

**STATE OF COLORADO
CERTIFICATE OF DEATH**

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last)					2. SEX	3. DATE OF DEATH (Month, Day, Year)
4. SOCIAL SECURITY NUMBER	5a. AGE - Last Birthday (Years)	5b. UNDER 1 YEAR Mos : Days	5c. UNDER 1 DAY Hrs : Mins	6. DATE OF BIRTH (Month, Day, Year)		7. BIRTHPLACE (City and State or Foreign Country)
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number)			9c. CITY, TOWN, OR LOCATION OF DEATH		9d. COUNTY OF DEATH	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)		10b. KIND OF BUSINESS/INDUSTRY		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)		12. SPOUSE (If wife, give maiden name)
13a. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION		13d. STREET AND NUMBER		
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE: American Indian, Black, White, etc. (Specify)		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary or secondary (0 through 12) College (13 through 16 or 17+)

PARENTS

17. FATHER-NAME (First, Middle, Last)	18. MOTHER-NAME (First, Middle, Last (Maiden Name))	19. INFORMANT-NAME and relationship to deceased.
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DISPOSITION

20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION - City or Town, State
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21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	21b. NAME AND ADDRESS OF FACILITY: ZIP:
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22a. REGISTRAR'S SIGNATURE	22b. DATE FILED (Month, Day, Year)
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23. TIME OF DEATH M	24. DATE PRONOUNCED DEAD Month Day Year	25. WAS CORONER NOTIFIED? (Yes or No)
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CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN		TO BE COMPLETED BY CORONER	
26. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Signature		27. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place, and due to the cause(s) and manner as stated. Signature	
28. DATE SIGNED (Month, Day, Year)		29. DATE SIGNED (Month, Day, Year)	
30. NAME, TITLE AND MAILING ADDRESS OF CERTIFIER/CORONER (Type/Print) ZIP:			
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print)			

CAUSE OF DEATH

32. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	33a. DATE OF INJURY (Month, Day, Year)	33b. TIME OF INJURY M	33c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	33d. DESCRIBE HOW INJURY OCCURRED
	33e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)			33f. LOCATION (Street and Number or Rural Route Number, City, County, State)
	34. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]. Do not enter mode of dying (e.g. Cardiac or Respiratory Arrest) alone.			
PART I				Interval between onset and death
(a) _____ DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death
(b) _____ DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death
(c) _____				Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in PART I (e.g., alcohol abuse, obesity, smoker).				35. AUTOPSY (Yes or No)
				36. IF YES were findings considered in determining cause of death?