

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

1. LEGAL NAME OF DECEASED (Include AKA's if any) (First, Middle, Last)				X (Maiden) X		2. DATE OF DEATH - ACTUAL OR PRESUMED		X			
3. SEX		X 4. DATE OF BIRTH		X 5. AGE-Last Birthday (Years)		IF UNDER 1 YR		IF UNDER 1 DAY		6. BIRTHPLACE (City & State or Foreign Country) X	
						HOURS		MEN			
7. SOCIAL SECURITY NUMBER				X 8. MARITAL STATUS AT TIME OF DEATH				9. SURVIVING SPOUSE (If wife, give name prior to first marriage) X			
				<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Married							
10a. RESIDENCE STREET ADDRESS						X 10b. APT NO X		10c. CITY OR TOWN			
10d. COUNTY				X 10e. STATE		X 10f. ZIP CODE		X 10g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
11. FATHER'S NAME						X 12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE					
						X					
13. PLACE OF DEATH (CHECK ONLY ONE)											
IF DEATH OCCURRED IN A HOSPITAL:				IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:							
<input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				<input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)							
14. COUNTY OF DEATH				15. CITY/TOWN, ZIP (If outside city limits, give precinct no)				16. FACILITY NAME (If not institution, give street address)			
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED						X 18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)					
						X					
19. METHOD OF DISPOSITION				20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH				21. Section <input type="checkbox"/> Unknown			
<input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)								Block _____			
								Lol _____			
								Space _____			
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)						23. LOCATION (City/Town, and State)					
24. NAME OF FUNERAL FACILITY						25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)					
26. CERTIFIER (Check only one):											
<input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated.											
<input type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.											
27. SIGNATURE OF CERTIFIER				28. DATE CERTIFIED (Mo/Day/Yr)		29. LICENSE NUMBER		30. TIME OF DEATH (Actual or presumed)			
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)						32. TITLE OF CERTIFIER					
33. PART 1. 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 EACH LINE.											
CAUSE OF DEATH											
IMMEDIATE 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 UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. c. _____ Due to (or as a consequence of): _____											
d. _____ Due to (or as a consequence of): _____											
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.						34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No					
						35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No					
36. MANNER OF DEATH			37. DID TOBACCO CONTRIBUTE TO DEATH?			38. IF FEMALE:			39. IF TRANSPORTATION INJURY, SPECIFY:		
<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown			<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year			<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
40a. DATE OF INJURY (Mo/Day/Yr)		40b. TIME OF INJURY		40c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		40d. PLACE OF INJURY (e.g., Decedent's home; construction site, restaurant, wooded area)					
40e. LOCATION (Street and Number, City, State, Zip Code)						40f. COUNTY OF INJURY					
41. DESCRIBE HOW INJURY OCCURRED											
42a. REGISTRAR FILE NO.				42b. DATE RECEIVED BY LOCAL REGISTRAR				42c. REGISTRAR			

WARNING The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1989)

VS-112 REV 4/2009

INFORMATION ON BACK OF THE FORM MUST BE COMPLETED IF APPLICABLE

----- INFORMATION BELOW IS FOR STATISTICAL PURPOSES ONLY AND IS NOT TO BE INCLUDED ON CERTIFIED COPIES -----

43. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)			44. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)			45. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)					
<input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)			<input type="checkbox"/> No, not Spanish, Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____			<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal 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 Islander (Specify) _____					
46. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No			47. EVER A PEACE OFFICER IN THIS STATE? <input type="checkbox"/> Yes <input type="checkbox"/> No			48. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED)			49. TYPE OF BUSINESS/INDUSTRY		