Mortuary Aid Co. 1050 Lakes Drive #252, West Covina, California 91790

CAUSES OF DEATH WORKSHEET

PHYSICIAN:	
DECEDENT:	

DOB:		DOD:	
TOD:			

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE [ ] IP [ ] ER/OP [ ] DOA	103. IF OTHER THAN HOSPITAL, SPECIFY ONE [ ] Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [ ] Other
104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	106. CITY

107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death)	Enter the chain of events ---diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.	Time Interval Between Onset and Death	108. DEATH REPORTED TO CORONER? [ ] YES [ ] NO REFERRAL NUMBER
	(A)	(AT)	
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.	(B)	(BT)	109. BIOPSY PERFORMED? [ ] YES [ ] NO
	(C)	(CT)	110. AUTOPSY PERFORMED? [ ] YES [ ] NO
	(D)	(DT)	111. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)	113A. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [ ] NO [ ] UNK

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since		Decedent Last Seen Alive	115. NAME AND TITLE OF CERTIFIER (PHYSICIAN)	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
(A) mm/dd/ccyy	(B) mm/dd/ccyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		

Please complete this worksheet and email or fax to the mortuary using the information below.

Phone: 626.709.6362 ~ www.MortuaryAid.com ~ FD2342 ~ Email@MortuaryAid.com ~ Fax: 626.521.6362