

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 2003 revision of the Certificate of Death form for all **deaths occurring on or after January 1, 2010.**

<p>Death State File Number</p> <p>Decedent Legal Name (<i>First, Middle, Last, Suffix</i>) (AKAs)</p> <p>Sex</p> <p>Father Surname</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 Country</p> <p>Residence Country</p> <p>Residence State/Territory/Province</p> <p>Residence County</p> <p>Residence City/Town</p> <p>Residence Street and Number</p> <p>Residence Apt #</p> <p>Residence Zip Code</p> <p>Residence Inside City Limits (<i>Yes/No</i>)</p> <p>Ever in U.S. Armed Forces (<i>Yes/No</i>)</p> <p>Marital Status –</p> <ul style="list-style-type: none"> Married Married, but Separated Widowed Divorced Never Married Unknown <p>Surviving Spouse Name (<i>If wife, full maiden name</i>)</p> <p>Father Name (<i>First, Middle, Last, Suffix</i>)</p> <p>Mother Name Prior to 1st Marriage (<i>First, Middle, Last, Suffix</i>)</p> <p>Informant Name (<i>First, Middle, Last, Suffix</i>)</p> <p>Informant Relationship to Decedent</p> <p>Informant Complete Mailing Address</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/State/Zip Code Where Death Occurred</p> <p>County Where Death Occurred</p> <p>Method of Disposition</p> <p>Place of Disposition (<i>Facility Name</i>)</p> <p>Disposition Location City/State</p> <p>Name and Complete Address of Funeral Facility</p> <p>Funeral Service Licensee Signature</p> <p>Funeral Establishment License #</p> <p>Time of Death (<i>AM/PM</i>)</p> <p>Case Referred to Medical Examiner/Coroner (<i>Yes/No</i>)</p> <p><i>Cause of Death Chain of Events –</i></p> <ul style="list-style-type: none"> Immediate Cause of Death <li style="padding-left: 40px;">Approximate Time Interval Between Onset and Death Proceeding Cause of Death <li style="padding-left: 40px;">Approximate Time Interval Between Onset and Death Other Proceeding Cause(s) of Death <li style="padding-left: 40px;">Approximate Time Interval(s) Between Onset and Death <p>Other Significant Conditions</p> <p>Was an Autopsy Performed (<i>Yes/No</i>)</p> <p>Autopsy Findings Available (<i>Yes/No</i>)</p> <p>Did Tobacco Use Contribute to Death (<i>Yes/No/Probably/Unknown</i>)</p> <p><i>If Female Death Pregnancy Status –</i></p> <ul style="list-style-type: none"> Not Pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant within 43 days to 1 year before death Unknown, if pregnant within the past year <p>Manner of Death –</p> <ul style="list-style-type: none"> Natural Accident Suicide Homicide Pending Investigation Could not be determined
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DEATH

<i>If Injury Related Death –</i>	Registrar Signature
Date of Injury (<i>Month, Day, Year</i>)	Date Filed (<i>Month, Day, Year</i>)
Time of Injury (<i>AM/PM</i>)	Decedent Education
Place Where Injury Occurred (<i>home, restaurant, etc.</i>)	Hispanic Origin (<i>No, Mexican, Puerto Rican, Cuban, Other</i>)*
Injury at Work (<i>Yes/No</i>)	Race (<i>White, Black/African American, American Indian/Alaska Native, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian, Native Hawaiian, Guamanian/ Chamorro, Samoan, Other Pacific Islander, Other, Unknown</i>)*
State Where Injury Occurred	Decedent Usual Occupation
County Where Injury Occurred	Kind of Business or Industry
City/Town Where Injury Occurred	Embalmed (<i>Yes/No</i>)
Street and Number Where Injury Occurred	Embalmer Name and License #
Zip Code Where Injury Occurred	Student Embalmer Name and License #
Description of How Injury Occurred	Date Embalmed
Transportation Accident (<i>driver, passenger, pedestrian, other</i>)	City/State Where Embalmed
Certifier Type & Signature	Date Certified by Embalmer (<i>Month, Day, Year</i>)
Certifier Name/Address/Zip Code	
Title of Certifier	
Certifier MO License #	
Certifier NPI #	
Date Certified (<i>Month, Day, Year</i>)	

*Multiple ethnic or race categories may be selected.

[Deaths through December 31, 2009](#)