

Shaded Area to be completed by the Medical Certifier.

**INSTRUCTIONS READ CAREFULLY**  
Print Legibly with Permanent Black Ink

**ITEM 9-14 Residence of Decedent**

Usual residence where deceased lived. Never enter a temporary residence such as one used during a visit or vacation. Place of residence during tour of military duty or during attendance at college is considered permanent and should be entered. If the decedent was an infant who never resided at home, the place of residence is that of the parent(s) or legal guardian.

**ITEM 44-45 Cause of Death**

The cause of death section consists of two parts. Part 1 is for reporting a chain of events leading directly to death, with the immediate cause of death (the final disease, injury or complication directly causing death) on line (a) and the underlying cause of death (the disease or injury that initiated the chain of events that led directly and inevitably to death) on the lowest used line. Part II is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in Part I. The cause of death information should be your best medical OPINION. A condition can be listed as "probable" even if it has not been definitely diagnosed.

**ITEM 48 Certifier**

The death shall be certified by the attending physician or attending Advanced Practice Registered Nurse (APRN). In the absence of such physician or APRN, or with the physician's or APRN's approval, medical certification may be completed and signed by an associate physician, an APRN, a physician assistant, registered nurse, the chief medical officer of the institution in which the death occurred or the pathologist who performed an autopsy. Medical certification by a registered nurse or physician assistant is limited to cases in which death was anticipated and such registered nurse or physician assistant made the pronouncement of death.

**ITEM 51 Decedent of Hispanic Origin**

Check "No" or check "Yes" box that best corresponds with the decedent's ethnic Spanish identity as given by the informant. Note that "Hispanic" is not a race and item 52 must also be completed. "Hispanic" refers to people whose origins are from Spain, Mexico, or the Spanish-speaking Caribbean islands or countries of Central or South America. Origin includes ancestry, nationality and lineage. Although the prompts include the major Hispanic groups, other groups may be specified under "other". "Other" may also be used for decedents of multiple Hispanic origin (e.g., Mexican-Puerto-Rican).

**ITEM 52 Decedent's Race**

Check one or more races to indicate what the decedent considered himself or herself to be. American Indian & Alaska Native refer only to those native to North America & does not include Asian Indian. Please specify the name of enrolled or principal tribe (e.g., Navajo, Cheyenne, etc.) for the American Indian or Alaska Native. For Asians check Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or specify other Asian group; for Pacific Islanders check Guamanian or Chamorro, Samoan, or specify other Pacific Island group. If decedent was of mixed race, enter each race (e.g., Samoan-Chinese-Filipino or White, American Indian).

**ITEM 53 DECEDENT'S USUAL OCCUPATION**

Give kind of work done during most working life. DO NOT USE RETIRED.

**Funeral Director/Embalmer** - In the event of a deceased person with a communicable disease, the embalmer must sign and swear to affidavit on back.

**VS-4 REV. 1/04**  
**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**

**CERTIFICATE OF DEATH**

**STATE FILE NUMBER** (For State Use only. Do not write in this box)

1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last)		2. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		3. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY) (Spell Month)		4. ACTUAL OR PRESUMED TIME OF DEATH <input type="checkbox"/> AM <input type="checkbox"/> PM	
5. AGE LAST BIRTHDAY (6. UNDER 1 YEAR) UNDER 1 DAY Mo. Days Hours Min.		7. DATE OF BIRTH (MM/DD/YYYY)		8. BIRTHPLACE (City, State or Foreign Country)		11. RESIDENCE (City or Town)	
9. RESIDENCE (State)		10. RESIDENCE (County)		12. RESIDENCE (Street and No.)		13. APT. NO.	
14. ZIP CODE		15. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married		16. MARITAL STATUS AT TIME OF DEATH: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Unknown		17. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage)	
18. FATHER'S NAME (First, Middle, Last)		19. MOTHER'S NAME (First, Middle, Last)		20. INFORMANT'S RELATIONSHIP TO DECEDENT		21. MAILING ADDRESS (Street and Number, City, State, Zip Code)	
22. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Dead on Arrival		23. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (specify)		24. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State		25. FACILITY NAME (If not institution, give street & number)	
26. CITY OR TOWN OF DEATH		27. COUNTY OF DEATH		28. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (specify)		29. DISPOSITION (Name of cemetery, crematory, other place)	
30. LOCATION (city/town, state)		31. DATE (MM/DD/YYYY)		32. WAS BODY EMBALMED? "If yes, Name of Embalmer"		33. LICENSE NUMBER OF SIGNEE IN BOX 34	
33. FUNERAL FACILITY - Name and Address (street, town, state, zip)		34. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER		35. NURSE PRONOUNCEMENT NAME AND DEGREE OR TITLE (Print)		39. SIGNATURE	
36. DATE PRONOUNCED DEAD (MM/DD/YYYY)		37. TIME PRONOUNCED		38. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No		40. DATE SIGNED	
41. WAS MEDICAL EXAMINER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No		42. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No		43. WERE THE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No		44. 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 the etiology. 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):		(b) Due to (or as a consequence of):		(c) 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 that initiated the events resulting in death) LAST.		(c) Due to (or as a consequence of):		(d) Due to (or as a consequence of):		45. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	
46. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		47. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		48. CERTIFIER (Check only one box) <input type="checkbox"/> Certifying practitioner - I am the attending practitioner and to the best of my knowledge death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying Practitioner - I am the attending practitioner or a practitioner acting on behalf of the attending practitioner and to the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) stated.		49. MAILING - CERTIFIER Certifier Name (Type or Print) _____ (Street) _____ (City or Town) _____ (State) _____ (Zip) _____ Title of Certifier _____	
50. DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or Professional degree <input type="checkbox"/> Unknown		51. DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No, Not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Other Spanish/Hispanic/Latino (specify) _____		52. DECEDENT'S RACE <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Other Asian (specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other (specify) _____		53. DECEDENT'S USUAL OCCUPATION	
54. KIND OF BUSINESS/INDUSTRY		55. SOCIAL SECURITY NUMBER		THIS CERTIFICATE WAS RECEIVED FOR RECORD ON: _____ BY _____ REGISTRAR			

For use by Physician or Institution

Name of Decedent

**ADMINISTRATIVE PURPOSES**