_____DISTRICT PROSECUTORS OFFICE
CERTIFICATE OF DEATH

File No.: A_____

(To be completed by the certificate-issuing agency)

Health Agency's Designation

1.Decedent's Name (First, Middle, Last)

2.Sex ☐ Male ☐ Female

3.Personal Identification No.

4. Registered Permanent Residence (Street and number, city, town, country)

County/City | District/ precinct

5. Date of Birth

_____ Year _____ Month _____ Day _____ Hour _____ Minute ☐ AM ☐ PM

(Hour/minute data are required for decedents less than 1 week old)

_____ Year _____ Month _____ Day

6. Date of Death

_____ Year _____ Month _____ Day _____ Hour _____ Minute ☐ AM ☐ PM

_____ Year _____ Month _____ Day

7. Location and Place of Death

Location of Death (Street and number, city, town, country)

Place of Death

☐Hospital ☐Clinic ☐Midwifery Center ☐Residence ☐Other

8. Manner of Death

☐ Natural/Illness ☐Accident ☐Suicide ☐Homicide ☐Could not be Determined

9.Decedent's Occupation

Usual Occupation_____

Kind of Business/Assignment_____

_____ -- _____

Profession Designation

10. Marital status

☐ Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Unknown

11. Cause of Death

A. Immediate Cause: a._____

Underlying Cause: b _____

(Disease/injury initiated events resulting in death) c. _____

B. Other Significant Conditions: _____

(Not resulting in the underlying cause shown above)

____ ____ ____ ____

Designation for cause of Death

____ ____ ____ ____

This is to certify that the above statement is true.

Prosecutor
Medical Examiner
(Coroner Investigator)
(Physician:)

(Signature or Official Name Stamp---with Agency's Official Seal)

Date:_____ _____ _____

Year Month Day

Pronouncing/Certifying Physician Designation

Form Completed by (Name Stamp)

No charge for Examination performed Unless noted otherwise, the body may be cremated.

a. Examination has been completed. The body may be returned for burial service.

b. In six copy: one kept with the file; one for the medical examiner's office; four to accompany the body for household registration and burial service processes.

c. The first page may be copied. Copied should be brought to the Service Center of the Prosecutors Office for authentication (Personal Identification Card and name stamp are required).

d. Health Agency's Designation to be completed by responsible health agency.