STATE OF TEXAS — CERTIFICATE OF DEATH — STATE FILE NUMBER

Texas Department of Health — Bureau of Vital Statistics

WARNING
The penalty for knowingly making a false statement in this form can be ___ years in prison and a fine of up to $10,000. (Health and Safety Code, Sec. 195, 1989)

1. NAME OF DECEASED (a) FIRST	(b) MIDDLE	(c) LAST	(d) MAIDEN	2. SEX	3. DATE OF DEATH

4. DATE OF BIRTH	5. AGE (IN YEARS)	IF UNDER 1 YR. MO	DAYS	IF UNDER 1 DAY HOURS	MIN	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY)	7. SOCIAL SECURITY NO.

8. RACE	9a. WAS THE DECEDENT OF HISPANIC ORIGIN? ☐ YES ☐ NO	9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)	10. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ YES ☐ NO	11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED. ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+)

12. MARITAL STATUS ☐ MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED	13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	14a. DECEDENT'S USUAL OCCUPATION	14b. KIND OF BUSINESS OR INDUS

15a. RESIDENCE STREET ADDRESS	15b. CITY OR TOWN

15c. COUNTY	15d. STATE	15e. ZIP CODE	15f. INSIDE CITY LIMITS ☐ YES ☐ NO

16. FATHER'S NAME	17. MOTHER'S MAIDEN NAME

18. PLACE OF DEATH (CHECK ONLY ONE)

HOSPITAL ☐ INPATIENT ☐ ER/OUTPATIENT ☐ DOA | OTHER ☐ NURSING HOME ☐ RESIDENCE ☐ OTHER (SPECIFY)

19. COUNTY OF DEATH	20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.)	21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street addr

22. INFORMANT — SIGNATURE & RELATIONSHIP	23. MAILING ADDRESS OF INFORMANT

24. METHOD OF DISPOSITION	25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE)	25b. Section / Block / Lot / Space / Unknown ☐	29. NAME & ADDRESS OF FUNERAL HOME
☐ BURIAL ☐ CREMATION ☐ REMOVAL FROM STATE ☐ DONATION ☐ OTHER (SPECIFY)	26. LOCATION (CITY, STATE)		
	27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	28. DATE OF DISPOSITION	

30. CERTIFIER

☐ CERTIFYING PHYSICIAN — TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATE

☐ MEDICAL EXAMINER / ☐ JUSTICE OF THE PEACE — ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.

31. SIGNATURE & TITLE OF CERTIFIER	32. DATE SIGNED MO DAY YEAR	33. TIME OF DEATH

34. PRINTED NAME & ADDRESS OF CERTIFIER

CAUSE OF DEATH

35. PART 1 ENTER THE DISEASES, 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. — Approximate Interval Bet Onset and D

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. _____ DUE TO (OR AS A LIKELY CONSEQUENCE OF)

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE *(disease or injury that initiated events resulting in death)* LAST

b. _____ DUE TO (OR AS A LIKELY CONSEQUENCE OF)

c. _____ DUE TO (OR AS A LIKELY CONSEQUENCE OF)

d. _____

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.)	36a. AUTOPSY? ☐ YES ☐ NO	36b. AUTOPSY FINDINGS AVAILA PRIOR TO COMPLETION OF CAU DEATH? ☐ YES ☐ N

37. DID TOBACCO USE CONTRIBUTE TO DEATH ☐ YES ☐ PROBABLY ☐ NO ☐ UNKNOWN	38. DID ALCOHOL USE CONTRIBUTE TO DEATH ☐ YES ☐ PROBABLY ☐ NO ☐ UNKNOWN	39. WAS DECEDENT PREGNANT AT TIME OF DEATH ☐ YES ☐ NO ☐ UNK WITHIN LAST 12 MO ☐ YES ☐ NO ☐ UNK

40. MANNER OF DEATH ☐ NATURAL ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED	41a. DATE OF INJURY	41b. TIME OF INJURY M	41c. INJURY AT WORK ☐ YES ☐ NO	41d. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY ETC. (SPECIFY)
	41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)			
	41f. DESCRIBE HOW INJURY OCCURRED			

42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. SIGNATURE OF LOCAL REGISTRAR

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