

TYPE IN PERMANENT BLACK INK. DO NOT USE GREEN, RED, OR BLUE INK.

ALABAMA CERTIFICATE OF DEATH

State File Number **101**

County File Number —

3. _____
6. _____
19. _____
20. _____
26. _____
27. _____
34. _____

1. DECEASED—NAME First Middle Last (Type last name all capitals)				2. DATE OF DEATH (Month, Day, Year)		3. COUNTY OF DEATH		
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE				5. INSIDE CITY LIMITS (Specify Yes or No)		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number)		
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA)			8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc.			9. RACE—(Specify American Indian, Black, White, etc.)		
10. SEX		11. AGE		12. UNDER 1 YEAR		13. DATE OF BIRTH (Month, Day, Year)		
YRS.		MOS.		DAYS		HOURS		
MINS.		14. DECEASED'S SOCIAL SECURITY NUMBER		15. EDUCATION (Specify ONLY highest grade completed below)		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)		
Elementary or High School (0-12)		College (1-4 or 5+)		17. SURVIVING SPOUSE (If wife, give maiden name)		18. Was Decedent ever in Armed Forces (Specify Yes or No)		
19. STATE OF BIRTH (if not in USA, name country)		20. RESIDENCE—STATE		21. COUNTY		22. CITY, TOWN, OR LOCATION AND ZIP CODE		
23. INSIDE CITY LIMITS (Specify Yes or No)		24. STREET AND NUMBER		25. INFORMANT—Name and Address				
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)				27. KIND OF BUSINESS OR INDUSTRY				
28. FATHER—NAME First Middle Last				29. MAIDEN NAME OF MOTHER— First Middle Last				
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other)			31. DATE OF DISPOSITION (Month, Day, Year)		32. CEMETERY OR CREMATORY—Name		33. LOCATION—(City or Town—State)	
34. FUNERAL HOME—Name and Address				35. FUNERAL DIRECTOR—Signature		36. DATE SIGNED BY FUNERAL DIRECTOR		
37. <u> </u> Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time and date, and due to the cause(s) and manner stated." <u> </u> Medical Examiner <u> </u> Coroner "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 stated." Signature:						38. DATE SIGNED (Month, Day, Year)		
39. TIME AND DATE OF DEATH			40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only)			41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)		
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46)						43. CERTIFIER LICENSE NUMBER		
44. REGISTRAR—Signature						45. DATE FILED (Month, Day, Year)		
For State or County use only								

MEDICAL CERTIFICATION

45. PART I. 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. <u>LIST ONLY ONE CAUSE ON EACH LINE.</u>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. _____ DUE TO (OR AS A CONSEQUENCE OF):					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that related events resulting in death) LAST b. _____ DUE TO (OR AS A CONSEQUENCE OF):					
c. _____ DUE TO (OR AS A CONSEQUENCE OF):					
d. _____					
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)	
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined, Circumstances, Pending Investigation, Natural Cause)					50. AUTOPSY (Specify Yes or No)
51. If yes, were findings considered in determining cause of death? (Specify Yes or No)					
52. HOW INJURY OCCURRED (Enter nature of injury in Item 56, Part II)			53. DATE OF INJURY (Month, Day, Year)		54. HOUR OF INJURY
55. INJURY AT WORK (Specify Yes or No)			56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.)		57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)

This is a legal record and must be filed within five (5) days after death.

ADPH-HS 2/Rev. 11-93

Funeral Director
Please get the
maiden name

WORK COPY

SSN: _____

NAME OF DECEASED _____