

CERTIFICATE OF DEATH

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any)					2. Sex	3. Date of Death (Month/Day/Year)	
	4. Social Security Number	5a. Age (Years)	5b. Under 1 Year Months	5c. Under 1 day Days	5c. Under 1 day Hours	5c. Under 1 day Minutes	6. Date of Birth(Mo/Day/Year)	7. Birthplace(City and State or Foreign Country)
	8a. Residence State			8b. County		8c. City or Town		
	8d. Street Address and Zip Code						9. Ever in US Armed Forces?	
	10. Marital Status at Time of Death				11. Surviving Spouse's Name (If wife, give name prior to first marriage)			
	12. Decedent's Education				13. Decedent of Hispanic Origin	14. Decedent's Race	14b. Decedent's Occupation	
	15. Father's Name				16. Mother's Name (prior to first marriage)			
	17a. Informant's Name				17b. Relationship to Decedent	17c. Mailing Address (Street and Number, City, State, Zip Code)		
	18a. Place of Death							
	18b. Facility Name (If not Institution, give street & number)				18c. City or Town, State and Zip Code			18d. County of Death
DISPOSITION	19. Funeral Service Licensee or Other Agent				20. License Number (of licensee)		21. Name and Complete Address of Funeral Facility	
	22. Method and Place of Disposition							
	23. Local Registrar				24. Date Filed (Month/Day/Year)			
CERTIFIER	26a. Certifier <input type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner stated. (Check only one) <input type="checkbox"/> Coroner or Medical Examiner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place; and due to the cause(s) and manner stated.							
	26b. Time of Death			26c. Date Pronounced Dead (Month/Day/Year)			26d. Was Case Referred to Medical Examiner or Coroner?	
	26e. Certifier Name and Title				26f. License number		26g. Date Signed (Month/Day/Year)	
	27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death							
CAUSE OF DEATH	28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.						Approximate Interval: Onset and Death	
	Immediate Cause (Final disease or condition resulting in death)	a.						
	Sequentially list conditions, if any, leading to immediate cause.	b. Due to (or as Consequence of)						
		c. Due to (or as Consequence of)						
	Enter Underlying Cause (Disease or injury that initiated events resulting in a death)	d. Due to (or as Consequence of)						
		Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						29a. Was An Autopsy Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No
	30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Probably				31. If Female, Pregnancy Status <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		32. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
	33a. Date of Injury (Mo/Day/Year)		33b. Time of Injury		33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)			33d. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)								
33f. Describe How Injury Occurred:						33g. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other:		