

# FLORIDA CERTIFICATE OF DEATH

LOCAL FILE NO.

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 (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival NON-HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)												
10. FACILITY NAME (If not institution, give street address)						11a. CITY, TOWN, OR LOCATION OF DEATH			11b. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
12. MARITAL STATUS (Specify) <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married						13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)						
14a. RESIDENCE - STATE			14b. COUNTY			14c. CITY, TOWN, OR LOCATION						
14d. STREET ADDRESS						14e. APT. NO.		14f. ZIP CODE		14g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No		
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) <i>Do not use "Retired"</i>						15b. KIND OF BUSINESS/INDUSTRY						
16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Isl. (Specify) <input type="checkbox"/> Other (Specify)												
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? <input type="checkbox"/> Yes (If Yes, specify) <input type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American (Specify if decedent was of Hispanic or Haitian Origin.) <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> Haitian												
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree    College degree (Specify): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate										19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		
20. FATHER'S NAME (First, Middle, Last, Suffix)						21. MOTHER'S NAME (First, Middle, Maiden Surname)						
22a. INFORMANT'S NAME				22b. RELATIONSHIP TO DECEDENT		23a. INFORMANT'S MAILING - STATE						
23b. CITY OR TOWN			23c. STREET ADDRESS						23d. ZIP CODE			
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)				25a. LOCATION - STATE				25b. LOCATION - CITY OR TOWN				
26a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)												
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input type="checkbox"/> Yes <input type="checkbox"/> No				27a. LICENSE NUMBER (of Licensee)		27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH						
28. NAME OF FUNERAL FACILITY								29a. FACILITY'S MAILING - STATE				
29b. CITY OR TOWN			29c. STREET ADDRESS						29d. ZIP CODE			
30. CERTIFIER: <input type="checkbox"/> <b>Certifying Physician</b> - 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) <input type="checkbox"/> <b>Medical Examiner</b> - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.												
31a. (Signature and Title of Certifier)				31b. DATE SIGNED (mm/dd/yyyy)		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 ADDRESS				36d. ZIP CODE				
37. SUBREGISTRAR - Signature and Date				38a. LOCAL REGISTRAR - Signature				38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.)				
39. PROBABLE MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined			The following are under the jurisdiction of the medical examiner:						40. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
41. CAUSE OF DEATH - PART I. (See instructions on back) IMMEDIATE CAUSE (Final disease or condition resulting in death) →			Enter the <u>chain of events</u> - diseases, injuries, or complications - that directly caused the death. Enter only one cause on a line. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology.						Approximate Interval: Onset to Death			
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the <b>UNDERLYING CAUSE</b> (disease or injury that initiated the events resulting in death) <b>LAST</b>			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. _____									
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						42a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No		42b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown						
45. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>If Yes, specify timeframe:</b> <input type="checkbox"/> at time of death <input type="checkbox"/> within 1 to 42 days of death <input type="checkbox"/> within 43 days to 1 year of death												
46. DATE OF INJURY (Month, Day, Year)			47. TIME OF INJURY (24 hr.)		48. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		49a. LOCATION OF INJURY - STATE					
49b. CITY OR TOWN			49c. STREET ADDRESS				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. <b>Status of Decedent</b> <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)												
52b. <b>Type of Vehicle</b> <input 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)												

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY: FUNERAL DIRECTOR

MEDICAL CERTIFIER

CAUSE OF DEATH TO BE COMPLETED BY: MEDICAL CERTIFIER

## 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

39. PROBABLE MANNER 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"/> Undetermined	The following are under the jurisdiction of the medical examiner: DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology.	40. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
41. CAUSE OF DEATH - <b>PART I</b> . (See instructions on back) IMMEDIATE CAUSE (Final disease or condition resulting in death) →  Sequentially list conditions, if any, leading to the cause listed on line a. Enter the <b>UNDERLYING CAUSE</b> (disease or injury that initiated the events resulting in death) <b>LAST</b>	Enter the <b>chain of events</b> - diseases, injuries, or complications - that directly caused the death. Enter only one cause on a line. a. <b>Rupture of Myocardium</b> Due to (or as a consequence of): b. <b>Acute Myocardial Infarction</b> Due to (or as a consequence of): c. <b>Coronary artery thrombosis</b> Due to (or as a consequence of): d. <b>Atherosclerotic coronary artery disease</b>	Approximate Interval: Onset to Death Minutes 6 Days 5 Years 7 Years
<b>PART II.</b> Other <u>significant conditions contributing to death</u> 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		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		

39. PROBABLE MANNER 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"/> Undetermined	The following are under the jurisdiction of the medical examiner: DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology.	40. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
41. CAUSE OF DEATH - <b>PART I</b> . (See instructions on back) IMMEDIATE CAUSE (Final disease or condition resulting in death) →  Sequentially list conditions, if any, leading to the cause listed on line a. Enter the <b>UNDERLYING CAUSE</b> (disease or injury that initiated the events resulting in death) <b>LAST</b>	Enter the <b>chain of events</b> - diseases, injuries, or complications - that directly caused the death. Enter only one cause on a line. a. <b>Aspiration pneumonia</b> Due to (or as a consequence of): b. <b>Complications of coma</b> Due to (or as a consequence of): c. <b>Blunt force injuries</b> Due to (or as a consequence of): d. <b>Motor vehicle accident</b>	Approximate Interval: Onset to Death 2 Days 7 Weeks 7 Weeks 7 Weeks
<b>PART II.</b> Other <u>significant conditions contributing to death</u> 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		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, WAS SHE PREGNANT WITHIN THE PAST YEAR: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>If Yes, specify timeframe:</b> <input type="checkbox"/> at time of death <input type="checkbox"/> within 1 to 42 days of death <input type="checkbox"/> within 43 days to 1 year of death		
46. DATE OF INJURY (Month, Day, Year) <b>August 15, 2003</b>	47. TIME OF INJURY (24 hr.) <b>Approx. 2320</b>	48. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
49a. LOCATION OF INJURY - STATE <b>Florida</b>		
49b. CITY OR TOWN <b>Jacksonville</b>	49c. STREET ADDRESS <b>Mile marker 17 on State Road 13</b>	49d. APT. NO. <b>32202</b>
50. DESCRIBE HOW INJURY OCCURRED <b>Decedent driver of minivan, ran off road into tree</b>		51. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) <b>Roadside near state highway</b>
IF TRANSPORTATION INJURY, 52a. <b>Status of Decedent</b> <input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
52b. <b>Type of Vehicle</b> <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's 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 Abdominal hemorrhage Adhesions Adult respiratory distress syndrome Acute myocardial infarction Altered mental status Anemia Anoxia Anoxic encephalopathy Arrhythmia Ascites Aspiration Atrial fibrillation Bacteremia Bedridden Biliary obstruction Bowel obstruction Brain injury Brain stem herniation Carcinogenesis	Carcinomatosis Cardiac arrest Cardiac dysrhythmia Cardiomyopathy Cardiopulmonary arrest Cellulitis Cerebral edema Cerebrovascular accident Cerebellar tonsillar herniation Chronic bedridden state Cirrhosis Coagulopathy Compression fracture Congestive heart failure Convulsions Decubiti Dehydration Dementia (when not otherwise specified) Diarrhea	Disseminated intra vascular coagulopathy Dysrhythmia End-stage liver disease End-stage renal disease Epidural hematoma Exsanguination Failure to thrive Fracture Gangrene Gastrointestinal hemorrhage Heart failure Hemothorax Hepatic failure Hepatitis Hepatorenal syndrome Hyperglycemia Hyperkalemia Hypovolemic shock Hyponatremia	Hypotension Immunosuppression Increased intra cranial pressure Intra cranial hemorrhage Malnutrition Metabolic encephalopathy Multi-organ failure Multi-system organ failure Myocardial infarction Necrotizing soft-tissue infection Old age Open (or closed) head injury Paralysis Pancytopenia Perforated gallbladder Peritonitis Pleural effusions Pneumonia Pulmonary arrest Pulmonary edema	Pulmonary embolism Pulmonary insufficiency Renal failure Respiratory arrest Seizures Sepsis Septic shock Shock Starvation Subdural hematoma Subarachnoid hemorrhage Sudden death Thrombocytopenia Uncal herniation Urinary tract infection Ventricular fibrillation Ventricular tachycardia Volume depletion
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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 Accident Asphyxia Bite Bolus Burns (Chemical/Thermal) Bruise Choking	Concussion Cut Drug or alcohol abuse/overdose Drowning (near) Epidural hematoma Electric Shock Exposure Exsanguination	Fall Fracture Hanging Hip fracture Hip Nailing Hip Pinning Hyperthermia Hypothermia	Injury Laceration MVA Open reduction of fracture Pulmonary emboli Puncture Seizure disorder Sepsis	Strangulation Suffocation Subarachnoid hemorrhage Subdural hematoma Surgery Trauma Wound
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