

TYPE IN  
PERMANENT  
BLACK INK

FLORIDA CERTIFICATE OF DEATH

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last, Suffix)										2. SEX	
3. DATE OF BIRTH (Month, Day, Year)				4a. AGE-Last Birthday (Years)		4b. UNDER 1 YEAR Months      Days		4c. UNDER 1 DAY Hours      Minutes		5. DATE OF DEATH (Month, Day, Year)	
6. SOCIAL SECURITY NUMBER			7. BIRTHPLACE (City and State or Foreign Country)					8. COUNTY OF DEATH			
9. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival NON-HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)											
10. FACILITY NAME (If not institution, give street address)							11a. CITY, TOWN, OR LOCATION OF DEATH			11b. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. MARITAL STATUS (Specify) <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married							13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)				
14a. RESIDENCE - STATE				14b. COUNTY				14c. CITY, TOWN, OR LOCATION			
14d. STREET ADDRESS							14e. APT. NO.		14f. ZIP CODE		14g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired"							15b. KIND OF BUSINESS/INDUSTRY				
16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Isl. (Specify) <input type="checkbox"/> Other (Specify)											
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? <input type="checkbox"/> Yes (If Yes, specify) <input type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American (Specify if decedent was of Hispanic or Haitian Origin.) <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> Haitian											
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree    College degree (Specify): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate										19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. FATHER'S NAME (First, Middle, Last, Suffix)						21. MOTHER'S NAME (First, Middle, Maiden Surname)					
22a. INFORMANT'S NAME						22b. RELATIONSHIP TO DECEDENT			23a. INFORMANT'S MAILING - STATE		
23b. CITY OR TOWN				23c. STREET ADDRESS					23d. ZIP CODE		
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)					25a. LOCATION - STATE			25b. LOCATION - CITY OR TOWN			
26a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)											
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input type="checkbox"/> Yes <input type="checkbox"/> No				27a. LICENSE NUMBER (of Licensee)		27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH					
28. NAME OF FUNERAL FACILITY								29a. FACILITY'S MAILING - STATE			
29b. CITY OR TOWN				29c. STREET ADDRESS					29d. ZIP CODE		
30. CERTIFIER: <input type="checkbox"/> <b>Certifying Physician</b> - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) <input type="checkbox"/> <b>Medical Examiner</b> - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.											
31a. (Signature and Title of Certifier) PHYSICIAN'S SIGNATURE						31b. DATE SIGNED (mm/dd/yyyy)		32. TIME OF DEATH (24 hr.)		33. MEDICAL EXAMINER'S CASE NUMBER	
34a. LICENSE NUMBER (of Certifier)			34b. CERTIFIER'S NAME					35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)			
36a. CERTIFIER'S - STATE		36b. CITY OR TOWN			36c. STREET ADDRESS				36d. ZIP CODE		
37. SUBREGISTRAR - Signature and Date				38a. LOCAL REGISTRAR - Signature				38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.)			

39. PROBABLE MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined		40. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
41. CAUSE OF DEATH - PART I. (See instructions on back) IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		Enter the chain of events - diseases, injuries, or complications - that directly caused the death. Enter only one cause on a line. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. a. _____ Due to (or as a consequence of): b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____		Approximate Interval: Onset to Death	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		42a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No	42b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No		
43a. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY		43b. DATE OF SURGERY (Mo., Day, Yr.)	44. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		
45. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown    If Yes, specify timeframe: <input type="checkbox"/> at time of death <input type="checkbox"/> within 1 to 42 days of death <input type="checkbox"/> within 43 days to 1 year of death					
46. DATE OF INJURY (Month, Day, Year)		47. TIME OF INJURY (24 hr.)	48. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	49a. LOCATION OF INJURY - STATE	
49b. CITY OR TOWN		49c. STREET ADDRESS		49d. APT. NO.	49e. ZIP CODE
50. DESCRIBE HOW INJURY OCCURRED			51. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		
IF TRANSPORTATION INJURY, 52a. Status of Decedent <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
52b. Type of Vehicle <input type="checkbox"/> Car/Minivan <input type="checkbox"/> S.U.V. <input type="checkbox"/> Motorcycle <input type="checkbox"/> Pickup Truck/Cargo Van <input type="checkbox"/> Bus <input type="checkbox"/> Heavy Transport <input type="checkbox"/> Other (Specify)					

State of Florida, Department of Health, Vital Statistics

DH Form 512, Jul. 2004 (Obsoletes previous editions which may not be used)

CAUSE OF DEATH — Background, Examples, and Common Problems

Accurate cause of death information is important to the public health community in evaluating and improving the health of all citizens, and often to the family, now and in the future, and to the person settling the decedent's estate.

The cause-of-death section consists of two parts. **Part I** is for reporting a chain of events leading directly to death, with the **immediate cause** of death (the final disease, injury, or complication directly causing death) on line a and the **underlying cause** of death (the disease or injury that initiated the chain of events that led directly and inevitably to death) on the lowest used line. **Part II** is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in **Part I**. **The cause-of-death information should be YOUR best medical OPINION.** A condition can be listed as "probable" even if it has not been definitively diagnosed.

EXAMPLES OF PROPERLY COMPLETED MEDICAL CERTIFICATIONS OF CAUSE OF DEATH

39. PROBABLE MANNER OF DEATH <input checked="" type="checkbox"/> Natural	The following are under the jurisdiction of the medical examiner: <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined		40. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41. CAUSE OF DEATH - <b>PART I</b> . (See instructions on back)  IMMEDIATE CAUSE (Final disease or condition resulting in death) →  Sequentially list conditions, if any, leading to the cause listed on line a. Enter the <b>UNDERLYING CAUSE</b> (disease or injury that initiated the events resulting in death) <b>LAST</b>	Enter the <u>chain of events</u> - diseases, injuries, or complications - that directly caused the death. Enter only one cause on a line. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology.		Approximate Interval: Onset to Death	
	a. <u>Rupture of Myocardium</u>  Due to (or as a consequence of):		Minutes	
	b. <u>Acute Myocardial Infarction</u>  Due to (or as a consequence of):		6 Days	
	c. <u>Coronary artery thrombosis</u>  Due to (or as a consequence of):		5 Years	
	d. <u>Atherosclerotic coronary artery disease</u>		7 Years	
PART II. Other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.  Diabetes, Chronic Obstructive Pulmonary Disease, Smoking.			42a. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	42b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
43a. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY		43b. DATE OF SURGERY ( <i>Mo., Day, Yr.</i> )	44. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	

39. PROBABLE MANNER OF DEATH <input type="checkbox"/> Natural	The following are under the jurisdiction of the medical examiner: <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined		40. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
41. CAUSE OF DEATH - <b>PART I</b> . (See instructions on back)  IMMEDIATE CAUSE (Final disease or condition resulting in death) →  Sequentially list conditions, if any, leading to the cause listed on line a. Enter the <b>UNDERLYING CAUSE</b> (disease or injury that initiated the events resulting in death) <b>LAST</b>	Enter the <u>chain of events</u> - diseases, injuries, or complications - that directly caused the death. Enter only one cause on a line. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology.		Approximate Interval: Onset to Death	
	a. <u>Aspiration pneumonia</u>  Due to (or as a consequence of):		2 Days	
	b. <u>Complications of coma</u>  Due to (or as a consequence of):		7 Weeks	
	c. <u>Blunt force injuries</u>  Due to (or as a consequence of):		7 Weeks	
	d. <u>Motor vehicle accident</u>		7 Weeks	
PART II. Other <u>significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.			42a. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	42b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
43a. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY		43b. DATE OF SURGERY ( <i>Mo., Day, Yr.</i> )	44. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
45. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown    If Yes, specify timeframe: <input type="checkbox"/> at time of death <input type="checkbox"/> within 1 to 42 days of death <input type="checkbox"/> within 43 days to 1 year of death				
46. DATE OF INJURY ( <i>Month, Day, Year</i> )  August 15, 2003	47. TIME OF INJURY ( <i>24 hr.</i> )  Approx. 2320	48. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	49a. LOCATION OF INJURY - STATE  Florida	
49b. CITY OR TOWN  Jacksonville	49c. STREET ADDRESS  Mile marker 17 on State Road 13		49d. APT. NO.	49e. ZIP CODE  32202
50. DESCRIBE HOW INJURY OCCURRED  Decedent driver of minivan, ran off road into trees			51. PLACE OF INJURY ( <i>e.g. Decedent's home, construction site, restaurant, wooded area</i> )  Roadside near state highway	
IF TRANSPORTATION INJURY, 52a. <u>Status of Decedent</u> <input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other ( <i>Specify</i> )				
52b. <u>Type of Vehicle</u> <input checked="" type="checkbox"/> Car/Minivan <input type="checkbox"/> S.U.V. <input type="checkbox"/> Motorcycle <input type="checkbox"/> Pickup Truck/Cargo Van <input type="checkbox"/> Bus <input type="checkbox"/> Heavy Transport <input type="checkbox"/> Other ( <i>Specify</i> )				

Common problems in death certification

The **elderly decedent** should have a clear and distinct etiological sequence for cause of death, if possible. Terms such as senescence, infirmity, old age, and advanced age have little value for public health or medical research. Age is recorded elsewhere on the certificate. When a number of conditions resulted in death, the physician should choose the single sequence that, in his or her opinion, best describes the process leading to death, and place any other pertinent conditions in **Part II**. If after careful consideration the physician cannot determine a sequence that ends in death, then the medical examiner should be consulted about conducting an investigation or providing assistance in completing the cause of death.

The **infant decedent** should have a clear and distinct etiological sequence for cause of death, if possible. "Prematurity" should not be entered without explaining the etiology of prematurity. Maternal conditions may have initiated or affected the sequence that resulted in infant death, and such maternal causes should be reported in addition to the infant causes on the infant's death certificate (e.g., Hyaline membrane disease due to prematurity, 28 weeks **due to** placental abruption **due to** blunt trauma to mother's abdomen).

When **SIDS** is suspected, a complete investigation should be conducted, typically by a medical examiner. If the infant is under 1 year of age, no cause of death is determined after scene investigation, clinical history is reviewed, and a complete autopsy is performed, then the death can be reported as Sudden Infant Death Syndrome.

When the following are reported, additional information about the etiology should be stated:

- |                                     |                                 |  |                                   |                          |
|-------------------------------------|---------------------------------|--|-----------------------------------|--------------------------|
| Abscess                             | Carcinomatosis                  | Disseminated intra vascular coagulopathy | Hypotension                       | Pulmonary embolism       |
| Abdominal hemorrhage                | Cardiac arrest                  | Dysrhythmia                              | Immunosuppression                 | Pulmonary insufficiency  |
| Adhesions                           | Cardiac dysrhythmia             | End-stage liver disease                  | Increased intracranial pressure   | Renal failure            |
| Adult respiratory distress syndrome | Cardiomyopathy                  | End-stage renal disease                  | Intracranial hemorrhage           | Respiratory arrest       |
| Acute myocardial infarction         | Cardiopulmonary arrest          | Epidural hematoma                        | Malnutrition                      | Seizures                 |
| Altered mental status               | Cellulitis                      | Exsanguination                           | Metabolic encephalopathy          | Sepsis                   |
| Anemia                              | Cerebral edema                  | Failure to thrive                        | Multi-organ failure               | Septic shock             |
| Anoxic encephalopathy               | Cerebrovascular accident        | Fracture                                 | Multi-system organ failure        | Shock                    |
| Arrhythmia                          | Cerebellar tonsillar herniation | Gangrene                                 | Myocardial infarction             | Starvation               |
| Ascites                             | Chronic bedridden state         | Gastrointestinal hemorrhage              | Necrotizing soft-tissue infection | Subdural hematoma        |
| Aspiration                          | Cirrhosis                       | Heart failure                            | Old age                           | Subarachnoid hemorrhage  |
| Atrial fibrillation                 | Coagulopathy                    | Hemothorax                               | Open (or closed) head injury      | Sudden death             |
| Bacteremia                          | Compression fracture            | Hepatic failure                          | Paralysis                         | Thrombocytopenia         |
| Bedridden                           | Congestive heart failure        | Hepatitis                                | Pancytopenia                      | Uncal herniation         |
| Biliary obstruction                 | Convulsions                     | Hepatorenal syndrome                     | Perforated gallbladder            | Urinary tract infection  |
| Bowel obstruction                   | Decubiti                        | Hyperglycemia                            | Peritonitis                       | Ventricular fibrillation |
| Brain injury                        | Dehydration                     | Hyperkalemia                             | Pleural effusions                 | Ventricular tachycardia  |
| Brain stem herniation               | Dementia                        | Hypovolemic shock                        | Pneumonia                         | Volume depletion         |
| Carcinogenesis                      | (when not otherwise specified)  | Hyponatremia                             | Pulmonary arrest                  |                          |
|                                     | Diarrhea                        |  | Pulmonary edema                   |                          |

If the certifier is unable to determine the etiology of a process such as those shown above, the process must be qualified as being of an unknown, undetermined, probable, presumed, or unspecified etiology so it is clear that a distinct etiology was not inadvertently or carelessly omitted.

The following conditions and types of death might seem to be specific or natural but when the medical history is examined further may be found to be complications of an injury or poisoning (possibly occurring long ago). Such cases should be reported to the medical examiner.

- |                          |                                |              |                            |                         |
|--------------------------|--------------------------------|--------------|----------------------------|-------------------------|
| Abrasion                 | Concussion                     | Fall         | Injury                     | Strangulation           |
| Accident                 | Cut                            | Fracture     | Laceration                 | Suffocation             |
| Asphyxia                 | Drug or alcohol abuse\overdose | Hanging      | MVA                        | Subarachnoid hemorrhage |
| Bite                     | Drowning (near)                | Hip fracture | Open reduction of fracture | Subdural hematoma       |
| Bolus                    | Epidural hematoma              | Hip Nailing  | Pulmonary emboli           | Surgery                 |
| Burns (Chemical/Thermal) | Electric Shock                 | Hip Pinning  | Puncture                   | Trauma                  |
| Bruise                   | Exposure                       | Hyperthermia | Seizure disorder           | Wound                   |
| Choking                  | Exsanguination                 | Hypothermia  | Sepsis                     |                         |