

STATE OF ILLINOIS
CERTIFICATE OF DEATH

REGISTRATION
DISTRICT NO.

LOCAL FILE
NUMBER

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) 2. SEX 3. DATE OF DEATH (Month/Day/Year) (Spell Month)
4. COUNTY OF DEATH 5a. AGE AT LAST BIRTHDAY (Years) 5b. UNDER 1 YEAR 5c. UNDER 1 DAY 6. DATE OF BIRTH (Month/Day/Year)
7a. CITY OR TOWN 7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number)
7c. PLACE OF DEATH (Check only one; see instructions)
IF DEATH OCCURRED IN A HOSPITAL IF DEATH OCCURRED SOMEWHERE OTHER THAN HOSPITAL
8. BIRTHPLACE 9. SOCIAL SECURITY NUMBER 10. MARITAL STATUS AT TIME OF DEATH 11. SURVIVING SPOUSES NAME 12. EVER IN THE US ARMED FORCES?
13a. RESIDENCE (Street and Number) 13b. APT. NO. 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS?
13e. COUNTY 13f. STATE 13g. ZIP CODE 14. FATHER'S NAME (First, Middle, Last) 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)
16a. INFORMANT'S NAME 16b. RELATIONSHIP 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code)
17. METHOD OF DISPOSITION: 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) 19. LOCATION - CITY, TOWN AND STATE 20. DATE OF DISPOSITION (Month/Day/Year)
21a. FUNERAL HOME NAME STREET NUMBER CITY OR TOWN STATE ZIP
21b. FUNERAL DIRECTOR'S SIGNATURE 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
22. LOCAL REGISTRAR'S SIGNATURE 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year)

CAUSE OF DEATH (See instructions and examples)
24. PART I. Enter the chain of events - diseases, injuries or complications - that directly cause the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.
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 initiated the events resulting in death) LAST b. Due to (or as a consequence of):
c. Due to (or as a consequence of):
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
25. WAS AN AUTOPSY PERFORMED? 26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH?
27. DID TOBACCO USE CONTRIBUTE TO DEATH? 28. IF FEMALE: 29. MANNER OF DEATH
30. DATE OF INJURY (Month/Day/Year) 31. TIME OF INJURY 32. PLACE OF INJURY (e.g. Decedent's home; construction site, restaurant, wooded area) 33. INJURY AT WORK?
34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code

35. DESCRIBE HOW INJURY OCCURRED: 36. IF TRANSPORTATION INJURY, SPECIFY:
37. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE (Month/Day/Year) 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? 39. DATE PRONOUNCED (Month/Day/Year) 40. TIME OF DEATH
41. CERTIFIER (Check only one):
42. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) 43. PHYSICIAN'S LICENSE NUMBER
44. TITLE OF CERTIFIER 45. DATE CERTIFIED (Month/Day/Year) 46. SIGNATURE OF CERTIFIER

47. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death.
48. DECEDENT OF HISPANIC ORIGIN? - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino.
49. DECEDENT'S RACE - Check one or more races to indicate what the decedent considered himself or herself to be.
50. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED).
51. BUSINESS/INDUSTRY (Enter type of business or industry, NOT COMPANY NAME)

(Based on the 2003 U.S. Standard Certificate)

Illinois Department of Public Health - Division of Vital Records

VR200 (Rev. 1/08)