

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

- Go to Item 17 No N

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: _____

DEATH CERTIFICATE FORM (DTHC screen 4 of 7)

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.

DEATH CERTIFICATE FORM (DTHC screen 5 of 7)

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 NoN

[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:

DEATH CERTIFICATE FORM (DTHC screen 6 of 7)

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: _____

DEATH CERTIFICATE FORM (DTHC screen 7 of 7)

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:

| | | | | | | | | | |
|--|--|---|--|--|---|--|--|--|--|
| | | - | | | - | | | | |
|--|--|---|--|--|---|--|--|--|--|

Month Day Year

28. Code number of abstractor completing this form:

| | | |
|--|--|--|
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