STATE OF OKLAHOMA
CERTIFICATE OF DEATH

LOCAL FILE NUMBER — STATE FILE NUMBER

Type or print in black, permanent ink. THIS IS A PERMANENT RECORD

To be completed by the Funeral Home

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) | 2. SEX | 3. SOCIAL SECURITY NUMBER | 4. EVER IN US ARMED FORCES? ☐ Yes ☐ No

5a. AGE-Last Birthday (years) | 5b. UNDER 1 YEAR Months / Days | 5c. UNDER 1 DAY Hours / Minutes | 6. DATE OF BIRTH (Mo/Day/Year) | 7. BIRTHPLACE (City and State or Foreign Country)

8a. RESIDENCE-State | 8b. RESIDENCE-County | 8c. RESIDENCE-City or Town | 8d. RESIDENCE-ZipCode | 8e. RESIDENCE-Inside City Limits? ☐ Yes ☐ No

8f. RESIDENCE-Street and Number | 8g. RESIDENCE-Apartment Number

9. MARITAL STATUS AT TIME OF DEATH
☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Married, but separated ☐ Unknown

10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)

11. FATHER'S NAME (First, Middle, Last)

12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)

13. DECEDENT OF HISPANIC ORIGIN?
(Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the 'No' box if the decedent is 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) _____

14. DECEDENT'S 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 principle tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify) _____
☐ Pacific Islander (Specify) _____
☐ Other (Specify) _____

15. DECEDENT'S 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
☐ Associate degree (e.g. AA, AS)
☐ Bachelor's degree (e.g. BA, AB, BS)
☐ Master's degree (e.g. MEd, MA, MS, MEng, MSW, MBA)
☐ Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, JD)

16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED) | 17. KIND OF BUSINESS/INDUSTRY

18a. INFORMANT'S NAME | 18b. RELATIONSHIP TO DECEDENT | 18c. MAILING ADDRESS (Street and Number, City, State, Zip Code)

19. METHOD OF DISPOSITION:
☐ Burial ☐ Cremation ☐ Donation ☐ Entombment
☐ Removal from state ☐ Other (specify) _____

20. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) | 21. LOCATION - City, Town and State

22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY
Serenity Funerals and Crematory
4170 E. Admiral Place Tulsa, OK 74115

23. SIGNATURE OF FUNERAL DIRECTOR OR FAMILY MEMBER ACTING AS SUCH

24. FH ESTABLISHMENT LICENSE # 1679ES & 42CM

To be completed by the Attending physician or Medical Examiner

25. PLACE OF DEATH (Check only one: see instructions)

IF DEATH OCCURRED IN A HOSPITAL:
☐ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival

IF DEATH OCCURRED OTHER THAN IN A HOSPITAL:
☐ Hospice Facility ☐ Nursing Home/Long Term Care Facility ☐ Decedent's Home ☐ Other (specify) _____

26. FACILITY NAME (if not institution, give street & number) | 27. CITY OR TOWN, STATE AND ZIP CODE OF LOCATION OF DEATH | 28. COUNTY OF DEATH

29. DATE OF DEATH (Mo/Day/Year) | 30. TIME OF DEATH | 31. WAS MEDICAL EXAMINER CONTACTED? ☐ Yes ☐ No | 32. WAS AN AUTOPSY PERFORMED? ☐ Yes ☐ No | 33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

CAUSE OF DEATH (see instructions and examples)

34. PART I. 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 etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines as necessary.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a.	
Sequentially list conditions, if any, leading to the cause listed on line a.	b.	
Enter the UNDERLYING CAUSE (disease Or injury that initiated the events resulting in death) LAST.	c.	
	d.	

35. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

36. MANNER OF DEATH
☐ Natural ☐ Homicide ☐ Accident ☐ Suicide
☐ Pending Investigation ☐ Could not be determined

37. 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

38. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ No ☐ Probably ☑ Unknown

39. DATE OF INJURY (Mo/Day/Year) | 40. TIME OF INJURY | 41. PLACE OF INJURY (e.g. Decedent's home; construction site; wooded area) | 42. DESCRIBE HOW INJURY OCCURRED: | 43. INJURY AT WORK? ☐ Yes ☐ No

44. LOCATION OF INJURY: State: City or Town: Zip Code:
Street & Number: Apartment Number:

45. IF TRANSPORTATION INJURY, SPECIFY:
☐ Driver/Operator ☐ Passenger ☐ Pedestrian
☐ Other (specify) _____

46. CERTIFIER (Check only one):
ATTENDING PHYSICIAN: ☐ Physician in charge of patient's care ☐ Physician in attendance at time of death only
To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
☐ 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.
Signature of Certifier: _____

47. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Items 34-35)

48. LICENSE NUMBER | 49. DATE DEATH CERTIFIED (Mo/Day/Year)

50. REGISTRAR'S SIGNATURE (Local) | 51. DATE RECEIVED BY LOCAL REGISTRAR (Mo/Day/Year) | 52. DATE RECEIVED BY STATE REGISTRAR (Mo/Day/Year)

Note to the Attending Physician:
Do not sign unless death occurred due to a natural disease process.
Unnatural deaths are the responsibility of the Medical Examiner.

2004 REVISION

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