

Reg. Dist. No. _____

Primary Reg. Dist. No. _____

Registrar's No. _____

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH
Type or print in permanent black ink

State File No. _____

1. Decedent's Legal Name (First, Middle, Last, suffix) (Include AKA's if any)		2. Sex	3. Date of Death (Mo./Day/Year)	
DECEDENT	4. Social Security Number	5a. Age (Years)	5b. Under 1 Year Months Days	
	5c. Under 1 day Hours Minutes		6. Date of Birth (Mo./Day/Year)	
	7. Birthplace (City and State or Foreign Country)		8a. Residence State	
	8b. County		8c. City or Town	
	8d. Street and Number		8e. Apt. No.	
8f. Zipcode		8g. Inside City Limits?		
9. Ever in US Armed Forces?		10. Marital Status at Time of Death		
11. Surviving Spouse's Name (prior to first marriage)		12. Decedent's Education		
13. Decedent of Hispanic Origin		14. Decedent's Race		
15. Parent's Name (prior to first marriage)		16. Parent's Name (prior to first marriage)		
17a. Informant's Name		17b. Relationship to Decedent		
17c. Mailing Address (Street and Number, City, State, Zip Code)				
18a. Place of Death				
18b. Facility Name (if not institution, give street & number)		18c. City or Town, State and Zip Code		
18d. County of Death				
19. Signature of Funeral Service Licensee or Other Agent		20. License Number (of licensee)		
21. Name and Complete Address of Funeral Facility				
DISPOSITION	22a. Method of Disposition		22b. Date of Disposition	
	22c. Place of Disposition (Name of Cemetery, Crematory, or other place)		22d. Location (City/Town or State)	
REGISTRAR	23. Registrar's Signature		24. Date Filed	
	25a. Name of Person Issuing Burial Permit		25b. Dist. No.	
25c. Date Disposition Permit Issued				
CERTIFIER	26a. Certifier (Check Only One)		Approximate Interval Between Onset and Death	
	<input type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated			
	<input type="checkbox"/> Coroner or Medical Examiner 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 stated		26d. Was the Medical Examiner or Coroner contacted?	
	26b. Time of Death			
26c. Date Pronounced Dead (Mo./Day/Year)		26e. Signature and Title of Certifier		
26f. License number		26g. Date Signed		
27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death				
CAUSE OF DEATH	28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent black ink.			
	Immediate Cause (Final disease or condition resulting in death)	a.		
	Sequentially list conditions, if any, leading to the immediate cause	b. Due to (or as Consequence of)		
		c. Due to (or as Consequence of)		
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)	d. Due to (or as Consequence of)			
Part II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I				
29a. Was an Autopsy Performed? Yes No		29b. Were Autopsy Findings Available Prior to completion of Cause of Death? Yes No Not applicable		
30. Did Tobacco Use Contribute to Death? Yes Unknown No Probably	31. If Female, Pregnancy Status 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 death Unknown if pregnant within the past year		32. Manner of Death Natural Homicide Accident Pending investigation Suicide Could not be determined	
33a. Date Of Injury (Mo./Day/Year)	33b. Time of Injury	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		
33d. Injury at Work? Yes No				
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)			33g. If Transportation Injury, Specify: Driver Operator Pedestrian Passenger Other	
33f. Describe How Injury Occurred:				