

26. ACTUAL OR PRESUMED TIME OF DEATH

M

27. WAS MEDICAL EXAMINER/CORONER CONTACTED?

 Yes No

CAUSE OF DEATH (See instructions and examples in handbook)

28. 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. Add additional lines if necessary.Approximate interval:
Onset to DeathIMMEDIATE CAUSE (Final
disease or condition
resulting in death)a. _____
Due to (or as a consequence of):Sequentially list conditions, if
any, leading to the cause listed
on line a. Enter the **UNDERLY-
ING CAUSE** (disease or injury
that initiated the events resulting
in death) **LAST**.b. _____
Due to (or as a consequence of):c. _____
Due to (or as a consequence of):

d. _____

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.29. WAS AN AUTOPSY PERFORMED? Yes No

30. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

 Yes No

31. DID TOBACCO USE CONTRIBUTE TO DEATH?

-
- Yes
-
-
- No
-
-
- Probably
-
-
- Unknown

32. IF FEMALE

-
- Not pregnant within past year
-
-
- Pregnant at time of death
-
-
- Not pregnant, but pregnant within 42 days of death
-
-
- Not pregnant, but pregnant 43 days to 1 year before death
-
-
- Unknown if pregnant within the past year

33. MANNER OF DEATH

-
- Natural
-
- Homicide
-
-
- Accident
-
- Pending investigation
-
-
- Suicide
-
- Could not be determined

34. DATE OF INJURY (Month, Day, Year) (Spell Month)

35. TIME OF INJURY

M

36. PLACE OF INJURY (e.g., decedent's home, construction site; restaurant; wooded area)

37. INJURY AT WORK?

 Yes No

38a. LOCATION OF INJURY - STATE

38b. COUNTY

38c. CITY OR TOWN

38d. STREET AND NUMBER

38e. ZIP CODE

39. DESCRIBE HOW INJURY OCCURRED

40. IF TRANSPORTATION ACCIDENT (SPECIFY)

-
- Driver/Operator
-
- Passenger
-
- Pedestrian
-
-
- Other (Specify)

41. CERTIFIER (CHECK ONLY ONE)

-
- 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.
-
-
- Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time

SIGNATURE ▶

****For Medical
Examiner or
Coroner**

42. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 28)

43. TITLE OF CERTIFIER

44. CERTIFIER MO LICENSE NUMBER

45. CERTIFIER NPI NUMBER

46. DATE CERTIFIED (Month, Day, Year)

Item 46, date certified, is the date the
medical information is certified