

DEATH CERTIFICATE

This prop is a replica of a genuine vintage death certificate. This is a certified copy of the original document, such as might be requested by an investigator after the fact.

Enter information on form using built-in Acrobat form fields (or delete default entries and print prop “blank”, and enter info using a real typewriter or by hand).

Print on any kind of paper you want. The certificate on page 2 is meant to be printed on plain white or solid colored paper. The certificate on page 3 is intended for printing on paper with a pre-printed certificate border, such as can be found at various office supply stores.

Add handwritten remarks, rubber stamped dates, and other details for added authenticity. Ideally, an embossed state seal would appear in the lower left corner.

GENERAL INSTRUCTIONS FOR FILLING OUT DEATH CERTIFICATES

The death certificate is designed to identify causes of death and how these conditions related to each other and to the death. The death certificate should not be used to document the deceased’s entire medical history for posterity. Do not report diseases, injuries, other conditions or circumstances that did not cause or contribute to death.

DEFINITIONS

Cause(s) of Death. “Cause of death” is a morbid condition or disease process, abnormality, injury or poisoning leading directly or indirectly to death.

Immediate Cause of Death. This is the final disease or condition that resulted directly in death. Chronologically, it is the last medical condition to occur.

Intermediate Cause(s) of Death. These are conditions that link the immediate cause of death to the underlying cause.

Underlying Cause of Death. This is the disease or injury which “initiated the train of morbid events leading directly to death or the circumstances of the accident or violence which produced the fatal injury.”

Contributing Cause(s) of Death. “Contributing causes” are diseases, injuries, or other conditions that contributed to the fatal outcome, but did not cause the condition identified as the underlying cause of death.

Injury. If you report an injury on a death certificate, you are saying it was a cause of death. For purposes of coroner notification, “injury” includes the following:

- trauma from external forces
- other adverse physical effects of externally-caused events
- poisoning, toxicity or overdose of any substance, including medication
- exposure to natural and environmental forces such as weather
- aspiration, suffocation, strangulation, mechanical obstruction of breathing including from food, vomitus, secretions (unless reported due to disease)
- anaphylactic shock and other allergic reactions
- fractures and hematomas from falls or other external forces
- errors and accidents during surgery or other medical care
- starvation, neglect, privation
- overexertion
- contact with venomous or nonvenomous animals, insects, plants, gigantic monstrous multi-eyed tentacular horrors

LIST OF TERMS THAT DO NOT ADEQUATELY IDENTIFY UNDERLYING CAUSE OF DEATH

Certain terms should not be reported as the only cause(s) of death because they do not identify the underlying cause of death. These terms describe only symptoms, signs of illness, ill-defined terms, plus secondary conditions. This is not an all-inclusive list.

age, (old) (any)	bradycardia	distress, adult respiratory	failure, hepatic	hypothermia, unspec.	senescence
altered mental status	cachexia	dysphagia	failure, liver	hypoxia	senile debility exhaustion
anorexia	coagulopathy	dysrhythmia	failure, multi organ	immaturity	senility
anoxia	coma	dysrhythmia, cardiac	failure, multi system	immunosuppression	shock
anuria	convulsions	edema	failure, respiratory	increased intracranial pressure	shock, cardiogenic
arrest, cardiac	death, cardiac	edema, cerebral	fever	insufficiency, pulmonary	shock, hypovolemic
arrest, cardiopulmonary	death, neonatal	edema, pulmonary	fibrillation, atrial	jaundice	shock, septic
arrest, cardiorespiratory	debility, senile	effusion, pleural	fibrillation, ventricular	loss, weight	shock, unspec.
arrest, respiratory	debility, unspec.	exhaustion	gangrene (incl. of site)	natural causes (unk.)(unspec.)	shutdown of specified organ(s)
arrhythmia	decubiti	exsanguination	hemothorax	nonviable	slow heart beat
ascites	dehydration	failure to thrive	homeostenosis	paraplegia	state, chronic bedridden
aspiration	depletion, volume	failure, any organ	hyperglycemia	prematurity	syncope
asystole	diarrhea	failure, central nervous system	hyperkalemia	quadriplegia	tachycardia
bacteremia	difficulty feeding	failure, heart	hyponatremia	rapid heart beat	vomiting
bedridden	dissociation, electromechanical	failure, heart, congestive	hypotension	seizures	weak heart

UNKNOWN AND UNCERTAIN CAUSE OF DEATH

Cause of death is an opinion based upon best available knowledge, but the person who completes the cause of death section and signs the death certificate should be someone who knows the causes of death, including the underlying cause of death. If you know only the probable causes of death, you may report those. If “unknown” is all you can report, include a statement on the death certificate that explains why the cause of death was unknown.

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STATE BOARD OF HEALTH
Bureau of Vital Statistics

NO. _____

I, _____, State Registrar of Vital Statistics, do hereby certify the following to be a true and correct copy of the **CERTIFICATE OF DEATH** of _____

PLACE OF DEATH

County of _____ on file in **THE BUREAU OF VITAL STATISTICS**.
 Voting Precinct No. _____ Registration District No. _____ File No. _____
 Incorporated Town _____ Primary Registration District No. _____ Registered No. _____
 City _____ (No. _____ St. _____ Ward) (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)
 (If death occurs away from USUAL RESIDENCE give facts called for under "Special Information.")
 FULL NAME _____

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH								
3. SEX _____ 4. COLOR OR RACE _____ 5. Single _____ Married _____ Widowed _____ or Divorced _____ 6. DATE OF BIRTH _____ _____ 1 _____ (Month) (Day) (Year) 7. AGE _____ _____ yrs. _____ mos. _____ ds. _____ IF LESS than 1 day _____ hrs. _____ min? or _____ min? 8. OCCUPATION (a) Trade, profession or particular kind of work _____ (b) General nature of industry, business or establishment in which employed (or employer) _____ 9. BIRTHPLACE (State or country) _____ <div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">PARENTS</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;">10. NAME OF FATHER</td> <td>_____</td> </tr> <tr> <td>11. BIRTHPLACE OF FATHER (State or country)</td> <td>_____</td> </tr> <tr> <td>12. MAIDEN NAME OF MOTHER</td> <td>_____</td> </tr> <tr> <td>13. BIRTHPLACE OF MOTHER (State or country)</td> <td>_____</td> </tr> </table> </div> 14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) _____ _____ (Address) _____ Filed _____ 19 _____ Registrar.	10. NAME OF FATHER	_____	11. BIRTHPLACE OF FATHER (State or country)	_____	12. MAIDEN NAME OF MOTHER	_____	13. BIRTHPLACE OF MOTHER (State or country)	_____	16. DATE OF DEATH _____ _____ (Month) _____ (Day) _____ 19 _____ (Year) 17. I HEREBY CERTIFY That I attended deceased from _____, 19 _____ to _____, 19 _____ that I last saw h _____ alive on _____, 19 _____ and that death occurred on the date stated above at _____ m. THE CAUSE OF DEATH was as follows: _____ _____ (Duration) _____ yrs. _____ mos. _____ ds. Contributory _____ (Secondary) _____ _____ (Duration) _____ yrs. _____ mos. _____ ds. (Signed) _____, M. D. _____, 19 _____ (Address) _____ *State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds. Where was disease contracted if not at place of death? _____ Former or usual residence _____ 19. PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____ 20. UNDERTAKER _____ ADDRESS _____
10. NAME OF FATHER	_____								
11. BIRTHPLACE OF FATHER (State or country)	_____								
12. MAIDEN NAME OF MOTHER	_____								
13. BIRTHPLACE OF MOTHER (State or country)	_____								

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and caused the official seal to be affixed at this _____ day of _____ in the year of our Lord one thousand nine hundred and _____

State Registrar.

STATE BOARD OF HEALTH
Bureau of Vital Statistics

NO. _____

I, _____, State Registrar of Vital Statistics, do hereby certify the following to be a true and correct copy of the **CERTIFICATE OF DEATH** of _____

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 Voting Precinct No. _____ Registration District No. _____ File No. _____
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State Registrar.