TYPE IN PERMANENT DARK INK.

ALABAMA

CERTIFICATE OF DEATH

STATE FILE NO.101

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| 1. DECEASED LEGAL NAME (First, Middle, Last) (Type last name all capitals) | | | | | 2. LAST NAME PRIOR TO FIRST MARRIAGE | | 3. COUNTY OF DEATH | |
| 4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE | | | 5. INSIDE CITY LIMITS?  □ Yes □ No | | 6. PLACE OF DEATH (Facility Name) – Hospital or Other Institution – (if not in either, give street and number) | | | |
| 7. IF HOSPITAL (Specify Inpatient, ER, Outpatient, or DOA) | | | 8. SEX □ Unknown  □ Female □ Male | | 9. SOCIAL SECURITY NUMBER | | 10. BIRTHPLACE (State or Foreign Country) | |
| 11. AGE – Last Birthday (Years) | UNDER 1 YEAR | | UNDER 1 DAY | | 12. DATE OF BIRTH (Month, Day, Year) | | 13. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) | |
| Months | Days | Hours | Minutes |
| 14. EVER IN US ARMED FORCES?  □ Yes □ No | 15. SURVIVING SPOUSE (NAME PRIOR TO FIRST MARRIAGE) | | | | 16. DECEASED RESIDENCE-STATE | | 17. COUNTY | |
| 18. CITY, TOWN, OR LOCATION AND ZIP CODE | | | 19. STREET ADDRESS (Apt, Lot, Unit - if applicable) | | | | | 20. INSIDE CITY LIMITS?  □ Yes □ No |
| 21. FATHER/PARENT NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) | | | | | 22. MOTHER/PARENT NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) | | | |
| 23. INFORMANT NAME AND RELATIONSHIP TO DECEASED | | | | 24. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, County, Zip Code, Apt, Lot) | | | | |
| 25. DATE OF DISPOSITION (Month, Day, Year) | | | | | 26. METHOD OF DISPOSITION: □ Burial □ Cremation □ Entombment □ Hospital Disposal  □ Medical Donation □ Other (Specify): | | | |
| 27. CEMETERY OR CREMATORY (Name) | | | | | 28. LOCATION (City or Town, State) | | | |
| 29. FUNERAL HOME (Name and Address) | | | | | | | 30. FUNERAL HOME (License Number) | |
| 31. FUNERAL DIRECTOR – SIGNATURE | | | | 32. DATE SIGNED BY FUNERAL DIRECTOR (Month, Day, Year) | | | 33. FUNERAL DIRECTOR (License Number) | |
| 34. **Certifying Physician** (Physician certifying cause of death) “To the best of my knowledge death occurred at the time and date, 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, date, place and due to the cause(s) and manner stated.”  **Signature:** | | | | | | | | 35. DATE SIGNED (Month, Day, Year) |
| 36. DATE OF DEATH (Month, Day, Year) | | | 37. TIME OF DEATH | | 38. DATE PRONOUNCED DEAD (Month, Day, Year) | | | 39. TIME PRONOUNCED DEAD |
| 40. NAME, ADDRESS, CITY, STATE, AND ZIP CODE OF PERSON CERTIFYING CAUSE OF DEATH (Item 44) | | | | | | | 41. LICENSE NUMBER | |
| 42. **REGISTRAR – Signature FOR STATE OR COUNTY USE ONLY** | | | | | | 43. **FOR REGISTRAR ONLY**- DATE FILED (Month, Day, Year) | | |

# MEDICAL CERTIFICATION

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| 44. **PART I. CAUSE OF DEATH** 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. Enter only one cause on a line.  IMMEDIATE CAUSE (Final  disease or condition ---------> a. resulting in death) Due to (or as a consequence of):  Sequentially list conditions, b. if any, leading to the cause Due to (or as a consequence of):  listed on line a. Enter the  **UNDERLYING CAUSE** c.  (disease or injury that Due to (or as a consequence of):  initiated the events resulting  in death) **LAST** d. | | | | | | Approximate interval: Onset to death |
| 45. **PART II.** Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. | | | | 1. MANNER OF DEATH    * Natural □ Homicide □ Accident    * Pending Investigation □ Suicide □ Undetermined | | |
| 47. DID TOBACCO USE CONTRIBUTE TO DEATH?  □ Yes □ Probably □ No □ Unknown | 48. 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 | | | | | |
| 49. DATE OF INJURY (Month, Day, Year) | 50. TIME OF INJURY | 51. PLACE OF INJURY (e.g., Decedent’s home; construction site; restaurant; wooded area) | | | | 52. INJURY AT WORK?  □ Yes □ No |
| 53. LOCATION OF INJURY: (Street or R.F.D. No., City or Town, County, State) | | | 1. IF TRANSPORTATION INJURY, SPECIFY:    * Driver/Operator □ Passenger □ Pedestrian    * Other (Specify) | | | |
| 55. DESCRIBE HOW INJURY OCCURRED: | | 56. AUTOPSY/TOXICOLOGY PERFORMED? Autopsy □ Yes □ No □ Unknown Toxicology □ Yes □ No □ Unknown | | | 57. WERE FINDINGS CONSIDERED? Autopsy □ Yes □ No Toxicology □ Yes □ No | |

THIS IS A LEGAL RECORD AND MUST BE FILED WITHIN FIVE (5) DAYS AFTER DEATH ADPH-HS-2 Rev. SAMPLE 12/01/15

**NAME OF DECEASED**

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| **FUNERAL HOME USE ONLY – DO NOT DETACH** | | | |
| 58. HOSPICE CARE?  □ Yes □ No □ Unknown | 1. DECEASED RACE (Check one or more races to indicate what the decedent considered himself or herself to be).    * White    * Black or African American    * American Indian or Alaska Native   (Name of the enrolled or principal tribe)   * + Asian Indian   + Chinese   + Filipino   + Japanese   + Korean   + Vietnamese   + Other Asian (Specify)   + Native Hawaiian   + Guamanian or Chamorro   + Samoan   + Other Pacific Islander (Specify)   + Other (Specify)   + Unknown | | 1. DECEASED EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death).    * 8th grade or less    * 9th - 12th grade; no diploma    * High school graduate or GED completed    * Some college credit, but no degree    * Trade school    * Associate degree (e.g., AA, AS)    * Bachelor’s degree (e.g., BA, AB, BS)    * Master’s degree (e.g., MA, MS, MEng, MEd, MSW, MBA)    * Doctorate (e.g., PhD, EdD) or Professional degree   (e.g., MD, DDS, DVM, LLB, JD)   * + Unknown |
| 1. DECEASED OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the “No” box if decedent was not Spanish/Hispanic/Latino).    * No, not Spanish/Hispanic/Latino    * Yes, Mexican, Mexican American, Chicano    * Yes, Puerto Rican    * Yes, Cuban    * Yes, other Spanish/Hispanic/Latino   (Specify)   * + Unknown |
| 62. DECEASED USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED). | | 63. KIND OF BUSINESS/INDUSTRY | |

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