IMPORTANT:
PRINT or TYPE, black ink or ribbon mandatory

STATE OF LOUISIANA
CERTIFICATE OF DEATH

BIRTH No. _____ **FILE No. 117** _____

Name of decedent: _____
For use by physician or institution

DECEDENT

1A. LAST NAME OF DECEDENT | 1B. FIRST NAME | 1C. MIDDLE NAME | 2A. DATE OF DEATH (Month, Day, Year)

2B. HOUR OF DEATH | 3. SEX | 4. RACE (Specify White, Black, etc.) | 5. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) | 6. SURVIVING SPOUSE (If Wife, give Maiden Name)

7. DATE OF BIRTH (Month, Day, Year) | 8A. AGE YEARS | 8B. UNDER 1 YEAR MONTHS / DAYS | 8C. UNDER 1 DAY HOURS / MINUTES | 9. BIRTHPLACE (City and State or Foreign Country)

10. USUAL OCCUPATION (Kind of work done during most of working life. NEVER specify retired) | 11. KIND OF BUSINESS/INDUSTRY | 12. OF HISPANIC ORIGIN?

13. EVER IN U.S. ARMED FORCES? (YES or NO) | 14. SOCIAL SECURITY NUMBER | 15. DECEDENT'S EDUCATION (Specify ONLY HIGHEST grade completed) ELEMENTARY/SECONDARY (0-12) / COLLEGE (1-4, 5+)

PLACE OF DEATH

16A. PLACE OF DEATH (Check ONLY one. If death in NON-USTED facility check OTHER and specify on line BELOW)
HOSPITAL: 1 ☐ INPATIENT 2 ☐ ER / OUTPATIENT 3 ☐ DOA — NON-HOSPITAL: 4 ☐ NURSING HOME 5 ☐ RESIDENCE 6 ☐ OTHER

16B. NAME OF FACILITY (If not in Facility, give street address or location) | 16C. PLACE OF DEATH IN CITY LIMITS? (YES or NO)

17A. CITY, TOWN OR LOCATION OF DEATH | 17B. PARISH OF DEATH

RESIDENCE

18A. STREET ADDRESS (If rural specify rural route number or location) | 18B. PARISH OF RESIDENCE | 18C. STATE OF RESIDENCE

18D. USUAL RESIDENCE OF DECEDENT (City, town or location) | 18E. ZIP CODE | 18F. RESIDENCE INSIDE CITY LIMITS? (YES or NO)

PARENTS

19A. FATHER'S LAST NAME | FIRST | MIDDLE | 19B. FATHER'S PLACE OF BIRTH | 19C. STATE

20A. MOTHER'S MAIDEN NAME | FIRST | MIDDLE | 20B. MOTHER'S PLACE OF BIRTH | 20C. STATE

INFORMANT

21A. TYPE OR PRINT NAME OF INFORMANT | 21B. INFORMANT'S ADDRESS | 21C. DATE (Month, Day, Year)

DISPOSITION

22A. METHOD OF DISPOSITION
1 ☐ BURIAL 2 ☐ CREMATION 3 ☐ REMOVAL 4 ☐ OTHER

22B. DATE THEREOF (Month, Day, Year) | 22C. NAME AND LOCATION OF CEMETERY OR CREMATORIUM

23A. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR | 23B. FACILITY NUMBER | 23C. LICENSE NUMBER

24. ALTERATIONS

REGISTRAR

25A. BURIAL TRANSIT PERMIT | 25B. PARISH OF ISSUE | 25C. DATE OF ISSUE | 26. SIGNATURE OF LOCAL REGISTRAR

MANNER OF DEATH

27. MANNER OF DEATH
1 ☐ NATURAL 2 ☐ ACCIDENT 3 ☐ SUICIDE 4 ☐ HOMICIDE 5 ☐ PENDING INVESTIGATION 6 ☐ UNDETERMINED

28A. DATE OF INJURY (Month, Day, Year) | 28B. TIME OF INJURY | 28C. INJURY AT WORK (YES or NO) | 28D. DESCRIBE HOW INJURY OCCURRED

28E. PLACE OF INJURY (Specify at home, farm, factory, street, etc.) | 28F. LOCATION (Street Number or Rural Route, City, Parish, State)

CERTIFIER

29A. I CERTIFY THAT I ATTENDED THE DECEDENT FROM _____ TO _____ AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE DUE TO THE CAUSES AND IN THE MANNER SO STATED. | 29B. SIGNATURE OF PHYSICIAN OR CORONER | 29C. DATE (Month, Day, Year)

29D. TYPE OR PRINT NAME AND TITLE OF PHYSICIAN OR CORONER | 29E. ADDRESS OF PHYSICIAN OR CORONER

CAUSE OF DEATH

30. PART I. ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST 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 CONSEQUENCE OF)

Sequentially list conditions, if any, leading to immediate cause
b. _____ DUE TO (OR AS A CONSEQUENCE OF)

Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
c. _____ DUE TO (OR AS A CONSEQUENCE OF)
d. _____

30. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE IN PART I.
☐ Tobacco ☐ Other

31. IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS?
☐ Yes ☐ No ☐ Unk.

32A. WAS AN AUTOPSY PERFORMED?
☐ Yes ☐ No

32B. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
☐ Yes ☐ No

PHS 16 - (REV. 01/93)

OFFICE OF PUBLIC HEALTH - VITAL RECORDS REGISTRY