

Legend on back

FOR COUNTY USE ONLY
AMENDMENT TOOL - Death certificate

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

Medical but
footnoted in #45

245874
I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First: John Middle: Last: Doe Suffix:			2. Death Date June 22, 2011	
3. Sex Male	4. Age 56 years	5. Social Security Number 123-45-6789		6. County of Death Multnomah
7. Birthdate March 12, 1955	8. Birthplace Portland, Oregon		9. Decedent's Education High school grad. or GED	
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? Yes
13. Residence: Number and Street 123 N Oak Street			14. City/Town Portland	
15. Residence County Multnomah		16. State or Foreign Country Oregon	17. Zip Code + 4 97111	18. Inside City Limits? Yes
19. Marital Status at Time of Death Never married		20. Spouse's Name Prior to First Marriage		
21. Usual Occupation Mason		22. Kind of Business/Industry Construction		
23. Father's Name James Doe		24. Mother's Name Prior to First Marriage Martha Miller		
25. Informant's Name Carla Doe		26. Telephone Number Not Available	27. Relationship to Decedent Sister	28. Mailing Address 4477 N Prine Street, Portland, OR 94554
29. Place of Death Decedent's Residence		30. Facility Name		
31. Location of Death 123 N Oak Street		32. City/Town or Location of Death Portland		33. State Oregon
35. Method of Disposition Burial		36. Place of Disposition Columbia Pioneer Cemetery		37. Location Portland, Oregon
38. Name and Complete Address of Funeral Facility Affordable Burial and Cremation Company 505 NE 1st Street, Newport, Oregon 97365				
39. Date of Disposition TBD		40. Funeral Director's Signature Funeral Director		41. OR License Number CO-3002
42. Registrar's Signature		43. Date Received		44. Local File Number
45. Amendment				

Can only be changed in certain circumstances – see back

Footnotes to items 1-39 go here. See back for examples of format.

TO BE COMPLETED BY FUNERAL FACILITY

294137



TO BE COMPLETED BY MEDICAL CERTIFIER

46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No		49. Time of Death 5:30 pm	
CAUSE OF DEATH							
50. 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. DO NOT ABBREVIATE.						Approximate Interval: Onset to Death	
Final disease or condition resulting in death →		IMMEDIATE CAUSE ↓ a. Congestive Heart Failure				years	
Sequentially list conditions, if any, leading to the cause listed on line a.		Due to (or as a consequence of) ↓ b.					
ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		Due to (or as a consequence of) ↓ c.					
		Due to (or as a consequence of) ↓ d.					
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:							
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death			54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
55. Date of Injury (MON DD YYYY)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)							
60. Describe how injury occurred						61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) Megan Smith 14300 SW Sunn-Jackson Park Rd. Portland, OR 97212							
63. Name and Title of Attending Physician if Other than Certifier							
64. Title of Certifier M.D.		65. License Number MD01234		66. Date Signed (MON DD YYYY) June 23, 2011			
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Megan Smith				68. Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
69. Amendment							

Footnotes to items 46-66 go here. See back for examples of format.

FOR COUNTY USE ONLY
LEGEND



Personal items that can be amended by an affidavit from a licensed funeral director for the facility submitting the record



Medical items that can be amended by an affidavit from the medical certifier listed on the record



Signatures Items that cannot be amended



Location of death can be amended by *either* the funeral director *or* the medical certifier listed on the record.



Marital Status & Spouse Name, Informant, Funeral Home – The following items are timing dependent: changing the funeral home to a different facility, changing the informant from one person to another, changing the marital status, and changing the spouse's name. These changes can only be made if a legally sufficient affidavit from the funeral director accompanies the death record when it is delivered to the county for initial filing; otherwise, only minor spelling errors should be corrected. For example, informant's first name "Stuart" to "Stewart" would be allowed but adding a spouse's middle name that is blank would not. Refer all other requests for changes to these items to the state office for review to ensure the rules are being followed.

Footnotes (45 & 69)

All changes to an original record must be documented with a footnote. If you do not have a typewriter or do not have room to type the footnote in the correct footnote box, send the original record and affidavit to the state. Do not issue from the uncorrected record and do not change the record without adding a footnote. Wait for the record to be registered by the state, then issue the corrected record electronically. Footnotes must be specific enough for someone to tell exactly what was changed without seeing the affidavit – for example "Last Name formerly Jones" is not specific enough because several last names appear on a death record.

Examples:

