

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 3/06)

DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)				
	AKA, ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST)								
	4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs	IF UNDER ONE YEAR	Months	Days	IF UNDER 24 HOURS:	Hours	Minutes	6. SEX
	9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? ☐ YES ☐ NO ☐ UNK				
	12. MARITAL STATUS/SRDP		7. DATE OF DEATH mm/dd/ccyy		8. HOUR (24 Hour)		(AT TIME OF DEATH)		
	13. EDUCATION - Highest Level/Degree		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) ☐ YES ☐ NO						
	16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back)								
	17. USUAL OCCUPATION (Type of work, DO NOT USE RETIRED)		18. KIND OF BUSINESS OR INDUSTRY				19. YEARS IN OCC.		
	20. DECEDENT'S RESIDENCE (Street and number, or location)								
	21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE		24. YRS IN CTY	25. STATE/FOREIGN COUNTRY	
PLACE OF BIRTH, DIRECTOR / SPOUSE, SURVIVOR AND PARENT INFORMATION	26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city, state and zip)						
	28. NAME OF SURVIVING SPOUSE/SRDP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)				
	31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE		
	35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE		37. LAST (BIRTH NAME)		38. BIRTH STATE		
	39. DISPOSITION DATE mm/dd/ccyy		40. PLACE OF FINAL DISPOSITION						
	41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER				43. LICENSE NUMBER		
	44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE		
	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE: ☐ IP ☐ ER/OP ☐ DOA		103. IF OTHER THAN HOSPITAL: ☐ Hospice ☐ Nursing ☐ Decedent's ☐ Other				
	104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)				106. CITY		
	CAUSE OF DEATH	107. CAUSE OF DEATH Enter the chain of events – diseases, injuries, or complications – that directly caused death. DO NOT enter terminal events such as cardiac arrest. DO NOT ABBREVIATE.							
					Approx. Interval Between Onset and Death				
IMMEDIATE CAUSE (A)					108. DATE REPORTED TO CORONER				
(B) Sequentially, 1st					109. BIOPSY PERFORMED? ☐ YES ☐ NO				
(C) leading to					110. AUTOPSY PERFORMED? ☐ YES ☐ NO				
(D) UNDERLYING CAUSE					111. USED IN DETERMINING CAUSE? ☐ YES ☐ NO				
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107									
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type and date.)					113A. IF FEMALE, PREGNANT IN LAST YEAR? ☐ YES ☐ NO ☐ UNK				
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		Decedent Attended Since (A) mm/dd/ccyy		Decedent Last Seen Alive (B) mm/dd/ccyy					
115. SIGNATURE AND TITLE OF CERTIFIER				116. LICENSE NUMBER		117. DATE mm/dd/ccyy			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE									
CORONER'S USE ONLY	119. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined						120. INJURED AT WORK? ☐ YES ☐ NO ☐ UNK		
	121. INJURY DATE mm/dd/ccyy		122. HOUR (24 Hour)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)				
	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)								
	125. LOCATION OF INJURY (Street and number, or location, and city, and zip)								
	126. SIGNATURE OF CORONER / DEPUTY CORONER			127. DATE mm/dd/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
	STATE REGISTRAR								