TYPE OR PRINT IN PERMANENT BLACK INK.

I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

136-

Local File Number

State File Number

DECEDENT

1. DECEDENT'S NAME — First / Middle / Last
2. SEX
3. DATE OF DEATH *(Month, Day, Year)*
4. SOCIAL SECURITY NUMBER
5a. AGE-Last Birthday *(Years)*
5b. Under 1 Year — Mos. / Days
5c. Under 1 Day — Hours / Mins.
6. BIRTHPLACE *(City and State or Foreign Country)*
7. DATE OF BIRTH *(Month, Day, Year)*
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No
9a. PLACE OF DEATH *(Check one only.)* HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other *(Specify)* _____
9b. FACILITY NAME *(If not an institution, give street and number.)*
9c. CITY, TOWN, OR LOCATION OF DEATH
9d. COUNTY OF DEATH
10a. DECEDENT'S USUAL OCCUPATION *(Give kind of work done during most of working life. Do not use retired.)*
10b. KIND OF BUSINESS/INDUSTRY
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced. *(Specify)*
12. SPOUSE *(If Married, Widowed)*
13a. RESIDENCE - STATE
13b. COUNTY
13c. CITY, TOWN OR LOCATION
13d. STREET AND NUMBER
13e. INSIDE CITY LIMITS? ☐ Yes ☐ No
13f. ZIP CODE
14. WAS DECEDENT OF HISPANIC ORIGIN? *(Specify No or Yes)* *If yes, specify Cuban, Mexican, Puerto Rican, etc.* ☐ No ☐ Yes _____
15. RACE American Indian, Black, White, etc. *(Specify)*
16. DECEDENT'S EDUCATION *(Specify only highest grade completed.)* — Elementary/Secondary (0-12) / College (1-4 or 5+)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

PARENTS

17. FATHER'S NAME — First / Middle / Last
18. MOTHER'S NAME — First / Middle / Maiden
19. INFORMANT'S NAME and relationship to deceased

DISPOSITION

20a. METHOD OF DISPOSITION ☐ Burial ☐ Cremation ☐ Mausoleum ☐ Removal from State ☐ Donation ☐ Other *(Specify)* _____
20b. PLACE OF DISPOSITION *(Name of cemetery, crematory, or other place.)*
20c. LOCATION (City or Town, State)

7. _____
8. _____

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
21b. OREGON LICENSE NO. *(Of Licensee)*
22. NAME, ADDRESS AND ZIP CODE OF FACILITY

9. _____

REGISTRAR

23. DATE FILED *(Month, Day, Year)*
24. REGISTRAR'S SIGNATURE

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY MEDICAL CERTIFIER

27. TIME OF DEATH M
28. WAS MEDICAL EXAMINER NOTIFIED? (The Medical Examiner MUST be notified of all injury and poisoning deaths.) ☐ Yes ☐ No
29. To the best of my knowledge, death occurred at the time, date, place, and due to the cause(s) and manner stated. *(Signature)*
30. DATE SIGNED *(Month, Day, Year)*

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH
31b. DATE PRONOUNCED DEAD *(Month, Day, Year, Hour)* M
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)*
33. DATE SIGNED *(Month, Day, Year)* COUNTY

10. _____
11. _____

CERTIFIER

12. _____
13. _____
14. _____

34. NAME, TITLE, ADDRESS AND ZIP CODE OF CERTIFIER/MEDICAL EXAMINER *(Type or Print)*
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER *(Type or Print)*

DESIGNATE CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE *UNDERLYING CAUSE LAST.*

CAUSE OF DEATH

36. IMMEDIATE CAUSE *(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying (e.g., Cardiac or Respiratory Arrest).* — Interval between onset and death

PART I
(a)
DUE TO, OR AS A CONSEQUENCE OF:
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ No ☐ Unknown
38. AUTOPSY ☐ Yes ☐ No
39. IF YES, were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

15. _____
16. _____
17. _____

40. MANNER OF DEATH ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Investigation Pending ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY *(Month, Day, Year)*
41b. TIME OF INJURY M
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. *(Specify)*
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

CAUSE OF DEATH INSTRUCTIONS ARE ON REVERSE SIDE OF GREEN AND PINK COPY.

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