

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

COPY A

FOR DIVISION OF
VITAL RECORDS

REGISTRATION AREA NUMBER	CERTIFICATE NUMBER	STATE FILE NUMBER
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DECEDENT	1. FULL NAME OF DECEDENT (first) (middle) (last)	2. SEX	male	female	
	3. DATE OF DEATH (mo.) (day) (year)	4. AGE	IF UNDER 1 YEAR months	IF UNDER 1 DAY hours	5. DATE OF BIRTH (mo.) (day) (year)

PLACE OF DEATH	7. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state)	DOA <input type="checkbox"/>	Out Pat. Emer Rm <input type="checkbox"/>	Inpatient <input type="checkbox"/>	8. COUNTY OF DEATH (if independent city, leave blank)
	9. CITY OR TOWN OF DEATH	inside city or town limits? yes no	10. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH		

USUAL RESIDENCE OF DECEDENT	11. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE	12. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank)
	13. CITY OR TOWN OF RESIDENCE	14. STREET ADDRESS OR RT. NO. OF RESIDENCE

PERSONAL DATA OF DECEDENT	15. NAME OF DECEDENT'S FATHER		16. MAIDEN NAME OF DECEDENT'S MOTHER		
	17. RACE OF DECEDENT	18. OF HISPANIC ORIGIN? If yes, specify Cuban, Mexican, Puerto Rican, etc. no <input type="checkbox"/> yes <input type="checkbox"/>	19. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) _____ College (1-4 or 5 +) _____		
	20. CITIZEN OF WHAT COUNTRY	21. BIRTHPLACE (state or country)	22. NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	23. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank)	
	24. SOCIAL SECURITY NUMBER	25. USUAL OR LAST OCCUPATION	MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/>	27. INFORMANT - OR SOURCE OF INFORMATION - RELATIONSHIP	

CAUSE OF DEATH	28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.			INTERVAL BETWEEN ONSET AND 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 immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST (C)	(B) DUE TO (OR AS A CONSEQUENCE OF):		

MEDICAL CERTIFICATION	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		28a. AUTOPSY? AUTHORIZED BY: yes no		
	28b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>	28c. IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH	28d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED		
	28e. TIME OF INJURY (mo.) (day) (year) A.M. _____ P.M. _____	28f. INJURY OCCURRED while at work <input type="checkbox"/> not while at work <input type="checkbox"/>	28g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)	28h. (city or town) (county) (state)	
	28i. To the best of my knowledge, death occurred at _____ (a.m.) (p.m.) on the date and place and from the cause(s) stated.				

FUNERAL DIRECTOR	29. BURIAL <input type="checkbox"/> REMOVAL <input type="checkbox"/> CREMATION <input type="checkbox"/>	30. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county) (state)
	31. (Signature of funeral director or person legally filing this certificate) NAME OF FUNERAL HOME AND ADDRESS:	

REGISTRAR	32. (signature of registrar)	DATE RECORD FILED:
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REGISTRAR'S USE
 MARGIN RESERVED FOR BINDING
 IMPORTANT: Use black ribbon in typewriter or print legibly with ball-point pen having black unflaking ink. This is a permanent record and subject to reproduction by microfilm and other photographic process. Complete and sign medical certification (item 28) and return both copies to funeral director as soon as possible after determination of cause. NOTE: If "Pending" must be indicated, so state in part I and notify registrar of final decision as soon as possible.