CERTIFICATE OF DEATH

MGM Case No.
EDRS Record No.

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT --- FIRST (Given)	2. MIDDLE	3. LAST (Family)

AKA. ALSO KNOWN AS --- Include full AKA (FIRST, MIDDLE, LAST) ~	Day of Birth	4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	IF UNDER ONE YEAR: Months / Days	IF UNDER 24 HOURS: Hours / Minutes	6. SEX

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES? ☐ YES ☐ NO ☐ UNK	12. MARITAL STATUS (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)

13. EDUCATION --- Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back.) ☐ YES _____ ☐ NO	16. DECEDENT'S RACE --- Up to 3 races may be listed (see worksheet on back)

17. USUAL OCCUPATION --- Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location)	RESIDENCE PHONE NUMBER

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE --- FIRST	29. MIDDLE	30. LAST (Maiden Name)	
31. NAME OF FATHER --- FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
35. NAME OF MOTHER --- FIRST	36. MIDDLE	37. LAST (Maiden)	38. BIRTH STATE

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION Name	Address, City, State and Zip	Phone

41. TYPE OF DISPOSITION(S) MARK ALL THAT APPLY

☐ CREMATION IN CALIFORNIA ☐ BURIAL IN CALIFORNIA ☐ BURIAL OUTSIDE OF CALIFORNIA
☐ CREMATION OUTSIDE OF CALIFORNIA ☐ SCATTERING AT SEA ☐ RETAIN AT RESIDENCE IN CALIFORNIA
☐ RETAIN AT RESIDENCE IN ANOTHER STATE/COUNTRY ☐ TRANSIT TO OUTSIDE OF CALIFORNIA ☐ SCIENTIFIC USE
☐ OTHER _____

EMBALMING REQUESTED ☐ YES ☐ NO

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE ☐ IP ☐ ER/OP ☐ DOA	103. IF OTHER THAN HOSPITAL, SPECIFY ONE ☐ Hospice ☐ Nursing Home/LTC ☐ Decedent's Home ☐ Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	PHONE	106. CITY	ZIP

108. DEATH REPORTED TO CORONER? ☐ YES ☐ NO
REFERRAL NUMBER

Dr. Name/Address
City/Zip/Phone/Fax

Decedent's City of Birth _____

Number of Certified Death Certificates requested _____
To be:

Informant's Information

Informant's Phone Number _____

Alternate number _____

Email address _____

By my signature below, I declare that all information above is true and correct. I accept responsibility for any information provided incorrectly. I authorize Midgley – Gardenside Mortuary to complete the death certificate with the information provided above and to obtain and disperse the number of legally certified copies of said death certificate as I have directed above.

X _____ Date of signature _____