STATE OF COLORADO
CERTIFICATE OF DEATH

STATE FILE NUMBER

FUNERAL DIRECTOR

1. DECEDENT'S NAME (First, Middle, Last)
2. SEX
3. DATE OF DEATH (Month, Day, Year)

4. SOCIAL SECURITY NUMBER
5a. AGE - (Years)
5b. UNDER 1 YEAR: Mos | Days
5c. UNDER 1 DAY: Hrs | Mins
6. DATE OF BIRTH: Month | Day | Year
7. BIRTHPLACE (City and State or Foreign Country)

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No
9a. PLACE OF DEATH (Check only one)
HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
OTHER: ☐ Assisted Living/Nursing Home ☐ Hospice ☐ Decedent's Residence ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)
9c. CITY, TOWN, OR LOCATION OF DEATH
9d. COUNTY OF DEATH

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired)
10b. KIND OF BUSINESS/INDUSTRY
11. MARITAL STATUS: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Unknown
12. SPOUSE (If wife, give maiden name)

13a. RESIDENCE - STATE
13b. COUNTY
13c. CITY, TOWN, OR LOCATION
13d. STREET AND NUMBER

13e. INSIDE CITY LIMITS? ☐ Yes ☐ No
13f. ZIP CODE
14. WAS DECEDENT OF HISPANIC ORIGIN? (If "Yes", specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☐ Yes Specify:
15. RACE: American Indian, Black, White, etc. (Specify)
16. EDUCATION: (Specify only highest grade completed) Elementary or secondary (0 - 12) College (13-16 or 17+)

17. FATHER - NAME (First, Middle, Last)
18. MOTHER - NAME (First, Middle, Maiden)
19. INFORMANT - NAME and relationship to deceased

20a. METHOD OF DISPOSITION
☐ Resomation
☐ Burial/Entombment ☐ Cremation ☐ Removal from State
☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)
20c. LOCATION - City or Town, State

21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
Signature
21b. NAME AND ADDRESS OF FACILITY

22a. REGISTRAR'S SIGNATURE
Signature
22b. DATE FILED (Month, Day, Year)

PHYSICIAN/CORONER

23. TIME OF DEATH ☐ AM ☐ PM ☐ Milt
24. DATE AND TIME PRONOUNCED DEAD: Month | Day | Year | Time ☐ AM ☐ PM ☐ Milt
25. WAS CORONER NOTIFIED? ☐ Yes ☐ No

TO BE COMPLETED BY SIGNING PHYSICIAN

26a. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
☐ MD ☐ DO
Signature

26b. DATE SIGNED (Month, Day, Year)

26c. NAME, AND MAILING ADDRESS OF SIGNING PHYSICIAN

TO BE COMPLETED BY CORONER

27a. 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 as stated.
Signature
☐ Coroner ☐ Assoc/Deputy Coroner

27b. DATE SIGNED (Month, Day, Year)

27c. NAME AND COUNTY

28. NAME OF ATTENDING PHYSICIAN IF OTHER THAN SIGNING PHYSICIAN

29. MANNER OF DEATH
☐ Natural ☐ Accident ☐ Suicide
☐ Homicide ☐ Pending Investigation
☐ Undetermined

30. DID TOBACCO USE CONTRIBUTE TO DEATH ☐ Yes ☐ No ☐ Probably ☐ Unknown

31. IF FEMALE:
☐ Not pregnant within last year
☐ Pregnant at time of death
☐ Not pregnant, but pregnant within 42 days of death
☐ Not pregnant, but pregnant 43 days to 1 year before death
☐ Unknown if pregnant within the past year

32a. DATE OF INJURY (Month, Day, Year)
32b. TIME OF INJURY ☐ AM ☐ PM ☐ Milt
32c. INJURY AT WORK? ☐ Yes ☐ No
32d. DESCRIBE HOW INJURY OCCURRED

32e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
32f. LOCATION INJURED (Street and Number or Rural Route Number, City, County, State)

33. IMMEDIATE CAUSE - enter only one cause per line for (a), (b), and (c). Do not enter mode of dying (e.g. Cardiac or Respiratory Arrest) alone.

Part 1. Conditions if any which gave rise to immediate cause stating the underlying cause last (c).

(a) ____ Interval between onset and death

DUE TO OR AS A CONSEQUENCE OF:

(b) ____ Interval between onset and death

DUE TO OR AS A CONSEQUENCE OF:

(c) ____ Interval between onset and death

Part 2. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in Part 1

34. AUTOPSY ☐ Yes ☐ No

35. If YES, were findings considered in determining cause of death? ☐ Yes ☐ No