DEATH CERTIFICATE FORM

ID NUMBER: ☐☐☐☐☐☐☐

FORM CODE: **DCF**
VERSION: 2.0 05/05/2020

Event: _____

0a) Form Completion Date ☐☐ / ☐☐ / ☐☐☐☐   0b) Staff Code ☐☐☐

> **Instructions:** *The Death Certificate Form is completed for each death reported. The Death Certificate must be requested and obtained prior to completing this form.*

1) Was a death certificate obtained?
   ☐ No$_0$ → **Go to END**
   ☐ Yes$_1$

2) Date of death: ☐☐ / ☐☐ / ☐☐☐☐

3) Time of death: ☐☐ : ☐☐ AM$_1$ / PM$_2$

4) Did the decedent die in a hospital?
   ☐ No$_0$
   ☐ Yes$_1$ → **Go to 6**
   ☐ Unknown$_2$

5) Was the death classified as: (select one)
   ☐ Dead on Arrival (DOA)$_1$
   ☐ Emergency Dept. (ED)$_2$
   ☐ Outpatient$_3$
   ☐ Inpatient$_4$
   ☐ None of the above$_5$
   ☐ Not recorded$_6$

6) Was this a coroner's or medical examiner's case?
   ☐ No$_0$ → **Go to 10**
   ☐ Yes$_1$

7) Was the name and address of the Coroner or Medical Examiner recorded?
   ☐ No$_0$ → **Go to 10**
   ☐ Yes$_1$

8) Name:_____

9) Address: 9a. Street_____

9b. City_____9c. State_____9d. Zip code_____

9e. County_____

10) Was an autopsy performed?
☐ No_0
☐ Yes_1

11) Was the underlying cause of death recorded using ICD9 or ICD10 codes?
☐ $ICD9_1$ → **Go to 11a**
☐ $ICD10_2$ → **Go to 11b**
☐ No Codes $Available_3$ → **Go to 13**

11a. ICD-9 code for <u>UNDERLYING cause</u> of death: ☐☐☐.☐

11b. ICD-10 code for <u>UNDERLYING cause</u> of death: ☐☐☐.☐

12) Were additional ICD codes recorded using ICD9 or ICD10?
☐ $ICD9_1$ → **Go to 12a**
☐ $ICD10_2$ → **Go to 12b**
☐ No Codes $Available_3$ → **Go to 13**

12a. All listed ICD-9 codes for death:

12a1. ☐☐☐.☐	12a5. ☐☐☐.☐	12a9. ☐☐☐.☐
12a2. ☐☐☐.☐	12a6. ☐☐☐.☐	12a10. ☐☐☐.☐
12a3. ☐☐☐.☐	12a7. ☐☐☐.☐	12a11. ☐☐☐.☐
12a4. ☐☐☐.☐	12a8. ☐☐☐.☐	12a12. ☐☐☐.☐

12b. All listed ICD-10 codes for death:

12b1. ☐☐☐.☐	12b5. ☐☐☐.☐	12b9. ☐☐☐.☐
12b2. ☐☐☐.☐	12b6. ☐☐☐.☐	12b10. ☐☐☐.☐
12b3. ☐☐☐.☐	12b7. ☐☐☐.☐	12b11. ☐☐☐.☐
12b4. ☐☐☐.☐	12b8. ☐☐☐.☐	12b12. ☐☐☐.☐

13) Are there causes of death recorded on the death certificate?
☐ No_0 → **Go to 14**
☐ Yes_1

13a. Immediate cause:_____

_____

13b. Due to or as a consequence of (1)_____

_____

13c. Due to or as a consequence of (2)_____

_____

13d. Due to or as a consequence of (3)_____

_____

14) Are there other significant conditions recorded on the death certificate?
☐ No$_0$ → **Go to 15**
☐ Yes$_1$

$_{15}$14a. Please specify the conditions:_____

_____

$_{16}$15) Interval between onset and death for immediate cause of death:
☐ Five minutes or less$_1$
☐ One hour or less$_2$
☐ One day or less$_3$
☐ One week or less$_4$
☐ One month or less$_5$
☐ More than one month$_6$
☐ Unknown or Not recorded$_7$

END OF FORM