COLORADO
Department of Public Health & Environment

Clear Form

PRINT or TYPE
DEATH CERTIFICATE WORKSHEET
Drop to Paper Document
This is to be used for medical certification and registration purposes only

Notes for vital records use only.

Funeral Home Contact Name and Phone Number

SECTION 1

FIRST NAME(S)	MIDDLE NAME(S)	LAST NAME(S)	SUFFIX	SEX	AGE
LINDA	YVONNE	MOHR		FEMALE	72 YEARS

FUNERAL HOME	DATE OF DEATH TYPE (actual, found, approximate)	DATE OF DEATH
PARKER FUNERAL HOME INC.	ACTUAL DATE OF DEATH	11/23/2018

SOCIAL SECURITY	DATE OF BIRTH	PLACE OF DEATH	COUNTY OF DEATH
454-80-1665	07/27/1946	PARKER	DOUGLAS

SECTION 2

WAS DECEDENT UNDER HOSPICE CARE?	TIME OF DEATH TYPE	TIME OF DEATH & INDICATOR	DATE PRONOUNCED DEAD (MONTH/DAY/YEAR)	TIME PRONOUNCED AND INDICATOR
☐ YES	☐ Actual time of death ☐ Approximate time of death ☐ Court determined time of death ☐ Early AM ☐ Early PM ☐ Late AM ☐ Late PM ☐ Presumed time of death ☐ Unknown AM ☐ Unknown hour ☐ Unknown PM ☐ Unknown time of death	_____ ☐ AM ☐ PM ☐ Military	_____	_____ ☐ AM ☐ PM ☐ Military

WAS AN AUTOPSY PERFORMED?	WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH?	DID TOBACCO USE CONTRIBUTE TO DEATH?	IF FEMALE
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO ☐ PROBABLY ☐ UNKNOWN	☐ Not pregnant within past 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

MANNER OF DEATH ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined

CAUSE OF DEATH SECTION 3

PART I. IMMEDIATE CAUSE (Final disease or condition resulting in death). 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).

Enter the chain of events—diseases, injuries or complications—that directly caused the death.	Approximate interval: onset to death ▼
a.	▶
b.	▶
c.	▶
d.	▶

▼ **PART II. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH** (but not resulting in the underlying cause given in part I).

▶

SECTION 4

DID DEATH INVOLVE INJURY? (Manner of death is other than NATURAL). IF YES, COMPLETE SECTION 4. IF NO, DO NOT COMPLETE.

☐ YES ☐ NO

WAS DEATH IN CUSTODY (law enforcement/correctional facility)?	INJURY AT WORK?	TRANSPORTATION INJURY?
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

DATE OF INJURY TYPE	DATE OF INJURY	TIME OF INJURY TYPE	IF TRANSPORTATION INJURY, SPECIFY ROLE
☐ Actual date of injury ☐ Approximate date of injury ☐ Court-determined date of injury ☐ Found on ☐ Presumed date of injury ☐ Unknown	Month Day Year _____/_____/_____	☐ Actual time of injury ☐ Approximate time of injury ☐ Court determined time of injury ☐ Early AM injury ☐ Early PM injury ☐ Late AM injury ☐ Late PM injury ☐ Presumed time of injury ☐ Unknown AM ☐ Unknown hour ☐ Unknown PM ☐ Unknown time of injury	☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Unknown ☐ Other (specify):

TIME OF INJURY	TIME OF INJURY INDICATOR	PLACE OF INJURY (HOSPITAL, DECEDENT'S RESIDENCE, STREET/HIGHWAY, ETC.)
	☐ AM ☐ PM ☐ Military	

STREET & NUMBER OF INJURY, APT., NO., CITY OR TOWN, COUNTY, STATE, ZIP CODE

INJURY DESCRIPTION

SIGNATURES

PHYSICIAN	CORONER
TITLE, NAME, ADDRESS AND ZIP CODE OF PHYSICIAN	TITLE, NAME, ADDRESS AND ZIP CODE OF CORONER
SIGNATURE OF PHYSICIAN	SIGNATURE OF CORONER
DATE SIGNED	DATE SIGNED