IMPORTANT: 1151121
PRINT or TYPE, black ink
or ribbon mandatory

STATE OF LOUISIANA
CERTIFICATE OF DEATH

BIRTH No. _____ **FILE No. 117** _____

Name of decedent: _____
for use by physician or institution

DECEDENT

1A. LAST NAME OF DECEDENT	1B. FIRST NAME	1C. MIDDLE NAME	2A. DATE OF DEATH (Month, Day, Year)

2B. HOUR OF DEATH	3. SEX	4. RACE (Specity White, Black, etc.)	5. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)	6. SURVIVING SPOUSE (If Wife, give Maiden Name)

7. DATE OF BIRTH (Month, Day, Year)	8A. AGE YEARS	8B. UNDER 1 YEAR MONTHS	8B. UNDER 1 YEAR DAYS	8C. UNDER 1 DAY HOURS	8C. UNDER 1 DAY MINUTES	9. BIRTHPLACE (City and State or Foreign Country)

10. USUAL OCCUPATION (Kind of work done during most of working life. NEVER specify retired)	11. KIND OF BUSINESS/INDUSTRY	12. OF HISPANIC ORIGIN?

13. EVER IN U.S. ARMED FORCES? (YES or NO)	14. SOCIAL SECURITY NUMBER	15. DECEDENT'S EDUCATION (Specify ONLY HIGHEST grade completed) ELEMENTARY/SECONDARY (0-12)	COLLEGE (1-4, 5+)

PLACE OF DEATH

16A. PLACE OF DEATH (Check ONLY one, if death in NON-LISTED facility check OTHER and specify on line BELOW.)
HOSPITAL 1 ☐ INPATIENT 2 ☐ ER / OUTPATIENT 3 ☐ DOA | NON-HOSPITAL 4 ☐ NURSING HOME 5 ☐ RESIDENCE 6 ☐ OTHER

16B. NAME OF FACILITY (If not in Facility, give street address or location)	16C. PLACE OF DEATH IN CITY LIMITS? (YES or NO)

17A. CITY, TOWN OR LOCATION OF DEATH	17B. PARISH OF DEATH

RESIDENCE

18A. STREET ADDRESS (If rural specity rural route number or location)	18B. PARISH OF RESIDENCE	18C. STATE OF RESIDENCE

18D. USUAL RESIDENCE OF DECEDENT (City, town or location)	18E. ZIP CODE	18F. RESIDENCE INSIDE CITY LIMITS? (YES or NO)

PARENTS

19A. FATHER'S LAST NAME	FIRST	MIDDLE	19B. FATHER'S PLACE OF BIRTH	19C. STATE

20A. MOTHER'S MAIDEN NAME	FIRST	MIDDLE	20B. MOTHER'S PLACE OF BIRTH	20C. STATE

INFORMANT

21A. TYPE OR PRINT NAME OF INFORMANT	21B. INFORMANT'S ADDRESS	21C. DATE (Month, Day, Year)

DISPOSITION

22A. METHOD OF DISPOSITION 1 ☐ BURIAL 2 ☐ CREMATION 3 ☐ REMOVAL 4 ☐ OTHER	22B. DATE THEREOF (Month, Day, Year)	22C. NAME AND LOCATION OF CEMETERY OR CREMATORIUM

23A. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR	23B. FACILITY NUMBER	23C. LICENSE NUMBER
	24. ALTERATIONS	

REGISTRAR

25A. BURIAL TRANSIT PERMIT	25B. PARISH OF ISSUE	25C. DATE OF ISSUE	26. SIGNATURE OF LOCAL REGISTRAR

MANNER OF DEATH

27. MANNER OF DEATH
1 ☐ NATURAL 2 ☐ ACCIDENT 3 ☐ SUICIDE 4 ☐ HOMICIDE 5 ☐ PENDING INVESTIGATION 6 ☐ UNDETERMINED

28A. DATE OF INJURY (Month, Day, Year)	28B. TIME OF INJURY	28C. INJURY AT WORK (YES or NO)	28D. DESCRIBE HOW INJURY OCCURED

28E. PLACE OF INJURY (Specify at home, farm, factory, street, etc.)	28F. LOCATION (Street, Number or Rual Route, City Parish, State)

CERTIFIER

29A. I CERTIFY THAT I ATTENDED THE DECEDENT FROM _____ TO _____ AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE DUE TO THE CAUSES AND IN THE MANNER SO STATED.	29B. SIGNATURE OF PHYSICIAN OR CORONER	29C. DATE (Month, Day, Year)

29D. TYPE OR PRINT NAME AND TITLE OF PHYSICIAN OR CORONER	29E. ADDRESS OF PHYSICIAN OR CORONER

CAUSE OF DEATH

30. PART I. ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST 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.	b. _____ DUE TO (OR AS A CONSEQUENCE OF)	
Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. _____ DUE TO (OR AS A CONSEQUENCE OF)	
	d. _____	

30. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE IN PART I.	31. IF DECEASED WAS FEMALE 10-49. WAS SHE PREGNANT IN THE LAST 90 DAYS?	32A. WAS AN AUTOPSY PERFORMED?	32B. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
☐ Tobacco ☐ Other	☐ Yes ☐ No ☐ Unk.	☐ Yes ☐ No	☐ Yes ☐ No

PHS 16 - (REV. 04/04)

OFFICE OF PUBLIC HEALTH - VITAL RECORDS REGISTRY