

DEATH

DATA ELEMENTS THROUGH DECEMBER 31, 2009

The following is a list of data items developed by the Missouri Department of Health and Senior Services (DHSS) that may be requested for administrative, statistical, or research use. Requests for these data items are reviewed for adequate justification and only the minimum necessary items will be provided. These data elements are obtained from the 1989 revision of the Certificate of Death form for all **deaths occurring through December 31, 2009**.

<p>State Where Death Occurred</p> <p>Decedent Name (<i>First, Middle, Last, Surname Suffix</i>)</p> <p>Sex</p> <p>Date of Death (<i>Month, Day, Year</i>)</p> <p>Age</p> <p>Date of Birth (<i>Month, Day, Year</i>)</p> <p>Birthplace City/County</p> <p>Birthplace State/Country</p> <p>Ever in U.S. Armed Forces (<i>Yes/No/Unknown</i>)</p> <p>Place Where Death Occurred (<i>Type</i>)</p> <p style="padding-left: 20px;"><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</p> <p>Surviving Spouse Name (<i>If wife, full maiden name</i>)</p> <p>Decedent Usual Occupation¹</p> <p>Kind of Business or Industry¹</p> <p>Residence State</p> <p>Residence County</p> <p>Residence City/Town</p> <p>Residence Zip Code</p> <p>Residence Street Address</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>)</p> <p>Hispanic Origin (<i>Specify</i>)</p>	<p>Race</p> <p>Education</p> <p>Method of Disposition</p> <p>Name of Funeral Facility</p> <p>Address of Funeral Facility</p> <p>Underlying Cause of Death</p> <p>First Significant Condition²</p> <p>Second Significant Condition²</p> <p>Multiple Causes of Death³</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 Death³</p> <p><i>If injury related death –</i></p> <p style="padding-left: 20px;">Date of Injury (<i>Month, Day, Year</i>)</p> <p style="padding-left: 20px;">Time of Injury</p> <p style="padding-left: 20px;">Injury Alcohol Related (<i>Yes/No/Unknown</i>)⁴</p> <p style="padding-left: 20px;">Injury at Work (<i>Yes/No/Unknown</i>)</p> <p style="padding-left: 20px;">Place Where Injury Occurred (<i>home, farm, work, etc.</i>)</p> <p style="padding-left: 20px;">City Where Injury Occurred</p> <p style="padding-left: 20px;">State Where Injury Occurred</p> <p>Certifier Title/Type</p> <p>Time of Death</p> <p>Case Referred to Medical Examiner/Coroner (<i>Yes/No</i>)</p>
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¹Limited use since 2001.

²Used prior to 2001.

³Use began in 2001.

⁴Used prior to 2003.

[Deaths beginning January 1, 2010](#)

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The following is a list of additional data elements **created** by the Missouri Department of Health and Senior Services for administrative, statistical, or research use. Requests for these additional data items are reviewed for adequate justification and will be provided on a case-by-case basis.

Decedent Family Name	Residence Census Tract
Residence Latitude	County Where Injury Occurred
Residence Longitude	Type of Injury/Accident