REGISTRATION DISTRICT NO.

LOCAL FILE NUMBER

STATE OF ILLINOIS
CERTIFICATE OF DEATH WORKSHEET

STATE FILE NUMBER

To be Completed/Verified by: FUNERAL DIRECTOR

1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) | 2. SEX | 3. DATE OF DEATH (Month/Day/Year) (Spell Month)

4. COUNTY OF DEATH | 5a. AGE AT LAST BIRTHDAY (Years) | 5b. UNDER 1 YEAR Months / Days | 5c. UNDER 1 DAY Hours / Minutes | 6. DATE OF BIRTH (Month/Day/Year)

7a. CITY OR TOWN | 7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number)

7c. PLACE OF DEATH **(Check only one:** see instructions)

IF DEATH OCCURRED IN A HOSPITAL
☐ Inpatient ☐ Emergency Room/OutPatient ☐ Dead on Arrival

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL
☐ Hospice Facility ☐ Nursing Home/Long-term care facility ☐ Decedent's Home ☐ Other (Specify): _____

8. BIRTHPLACE (City and State or Foreign Country) | 9. SOCIAL SECURITY NUMBER | 10. STATUS AT TIME OF DEATH | 11. SURVIVING SPOUSE/CIVIL UNION PARTNER (give full name prior to first marriage/civil union) | 12. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

13a. RESIDENCE (Street and Number) | 13b. APT. NO. | 13c. CITY OR TOWN | 13d. INSIDE CITY LIMITS? ☐ Yes ☐ No

13e. COUNTY | 13f. STATE | 13g. ZIP CODE | 14. FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION (First, Middle, Last) | 15. MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION (First, Middle, Last)

16a. INFORMANT'S NAME | 16b. RELATIONSHIP | 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code)

17. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Other (Specify): _____ | 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) | 19. LOCATION - CITY, TOWN AND STATE | 20. DATE OF DISPOSITION (Month/Day/year)

21a. FUNERAL HOME NAME | STREET AND NUMBER | CITY OR TOWN | STATE | ZIP

21b. FUNERAL DIRECTOR'S SIGNATURE | 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

22. LOCAL REGISTRAR'S SIGNATURE | 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year)

To be Completed/Verified by: MEDICAL CERTIFIER

CAUSE OF DEATH (See Instructions and examples)

24. PART I. Enter the *chain of events* - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. **DO NOT ABBREVIATE.** Enter only one cause on a line. Add additional lines if necessary.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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

a. _____ **Due to (or as a consequence of):**

b. _____ **Due to (or as a consequence of):**

c. _____ **Due to (or as a consequence of):**

PART II. Enter other ***significant conditions contributing to death*** but not resulting in the underlying cause given in PART I.

25. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH ☐ Yes ☐ No

27. DID TOBACCO USE CONTRIBUTE TO DEATH ☐ Yes ☐ Probably ☐ No ☐ Unknown

28. IF FEMALE:
☐ Not pregnant within past 12 months
☐ Not pregnant, but pregnant within 42 days of death
☐ Not pregnant, but pregnant 43 days to 1 year before death
☐ Pregnant at time of death
☐ Pregnant within one year of death but time unknown
☐ Unknown if pregnant within the past 12 months

29. MANNER OF DEATH
☐ Natural ☐ Suicide ☐ Could not be determined
☐ Accident ☐ Homicide ☐ *Pending Investigation*

30. DATE OF INJURY (Month/Day/Year) | 31. TIME OF INJURY ☐ A.M. ☐ P.M. | 32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area) | 33. INJURY AT WORK? ☐ Yes ☐ No

34. LOCATION OF INJURY Street and Number | Apartment Number | City or Town | State | Zip Code

35. DESCRIBE HOW INJURY OCCURRED:

36. IF TRANSPORTATION INJURY, SPECIFY:
☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify) _____

37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON | 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? ☐ Yes ☐ No | 39. DATE PRONOUNCED (Month/Day/Year) | 40. TIME OF DEATH ☐ A.M. ☐ P.M.

41. CERTIFIER (Check only one):
☐ Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to cause(s) and manner stated.
☐ Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

42. NAME, ADDRESS AND ZIP CODE OF PERSON **COMPLETING CAUSE OF DEATH (Item 24)** | 43. PHYSICIAN'S LICENSE NUMBER

44. TITLE OF CERTIFIER | 45. DATE CERTIFIED (Month/Day/Year) | 46. SIGNATURE OF CERTIFIER

To be Completed/Verified by: FUNERAL DIRECTOR

47. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death

- ☐ 8th grade or less
- ☐ 9th - 12th grade; no diploma
- ☐ High school graduate or GED completed
- ☐ Some college credit, but no degree
- ☐ Associate Degree (e.g., AA, AS)
- ☐ Bachelor's Degree (e.g., BA, AB, BS)
- ☐ Master's Degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
- ☐ Unknown

48. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.

- ☐ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latino

(Specify) _____

49. DECEDENT'S RACE - **Check one or more races** to indicate what the decedent considered himself or herself to be.

- ☐ White ☐ Black or African American
- ☐ American Indian or Alaskan Native (Name of the enrolled or principle tribe) _____
- ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean
- ☐ Vietnamese ☐ Other Asian (Specify) _____
- ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan
- ☐ Other Pacific Islander (Specify) _____
- ☐ Other (Specify) _____

50. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED).

51. BUSINESS/INDUSTRY (Enter type of business or industry, NOT COMPANY NAME)

Item 10 - Decedent's Status: acceptable choices for this field. Choose only 1 for item 10 on page 1 of this worksheet.

- ☐ Married
- ☐ Married but Separated
- ☐ Widowed
- ☐ Divorced from Marriage
- ☐ Never Married (includes Never in Civil Union)
- ☐ Civil union
- ☐ Civil union but separated
- ☐ Surviving partner of civil union
- ☐ Divorced from civil union
- ☐ Unknown

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(Based on the 2003 U.S. Standard Certificate)