STATE OF TEXAS — CERTIFICATE OF DEATH — STATE FILE NUMBER

Texas Department of Health — Bureau of Vital Statistics

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 INDUSTRY

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 address)

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

24. METHOD OF DISPOSITION
☐ BURIAL
☐ CREMATION
☐ REMOVAL FROM STATE
☐ DONATION
☐ OTHER (SPECIFY)

25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE)

26. LOCATION (CITY, STATE)

27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH

25b. Section ____ Block ____ Lot ____ Space ____ Unknown ☐

28. DATE OF DISPOSITION

29. NAME & ADDRESS OF FUNERAL HOME

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 STATED.

☐ 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 M.

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 Between Onset and Death

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 AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ YES ☐ NO

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, OFFICE, 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

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)

VS-112 REV. 9/95

IF DECEASED SERVED IN U.S. ARMED FORCES, FILL OUT THE FOLLOWING:

Is the deceased reported to have been in such service?	Name of organization in which service was rendered?
Serial number of discharge papers or adjusted service certificate?	Name of next of kin or of next friend?
Post Office Address?	

IF DECEASED WAS MARRIED, FILL OUT THE FOLLOWING:

Name of husband or wife	Age in years

IF DECEASED IS AN UNIDENTIFIED PERSON, FILL OUT THE FOLLOWING:

Color of Hair?	Color of Eyes?	Height?	Weight?
Deformities?		Tattoo Marks?	
Other marks of identification?			

INSTRUCTIONS FOR CAUSE OF DEATH — ITEM 35

The cause of death means the disease, abnormality, injury, or poisoning that caused the death, not the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure.

In Part 1, the immediate cause of death is reported in line (a). Antecedent conditions, if any, which gave rise to the cause are reported on lines (b), (c), and (d). The underlying cause should be reported on the last line used in Part 1. No entry is necessary on lines (b), (c), and (d) if the immediate cause of death on line (a) describes completely the train of events. ONLY ONE CAUSE SHOULD BE ENTERED ON A LINE. Additional lines may be added if necessary. Provide the best estimate of the interval between the onset of each condition and death. Do not leave the interval blank, if unknown, so specify.

In Part 2 enter other important diseases or conditions that may have contributed to death but did not result in the underlying cause of death given in Part 1.

See examples below.

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 Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) →
a. Rupture of Myocardium — Mins.

Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE *(disease or injury that initiated events resulting in death)* LAST
b. Acute Myocardial Infarction — 6 days
c. Chronic Ischemic Heart Disease — 5 years
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.)

Diabetes, Chronic Obstructive Pulmonary Disease, Smoking

36a. AUTOPSY? [X] YES [ ] NO

36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? [X] YES [ ] NO

37. DID TOBACCO USE CONTRIBUTE TO DEATH [X] YES [ ] PROBABLY [ ] NO [ ] UNKNOWN

38. DID ALCOHOL USE CONTRIBUTE TO DEATH [ ] YES [ ] PROBABLY [X] NO [ ] UNKNOWN

39. WAS DECEDENT PREGNANT
AT TIME OF DEATH [ ] YES [X] NO [ ] UNK
WITHIN LAST 12 MO [ ] YES [X] NO [ ] UNK

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 Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) →
a. Cerebral Laceration — 10 mins.

Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE *(disease or injury that initiated events resulting in death)* LAST
b. Open Skull Fracture — 10 mins.
c. Automobile Accident — 10 mins.
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? [X] YES [ ] NO

36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? [X] YES [ ] NO

37. DID TOBACCO USE CONTRIBUTE TO DEATH [ ] YES [ ] PROBABLY [X] NO [ ] UNKNOWN

38. DID ALCOHOL USE CONTRIBUTE TO DEATH [ ] YES [X] PROBABLY [ ] NO [ ] UNKNOWN

39. WAS DECEDENT PREGNANT
AT TIME OF DEATH [ ] YES [X] NO [ ] UNK
WITHIN LAST 12 MO [ ] YES [X] NO [ ] UNK