

DEATH

The following is a complete list of data items **reported** to the Missouri Department of Health and Senior Services during registration of a death. These data elements are obtained from the 1989 revision of the Certificate of Death form for all **deaths occurring through December 31, 2009.**

<p>Registration District No.</p> <p>State Registrar No.</p> <p>Death State File Number</p> <p>Decedent Name <i>(First, Middle, Last)</i></p> <p>Sex</p> <p>Date of Death <i>(Month, Day, Year)</i></p> <p>SSN</p> <p>Age</p> <p>Date of Birth <i>(Month, Day, Year)</i></p> <p>Birthplace City/State or Foreign County</p> <p>Ever in U.S. Armed Forces <i>(Yes/No/Unknown)</i></p> <p>Place Where Death Occurred <i>(Type)</i> <i>If Hospital, Location (Inpatient, ER/Outpatient, DOA)</i></p> <p>Name of Facility Where Death Occurred</p> <p>City/Town Where Death Occurred</p> <p>County Where Death Occurred</p> <p>Marital Status <i>(Specify)</i></p> <p>Surviving Spouse Name <i>(If wife, full maiden name)</i></p> <p>Decedent Usual Occupation</p> <p>Kind of Business or Industry</p> <p>Residence State</p> <p>Residence County</p> <p>Residence City/Town</p> <p>Residence Zip Code</p> <p>Residence Street and Number</p> <p>Residence Inside City Limits <i>(Yes/No)</i></p> <p># of Years at Present Address</p> <p>Decedent of Hispanic Origin <i>(Yes/No)</i> <i>If yes, Specify Hispanic Origin</i></p> <p>Race <i>(American Indian, Black, White, etc.)</i></p> <p>Education <i>(highest grade completed)</i></p> <p>Father Name <i>(First, Middle, Last)</i></p> <p>Mother Name <i>(First, Middle, Maiden Surname)</i></p> <p>Informant Name</p>	<p>Informant Complete Mailing Address</p> <p>Method of Disposition</p> <p>Date of Disposition <i>(Month, Day, Year)</i></p> <p>Place of Disposition <i>(Facility Name)</i></p> <p>Disposition Location City/State</p> <p>Funeral Service Licensee Signature</p> <p>Name and Address of Funeral Facility</p> <p>Funeral Establishment License #</p> <p><i>Cause of Death Chain of Events –</i></p> <p style="padding-left: 40px;">Immediate Cause of Death</p> <p style="padding-left: 80px;">Approximate Time Interval Between Onset and Death</p> <p style="padding-left: 40px;">Proceeding Cause of Death</p> <p style="padding-left: 80px;">Approximate Time Interval Between Onset and Death</p> <p style="padding-left: 40px;">Other Proceeding Cause(s) of Death</p> <p style="padding-left: 80px;">Approximate Time Interval(s) Between Onset and Death</p> <p>Other Significant Conditions</p> <p><i>If Female Death, Pregnant Within Last 90 Days (Yes/No/Unknown)</i></p> <p>Was an Autopsy Performed <i>(Yes/No)</i></p> <p>Autopsy Findings Available <i>(Yes/No)</i></p> <p>Manner of Death –</p> <p style="padding-left: 40px;">Natural</p> <p style="padding-left: 40px;">Accident</p> <p style="padding-left: 40px;">Suicide</p> <p style="padding-left: 40px;">Homicide</p> <p style="padding-left: 40px;">Pending Investigation</p> <p style="padding-left: 40px;">Could not be Determined</p> <p><i>If Injury Related Death –</i></p> <p style="padding-left: 40px;">Date of Injury <i>(Day, Month, Year)</i></p> <p style="padding-left: 40px;">Time of Injury <i>(AM/PM)</i></p> <p style="padding-left: 40px;">Injury Alcohol Related <i>(Yes/No/Unknown)</i></p> <p style="padding-left: 40px;">Injury at Work <i>(Yes/No/Unknown)</i></p> <p style="padding-left: 40px;">Description of How Injury Occurred</p> <p style="padding-left: 40px;">Place of Injury <i>(home, farm, street, factory, office building, etc.)</i></p> <p style="padding-left: 40px;">Full Address Where Injury Occurred</p>
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Certifier Title/Type	Certifier MO License #
Certifier Signature	Case Referred to Medical Examiner/Coroner <i>(Yes/No)</i>
Certified Date <i>(Month, Day, Year)</i>	Name of Attending Physician <i>(if other than the Certifier)</i>
Time of Death <i>(AM/PM)</i>	Registrar Signature
Name and Full Address of Certifier	Date Received by Local Registrar <i>(Month, Day, Year)</i>

[Deaths beginning January 1, 2010](#)