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 [ ] Unknown

   Skip to 6

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
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)__________________________________________
14. Are there other significant conditions recorded on the death certificate? 
   Yes [ ] □ No [ ] □ Skipped 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 [ ] □ Skipped 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__________________________