Reg. Dist. No.:_____

Primary Reg. Dist. No:_____

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF HEALTH
VITAL STATISTICS

State File No.: _____

Registrar's No.: _____

CERTIFICATE OF DEATH

Decedent's Name:		Sex:	Marital Status:	Surviving Spouse:
Race:	Education:	Place of Death: ❑ Hospital ❑ Inpatient ❑ Outpatient ❑ DOA ❑ Other (specify)_____		Facility Name (address if residence):
Decedent's Residence:				
Age (from last birthday):_____ Under 1 year (months/days):_____ Under 1 day (hours/minutes):_____	Date of Birth:		Date of Death:	Decedent's Usual Occupation:
	Birthplace:		Kind of Business/Industry:	
Father's Name:		Mailing Address:		
Mother's Name:				
Informant's Name:				
Registrar's Signature:		Date Filed:		
Signature of Person Issuing Permit for Disposition:		Date Permit issued:		
Method of Disposition: ❑ Burial ❑ Cremation ❑ Removal from State ❑ Donation ❑ Other (specify)_____				Place of Disposition (cemetery, etc.):
Name of Embalmer:		License #:		
Signature of Funeral Director or other person:		License #:		Date of Disposition:

Certifier (Check only one):

❑ Certifying Physician — To the best of my knowledge, death occurred at the time, place, and date and due to the cause(s) and manner as specified.

❑ Coroner — 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 as stated.

Certifier's Signature and Title:	License #:	Date signed:	Time of Death:
Name and Address of Person who Completed Cause of Death:	Was Case Referred to Coroner? ❑ Yes ❑ No		Date Pronounced Dead:

Immediate Cause (final disease or condition resulting in death): _____ Approximate interval between onset and death:

Sequentially list conditions, if any, leading to immediate cause. Enter **UNDERLYING CAUSE** (disease or injury that initiated events resulting in death) **LAST**.

a _____

b _____

c _____

d _____

Other significant conditions (contributed to death, but not resulting in Underlying Cause):	Was Autopsy performed? ❑ Yes ❑ No	Were Autopsy findings available prior to completion of Cause of Death? ❑ Yes ❑ No

Manner of Death: ❑ Natural ❑ Accident ❑ Suicide ❑ Homicide ❑ Pending Investigation ❑ Could not be determined	Date of Injury:	Time of Injury:	Describe how Injury occurred:
	Place of Injury:	Injury at Work?	Location: