to HIV disease (B20 - B24) and obstetric tetanus (A34) are coded in the corresponding categories of Chapter I. These cases should be included in the total number of maternal deaths and in the calculation of the corresponding rates.

Denominators for maternal mortality

The denominator for calculating maternal mortality should be specified as either the number of live births or the total number of births (live births plus fetal deaths). When both denominators are available, calculations based on each should be published.

Rate and ratios

The results should be expressed as a ratio between numerator and denominator, multiplied by k (where k can be 1,000, 10,000, or 100,000, as preferred

preferred or indicated in the country). Maternal mortality rates and ratios can therefore be expressed as follows:

Maternal mortality rate

$$\frac{\text{Maternal deaths (direct and indirect)}}{\text{Live births}} \times k$$

Direct obstetric mortality ratio

$$\frac{\text{Direct obstetric deaths}}{\text{Live births}} \times k$$

Indirect obstetric mortality ratio

$$\frac{\text{Indirect obstetric deaths}}{\text{Live births}} \times k$$

Pregnancy-related mortality ratio

$$\frac{\text{Pregnancy-related deaths}}{\text{Live births}} \times k$$

Proportion of deaths classified as ill-defined causes

The assignment of a high proportion of causes of death to Chapter XVIII (Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified) indicates the need to review the quality of the information tabulated and assigned to other more specific chapters.

Gestational age

The duration of pregnancy is measured from the first day of the last normal menstrual period. Gestational age is expressed in days or full weeks (for example, events that occurred between 280 and 286 full days after the start of the last normal menstrual period are considered to have occurred at 40 weeks of gestation).

after the start of the last normal menstrual period are considered to have occurred at 40 weeks of gestation).

Gestational age is often a source of confusion when calculations are based on menstrual dates. For the purposes of calculating gestational age from the first day of the last normal menstrual period and the date of delivery, it should be noted that the first day is day zero (0) and not day one (1); therefore, days 0 to 6 correspond to "week zero," days 7 to 12 correspond to "week one," and so on. zero (0) and not day one (1); therefore, days 0 to 6 correspond to "week zero complete," days 7 to 13 to "week one complete," and the 40th week of gestation is synonymous with "week 39 complete." When the date of the last normal menstrual period is not available, gestational age should be based on the best clinical estimate. To avoid confusion, tabulations should indicate both weeks and days. ^{85.}

Death in Service

It is death that occurs at any time and in any place in a hospital, center, clinic, or other health facility, regardless of the time elapsed between arrival and death. If death occurs while in transit to a health facility in an ambulance, it will also be considered "in service." Only if 48 hours of hospitalization have elapsed will it be considered institutional death.

Definitions related to fetal, perinatal, neonatal, and infant mortality

Live birth

This is the complete expulsion or extraction from the mother's body, regardless of the duration of pregnancy, of a product of conception that, after such separation, breathes or gives any other sign of life, whether or not the umbilical cord has been cut and whether or not the placenta has been delivered.

Perinatal period

The perinatal period begins at 22 full weeks (154 days) of gestation (the time when birth weight is normally 500 g) and ends seven full days after birth.

Neonatal Period

The neonatal period begins at birth and ends 28 full days after birth. **Neonatal deaths** (deaths among live births during the first 28 full days of life) can be subdivided into *early neonatal deaths*, which occur during the first seven days of life, and *late neonatal deaths*, which occur after the seventh day but before 28 full days of life.

Fetal death (stillbirth)

Fetal death is the death of a product of conception before its expulsion or complete removal from the mother's body, regardless of the duration of pregnancy; death is indicated by the fact that after separation, the fetus does not breathe or show any other signs of life, such as heartbeat, umbilical cord pulsation, or effective movements of the voluntary contraction muscles.

Reason for fetal deaths

$$\frac{\text{Fetal deaths}}{\text{Live births}} \times 1000$$

Fetal mortality rate

$$\frac{\text{Fetal deaths}}{\text{Total births}} \times 1000$$

Fetal mortality rate, specific by weight

$$\frac{\text{Fetal deaths weighing 1000 g and above}}{\text{Total births weighing 1000 g and above}} \times 1000$$

Early neonatal mortality rate

$$\frac{\text{Early neonatal deaths}}{\text{Live births}} \times 1000$$

Early neonatal mortality rate, specific by weight

$$\frac{\text{Early neonatal deaths among children with birth weights of 1000 g and above}}{\text{Live births weighing 1000 g and above}} \times 1000$$

Perinatal mortality ratio

$$\frac{\text{Fetal deaths and early neonatal deaths}}{\text{Live births}} \times 1000$$

Perinatal mortality rate

$$\frac{\text{Fetal and early neonatal deaths Total}}{\text{births}} \times 1000$$

The perinatal mortality rate is the number of stillbirths weighing at least 500 g (or, when birth weight cannot be obtained, at 22 completed weeks of gestation or a length of 25 cm or more from crown to heel) plus the number of early neonatal deaths, per 1,000 total births. Due to the different numerators for each component, the resulting rate is not necessarily equal to the sum of the fetal mortality and early neonatal mortality rates.

Perinatal mortality rate, specific by weight

$$\frac{\text{Fetal deaths weighing 1000 g and above + early neonatal deaths with a birth weight of 1000 g and above}}{\text{Total births weighing 1000 g and above}} \times 1000$$

Neonatal mortality rate

$$\frac{\text{Neonatal deaths}}{\text{Live births}} \times 1000$$

Neonatal mortality rate, specific by weight

$$\frac{\text{Neonatal deaths of children with birth weight of 1000 g and above}}{\text{Live births weighing 1000 g and above}} \times 1000$$

Infant mortality rate

Deaths of children under one
----- × 1000
year of age Live births

Infant mortality rate, specific by weight

Deaths of
children under one year of age, birth weight 1000 g and above
----- × 1000
Live births weighing 1000 g and above

Annex II - Legislation

Civil Code. Book One, Title I on Individuals, Chapter I on the Beginning and End of Personality.

Article 1.- (Beginning of Personality)

- I. Birth marks the beginning of personality.
- II. The unborn child is considered born for all purposes that may benefit him or her, and to be considered a person, it is sufficient to be born alive.
- III. Live birth is presumed, unless proven otherwise, regardless of whether it occurs naturally or through surgical procedures.

Civil Registry Law. Chapter Four, Births.

Art. 30°.- (Amended by Art. 1 of Law No. 2616, Law of December 18, 2003)

Every child shall be registered in the Civil Registry until the age of twelve.

This registration must be done in person by the biological parents and with the presentation of a live birth certificate issued by public or private medical centers or, failing that, by administrative or ecclesiastical authorities.

In the event that the biological parents are undocumented, their identification and the newborn's filiation shall be accredited by means of a declaration by witnesses who must have personal knowledge of both facts and must be of legal age.

The registration of children of unknown parents is subject to the provisions of Article 98 and Transitional Provision One of the Children and Adolescents Code, as amended by this Law. The registration of adolescents or adults without age limits shall be subject to administrative procedures in the manner established.

Civil Registry Law. Chapter Six, Deaths.

Article 61.- (In accordance with Article 1523 of the Civil Code) No corpse may be buried without first registering the death in the civil registry of the district where it occurred or where the corpse is located, without the municipality of the same district or its agents issuing a burial license, and without 24 hours having elapsed since the medical certificate was issued, if the death occurs in the capital of a department, province, or municipal or judicial district where there are authorized physicians.

Art. 63: "It is the duty of the physician who attended the deceased during their final illness, or failing that, the physician of the city or town, to examine the condition of the body and only when there are clear signs of decomposition shall they issue a certificate stating the name and surname and any other information they have about the condition, profession, address, and family of the deceased; the time and date of death, if known, or otherwise, he deems probable; the type of illness that caused the death and any signs of decomposition that already exist.

Supreme Regulatory Decree of the Civil Registry. Title IV, Civil Status Records of Persons. Chapter III. Death Registry.

Article 48.- The Civil Registry Officer shall make the registration in view of the Medical certificate attesting to the death.

In places where there is no medical professional, the Civil Registry Officer shall verify the death before registering the certificate.

When a body is found and it is impossible to identify it, the death certificate shall be registered by court order and, where there is no judge, by authorization of the administrative, military, or ecclesiastical authority.

Article 49.- No burials or cremations shall be carried out without the prior presentation of the death certificate.

Article 50.- When death occurs due to violent causes, accident, or suspicion of crime, or when a person is buried without establishing the causes of death, the medical examiner shall certify the fact after an autopsy or necropsy, without which the registration shall not proceed.

Code of Medical Ethics and Deontology. Chapter II, Duties of the Physician.

Art. 7 Regulatory and ethical obligations for the practice of medicine.

Physicians must comply with the regulations of the Bolivian Medical Association, its Code of Ethics and Professional Conduct, and the recommendations of the World Medical Association and the Latin American Medical Confederation when participating in the following professional activities:

1. Promotion, protection, recovery, and rehabilitation of health.
2. Biomedical research in general.
3. Therapeutic research in humans.
4. Application of technologies for diagnostic and therapeutic purposes.
5. Organization and operation of centers for the use of organs, tissues, and blood products or their production.
6. Contraception.
7. Assisted human reproduction.

8. Abortion.
9. Issuance of certificates for:
 - Birth
 - Illness
 - Disability
 - Medical-legal
 - Death
10. Sterilization.
11. Verification of death.
12. In all matters related to current provisions that require specific pronouncement, or in the recommendations of the Assemblies of the World Medical Association and the Latin American Medical Association.
13. Medical education.

Code of Medical Ethics and Deontology. Chapter XVII, Medical Documents, Clinical Records.

Art. 133 (Provision of Copies)

In the institutional sphere, the employing institution is responsible for providing copies of the clinical record, in accordance with Ministerial Resolution No. 028/97.

Code of Medical Ethics and Deontology. Chapter XVIII, Medical Certifications.

Art. 151 (Prohibitions)

It is prohibited for physicians in their private or institutional practice to:

- a) Prescribing or certifying in an illegible manner, as well as signing blank prescriptions, certificates, or any other medical document.
- b) Certifying without having performed any medical act or certifying something that is not true.
- c) Certifying in order to harm people or obtain undue benefit for the patient, for oneself, or for third parties.
- d) Refusing to issue lawful medical certification.
- e) Using institutional forms for private certifications.

Art. 152 (Birth Certification)

The physician must issue the birth certificate in accordance with the provisions of the law.

Code of Medical Ethics and Deontology. Chapter XVIII, Medical Certifications, Death Certification.

Art. 153 (Mandatory)

The physician is required to issue the death certificate when the patient dies from the illness for which he or she was being treated.

Art. 154 (Term of Obligation)

The doctor is obliged to issue the certificate up to seven days after discharging the patient whose illness he considered to have been overcome, provided that the deceased had not been treated by another doctor at the time of death, in which case the death certificate shall be issued by the latter.

Art. 155 (In cases of doubt)

If the physician considers that there are reasonable doubts about the cause of death of a person, even within the provisions of the previous article, he or she must request an autopsy.

Art. 156 (In rural areas)

In rural areas, if there has been no prior medical care and there is no possibility of an autopsy, the doctor must reconstruct the medical history and issue a medical death certificate, recording the fact.

Art. 157 (Form)

The only form recognized for medical certification of death is that determined by the Ministry of Health.

Penal Code. Title IV, Crimes Against Public Faith, Chapter III, Forgery of Documents in General.

Article 198. (Material Falsification). Anyone who forges, in whole or in part, a public document or alters a genuine one in such a way that it may cause harm shall be punished with imprisonment for one to six years.

Article 201. (Ideological Falsification in Medical Certificates). Any physician who issues a false certificate regarding the existence or non-existence of any illness or injury shall be punished with imprisonment for one month to one year and a fine of thirty to one hundred days.

If the false certificate results in a healthy person being admitted to an asylum or nursing home, the physician shall be punished with imprisonment for six months to two years and a fine of thirty to one hundred days.

Ministerial Resolution No. 291 of May 7, 2002.

It is hereby resolved: To approve the implementation of the **SINGLE DEATH CERTIFICATE**, which shall enter into force on the date specified and shall be the only valid instrument to be used for this purpose.

Ministerial Resolution No. 1321 of December 28, 2009.

ARTICLE ONE To establish the validity of the following instruments for data collection, systematization, and consolidation appropriate for the 2010-2012 period of the National Health Information System (SNIS): **DATA**

COLLECTION INSTRUMENTS:

- Clinical History, RA-SALUD INE 101
- Perinatal Medical Record
- Mother's Health Card
- Child Health Card
- Single Medical Death Certificate CEMEUD, RA-SALUD INE 102
- Perinatal Death Medical Certificate CEMEDEP, RA-SALUD INE 104

ARTICLE THREE.- To provide for the application of Computer Systems: SNIS version 2010, Perinatal Information System "SIP," Clinical Care Registration System "SIRAC," Basic Information Module 2010 "MIB," SIGEPI/Health Mapper, Management and Biosafety System (EVA-RES), Epidemiological Data Consolidation System (ETI-IRAG, Dengue, Yellow Fever, Leishmaniasis, Hanta Virus, Rabies, Snake Bites, Chagas) Computer System for: Tuberculosis, Malaria, HIV-AIDS, Nutrition, Cancer, Traditional Medicine, and Mortality.

ARTICLE FOUR.- Establish strict compliance by all entities that make up the National Health System with the development of the Information Cycle, including the collection, systematization, consolidation, processing, use, and analysis of information with an intercultural and gender approach, the application of which will strengthen the Information Analysis Committee, where the information is generated, in order to promote its use.

Annex III – Examples

Example 1.– Patient referred from a rural area, 5 days old, with a history of home birth, artisanal cord ligation, arrives in poor general condition, jaundiced, dehydrated, with pustular and phlyctenular skin lesions.

with purulent discharge, irritable, feverish, erythema and periumbilical inflammation, presenting upon arrival, a convulsive seizure with subsequent deterioration of respiratory effort, instability of vital signs, receives ventilatory assistance, parenteral support and inotropic support, antibiotic therapy, correction of metabolic disorders, despite this, dies within two hours without responding to CPR (Cardiopulmonary Resuscitation).

10. CAUSAS DE DEFUNCIÓN		NO ESCRIBA OBITO FETAL NI PARO CARDIORESPIRATORIO UN SOLO DIAGNÓSTICO POR FILA Y NO USE ABREVIATURAS NI SIGLAS		11. CODIGOS CIE-10 Llenado solo por Estadística	
PARTE I. CONDICIÓN PERINATAL QUE CAUSÓ LA MUERTE:					
Causa Fetal/Neonatal Básica					
Enfermedad o afección principal del feto o recién nacido que le produjo la muerte.	a)	SÉPIS NEONATAL			
Otras enfermedades o afecciones del feto o recién nacido					
Estados morbosos no relacionados directamente con la causa básica, pero que contribuyeron con la muerte.	b)				
Código Fetal/Neonatal Principal					
PARTE II. CONDICIÓN MATERNA QUE CAUSÓ LA DEFUNCIÓN PERINATAL					
Causa Básica de Origen Materno					
Enfermedad o afección principal de la madre que produjo la muerte del feto o recién nacido	c)				
Otras enfermedades o afecciones de la madre					
Estados morbosos no relacionados directamente con la causa básica, pero que contribuyeron con la muerte.	d)				
Código Materno Principal					
PARTE III. OTRAS CIRCUNSTANCIAS PERTINENTES					
Otra circunstancia que no puede ser descrita como una enfermedad o afección del recién nacido o de la madre.	e)	PARTO DOMICILIARIO SIN ATENCIÓN MÉDICA			

Example 2.– A 25-year-old mother, 26 weeks into her first pregnancy, suffers abuse from her partner and goes to the hospital due to premature vaginal delivery, resulting in an extremely premature baby weighing 750g, 30 cm in length, with an APGAR score of 5/7/8, requiring CPR (cardiopulmonary resuscitation). The infant is immediately admitted to the NICU (Neonatal Intensive Care Unit), where he receives mechanical ventilation due to significant respiratory distress, as well as early exogenous surfactant. The ventilator settings are increased to try to achieve an oxygen saturation greater than 88%. The patient's condition deteriorates, presenting bleeding from puncture sites, TET, SOG, and severe decompensated mixed acidosis that does not respond to corrective therapy, with an Hb of 5g%. He does not respond to treatment and dies 48 hours after birth due to the development of hyaline membrane syndrome.

This certificate should be completed by forensic medicine, but it can be registered under e) "by reference."

Examples 3 and 4.- A 26-year-old woman is admitted at 4:00 a.m. to a tertiary hospital referred from a rural facility, on August 11, 2011, with a history of: premature rupture of membranes 24 hours prior to her referral, full-term pregnancy (37 weeks by LMP and ultrasound), 2 previous cesarean sections (G:2, P:0, C:2), with signs of diaphoresis (temperature 38.5°). The urgency of the surgical procedure is communicated to family members, who refuse. Laboratory blood count shows leukopenia (4,800). After 8 hours, the patient went into shock and the fetal heartbeat was no longer audible; emergency surgery was performed (family members finally gave their consent), and she died during the operation due to hemorrhage with uterine atony, the product with meconium staining, and 50% placental detachment.

CEMED Mother:

[illegible]

B. CAUSAS DE LA DEFUNCIÓN FETAL O NEONATAL PRECOZ		11. CODIGOS CIE-10	
10. CAUSAS DE DEFUNCIÓN		Llenado solo por Estadística	
<p align="center">NO ESCRIBA OBITO FETAL NI PARO CARDIORESPIRATORIO UN SOLO DIAGNÓSTICO POR FILA Y NO USE ABREVIATURAS NI SIGLAS</p>			
PARTE I. CONDICIÓN PERINATAL QUE CAUSÓ LA MUERTE:			
Causa Fetal/Neonatal Básica			
Enfermedad o afección principal del feto o recién nacido que le produjo la muerte.	a) ASFIXIA INTRAUTERINA		
Otras enfermedades o afecciones del feto o recién nacido			
Estados morbosos no relacionados directamente con la causa básica, pero que contribuyeron con la muerte.	b) _____		

	Código Fetal/Neonatal Principal		
PARTE II. CONDICIÓN MATERNA QUE CAUSÓ LA DEFUNCIÓN PERINATAL			
Causa Básica de Origen Materno			
Enfermedad o afección principal de la madre que produjo la muerte del feto o recién nacido	c) DESPRENDIMIENTO PREMATURO DE PLACENTA		
Otras enfermedades o afecciones de la madre	d) _____		
Estados morbosos no relacionados directamente con la causa básica, pero que contribuyeron con la muerte.			

	Código Materno Principal		
PARTE III. OTRAS CIRCUNSTANCIAS PERTINENTES			
Otra circunstancia, que no puede ser descrita como una enfermedad o afección del recién nacido o de la madre.	e) NEGATIVA DE CESÁREA POR FAMILIARES		

[illegible]

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13. CAUSAS DE DEFUNCION						NO ESCRIBA PARO CARDIORESPIRATORIO NI FALLA ORGANICA MULTIPLE UN SOLO DIAGNOSTICO POR FILA Y NO USE ABREVIATURAS NI SIGLAS		14. Intervalo entre el inicio de la enfermedad y la muerte		15. CODIGOS CIE-10 Llenado solo por Estadística			
Parte I. Causa Directa													
Enfermedad o condición Patológica que produjo la muerte directamente		a)	EMBOLISMO PULMONAR MASIVO Debido a o como consecuencia de _____				3 días						
Causas Antecedentes Estados morbosos que produjeron la causa arriba mencionada		b)	EMBOLISMO GRASO Debido a o como consecuencia de _____				5 días						
Causa Antecedente Originaria (Básica) Es la que produjo o desencadenó la muerte y es la última en registrarse (puede ser en a, b, c o d).		c)	FRACTURA MULTIFRAGMENTARIA DE FÉMUR DERECHO Debido a o como consecuencia de _____				5 días						
		d)	HECHO DE TRÁNSITO _____				5 días						
Parte II. Causas Contribuyentes													
Otros estados patológicos significativos que contribuyeron a la muerte pero no relacionados con la causa directa													

Codigo Causa Básica													
16. PROBABLE MANERA, MECANISMO Y LUGAR DEL HECHO (A ser llenado en caso de Muerte Violenta o Dudosa)													
a) Manera:		Accidente	<input checked="" type="checkbox"/>	Suicidio	<input type="checkbox"/>	Homicidio	<input type="checkbox"/>	Natural	<input type="checkbox"/>	Súbita	<input type="checkbox"/>	Indeterminada	<input type="checkbox"/>
b) Mecanismo:		(Relacionado con las circunstancias de cómo se produjo la muerte)											
		Accidente de Transporte	<input checked="" type="checkbox"/>	Caida (Precipitación)	<input type="checkbox"/>	Golpe	<input type="checkbox"/>	Ataque de Animal	<input type="checkbox"/>	Asfixias	<input type="checkbox"/>		
		Electrocución	<input type="checkbox"/>	Quemaduras	<input type="checkbox"/>	Intoxicación	<input type="checkbox"/>	Desastre Natural	<input type="checkbox"/>	Arma Blanca	<input type="checkbox"/>		
		Proyectil de Arma de Fuego	<input type="checkbox"/>	Otros	<input type="checkbox"/>	No puede determinarse	<input type="checkbox"/>						
c) Lugar		Domicilio	<input type="checkbox"/>	Vía Pública	<input checked="" type="checkbox"/>	Trabajo	<input type="checkbox"/>	Institución	<input type="checkbox"/>	Otros	<input type="checkbox"/>	No puede determinarse	<input type="checkbox"/>
Especificar Probable Hecho:		PASAJERO EN EMBARRANCAMIENTO DE BUS											

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[illegible]

13. CAUSAS DE DEFUNCIÓN		14. Intervalo entre el inicio de la enfermedad y la muerte		15. CODIGOS CIE-10 Llenado solo por Estadística			
Parte I.							
Causa Directa							
Enfermedad o condición Patológica que produjo la muerte directamente	a) <u>CHOQUE SÉPTICO</u> <small>Debido a e como consecuencia de _____</small>	2 días					
Causas Antecedentes Estados morbosos que produjeron la causa arriba mencionada	b) <u>PERITONITIS</u> <small>Debido a e como consecuencia de _____</small>	2 días					
Causa Antecedente Originaria (Básica) Es la que produjo o desencadenó la muerte y es la última en registrarse (puede ser en a, b, c o d).	c) <u>COLANGITIS AGUDA</u> <small>Debido a e como consecuencia de _____</small>	6 días					
	d) _____						
Parte II. Causas Contribuyentes		<u>CÁNCER CERVICO UTERINO</u>		2 años			
Otros estados patológicos significativos que contribuyeron a la muerte pero no relacionados con la causa directa	_____						

		Código Causa Básica					

Example 12: A 59-year-old woman dies from aspiration pneumonia a few hours after suffering a cerebellar hemorrhage. Three years earlier, she had been diagnosed with an adrenal adenoma with aldosteronism, which manifested as hypertension. She also had congestive heart failure that had been developing for two years.

[illegible]

Example 13: A 28-year-old woman with a full-term pregnancy who was diagnosed with occlusive placenta previa in the fifth month. She was admitted with profuse vaginal bleeding for 6 hours and died of hypovolemic shock after 4 hours.

[illegible]

[illegible][illegible]

[illegible]

The time since she was diagnosed as HIV seropositive is noted in the interval.

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