DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO.

REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

WORK SHEET

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

A ....

DECEASED

B ....
C ....
D ....
E ....

1. DECEASED–*NAME* FIRST MIDDLE LAST
2. SEX
3. DATE OF DEATH (MONTH, DAY, YEAR)
4. COUNTY OF DEATH
5a. AGE–LAST BIRTHDAY (YRS)
5b. UNDER 1 YEAR MOS. DAYS
5c. UNDER 1 DAY HOURS MIN.
5d. DATE OF BIRTH (MONTH, DAY, YEAR)
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER
6b. HOSPITAL OR OTHER INSTITUTION–NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY)
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)
8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
10. SOCIAL SECURITY NUMBER
11a. USUAL OCCUPATION
11b. KIND OF BUSINESS OR INDUSTRY
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+)
13a. RESIDENCE (STREET AND NUMBER)
13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.
13c. INSIDE CITY (YES/NO)
13d. COUNTY
13e. STATE
13f. ZIP CODE
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES–IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) ☐ NO ☐ YES SPECIFY:

PARENTS

15. FATHER–*NAME* FIRST MIDDLE LAST
16. MOTHER–*NAME* FIRST MIDDLE (MAIDEN) LAST
17a. INFORMANT'S NAME (TYPE OR PRINT)
17b. RELATIONSHIP
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

1 ....
2 ....
3 ....
....
....

CAUSE

4 ....
5 ....
N ....
P ....
....
....

18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Immediate Cause (Final disease or condition resulting in death) → (a)

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

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

19a. AUTOPSY (YES/NO)
19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
20a. DATE OF OPERATION, IF ANY
20b. MAJOR FINDINGS OF OPERATION
20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES ☐ NO ☐

CERTIFIER

21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)
21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)
21c. HOUR OF DEATH M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE ▶
22b. DATE SIGNED (MONTH, DAY, YEAR)
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
22d. ILLINOIS LICENSE NUMBER
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

DISPOSITION

24a. BURIAL, CREMATION, REMOVAL (SPECIFY)
24b. CEMETERY OR CREMATORY–*NAME*
24c. LOCATION CITY OR TOWN STATE
24d. DATE (MONTH, DAY, YEAR)
25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25b. FUNERAL DIRECTOR'S SIGNATURE ▶
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
26a. LOCAL REGISTRAR'S SIGNATURE ▶
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)