

DEATH CERTIFICATE FORM (DTHC screen 3 of 7)

12. Where did the decedent die? .. Hospital within catchment area **A**
 Hospital out of catchment area or location unknown **B**
 Nursing home **N**
 Residence **R**
 Other **O**

Go to Item 14, Screen

If Residence or Other, specify below then go to Item 15, Screen 3.

Specify: _____

13. If decedent died in hospital: Dead on arrival ... **A**
 Emergency room ... **B**
 Outpatient **C**
 Inpatient **D**
 None of above **E**
 Not recorded **F**

14. Do you know the name and location of hospital or nursing home?
 Specify Name, City, State YesY
 Skip Name, City, State NoN
 [Name, City, State items are placed in notelog]
 Name: _____
 City: _____
 State: _____

15. Was this a coroner's or medical examiner's case? Yes **Y**
 No **N**
 Go to Item 17

16. Do you know the name and address of the Coroner or Medical Examiner?
 Specify Name, Address YesY
 Skip Name, Address NoN
 [Name, Address items are placed in notelog]
 Name: _____
 Address: _____

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17. Was an autopsy performed? Yes Y
No N

18. ICD-10 CODE for underlying cause of death:

19. All listed ICD-10 CODES for death:

a.
b.
c.
d.
e.

f.
g.
h.
i.
j.

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20. Do you know up to four causes of death as they were recorded on the death certificate?

Specify cause and consequence	YesY
Skip cause and consequence	No N

[Cause and consequence are placed in notelog]

Immediate cause:

Due to or as a consequence of (1):

Due to or as a consequence of (2):

Due to or as a consequence of (3):

21. Do you know other significant conditions as they were recorded on the death certificate?

Specify conditions	YesY
Skip conditions	NoN

[Conditions are placed in notelog]

Conditions:

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22. Interval between onset and death for immediate cause of death:

- 5 minutes or less A
- 1 hour or less B
- 1 day or less C
- 1 week or less D
- 1 month or less E
- More than 1 month F
- Unknown or not recorded ... U

23. Do you know the name and address of the Informant?

- Specify Name, Address YesY
- Skip Name, Address NoN

[Name, Address items are placed in notelog]

Name: _____
Address: _____

24. Relationship of informant to deceased:

- Go to Item 26 Spouse S
- Other O
- Unknown U

If Other, specify: _____

25. Do you know the name and address of the spouse if he or she was not listed as the informant above?

- Specify Name, Address YesY
- Skip Name, Address NoN

[Name, Address items are placed in notelog]

Name: _____
Address: _____

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B. ADMINISTRATIVE INFORMATION

26. Do you know the name and address of the certifying physician?

Specify Name, Address Yes ...Y

Skip Name, Address No ...N

[Name, Address items are placed in notelog]

Name: _____

Address: _____

27. Date abstract completed:

		-			-				
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Month

Day

Year

28. Code number of abstractor completing this form:

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