

LOCAL FILE NO.

FLORIDA CERTIFICATE OF DEATH

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY: FUNERAL DIRECTOR

1. DECEDENT'S NAME (First, Middle, Last, Suffix) 2. SEX 3. DATE OF BIRTH (Month, Day, Year) 4a. AGE-Last Birthday (Years) 4b. UNDER 1 YEAR Months Days 4c. UNDER 1 DAY Hours Minutes 5. DATE OF DEATH (Month, Day, Year) 6. SOCIAL SECURITY NUMBER 7. BIRTHPLACE (City and State or Foreign Country) 8. COUNTY OF DEATH 9. PLACE OF DEATH HOSPITAL: Inpatient Emergency Room/Outpatient Dead on Arrival (Check only one) NON-HOSPITAL: Hospice Facility Nursing Home/Long Term Care Facility Decedent's Home Other (Specify) 10. FACILITY NAME (If not institution, give street and number) 11a. CITY, TOWN OR LOCATION OF DEATH 11b. ZIP CODE OF DEATH 12a. DECEDENT'S RESIDENCE - STATE 12b. COUNTY 12c. CITY, TOWN, OR LOCATION 12d. STREET AND NUMBER 12e. APT. NO. 12f. ZIP CODE 12g. INSIDE CITY LIMITS? Yes No 13. MARITAL STATUS AT TIME OF DEATH (Specify) Married Married, but Separated Widowed Divorced Never Married 14. SURVIVING SPOUSE'S NAME PRIOR TO FIRST MARRIAGE (If applicable) 15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired" 15b. KIND OF BUSINESS/INDUSTRY 16. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) Not of Hispanic/Haitian Origin Unknown if Hispanic/Haitian Origin Yes, of Hispanic/Haitian Origin (Select one): Mexican Puerto Rican Cuban Other Hispanic (Specify) Haitian 17. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.) White Black or African American American Indian or Alaskan Native (Specify tribe) Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian (Specify) Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Isl. (Specify) Other (Specify) 19a. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No 19b. IF YES, DID A SERVICE-RELATED DISABILITY CONTRIBUTE TO THE VETERAN'S DEATH? Yes No 18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) 8th grade or less 9th-12th grade; no diploma High school graduate or GED completed Some college credit, but no degree Associate degree Bachelor's degree Master's degree Doctorate or Professional degree 20. FATHER'S/PARENT'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) 21. MOTHER'S/PARENT'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) 22a. INFORMANT'S NAME 22b. RELATIONSHIP TO DECEDENT 23a. INFORMANT'S MAILING - STATE 23b. CITY OR TOWN 23c. STREET AND NUMBER 23d. ZIP CODE 24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 25a. LOCATION - STATE 25b. LOCATION - CITY OR TOWN 26. METHOD OF DISPOSITION Burial Cremation Donation Entombment Removal from State Other (Specify) 27a. LICENSE NUMBER (of Licensee) 27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT 28. NAME OF FUNERAL FACILITY 29a. FACILITY'S MAILING - STATE 29b. CITY OR TOWN 29c. STREET AND NUMBER 29d. ZIP CODE 30. CERTIFIER: 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 one) 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. 31a. (Signature and Title of Certifier) PHYSICIAN'S SIGNATURE 31b. DATE CERTIFIED (Mo., Day, Yr.) 32. TIME OF DEATH (24 hr.) 33. MEDICAL EXAMINER'S CASE NUMBER 34a. LICENSE NUMBER (of Certifier) 34b. CERTIFIER'S NAME 35. NAME OF ATTENDING PHYSICIAN (If other than Certifier) 36a. CERTIFIER'S - STATE 36b. CITY OR TOWN 36c. STREET AND NUMBER 36d. ZIP CODE 37. SUBREGISTRAR - Signature and Date 38a. LOCAL REGISTRAR - Signature 38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.)

MEDICAL CERTIFIER

39. MANNER OF DEATH The following are under the jurisdiction of the medical examiner: Natural Accident Suicide Homicide Pending Investigation Could not be determined 40. WAS MEDICAL EXAMINER CONTACTED DUE TO CAUSE OF DEATH? Yes No 41. CAUSE OF DEATH - 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. Approximate Interval: Onset to Death 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. UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death) PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. 42a. WAS AN AUTOPSY PERFORMED? Yes No 42b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No 43a. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY 43b. DATE OF SURGERY (Mo., Day, Yr.) 44. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes No Probably Unknown 45. IF FEMALE: Not pregnant within past year Yes, pregnant within past year (Select one below): Pregnant at time of death Not pregnant at time of death, but pregnant within 42 days of death Not pregnant at time of death, but pregnant 43 days to 1 year before death 46. DATE OF INJURY (Month, Day, Year) 47. TIME OF INJURY (24 hr.) 48. INJURY AT WORK? Yes No 49a. LOCATION OF INJURY - STATE 49b. CITY OR TOWN 49c. STREET AND NUMBER 49d. APT. NO. 49e. ZIP CODE 50. DESCRIBE HOW INJURY OCCURRED 51. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) IF TRANSPORTATION INJURY, 52a. Status of Decedent Driver/Operator Passenger Pedestrian Other (Specify) 52b. Type of Vehicle Car/Minivan S.U.V. Motorcycle Pickup Truck/Cargo Van Bus Heavy Transport Other (Specify)

CAUSE OF DEATH – Background, Examples, and Common Problems

Accurate cause of death information is important to the public health community in evaluating and improving the health of all citizens, and often to the family, now and in the future, and to the person settling the decedent's estate.

The cause-of-death section consists of two parts. **Part I** is for reporting a chain of events leading directly to death, with the **immediate cause** of death (the final disease, injury, or complication directly causing death) on line a and the **underlying cause** of death (the disease or injury that initiated the chain of events that led directly and inevitably to death) on the lowest used line. **Part II** is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in **Part I**. **The cause-of-death information should be YOUR best medical OPINION.** A condition can be listed as "probable" even if it has not been definitively diagnosed.

EXAMPLES OF PROPERLY COMPLETED MEDICAL CERTIFICATIONS OF CAUSE OF DEATH

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| 39. MANNER OF DEATH | The following are under the jurisdiction of the medical examiner: | 40. WAS MEDICAL EXAMINER CONTACTED DUE TO CAUSE OF DEATH? |
| <input checked="" 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 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 41. CAUSE OF DEATH - PART I (See instructions on back) | 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. | Approximate Interval: Onset to Death |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death) | a. Rupture of Myocardium Due to (or as a consequence of): | Minutes |
| | b. Acute Myocardial Infarction Due to (or as a consequence of): | 6 Days |
| | c. Coronary artery thrombosis Due to (or as a consequence of): | 5 Years |
| | d. Atherosclerotic coronary artery disease Due to (or as a consequence of): | 7 Years |
| PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Diabetes, Chronic obstructive pulmonary disease, smoking | | 42a. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 43a. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY | | 42b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 43. DATE OF SURGERY (Mo., Day, Yr.) | | 44. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> 0 <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown |
| 45. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Unknown if pregnant within past year | | Yes, pregnant within past year (Select one below): <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant at time of death, but pregnant within 42 days of death |
| | | Not pregnant at time of death, but pregnant 43 days to 1 year before death |

| | | |
|---|---|--|
| 39. MANNER OF DEATH | The following are under the jurisdiction of the medical examiner: | 40. WAS MEDICAL EXAMINER CONTACTED DUE TO CAUSE OF DEATH? |
| <input type="checkbox"/> Natural | <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 41. CAUSE OF DEATH - PART I (See instructions on back) | 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. | Approximate Interval: Onset to Death |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death) | a. Aspiration pneumonia Due to (or as a consequence of): | 2 Days |
| | b. Complications of coma Due to (or as a consequence of): | 7 Weeks |
| | c. Blunt force injuries Due to (or as a consequence of): | 7 Weeks |
| | d. Motor vehicle accident Due to (or as a consequence of): | 7 Weeks |
| PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. | | 42a. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 43a. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY | | 42b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 43b. DATE OF SURGERY (Mo., Day, Yr.) | | 44. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown |
| 45. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Unknown if pregnant within past year | | Yes, pregnant within past year (Select one below): <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant at time of death, but pregnant within 42 days of death |
| | | Not pregnant at time of death, but pregnant 43 days to 1 year before death |
| 46. DATE OF INJURY (Month, Day, Year) | 47. TIME OF INJURY (24 hr.) | 48. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| August 15, 2003 | Approx. 2320 | 49a. LOCATION OF INJURY - STATE Florida |
| 49b. CITY OR TOWN Jacksonville | 49c. STREET AND NUMBER Mile marker 17 on State Road 13 | 49d. APT. NO. 49e. ZIP CODE 32202 |
| 50. DESCRIBE HOW INJURY OCCURRED Decedent driver of minivan, ran off road into tree | | 51. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) Roadside near state highway |
| IF TRANSPORTATION INJURY, 52a. Status of Decedent <input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) | | |
| 52b. Type of Vehicle <input checked="" type="checkbox"/> Car/Minivan <input type="checkbox"/> S.U.V. <input type="checkbox"/> Motorcycle <input type="checkbox"/> Pickup Truck/Cargo Van <input type="checkbox"/> Bus <input type="checkbox"/> Heavy Transport <input type="checkbox"/> Other (Specify) | | |

Common problems in death certification

The **elderly decedent** should have a clear and distinct etiological sequence for cause of death, if possible. Terms such as senescence, infirmity, old age, and advanced age have little value for public health or medical research. Age is recorded elsewhere on the certificate. When a number of conditions resulted in death, the physician should choose the single sequence that, in his or her opinion, best describes the process leading to death, and place any other pertinent conditions in **Part II**. If after careful consideration the physician cannot determine a sequence that ends in death, then the medical examiner should be consulted about conducting an investigation or providing assistance in completing the cause of death.

The **infant decedent** should have a clear and distinct etiological sequence for cause of death, if possible. "Prematurity" should not be entered without explaining the etiology of prematurity. Maternal conditions may have initiated or affected the sequence that resulted in infant death, and such maternal causes should be reported in addition to the infant causes on the infant's death certificate (e.g., Hyaline membrane disease due to prematurity, 28 weeks **due to** placental abruption **due to** blunt trauma to mother's abdomen).

When **SIDS** is suspected, a complete investigation should be conducted, typically by a medical examiner. If the infant is under 1 year of age, no cause of death is determined after scene investigation, clinical history is reviewed, and a complete autopsy is performed, then the death can be reported as Sudden Infant Death Syndrome.

When the following are reported, additional information about the etiology should be stated:

| | | | | |
|-------------------------------------|---------------------------------|--|-----------------------------------|--------------------------|
| Abscess | Carcinomatosis | Disseminated intra vascular coagulopathy | Hypotension | Pulmonary embolism |
| Abdominal hemorrhage | Cardiac arrest | Dysrhythmia | Immunosuppression | Pulmonary insufficiency |
| Adhesions | Cardiac dysrhythmia | End-stage liver disease | Increased intra cranial pressure | Renal failure |
| Adult respiratory distress syndrome | Cardiomyopathy | End-stage renal disease | Intra cranial hemorrhage | Respiratory arrest |
| Acute myocardial infarction | Cardiopulmonary arrest | Epidural hematoma | Malnutrition | Seizures |
| Altered mental status | Cellulitis | Exsanguination | Metabolic encephalopathy | Sepsis |
| Anemia | Cerebral edema | Failure to thrive | Multi-organ failure | Septic shock |
| Anoxia | Cerebrovascular accident | Fracture | Multi-system organ failure | Shock |
| Anoxic encephalopathy | Cerebellar tonsillar herniation | Gangrene | Myocardial infarction | Starvation |
| Arrhythmia | Chronic bedridden state | Gastrointestinal hemorrhage | Necrotizing soft-tissue infection | Subdural hematoma |
| Ascites | Cirrhosis | Heart failure | Old age | Subarachnoid hemorrhage |
| Aspiration | Coagulopathy | Hemothorax | Open (or closed) head injury | Sudden death |
| Atrial fibrillation | Compression fracture | Hepatic failure | Paralysis | Thrombocytopenia |
| Bacteremia | Congestive heart failure | Hepatitis | Pancytopenia | Uncal herniation |
| Bedridden | Convulsions | Hepatorenal syndrome | Perforated gallbladder | Urinary tract infection |
| Biliary obstruction | Decubiti | Hyperglycemia | Peritonitis | Ventricular fibrillation |
| Bowel obstruction | Dehydration | Hyperkalemia | Pleural effusions | Ventricular tachycardia |
| Brain injury | Dementia | Hypovolemic shock | Pneumonia | Volume depletion |
| Brain stem herniation | (when not otherwise specified) | Hyponatremia | Pulmonary arrest | |
| Carcinogenesis | Diarrhea | | Pulmonary edema | |

If the certifier is unable to determine the etiology of a process such as those shown above, the process must be qualified as being of an unknown, undetermined, probable, presumed, or unspecified etiology so it is clear that a distinct etiology was not inadvertently or carelessly omitted.

The following conditions and types of death might seem to be specific or natural but when the medical history is examined further may be found to be complications of an injury or poisoning (possibly occurring long ago). Such cases should be reported to the medical examiner.

| | | | | |
|--------------------------|--------------------------------|--------------|----------------------------|-------------------------|
| Abrasion | Concussion | Fall | Injury | Strangulation |
| Accident | Cut | Fracture | Laceration | Suffocation |
| Asphyxia | Drug or alcohol abuse/overdose | Hanging | MVA | Subarachnoid hemorrhage |
| Bite | Drowning (near) | Hip fracture | Open reduction of fracture | Subdural hematoma |
| Bolus | Epidural hematoma | Hip Nailing | Pulmonary emboli | Surgery |
| Burns (Chemical/Thermal) | Electric Shock | Hip Pinning | Puncture | Trauma |
| Bruise | Exposure | Hyperthermia | Seizure disorder | Wound |
| Choking | Exsanguination | Hypothermia | Sepsis | |