

ITEMS TO WATCH

DEATH CERTIFICATE (Paper Version)

Listed below are items that are often left blank or not completed correctly.

#4a. Age – Last Birthday (Years) -

The age listed in this item must agree with the date of birth entered in item 5.

#7g. Inside city limits? -

The box for either “yes” or “no” must be checked.
If it is not known, enter “?”

#8. Marital Status at Time of Death -

Check the appropriate box to correctly indicate the marital status of the deceased at the time of death. If “Married” or “married, but separated” are checked, item #9 must list the name of the spouse or be stated as “unknown”.

New option of “married, but separated” has been confused with “Married” and vice versa. Please watch to be sure the correct box is checked.

When husband and wife die at the same time, both certificates will be listed as married with the spouse entered in item #9.

#10. Ever in U.S. Armed Forces? -

The box for either “Yes” or “No” must be checked.
If it is not known, enter “?”.

#15. Place of Disposition -

The name of the cemetery, crematory or other place of disposition must be entered along with the address; (city and state).

#18. Was coroner contacted? –

The box for either “Yes” or “No” must be checked.

19a. Place of Death – If Death Occurred In a Hospital -

Check the appropriate box (1, 2 or 3) to indicate the hospital status of the deceased if the Place of Death, Item #20 – Facility Name, has a hospital entered.

19b. Place of Death – If Death Occurred Somewhere Other Than a Hospital -

Check the appropriate box (4, 5, 6 or 7) to indicate the type of place where the death occurred; this item must agree with what is entered in item #20.

If box #7 – Other (Specify) is checked, please specify the type of place where the death occurred.

#21. City, Town or Location of Death, and ZIP Code –

The ZIP Code of the place where the death occurred must be entered along with the name of the city, town or location.

#23. Date of Death –

When a body is found and the date of death is not known, the date of death must be determined by approximation. (A date range may be used when a specific date cannot be determined). “Unknown” and “Found” entries are not acceptable and will be rejected.

#24. Time of Death –

The time of death should be entered using a 24 hour clock (0000 – 2359). **Midnight begins the new day and is entered as 0000.**

#31. Manner of Death –

Must be completed and must agree with the cause of death entered in item #27.

Please note: A physician, physician assistant or advanced practice professional nurse can certify only if this item is checked as “Natural”.

#41. Decedent’s Usual Occupation –

#42. Kind of Business/Industry –

Enter the occupation and the kind of business/industry that goes with the occupation of the decedent. This should be the occupation that the decedent was employed at for the longest period of time and is not necessarily the most recent job they had.

#43. Decedent’s Education –

Check the highest level or degree of education the decedent achieved.

If it is not known, enter “unknown” in the blank space above the first box.

#44. Decedent of Hispanic origin –

Check the appropriate box(es) to best describe the Hispanic origin of the decedent. Check either the “No” box or one or more of the “Yes” boxes.

If it is unknown, enter “unknown” in the space above the first box.

#45. Decedent’s Race –

Check the appropriate box(es) to best indicate the race(s) of the decedent.

If it is not known, enter “unknown” in the space above the first box.

Note: Hispanic origin does not determine a person’s race. Also, a person’s race does not necessarily determine whether a person is of Hispanic origin. Race and Hispanic Origin are two separate questions and both must be answered.