

1. Decedent's Legal Name (First, Middle, Last, Suffix)				2. Sex	3. Social Security Number	4. Date of Death (Mo/Day/Yr) (Specify Month)
5a. Age/Last Birthday (Yr)		5b. Under 2 Years		5c. Under 2 Days	5d. Date of Birth (Mo/Day/Year) (Specify Month)	5e. Birthplace (City and State or Foreign Country)
5b. Months		5b. Days		5c. Hours	5d. Minutes	5e. Birthplace (Country)
5a. Residence (State or Foreign Country)		5b. Residence (Street and Number) - Include Apt No. 2				5c. Did Decedent live in a Township? <input type="checkbox"/> Yes, decedent lived in _____ Township
5d. Residence (Country)		5e. Residence (Zip Code)				5f. No, decedent lived within limits of _____ city/town
5g. Ever in US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		5h. Marital Status at Time of Death <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		5i. Surviving Spouse's Name (If wife, give name prior to first marriage)		
5j. Father's/Mother's Name (First, Middle, Last, Suffix)		5k. Mother's/Father's Name (Prior to First Marriage (First, Middle, Last, Suffix)				5l. Mother's/Father's Name (First, Middle, Last, Suffix)
5m. Informant's Name		5n. Relationship to Decedent		5o. Informant's Mailing Address (Street and Number, City, State, Zip Code)		
5p. Death Occurred in a Hospital <input type="checkbox"/> Yes <input type="checkbox"/> No		5q. Death Occurred Somewhere Other Than a Hospital <input type="checkbox"/> Yes <input type="checkbox"/> No		5r. Hospital Facility <input type="checkbox"/> Hospital Facility <input type="checkbox"/> Decedent's Home		
5s. Facility Name (If not institution, give street and number)		5t. City or Town, State, and Zip Code				5u. County of Death
5v. Method of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		5w. Date of Disposition				5x. Place of Disposition (Name of cemetery, crematory, or other place)
5y. Location of Disposition (City or Town, State, and Zip)		5z. Signature of Funeral Service Licensee or Person in Charge of Interment				5aa. License Number
5b. Name and Complete Address of Funeral Facility						
5c. 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"/> No diploma, 9th - 12th grade <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, BA, BS) <input type="checkbox"/> Bachelor's degree (e.g. MA, MS, MEng, MEd, MSAc, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD), or professional degree (e.g. MD, DDS, DVM, LUB, RD)						
5d. Decedent's Single Race Self-Identification - Check ONLY ONE to indicate what the decedent considered himself or herself to be <input type="checkbox"/> White <input type="checkbox"/> Asian <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"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Samoan <input type="checkbox"/> American <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Didn't Know/Not Sure <input type="checkbox"/> Refused <input type="checkbox"/> Other (Specify)						
5e. 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"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Samoan <input type="checkbox"/> American <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"/> Guamaman or Chamorro <input type="checkbox"/> American <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Other (Specify)						
5f. Decedent's Unusual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED.						
5g. Kind of Business/Industry						
ITEMS 23a - 24 MUST BE COMPLETED BY PERSON WHO PRONOUNCES (OR CERTIFIES) DEATH		23a. Date Pronounced Dead (Mo/Day/Yr)		23b. Signature of Person Pronouncing Death (Only when applicable)		23c. License Number
23d. Date Signed (Mo/Day/Yr)		24. Time of Death		25. Was Medical Examiner or Coroner Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		26. Approximate Interval from Death
26. Part I. Enter the chain of events - illnesses, 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 item at time. Add additional lines if necessary.						
27. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						
28. If Female:		29. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		30. 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		27. Were any laboratory performed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<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		31. Date of Injury (Mo/Day/Yr) (Specify Month)		32. Time of Injury		28. Were any autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No
33. Place of Injury (e.g. home, construction site, farm, school)		34. Location of Injury (Street and Number, City, County, State, Zip Code)				
35. Injury at Work <input type="checkbox"/> Yes <input type="checkbox"/> No		36. Describe How Injury Occurred				
37. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)						
38a. 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.						
38b. Signature of certifier _____ Title of certifier _____ License Number _____						
39a. Name, Address and Zip Code of Person Completing Cause of Death (Item 26)		39c. Date Signed (Mo/Day/Yr)				40. Registrar's Signature
41. Registrar's District Number		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**0 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 on 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.

Immerse yourself in the artistry of words with Crafted by is expressive creation, Immerse Yourself in **The Death Certificate**. This ebook, presented in a PDF format (PDF Size: *), is a masterpiece that goes beyond conventional storytelling. Indulge your senses in prose, poetry, and knowledge. Download now to let the beauty of literature and artistry envelop your mind in a unique and expressive way.

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