

FOR COUNTY USE ONLY
SIGHT VERIFICATION TOOL - Death certificate

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

Death must have occurred in the last 6 months

Must be your county

Check for ID Tag

245874
I.D. TAG NO.

STATE FILE NUMBER
June 22, 2011

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name: First John, Middle [redacted], Last Doe, Suffix [redacted]
2. Death Date: June 22, 2011

3. Sex: Male
4. Age: 56 years
5. Social Security Number: 516-13-1321
6. County of Death: Multnomah

7. Birthdate: March 12, 1955
8. Birthplace: Portland, Oregon
9. Decedent's Education: High school grad. or GED

10. Was Decedent of Hispanic Origin? No
11. Decedent's Race(s): White
12. Was Decedent Ever in U.S. Armed Forces? Yes

13. Residence: Number and Street: 123 N Oak Street
14. City/Town: Portland

15. Residence County: Multnomah
16. State or Foreign Country: Oregon
17. Zip Code + 4: 97111
18. Inside City Limits? Yes

19. Marital Status at Time of Death: Never married
20. Spouse's Name Prior to First Marriage: [redacted]

21. Usual Occupation: Mason
22. Kind of Business/Industry: Construction

23. Father's Name: James Doe
24. Mother's Name Prior to First Marriage: Martha Miller

25. Informant's Name: Carla Doe
26. Telephone Number: Not Available
27. Relationship to Decedent: Sister
28. Mailing Address: 4477 N Pine Street, Portland, OR 94554

29. Place of Death: Decedent's Residence
30. Facility Name: [redacted]

31. Location of Death: 123 N Oak Street
32. City/Town or Location of Death: Portland
33. State: Oregon
34. Zip Code + 4: 97111

35. Method of Disposition: Burial
36. Place of Disposition: Columbia Pioneer Cemetery
37. Location: Portland, Oregon

38. Name and Complete Address of Funeral Facility: Affordable Burial and Cremation Company, 505 NE 1st Street, Newport, Oregon 97365

39. Date of Disposition: TBD
40. Funeral Director's Signature: Funeral Director (Electronically Signed)
41. OR License Number: CO-3002

42. Registrar's Signature: [redacted]
43. Date Received: [redacted]
44. Local File Number: [redacted]

45. Amendment: [redacted]

294137

#29 & 31-34
Can never be blank

TO BE COMPLETED BY MEDICAL CERTIFIER

46. Was case referred to Medical Examiner? Yes No
47. Autopsy? Yes No
48. Were autopsy findings available to complete the cause of death? Yes No
49. Time of Death: 5:30 pm

CAUSE OF DEATH

50. 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. DO NOT ABBREVIATE. Approximate Interval: Onset to Death

Final disease or condition resulting in death → IMMEDIATE CAUSE ↓
a. Cerebrovascular Accident
Due to (or as a consequence of) ↓
b. [redacted]
Due to (or as a consequence of) ↓
c. [redacted]
Due to (or as a consequence of) ↓
d. [redacted]

51. Other significant conditions contributing to death: [redacted]

52. Manner of Death: Natural Homicide Undetermined Accident Suicide
53. If Female: Not pregnant within past year Not pregnant, but pregnant 43 days to 1 year before death Pregnant at time of death Unknown if pregnant within the past year Not pregnant, but pregnant within 42 days before death
54. Did tobacco use contribute to death? No Yes Probably Unknown

55. Date of Injury (month/year): [redacted]
56. Time of Injury: [redacted]
57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area): [redacted]
58. Injury at Work? Yes No Unknown

59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4): [redacted]

60. Describe how injury occurred: [redacted]
61. If transportation injury, specify: Driver/Operator Passenger Pedestrian Other (Specify): [redacted]

62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4): Megan Smith, 14300 SW Sam Jackson Park Rd, Portland, OR 97212
63. Name and Title of Attending Physician if Other than Certifier: [redacted]

64. Title of Certifier: M.D.
65. License Number: MD01234
66. Date Signed (month/year): June 23, 2011

67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. [Signature: Megan Smith]
68. 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.

69. Amendment: [redacted]

If other than natural, then #46 must be 'yes'

With limited exceptions, if manner of death (#52) is other than natural, the certifier must be a M.E. and sign here. (See back for further information.)

FOR COUNTY USE ONLY

LEGEND

Blue circle

= Items to check before registering the record. If the County of Death is a county other than your own, you should not register the record. If the death occurred longer than six months ago, you should not register the record.

Red circle

= Items we commonly see mistakenly left blank or completed incorrectly.

Funeral directors most commonly forget the **I.D. tag number** and **place of death**. These items must be completed but are not *forced* by OVERS.

Medical certifiers most commonly forget items 46-49,52-54, 62,64-68.

Highlighted items *may* be left blank but could or should be completed under certain circumstances or if the information is available.

Green highlight

= Can be left blank if not applicable. For instance, if the decedent is a male it is not necessary to answer question 53. Approximate interval onset to death should be completed for cause of death, but if it is blank you can register the record.

Red highlight

= Can be blank if immediate cause of death is sufficient. In most cases however, an underlying cause of death is needed to sufficiently describe the death.

Yellow highlight

= Can only be blank if: 1) cause of death does not indicate trauma or injury, 2) manner of death (item 52) is natural, and 3) Medical Examiner (M.E.) was not contacted.

A manner of death other than 'natural' must be referred to the M.E., which means #46 should be checked 'yes' for the referral. The M.E. may decline; which means the M.E. will not have completed the medical portion of the death certificate. In such a case, a medical certifier can sign the death certificate. If you have further questions, contact the Registration unit at the State Center for Health Statistics.