

ALABAMA
CERTIFICATE OF DEATH STATE FILE NO. **101**

TYPE IN PERMANENT DARK INK.

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|--|--|--|---|---|--|--------------------------------------|--|
| 1. DECEASED LEGAL NAME (First, Middle, Last) (Type last name all capitals) | | | 2. LAST NAME PRIOR TO FIRST MARRIAGE | | 3. COUNTY OF DEATH | | |
| 4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE | | | 5. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 6. PLACE OF DEATH (Facility Name) – Hospital or Other Institution – (if not in either, give street and number) | | |
| 7. IF HOSPITAL (Specify Inpatient, ER, Outpatient, or DOA) | | | 8. SEX <input type="checkbox"/> Unknown <input type="checkbox"/> Female <input type="checkbox"/> Male | | 9. SOCIAL SECURITY NUMBER | | |
| 11. AGE – Last Birthday (Years) | | UNDER 1 YEAR Months: _____ Days: _____ | | UNDER 1 DAY Hours: _____ Minutes: _____ | | 12. DATE OF BIRTH (Month, Day, Year) | |
| 13. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) | | 14. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 15. SURVIVING SPOUSE (NAME PRIOR TO FIRST MARRIAGE) | | 16. DECEASED RESIDENCE-STATE | |
| 17. COUNTY | | 18. CITY, TOWN, OR LOCATION AND ZIP CODE | | | 19. STREET ADDRESS (Apt, Lot, Unit - if applicable) | | |
| 20. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 21. FATHER/PARENT NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) | | | 22. MOTHER/PARENT NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) | | |
| 23. INFORMANT NAME AND RELATIONSHIP TO DECEASED | | | 24. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, County, Zip Code, Apt, Lot) | | | | |
| 25. DATE OF DISPOSITION (Month, Day, Year) | | | 26. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Hospital Disposal <input type="checkbox"/> Medical Donation <input type="checkbox"/> Other (Specify): _____ | | | | |
| 27. CEMETERY OR CREMATORY (Name) | | | 28. LOCATION (City or Town, State) | | | | |
| 29. FUNERAL HOME (Name and Address) | | | 30. FUNERAL HOME (License Number) | | | | |
| 31. FUNERAL DIRECTOR – SIGNATURE | | | 32. DATE SIGNED BY FUNERAL DIRECTOR (Month, Day, Year) | | 33. FUNERAL DIRECTOR (License Number) | | |
| 34. ___ Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time and date, and due to the cause(s) and manner stated." ___ Medical Examiner ___ Coroner "On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner stated." Signature: _____ | | | | | | 35. DATE SIGNED (Month, Day, Year) | |
| 36. DATE OF DEATH (Month, Day, Year) | | 37. TIME OF DEATH | | 38. DATE PRONOUNCED DEAD (Month, Day, Year) | | 39. TIME PRONOUNCED DEAD | |
| 40. NAME, ADDRESS, CITY, STATE, AND ZIP CODE OF PERSON CERTIFYING CAUSE OF DEATH (Item 44) | | | | | 41. LICENSE NUMBER | | |
| 42. REGISTRAR – Signature | | | FOR STATE OR COUNTY USE ONLY | | 43. FOR REGISTRAR ONLY- DATE FILED (Month, Day, Year) | | |

MEDICAL CERTIFICATION

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| NAME OF DECEASED | 44. PART I. CAUSE OF DEATH Enter the chain of events--diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition -----> resulting in death) a. _____ Due to (or as a consequence of): _____ Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. _____ Due to (or as a consequence of): _____ c. _____ Due to (or as a consequence of): _____ d. _____ | | | | Approximate interval: Onset to death _____ _____ _____ | |
| | 45. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. | | | 46. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined | | |
| | 47. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown | | 48. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year | | | |
| | 49. DATE OF INJURY (Month, Day, Year) | | 50. TIME OF INJURY | | 51. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area) | |
| | 52. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 53. LOCATION OF INJURY: (Street or R.F.D. No., City or Town, County, State) | | | |
| | 54. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____ | | | | 55. DESCRIBE HOW INJURY OCCURRED: | |
| | 56. AUTOPSY/TOXICOLOGY PERFORMED? Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Toxicology <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | 57. WERE FINDINGS CONSIDERED? Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No Toxicology <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | THIS IS A LEGAL RECORD AND MUST BE FILED WITHIN FIVE (5) DAYS AFTER DEATH | | | | | |
| | ADPH-HS-2 Rev. SAMPLE 12/01/15 | | | | | |

FUNERAL HOME USE ONLY – DO NOT DETACH

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| 58. HOSPICE CARE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | 60. DECEASED RACE (Check one or more races to indicate what the decedent considered himself or herself to be). <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Unknown | | 61. DECEASED EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death). <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Trade school <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown | |
| 59. DECEASED OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent was not Spanish/Hispanic/Latino). <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____ <input type="checkbox"/> Unknown | | 62. DECEASED USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED). | | 63. KIND OF BUSINESS/INDUSTRY | |