TYPE IN PERMANENT DARK INK.

ALABAMA
CERTIFICATE OF DEATH

STATE FILE NO. 101

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? ☐ Yes ☐ 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 ☐ Unknown ☐ Female ☐ Male		9. SOCIAL SECURITY NUMBER	10. BIRTHPLACE (State or Foreign Country)
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? ☐ Yes ☐ 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? ☐ Yes ☐ 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: ☐ Burial ☐ Cremation ☐ Entombment ☐ Hospital Disposal ☐ Medical Donation ☐ 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** ___ **Certifying Registered Nurse Practitioner** ___ **Certifying Nurse Midwife**
"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, and 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

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.

Approximate interval: Onset to death

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. _____

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 ☐ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Undetermined
47. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☐ Unknown	48. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ 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? ☐ Yes ☐ No
53. LOCATION OF INJURY (Street or R.F.D. No., City or Town, County, State)		54. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____	
55. DESCRIBE HOW INJURY OCCURRED:		56. AUTOPSY/TOXICOLOGY PERFORMED? Autopsy ☐ Yes ☐ No ☐ Unknown Toxicology ☐ Yes ☐ No ☐ Unknown	57. WERE FINDINGS CONSIDERED? Autopsy ☐ Yes ☐ No Toxicology ☐ Yes ☐ No

NAME OF DECEASED

THIS IS A LEGAL RECORD AND MUST BE FILED WITHIN FIVE (5) DAYS AFTER DEATH

ADPH-HS-2 Rev. 08.10.18

FUNERAL HOME USE ONLY – DO NOT DETACH

58. HOSPICE CARE?
☐ Yes ☐ No ☐ 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).

☐ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino
(Specify) _____
☐ Unknown

60. DECEASED RACE (Check one or more races to indicate what the decedent considered himself or herself to be).

☐ White
☐ Black or African American
☐ American Indian or Alaska Native
(Name of the enrolled or principal tribe) _____
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify) _____
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify) _____
☐ Other (Specify) _____
☐ Unknown

61. DECEASED EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death).

☐ 8th grade or less
☐ 9th - 12th grade; no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Trade school
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ Unknown

62. DECEASED USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED).	63. KIND OF BUSINESS/INDUSTRY

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