OMB #0925-0414 Exp: 07/13

-Affix label here-

Member ID: __ __ __ __ - ___ ___ ___ - __

First Name _____M.I._____

Last Name _____

Contact date: |__|__|-|__|__|-|__|__| (M/D/Y)

Completed by: |__|__|-|__|__|__|

Contact type: ☐ 1 Phone ☐ 2 Mail ☐ 8 Other

1. **What is the date of death?** |__|__| - |__|__| - |__|__| (M/D/Y)

2. Source of notification: ***(Mark one.)***

   ☐ 1 Family member
   ☐ 2 Friend/associate of deceased
   ☐ 3 Personal physician
   ☐ 4 NDI
   ☐ 8 Other _____

   (CCC use only)

   2.1. Name, address and phone number of the source.

   Name: _____

   Address: _____

   _____

   Phone Number: (____) _____

   Provider ID |__|__|__|__|__|

3. **Did the death occur in a hospital/medical institution (i.e., hospital, long term care facility, hospice)?**

   ☐ 0 No ☐ 1 Yes ☐ 9 Unknown → **Go to Page 2.**

   3.1. Name, address and phone number of the hospital/medical institution (i.e., hospital, long term care facility, hospice).

   Hospital Name: _____

   City/State: _____

   Phone Number: (____) _____

   Go to Page 2.

   Provider ID |__|__|__|__|__|

   3.2. Location and address of death, if death did not occur in a hospital/medical institution.

   Location: _____

   Address: _____

   _____

RV_____K_____V_____

4. **Was an autopsy done?**

☐ 0 No ☐ 1 Yes

☐ 9 Unknown

4.1. Name, address and phone number where autopsy was performed.

Name: _____

Address: _____

_____

Phone Number: (____) _____

Provider ID

5. **Where will the death certificate be obtained?**

☐ 1 Coroner/Medical Examiner

☐ 2 Personal physician

☐ 3 Vital Statistics Office

☐ 8 Other ***(Specify):*** _____

☐ 9 Unknown

5.1. Name, address and phone number of individual providing the death certificate.

Name: _____

Address: _____

_____

Phone Number: (____) _____

Provider ID

6. (Ask of source): **To the best of your knowledge, what was the underlying cause of death?**

_____

_____

7. On the basis of currently available data, what was the underlying cause of death? ***(Mark one.)***

Cancer

☐ 1 Breast
☐ 2 Ovarian
☐ 3 Endometrial
☐ 4 Colon
☐ 5 Rectosigmoid junction
☐ 6 Rectum
☐ 7 Uterus
☐ 10 Lung
☐ 8 Other cancer
_____
☐ 9 Unknown cancer site

Cardiovascular Disease

☐ 11 Coronary Heart Disease (CHD)
☐ 12 Cerebrovascular disease
☐ 13 Pulmonary Embolism
☐ 18 Other cardiovascular disease
_____
☐ 19 Unknown cardiovascular disease

Accident/Injury

☐ 21 Homicide
☐ 22 Accident
☐ 23 Suicide
☐ 28 Other Injury _____

"Other" Cause of Death

☐ 31 Alzheimer's Disease
☐ 32 COPD
☐ 33 Pneumonia
☐ 34 Pulmonary Fibrosis
☐ 35 Renal Failure
☐ 36 Sepsis
☐ 88 Another cause of death, known
_____
☐ 99 Unknown cause of death