Without complete testing, we will never have definitive numbers on how many died from COVID-19. Death certificates do not always capture truth, the underlying cause of death (UCOD), but they always capture the best story for connecting the dots. While the media points out that our statistics may be under-reported and therefore COVID’s toll is even higher, connecting the dots may also lead to over-reporting. From the CDC’s National Vital Statistics System Guidance.

Whether this reflects an over or undercount is unclear, you are welcome to your opinion. But it makes all the subsequent analysis just a little more imprecise and should make us not quite so definitive in our conclusions.
Scenario III: An 86-year-old female with an unconfirmed case of COVID-19

An 86-year-old female passed away at home. Her husband reported that she was nonambulatory after suffering an ischemic stroke 3 years ago. He stated that 5 days prior, she developed a high fever and severe cough after being exposed to an ill family member who subsequentially was diagnosed with COVID-19. Despite his urging, she refused to go to the hospital, even when her breathing became more labored and temperature escalated. She was unresponsive that morning and her husband phoned emergency medical services (EMS). Upon EMS arrival, the patient was pulseless and apneic. Her husband stated that he and his wife had advanced directives and that she was not to be resuscitated. After consulting with medical command, she was pronounced dead and the coroner was notified.

Comment: Although no testing was done, the coroner determined that the likely UCOD was COVID-19 given the patient’s symptoms and exposure to an infected individual. Therefore, COVID-19 was reported on the lowest line used in Part I. Her ischemic stroke was considered a factor that contributed to her death but was not a part of the direct causal sequence in Part I, so it was reported in Part II.

<table>
<thead>
<tr>
<th>CAUSE OF DEATH (See instructions and examples)</th>
<th>Approximate Interval</th>
<th>Onset to death</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMEDIATE CAUSE (Final disease or condition resulting in death)</td>
<td>Acute respiratory illness</td>
<td>Due to (or as a consequence of)</td>
</tr>
<tr>
<td>b. Probable COVID-19</td>
<td>Due to (or as a consequence of)</td>
<td>5 days</td>
</tr>
<tr>
<td>Sequentially listed conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)</td>
<td>c.</td>
<td>Due to (or as a consequence of)</td>
</tr>
<tr>
<td>Ischemic stroke</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in PART I

95. DID TOBACCO USE CONTRIBUTE TO DEATH?  
☐ Yes ☐ No
☐ Yes ☐ Probably
☐ No ☐ Unknown

96. IF FEMALE:  
☐ Not pregnant within past year
☐ Pregnant at time of death
☐ Not pregnant, but pregnant within 12 days of death
☐ Not pregnant, but pregnant 30 days to 1 year before death
☐ Unknown if pregnant within the past year

97. MANNER OF DEATH:  
☐ Natural  ☐ Homicide
☐ Accident  ☐ Pending Investigation
☐ Suicide  ☐ Could not be determined