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Attachment A. 2000 Deaths in Custody Reporting Act (P.L. 106-297)

## Public Law 106-297 106th Congress

### An Act

To amend the Violent Crime Control and Law Enforcement Act of 1994 to ensure that certain information regarding prisoners is reported to the Attorney General.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Death in Custody Reporting Act of 2000".

### SEC. 2. REPORTING OF INFORMATION.

Section 20104(a) of the Violent Crime Control and Law Enforcement Act of 1994 (42 U.S.C. 13704(a)) is amended-

(1) in paragraph (1)-

(A) by inserting "(A)" after "(1)"; and

(B) by redesignating subparagraphs (A) and (B) as clauses (i) and (ii), respectively;(2) in paragraph (2), by striking "(2)" and inserting "(B)";

(3) in paragraph (3)-

(A) by striking "(3)" and inserting "(C)";

(B) by redesignating subparagraphs (A) and (B) as clauses (i) and (ii), respectively; and

(C) by striking the period and inserting "; and"; and (4) by adding at the end the following new paragraph:

"(2) such State has provided assurances that it will follow guidelines established by the Attorney General in reporting, on a quarterly basis, information regarding the death of any person who is in the process of arrest, is en route to be incarcerated, or is incarcerated at a municipal or county jail, State prison, or other local or State correctional facility (including any juvenile facility) that, at a minimum, includes-

"(A) the name, gender, race, ethnicity, and age of the deceased;

"(B) the date, time, and location of death; and "(C) a brief description of the circumstances surrounding the death.".

Approved October 13, 2000.

LEGISLATIVE HISTORY-H.R. 1800:

CONGRESSIONAL RECORD, Vol. 146 (2000):

July 24, considered and passed House. Oct. 3, considered and passed Senate.

Death in Custody Reporting Act of 2000. 42 USC 13701 note.

Oct. 13, 2000

[H.R. 1800]

# Attachment B. 2013 Death in Custody Report Act (P.L. 113-242).

PUBLIC LAW 113-242-DEC. 18, 2014

## DEATH IN CUSTODY REPORTING ACT OF 2013

## Public Law 113–242 113th Congress

### An Act

Dec. 18, 2014 [H.R. 1447] To encourage States to report to the Attorney General certain information regarding the deaths of individuals in the custody of law enforcement agencies, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

Death in Custody Reporting Act of 2013. 42 USC 13701 note.

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Death in Custody Reporting Act of 2013".

### 42 USC 13727.

### SEC. 2. STATE INFORMATION REGARDING INDIVIDUALS WHO DIE IN THE CUSTODY OF LAW ENFORCEMENT.

(a) IN GENERAL.—For each fiscal year after the expiration of the period specified in subsection (c)(1) in which a State receives funds for a program referred to in subsection (c)(2), the State shall report to the Attorney General, on a quarterly basis and pursuant to guidelines established by the Attorney General, information regarding the death of any person who is detained, under arrest, or is in the process of being arrested, is en route to be incarcerated, or is incarcerated at a municipal or county jail, State prison, State-run boot camp prison, boot camp prison that is contracted out by the State, any State or local contract facility, or other local or State correctional facility (including any juvenile facility).

(b) INFORMATION REQUIRED.—The report required by this section shall contain information that, at a minimum, includes—

(1) the name, gender, race, ethnicity, and age of the deceased;

(2) the date, time, and location of death;

(3) the law enforcement agency that detained, arrested, or was in the process of arresting the deceased; and

(4) a brief description of the circumstances surrounding the death.

(c) COMPLIANCE AND INELIGIBILITY.—

(1) COMPLIANCE DATE.—Each State shall have not more than 120 days from the date of enactment of this Act to comply with subsection (a), except that—

(A) the Attorney General may grant an additional 120 days to a State that is making good faith efforts to comply with such subsection; and

(B) the Attorney General shall waive the requirements of subsection (a) if compliance with such subsection by a State would be unconstitutional under the constitution of such State.

Waiver authority.

(2) INELIGIBILITY FOR FUNDS.—For any fiscal year after the expiration of the period specified in paragraph (1), a State that fails to comply with subsection (a), shall, at the discretion of the Attorney General, be subject to not more than a 10percent reduction of the funds that would otherwise be allocated for that fiscal year to the State under subpart 1 of part E of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3750 et seq.), whether characterized as the Edward Byrne Memorial State and Local Law Enforcement Assistance Programs, the Local Government Law Enforcement Block Grants Program, the Edward Byrne Memorial Justice Assistance Grant Program, or otherwise.

(d) REALLOCATION.—Amounts not allocated under a program referred to in subsection (c)(2) to a State for failure to fully comply with subsection (a) shall be reallocated under that program to States that have not failed to comply with such subsection.

(e) DEFINITIONS.—In this section the terms "boot camp prison" and "State" have the meaning given those terms, respectively, in section 901(a) of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3791(a)).

(f) STUDY AND REPORT OF INFORMATION RELATING TO DEATHS IN CUSTODY.—

(1) STUDY REQUIRED.—The Attorney General shall carry out a study of the information reported under subsection (b) and section 3(a) to—

(A) determine means by which such information can be used to reduce the number of such deaths; and

(B) examine the relationship, if any, between the number of such deaths and the actions of management of such jails, prisons, and other specified facilities relating to such deaths.

(2) REPORT.—Not later than 2 years after the date of the enactment of this Act, the Attorney General shall prepare and submit to Congress a report that contains the findings of the study required by paragraph (1).

### SEC. 3. FEDERAL LAW ENFORCEMENT DEATH IN CUSTODY REPORTING REQUIREMENT.

42 USC 13727a. Effective date.

(a) IN GENERAL.—For each fiscal year (beginning after the date that is 120 days after the date of the enactment of this Act), the head of each Federal law enforcement agency shall submit to the Attorney General a report (in such form and manner specified by the Attorney General) that contains information regarding the death of any person who is—

(1) detained, under arrest, or is in the process of being arrested by any officer of such Federal law enforcement agency (or by any State or local law enforcement officer while participating in and for purposes of a Federal law enforcement operation, task force, or any other Federal law enforcement capacity carried out by such Federal law enforcement agency); or

(2) en route to be incarcerated or detained, or is incarcerated or detained at—

(A) any facility (including any immigration or juvenile facility) pursuant to a contract with such Federal law enforcement agency;

(B) any State or local government facility used by such Federal law enforcement agency; or

(C) any Federal correctional facility or Federal pre-trial detention facility located within the United States.
(b) INFORMATION REQUIRED.—Each report required by this sec-tion shall include, at a minimum, the information required by section 2(b).

(c) STUDY AND REPORT.—Information reported under subsection (a) shall be analyzed and included in the study and report required by section 2(f).

Approved December 18, 2014.

LEGISLATIVE HISTORY-H.R. 1447:

HOUSE REPORTS: No. 113–285 (Comm. on the Judiciary). CONGRESSIONAL RECORD: Vol. 159 (2013): Dec. 12, considered and passed House. Vol. 160 (2014): Dec. 10, considered and passed Senate.

Attachment C. 42 USC § 3732

#### Page 5021

1976, 90 Stat. 2411, 2424, related to purposes and categories of grants for law enforcement and criminal justice purposes, prior to the general amendment of this chapter by Pub. L. 96-157.

#### Amendments

1984—Pub. L. 98-473 struck out "(including white-collar crime and public corruption)" after "information concerning crime" and "(including crimes against the elderly, white-collar crime, and public corruption)" after "levels of crime".

#### EFFECTIVE DATE OF 1984 AMENDMENT

Amendment by Pub. L. 98-473 effective Oct. 12, 1984, see section 609AA(a) of Pub. L. 98-473, set out as an Effective Date note under section 3711 of this title.

#### §3732. Bureau of Justice Statistics

#### (a) Establishment

There is established within the Department of Justice, under the general authority of the Attorney General, a Bureau of Justice Statistics (hereinafter referred to in this subchapter as "Bureau").

#### (b) Appointment of Director; experience; authority; restrictions

The Bureau shall be headed by a Director appointed by the President, by and with the advice and consent of the Senate. The Director shall have had experience in statistical programs. The Director shall have final authority for all grants, cooperative agreements, and contracts awarded by the Bureau. The Director shall be responsible for the integrity of data and statistics and shall protect against improper or illegal use or disclosure. The Director shall report to the Attorney General through the Assistant Attorney General. The Director shall not engage in any other employment than that of serving as Director; nor shall the Director hold any office in, or act in any capacity for, any organization, agency, or institution with which the Bureau makes any contract or other arrangement under this Act.

#### (c) Duties and functions of Bureau

The Bureau is authorized to-

(1) make grants to, or enter into cooperative agreements or contracts with public agencies, institutions of higher education, private organizations, or private individuals for purposes related to this subchapter; grants shall be made subject to continuing compliance with standards for gathering justice statistics set forth in rules and regulations promulgated by the Director;

(2) collect and analyze information concerning criminal victimization, including crimes against the elderly, and civil disputes;

(3) collect and analyze data that will serve as a continuous and comparable national social indication of the prevalence, incidence, rates, extent, distribution, and attributes of crime, juvenile delinquency, civil disputes, and other statistical factors related to crime, civil disputes, and juvenile delinquency, in support of national, State, tribal, and local justice policy and decisionmaking;

(4) collect and analyze statistical information, concerning the operations of the criminal justice system at the Federal, State, tribal, and local levels; (5) collect and analyze statistical information concerning the prevalence, incidence, rates, extent, distribution, and attributes of crime, and juvenile delinquency, at the Federal, State, tribal, and local levels;

(6) analyze the correlates of crime, civil disputes and juvenile delinquency, by the use of statistical information, about criminal and civil justice systems at the Federal, State, tribal, and local levels, and about the extent, distribution and attributes of crime, and juvenile delinquency, in the Nation and at the Federal, State, tribal, and local levels;

(7) compile, collate, analyze, publish, and disseminate uniform national statistics concerning all aspects of criminal justice and related aspects of civil justice, crime, including crimes against the elderly, juvenile delinquency, criminal offenders, juvenile delinquents, and civil disputes in the various States and in Indian country;

(8) recommend national standards for justice statistics and for insuring the reliability and validity of justice statistics supplied pursuant to this chapter;

(9) maintain liaison with the judicial branches of the Federal Government and State and tribal governments in matters relating to justice statistics, and cooperate with the judicial branch in assuring as much uniformity as feasible in statistical systems of the executive and judicial branches;

(10) provide information to the President, the Congress, the judiciary, State, tribal, and local governments, and the general public on justice statistics:

(11) establish or assist in the establishment of a system to provide State, tribal, and local governments with access to Federal informational resources useful in the planning, implementation, and evaluation of programs under this Act:

(12) conduct or support research relating to methods of gathering or analyzing justice statistics:

(13) provide for the development of justice information systems programs and assistance to the States, Indian tribes, and units of local government relating to collection, analysis, or dissemination of justice statistics;

(14) develop and maintain a data processing capability to support the collection, aggregation, analysis and dissemination of information on the incidence of crime and the operation of the criminal justice system;

(15) collect, analyze and disseminate comprehensive Federal justice transaction statistics (including statistics on issues of Federal justice interest such as public fraud and high technology crime) and to provide technical assistance to and work jointly with other Federal agencies to improve the availability and quality of Federal justice data;

(16) provide for the collection, compilation, analysis, publication and dissemination of information and statistics about the prevalence, incidence, rates, extent, distribution and attributes of drug offenses, drug related offenses and drug dependent offenders and further provide for the establishment of a national clearinghouse to maintain and update a comprehensive and timely data base on all criminal justice aspects of the drug crisis and to disseminate such information;

(17) provide for the collection, analysis, dissemination and publication of statistics on the condition and progress of drug control activities at the Federal, State, tribal, and local levels with particular attention to programs and intervention efforts demonstrated to be of value in the overall national anti-drug strategy and to provide for the establishment of a national clearinghouse for the gathering of data generated by Federal, State, tribal, and local criminal justice agencies on their drug enforcement activities;

(18) provide for the development and enhancement of State, tribal, and local criminal justice information systems, and the standardization of data reporting relating to the collection, analysis or dissemination of data and statistics about drug offenses, drug related offenses, or drug dependent offenders;

(19) provide for improvements in the accuracy, quality, timeliness, immediate accessibility, and integration of State and tribal criminal history and related records, support the development and enhancement of national systems of criminal history and related records including the National Instant Criminal Background Check System, the National Incident-Based Reporting System, and the records of the National Crime Information Center, facilitate State and tribal participation in national records and information systems, and support statistical research for critical analysis of the improvement and utilization of criminal history records;

(20) maintain liaison with State, tribal, and local governments and governments of other nations concerning justice statistics;

(21) cooperate in and participate with national and international organizations in the development of uniform justice statistics;

(22) ensure conformance with security and privacy requirement of section 3789g of this title and identify, analyze, and participate in the development and implementation of privacy, security and information policies which impact on Federal, tribal, and State criminal justice operations and related statistical activities; and

(23) exercise the powers and functions set out in subchapter VIII of this chapter.

## (d) Justice statistical collection, analysis, and dissemination

#### (1) In general

To ensure that all justice statistical collection, analysis, and dissemination is carried out in a coordinated manner, the Director is authorized to—

(A) utilize, with their consent, the services, equipment, records, personnel, information, and facilities of other Federal, State, local, and private agencies and instrumentalities with or without reimbursement therefor, and to enter into agreements with such agencies and instrumentalities for purposes of data collection and analysis;

(B) confer and cooperate with State, municipal, and other local agencies; (C) request such information, data, and reports from any Federal agency as may be required to carry out the purposes of this chapter;

(D) seek the cooperation of the judicial branch of the Federal Government in gathering data from criminal justice records;

(E) encourage replication, coordination and sharing among justice agencies regarding information systems, information policy, and data; and

(F) confer and cooperate with Federal statistical agencies as needed to carry out the purposes of this subchapter, including by entering into cooperative data sharing agreements in conformity with all laws and regulations applicable to the disclosure and use of data.

#### (2) Consultation with Indian tribes

The Director, acting jointly with the Assistant Secretary for Indian Affairs (acting through the Office of Justice Services) and the Director of the Federal Bureau of Investigation, shall work with Indian tribes and tribal law enforcement agencies to establish and implement such tribal data collection systems as the Director determines to be necessary to achieve the purposes of this section.

#### (e) Furnishing of information, data, or reports by Federal agencies

Federal agencies requested to furnish information, data, or reports pursuant to subsection (d)(1)(C) of this section shall provide such information to the Bureau as is required to carry out the purposes of this section.

#### (f) Consultation with representatives of State, tribal, and local government and judiciary

In recommending standards for gathering justice statistics under this section, the Director shall consult with representatives of State, tribal, and local government, including, where appropriate, representatives of the judiciary.

#### (g) Reports

Not later than 1 year after July 29, 2010, and annually thereafter, the Director shall submit to Congress a report describing the data collected and analyzed under this section relating to crimes in Indian country.

(Pub. L. 90-351, title I, §302, as added Pub. L. 96-157, §2, Dec. 27, 1979, 93 Stat. 1176; amended Pub. L. 98-473, title II, §605(b), Oct. 12, 1984, 98 Stat. 2079; Pub. L. 100-690, title VI, §6092(a), Nov. 18, 1988, 102 Stat. 4339; Pub. L. 103-322, title XXXIII, §330001(h)(2), Sept. 13, 1994, 108 Stat. 2139; Pub. L. 109-162, title XI, §1115(a), Jan. 5, 2006, 119 Stat. 3103; Pub. L. 111-211, title II, §251(b), July 29, 2010, 124 Stat. 2297.)

#### REFERENCES IN TEXT

This Act, referred to in subsecs. (b) and (c)(11), is Pub. L. 90-351, June 19, 1968, 82 Stat. 197, known as the Omnibus Crime Control and Safe Streets Act of 1968. For complete classification of this Act to the Code, see Short Title note set out under section 3711 of this title and Tables.

#### PRIOR PROVISIONS

A prior section 3732, Pub. L. 90-351, title I, §302, June 19, 1968, 82 Stat. 200; Pub. L. 93-63, §2, Aug. 6, 1973, 87 Page 5023

Stat. 201; Pub. L. 94-503, title I, §110, Oct. 15, 1976, 90 Stat. 2412, related to establishment of State planning agencies to develop comprehensive State plans for grants for law enforcement and criminal justice purposes, prior to the general amendment of this chapter by Pub. L. 96-157.

#### AMENDMENTS

2010-Subsec. (c)(3) to (6). Pub. L. 111-211, §251(b)(1)(A), inserted "tribal," after "State," wherever appearing.

Subsec. (c)(7). Pub. L. 111-211, §251(b)(1)(B), inserted "and in Indian country" after "States". Subsec. (c)(9). Pub. L. 111-211, §251(b)(1)(C), sub-

stituted "Federal Government and State and tribal governments" for "Federal and State Governments"

Subsec. (c)(10). (11). Pub. L. 111-211, §251(b)(1)(D), inserted ", tribal," after "State".
 Subsec. (c)(13). Pub. L. 111-211, §251(b)(1)(E), inserted
 ", Indian tribes," after "States".
 Subsec. (c)(17). Pub. L. 111-211, §251(b)(1)(F), sub-

stituted "activities at the Federal, State, tribal, and local" for "activities at the Federal, State and local" and "generated by Federal, State, tribal, and local" for 'generated by Federal, State, and local"

Subsec. (c)(18). Pub. L. 111-211, §251(b)(1)(G), sub-stituted "State, tribal, and local" for "State and local".

Subsec. (c)(19). Pub. L. 111-211, §251(b)(1)(H), inserted "and tribal" after "State" in two places

Subsec. (c)(20). Pub. L. 111-211, §251(b)(1)(I), inserted ", tribal," after "State".

Subsec. (c)(22). Pub. L. 111-211, §251(b)(1)(J), inserted ", tribal," after "Federal"

Subsec. (d). Pub. L. 111-211, §251(b)(2), designated existing provisions as par. (1), inserted par. (1) heading, substituted "To ensure" for "To insure", redesignated former pars. (1) to (6) as subpars. (A) to (F), respectively, of par. (1), realigned margins, and added par. (2). Subsec. (e). Pub. L. 111-211, \$251(b)(3), substituted "subsection (d)(1)(C)" for "subsection (d)(3)".

Subsec. (f). Pub. L. 111-211, §251(b)(4)(B), inserted ", tribal," after "State",

Pub. L. 111-211, §251(b)(4)(A), which directed insertion of ", tribal," after "State" in heading, was executed

editorially but could not be executed in original because heading had been editorially supplied.

Subsec. (g). Pub. L. 111-211, §251(b)(5), added subsec. (g)

2006-Subsec. (b). Pub. L. 109-162, §1115(a)(1), inserted after third sentence "The Director shall be responsible for the integrity of data and statistics and shall protect against improper or illegal use or disclosure." Subsec. (c)(19). Pub. L. 109-162, \$1115(a)(2), amended

par, (19) generally. Prior to amendment, par, (19) read as follows: "provide for research and improvements in the accuracy, completeness, and inclusiveness of oriminal history record information, information systems, arrest warrant, and stolen vehicle record information and information systems and support research concerning the accuracy, completeness, and inclusiveness of other criminal justice record information;"

Subsec. (d)(6). Pub. L. 109-162, §1115(a)(3), added par. (6)

1994-Subsec. (c)(19). Pub. L. 103-322 substituted a semicolon for period at end.

1988-Subsec. (c)(16) to (23). Pub. L. 100-690 added pars. (16) to (19) and redesignated former pars. (16) to (19) as (20) to (23), respectively.

1984-Subsec. (b). Pub. L. 98-473, §605(b)(1), inserted provision requiring Director to report to Attorney General through Assistant Attorney General.

Subsec. (c)(13). Pub. L. 98-473, §605(b)(2)(A), (C), added par. (13) and struck out former par. (13) relating to provision of financial and technical assistance to States and units of local government relating to collection, analysis, or dissemination of justice statistics.

Subsec. (c)(14), (15). Pub. L. 98-473, §605(b)(2)(C), added pars. (14) and (15). Former pars. (14) and (15) redesignated (16) and (17), respectively.

Subsec. (c)(16). Pub. L. 98-473, §605(b)(2)(A), (B), redesignated par. (14) as (16) and struck out former par. (16) relating to insuring conformance with security and privacy regulations issued under section 3789g of this title.

Subsec. (c)(17). Pub. L. 98-473, §605(b)(2)(B), redesig-nated par. (15) as (17). Former par. (17) redesignated (19).

Subsec. (c)(18), Pub. L. 98-473, §605(b)(2)(D), added par. (18).

Subsec. (c)(19). Pub. L. 98-473, §605(b)(2)(B), redesignated former par. (17) as (19).

Subsec. (d)(1). Pub. L. 98-473, §605(b)(3)(A), inserted , and to enter into agreements with such agencies and instrumentalities for purposes of data collection and analysis"

Subsec. (d)(5). Pub. L. 98-473, §605(b)(3)(B)-(D), added par. (5).

#### EFFECTIVE DATE OF 1984 AMENDMENT

Amendment by Pub. L. 98-473 effective Oct. 12, 1984, see section 609AA(a) of Pub. L. 98-473, set out as an Effective Date note under section 3711 of this title.

#### CONSTRUCTION OF 2010 AMENDMENT

Pub. L. 111-211, title II, §251(c), July 29, 2010, 124 Stat. 2298, provided that: "Nothing in this section [amending this section and provisions set out as a note under section 534 of Title 28, Judiciary and Judicial Procedure] or any amendment made by this section-

"(1) allows the grant to be made to, or used by, an entity for law enforcement activities that the entity lacks jurisdiction to perform; or

"(2) has any effect other than to authorize, award, or deny a grant of funds to a federally recognized Indian tribe for the purposes described in the relevant grant program."

[For definition of "Indian tribe" as used in section 251(c) of Pub. L. 111-211, set out above, see section 203(a) of Pub. L. 111-211, set out as a note under section 2801 of Title 25, Indians.]

#### STUDY OF CRIMES AGAINST SENIORS

Pub. L. 106-534, §5, Nov. 22, 2000, 114 Stat. 2557, provided that:

"(a) IN GENERAL - The Attorney General shall conduct a study relating to crimes against seniors, in order to assist in developing new strategies to prevent and otherwise reduce the incidence of those crimes.

"(b) ISSUES ADDRESSED.-The study conducted under this section shall include an analysis of-

"(1) the nature and type of crimes perpetrated against seniors, with special focus on-

"(A) the most common types of crimes that affect seniors;

"(B) the nature and extent of telemarketing, sweepstakes, and repair fraud against seniors; and

"(C) the nature and extent of financial and material fraud targeted at seniors;

"(2) the risk factors associated with seniors who have been victimized;

"(3) the manner in which the Federal and State criminal justice systems respond to crimes against seniors:

"(4) the feasibility of States establishing and maintaining a centralized computer database on the incidence of crimes against seniors that will promote the uniform identification and reporting of such crimes;

'(5) the effectiveness of damage awards in court actions and other means by which seniors receive reimbursement and other damages after fraud has been established: and

"(6) other effective ways to prevent or reduce the occurrence of crimes against seniors."

#### INCLUSION OF SENIORS IN NATIONAL CRIME VICTIMIZATION SURVEY

Pub. L. 106-534, §6, Nov. 22, 2000, 114 Stat. 2557, provided that: "Beginning not later than 2 years after the date of enactment of this Act [Nov. 22, 2000], as part of § 3733

each National Crime Victimization Survey, the Attorney General shall include statistics relating to-

"(1) crimes targeting or disproportionately affecting seniors;

"(2) crime risk factors for seniors, including the times and locations at which crimes victimizing seniors are most likely to occur; and

"(3) specific characteristics of the victims of crimes who are seniors, including age, gender, race or ethnicity, and socioeconomic status."

CRIME VICTIMS WITH DISABILITIES AWARENESS

Pub. L. 105-301, Oct. 27, 1998, 112 Stat. 2838, as amended by Pub. L. 106-402, title IV, §401(b)(10), Oct. 30, 2000, 114 Stat. 1739, provided that:

"SECTION 1. SHORT TITLE.

"This Act may be cited as the 'Crime Victims With Disabilities Awareness Act'.

'SEC. 2. FINDINGS: PURPOSES.

"(a) FINDINGS .- Congress finds that-

"(1) although research conducted abroad demonstrates that individuals with developmental disabilities are at a 4 to 10 times higher risk of becoming crime victims than those without disabilities, there have been no significant studies on this subject conducted in the United States;

"(2) in fact, the National Crime Victim's Survey, conducted annually by the Bureau of Justice Statistics of the Department of Justice, does not specifically collect data relating to crimes against individuals with developmental disabilities;

"(3) studies in Canada, Australia, and Great Britain consistently show that victims with developmental disabilities suffer repeated victimization because so few of the crimes against them are reported, and even when they are, there is sometimes a reluctance by police, prosecutors, and judges to rely on the testimony of a disabled individual, making individuals with developmental disabilities a target for criminal predators;

"(4) research in the United States needs to be done to--

"(A) understand the nature and extent of crimes

against individuals with developmental disabilities; "(B) describe the manner in which the justice system responds to crimes against individuals with de-

velopmental disabilities; and "(C) identify programs, policies, or laws that hold promises for making the justice system more re-

sponsive to crimes against individuals with developmental disabilities; and "(5) the National Academy of Science Committee

on Law and Justice of the National Research Council is a premier research institution with unique experience in developing seminal, multidisciplinary studies to establish a strong research base from which to make public policy.

"(b) PURPOSES.—The purposes of this Act are—

"(1) to increase public awareness of the plight of victims of crime who are individuals with developmental disabilities;

"(2) to collect data to measure the extent of the problem of crimes against individuals with developmental disabilities: and

"(3) to develop a basis to find new strategies to address the safety and justice needs of victims of crime who are individuals with developmental disabilities.

"SEC. 3. DEFINITION OF DEVELOPMENTAL DIS-ABILITY.

"In this Act, the term 'developmental disability' has the meaning given the term in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 [42 U.S.C. 15002].

"SEC. 4. STUDY.

"(a) IN GENERAL.—The Attorney General shall conduct a study to increase knowledge and information about crimes against individuals with developmental disabilities that will be useful in developing new strategies to reduce the incidence of crimes against those individuals.

"(b) ISSUES ADDRESSED.—The study conducted under this section shall address such issues as—

"(1) the nature and extent of crimes against individuals with developmental disabilities;

"(2) the risk factors associated with victimization of individuals with developmental disabilities;

"(3) the manner in which the justice system responds to crimes against individuals with developmental disabilities: and

"(4) the means by which States may establish and maintain a centralized computer database on the incidence of crimes against individuals with disabilities within a State.

"(c) NATIONAL ACADEMY OF SCIENCES.—In carrying out this section, the Attorney General shall consider contracting with the Committee on Law and Justice of the National Research Council of the National Academy of Sciences to provide research for the study conducted under this section.

"(d) REPORT.—Not later than 18 months after the date of enactment of this Act [Oct. 27, 1998], the Attorney General shall submit to the Committees on the Judiciary of the Senate and the House of Representatives a report describing the results of the study conducted under this section.

"SEC. 5. NATIONAL CRIME VICTIM'S SURVEY.

"Not later than 2 years after the date of enactment of this Act, as part of each National Crime Victim's Survey, the Attorney General shall include statistics relating to—

"(1) the nature of crimes against individuals with developmental disabilities; and

"(2) the specific characteristics of the victims of those crimes."

#### § 3733. Authority for 100 per centum grants

A grant authorized under this subchapter may be up to 100 per centum of the total cost of each project for which such grant is made. The Bureau shall require, whenever feasible as a condition of approval of a grant under this subchapter, that the recipient contribute money, facilities, or services to carry out the purposes for which the grant is sought.

(Pub. L. 90-351, title I, §303, as added Pub. L. 96-157, §2, Dec. 27, 1979, 93 Stat. 1178.)

#### PRIOR PROVISIONS

A prior section 3733, Pub. L. 90-351, title I, §303, June 19, 1968, 82 Stat. 201; Pub. L. 91-644, title I, §4(5), (6), Jan. 2, 1971, 84 Stat. 1883; Pub. L. 93-63, §2, Aug. 6, 1973, 87 Stat. 201; Pub. L. 93-415, title V, §543, Sept. 7, 1974, 88 Stat. 1142; Pub. L. 94-503, title I, §111, Oct. 15, 1976, 90 Stat. 2413; Pub. L. 96-181, §15(b), Jan. 2, 1980, 93 Stat. 1316, set out requirements of State plans in order to qualify for grants for law enforcement and criminal justice purposes, prior to the general amendment of this chapter by Pub. L. 96-157.

#### §3734. Repealed. Pub. L. 98-473, title Π, §605(c), Oct. 12, 1984, 98 Stat. 2080

Section, Pub. L. 90-351, title I, §304, as added Pub. L. 96-157, §2, Dec. 27, 1979, 93 Stat. 1178, provided for a Bureau of Justice Statistics Advisory Board, including establishment and composition of Board, rules respecting organization and procedure, term of office, duties and functions of Board, and delegation of powers and duties to Director.

A prior section 3734, Pub. L. 90-351, title I, §304, June 19, 1968, 82 Stat. 202; Pub. L. 93-83, §2, Aug. 6, 1973, 87 Stat. 203; Pub. L. 94-503, title I, §112, Oct. 15, 1976, 90 Stat. 2414, related to plans or applications for financial assistance from local government units, prior to the general revision of this chapter by Pub. L. 96-157. Attachment D. 42 USC § 3789(g)

#### §3789g

#### PRIOR PROVISIONS

A prior section 811 of Pub. L. 90-351 was classified to section 3789 of this title prior to repeal by section 609B(e) of Pub. L. 98-473.

### AMENDMENTS

1994—Subsec. (e). Pub. L. 103-322 substituted "Bureau of Justice Assistance" for "Law Enforcement Assistance Administration".

1984—Subsecs. (a), (b). Pub. L. 98-473, §609B(j)(1), substituted "Office of Justice Programs" for "Office of Justice Assistance, Research, and Statistics" wherever appearing.

Subsecs. (d) to (f). Pub. L. 98-473, §609B(j)(2), (3), redesignated subsecs. (e) and (f) as (d) and (e), respectively, and struck out former subsec. (d) relating to civil rights regulations and conforming changes of the regulations.

EFFECTIVE DATE OF 1984 AMENDMENT

Amendment by section 609B(j) of Pub. L. 98-473 effective Oct. 12, 1984, see section 609AA(a) of Pub. L. 98-473, set out as an Effective Date note under section 3711 of this title.

#### § 3789g. Confidentiality of information

#### (a) Research or statistical information; immunity from process; prohibition against admission as evidence or use in any proceedings

No officer or employee of the Federal Government, and no recipient of assistance under the provisions of this chapter shall use or reveal any research or statistical information furnished under this chapter by any person and identifiable to any specific private person for any purpose other than the purpose for which it was obtained in accordance with this chapter. Such information and copies thereof shall be immune from legal process, and shall not, without the consent of the person furnishing such information, be admitted as evidence or used for any purpose in any action, suit, or other judicial, legislative, or administrative proceedings.

(b) Criminal history information; disposition and arrest data; procedures for collection, storage, dissemination, and current status; security and privacy; availability for law enforcement, criminal justice, and other lawful purposes; automated systems: review, challenge, and correction of information

All criminal history information collected, stored, or disseminated through support under this chapter shall contain, to the maximum extent feasible, disposition as well as arrest data where arrest data is included therein. The collection, storage, and dissemination of such information shall take place under procedures reasonably designed to insure that all such information is kept current therein; the Office of Justice Programs shall assure that the security and privacy of all information is adequately provided for and that information shall only be used for law enforcement and criminal justice and other lawful purposes. In addition, an individual who believes that criminal history information concerning him contained in an automated system is inaccurate, incomplete, or maintained in violation of this chapter, shall, upon satisfactory verification of his identity, be entitled to review such information and to obtain a copy of it for the purpose of challenge or correction.

#### (c) Criminal intelligence systems and information; prohibition against violation of privacy and constitutional rights of individuals

All criminal intelligence systems operating through support under this chapter shall collect, maintain, and disseminate criminal intelligence information in conformance with policy standards which are prescribed by the Office of Justice Programs and which are written to assure that the funding and operation of these systems furthers the purpose of this chapter and to assure that such systems are not utilized in violation of the privacy and constitutional rights of individuals.

#### (d) Violations; fine as additional penalty

Any person violating the provisions of this section, or of any rule, regulation, or order issued thereunder, shall be fined not to exceed \$10,000, in addition to any other penalty imposed by law.

(Pub. L. 90-351, title I, §812, formerly §818, as added Pub. L. 96-157, §2, Dec. 27, 1979, 93 Stat. 1213; renumbered §812 and amended Pub. L. 98-473, title II, §609B(f), (k), Oct. 12, 1984, 98 Stat. 2093, 2096; Pub. L. 109-162, title XI, §1115(c), Jan. 5, 2006, 119 Stat. 3104.)

#### PRIOR PROVISIONS

A prior section 812 of Pub. L. 90-351 was classified to section 3789a of this title prior to repeal by section 609B(e) of Pub. L. 98-473.

#### AMENDMENTS

2006-Subsec. (a). Pub. L. 109-162 substituted "No" for "Except as provided by Federal law other than this chapter, no".

1984—Subsecs. (b), (c). Pub. L. 98-473, 609B(k), substituted "Office of Justice Programs" for "Office of Justice Assistance, Research, and Statistics".

#### EFFECTIVE DATE OF 1984 AMENDMENT

Amendment by section 609B(k) of Pub. L. 98-473 effective Oct. 12, 1984, see section 609AA(a) of Pub. L. 98-473, set out as an Effective Date note under section 3711 of this title.

#### § 3789h. Repealed. Pub. L. 98–473, title II, § 609B(e), (1), Oct. 12, 1984, 98 Stat. 2093, 2096

Section, Pub. L. 90-351, title I, §819, as added Pub. L. 96-157, §2, Dec. 27, 1979, 93 Stat. 1213, authorized acceptance of voluntary services. See section 3788(g) of this title.

#### EFFECTIVE DATE OF REPEAL

Repeal effective Oct. 12, 1984, see section 609AA(a) of Pub. L. 98-473, set out as an Effective Date note under section 3711 of this title.

## § 3789i. Administration of juvenile delinquency programs

The Director of the National Institute of Justice and the Director of the Bureau of Justice Statistics shall work closely with the Administrator of the Office of Juvenile Justice and Delinquency Prevention in developing and implementing programs in the juvenile justice and delinquency prevention field.

(Pub. L. 90-351, title I, §813, formerly §820, as added Pub. L. 96-157, §2, Dec. 27, 1979, 93 Stat. 1214; renumbered §813 and amended Pub. L. 98-473, title II, §609B(f), (m), Oct. 12, 1984, 98 Stat. 2093, 2096.)

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#### EFFECTIVE DATE OF REPEAL

Repeal effective Oct. 12, 1984, see section 609AA(a) of Pub. L. 98-473, set out as an Effective Date note under section 3711 of this title.

#### §3735. Use of data

Data collected by the Bureau shall be used only for statistical or research purposes, and shall be gathered in a manner that precludes their use for law enforcement or any purpose relating to a private person or public agency other than statistical or research purposes.

(Pub. L. 90-351, title I, §304, formerly §305, as added Pub. L. 96-157, §2, Dec. 27, 1979, 93 Stat. 1179; renumbered §304, Pub. L. 98-473, title II, §605(d), Oct. 12, 1984, 98 Stat. 2080; amended Pub. L. 109-162, title XI, §1115(b), Jan. 5, 2006, 119 Stat. 3104.)

#### PRIOR PROVISIONS

A prior section 304 of Pub. L. 90-351, as added by Pub. L. 96-157, was classified to section 3734 of this title prior to repeal by Pub. L. 98-473, title II, §605(c), Oct. 12, 1984, 98 Stat. 2080.

Prior sections 3735 to 3739 were omitted in the general amendment of this chapter by Pub. L. 96-157.

Section 3735, Pub. L. 90-351, title I, \$305, June 19, 1968, 82 Stat. 202; Pub. L. 91-644, title I, \$4(7), Jan. 2, 1971, 84 Stat. 1883; Pub. L. 93-83, §2, Aug. 6, 1973, 87 Stat. 203, related to reallocation of funds.

Section 3736, Pub. L. 90-351, title I, § 306, June 19, 1968, 82 Stat. 202; Pub. L. 91-644, title I, §4(8), Jan. 2, 1971, 84 Stat. 1883; Pub. L. 93-83, §2, Aug. 6, 1973, 87 Stat. 203; Pub. L. 94-503, title I, §113, Oct. 15, 1976, 90 Stat. 2415, related to allocation of funds.

Section 3737, Pub. L. 90-351, title I, §307, June 19, 1968, 82 Stat. 202; Pub. L. 93-83, §2, Aug. 6, 1973, 87 Stat. 204; Pub. L. 94-503, title I, §114, Oct. 15, 1976, 90 Stat. 2415, related to priority programs and projects.

Section 3738, Fub. L. 90-351, tible I, \$308, as added Pub. L. 93-83, \$2, Aug. 6, 1973, 87 Stat. 204; amended Pub. L. 94-503, title I, §115, Oct. 15, 1976, 90 Stat. 2415, related to Administration action upon State plans within prescribed time after date of submission.

Section 3739, Pub. L. 90-351, title I, §309, as added Pub. L. 94-503, title I, §116, Oct. 15, 1976, 90 Stat. 2415, related to assistance and grants to aid State antitrust enforcement.

#### AMENDMENTS

2006-Pub. L. 109-162 substituted "private person or public agency" for "particular individual"

#### SUBCHAPTER IV-ESTABLISHMENT OF BUREAU OF JUSTICE ASSISTANCE

#### PRIOR PROVISIONS

A prior subchapter IV, consisting of sections 3741 to 3748, related to block grants by Bureau of Justice Assistance, prior to repeal by Pub. L. 100-690, title VI, §6091(a), Nov. 18, 1988, 102 Stat. 4328. For similar provisions, see part A (§3750 et seq.) of subchapter V of this chapter.

Section 3741, Pub. L. 90-351, title I, §401, as added Pub. L. 98-473, title II, §606, Oct. 12, 1984, 98 Stat. 2080; amended Pub. L. 99-570, title I, §1552(b)(1), Oct. 27, 1986, 100 Stat. 3207-46, related to establishment of Bureau of Justice Assistance, appointment of Director, and authority and restrictions with regard to Director.

Section 3742, Pub. L. 90-351, title I, §402, as added Pub. L. 98-473, title II, \$606, Oct. 12, 1984, 98 Stat. 2080, related to duties and functions of Director

Section 3743, Pub. L. 90-351, title I, §403, as added Pub. L. 98-473, title II, §606, Oct. 12, 1984, 98 Stat. 2081, described grant program. Section 3744, Pub. L. 90-351, title I, §404, as added

Pub. L. 98-473, title II, §606, Oct. 12, 1984, 98 Stat. 2082,

authorized Bureau to make financial assistance under this subchapter available to States. Section 3745, Pub. L. 90-351, title I, §405, as added

Pub. L. 98-473, title II, §606, Oct. 12, 1984, 98 Stat. 2082, related to applications for assistance and contents of applications

Section 3746, Pub. L. 90-351, title I, §406, as added Pub. L. 98-473, title II, §606, Oct. 12, 1984, 98 Stat. 2084, related to review of applications.

Section 3747, Pub. L. 90-351, title I, §407, as added Pub. L. 98-473, title II, §606, Oct. 12, 1984, 98 Stat. 2084, related to allocation and distribution of funds. Section 3748, Pub. L. 90-351, title I, §408, as added

Pub. L. 98-473, title II, §606, Oct. 12, 1984, 98 Stat. 2085, related to designation of a State office to prepare applications and administer funds.

Another prior subchapter IV, consisting of sections 3741 to 3745, related to formula grant program, prior to the general amendment of this subchapter by Pub. L. 98 - 473

Section 3741, Pub. L. 90-351, title I, §401, as added Pub. L. 96-157, §2, Dec. 27, 1979, 93 Stat. 1179, described formula grant program.

Section 3742, Pub. L. 90-351, title I, §402, as added Pub. L. 96-157, §2, Dec. 27, 1979, 93 Stat. 1181, related to

eligibility provisions for formula grants. Section 3743, Pub. L. 90-351, title I, §403, as added Pub. L. 96-157, §2, Dec. 27, 1979, 93 Stat. 1187, concerned application requirements for formula grants

Section 3744, Pub. L. 90-351, title I, §404, as added Pub. L. 96-157, §2, Dec. 27, 1979, 93 Stat. 1188, provided

for review of applications for formula grants. Section 3745, Pub. L. 90-351, title I, §405, as added Pub. L. 96-157, §2, Dec. 27, 1979, 93 Stat. 1189, provided for allocation and distribution of funds for formula grants.

Another prior subchapter IV, consisting of sections 3741 to 3748 and 3750 to 3750d, related to training, education, research, demonstration, and special grants prior to the general amendment of this chapter by Pub. L. 96-157

Section 3741, Pub. L. 90-351, title I, §401, June 19, 1968, 82 Stat. 203; Pub. L. 93-83, §2, Aug. 6, 1973, 87 Stat. 205, set out the Congressional statement of purposes in making provision for training, education, research, demonstration, and special grants.

Section 3742, Pub. L. 90-351, title I, §402, June 19, 1968, 82 Stat. 203; Pub. L. 93-83, §2, Aug. 6, 1973, 87 Stat. 205; Pub. L. 94-503, title I, §117, Oct. 15, 1976, 90 Stat. 2416, provided for creation of a National Institute of Law Enforcement and Criminal Justice.

Section 3743, Pub. L. 90-351, title I, §403, June 19, 1968, 82 Stat. 203; Pub. L. 93-83, §2, Aug. 6, 1973, 87 Stat. 206, related to limitations on size of grants and contributions requirements for grants.

Section 3744, Pub. L. 90-351, title I, §404, June 19, 1968, 82 Stat. 204; Pub. L. 93-83, §2, Aug. 6, 1973, 87 Stat. 207, provided for Federal Bureau of Investigation law enforcement training programs. Section 3745, Pub. L. 90-351, title I, §405, June 19, 1968,

82 Stat. 204; Pub. L. 93-83, §2, Aug. 6, 1973, 87 Stat. 207, repealed Law Enforcement Assistance Act of 1965 and provided for funds to continue projects started there under.

Section 3746, Pub. L. 90-351, title I, §406, June 19, 1968, 82 Stat. 204; Pub. L. 91-644, title I, §5(1), Jan. 2, 1971, 84 Stat. 1884; Pub. L. 93-83, §2, Aug. 6, 1973, 87 Stat. 207, provided for academic educational assistance.

Section 3747, Pub. L. 90-351, title I, §407, formerly §408, as added Pub. L. 91-644, title I, §5(2), Jan. 2, 1971, 84 Stat. 1885; renumbered §407, Pub. L. 93-83, §2, Aug. 6, 1973, 87 Stat. 209, related to administration of training programs for prosecuting attorneys.

Another prior section 3747, Pub. L. 90-351, title I, §407, as added Pub. L. 91-644, title I, §5(2), Jan. 2, 1971, 84 Stat. 1885, related to Administration law enforcement training program for enforcement personnel, prior to the general amendment of this chapter by section 2 of Pub. L. 93-83

Section 3748, Pub. L. 90-351, title I, §408, as added Pub. L. 91-644, title I, §5(2), Jan. 2, 1971, 84 Stat. 1885,

Attachment E. Prison Survey forms NPS-4 and NPS-4A

| Forn                | Form NPS-4 |     | DEATHS IN CUSTODY—2015<br>ANNUAL SUMMARY OF INMATE DEATHS<br>IN STATE PRISONS |             |           |  | U.S. DEPARTMENT OF JUSTICE<br>BUREAU OF JUSTICE STATISTICS<br>AND ACTING AS COLLECTION AGENT:<br>RTI INTERNATIONAL |
|---------------------|------------|-----|---|-------------|-----------|--|--|
|                     |            |     |   | FORM COMPLE | TED BY:   |  |  |
| Name                |            |     |   |             | Title     |  |  |
| Official<br>Address |            |     |   |             | Telephone |  |  |
| City                |            |     |   |             | FAX       |  |  |
| State               |            | Zip |   | E-mail      |           |  |  |

## What deaths should be reported?

| INCLUDE deaths of ALL persons   | EXCLUDE deaths of ALL persons  |  |  |  |  |
|---|--|--|--|--|--|
| <ul> <li>Confined in your correctional facilities, whether housed under your jurisdiction or that of another state</li> <li>Under your jurisdiction but housed in private correctional facilities, whether located in or out of state</li> <li>Under your jurisdiction but in special facilities (e.g., medical/ treatment/release centers, halfway houses, police/court lockups, or work farms)</li> <li>In transit to or from your facilities while under your supervision</li> </ul> | <ul> <li>Executed in your state</li> <li>Confined in local jail facilities, whether located in or out of state</li> <li>Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility</li> <li>Under probation or parole supervision in your state</li> </ul> |  |  |  |  |

## During 2015, how many persons died while in the custody of your state correctional facilities?

## Number of deaths in 2015

Please fill out the number of deaths that occurred in calendar year 2015 above and submit this form and corresponding NPS-4A forms to RTI International. You may submit these data in one of these ways:

ONLINE: Complete this form online at: <u>https://bjsdcrp.rti.org</u> E-MAIL: <u>bjsdcrp@rti.org</u> FAX (TOLL-FREE): (866) 800-9179 MAIL: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100 5265 Capital Boulevard Raleigh, NC 27690-1652

| Fo   | each  | inmate | death, | please     | ensure     | that y  | ou have  | e submitted | la S    | STATE   | PRISON      | INMATE      | DEATH     | REPORT | (NPS-4A) | form. |
|------|-------|--------|--------|------------|------------|---------|----------|-------------|---------|---------|-------------|-------------|-----------|--------|----------|-------|
| IF I | NO DE | ATHS C | CCUR   | RED, it is | s still im | portant | that you | u complete  | this fo | orm and | d return it | to RTI Inte | ernationa | Ι.     |          |       |

If you need assistance, contact Matt Bensen of RTI International toll-free at (800) 344-1387 or send an e-mail to bisdcrp@rti.org

### **BURDEN STATEMENT**

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 5 minutes per response, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

| 1                   | Form NPS-4A<br>(Addendum) |     |  | EATHS IN CUSTO<br>STATE PRISON<br>DEATH REP | INMATE    | U.S. DEPARTMENT OF JUSTICE<br>BUREAU OF JUSTICE STATISTICS<br>AND ACTING AS COLLECTION AGENT:<br>RTI INTERNATIONAL |  |  |  |
|---------------------|---------------------------|-----|--|---|-----------|--|--|--|--|
| FORM COMPLETED BY:  |                           |     |  |   |           |  |  |  |  |
|                     | [                         |     |  |   |           |  |  |  |  |
| Name                |                           |     |  |   | Title     |  |  |  |  |
| Official<br>Address |                           |     |  |   | Telephone |  |  |  |  |
| City                |                           |     |  |   | FAX       |  |  |  |  |
| State               |                           | Zip |  | E-mail                                      |           |  |  |  |  |

## **Instructions for Completion**

If no deaths occurred in 2016:

- You will not need to report anything at this time.
- At the beginning of 2016, you will be asked to complete a summary form whether or not you had a death occurrence in 2015.

If you had more than one death in 2016:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: <u>https://bjsdcrp.rti.org</u>

E-MAIL: bjsdcrp@rti.org

FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture Project Number: 0215015.001.100.102.100 5265 Capital Boulevard Raleigh, NC 27690-1652

If you need assistance, call Matt Bensen of RTI International toll-free at (800) 344-1387 or bisdcrp@rti.org

| NCLUDE deaths of ALL persons  | EXCLUDE deaths of ALL persons   |
|---|---|
| Confined in your correctional facilities, whether housed  | Executed in your state  |
| under your jurisdiction or that of another state  | Confined in local jail facilities, whether located in or out of   |
| Under your jurisdiction but housed in private correctional  | state   |
| facilities, whether located in or out of state  | Under your jurisdiction but housed in a state-operated     approximately approxim |
| <ul> <li>Under your jurisdiction but in special facilities (e.g.,<br/>medical/treatment/release centers, halfway houses,</li> </ul> | correctional facility in another state or in a federal facility   |
| police/court lockups, or work farms)  | Under probation or parole supervision in your state   |
| <ul> <li>In transit to or from your facilities while under your<br/>supervision</li> </ul>  | <ul> <li>Under your jurisdiction but on AWOL or escape-status at<br/>the time of death</li> </ul>   |
|   |   |

## What deaths should be reported?

### **BURDEN STATEMENT**

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per each reported death, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

## STATE PRISON INMATE DEATH REPORT

| 1. | What was the inmate's name?  | 8.  | On what date was the inmate admitted to one of   |
|----|--|-----|--|
|    |  |     | your correctional facilities?  |
|    | LAST FIRST MI  |     |  |
|    |  |     | MONTH DAY YEAR   |
|    |  |     |  |
| 2. | On what date did the inmate die?   |     |  |
|    | 2 0 1 6  | 9.  | For what offense(s) was the inmate being held?   |
|    | MONTH DAY YEAR   |     | a.   |
|    |  |     | b.   |
| 3. | What was the name and location of the  |     |  |
| 0. | correctional facility involved?  |     | с.   |
|    |  |     | d.   |
|    | Facility Name:   |     | e.   |
|    |  |     |  |
|    | Facility City: Facility State:   |     |  |
|    |  |     |  |
|    |  | 10. | Since admission, did the inmate ever stay<br>overnight in a mental health facility?                |
|    |  |     | • Yes  |
| 4. | What was the inmate's date of birth?   |     | O No   |
| 4. |  |     | O Don't Know   |
|    |  |     |  |
|    | MONTH DAY YEAR   |     |  |
|    |  | 11. | Where did the inmate die?  |
| 5. | What was the inmate's sex?   |     | $\bigcirc$ In a general housing unit in the facility or in a                                       |
|    | ○ Male   |     | general housing unit on prison grounds   |
|    | O Female   |     | <ul> <li>In a segregation unit</li> <li>In a special medical unit/infirmary within your</li> </ul> |
|    |  |     | facility   |
|    |  |     | $\bigcirc$ In a special mental health services unit within   |
| 6. | Was the inmate of Hispanic, Latino, or Spanish origin?                           |     | <ul> <li>your facility</li> <li>In a medical center outside your facility</li> </ul>               |
|    |  |     | <ul> <li>In a mental health center outside your facility</li> </ul>                                |
|    | ○ Yes<br>○ No  |     | O While in transit   |
|    |  |     | O Elsewhere  |
|    |  |     | Please Specify:  |
| 7. | In addition, what was the inmate's race? Please                                  |     |  |
|    | select one or more of the following racial<br>categories:                        |     |  |
|    | -  |     |  |
|    | <ul> <li>White</li> <li>Black or African American</li> </ul>                     |     |  |
|    | <ul> <li>American Indian or Alaska Native</li> </ul>                             |     |  |
|    | <ul> <li>○ Asian</li> <li>○ Native Heureiten er Desitie Islander</li> </ul>      |     |  |
|    | <ul> <li>Native Hawaiian or Pacific Islander</li> <li>Some other race</li> </ul> |     |  |
|    | Please Specify:  |     |  |
|    |  |     |  |
|    |  |     |  |

## 12. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

- YES -----> CONTINUE TO Q13
- O Evaluation complete—results are pending
  - → SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH
- No evaluation is planned → CONTINUE TO Q13

| 13. | What | was the cause of death? *** Please SPECIFY cause of death—it is critical information*** |
|-----|------|---|
|     | 0    | Illness—Exclude AIDS-related deaths [Specify]   |
|     | 0    | Acquired Immune Deficiency Syndrome (AIDS)  |
|     | 0    | Accidental alcohol/drug intoxication [Describe]   |
|     | 0    | Accidental injury to self [Describe]  |
|     | 0    | Accidental injury by other (e.g., vehicular accidents during transport) [Describe]      |
|     | 0    | Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [Describe] |
|     | 0    | Homicide [Describe]   |
|     | 0    | Other cause(s) [Specify]  |

## 14. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place? NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related • In the prison facility or on the prison grounds ○ In the inmate's cell/room ○ In a temporary holding area/lockup O In a common area within the facility (e.g., yard, library, cafeteria) ○ In a special medical unit/infirmary IPLEASE ○ In a special mental health services unit SPECIFY] ○ In a segregation unit • On death row, special unit awaiting capital punishment C Elsewhere within the prison facility Please Specify: O Outside the prison facility (e.g., while on work release or on work detail) O Elsewhere Please Specify:

15. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

- O NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- O Morning (6 am to Noon)
- Afternoon (Noon to 6 pm)
- Evening (6 pm to Midnight)
- Overnight (Midnight to 6 am)

|   | e time of death, did the inmate receive any of the following medical<br>aused his/her death after admission to your correctional facilities? |
|---|--|
| O NOT APPLICABLE—Cause of death v       | was accidental injury, intoxication, suicide, or homicide  |
|   | YES NO DON'T KNOW  |
| a. Evaluated by physician/medical sta   | aff PLEASE PROVIDE A   |
| b. Diagnostic tests (e.g., X-rays, MRI) | ) RESPONSE FOR   |
|   | ŎŎŎŎŎŎ EACH ITEM (a–f)   |
| d. Treatment/care other than medicat    | tionsÖÖ  |
| e. Surgery                              |  |
| f. Confinement in special medical uni   | itOO   |

17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? (If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")

- O NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide
- O Pre-existing medical condition
- O Deceased developed condition after admission
- O Could not be determined

Please add any additional notes regarding this death here:

Attachment F. U.S. Standard Death Certificate

|   | 1. DECEDENT'S LEGAL NA   |  |                                  |  | le Last)   | 2  |   | 3. SOCIAL SECUR   |  |  |   |
|---|--|--|----------------------------------|--|--|--|---|---|--|--|---|
|   | 1. DECEDENT S LEGAL NA   |  | ANASII                           | ariy) (First, ivildo   | ie, Last)  | 2.   | SEX   | 3. SOCIAL SECOR   | ITT NUMBER   |  |   |
|   | 4a. AGE-Last Birthday 4b.  | UNDER 1 YE   | EAR                              | 4c. UNDER 1 D  | DAY 5. DATE OF B   | IRTH (Mo/Dav/  | Yr) 6. BIRTHF   | PLACE (City and Sta   | ate or Foreign Cou   | ntrv)  |   |
|   | (Years) Mon  |  |                                  | Hours Minu   |  | intern (into/Day)  | , o. Birtini  |   |  |  |   |
|   |  | iti is Day   |                                  |  | lies   |  |   |   |  |  |   |
|   | 7a. RESIDENCE-STATE  |  |                                  | 7b. COUNTY   |  | 7c. C  | CITY OR TOW   | N   |  |  |   |
|   |  |  |                                  | -  |  |  |   |   |  |  |   |
|   | 7d. STREET AND NUMBER  |  |                                  | /  | e. APT. NO. 7f. 2  | IP CODE  |   | 7g.   | . INSIDE CITY LIN  | MITS?  □ Yes   | 🗆 No  |
|   | 8. EVER IN US ARMED FOR  |  |                                  | STATUS AT T  |  |  | SURVIVING SI  | POUSE'S NAME (If  | wife, give name p  | rior to first marria   | ge)   |
|   | 🗆 Yes 🗆 No   |  |                                  | <ul> <li>Married, but</li> <li>Never Marrie</li> </ul>   | separated   Widowe   |  |   |   |  |  |   |
|   | 11. FATHER'S NAME (First,  |  |                                  |  |  | 12   | . MOTHER'S  | NAME PRIOR TO F   | IRST MARRIAGE  | (First, Middle, La   | st)   |
| By:   |  |  |                                  |  |  |  |   |   |  | •  | ,   |
| To Be Completed/ Verified<br>FUNERAL DIRECTOR:            | 13a. INFORMANT'S NAME  | 1  | 13b REI                          | ATIONSHIP TO   | DECEDENT   | 13   | c MAILING A   | DDRESS (Street an   | nd Number City S   | tate Zin Code)   |   |
| CTO<br>Veri   |  |  |                                  |  | DECEDENT   |  | 0. 11. 12. 10.  |   | ia rianizor, ony, o  | (ato, <u>Lip</u> couc)   |   |
| ed/   |  |  |                                  |  | OF DEATH (Check only   |  | (ationa)  |   |  |  |   |
| To Be Completed/ Verifie<br>FUNERAL DIRECTOR:             | IF DEATH OCCURRED IN   |  |                                  | 14. FLAGE (  | · ·  |  |   | ER THAN A HOSPI   | TAL:   |  |   |
| ERA   | □ Inpatient □ Emergency R  | Room/Outpatie  | ent 🗆 De                         |  | Hospice facility   | Nursing ho   | me/Long term  | care facility Dec   |  |  |   |
| UNI Be  | 15. FACILITY NAME (If not in   | nstitution, give   | e street &                       | k number)  | 16. CITY OR TOWN   | , STATE, AND   | ZIP CODE  |   |  | 17. COUNTY C   | OF DEATH  |
| <b>۴</b>  |  |  |                                  |  |  |  |   |   |  |  |   |
|   | 18. METHOD OF DISPOSITI  |  |                                  |  | 19. PLACE OF DISPO   | SITION (Name   | of cemetery,  | crematory, other pla  | ce)  |  |   |
|   | <ul> <li>Donation Entombme     <li>Other (Specify):</li> </li></ul>  | ent 🗆 Remov  | al from S                        | State  |  |  |   |   |  |  |   |
|   | 20. LOCATION-CITY, TOWN  | N, AND STAT  | E                                | 21   | . NAME AND COMPLE  | TE ADDRESS   | OF FUNERA   | L FACILITY  |  |  |   |
|   |  |  |                                  |  |  |  |   |   |  |  |   |
|   | 22. SIGNATURE OF FUNER   | AL SERVICE   | LICENS                           | SEE OR OTHER   | AGENT  |  |   |   | 23.  | LICENSE NUME   | BER (Of Licensee)   |
|   |  |  |                                  |  |  |  |   |   |  |  |   |
|   | ITEMS 24-28 MUST B   | BE COMPL   | LETED                            | BY PERSC   | ON 24. DATE  | PRONOUNCE  | D DEAD (Mo/D  | Day/Yr)   | •  | 25. TIME F   | PRONOUNCED DE   |
|   | WHO PRONOUNCES   | OR CER   | TIFIES                           | DEATH  |  |  |   |   |  |  |   |
|   | 26. SIGNATURE OF PERSO   | N PRONOUN  | NCING D                          | EATH (Only wh  | en applicable)   | 27. L  | ICENSE NUN  | 1BER  | 2  | 8. DATE SIGNED   | O (Mo/Day/Yr)   |
|   |  |  |                                  |  |  |  |   |   |  |  |   |
|   | 29. ACTUAL OR PRESUME  |  | DEATH                            |  | 30. ACTUAL OR P  | RESUMED TIN  | IE OF DEATH   |   | 31. WAS MEDIC  |  |   |
|   | (Mo/Day/Yr) (Spell Month   | n)   |                                  |  |  |  |   |   | CORONER C  | CONTACTED?   | Yes 🗆 No  |
|   |  |  |                                  |  | H (See instruction   |  |   |   | •  |  | Approximate<br>interval:  |
|   | <ol> <li>PART I. Enter the <u>chai</u><br/>arrest, respiratory arrest</li> </ol>   |  |                                  |  |  |  |   |   |  |  | Onset to death  |
|   | lines if necessary.  |  |                                  |  | ing the stolegy. Do it   | 01712011217  |   |   |  |  |   |
|   | IMMEDIATE CAUSE (Final   |  |                                  |  |  |  |   |   |  |  |   |
|   | disease or condition   |  |                                  |  |  |  |   |   |  |  |   |
|   | resulting in death)  |  |                                  | D  | ue to (or as a conseque  | nce of):   |   |   |  |  |   |
|   | Sequentially list conditions,<br>if any, leading to the cause  | b  |                                  |  | ue to (or as a conseque  | nce of):   |   |   |  |  |   |
|   | listed on line a. Enter the  |  |                                  | D  | de lo (or as a conseque  | ice or).   |   |   |  |  |   |
|   | UNDERLYING CAUSE<br>(disease or injury that  | C  |                                  | Г  | Oue to (or as a conseque   | nce of):   |   |   |  |  |   |
|   | initiated the events resulting   |  |                                  | -  |  |  |   |   |  |  |   |
|   | in death) LAST   | d  |                                  |  |  |  |   |   |  |  |   |
|   | PART II. Enter other signification   | ant conditions   | contribut                        | ting to death but  | not resulting in the und   | erlying cause g  | iven in PART  | I   |  | UTOPSY PERFC   | RMED?   |
|   | □ Yes □ No<br>34. WERE AUTOPSY FINDINGS AVAILA   |  |                                  |  |  |  |   |   |  |  |   |
|   |  |  |                                  |  |  |  |   |   |  |  | S AVAILABLE TO  |
|   |  |  |                                  |  |  |  |   |   |  |  | EATH? 🗆 Yes 🗆 N   |
| 5 M   | 35. DID TOBACCO USE CO   | ONTRIBUTE  |                                  | FEMALE:  |  |  |   | 37. MANNER OF D   | COMPLETE TH  |  | EATH? 🗆 Yes 🗆 N   |
| d By:<br>FIER   |  | ONTRIBUTE  |                                  | FEMALE:<br>Not pregnant wi   | thin past year   |  |   |   | COMPLETE TH  |  | EATH? 🗆 Yes 🗆 N   |
| leted By:<br>ERTIFIER                                     |  | ONTRIBUTE  |                                  |  |  |  |   | □ Natural □ F   | COMPLETE TH<br>DEATH<br>Homicide   | HE CAUSE OF DE   | EATH? 🗆 Yes 🗆 N   |
| ompleted By:<br>L CERTIFIER                               |  | ONTRIBUTE  |                                  | Not pregnant wi<br>Pregnant at time  | e of death   | ws of death  |   | □ Natural □ F   | COMPLETE TH<br>DEATH   | HE CAUSE OF DE   | EATH? 🗆 Yes 🗆 N   |
| ie Completed By:<br>IICAL CERTIFIER                       |  | ONTRIBUTE  |                                  | Not pregnant wi<br>Pregnant at time  |  | ys of death  |   | □ Natural □ F   | COMPLETE TH<br>DEATH<br>Homicide   | HE CAUSE OF DE   | EATH? 🗆 Yes 🗆 N   |
| To Be Completed By:<br>MEDICAL CERTIFIER                  |  | ONTRIBUTE  |                                  | Not pregnant wi<br>Pregnant at time<br>Not pregnant, b   | e of death   | -  |   | □ Natural □ H   | COMPLETE TH<br>DEATH<br>Homicide<br>Pending Investigati  | HE CAUSE OF DE   | EATH? 🗆 Yes 🗆 N   |
| To Be Completed By:<br>MEDICAL CERTIFIER                  |  | ONTRIBUTE  |                                  | Not pregnant wi<br>Pregnant at time<br>Not pregnant, b<br>Not pregnant, b  | e of death<br>ut pregnant within 42 da   | year before de   |   | □ Natural □ H   | COMPLETE TH<br>DEATH<br>Homicide<br>Pending Investigati  | HE CAUSE OF DE   | EATH? 🗆 Yes 🗆 N   |
| To Be Completed By:<br>MEDICAL CERTIFIER                  | TO DEATH?  Yes Probably No Unknown   | 39. TIME 0   |                                  | Not pregnant wi<br>Pregnant at time<br>Not pregnant, b<br>Not pregnant, b<br>Unknown if pre  | e of death<br>ut pregnant within 42 da<br>ut pregnant 43 days to 1   | year before de<br>ar   | eath  | Natural Accident Suicide  | COMPLETE TH<br>DEATH<br>Homicide<br>Pending Investigati<br>Could not be deten  | IE CAUSE OF DE   | URY AT WORK?  |
| To Be Completed By:<br>MEDICAL CERTIFIER                  | TO DEATH?  Yes Probably No Unknown   | 39. TIME 0   |                                  | Not pregnant wi<br>Pregnant at time<br>Not pregnant, b<br>Not pregnant, b<br>Unknown if pre  | e of death<br>ut pregnant within 42 da<br>ut pregnant 43 days to 1<br>egnant within the past ye  | year before de<br>ar   | eath  | Natural Accident Suicide  | COMPLETE TH<br>DEATH<br>Homicide<br>Pending Investigati<br>Could not be deten  | IE CAUSE OF DE   |   |
| To Be Completed By:<br>MEDICAL CERTIFIER                  | TO DEATH?  Ves Probably No Unknown  38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)   | 39. TIME O   |                                  | Not pregnant wi<br>Pregnant at time<br>Not pregnant, b<br>Not pregnant, b<br>Unknown if pre  | e of death<br>ut pregnant within 42 da<br>ut pregnant 43 days to 1<br>egnant within the past ye<br>PLACE OF INJURY (e.g  | year before de<br>ar   | eath  | Natural Accident Suicide  | COMPLETE TH<br>DEATH<br>Homicide<br>Pending Investigati<br>Could not be deten  | IE CAUSE OF DE   | URY AT WORK?  |
| To Be Completed By:<br>MEDICAL CERTIFIER                  | TO DEATH?  Yes Probably No Unknown  38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)  42. LOCATION OF INJURY:  | 39. TIME O   |                                  | Not pregnant wi<br>Pregnant at time<br>Not pregnant, b<br>Not pregnant, b<br>Unknown if pre  | e of death<br>ut pregnant within 42 da<br>ut pregnant 43 days to 1<br>egnant within the past ye  | year before de<br>ar   | eath<br>Iome; construc  | Natural Accident F Suicide C Stion site; restaurant;  | COMPLETE TH<br>DEATH<br>Homicide<br>Pending Investigati<br>Could not be deten  | ion<br>mined   | URY AT WORK?  |
| To Be Completed By:<br>MEDICAL CERTIFIER                  | TO DEATH?  Yes Probably No Unknown  38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)  42. LOCATION OF INJURY: Street & Number:   | 39. TIME O<br>State:   | DF INJUR                         | Not pregnant wi<br>Pregnant at time<br>Not pregnant, b<br>Not pregnant, b<br>Unknown if pre  | e of death<br>ut pregnant within 42 da<br>ut pregnant 43 days to 1<br>egnant within the past ye<br>PLACE OF INJURY (e.g  | year before de<br>ar   | eath  | Natural Accident F Suicide C Stion site; restaurant;  | COMPLETE TH<br>DEATH<br>Homicide<br>Pending Investigati<br>Could not be deten<br>; wooded area)<br>Zip Code  | ion<br>Mined<br>e:   | URY AT WORK?<br>Yes □ No  |
| To Be Completed By:<br>MEDICAL CERTIFIER                  | TO DEATH?  Yes Probably No Unknown  38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)  42. LOCATION OF INJURY:  | 39. TIME O<br>State:   | DF INJUR                         | Not pregnant wi<br>Pregnant at time<br>Not pregnant, b<br>Not pregnant, b<br>Unknown if pre  | e of death<br>ut pregnant within 42 da<br>ut pregnant 43 days to 1<br>egnant within the past ye<br>PLACE OF INJURY (e.g  | year before de<br>ar   | eath<br>Iome; construc  | Natural Accident F Suicide C Stion site; restaurant;  | COMPLETE TH<br>DEATH<br>Homicide<br>Pending Investigati<br>Could not be deten<br>; wooded area)<br>Zip Code  | ion<br>mined<br>e:<br>SPORTATION INJ   | URY AT WORK?<br>Yes □ No  |
| To Be Completed By:<br>MEDICAL CERTIFIER                  | TO DEATH?  Yes Probably No Unknown  38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)  42. LOCATION OF INJURY: Street & Number:   | 39. TIME O<br>State:   | DF INJUR                         | Not pregnant wi<br>Pregnant at time<br>Not pregnant, b<br>Not pregnant, b<br>Unknown if pre  | e of death<br>ut pregnant within 42 da<br>ut pregnant 43 days to 1<br>egnant within the past ye<br>PLACE OF INJURY (e.g  | year before de<br>ar   | eath<br>Iome; construc  | Natural Accident F Suicide C Stion site; restaurant;  | COMPLETE TH<br>DEATH<br>Homicide<br>Pending Investigati<br>Could not be deten<br>; wooded area)<br>Zip Codd<br>44. IF TRANS<br>Driver/Open<br>Passenger  | ion<br>mined<br>41. INJ<br>e:<br>sPORTATION INJ<br>rator   | URY AT WORK?<br>Yes □ No  |
| To Be Completed By:<br>MEDICAL CERTIFIER                  | TO DEATH?  Yes Probably No Unknown  38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)  42. LOCATION OF INJURY: Street & Number:   | 39. TIME O<br>State:   | DF INJUR                         | Not pregnant wi<br>Pregnant at time<br>Not pregnant, b<br>Not pregnant, b<br>Unknown if pre  | e of death<br>ut pregnant within 42 da<br>ut pregnant 43 days to 1<br>egnant within the past ye<br>PLACE OF INJURY (e.g  | year before de<br>ar   | eath<br>Iome; construc  | Natural Accident F Suicide C Stion site; restaurant;  | COMPLETE TH<br>DEATH<br>Homicide<br>Pending Investigati<br>Could not be deten<br>; wooded area)<br>Zip Codd<br>44. IF TRANS<br>Driver/Opei<br>Passenger<br>Pedestrian  | ion<br>mined<br>41. INJ<br>41. INJ<br>59<br>6:<br>59<br>6:<br>59<br>70<br>71<br>71<br>70<br>71<br>71<br>71<br>71<br>71<br>71<br>71<br>71<br>71<br>71<br>71<br>71<br>71 | URY AT WORK?<br>Yes □ No  |
| To Be Completed By:<br>MEDICAL CERTIFIER                  | TO DEATH?  Yes Probably No Unknown  38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)  42. LOCATION OF INJURY: Street & Number:  43. DESCRIBE HOW INJUR   | 39. TIME C<br>State:<br>Y OCCURRE  | DF INJUR                         | Not pregnant wi<br>Pregnant at time<br>Not pregnant, b<br>Not pregnant, b<br>Unknown if pre  | e of death<br>ut pregnant within 42 da<br>ut pregnant 43 days to 1<br>egnant within the past ye<br>PLACE OF INJURY (e.g  | year before de<br>ar   | eath<br>Iome; construc  | Natural Accident F Suicide C Stion site; restaurant;  | COMPLETE TH<br>DEATH<br>Homicide<br>Pending Investigati<br>Could not be deten<br>; wooded area)<br>Zip Codd<br>44. IF TRANS<br>Driver/Open<br>Passenger  | ion<br>mined<br>41. INJ<br>41. INJ<br>59<br>6:<br>59<br>6:<br>59<br>70<br>71<br>71<br>70<br>71<br>71<br>71<br>71<br>71<br>71<br>71<br>71<br>71<br>71<br>71<br>71<br>71 | URY AT WORK?<br>Yes □ No  |
| To Be Completed By:<br>MEDICAL CERTIFIER                  | TO DEATH?  Yes Probably No Unknown  38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)  42. LOCATION OF INJURY: Street & Number:   | 39. TIME C<br>State:<br>Y OCCURRE<br>one):   | DF INJUR                         | Not pregnant wi<br>Pregnant at time<br>Not pregnant, b<br>Unknown if pre<br>Y 40. f  | e of death<br>ut pregnant within 42 da<br>ut pregnant 43 days to 1<br>egnant within the past ye<br>PLACE OF INJURY (e.g<br>City or Town:   | year before de<br>ar<br>, Decedent's h   | eath<br>Iome; construc<br>Apartment I                                     | Natural Accident F Suicide C Stion site; restaurant;  | COMPLETE TH<br>DEATH<br>Homicide<br>Pending Investigati<br>Could not be deten<br>; wooded area)<br>Zip Codd<br>44. IF TRANS<br>Driver/Opei<br>Passenger<br>Pedestrian  | ion<br>mined<br>41. INJ<br>41. INJ<br>59<br>6:<br>59<br>6:<br>59<br>70<br>71<br>71<br>70<br>71<br>71<br>71<br>71<br>71<br>71<br>71<br>71<br>71<br>71<br>71<br>71<br>71 | URY AT WORK?<br>Yes □ No  |
| To Be Completed By:<br>MEDICAL CERTIFIER                  | TO DEATH?  TO DEATH?  Yes Probably  No Unknown  38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)  42. LOCATION OF INJURY: <u>Street &amp; Number:</u> 43. DESCRIBE HOW INJUR  45. CERTIFIER (Check only of Certifying physician-To Pronouncing & Certifyin   | 39. TIME O<br>State:<br>Y OCCURRE  | DF INJUR                         | Not pregnant wi<br>Pregnant at time<br>Not pregnant, b<br>Not pregnant, b<br><u>Unknown if pre</u><br><u>Y</u> 40. f   | e of death<br>ut pregnant within 42 da<br>ut pregnant 43 days to 1<br>egnant within the past ye<br>PLACE OF INJURY (e.g<br>City or Town:<br>Gity or Town:<br>urred due to the cause(s<br>dge, death occurred at t  | year before de<br>ar<br>, Decedent's h<br>, Decedent's h<br>and manner s<br>ne time, date, a   | eath<br>nome; construct<br><u>Apartment I</u><br>tated.<br>and place, and | Natural Accident F Suicide Ction site; restaurant; No.:   | COMPLETE TH<br>DEATH<br>Homicide<br>Pending Investigati<br>Could not be detern<br>; wooded area)<br>Zip Codd<br>44. IF TRANS<br>Driver/Open<br>Passenger<br>Pedestrian<br>Other (Spe   | IE CAUSE OF DE   | URY AT WORK?<br>Yes D No<br>IURY, SPECIFY:  |
| To Be Completed By:<br>MEDICAL CERTIFIER                  | TO DEATH?   Yes Probably  No Unknown  38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)  42. LOCATION OF INJURY: <u>Street &amp; Number:</u> 43. DESCRIBE HOW INJUR  45. CERTIFIER (Check only of Certifying physician-To   | 39. TIME O<br>State:<br>Y OCCURRE  | DF INJUR                         | Not pregnant wi<br>Pregnant at time<br>Not pregnant, b<br>Not pregnant, b<br><u>Unknown if pre</u><br><u>Y</u> 40. f   | e of death<br>ut pregnant within 42 da<br>ut pregnant 43 days to 1<br>egnant within the past ye<br>PLACE OF INJURY (e.g<br>City or Town:<br>Gity or Town:<br>urred due to the cause(s<br>dge, death occurred at t  | year before de<br>ar<br>, Decedent's h<br>, Decedent's h<br>and manner s<br>ne time, date, a   | eath<br>nome; construct<br><u>Apartment I</u><br>tated.<br>and place, and | Natural Accident F Suicide Ction site; restaurant; No.:   | COMPLETE TH<br>DEATH<br>Homicide<br>Pending Investigati<br>Could not be detern<br>; wooded area)<br>Zip Codd<br>44. IF TRANS<br>Driver/Open<br>Passenger<br>Pedestrian<br>Other (Spe   | IE CAUSE OF DE   | URY AT WORK?<br>Yes D No<br>IURY, SPECIFY:  |
| To Be Completed By:<br>MEDICAL CERTIFIER                  | TO DEATH?  TO DEATH?  Yes Probably  No Unknown  38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)  42. LOCATION OF INJURY: <u>Street &amp; Number:</u> 43. DESCRIBE HOW INJUR  45. CERTIFIER (Check only of Certifying physician-To Pronouncing & Certifying  | 39. TIME O<br>State:<br>Y OCCURRE  | DF INJUR                         | Not pregnant wi<br>Pregnant at time<br>Not pregnant, b<br>Not pregnant, b<br><u>Unknown if pre</u><br><u>Y</u> 40. f   | e of death<br>ut pregnant within 42 da<br>ut pregnant 43 days to 1<br>egnant within the past ye<br>PLACE OF INJURY (e.g<br>City or Town:<br>Gity or Town:<br>urred due to the cause(s<br>dge, death occurred at t  | year before de<br>ar<br>, Decedent's h<br>, Decedent's h<br>and manner s<br>ne time, date, a   | eath<br>nome; construct<br><u>Apartment I</u><br>tated.<br>and place, and | Natural Accident F Suicide Ction site; restaurant; No.:   | COMPLETE TH<br>DEATH<br>Homicide<br>Pending Investigati<br>Could not be detern<br>; wooded area)<br>Zip Codd<br>44. IF TRANS<br>Driver/Open<br>Passenger<br>Pedestrian<br>Other (Spe   | IE CAUSE OF DE   | URY AT WORK?<br>Yes D No<br>IURY, SPECIFY:  |
| To Be Completed By:<br>MEDICAL CERTIFIER                  | TO DEATH?  Ves Probably No Unknown  38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)  42. LOCATION OF INJURY: Street & Number:  43. DESCRIBE HOW INJUR  45. CERTIFIER (Check only c Certifying physician-To Pronouncing & Certifyin Medical Examiner/Coror   | 39. TIME O<br>State:<br>Y OCCURRE<br>one):<br>the best of m<br>ig physician-T<br>her-On the ba   | DF INJUR                         | Not pregnant wi<br>Pregnant at time<br>Not pregnant, b<br>Unknown if pre<br>Y 40. f<br>Y 40. f   | e of death<br>ut pregnant within 42 da<br>ut pregnant 43 days to 1<br>egnant within the past ye<br>PLACE OF INJURY (e.g<br>City or Town:<br>City or Town:<br>urred due to the cause(s<br>dge, death occurred at to<br>pr investigation, in my op   | year before de<br>ar<br>, Decedent's f<br>, Decedent's f<br>and manner s<br>and manner s<br>inion, death oc  | eath<br>nome; construct<br><u>Apartment I</u><br>tated.<br>and place, and | Natural Accident F Suicide Ction site; restaurant; No.:   | COMPLETE TH<br>DEATH<br>Homicide<br>Pending Investigati<br>Could not be detern<br>; wooded area)<br>Zip Codd<br>44. IF TRANS<br>Driver/Open<br>Passenger<br>Pedestrian<br>Other (Spe   | IE CAUSE OF DE   | URY AT WORK?<br>Yes D No<br>IURY, SPECIFY:  |
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|   | TO DEATH?  TO DEATH?  Yes Probably  No Unknown  38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)  42. LOCATION OF INJURY: Street & Number:  43. DESCRIBE HOW INJUR  45. CERTIFIER (Check only c Certifying physician-To Pronouncing & Certifyin Medical Examiner/Coror Signature of certifier:  46. NAME, ADDRESS, AND  47. TITLE OF CERTIFIER  51. DECEDENT'S EDUCATIT that best describes the highes school completed at the time of 8th grade or less 9th - 12th grade; no diplon High school graduate or G   | 39. TIME O<br>State:<br>Y OCCURRE<br>one):<br>the best of m<br>g physician-T<br>ner-On the ba<br>ZIP CODE O<br>48. LICENS<br>ON-Check the<br>st degree or le<br>of death.<br>na  | DF INJUR<br>DF INJUR<br>DF INJUR | Not pregnant wi<br>Pregnant at time<br>Not pregnant, b<br>Unknown if pre<br>RY 40. f<br>RY 40. f<br>RY 52. DECEDENT<br>that best d<br>Spanish/His<br>decedent is<br>No, not Span   | e of death<br>ut pregnant within 42 da<br>ut pregnant within 42 da<br>type service of the service of t   | year before de<br>ar<br>, Decedent's f<br>, Decedent's f<br>and manner s<br>and manner s<br>ne time, date, a<br>inion, death oc<br>(Item 32)<br>ED (Mo/Day/Yi<br>V? Check the<br>cedent is<br>e "No" box if<br>atino.          | eath Tome; construct Apartment I Tated. and place, and ccurred at the f   | Natural Accident Accident Accident Accident C Accident C C Consite; restaurant; C C C C C C C C C C C C C C C C C C C   | COMPLETE TH<br>DEATH<br>Homicide<br>Pending Investigati<br>Could not be deten<br>wooded area)<br>Zip Codd<br>44. IF TRANS<br>Driver/Open<br>Passenger<br>Pedestrian<br>Other (Spe<br>and manner state<br>e, and due to the co<br>FOR REGISTRA<br>RACE (Check one<br>dered himself or ho<br>American<br>or Alaska Native                                    | IE CAUSE OF DE   | URY AT WORK?<br>Yes Do<br>No<br>IURY, SPECIFY:<br>her stated.<br>FILED (Mo/Day/Yr)<br>indicate what the |
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|   | TO DEATH?  Yes Probably No Unknown  38. DATE OF INJURY (Mo/Day/Yr) (Spell Month)  42. LOCATION OF INJURY: Street & Number:  43. DESCRIBE HOW INJUR  45. CERTIFIER (Check only c Certifying physician-To Pronouncing & Certifyin Medical Examiner/Coror Signature of certifier:  46. NAME, ADDRESS, AND  47. TITLE OF CERTIFIER  51. DECEDENT'S EDUCATI that best describes the highes school completed at the time f \$1. DECEDENT'S EDUCATI that best describes the highes school completed at the time f \$1. DECEDENT'S EDUCATI that best describes the highes school completed at the time f \$1. DECEDENT'S EDUCATI that best describes the highes school completed at the time f \$1. DECEDENT'S EDUCATI that best describes the highes school completed at the time f \$1. DECEDENT'S EDUCATI that best describes the highes school completed at the time f \$1. DECEDENT'S EDUCATI that best describes the highes school completed at the time f \$1. DECEDENT'S EDUCATI that best describes the highes school completed at the time f \$1. DECEDENT'S EDUCATI that best describes the highes school completed at the time f \$1. DECEDENT'S EDUCATI that best describes the highes school completed at the time f \$1. DECEDENT'S EDUCATI that best describes the highes school completed at the time f \$1. DECEDENT'S EDUCATI that best describes the highes school completed at the time f \$1. DECEDENT'S EDUCATI that best describes the highes school completed at the time f \$1. DECEDENT'S EDUCATI that best describes the highes school completed at the time f \$1. DECEDENT'S EDUCATI that best describes the highes school completed at the time f \$1. DECEDENT'S EDUCATI that best describes the highes school completed at the time f \$1. DECEDENT'S EDUCATI that best describes the highes school completed at the time f \$1. DECEDENT'S EDUCATI that best describes the highes school completed at the time f \$1. DECEDENT'S EDUCATI that best describes the highes school completed at the time f \$1. DECEDENT'S EDUCATI that best describes the highes \$1. DECEDENT'S EDUCATI that best describes the highes sch | 39. TIME O<br>State:<br>Y OCCURRE<br>one):<br>the best of m;<br>g physician-T<br>ner-On the ba<br>ZIP CODE O<br>48. LICENS<br>ON-Check the<br>t degree or le<br>of death.<br>na<br>SED complete<br>to degree<br>A, AS)<br>tA, AB, BS)<br>, MS, MEng,<br>D) or  | DF INJUR                         | Not pregnant wi<br>Pregnant at time<br>Not pregnant, b<br>Unknown if pre<br>Pregnant, b<br>Unknown if pre<br>Present at time<br>Pregnant, b<br>Unknown if pre<br>Present at time<br>Present at time  | e of death<br>ut pregnant within 42 da<br>ut pregnant within 42 da<br>type and the past ye<br>PLACE OF INJURY (e.g<br>City or Town:<br>City or Town:<br>City or Town:<br>Grand due to the cause(s<br>dge, death occurred at t<br>or investigation, in my op<br>NG CAUSE OF DEATH<br>49. DATE CERTIFII<br>49. DATE CERTIFII<br>19. DATE   | year before de<br>ar<br>, Decedent's f<br>, Decedent's f<br>and manner s<br>and manner s<br>ne time, date, a<br>inion, death oc<br>(Item 32)<br>ED (Mo/Day/Yi<br>V? Check the<br>cedent is<br>e "No" box if<br>atino.          | eath Nome; construct Apartment I tated. and place, and courred at the t   | Natural     Accident     Accident     Accident     Suicide     C      Suicide     C      tion site; restaurant;      Mo.:      due to the cause(s)      time, date, and place      So      So     | COMPLETE TH<br>DEATH<br>Homicide<br>Pending Investigati<br>Could not be deten<br>; wooded area)<br>Zip Codd<br>44. IF TRANS<br>Driver/Opel<br>Passenger<br>Pedestrian<br>Other (Spe<br>and manner state<br>e, and due to the co<br>FOR REGISTRA<br>RACE (Check one<br>dered himself or h<br>American<br>or Alaska Native<br>rrolled or principal<br>ecify) | IE CAUSE OF DE   | URY AT WORK?<br>Yes D No<br>IURY, SPECIFY:<br>her stated.<br>FILED (Mo/Day/Yr)<br>indicate what the     |
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## MEDICAL CERTIFIER INSTRUCTIONS for selected items on U.S. Standard Certificate of Death (See Physicians' Handbook or Medical Examiner/Coroner Handbook on Death Registration for instructions on all items)

## **ITEMS ON WHEN DEATH OCCURRED**

Items 24-25 and 29-31 should always be completed. If the facility uses a separate pronouncer or other person to indicate that death has taken place with another person more familiar with the case completing the remainder of the medical portion of the death certificate, the pronouncer completes Items 24-28. If a certifier completes Items 24-25 as well as items 29-49, Items 26-28 may be left blank.

## ITEMS 24-25, 29-30 - DATE AND TIME OF DEATH

Spell out the name of the month. If the exact date of death is unknown, enter the **approximate** date. If the date cannot be approximated, enter the date the body is found and identify as **date found**. Date pronounced and actual date may be the same. Enter the exact hour and minutes according to a 24-hour clock; estimates may be provided with "Approx." placed before the time.

**ITEM 32 – CAUSE OF DEATH (See attached examples)** Take care to make the entry legible. Use a computer printer with high resolution, typewriter with good black ribbon and clean keys, or print legibly using permanent **black** ink in completing the CAUSE OF DEATH Section. **Do not abbreviate** conditions entered in section.

## Part I (Chain of events leading directly to death)

•Only one cause should be entered on each line. Line (a) MUST ALWAYS have an entry. DO NOT leave blank. Additional lines may be added

•Only one cause should be entered on each line. Line (a) most ALTATION at the indext of each line (b), and so on, until the full sequence is reported. ALWAYS enter the underlying cause of death on the lowest used line in Part I. •For each cause indicate the best estimate of the interval between the presumed onset and the date of death. The terms "unknown" or "approximately" may be used. General terms, such as minutes, hours, or days, are acceptable, if necessary. **DO NOT** leave blank. •The terminal event (for example, cardiac arrest or respiratory arrest) should not be used. If a mechanism of death seems most appropriate to you for line (a), then you must always list its cause(s) on the line(s) below it (for example, cardiac arrest due to coronary artery atherosclerosis or cordiac arrest due to blunt impact to chest).

you for line (a), then you must always list its cause(s) on the line(s) below it (for example, cardiac arrest due to coronary artery atherosclerosis or cardiac arrest due to blunt impact to chest).
If an organ system failure such as congestive heart failure, hepatic failure, renal failure, or respiratory failure is listed as a cause of death, always report its etiology on the line(s) beneath it (for example, renal failure due to Type I diabetes mellitus).
When indicating neoplasms as a cause of death, include the following: 1) primary site or that the primary site is unknown, 2) benign or malignant, 3) cell type or that the cell type is unknown, 4) grade of neoplasm, and 5) part or lobe of organ affected. (For example, a primary well-differentiated squamous cell carcinoma, lung, left upper lobe.)
Always report the fatal injury (for example, stab wound of chest), the trauma (for example, transection of subclavian vein), and impairment of function (for example, air embolism).

PART II (Other significant conditions) •Enter all diseases or conditions contributing to death that were not reported in the chain of events in Part I and that did not result in the underlying cause of death. See attached examples.

•If two or more possible sequences resulted in death, or if two conditions seem to have added together, report in Part I the one that, in your opinion, most directly caused death. Report in Part II the other conditions or diseases.

### CHANGES TO CAUSE OF DEATH

Should additional medical information or autopsy findings become available that would change the cause of death originally reported, the original death certificate should be amended by the certifying physician by **immediately** reporting the revised cause of death to the State Vital Records Office.

### **ITEMS 33-34 - AUTOPSY**

•33 - Enter "Yes" if either a partial or full autopsy was performed. Otherwise enter "No."
•34 - Enter "Yes" if autopsy findings were available to complete the cause of death; otherwise enter "No". Leave item blank if no autopsy was performed.

## **ITEM 35 - DID TOBACCO USE CONTRIBUTE TO DEATH?**

Check "yes" if, in your opinion, the use of tobacco contributed to death. Tobacco use may contribute to deaths due to a wide variety of diseases; for example, tobacco use contributes to many deaths due to emphysema or lung cancer and some heart disease and cancers of the head and neck. Check "no" if, in your clinical judgment, tobacco use did not contribute to this particular death.

### ITEM 36 - IF FEMALE, WAS DECEDENT PREGNANT AT TIME OF DEATH OR WITHIN PAST YEAR? This information is important in determining pregnancy-related mortality.

## **ITEM 37 - MANNER OF DEATH**

•Always check Manner of Death, which is important: 1) in determining accurate causes of death; 2) in processing insurance claims; and 3) in statistical studies of injuries and death.

Indicate "Pending investigation" if the manner of death cannot be determined whether due to an accident, suicide, or homicide within the statutory time limit for filing the death certificate. This should be changed later to one of the other terms.
Indicate "Could not be Determined" ONLY when it is impossible to determine the manner of death.

**ITEMS 38-44 - ACCIDENT OR INJURY – to be filled out in all cases of deaths due to injury or poisoning.** •38 - Enter the exact month, day, and year of injury. Spell out the name of the month. **DO NOT** use a number for the month. (Remember, the date of injury may differ from the date of death.) Estimates may be provided with "Approx." placed before the date. •39 - Enter the exact hour and minutes of injury or use your best estimate. Use a 24-hour clock.

•40 - Enter the general place (such as restaurant, vacant lot, or home) where the injury occurred. DO NOT enter firm or organization names. (For example, enter "factory", not "Standard Manufacturing, Inc.")
•41 - Complete if anything other than natural disease is mentioned in Part I or Part II of the medical certification, including homicides, suicides, and accidents. This includes all motor vehicle deaths. The item **must** be completed for decedents ages 14 years or over and may be completed for those less than 14 years of age if warranted. Enter "Yes" if the injury occurred at work. Otherwise enter "No". An injury may occur at work regardless of whether the injury occurred in the course of the decedent's "usual" occupation. Examples of injury at work and injury not at work follow:

| Injury at work  | Injury <u>not</u> at work   |
|---|---|
| Injury while working or in vocational training on job premises          | Injury while engaged in personal recreational activity on job premises  |
| Injury while on break or at lunch or in parking lot on job premises     | Injury while a visitor (not on official work business) to job premises  |
| Injury while working for pay or compensation, including at home         | Homemaker working at homemaking activities                              |
| Injury while working as a volunteer law enforcement official etc.       | Student in school   |
| Injury while traveling on business, including to/from business contacts | Working for self for no profit (mowing yard, repairing own roof, hobby) |
|   | Commuting to or from work   |

•42 - Enter the complete address where the injury occurred including zip code.

•42 - Enter the complete address where the injury occurred including zip code.
•43 - Enter a brief but specific and clear description of how the injury occurred. Explain the circumstances or cause of the injury. Specify type of gun or type of vehicle (e.g., car, bulldozer, train, etc.) when relevant to circumstances. Indicate if more than one vehicle involved; specify type of vehicle decedent was in.
•44 -Specify role of decedent (e.g. driver, passenger). Driver/operator and passenger should be designated for modes other than motor vehicles such as bicycles. Other applies to watercraft, aircraft, animal, or people attached to outside of vehicles (e.g. surfers).

Rationale: Motor vehicle accidents are a major cause of unintentional deaths; details will help determine effectiveness of current safety features and laws. REFERENCES

For more information on how to complete the medical certification section of the death certificate, refer to tutorial at http://www.TheNAME.org and resources including instructions and handbooks available by request from NCHS, Room 7318, 3311 Toledo Road, Hyattsville, Maryland 20782-2003 or at www.cdc.gov/nchs/about/major/dvs/handbk.htm

## Cause-of-death – Background, Examples, and Common Problems

Accurate cause of death information is important •to the public health community in evaluating and improving the health of all citizens, and •often to the family, now and in the future, and to the person settling the decedent's estate.

The cause-of-death section consists of two parts. **Part I** is for reporting a chain of events leading directly to death, with the **immediate cause** of death (the final disease, injury, or complication directly causing death) on line a and the **underlying cause** of death (the disease or injury that initiated the chain of events that led directly and inevitably to death) on the lowest used line. **Part II** is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in **Part I**. **The cause-of-death information should be YOUR best medical OPINION**. A condition can be listed as "probable" even if it has not been definitively diagnosed.

| amples of properly comp   |   |  |                    |   |   |   |
|---|---|--|--------------------|---|---|---|
|   | CAUSE OF D  | EATH (See instructions and examples)   |                    |   |   | Approximate interval:   |
| <ol> <li>PART I. Enter the <u>chain of events</u>-diseases, injuries, or complicationsthat directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.</li> </ol>   |   |  |                    |   |   | Onset to death  |
|   |   |  |                    |   |   |   |
| IMMEDIATE CAUSE (Final  |   |  |                    |   |   | Minutoo   |
| disease or condition>   | a. <u>Rupture of myoc</u>   |  |                    |   |   | <u>Minutes</u>  |
| resulting in death)   | Due to (or as a conse   | quence or):  |                    |   |   |   |
| Sequentially list conditions,   | b. Acute myocardial   | infarction   |                    |   |   | <u>6 days</u>   |
| if any, leading to the cause  | Due to (or as a conse   |  |                    |   |   | -   |
| listed on line a. Enter the   |   |  |                    |   |   | E vicere  |
| UNDERLYING CAUSE  | c. <u>Coronary artery t</u>   |  |                    |   |   | <u>5 years</u>  |
| (disease or injury that Due to (or as a consequence of):<br>initiated the events resulting  |   |  |                    |   |   |   |
| in death) LAST  | d. Atherosclerotic c  | oronary artery disease   |                    |   |   | 7 years   |
|   |   |  |                    | -   |   |   |
| PART II. Enter other significant  | conditions contributing to de   | ath but not resulting in the underlying cause given in PART I  |                    | 33. WAS AN AUTOPS   |   | )?  |
| Diabotos Chronic o  | obstructive pulmonary   | disaasa smaking  |                    | ■ Yes<br>34. WERE AUTOPSY F   |   |   |
| Diabetes, Chionic C   | bosituctive pullitoriary  | uisease, smoking   |                    | COMPLETE THE CAUS   |   |   |
| 35. DID TOBACCO USE CON   | TRIBUTE TO DEATH? 36.   | IF FEMALE:   | 37. MANNE          | R OF DEATH  |   |   |
|   |   | Not pregnant within past year  |                    |   |   |   |
| Yes D Probably  |   | <ul> <li>Pregnant at time of death</li> <li>Not pregnant, but pregnant within 42 days of death</li> </ul>  |                    | Homicide     Dending Investigati  | <b>~</b>  |   |
| 🗆 No 🗆 Unknown  |   | <ul> <li>Not pregnant, but pregnant within 42 days of death</li> <li>Not pregnant, but pregnant 43 days to 1 year before death</li> </ul>  |                    | <ul> <li>Pending Investigati</li> <li>Could not be deterr</li> </ul>  |   |   |
|   |   | □ Unknown if pregnant within the past year   |                    |   | liniou  |   |
|   |   |  |                    |   |   |   |
|   | CAUSE OF D  | EATH (See instructions and examples)   |                    |   |   | Approximate interval:<br>Onset to death   |
| arrest, respiratory arrest, c<br>lines if necessary.  | or ventricular fibrillation witho   | ut showing the etiology. DO NOT ABBREVIATE. Enter only or  | ne cause on a      | line. Add additional  |   |   |
|   |   |  |                    |   |   |   |
| IMMEDIATE CAUSE (Final  | Appiration prove  | ia   |                    |   |   | 2 Days  |
| disease or condition>   | a. Aspiration pneum   |  |                    |   |   | <u>2 Days</u>   |
| (   | a. <u>Aspiration pneun</u><br>Due to (or as a consec  |  |                    |   |   |   |
| disease or condition><br>resulting in death)<br>Sequentially list conditions,   | Due to (or as a consected b. <u>Complications of</u>  | uence of):   |                    |   |   | <u>2 Days</u><br><u>7 weeks</u>   |
| disease or condition><br>resulting in death)<br>Sequentially list conditions,<br>if any, leading to the cause   | Due to (or as a consec  | uence of):   |                    |   |   |   |
| disease or condition><br>resulting in death)<br>Sequentially list conditions,<br>if any, leading to the cause<br>listed on line a. Enter the  | Due to (or as a consect<br>b. <u>Complications of</u><br>Due to (or as a consect  | uence of):<br><u>coma</u><br>uence of):  |                    |   |   |   |
| disease or condition><br>resulting in death)<br>Sequentially list conditions,<br>if any, leading to the cause   | <ul> <li>bue to (or as a consect</li> <li>b. <u>Complications of</u><br/>Due to (or as a consect</li> <li>c. <u>Blunt force injurie</u></li> </ul>  | juence of):<br><u>coma</u><br>juence of):<br>25  |                    |   |   | <u>7 weeks</u>  |
| disease or condition><br>resulting in death)<br>Sequentially list conditions,<br>if any, leading to the cause<br>listed on line a. Enter the<br>UNDERLYING CAUSE  | Due to (or as a consect<br>b. <u>Complications of</u><br>Due to (or as a consect  | juence of):<br><u>coma</u><br>juence of):<br>25  |                    |   |   | <u>7 weeks</u>  |
| disease or condition><br>resulting in death)<br>Sequentially list conditions,<br>if any, leading to the cause<br>listed on line a. Enter the<br>UNDERLYING CAUSE<br>(disease or injury that   | <ul> <li>bue to (or as a consect</li> <li>b. <u>Complications of</u><br/>Due to (or as a consect</li> <li>c. <u>Blunt force injurie</u></li> </ul>  | uence of):<br><u>coma</u><br>juence of):<br><u>IS</u><br>juence of):   |                    |   |   | <u>7 weeks</u>  |
| disease or condition><br>resulting in death)<br>Sequentially list conditions,<br>if any, leading to the cause<br>listed on line a. Enter the<br><b>UNDERLYING CAUSE</b><br>(disease or injury that<br>initiated the events resulting<br>in death) <b>LAST</b>   | <ul> <li>bue to (or as a consect</li> <li>b. <u>Complications of</u><br/>Due to (or as a consect</li> <li>c. <u>Blunt force injurie</u><br/>Due to (or as a consect</li> <li>d. <u>Motor vehicle acc</u></li> </ul>   | uence of):   |                    |   |   | <u>7 weeks</u><br><u>7 weeks</u><br><u>7 weeks</u>  |
| disease or condition><br>resulting in death)<br>Sequentially list conditions,<br>if any, leading to the cause<br>listed on line a. Enter the<br><b>UNDERLYING CAUSE</b><br>(disease or injury that<br>initiated the events resulting<br>in death) <b>LAST</b>   | <ul> <li>bue to (or as a consect</li> <li>b. <u>Complications of</u><br/>Due to (or as a consect</li> <li>c. <u>Blunt force injurie</u><br/>Due to (or as a consect</li> <li>d. <u>Motor vehicle acc</u></li> </ul>   | uence of):<br><u>coma</u><br>juence of):<br><u>IS</u><br>juence of):   |                    | 33. WAS AN AUTOPS`<br>■ Yes   |   | <u>7 weeks</u><br><u>7 weeks</u><br><u>7 weeks</u>  |
| disease or condition><br>resulting in death)<br>Sequentially list conditions,<br>if any, leading to the cause<br>listed on line a. Enter the<br><b>UNDERLYING CAUSE</b><br>(disease or injury that<br>initiated the events resulting<br>in death) <b>LAST</b>   | <ul> <li>bue to (or as a consect</li> <li>b. <u>Complications of</u><br/>Due to (or as a consect</li> <li>c. <u>Blunt force injurie</u><br/>Due to (or as a consect</li> <li>d. <u>Motor vehicle acc</u></li> </ul>   | uence of):   |                    | ■ Yes 34. WERE AUTOPSY F  | No<br>NDINGS AVA  | 7 weeks<br>7 weeks<br>7 weeks<br>7 weeks  |
| disease or condition><br>resulting in death)<br>Sequentially list conditions,<br>if any, leading to the cause<br>listed on line a. Enter the<br>UNDERLYING CAUSE<br>(disease or injury that<br>initiated the events resulting<br>in death) LAST<br>PART II. Enter other significant.  | <ul> <li>Due to (or as a consect</li> <li><u>Complications of</u><br/>Due to (or as a consect</li> <li><u>Blunt force injurie</u><br/>Due to (or as a consect</li> <li><u>Motor vehicle acc</u></li> <li><u>Motor vehicle acc</u></li> </ul>  | uence of):<br><u>coma</u><br>uence of):<br><u>ss</u><br>uence of):<br><u>cident</u><br><u>ath</u> but not resulting in the underlying cause given in PART I  |                    | Yes 2<br>34. WERE AUTOPSY F<br>COMPLETE THE CAUS  | No<br>NDINGS AVA  | 7 weeks<br>7 weeks<br>7 weeks<br>7 weeks  |
| disease or condition><br>resulting in death)<br>Sequentially list conditions,<br>if any, leading to the cause<br>listed on line a. Enter the<br><b>UNDERLYING CAUSE</b><br>(disease or injury that<br>initiated the events resulting<br>in death) <b>LAST</b>   | <ul> <li>Due to (or as a consect</li> <li><u>Complications of</u><br/>Due to (or as a consect</li> <li><u>Blunt force injurie</u><br/>Due to (or as a consect</li> <li><u>Motor vehicle acc</u></li> <li><u>Motor vehicle acc</u></li> </ul>  | Juence of):<br>COMA<br>Juence of):<br>IS<br>Usence of):<br>Cident<br>ath but not resulting in the underlying cause given in PART I<br>36. IF FEMALE:   | 37. M              | ■ Yes 34. WERE AUTOPSY F  | No<br>NDINGS AVA  | 7 weeks<br>7 weeks<br>7 weeks<br>7 weeks  |
| disease or condition><br>resulting in death)<br>Sequentially list conditions,<br>if any, leading to the cause<br>listed on line a. Enter the<br><b>UNDERLYING CAUSE</b><br>(disease or injury that<br>initiated the events resulting<br>in death) <b>LAST</b><br>PART II. Enter other <u>significant</u>  | <ul> <li>Due to (or as a consect</li> <li><u>Complications of</u><br/>Due to (or as a consect</li> <li><u>Blunt force injurie</u><br/>Due to (or as a consect</li> <li><u>Motor vehicle acc</u></li> <li><u>Motor vehicle acc</u></li> </ul>  | uence of):<br><u>coma</u><br>uence of):<br><u>es</u><br>uence of):<br><u>cident</u><br><u>ath</u> but not resulting in the underlying cause given in PART I<br>36. IF FEMALE:<br>□ Not pregnant within past year   | -                  | Yes     GANNER AUTOPSY F     COMPLETE THE CAUS     IANNER OF DEATH  | No<br>NDINGS AVA  | 7 weeks<br>7 weeks<br>7 weeks<br>7 weeks  |
| disease or condition><br>resulting in death)<br>Sequentially list conditions,<br>if any, leading to the cause<br>listed on line a. Enter the<br>UNDERLYING CAUSE<br>(disease or injury that<br>initiated the events resulting<br>in death) LAST<br>PART II. Enter other <u>significant</u><br>35. DID TOBACCO USE CON<br>Set Probably   | <ul> <li>Due to (or as a consect</li> <li><u>Complications of</u><br/>Due to (or as a consect</li> <li><u>Blunt force injurie</u><br/>Due to (or as a consect</li> <li><u>Motor vehicle acc</u></li> <li><u>Motor vehicle acc</u></li> </ul>  | Juence of):<br>COMA<br>Juence of):<br>IS<br>Usence of):<br>Cident<br>ath but not resulting in the underlying cause given in PART I<br>36. IF FEMALE:   |                    | Yes     A     WERE AUTOPSY F     COMPLETE THE CAUS     IANNER OF DEATH     Natural     Homicide     Accident     Pending Inve   | No<br>NDINGS AVA<br>E OF DEATH?   | 7 weeks<br>7 weeks<br>7 weeks<br>7 weeks  |
| disease or condition><br>resulting in death)<br>Sequentially list conditions,<br>if any, leading to the cause<br>listed on line a. Enter the<br><b>UNDERLYING CAUSE</b><br>(disease or injury that<br>initiated the events resulting<br>in death) <b>LAST</b><br>PART II. Enter other <u>significant</u>  | <ul> <li>Due to (or as a consect</li> <li><u>Complications of</u><br/>Due to (or as a consect</li> <li><u>Blunt force injurie</u><br/>Due to (or as a consect</li> <li><u>Motor vehicle acc</u></li> <li><u>Motor vehicle acc</u></li> </ul>  | Juence of):<br><u>coma</u><br>Juence of):<br><u>15</u><br><u>16</u><br><u>17</u><br><u>18</u><br><u>19</u><br><u>19</u><br><u>19</u><br><u>19</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>1</u> |                    | Yes     A     WERE AUTOPSY F     COMPLETE THE CAUS     IANNER OF DEATH     Natural  | No<br>NDINGS AVA<br>E OF DEATH?   | 7 weeks<br>7 weeks<br>7 weeks<br>7 weeks  |
| disease or condition><br>resulting in death)<br>Sequentially list conditions,<br>if any, leading to the cause<br>listed on line a. Enter the<br>UNDERLYING CAUSE<br>(disease or injury that<br>initiated the events resulting<br>in death) LAST<br>PART II. Enter other significant -<br>35. DID TOBACCO USE CON<br>9 Yes 0 Probably<br>• No 0 Unknown  | Due to (or as a consect<br>b. <u>Complications of</u><br>Due to (or as a consect<br>c. <u>Blunt force injurie</u><br>Due to (or as a consect<br>d. <u>Motor vehicle acc</u><br>conditions contributing to de  | uence of):<br><u>coma</u><br>uence of):<br><u>ss</u><br>uence of):<br><u>cident</u><br><u>ath</u> but not resulting in the underlying cause given in PART I<br><u>36. IF FEMALE:</u><br>Not pregnant within past year<br>Pregnant at time of death<br>Not pregnant, but pregnant within 42 days of death<br>Not pregnant, but pregnant within 42 days of year before deat<br>Unknown if pregnant within the past year  | h 5                | Yes     A     WERE AUTOPSY'I     COMPLETE THE CAUS     IANNER OF DEATH     Natural      Homicide     Accident      Pending Inve     Suicide     Could not be  | No<br>FINDINGS AVAI<br>SE OF DEATH?<br>estigation<br>e determined           | 7 weeks<br>7 weeks<br>7 weeks<br>7 weeks<br>7 weeks<br>7 weeks<br>9?  |
| disease or condition><br>resulting in death) Sequentially list conditions,<br>if any, leading to the cause<br>listed on line a. Enter the<br>UNDERLYING CAUSE<br>(disease or injury that<br>initiated the events resulting<br>in death) LAST PART II. Enter other significant.<br>35. DID TOBACCO USE CONT  | <ul> <li>Due to (or as a consect</li> <li><u>Complications of</u><br/>Due to (or as a consect</li> <li><u>Blunt force injurie</u><br/>Due to (or as a consect</li> <li><u>Motor vehicle acc</u></li> <li><u>Motor vehicle acc</u></li> </ul>  | Juence of):<br><u>coma</u><br>Juence of):<br><u>15</u><br><u>16</u><br><u>17</u><br><u>18</u><br><u>19</u><br><u>19</u><br><u>19</u><br><u>19</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>10</u><br><u>1</u> | h 5                | Yes     A     WERE AUTOPSY'I     COMPLETE THE CAUS     IANNER OF DEATH     Natural      Homicide     Accident      Pending Inve     Suicide     Could not be  | No<br>FINDINGS AVAI<br>SE OF DEATH?<br>estigation<br>e determined           | 7 weeks<br>7 weeks<br>7 weeks<br>7 weeks  |
| disease or condition><br>resulting in death)<br>Sequentially list conditions,<br>if any, leading to the cause<br>listed on line a. Enter the<br>UNDERLYING CAUSE<br>(disease or injury that<br>initiated the events resulting<br>in death) LAST<br>PART II. Enter other significant -<br>35. DID TOBACCO USE CON<br>9 Yes 0 Probably<br>• No 0 Unknown  | Due to (or as a consect<br>b. <u>Complications of</u><br>Due to (or as a consect<br>c. <u>Blunt force injurie</u><br>Due to (or as a consect<br>d. <u>Motor vehicle acc</u><br>conditions contributing to de  | uence of):<br><u>coma</u><br>uence of):<br><u>ss</u><br>uence of):<br><u>cident</u><br><u>ath</u> but not resulting in the underlying cause given in PART I<br><u>36. IF FEMALE:</u><br>Not pregnant within past year<br>Pregnant at time of death<br>Not pregnant, but pregnant within 42 days of death<br>Not pregnant, but pregnant within 42 days of year before deat<br>Unknown if pregnant within the past year  | h 5                | Yes     A     WERE AUTOPSY'I     COMPLETE THE CAUS     IANNER OF DEATH     Natural      Homicide     Accident      Pending Inve     Suicide     Could not be  | No<br>INDINGS AVAI<br>E OF DEATH?<br>estigation<br>e determined<br>41. INJU | 7 weeks<br>7 weeks<br>7 weeks<br>7 weeks<br>7 weeks<br>14ABLE TO<br>• Yes □ No                                  |
| disease or condition><br>resulting in death) Sequentially list conditions,<br>if any, leading to the cause<br>listed on line a. Enter the<br>UNDERLYING CAUSE<br>(disease or injury that<br>initiated the events resulting<br>in death) LAST PART II. Enter other significant.<br>35. DID TOBACCO USE CONT  | Due to (or as a consect<br>b. <u>Complications of</u><br>Due to (or as a consect<br>c. <u>Blunt force injurie</u><br>Due to (or as a consect<br>d. <u>Motor vehicle acc</u><br><u>conditions contributing to de</u><br>TRIBUTE TO DEATH?  | Juence of):<br>COMA<br>Juence of):<br>15<br>15<br>15<br>16<br>17<br>18<br>19<br>19<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20   | h 5                | Yes     A     WERE AUTOPSY'I     COMPLETE THE CAUS     IANNER OF DEATH     Natural      Homicide     Accident      Pending Inve     Suicide     Could not be  | No<br>FINDINGS AVAI<br>SE OF DEATH?<br>estigation<br>e determined           | 7 weeks<br>7 weeks<br>7 weeks<br>7 weeks<br>7 weeks<br>14ABLE TO<br>• Yes □ No                                  |
| disease or condition><br>resulting in death)<br>Sequentially list conditions,<br>if any, leading to the cause<br>listed on line a. Enter the<br>UNDERLYING CAUSE<br>(disease or injury that<br>initiated the events resulting<br>in death) LAST<br>PART II. Enter other <u>significant</u> .<br>35. DID TOBACCO USE CON<br>9 Yes Probably<br>• No Unknown<br>38. DATE OF INJURY<br>(Mo/Day/Yr) (Spell Month)<br>August 15, 2003   | Due to (or as a consect<br>b. <u>Complications of</u><br>Due to (or as a consect<br>c. <u>Blunt force injurie</u><br>Due to (or as a consect<br>d. <u>Motor vehicle acc</u><br><u>conditions contributing to de</u><br>TRIBUTE TO DEATH?  | Juence of):<br>Coma<br>Juence of):<br>25<br>25<br>25<br>26<br>26<br>26<br>27<br>27<br>28<br>29<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20   | h 5                | Yes     A     WERE AUTOPSY'I     COMPLETE THE CAUS     IANNER OF DEATH     Natural      Homicide     Accident      Pending Inve     Suicide     Could not be  | No<br>INDINGS AVAI<br>E OF DEATH?<br>estigation<br>e determined<br>41. INJU | 7 weeks<br>7 weeks<br>7 weeks<br>7 weeks<br>7 weeks<br>14ABLE TO<br>Yes □ No                                    |
| disease or condition><br>resulting in death)<br>Sequentially list conditions,<br>if any, leading to the cause<br>listed on line a. Enter the<br>UNDERLYING CAUSE<br>(disease or injury that<br>initiated the events resulting<br>in death) LAST<br>PART II. Enter other significant -<br>S. DID TOBACCO USE CON<br>95. DID TOBACCO USE CON<br>97. Yes Probably<br>10. Ves Unknown<br>98. DATE OF INJURY<br>(Mo/Day/Yr) (Spell Month)  | Due to (or as a consect<br>b. <u>Complications of</u><br>Due to (or as a consect<br>c. <u>Blunt force injurie</u><br>Due to (or as a consect<br>d. <u>Motor vehicle acc</u><br><u>conditions contributing to de</u><br>TRIBUTE TO DEATH?  | Juence of):<br>COMA<br>Juence of):<br>15<br>15<br>15<br>16<br>17<br>18<br>19<br>19<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20   | h 5                | Yes     A     WERE AUTOPSY'I     COMPLETE THE CAUS     IANNER OF DEATH     Natural      Homicide     Accident      Pending Inve     Suicide     Could not be  | No<br>INDINGS AVAI<br>E OF DEATH?<br>estigation<br>e determined<br>41. INJU | 7 weeks<br>7 weeks<br>7 weeks<br>7 weeks<br>7 weeks<br>14ABLE TO<br>Yes □ No                                    |
| disease or condition><br>resulting in death)<br>Sequentially list conditions,<br>if any, leading to the cause<br>listed on line a. Enter the<br>UNDERLYING CAUSE<br>(disease or injury that<br>initiated the events resulting<br>in death) LAST<br>PART II. Enter other <u>significant</u> .<br>35. DID TOBACCO USE CON<br>9 Yes Probably<br>• No Unknown<br>38. DATE OF INJURY<br>(Mo/Day/Yr) (Spell Month)<br>August 15, 2003<br>12. LOCATION OF INJURY: S  | Due to (or as a consect<br>b. <u>Complications of</u><br>Due to (or as a consect<br>c. <u>Blunt force injurie</u><br>Due to (or as a consect<br>d. <u>Motor vehicle acc</u><br>conditions contributing to de<br>TRIBUTE TO DEATH?<br>39. TIME OF INJURY<br>Approx. 2320<br>State: Missouri<br>17 on state route 46a   | Juence of):<br>Coma<br>Juence of):<br>25<br>25<br>25<br>26<br>26<br>26<br>27<br>27<br>28<br>29<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20   | h Ction site; rest | Yes     4. WERE AUTOPSY I     COMPLETE THE CAUTOPSY I     COMPLETE THE CAU     COMPLETE THE CAU     Accident      Homicide     Accident      Pending Inv Suicide      Could not be     taurant; wooded area)  | No No NDINGS AVA SE OF DEATH? estigation edetermined 41. INJU Ves           | 7 weeks<br>7 weeks<br>7 weeks<br>7 weeks<br>7 weeks<br>12 No<br>ILABLE TO<br>■ Yes □ No<br>IRY AT WORK?<br>■ No |
| disease or condition><br>resulting in death)<br>Sequentially list conditions,<br>if any, leading to the cause<br>listed on line a. Enter the<br>UNDERLYING CAUSE<br>(disease or injury that<br>initiated the events resulting<br>in death) LAST<br>PART II. Enter other significant -<br>35. DID TOBACCO USE CON<br>9 Yes Probably<br>• No Unknown<br>18. DATE OF INJURY<br>(Mo/Day/Yr) (Spell Month)<br>August 15, 2003  | Due to (or as a consect<br>b. <u>Complications of</u><br>Due to (or as a consect<br>c. <u>Blunt force injurie</u><br>Due to (or as a consect<br>d. <u>Motor vehicle acc</u><br>conditions contributing to de<br>TRIBUTE TO DEATH?<br>39. TIME OF INJURY<br>Approx. 2320<br>State: Missouri<br>17 on state route 46a   | guence of):         coma         guence of):         css         uence of):         cident         ath but not resulting in the underlying cause given in PART I         36. IF FEMALE:         Not pregnant within past year         Pregnant at time of death         Not pregnant, but pregnant within 42 days of death         Not pregnant, but pregnant 43 days to 1 year before deat         Unknown if pregnant within the past year         40. PLACE OF INJURY (e.g., Decedent's home; constru         road side near state highway         City or Town: near Alexandria  | h Ction site; rest | Yes     4. WERE AUTOPSY'F     COMPLETE THE CAUS     IANNER OF DEATH     Natural      Homicide     Accident      Pending Inve     Suicide      Could not be     iaurant; wooded area)  | No No NDINGS AVA SE OF DEATH? estigation edetermined 41. INJU Ves           | 7 weeks<br>7 weeks<br>7 weeks<br>7 weeks<br>7 weeks<br>12 No<br>ILABLE TO<br>■ Yes □ No<br>IRY AT WORK?<br>■ No |
| disease or condition><br>resulting in death)<br>Sequentially list conditions,<br>if any, leading to the cause<br>listed on line a. Enter the<br>UNDERLYING CAUSE<br>(disease or injury that<br>initiated the events resulting<br>in death) LAST<br>PART II. Enter other significant.<br>35. DID TOBACCO USE CON<br>94. Yes Probably<br>19. No Unknown<br>38. DATE OF INJURY<br>(Mo/Day/Yr) (Spell Month)<br>August 15, 2003<br>42. LOCATION OF INJURY: S<br>Street & Number: mile marker<br>43. DESCRIBE HOW INJURY C | Due to (or as a consect         b.       Complications of         Due to (or as a consect         c.       Blunt force injurie         Due to (or as a consect         d.       Motor vehicle acc         conditions contributing to de         TRIBUTE TO DEATH?         39.       TIME OF INJURY         Approx. 2320         State: Missouri         17 on state route 46a         DCCURRED: | guence of):         coma         guence of):         ss         uence of):         cident         ath but not resulting in the underlying cause given in PART I         36. IF FEMALE:         Not pregnant within past year         Pregnant at time of death         Not pregnant, but pregnant within 42 days of death         Not pregnant, but pregnant 43 days to 1 year before deat         Unknown if pregnant within the past year         40. PLACE OF INJURY (e.g., Decedent's home; constru         road side near state highway         City or Town: near Alexandria         Apartment No.:  | h Ction site; rest | Yes     4. WERE AUTOPSY I     COMPLETE THE CAUTOPSY I     COMPLETE THE CAU     COMPLETE THE CAU     Accident      Homicide     Accident      Pending Inv Suicide      Could not be     taurant; wooded area)  | No No NDINGS AVA SE OF DEATH? estigation edetermined 41. INJU Ves           | 7 weeks         7 weeks         7 weeks         7 weeks         ??         ILABLE TO         Yes □ No           |
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| disease or condition><br>resulting in death)<br>Sequentially list conditions,<br>if any, leading to the cause<br>listed on line a. Enter the<br>UNDERLYING CAUSE<br>(disease or injury that<br>initiated the events resulting<br>in death) LAST<br>PART II. Enter other significant.<br>35. DID TOBACCO USE CON<br>94. Yes Probably<br>19. No Unknown<br>38. DATE OF INJURY<br>(Mo/Day/Yr) (Spell Month)<br>August 15, 2003<br>42. LOCATION OF INJURY: S<br>Street & Number: mile marker<br>43. DESCRIBE HOW INJURY C | Due to (or as a consect         b.       Complications of         Due to (or as a consect         c.       Blunt force injurie         Due to (or as a consect         d.       Motor vehicle acc         conditions contributing to de         TRIBUTE TO DEATH?         39.       TIME OF INJURY         Approx. 2320         State: Missouri         17 on state route 46a         DCCURRED: | guence of):         coma         guence of):         ss         uence of):         cident         ath but not resulting in the underlying cause given in PART I         36. IF FEMALE:         Not pregnant within past year         Pregnant at time of death         Not pregnant, but pregnant within 42 days of death         Not pregnant, but pregnant 43 days to 1 year before deat         Unknown if pregnant within the past year         40. PLACE OF INJURY (e.g., Decedent's home; constru         road side near state highway         City or Town: near Alexandria         Apartment No.:  | h Ction site; rest | Yes     A     WERE AUTOPSY'F     COMPLETE THE CAUS     IANNER OF DEATH     Natural  | No No NDINGS AVA SE OF DEATH? estigation edetermined 41. INJU Ves           | 7 weeks         7 weeks         7 weeks         7 weeks         ??         ILABLE TO         Yes □ No           |

C edical research. Age is recorded elsewhere on the certificate. When a number of conditions resulted in death, the physician should choose the single sequence that, in his or her opinion, best describes the process leading to death, and place any other pertinent conditions in Part II. If after careful consideration the physician cannot determine a sequence that ends in death, then the medical examiner or coroner should be consulted about conducting an investigation or providing assistance in completing the cause of death.

The infant decedent should have a clear and distinct etiological sequence for cause of death, if possible. "Prematurity" should not be entered without explaining the etiology of prematurity. Maternal conditions may have initiated or affected the sequence that resulted in infant death, and such maternal causes should be reported in addition to the infant causes on the infant's death certificate (e.g., Hyaline membrane disease **due to** prematurity, 28 weeks **due to** placental abruption **due to** blunt trauma to mother's abdomen).

When **SIDS** is suspected, a complete investigation should be conducted, typically by a medical examiner or coroner. If the infant is under 1 year of age, no cause of death is determined after scene investigation, clinical history is reviewed, and a complete autopsy is performed, then the death can be reported as Sudden Infant Death Syndrome.

| when processes such as the follow   | ling are reported, additional information a | about the etiology should be reported: |                                   |                          |
|-------------------------------------|---|--|-----------------------------------|--------------------------|
| Abscess                             | Carcinomatosis                              | Disseminated intra vascular            | Hyponatremia                      | Pulmonary arrest         |
| Abdominal hemorrhage                | Cardiac arrest                              | coagulopathy                           | Hypotension                       | Pulmonary edema          |
| Adhesions                           | Cardiac dysrhythmia                         | Dysrhythmia                            | Immunosuppression                 | Pulmonary embolism       |
| Adult respiratory distress syndrome | Cardiomyopathy                              | End-stage liver disease                | Increased intra cranial pressure  | Pulmonary insufficiency  |
| Acute myocardial infarction         | Cardiopulmonary arrest                      | End-stage renal disease                | Intra cranial hemorrhage          | Renal failure            |
| Altered mental status               | Cellulitis                                  | Epidural hematoma                      | Malnutrition                      | Respiratory arrest       |
| Anemia                              | Cerebral edema                              | Exsanguination                         | Metabolic encephalopathy          | Seizures                 |
| Anoxia                              | Cerebrovascular accident                    | Failure to thrive                      | Multi-organ failure               | Sepsis                   |
| Anoxic encephalopathy               | Cerebellar tonsillar herniation             | Fracture                               | Multi-system organ failure        | Septic shock             |
| Arrhythmia                          | Chronic bedridden state                     | Gangrene                               | Myocardial infarction             | Shock                    |
| Ascites                             | Cirrhosis                                   | Gastrointestinal hemorrhage            | Necrotizing soft-tissue infection | Starvation               |
| Aspiration                          | Coagulopathy                                | Heart failure                          | Old age                           | Subdural hematoma        |
| Atrial fibrillation                 | Compression fracture                        | Hemothorax                             | Open (or closed) head injury      | Subarachnoid hemorrhage  |
| Bacteremia                          | Congestive heart failure                    | Hepatic failure                        | Paralysis                         | Sudden death             |
| Bedridden                           | Convulsions                                 | Hepatitis                              | Pancytopenia                      | Thrombocytopenia         |
| Biliary obstruction                 | Decubiti                                    | Hepatorenal syndrome                   | Perforated gallbladder            | Uncal herniation         |
| Bowel obstruction                   | Dehydration                                 | Hyperglycemia                          | Peritonitis                       | Urinary tract infection  |
| Brain injury                        | Dementia (when not                          | Hyperkalemia                           | Pleural effusions                 | Ventricular fibrillation |
| Brain stem herniation               | otherwise specified)                        | Hypovolemic shock                      | Pneumonia                         | Ventricular tachycardia  |
| Carcinogenesis                      | Diarrhea                                    |  |                                   | Volume depletion         |

well information about the other successful being

If the certifier is unable to determine the etiology of a process such as those shown above, the process must be qualified as being of an unknown, undetermined, probable, presumed, or unspecified etiology so it is clear that a distinct etiology was not inadvertently or carelessly omitted.

The following conditions and types of death might seem to be specific or natural but when the medical history is examined further may be found to be complications of an injury or poisoning (possibly occurring long ago).

| Asphyxia                         | Epidural hematoma | Hip fracture               | Pulmonary emboli        |
|----------------------------------|-------------------|----------------------------|-------------------------|
| Bolus                            | Exsanguination    | Hyperthermia               | Seizure disorder        |
| Choking                          | Fall              | Hypothermia                | Sepsis                  |
| Drug or alcohol overdose/drug or | Fracture          | Open reduction of fracture | Subarachnoid hemorrhage |
| alcohol abuse                    |                   |                            |                         |

Subdural hematoma Surgery Thermal burns/chemical burns

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## FUNERAL DIRECTOR INSTRUCTIONS for selected items on U.S.

**Standard Certificate of Death** (For additional information concerning all items on certificate see Funeral Directors' Handbook on Death Registration)

## **ITEM 1. DECEDENT'S LEGAL NAME**

Include any other names used by decedent, if substantially different from the legal name, after the abbreviation AKA (also known as) e.g. Samuel Langhorne Clemens AKA Mark Twain, **but not** Jonathon Doe AKA John Doe

## **ITEM 5. DATE OF BIRTH**

Enter the full name of the month (January, February, March etc.) Do not use a number or abbreviation to designate the month.

## ITEM 7A-G. RESIDENCE OF DECEDENT (information divided into seven categories)

Residence of decedent is the place where the decedent actually resided. The place of residence is not necessarily the same as "home state" or "legal residence". Never enter a temporary residence such as one used during a visit, business trip, or vacation. Place of residence during a tour of military duty or during attendance at college is considered permanent and should be entered as the place of residence. If the decedent had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, report the location of that facility in item 7. If the decedent was an infant who never resided at home, the place of residence is that of the parent(s) or legal guardian. **Never** use an acute care hospital's location as the place of residence for any infant. If Canadian residence, please specify Province instead of State.

## **ITEM 10. SURVIVING SPOUSE'S NAME**

If the decedent was married at the time of death, enter the full name of the surviving spouse. If the surviving spouse is the wife, enter her name prior to first marriage. This item is used in establishing proper insurance settlements and other survivor benefits.

## ITEM 12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE

Enter the name used prior to first marriage, commonly known as the maiden name. This name is useful because it remains constant throughout life.

## **ITEM 14. PLACE OF DEATH**

The place where death is pronounced should be considered the place where death occurred. If the place of death is unknown but the body is found in your State, the certificate of death should be completed and filed in accordance with the laws of your State. Enter the place where the body is found as the place of death.

## ITEM 51. DECEDENT'S EDUCATION (Check appropriate box on death certificate)

Check the box that corresponds to the highest level of education that the decedent completed. Information in this section will not appear on the certified copy of the death certificate. This information is used to study the relationship between mortality and education (which roughly corresponds with socioeconomic status). This information is valuable in medical studies of causes of death and in programs to prevent illness and death.

## ITEM 52. WAS DECEDENT OF HISPANIC ORIGIN? (Check "No" or appropriate "Yes" box)

Check "No" or check the "Yes" box that best corresponds with the decedent's ethnic Spanish identity as given by the informant. Note that "Hispanic" is not a race and item 53 must also be completed. Do not leave this item blank. With respect to this item, "Hispanic" refers to people whose origins are from Spain, Mexico, or the Spanish-speaking Caribbean Islands or countries of Central or South America. Origin includes ancestry, nationality, and lineage. There is no set rule about how many generations are to be taken into account in determining Hispanic origin; it may be based on the country of origin of a parent, grandparent, or some far-removed ancestor. Although the prompts include the major Hispanic groups, other groups may be specified under "other". "Other" may also be used for decedents of multiple Hispanic origin (e.g. Mexican-Puerto Rican). Information in this section will not appear on the certified copy of the death certificate. This information is needed to identify health problems in a large minority population in the United States. Identifying health problems will make it possible to target public health resources to this important segment of our population.

## ITEM 53. RACE (Check appropriate box or boxes on death certificate)

Enter the race of the decedent as stated by the informant. Hispanic is not a race; information on Hispanic ethnicity is collected separately in item 52. American Indian and Alaska Native refer only to those native to North and South America (including Central America) and does not include Asian Indian. Please specify the name of enrolled or principal tribe (e.g., Navajo, Cheyenne, etc.) for the American Indian or Alaska Native. For Asians check Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or specify other Asian group; for Pacific Islanders check Guamanian or Chamorro, Samoan, or specify other Pacific Island group. If the decedent was of mixed race, enter each race (e.g., Samoan-Chinese-Filipino or White, American Indian). Information in this section will not appear on the certified copy of the death certificate. Race is essential for identifying specific mortality patterns and leading causes of death among different racial groups. It is also used to determine if specific health programs are needed in particular areas and to make population estimates.

## **ITEMS 54 AND 55. OCCUPATION AND INDUSTRY**

Questions concerning occupation and industry must be completed for all decedents 14 years of age or older. This information is useful in studying deaths related to jobs and in identifying any new risks. For example, the link between lung disease and lung cancer and asbestos exposure in jobs such as shipbuilding or construction was made possible by this sort of information on death certificates. Information in this section will not appear on the certified copy of the death certificate.

## **ITEM 54. DECEDENT'S USUAL OCCUPATION**

Enter the usual occupation of the decedent. This is not necessarily the last occupation of the decedent. Never enter "retired". Give kind of work decedent did during most of his or her working life, such as claim adjuster, farmhand, coal miner, janitor, store manager, college professor, or civil engineer. If the decedent was a homemaker at the time of death but had worked outside the household during his or her working life, enter that occupation. If the decedent was a homemaker during most of his or her working life, and never worked outside the household, enter "homemaker". Enter "student" if the decedent was a student at the time of death and was never regularly employed or employed full time during his or her working life. Information in this section will not appear on the certified copy of the death certificate.

## **ITEM 55. KIND OF BUSINESS/INDUSTRY**

Kind of business to which occupation in item 54 is related, such as insurance, farming, coal mining, hardware store, retail clothing, university, or government. DO NOT enter firm or organization names. If decedent was a homemaker as indicated in item 54, then enter either "own home" or "someone else's home" as appropriate. If decedent was a student as indicated in item 54, then enter type of school, such as high school or college, in item 55. Information in this section will not appear on the certified copy of the death certificate.

**NOTE**: This recommended standard death certificate is the result of an extensive evaluation process. Information on the process and resulting recommendations as well as plans for future activities is available on the Internet at: http://www.cdc.gov/nchs/vital\_certs\_rev.htm.

Attachment G. 42 USC § 3735

#### Page 5025

WEDRMATION

#### EFFECTIVE DATE OF REPEAL

Repeal effective Oct. 12, 1984, see section 609AA(a) of Pub. L. 98-473, set out as an Effective Date note under section 3711 of this title.

### §3735. Use of data

Data collected by the Bureau shall be used only for statistical or research purposes, and shall be gathered in a manner that precludes their use for law enforcement or any purpose relating to a private person or public agency other than statistical or research purposes.

(Pub. L. 90-351, title I, §304, formerly §305, as added Pub. L. 96-157, §2, Dec. 27, 1979, 93 Stat. 1179; renumbered §304, Pub. L. 98-473, title II, §605(d), Oct. 12, 1984, 98 Stat. 2080; amended Pub. L. 109-162, title XI, §1115(b), Jan. 5, 2006, 119 Stat. 3104.)

#### PRIOR PROVISIONS

A prior section 304 of Pub. L. 90-351, as added by Pub. L. 96-157, was classified to section 3734 of this title prior to repeal by Pub. L. 98-473, title II, §605(c), Oct. 12, 1984, 98 Stat. 2080.

Prior sections 3735 to 3739 were omitted in the general amendment of this chapter by Pub. L. 96-157.

Section 3735, Pub. L. 90-351, title I, § 305, June 19, 1968. 82 Stat. 202; Pub. L. 91-644, title I, §4(7), Jan. 2, 1971, 84 Stat. 1883; Pub. L. 93-83, §2, Aug. 6, 1973, 87 Stat. 203, related to reallocation of funds.

lated to reallocation of lunas. Section 3736, Pub. L. 90-851, title I, §306, June 19, 1968, 82 Stat. 202; Pub. L. 91-644, title I, §4(8), Jan. 2, 1971, 84 Stat. 1883; Pub. L. 93-83, §2, Aug. 6, 1978, 87 Stat. 203; Pub. L. 94-503, title I, §113, Oct. 15, 1976, 90 Stat. 2415, related to allocation of funds.

Section 3737, Pub. L. 90-351, title I, § 307, June 19, 1968, 82 Stat. 202; Pub. L. 93-B3, §2, Aug. 6, 1973, 87 Stat. 204; Pub. L. 94-503, title I, \$114, Oct. 15, 1976, 90 Stat. 2415, related to priority programs and projects.

Section 3738, Pub. L. 90-351, title I, §308, as added Pub. L. 93-83, §2, Aug. 6, 1973, §7 Stat. 204; amended Pub. L. 94-503, title I, §115, Oct. 15, 1976, 90 Stat. 2415, related to Administration action upon State plans within prescribed time after date of submission.

Section 3739, Pub. L. 90-351, title I, §309, as added Pub. L. 94-503, title I, §116, Oct. 15, 1976, 90 Stat. 2415, related to assistance and grants to aid State antitrust enforcement.

#### AMENDMENTS

2006—Pub. L. 109-162 substituted "private person or public agency" for "particular individual".

#### SUBCHAPTER IV-ESTABLISHMENT OF BUREAU OF JUSTICE ASSISTANCE

#### PRIOR PROVISIONS

A prior subchapter IV, consisting of sections 3741 to 3748, related to block grants by Bureau of Justice Assistance, prior to repeal by Fub. L. 100-690, title VI. §6091(a), Nov. 18, 1988, 102 Stat. 4328. For similar provisions, see part A (§3750 et seq.) of subchapter V of this chapter.

Section 3741, Pub. L. 90-351, title I. §401, as added Pub. L. 98-473, title II, §606, Oct. 12, 1984, 98 Stat. 2080; amended Pub. L. 99-570, title I, §1552(b)(1), Oct. 27, 1986, 100 Stat. 3207-46, related to establishment of Bureau of Justice Assistance, appointment of Director, and authority and restrictions with regard to Director.

Section 3742, Pub. L. 90-351, title I, §402, as added Pub. L. 98-475, title II, §606, Oct. 12, 1984, 98 Stat. 2080, related to duties and functions of Director.

Section 3743, Pub. L. 90-351, title I, §403, as added Pub. L. 98-473, title II, §606, Oct. 12, 1984, 98 Stat. 2081, described grant program. Section 3744, Pub. L. 90-351, title I, §404, as added

Pub. L. 98-473, title II, § 606, Oct. 12, 1984, 98 Stat. 2082,

authorized Bureau to make financial assistance under this subchapter available to States.

Section 3745, Pub. L. 90-351, title I, §405, as added Pub. L. 98-473, title II, §606, Oct. 12, 1984, 98 Stat. 2082, related to applications for assistance and contents of applications.

Section 3746, Pub. L. 90-351, title I, §406, as added Pub. L. 98-473, title II, §606, Oct. 12, 1984, 98 Stat. 2084,

related to allocation and distribution of funds.

Section 3748, Pub. L. 90-351, title I, §408, as added Pub. L. 98-473, title II, §606, Oct. 12, 1984, 98 Stat. 2085, related to designation of a State office to prepare appli-

cations and administer funds. Another prior subchapter IV, consisting of sections 3741 to 3745, related to formula grant program, prior to the general amendment of this subchapter by Pub. L. 98-473

Section 3741, Pub. L. 90-351, title I, §401, as added Pub. L. 96-157, §2, Dec. 27, 1979, 93 Stat. 1179, described formula grant program.

Section 3742, Pub. L. 90-351, title I, §402, as added Pub. L. 96-157, §2, Dec. 27, 1979, 93 Stat. 1181, related to

eligibility provisions for formula grants. Section 3743, Pub. L. 90-351, title I, §403, as added Pub. L. 96-157, §2, Dec. 27, 1979, 93 Stat. 1187, concerned application requirements for formula grants.

Section 3744, Pub. L. 90-351, title I, §404, as added Pub. L. 96-157, §2, Dec. 27, 1979, 93 Stat. 1188, provided

for review of applications for formula grants. Section 3745, Pub. L. 90-351, title I, §405, as added Pub. L. 96-157, §2, Dec. 27, 1979, 93 Stat. 1189, provided for allocation and distribution of funds for formula grants.

Another prior subchapter IV, consisting of sections 3741 to 3748 and 3750 to 3750d, related to training, education, research, demonstration, and special grants prior to the general amendment of this chapter by Pub. L. 96-157.

Section 3741, Pub. L. 90-351, title I, §401, June 19, 1968, 82 Stat. 203; Pub. L. 93-83, §2, Aug. 6, 1973, 87 Stat. 205, set out the Congressional statement of purposes in making provision for training, education, research,

demonstration, and special grants. Section 3742, Pub. L. 90-351, title I, §402, June 19, 1968, 82 Stat. 208; Pub. L. 93-83, §2, Aug. 6, 1973, 87 Stat. 205; Pub. L. 94-503, title I, §117, Oct. 15, 1976, 90 Stat. 2416, provided for creation of a National Institute of Law Enforcement and Criminal Justice.

Section 3743, Pub. L. 90-351, title I, §403, June 19, 1968, 82 Stat. 203; Pub. L. 93-83, §2, Aug. 6, 1973, 87 Stat. 206, related to limitations on size of grants and contributions requirements for grants.

Section 3744, Pub. L. 90-351, title I, §404, June 19, 1968, 82 Stat. 204; Pub. L. 93-83, §2, Aug. 6, 1973, 87 Stat. 207, provided for Federal Bureau of Investigation law en-

forcement training programs. Section 3745, Pub. L. 90-351, title I, §405, June 19, 1968, 82 Stat. 204; Pub. L. 93-83, §2, Aug. 6, 1973, 87 Stat. 207, repealed Law Enforcement Assistance Act of 1965 and provided for funds to continue projects started thereunder.

Section 3746, Pub. L. 90-351, title I, §406, June 19, 1968, 82 Stat. 204; Pub. L. 91-644, title I, §5(1), Jan. 2, 1971, 84 Stat. 1884; Pub. L. 93-83, §2, Aug. 6, 1973, 87 Stat. 207, provided for academic educational assistance.

Section 3747, Pub. L. 90-351, title I, §407, formerly §408, as added Pub. L. 91-644, title I, §5(2), Jan. 2, 1971, 84 Stat. 1885; renumbered §407, Pub. L. 93-83, §2, Aug. 6, 1973, 87 Stat. 209, related to administration of training

programs for prosecuting attorneys. Another prior section 3747, Pub. L. 90-351, title I, §407. as added Pub. L. 91-644, title I, §5(2), Jan. 2, 1971, 84 Stat. 1885, related to Administration law enforcement training program for enforcement personnel, prior to the general amendment of this chapter by section 2 of Pub. L. 93-83.

Section 3748, Pub. L. 90-351, title I, §408, as added Pub. L. 91-644, title I, §5(2), Jan. 2, 1971, 84 Stat. 1885,

Attachment H. Mailing Packet



3040 Cornwallis Road • PO Box 12194 Research Triangle Park, NC 27709-2194

ATTN: Matt Bensen 0213149.001.400.402.100



## Bureau of Justice Statistics (Bureau) – Confidentiality Assurances

## 42 USC § 3735 - Use of Data

Data collected by the Bureau shall be used only for statistical or research purposes, and shall be gathered in a manner that precludes their use for law enforcement or any purpose relating to a private person or public agency other than statistical or research purposes.

## 42 USC § 3789g - Confidentiality of information

## (a) Research or statistical information; immunity from process; prohibition against admission as evidence or use in any proceedings

No officer or employee of the Federal Government, and no recipient of assistance under the provisions of this chapter shall use or reveal any research or statistical information furnished under this chapter by any person and identifiable to any specific private person for any purpose other than the purpose for which it was obtained in accordance with this chapter. Such information and copies thereof shall be immune from legal process, and shall not, without the consent of the person furnishing such information, be admitted as evidence or used for any purpose in any action, suit, or other judicial, legislative, or administrative proceedings.

# (b) Criminal history information; disposition and arrest data; procedures for collection, storage, dissemination, and current status; security and privacy; availability for law enforcement, criminal justice, and other lawful purposes; automated systems: review, challenge, and correction of information

All criminal history information collected, stored, or disseminated through support under this chapter shall contain, to the maximum extent feasible, disposition as well as arrest data where arrest data is included therein. The collection, storage, and dissemination of such information shall take place under procedures reasonably designed to insure that all such information is kept current therein; the Office of Justice Programs shall assure that the security and privacy of all information is adequately provided for and that information shall only be used for law enforcement and criminal justice and other lawful purposes. In addition, an individual who believes that criminal history information concerning him contained in an automated system is inaccurate, incomplete, or maintained in violation of this chapter, shall, upon satisfactory verification of his identity, be entitled to review such information and to obtain a copy of it for the purpose of challenge or correction.

## (c) Criminal intelligence systems and information; prohibition against violation of privacy and constitutional rights of individuals

All criminal intelligence systems operating through support under this chapter shall collect, maintain, and disseminate criminal intelligence information in conformance with policy standards which are prescribed by the Office of Justice Programs and which are written to assure that the funding and operation of these systems furthers the purpose of this chapter and to assure that such systems are not utilized in violation of the privacy and constitutional rights of individuals.

## (d) Violations; fine as additional penalty

Any person violating the provisions of this section, or of any rule, regulation, or order issued there under, shall be fined not to exceed \$10,000, in addition to any other penalty imposed by law.

January 11, 2016

«Salutation» «ContactFirstName» «ContactLastName» «Agency Name» «ContactAddress1» «ContactAddress2» «ContactCity», «ContactState» «ContactZip»

Dear «Salutation» «ContactLastName»:

Thanks to the efforts of state prison officials nationwide, the Bureau of Justice Statistics' (BJS) Deaths in Custody Reporting Program (DCRP) continues to be a great success. Started in 2000 with the passage of the *Death in Custody Reporting Act*, which was reauthorized in December of 2014, the DCRP is the only source of data on prisoner deaths.

This letter marks the beginning of the 2016 DCRP data collection cycle, and we hope you will participate in this important data collection.

Please use the following credentials to log onto the DCRP Web site (<u>https://bjsdcrp.rti.org</u>) to access the 2015 and 2016 forms:

USERNAME: «username» PASSWORD: «password»

Please submit all 2015 data, including the Annual Summary of Inmate Deaths in State Prisons form (NPS-4) and the corresponding State Prison Inmate Death Report forms (NPS-4A), by February 29, 2016.

BJS will use the data collected under the DCRP for research and statistical purposes only, as described in Title 42, USC §3735 and 3789g (enclosed). As with all BJS data collections, the data will be stored securely at all times.

If you have questions about the DCRP, please contact Matt Bensen, the RTI data collection task leader, at (800) 344-1387 or bjsdcrp@rti.org.

We thank you in advance for your participation and look forward to our continued work together.

Sincerely,

Margart le

Margaret E. Noonan, Program Manager Deaths in Custody Reporting Program (202) 353-2060 <u>margaret.noonan@usdoj.gov</u>

Anastasis/south

Anastasios Tsoutis, Chief Corrections Unit (202) 305-9079 anastasios.tsoutis@usdoj.gov

Enclosures: DCRP Update, 2015 Reporting Instructions, 2016 Reporting Instructions, Confidentiality Assurances



## **ACTION REQUESTED**

## **2015 Reporting Instructions**

<u>All agencies</u> should submit a 2015 NPS-4 Annual Summary form, even if no deaths occurred in your agency's custody during 2015.

 To submit data, please log onto the Deaths in Custody Reporting Program (DCRP) Web site (<u>https://bjsdcrp.rti.org</u>) with your username and password below:

Username: Password:

 To submit via paper, access the 2015 NPS-4 and the 2015 NPS-4A forms on the DCRP Web site (<u>https://bjsdcrp.rti.org</u>) and print them. Please mail or fax these according to the form instructions.

## **ACTION REQUESTED**

## **2016 Reporting Instructions**

- If <u>no deaths have occurred</u> in your agency's custody to date in 2016, do not report anything at this time.
- Please submit a 2016 NPS-4A Death Report form for each death that occurs in your agency's custody in 2016.
- Please provide an answer for ALL questions on the form, including "Specify" fields, if applicable.
- To submit data, please log onto the Deaths in Custody Reporting Program (DCRP) Web site (<u>https://bjsdcrp.rti.org</u>) with your username and password below:

Username: Password:

• Please refer to the Frequently Asked Questions section of the DCRP Web site (https://bjsdcrp.rti.org) for additional information.

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

### BUSINESS REPLY MAIL FIRST-CLASS MAIL PERMIT NO. 405 MAIL RALEIGH, NC

POSTAGE WILL BE PAID BY ADDRESSEE

Decoded IMb : 00708901102319000000276901652 Mailpiece Size : (#10) 4-1/8x9-1/2 Letter Do not modify the size or change the placement of either the FIM or IMb. QBRM pieces that are non-automation compatible and/or contain the incorrect ZIP+4 code are ineligible for QBRM prices and will be charged the non-QBRM High Volume postage and fees.

## **RY2015 Verification Call Script**

## Introduction

Hello. My name is **[FILL]**. I am calling on behalf of the U.S. Department of Justice.

I am trying to reach **[FILL]** about the Deaths in Custody Reporting Program.

[OR]

I am trying to reach the person who is responsible for reporting your agency's data to the Deaths in Custody Reporting Program. (Last year, our primary contact was **[FILL]**).

## IF NAMED POC

## --NO LONGER WORKDS THERE:

--IS UNKNOWN TO THE PERSON:

## --IS UNAVAILABLE:

ASK WHO MIGHT BE THE APPROPRIATE PERSON TO CONTACT ABOUT THE DEATHS IN CUSTODY REPORTING PROGRAM

## IF NAMED POC IS AVAILABLE OR ANOTHER PERSON INDICATES WILLINGNESS TO HELP, EXPLAIN REASON FOR CALL

We appreciate your participation in the Deaths in Custody Reporting Program.

In preparation for sending the annual DCRP package to you in January, we would like to make sure that the information we have on file for your agency is still correct. We also have a population-based question. This should only take a few minutes.

## IF "NO," FIND A GOOD TIME TO CALL BACK AND PRESS END CALL

IF "YES," PRESS CONTINUE

## Agency Information

First, I'd like to confirm that we have the correct name for your agency... [FILL] Is your agency name accurate?

[IF "NO"] What is the correct name of your agency?

We have the following as the physical address for your agency... [FILL]

## [IF ~"NOT RIGHT"] What is the correct physical address for your agency?

## Point of Contact Information

Our files indicate that (**[FILL]** / YOU) should be the primary contact for providing us with death reports and agency-level summary data for the Deaths in Custody Reporting Program. Is this correct?

[If "NO," GATHER INFORMATION FOR NEW POINT OF CONTACT, INCLUDING: Salutation/Title, First Name, Last Name, Mailing Address (Street, City, State, and Zip Code), Phone Number, Email Address]

[IF "YES"] I would like to review the contact information we have on file for [FILL] / YOU.

[REVIEW THE FOLLOWING: Salutation/Title, First Name, Last Name, Mailing Address (Street, City, State, and Zip Code), Phone Number, E-mail Address]

## Agency Head Information

We would like to collect some information about the head of your agency. Our files indicate that **[FILL]** is the head of your agency. Is this correct?

[If "NO," GATHER INFORMATION FOR NEW AGENCY HEAD, INCLUDING: Salutation/Title, First Name, Last Name, Mailing Address (Street, City, State, and Zip Code), Phone Number, E-mail Address]

[IF "YES"] I would like to review the contact information we have on file for [FILL] / YOU.

[REVIEW THE FOLLOWING: Salutation/Title, First Name, Last Name, Mailing Address (Street, City, State, and Zip Code), Phone Number, E-mail Address]

Given that we may need to use the agency head contact information throughout the upcoming year, we would like to ask you a couple of questions to verify that **[FILL]**/YOU will remain the agency head for the foreseeable future.

[IF PRIOR TO NOVEMBER ELECTION DAY] Is the agency head position up for re-election in November 2015?

[IF AFTER NOVEMBER ELECTION DAY] Was the agency head position up for re-election in November 2015?

[IF "YES"] Was/Were [FILL] / YOU re-elected?

[IF "NO"]

- 1) Who is the newly elected agency head?
- 2) When will the newly elected agency head take office?
- 3) Do you have a telephone number and/or e-mail address for the newly elected agency head?

## **Facility Information**

I now want to verify the facilities that are operating within your jurisdiction. First, BJS considers a facility to be separate if it has its own administrator, its own staff, and its own budget. Second, when it comes to the Deaths in Custody Reporting Program, an eligible facility meets the following criteria:

- It is not a temporary holding or lockup facility from which inmates are transferred within 72 hours and not held beyond arraignment
- It does not exclusively hold inmates aged 17 or younger.

We have [FILL] facility/facilities listed under your jurisdiction.

[READ FACILITY NAME, ADDRESS, CITY, AND ZIP] Is this information correct?

[CYCLE THROUGH THE QUESTIONS ON THIS PAGE FOR EACH EXISTING FACILITY FOR WHICH THE POC WISHES TO AMEND INFORMATION. IF THE POC IS ADDING A NEW FACILITY, MOVE TO THE *NEW* FACILITIES TO OUR DATABASE SECTION ON THE FOLLOWING PAGE.]

[IF "NO"] What kinds of changes do we need to make to our records for [FILL]?

[IF FACILITY CLOSED PART OR ALL OF THE YEAR] When did this facility close?

Do you expect this facility to re-open?

[IF "YES"] When do you expect this facility to re-open?

Where are inmates from this facility being sent?

[IF FACILTY NOW IN A DIFFERENT JURISDICTION] What is the name of the agency that supervises [FILL] now?

Do you happen to know the name and telephone number of the person we should contact about the facility now?

[IF CONSOLIDATED WITH ANOTHER FACILITY] Please tell me the names of the facilities that have consolidated. Just so you know, we may follow up with you at a later date if we have any further questions about this consolidation.

## [IF NAME OR ADDRESS CHANGE NEEDED, COLLECT UPDATED INFORMATION]

[IF MISCELLANEOUS INFORMATION] Please tell us about the other changes that we should make to ensure that the information that we have for [FILL] is complete and accurate. Just so you know, we may follow up with you at a later date if we have any further questions about this facility change.

Do you include data for this facility when you report to DCRP?

[IF "NO"] Would you please provide a name and telephone number for the person who could provide us with information on [FILL]?

Before moving forward, I would like to verify that all of these facilities are currently open and operating.

Is this a complete list of all the facilities in your jurisdiction?

## New Facilities to Our Database

**[IF "NO"]** We would like to ask you a few questions to ensure that this facility is eligible for the DCRP data collection. Is this facility **exclusively** used as a temporary holding or a lockup facility from which inmates are usually transferred within 72 hours and not held beyond arraignment?

[IF "NO"] Does this facility **exclusively** hold inmates 17 or younger?

[IF "YES" TO ONE OF THE ABOVE TWO QUESTIONS, THE FACILITY IS INELIGIBLE. OUR AGENCY LIASION WOULD SAY "Thank you for this information. This particular facility is not eligible for DCRP because [FILL REASON]."

[IF "NO"] Thank you for this helpful information. I would like to collect the name and address for this facility.

What date did this facility open?

Does this facility **exclusively** hold inmates for the state Department of Corrections?

Does this complete the list of facilities in your jurisdiction?

[IF "NO," CYCLE BACK THROUGH THE QUESTIONS IN THE NEW FACILITIES TO OUR DATABASE SECTION.]

## [End of Questions for New Facilities]

We want to know a little bit about the populations that are held with your facility/facilities.

Do you hold juveniles at any of your facilities?

[IF YES AND MORE THAN ONE FACILITY] Which facilities?

Other than courtesy holds, does your agency hold any inmates for Immigration and Customs Enforcement (ICE)?

[IF YES AND MORE THAN ONE FACILITY] Which facilities?

Other than courtesy holds, does your agency hold any U.S. Marshal inmates?

[IF YES AND MORE THAN ONE FACILITY] Which facilities?

Other than courtesy holds, does your agency hold inmates for state or federal prisons, Bureau of Indian Affairs, or any other counties or jurisdictions?

[IF YES AND MORE THAN ONE FACILITY] Which facilities?

## Data Submission Status

Thank you. Regarding 2014:

[IF ALL PRIOR YEAR REPORTS WERE SUBMITTED] Thank you for submitting all of your reports for 2014.

[IF NO PRIOR YEAR REPORTS WERE SUBMITTED] Our records show that we have not received your agency's 2014 Annual Summary form. All agencies should complete the Annual Summary form each year, even those that did not experience a death in custody.

[IF MISSING PRIOR YEAR DEATH REPORTS, BUT ASF WAS SUBMITTED] Our records show that we have received your agency's 2014 Annual Summary form. However, we are still expecting [FILL] death report(s). ). A death report is expected for each death reported on the Annual Summary Form.

[IF MISSING PRIOR YEAR ASF, BUT DEATH REPORTS WERE SUBMITTED] Our records show that we have received [FILL] death report(s). However, we have not received your agency's 2014 Annual Summary form. All agencies should complete an Annual Summary form each year.

Also, please know that you can now submit 2015 death reports online, via mail, email or fax. Would you like me to provide you with your username and password so you can log in and submit your reports online?

Thank you for your help today. Do you have any questions for me?