

## CERTIFICATE OF DEATH

State File Number \_\_\_\_\_

To be completed by FUNERAL DIRECTOR

AUGUST 2015

To be completed by MEDICAL CERTIFIER

NAME OF DECEASED

1. Decedent's Legal Name (First, Middle, Last, Suffix)				2. Sex		3. Social Security Number		4. Date of Death (Mo/Day/Yr) (Spell Mo)	
5a. Age-Last Birthday (Yr)		5b. Under 1 Year Months Days		5c. Under 1 Day Hours Minutes		6. Date of Birth (Mo/Day/Year) (Spell Month)		7a. Birthplace (City and State or Foreign Country)	
8a. Residence (State or Foreign Country)		8b. Residence (Street and Number - Include Apt No.)				8c. Did Decedent Live in a Township? <input type="checkbox"/> Yes, decedent lived in _____ <input type="checkbox"/> No, decedent lived within limits of _____ city/town			
9. Ever in US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. Marital Status at Time of Death <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		11. Surviving Spouse's Name (If wife, give name prior to first marriage)					
12. Father/Parent's Name (First, Middle, Last, Suffix)				13. Mother/Parent's Name Prior to First Marriage (First, Middle, Last, Suffix)					
14a. Informant's Name				14b. Relationship to Decedent		14c. Informant's Mailing Address (Street and Number, City, State, Zip Code)			
15. Place of Death (Check one) <input type="checkbox"/> Death Occurred in a Hospital <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home 15b. Facility Name (If not institution, give street and number)									
16a. Method of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				16b. Date of Disposition		16c. Place of Disposition (Name of cemetery, crematory, or other place)		15d. County of Death	
16d. Location of Disposition (City or Town, State, and Zip)				17a. Signature of Funeral Service Licensee or Person in Charge of Internment				17b. License Number	
17c. Name and Complete Address of Funeral Facility									
18. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8th grade or less <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MSc, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.M., JD)									
19. Decedent - Hispanic Origin - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____									
20. Decedent's Race - Check ONE OR MORE boxes to indicate what the decedent considered himself or herself to be. <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander									
21. Decedent's Single Race Self-Denomination - Check ONLY ONE box to indicate what the decedent considered himself or herself to be. <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Don't Know/Not Sure <input type="checkbox"/> Refused <input type="checkbox"/> Other (Specify) _____									
22a. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED. 22b. Kind of Business/Industry									
23a. Date Pronounced Dead (Mo/Day/Yr) <input type="checkbox"/> 23b. Signature of Person Pronouncing Death (Only when applicable) <input type="checkbox"/> 23c. License Number									
23d. Date Signed (Mo/Day/Yr) <input type="checkbox"/> 24. Time of Death <input type="checkbox"/> 25. Was Medical Examiner or Coroner Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>CAUSE OF DEATH</b> 26. Part I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition, resulting in death) a. _____ Due to (or as a consequence of): _____ b. _____ Due to (or as a consequence of): _____ c. _____ Due to (or as a consequence of): _____ d. _____ Due to (or as a consequence of): _____ 26. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.									
27. Was an autopsy performed? <input type="checkbox"/> Yes <input type="checkbox"/> No 28. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No									
29. If Female: <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									
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown									
31. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined									
32. Date of Injury (Mo/Day/Yr) (Spell Month) <input type="checkbox"/> 33. Time of Injury									
34. Place of Injury (e.g., home, construction site, farm, school) <input type="checkbox"/> 35. Location of Injury (Street and Number, City, County, State, Zip Code)									
36. Injury at Work <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 37. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)									
38. Describe How Injury Occurred:									
39a. Certifier - physician, certified nurse practitioner, medical examiner/coroner (Check only one): <input type="checkbox"/> Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - 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. Signature of certifier: _____ Title of certifier: _____ License Number: _____									
39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 26) <input type="checkbox"/> 39c. Date Signed (Mo/Day/Yr)									
40. Registrar's District Number <input type="checkbox"/> 41. Registrar's Signature <input type="checkbox"/> 42. Registrar File Date (Mo/Day/Yr)									
43. Amendments									

# The Death Certificate

**Thea Zelman Hambright**



## The Death Certificate:

**Celebrity Death Certificates** M.F. Steen, 2024-03-07 Marilyn Monroe died at 36 Her death certificate lists Acute Barbiturate Poisoning Ingestion of Overdose as the cause Just below that line you can see that the person who issued her death certificate typed Probable Suicide Many people question whether her death was a suicide an accident or possibly a homicide A death certificate is an intriguing document It encapsulates a person s life story on one page the birthplace parents education length of career residence time place and cause of death and finally what happened to the remains The information required for a death certificate can vary since each state looks at it differently California regards them as public documents Texas and New York makes them available only to family members and others showing a direct need Satisfying curiosity is not considered a need John Belushi John Denver George Harrison Truman Capote Fred and Ginger and Frank Sinatra are just a few of the 182 Hollywood notables from the Silent Era to today whose intriguing death certificates are collected here fascinating Comparability of Age on the Death Certificate and Matching Census Record, United States, May-August 1960 Thea Zelman Hambright, 1968 **Comparability of the Death Certificate and the 1986 National Mortality Followback Survey**, 1993 Death Certificate, 2000 Obtaining State Death Certificates, 2002 **The Acts Relating to the Registration of Births, Deaths, & Marriages** Great Britain, James Thomas Hammick, 1875 *The Lancet*, 1893 **Annual Report of the Secretary of State on the Registration of Births and Deaths, Marriages and Divorces in Michigan ...** Michigan. Department of State, 1895 Annual Report Relating to the Registry and Return of Births, Marriages and Deaths in Michigan Michigan. Department of State, 1897 **Occidental Medical Times, Combining the Pacific Record of Medicine and Surgery and the Occidental Medical Times** Occidental Medical Times, 1900

**How to Get the Most Out of Death Certificates** Carolyn Earle Billingsley, Desmond Walls Allen, 1991 *Encyclopaedia of the Laws of England being a New Abridgment by the most Eminent Legal Authorities* Alexander Wood Renton, 1897 *Minnesota Statutes* Minnesota, 1986 **Public Bills** Great Britain. Parliament. House of Lords, 1872

**British Medical Journal**, 1894 *Medical Era*, 1891 *New York Court of Appeals. Records and Briefs*. New York (State). Court of Appeals., 1933 Volume contains 240 AD 927 Des Jardins v Morgenthau 240 AD 923 Dilg v Pyrene Mfg Co et al 240 AD 790 Eisenberg v Erie Railroad Company 239 AD 231 Emerick v Dale s Motor Truck Service et al 240 AD 922 Fahy v Rogowitz et al 239 AD 246 In re Faiher s will Snow v McDonald 240 AD 796 Ferdinand v Kenmore Fuels Inc et al 240 AD 799 Howells v Johnson et al 240 AD 797 Gavriluk v Rosenwach et al Documents of the Assembly of the State of New York New York (State). Legislature. Assembly, 1883 *Epidemiology of Occupational Health* Martti Juhani Karvonen, M. I. Mikheev, 1986 The present manual tries to respond to the specific needs of occupational health epidemiology Rather than a comprehensive review of the subject the book presents a series of articles The first four chapters deal with general principles and definitions in occupational epidemiology and describe the work related hazards and diseases Chapter 5 6 and

7 deal with information collection and the use of data in the assessment of health risks and in descriptive epidemiology. General methods for epidemiological studies are discussed. The following chapters address specific aspects such as the study of combined effects, the statistical analysis of epidemiological data, the validity aspects of epidemiological studies, including consideration of the problems of false positive and false negative results, and the basis for causality judgment, or the particular interest of experimental epidemiology in occupational health. Chapters cover two special issues of importance to workers' health, namely occupational stress and the epidemiology of accidents. Parliamentary Papers Great Britain. Parliament. House of Commons, 1897.

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