FORMS VS NO. 1-A
(Rev. 5/02)

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH SERVICES
REGISTRAR OF VITAL STATISTICS

116 _____
FILE NO.

CERTIFICATE OF DEATH

MUST BE TYPED

DECEDENT

1. DECEDENT'S NAME *(First, Middle, Last)* | 2. SEX | 3. DATE OF DEATH *(Month, Day, Year)*

4. SOCIAL SECURITY NO | 5a. AGE Last Birthday *(Years)* | 5b. UNDER 1 YEAR (Months) (Days) | 5c. UNDER 1 DAY (Hours) (Minutes) | 6. DATE OF BIRTH *(Month, Day, Year)* | 7. BIRTHPLACE *(City/State or Foreign Country)*

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No

9a. PLACE OF DEATH *(Check only one)*
HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA
OTHER ☐ Nursing Home ☐ Residence ☐ Other *(Specify)*

9b. FACILITY NAME *(If not institution, give street and number)* | 9c. CITY, TOWN, OR LOCATION OF DEATH | 9d. COUNTY OF DEATH

10. MARITAL STATUS Married, Never Married, Widowed, Divorced *(Specify)* | 11. SURVIVING SPOUSE *(if wife, give maiden name)* | 12a. DECEDENT'S USUAL OCCUPATION *(Give kind of work done during most of working life. Do Not use retired)* | 12b. KIND OF BUSINESS/INDUSTRY

13a. RESIDENCE - State | 13b. COUNTY | 13c. CITY, TOWN, OR LOCATION | 13d. STREET AND NUMBER

13e. INSIDE CITY LIMITS? ☐ Yes ☐ No | 13f. ZIP CODE | 14. WAS DECEDENT OF HISPANIC ORIGIN? *(Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)* ☐ No ☐ Yes | 15. RACE - American Indian Black, White, etc. *(Specify)* | 16. DECEDENT'S EDUCATION *(Specify only highest grade completed)* Elem/Secondary (0-12) | College (1-4 or 5+)

PARENTS

17. FATHER'S NAME *(First, Middle, Last)* | 18. MOTHER'S NAME *(First, Middle, Maiden Surname)*

INFORMANT

19a. INFORMANT'S NAME | 19b. MAILING ADDRESS *(Street and Number or Rural Route Number, City or Town, State, Zip Code)*

DISPOSITION

20a. METHOD OF DISPOSITION ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other *(Specify)* _____ | 20b. PLACE OF DISPOSITION *(Name of cemetery, crematory, or other place)* | 20c. LOCATION *(City, Town or State)*

21. SIGNATURE OF FUNERAL SERVICE LICENSEE *(Or person acting as such)* | 22. NAME AND ADDRESS OF FACILITY

CERTIFIER

23a. To the best of my knowledge, death occurred at the time, date, place and due to the causes stated
Signature and Title _____
(MUST USE BLACK INK)
23b. DATE SIGNED *(Month, Day, Year)*

24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28)

25. TIME OF DEATH | 26. DATE PRONOUNCED DEAD *(Month, Day, Year)* | 27. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? ☐ Yes ☐ No

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock 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. Enter UNDERLYING CAUSE *(Disease or injury that initiated events resulting in death)* LAST
b. _____
DUE TO (OR AS A CONSEQUENCE OF):
c. _____
DUE TO (OR AS A CONSEQUENCE OF):
d.

PART II. Other significant conditions contributed to death but not resulting in the underlying cause given in Part I. | 28a. If female, was there a pregnancy in the past 12 months? ☐ Yes ☐ No | 28b. Was an autopsy performed? ☐ Yes ☐ No | 28c. Were autopsy findings available prior to completion of cause of death? ☐ Yes ☐ No

28d. Did the deceased have Diabetes? ☐ Yes ☐ No | 28e. Was Diabetes an immediate, underlying, or contributing cause of or condition leading to death? ☐ Yes ☐ No

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

30a. DATE OF INJURY *(Month, Day, Year)* | 30b. TIME OF INJURY | 30c. INJURY AT WORK? ☐ Yes ☐ No | 30d. DESCRIBE HOW INJURY OCCURRED

30e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. *(Specify)* | 30f. LOCATION *(Street and Number or Rural Route Number, City or Town)*

REGISTRAR

31. REGISTRAR'S SIGNATURE | 32. DATE FILED *(Month, Day, Year)*