



HCHS/SOL DEATH CERTIFICATE FORM

PARTICIPANT ID NUMBER:

FORM CODE: DTH
VERSION: A 05/26/10

Contact Occasion SEQ #

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Event ID:

Event Date: / /

Instructions: The Death Certificate Form is completed for each death reported from the Annual Follow-up Form. A Death Certificate must be requested and obtained prior to completing this form.

1. Was a death certificate obtained? Yes No *skip out of form*

2. Date of death: / /

3. Time of death: : 3a. 1 = A.M., 2 = P.M.

4. Did the decedent die in a hospital? Yes No *Skip to 6* Unknown

5. Was the death classified as: (*select one*)
1. dead on arrival (DOA)
2. emergency dept (ED)
3. outpatient
4. inpatient
5. none of the above
6. not recorded

6. Was this a coroner's or medical examiner's case? Yes No *Skip to 10*

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7. Was the name and address of the

Coroner or medical examiner recorded?

Yes

No
Skip to 10

8. Name: _____

9. Address: a. Street _____

b. City/St _____

c. Country _____

10. Was an autopsy performed?

Yes

No

11. ICD-10 Code for **UNDERLYING** cause of death:

.

12. All listed ICD-10 Codes for death:

a. .
b. .
c. .
d. .
e. .

f. .
g. .
h. .
i. .
j. .

13. Are there causes of death recorded
on the death certificate?

Yes

No
skip to 14

13a. Immediate cause: _____

13b. Due to or as a consequence of (1) _____

13c. Due to or as a consequence of (2) _____

13d. Due to or as a consequence of (3) _____

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14. Are there other significant conditions

Recorded on the death certificate?

Yes

No
Skip to 16

15. Conditions: _____

16. Interval between onset and death for immediate cause of death:

- 1 = 5 minutes or less
- 2 = 1 hour or less
- 3 = 1 day or less
- 4 = 1 week or less
- 5 = 1 month or less
- 6 = more than 1 month
- 7 = unknown or not recorded

17. Was the name and address of the informant recorded?

Yes

No
Skip to 22

18. Name: _____

19. Address: a. Street _____

b. City/St _____

c. Country _____

20. Relationship of informant to deceased:

- 1 = spouse
- 2 = other
- 3 = unknown

21. If other, specify: _____

22. Was the name and address of the certifying physician recorded?

Yes

No

23. Name: _____

24. Address: a. Street _____

b. City/St _____

c. Country _____