



# Minnesota Registration & Certification (MR&C)

## Documentation of Death

|  |  |  |   |   |   |   |   |  |
|--|--|--|---|---|---|---|---|--|
| <b>Deceased Name (First, Middle, Last, Suffix)</b>   |  |  | <b>Prior to First Marriage</b>  |   | <b>Also Known As</b>  |   |   |  |
| <b>Date of Death</b><br>MM DD YYYY   |  |  | <b>Sex</b><br><input type="radio"/> Male<br><input type="radio"/> Female<br><input type="radio"/> Unknown   |   | <b>Social Security Number</b><br>- - -<br><input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> Not Obtainable |   |   |  |
| <b>Date of Birth</b> <input type="radio"/> Unknown<br>MM DD YYYY   |  | <b>Age (in years)</b>  |   | <b>Under 1 Year</b><br>months   days  |   | <b>Under 1 Day</b><br>hours   minutes   |   |  |
| <b>Birth Country</b><br><input type="radio"/> Born in the United States<br><input type="radio"/> Not U.S. Specify _____<br><input type="radio"/> Unknown   |  |  | <b>State/Province</b>   |   | <b>City/Town</b>  |   |   |  |
| <b>Deceased's Residence Address</b><br><input type="radio"/> U.S. Address<br><input type="radio"/> Foreign country _____<br><input type="radio"/> Unknown  |  | <b>State/Province</b>  |   | <b>County</b>   |   | <b>City/Town</b>  |   |  |
|  |  |  |   | <b>Street &amp; Number, Zip Code</b>  |   | <b>Inside City Limits?</b><br><input type="radio"/> Yes<br><input type="radio"/> No   |   |  |
| <b>Education (highest completed)</b><br><input type="radio"/> Unknown<br><input type="radio"/> 8th grade or less<br><input type="radio"/> 9th – 12th grade; no diploma<br><input type="radio"/> High School graduate or GED completed<br><input type="radio"/> Some college credit but no degree   |  |  | <input type="radio"/> Associate degree (e.g. AA,AS)<br><input type="radio"/> Bachelor's degree (e.g., BA,AB, BS)<br><input type="radio"/> Master's degree (e.g., MA, MS, MEng, Med, MSW, MBA)<br><input type="radio"/> Doctorate (e.g., MD, DDS, DVM, |   | <b>Ever in Armed Forces?</b><br><input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Unknown                  |   | <b>Deceased's Usual Occupation</b><br>_____<br><b>Kind of Business or Industry</b><br>_____ |  |
| <b>Hispanic Origin</b><br><input type="radio"/> No, Not Spanish/Hispanic/Latino<br><input type="radio"/> Yes, Hispanic Origin Known<br><input type="checkbox"/> Mexican, Mexican American, Chicano<br><input type="checkbox"/> Puerto Rican<br><input type="checkbox"/> Cuban<br><input type="checkbox"/> Other, specify _____<br><input type="radio"/> Unknown if Spanish/Hispanic/Latino |  | <b>Race</b> <input type="radio"/> Unknown<br><input type="checkbox"/> White<br><b>African African/American</b><br><input type="checkbox"/> Black/African American<br><input type="checkbox"/> Ethiopian<br><input type="checkbox"/> Liberian<br><input type="checkbox"/> Ghanaian<br><input type="checkbox"/> Other African<br>Specify _____<br><input type="checkbox"/> Kenyan<br><input type="checkbox"/> Sudanese<br><input type="checkbox"/> Nigerian<br><input type="checkbox"/> Somali |   | <input type="checkbox"/> American Indian or Alaska Native<br><b>Name of the Enrolled or Principal Tribe</b><br>_____<br><b>Asian</b><br><input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean<br><input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese<br><input type="checkbox"/> Filipino <input type="checkbox"/> Hmong<br><input type="checkbox"/> Japanese <input type="checkbox"/> Cambodian<br><input type="checkbox"/> Other Asian <input type="checkbox"/> Laotian<br>Specify _____ |   | <b>Pacific Islander</b><br><input type="checkbox"/> Native Hawaiian<br><input type="checkbox"/> Samoan<br><input type="checkbox"/> Guamanian or Charrorro<br><input type="checkbox"/> Other Pacific Islander Specify _____<br><input type="checkbox"/> Other Race Specify _____ |   |  |
| <b>Marital Status at time of Death</b><br><input type="radio"/> Married <input type="radio"/> Never Married <input type="radio"/> Widowed<br><input type="radio"/> Divorced <input type="radio"/> Unknown <input type="radio"/> Not Obtainable   |  | <b>Spouse's Name (First, Middle)</b>   |   | <b>Last Name Prior to First Marriage</b>  |   |   |   |  |
| <b>Father's Name (First, Middle, Last, Suffix)</b>   |  | <b>Mother's Name (First, Middle, Suffix)</b>   |   | <b>Last Name Prior to First Marriage</b>  |   |   |   |  |
| <b>Informant's Name (First, Middle, Last or Institution)</b>   |  | <b>Relationship to Deceased</b>  |   | <b>Address (Street &amp; Number, City, State, Zip)</b>  |   |   |   |  |
| <b>Place of Death</b><br><b>Hospital</b><br><input type="radio"/> Inpatient<br><input type="radio"/> Emergency Room/Outpatient<br><input type="radio"/> Dead on Arrival  |  | <b>Other than a Hospital</b><br><input type="radio"/> Hospice<br><input type="radio"/> Nursing home/Long term care<br><input type="radio"/> Deceased's home<br><input type="radio"/> Other   |   | <b>County</b> _____<br><b>Facility Name and Address (Street &amp; Number, City, State, Zip)</b><br>_____  |   |   |   |  |
| <b>Physician/ME Providing Cause of Death Information (First, Middle, Last)</b><br>License #   Title  |  |  | <b>Funeral Home/Other Institution, Estab. #</b>   |   | <b>Funeral Director Name (First, Middle, Last)</b>  |   |   |  |
| <b>Method of Disposition</b> <input type="radio"/> Burial <input type="radio"/> Cremation <input type="radio"/> Donation <input type="radio"/> Entombment <input type="radio"/> Removal from State <input type="radio"/> Other (Specify) _____   |  |  |   |   |   |   |   |  |
| <b>Disposition Facility</b>  |  | <b>State/Province</b>  |   | <b>City/Town</b>  |   |   |   |  |
| <b>Cemetery</b>  |  | <b>State/Province</b>  |   | <b>City/Town</b>  |   |   |   |  |

The information on this form is correct to the best of my knowledge

Signature \_\_\_\_\_

Date \_\_\_\_\_



Form # D103 Feb/2013



# Minnesota Registration & Certification (MR&C) Physician / Medical Examiner Cause of Death Worksheet

|   |  |   |   |
|---|--|---|---|
| Deceased Name (First, Middle, Last, Suffix)   |  | Also Known As   |   |
| Physician/Medical Examiner providing this information   |  | Title   | License #   |
| Date of Birth<br><br>MM DD YYYY   | Date of Death<br><br>MM DD YYYY  | Time of Death   |   |
| Was the Medical Examiner Contacted? <input type="radio"/> Yes <input type="radio"/> No  |  | Date last saw deceased:   |   |
| Did INJURY or TRAUMA contribute to the cause of death? <input type="radio"/> Yes <input type="radio"/> No<br>If Yes, please explain:  |  |   |   |
| Is there any reason to postpone final disposition? <input type="radio"/> Yes <input type="radio"/> No<br>If Yes, please explain:  |  |   |   |
| <b>Cause of Death</b>   |  |   | Approximate interval:<br>Onset to death   |
| <b>Part I</b> Enter the chain of events-diseases, injuries, or complications that directly caused death. Do not enter terminal events such as cardiac arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause per line. Add additional lines if necessary. |  |   |   |
| <b>IMMEDIATE CAUSE</b><br>(final disease or condition resulting in death)<br><br>Sequentially list conditions, if any, leading to the immediate cause.<br><br><b>Enter the UNDERLYING CAUSE</b><br>(disease or injury that initiated events resulting in death)<br><br><b>LAST</b>                          | a.   |   |   |
|   |  | Due to (or as a consequence of)   |   |
|   | b.   |   |   |
|   |  | Due to (or as a consequence of)   |   |
|   | c.   |   |   |
|   |  | Due to (or as a consequence of)   |   |
|   | d.   |   |   |
| <b>Part II</b> Other significant conditions contributing to death but not resulting in the underlying cause given in Part I   |  |   |   |
| Was an autopsy performed? <input type="radio"/> Yes <input type="radio"/> No  |  | Autopsy Results Available to complete the cause of death? <input type="radio"/> Yes <input type="radio"/> No  |   |
| Did Tobacco use contribute to death?<br><br><input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Probably<br><input type="radio"/> Unknown  | If Female<br><br><input type="radio"/> Not pregnant within past year<br><input type="radio"/> Pregnant at time of death<br><input type="radio"/> Not pregnant, but pregnant within 42 days of death<br><input type="radio"/> Not pregnant, but pregnant 43 days to 1 year before death<br><input type="radio"/> Unknown if pregnant within the past year | Manner of Death<br><input type="radio"/> Natural<br><input type="radio"/> Accident<br><input type="radio"/> Suicide<br><input type="radio"/> Homicide<br><input type="radio"/> Pending Investigation<br><input type="radio"/> Could not be determined |   |
| <b>Complete Injury Information below if Manner of Death is not Natural</b>  |  |   |   |
| Date of Injury<br><br>MM DD YYYY  | Time of Injury<br><br>___:___ AM <input type="radio"/> PM <input type="radio"/> Military <input type="radio"/>   | Injury at Work?<br><br><input type="radio"/> Yes<br><input type="radio"/> No  | If Transportation Injury, specify <input type="radio"/> Other - specify<br><input type="radio"/> Driver/Operator<br><input type="radio"/> Pedestrian<br><input type="radio"/> Passenger |
| Place of Injury (e.g., Deceased's home, construction site, restaurant, wooded area)   |  |   |   |
| Location of Injury (Street & Number, Apt. #, City or Town, State, Zip Code)   |  |   |   |
| Describe How Injury Occurred  |  |   |   |

Completed by: \_\_\_\_\_  
Signature Date