

## Dispositioner Worksheet for Completing Death Record

Dispositioner's Name?

First

Middle

Last

Suffix

Dispositioner's Relationship To The Decedent? \_\_\_\_\_

Dispositioner's Mailing Address?

Address

Address 2 (Apartment #)

State

City

Zip

Country

Dispositioner's Phone Number \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

1. Decedent's Legal Name

First

Middle

Last

Suffix

2. Decedent's Sex?

ζ Male

ζ Female

ζ Unknown

3. Decedent's Date Of Death?

Month

Day

Year

ζ Found

4. City of Death \_\_\_\_\_

5. County of Death \_\_\_\_\_

6. Decedent's Date Of Birth?

Month

Day

Year

7. Decedent's Social Security Number?

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

8. AKA \_\_\_\_\_

(The AKA Should Be Substantially Different Than The Legal Name)

AKA \_\_\_\_\_

(The AKA Should Be Substantially Different Than The Legal Name)

9. Decedent's Age At Last Birthday?

\_\_\_\_\_  
Years

**If Under 1 Year**

\_\_\_\_\_  
Months

\_\_\_\_\_  
Days

**If Under 1 Day**

\_\_\_\_\_  
Hours

\_\_\_\_\_  
Minutes

10. Decedent's Place Of Birth?

\_\_\_\_\_  
State and City or Canadian Province or Foreign Country

11. Was The Decedent Ever In The United States Armed Forces?

ζ Yes

ζ No

ζ Unknown

12. Marital Status Of The Deceased?

☐ Never Married  
☐ Married  
☐ Widowed

☐ Divorced  
☐ Married, but separated  
☐ Unknown

13. **Spouse's Name?** If Wife, Give Last Name **Prior To First Marriage**

_____	_____	_____	_____
First	Middle	Last	Suffix

14. Decedent's Usual Occupation? Indicate the type of work done during most of the decedent's working life.  
**DO NOT USE RETIRED.** (e.g. High School Teacher, Airman 1<sup>st</sup> Class, Electronic Assembler)

\_\_\_\_\_

15. In What Business Or Industry Did The Decedent Usually Work?  
(e.g. High School, Hospital, Air Force, Manufacturing, Computers, Retail – Department Store, Grocery Store)

\_\_\_\_\_

16. Where Did The Decedent Usually Live?

_____		_____	
Street Address		Second Street Address (Apartment#)	
_____	_____	_____	_____
State	City	Zip	Country (If outside the U.S.)
Inside City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

17. Decedent's **Father's** Name?

_____	_____	_____	_____
First	Middle	Last	Suffix

18. Decedent's **Mother's** Name **Prior To First Marriage?**

_____	_____	_____	_____
First	Middle	Last	Suffix

19. **Informant's** Name?

_____	_____	_____	_____
First	Middle	Last	Suffix

Informant's Relationship To The Decedent? \_\_\_\_\_

Informant's Mailing Address?

_____		_____	
Address		Address 2 (Apartment #)	
_____	_____	_____	_____
State	City	Zip	Country (If outside the U.S.)

20. Is The **Decedent** Of Hispanic Origin? (Check **NO** If The Decedent Is Not Spanish/Hispanic/Latino)

☐ Yes    ☐ No    ☐ Unknown

(If **YES**, Check The Box That Best Describes Whether The Decedent Is Spanish/Hispanic/Latino)

☐ Mexican, Mexican American Chicano  
☐ Cuban

☐ Puerto Rican  
☐ South American  
☐ Other Spanish/Hispanic/Latino (Specify) \_\_\_\_\_

## 21.What Is The **Decedent's** Race?

(Check One Or More Races To Indicate What The Decedent Considered Himself Or Herself To Be)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> White                     | <input type="checkbox"/> Korean                    | <input type="checkbox"/> Other Asian            |
| <input type="checkbox"/> Black Or African American | <input type="checkbox"/> Samoan                    | <input type="checkbox"/> (Specify)_____         |
| <input type="checkbox"/> Chinese                   | <input type="checkbox"/> Vietnamese                | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Japanese                  | <input type="checkbox"/> Guamanian Or Chamorro     | <input type="checkbox"/> (Specify)_____         |
| <input type="checkbox"/> Native Hawaiian           | <input type="checkbox"/> American Indian Or Alaska | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> Filipino                  | <input type="checkbox"/> Native/ Name Of Principal | <input type="checkbox"/> (Specify)_____         |
| <input type="checkbox"/> Asian Indian              | <input type="checkbox"/> Tribe                     | <input type="checkbox"/> Unknown                |

22. Decedent's Level Of Education?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 8 <sup>th</sup> Grade Or Less                       | <input type="checkbox"/> Some College Credit But No Degree | <input type="checkbox"/> Doctorate (PhD, EdD, Or Professional Degree) |
| <input type="checkbox"/> 9 <sup>th</sup> –12 <sup>th</sup> Grade, No Diploma | <input type="checkbox"/> Associate Degree (AA, AS)         | <input type="checkbox"/> (MD, DDS, DVM, LLB, JD)                      |
| <input type="checkbox"/> High School Graduate Or GED Completed               | <input type="checkbox"/> Bachelor's Degree (BA, AB, BS)    | <input type="checkbox"/> None   |
|  | <input type="checkbox"/> Master's Degree (MA, MS, ME)      | <input type="checkbox"/> Unknown                                      |

23. Decedents Time Of Death? : 24-Hour Clock ζ Found

24. Date Deceased Last Attended By Physician or Agent? ☒ Never Seen Alive or                                   
Month Day Year

25. Place of Death: ζ Unknown

26. Did Death Occur In A Hospital?

ζ Inpatient      ζ Emergency Room/Outpatient      ζ Dead On Arrival

Facility Name

27. Did The Death Occur Somewhere Other Than A Hospital?

☐ Nursing Home/ Assisted Living    
 ☐ Decedent's Home    
 ☐ Other (Specify)\_\_\_\_\_

Facility Name \_\_\_\_\_

(If Outside A Facility, Give Street Address Of Location) \_\_\_\_\_

28. Method Of Disposition?

☐ Burial                      ☐ Removal From State                      ☐ Other  
☐ Cremation                ☐ Entombment                                  (Specify) \_\_\_\_\_  
☐ Donation

29. Date Of Disposition \_\_\_\_\_  
 \_\_\_\_\_  
 Month Day Year

30. Place Of Disposition (Name Of Cemetery, Crematory Or Other Place)

### 31. Location Of Disposition

State \_\_\_\_\_ City \_\_\_\_\_

## Injury Information

33. Date Of Injury? \_\_\_\_\_  
Month Day Year

34. Time Of Injury? \_\_\_\_:\_\_\_\_ 24 Hour Clock

35. Was The Injury At Work?

☐ Yes ☐ No ☐ Unknown

36. Place Of Injury? (e.g. At Home, Farm, Street, Factory, Office, Building Etc.)

\_\_\_\_\_

37. If Is A Motor Vehicle Accident, Please Specify

☐ Driver ☐ Other  
☐ Passenger Specify \_\_\_\_\_  
☐ Pedestrian ☐ Unknown

38. Where Did The Injury Occur?

\_\_\_\_\_

Street Address

\_\_\_\_\_

State

City

County

Country (If outside the U.S.)

39. Describe How The Injury Occurred **(Enter sequence of events that resulted in injury)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

40. Certifying Physician's Name?

\_\_\_\_\_

First

Middle

Last

Suffix

Physician's Address?

\_\_\_\_\_

Address

Address 2 (Apartment #)

\_\_\_\_\_

State

City

Zip

Physician's Phone Number \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_

41. Was The Medical Examiner Contacted? ☐ Yes ☐ No ☐ Unknown

M.E. Case Number \_\_\_\_\_ Date \_\_\_\_\_

# Dispositioner Death Certificate Worksheet Instructions

## 1 - Decedent's Legal Name

Enter the first, middle and last name of the person whose death is being reported. When an unidentified body is registered, the name should simply read "Unknown". Terms such as "John Doe", for unidentified individuals, may be mistaken for actual individuals.

**Suffix** - Enter the suffix of the person whose death is being reported. (e.g. Jr., Sr., I, II, III, etc.) Leave this field blank if deceased did not have a suffix.

## 2 - Sex

Enter Male or female. If the sex cannot be determined after verification with medical records, inspection of the body, or other sources, enter "Unknown".

## 3 - Date of Death (Month, Day, Year)

Enter the exact number of the month, day and year that the death occurred.

A death that occurs around midnight (2400 hours) should be considered to have occurred at the end of the day rather than the beginning of the next. For instance, the date for a death that occurs at midnight on December 31 should be recorded as December 31.

## 4 - City/Town of Death

Enter the name of the city, town or location where the death occurred. If not within city, town or community boundaries enter "Rural".

## 5 - County of Death

Enter the name of the county where death occurred. If the death occurred in a moving conveyance, enter the place of death as the address and county where the body was first removed from the conveyance.

## 6 - Date of Birth

Enter the exact number of the month, day, and year that the decedent was born. If the Date of Birth is unknown, enter "Unknown".

## 7 - Social Security Number

Enter the social security number of the decedent. If the SSN number is unknown, enter "Unknown". If the deceased does not have a SSN number, enter all zeros (000-00-0000).

## 8 - AKA

If the deceased person had an alias, it should be preceded with A.K.A. (Also Known As). If substantially different from the legal name, after the abbreviation AKA (also known as) e.g. Samuel Langhorne Clemens AKA Mark Twain.

## 9- Age

Enter the decedent's exact age in years at his or hers last birthday.

If the age entered does not agree with the difference between the date of birth and the date of death, the age should be verified with the informant.

### If decedent was under 1 year:

If the infant was between one and eleven months, give the age in completed months.

### If decedent was under 1 day:

If the infant was between one and twenty-three hours, list the age in hours. If the infant was less than one hour, give the age in minutes.

## \*10 - Decedents Place of Birth

If the decedent was born in the United States or Canada, enter the name of the State or Canadian Province of birth.

If the decedent was born in the United States or Canada, but the State or Province is unknown, enter "Unknown". If the decedent was not born in the United States or Canada, enter the name of the country of birth whether or not the decedent was a citizen at the time of death.

If no information is available regarding the place of birth, enter "Unknown".

## 11. - Was the Decedent Ever in the Armed Forces

If the decedent was ever in the U.S. Armed Forces, check "Yes", if not, check "No" or "Unknown". *This facilitates the issuing of veteran's benefits to the deceased's survivors.*

## 12 - Marital Status

Check the appropriate box to indicate the marital status of the deceased at the time of death.

If the deceased had filed for divorce, but is not yet final, the marital status should be marked as "Married". In the event that both husband and wife are killed in the same accident, each is to be listed as married, and the name of the spouse should be entered with deceased entered after the last name.

## 13 - Surviving Spouse's Name

If the decedent was married at the time of death, enter the full name of the surviving spouse. If the surviving spouse is the wife, enter her name prior to her first marriage (maiden name). If the decedent was divorced, widowed, or never married, leave this item blank. In the event that both husband and wife are killed in the same accident, each is to be listed, as married and the name of the spouse should be entered with deceased after the last name.

*This item is used in establishing proper insurance settlements and other survivor benefits.*

## 14 - Occupation

Questions concerning occupation and industry must be completed for all decedents 14 years of age or older.

Give the kind of work done during most of working life. DO NOT enter Retired.

Enter the usual occupation of the decedent. "Usual Occupation" is the kind of work the decedent did during most of his or her working life such as: Claim Adjuster, Farmhand, Coal Miner, Janitor, Store Manager, College Professor.

If the decedent was a homemaker at the time of death but had worked outside the household during his or her working life, enter that occupation. If the decedent was a homemaker during most of his or her working life, and never worked outside the household, enter "Homemaker".

Enter "Student" if the decedent was a student at the time of death and was never regularly employed or employed full time during his or her working life.

## 15 - Kind of Business/Industry

Enter the kind of business or industry to which the occupation listed above is related, such as: Insurance, Farming, Coal Mining, Hardware Store, Retail Clothing, University. DO NOT enter firm or organization name.

If the decedent was a homemaker during his or her working life and "Homemaker" is entered as the decedent's occupation above, enter "Own Home".

If the decedent was a student at the time of death and "Student" is entered as decedent's usual occupation above, enter the type of school, such as: "High School" or "College".

**16 - Residence of Decedent**

The residence of the decedent is the place where his or her household is located. The street address, apartment number, state, city, county and zip code should be for the place where the decedent actually lived most of the time. **Do Not** enter a temporary residence such as one used during a visit, trip, or a vacation. Place of residence during a military duty tour or during attendance at college is **Not** considered temporary and should be entered as the place of residence.

If decedent had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, this facility should be entered as the place of residence.

If the decedent is a child, residence is the same as the parent(s), legal guardian, or custodian, unless the child was living in an institution where individuals usually reside for long periods of time.

Enter the street number and street name. If there is no number and street name, enter "Unnamed Street". If the residence is in a rural area, enter Rural. A PO Box should **Not** be entered. Enter the state, city, county, and zip code in which the decedent lived. If the decedent was not a resident of the United States, enter the name of the country.

Mark "Yes" in Inside City Limits, if decedent's residence is believed to be within the city or community limits or boundaries, otherwise, mark "No" or "Unknown".

**17 - Father's Name**

Enter the first, middle, last name and suffix of the father of the decedent.

**18 - Mother's Name Prior to First Marriage**

Enter the first, middle, maiden last name and suffix of decedent's mother.

**19 - Name, Relationship and Mailing Address of Informant**

Enter the first, middle, last name and suffix of the person who supplied the personal facts about the decedent and his or her family. Enter the relationship. Enter complete mailing address of the informant. If informant address is the same as the decedents address enter "Same" in address field.

**20 - Was Decedent of Hispanic Origin**

Check "Yes", "No" or "Unknown". If "Yes" enter the specific Hispanic group. "Hispanic" refers to people whose origins are from Spain, Mexico, or the Spanish-speaking countries of Central or South America.

**21 - Decedents Race**

Check the race of the decedent as stated by the informant. For American Indians, enter name of principal tribe. For Asians and Pacific Islanders, check the box indicating the national origin of the decedent. If the informant indicates that the decedent was of mixed race, multiple races may be checked.

**22 - Decedents Education**

Check the highest number of years of regular schooling completed by the decedent. Check only those years of school completed.

**23 - Time of Death**

Enter the exact time of death as recorded by the 24-hour clock.

**24 - Date Deceased Was Last Attended By Certifying Physician or Agent**

Enter the month, day, and year that the decedent was last attended by the certifying physician. Dates attended by Home Health Care Givers, Physicians Assistants, Hospice Personnel, etc. are acceptable last attended dates and if within 30 days of the date of death do not need to be reported to the Medical Examiner.

"On the issue of unattended deaths, we have been following the policy that if a non-MD is caring for the patient under the supervision and control of an MD, the certifying physician can use the date last seen by the non-MD care giver as the date the patient was last attended. This does not mean that a patient who dies solely under the care of a non-MD care giver can be certified by a compliant physician who was not supervising the patients care." (Todd Grey, M.D., Chief Medical Examiner.)

**25 - If the Place of Death is unknown, check "Unknown"**

**26 - Place of Death**

The place where the death is pronounced should be considered the place where death occurred. If the decedent died at a hospital, the patient status should be indicated. If the decedent was an admitted patient at the hospital, check "Inpatient". If the decedent as alive in the Emergency Room or Outpatient Clinic check "ER/Outpatient". If the decedent was determined to be Dead on Arrival at the hospital, check Dead on Arrival.

If the Death occurred in a hospital, enter the name of the hospital. If the decedent was determined to be DOA at the location where ambulance or other vehicle picked up the body, DO NOT check DOA. In this case check the Other box and specify.

**27 - Death Occurred Somewhere Other Than A Hospital**

If the death occurred in a Nursing Home or Care Facility, check appropriate box.

If the death occurred at the decedents home, check appropriate box.

If the death occurred at some other residence or place of death is unknown and the body was found in your State indicate in other/specify.

**Facility Name** - If the death occurred at decedents home you may enter the word "Same" to automatically fill the residence address or enter the house number and street name/number. If the death occurred at some place other than described, enter the number and street name and number of the place, or a description of a rural area.

**28 - Method of Disposition**

Check the corresponding box to the method of disposition of the decedent's body.

**29 - Date of Disposition**

Enter the exact number of the month, day and year of burial or other disposition of the decedent.

**30- Place of Disposition**

Enter the name of the cemetery, crematory, or other place of disposition. If the body is removed from the State, specify the name of the cemetery, crematory, or place of disposition to which the body is moved. If that is unknown, enter the name of the funeral home to which shipment is made. If the body is to be used by a hospital or a medical or mortuary school for scientific or educational purposes, give the name of that institution.

**31 - Location of Disposition**

Enter the state and city where the place of disposition is located.

**32 - Trade Call**

Enter the name and address of the Funeral Home responsible for burial.

## Injury Information

**33 - Date of Injury**

Enter the exact number of the month, day, and year of injury. Remember, the date of injury may differ from the date of death. Check to make sure the date and time of injury are not reported as occurring after the date and hour of death.

**34 - Time of Injury**

Enter the exact time of death as recorded by the 24-hour clock.

**35 - Injury at Work**

Check the appropriate box according to whether or not the decedent was at work when the injury occurred.

**36 - Place of Injury**

Enter the general place (such as home, farm, street, factory, office, building, etc.) specify where the injury occurred. **DO NOT** enter firm or organization names. (For example, enter "factory" **not** "Standard Manufacturing, Inc."),

**37 - Motor Vehicle Accident**

Enter the decedent's status in relationship to the vehicle. Indicate driver, passenger, pedestrian, other, or unknown.

**38 - Where Did Injury Occur?**

Enter the complete address where the injury occurred including state, city, and county.

**39. - Describe How the Injury Occurred**

Enter a brief but specific and clear description of how the injury occurred. Explain the circumstances or cause of the injury. The simple entry "fall" is not helpful. Entries such as: "Fell from apple tree while playing", show how the accident happened. Likewise, "automobile accident" is inadequate.

The description should include vehicle type (car, truck, van, bike, motorcycle, bus, taxi, etc.) and number of vehicles involved, their position (head-on, rear-ended, side-swiped, etc.) the type of roadway, and whether or not stationary objects or pedestrians were involved.

**Examples are: "one car roll-over on freeway", "truck collision with a bridge abutment over highway", automobile rear-ended motorcycle on city street", bike was hit from side by auto in parking lot", snowmobile collided with fence post", etc.**

**40 - Name of Physician Certifying Death**

Enter the name and address of the Physician responsible for completing and certifying cause of death.

**41 - Was the Medical Examiner Contacted?**

Determine if the death should be reported to the Medical Examiner's Office. Enter "Yes", "No" or "Unknown". If "Yes" enter the full ME Case Number given and date.