WISCONSIN DEATH CERTIFICATE WORKSHEET

DECEDENT

Decedent's Current Legal Name - First | Middle | Last | Suffix

If Alias Used: Alias Name - First | Middle | Last | Suffix

Sex | Social Security Number | Date Pronounced Dead | Time Pronounced Dead (0000-2359) | Pronouncer's Name & Type

Reportable to C/ME? ☐ Yes ☐ No
State & County of Incident:

Hospice Responsible for Care? ☐ Yes ☐ No

Hospice Name

Hospital Death:
☐ Inpatient ☐ Outpatient ☐ DOA from NH
☐ DOA from Other ☐ ER from NH ☐ ER from Other

Other Place of Death
☐ Nursing Home ☐ Decedent's Residence ☐ Hospice Facility ☐ CBRF
☐ Residence Care Apt (RCAC) ☐ Adult Family Home (AFH) ☐ Other

If Applicable, Facility Name: | County of Death | City, Village, Township of Death ☐ City ☐ Village ☐ Township

Street Address | Zip Code

DECEDENT DEMOGRAPHICS

Decedent's Birth Last Name | Date of Birth (MM/DD/YYYY) | Age at Death ☐ Years ☐ Months ☐ Days ☐ Hours ☐ Mins | Country/State of Birth

Father's Birth Name - First | Middle | Last | Suffix

Mother's Birth Name - First | Middle | Last | Suffix

Decedent's Residence Country/State | County of Residence | City, Village, Township of Residence ☐ City ☐ Village ☐ Township

Decedent's Street Address | Zip Code

Decedent's Marital Status ☐ Unknown
☐ Married ☐ Divorced/Annulled
☐ Never Married ☐ Widowed

Surviving Spouse's Birth Name (First, Middle, Last, Suffix)

Wisconsin Domestic Partnership at Death? ☐ Yes ☐ No ☐ Unknown

Surviving Partner's Birth Name (First, Middle, Last, Suffix)

Informant's Relationship to Decedent | Informant's Name (First, Middle, Last, Suffix)

Informant's Mailing Address (Street Address, City, State, Zip Code)

DECEDENT STATISTICS

Decedent of Hispanic/Spanish/Latino Origin?
(Check all that apply)
☐ Not Hispanic/Spanish/Latina(o)
☐ Mexican/Mexican American/Chicana(o)
☐ Puerto Rican
☐ Unknown
☐ Cuban
☐ Other Hispanic/Spanish/Latina(o)
Specify:

Race (Check all that apply)
☐ White
☐ Black or African American
☐ American Indian or Alaskan Native
Specify:
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Laotian
☐ Hmong
☐ Other Asian
Specify:
☐ Native Hawaiian
☐ Guamanian or Charorro
☐ Samoan
☐ Other Pacific Islander
Specify:
☐ Other
Specify:
☐ Unknown

Decedent's Education (Check the box that best describes the highest degree or level of school completed by the decedent.)
☐ 8th grade or less
☐ 9th – 12th grade, no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g.,MD,DDS,DVM,LLB,JD)
☐ Unknown

Decedent's Usual Occupation (Do not use "Retired") | Kind of Business or Industry of Decedent | Was Decedent Ever in the Armed Forces? ☐ Yes ☐ No ☐ Unknown

Was Decedent a Tribal Member? ☐ Yes ☐ No ☐ Unknown | Name of Tribe(s)

DISPOSITION

Method of Disposition ☐ Other, Specify:
☐ Burial ☐ Entombment
☐ Cremation ☐ Donation ☐ Unknown

Place of Disposition | Country/State of Disposition | City, Village, Township of Disposition

Funeral Home Name | FH License Number | Funeral Home Phone Number

Funeral Home Mailing Address | Funeral Director's Full Name | FD License Number

Decedent's Current Legal Name
First | Middle | Last

Date Pronounced Dead

Social Security Number

CERTIFIER

Certifier Type
☐ Physician ☐ Coroner/Medical Examiner

Certifier's Name (First Last, Title)

License Number

Certifier's Mailing Address (Street, City, State, Zip Code)

Certifier's Phone Number

Certifier's Fax Number

Date of Death ☐ Actual ☐ Estimated

Time of Death (0000-2359) ☐ Actual ☐ Estimated

CAUSE OF DEATH

Cause of Death Information should only be completed by the Medical Certifier.

Autopsy Performed?
☐ Yes ☐ No

Did Tobacco Use Contribute to Death? (Statistical Use Only-will not appear on certificate)
☐ Yes ☐ Probably
☐ No ☐ Unknown

Did Alcohol Use Contribute to Death? (Statistical Use Only-will not appear on certificate)
☐ Yes ☐ Probably
☐ No ☐ Unknown

Pregnancy Status (statistical use only - will not appear on certificate)
☐ Not pregnant within the past year
☐ Not pregnant, but pregnant within 42 days of death
☐ Not pregnant, but pregnant 43 days to 1 year prior to death
☐ Pregnant at the time of death
☐ Unknown if pregnant within last year

Manner of Death
☐ Natural ☐ Homicide
☐ Accident ☐ Undetermined
☐ Suicide ☐ Pending

Part I - Cause of Death Enter the chain of events-disease, injuries or complications-that directly caused the death. DO NOT enter terminal events such as cardiac arrest or respiratory arrest without showing the etiology.

Interval Between Onset and Death

Immediate Cause (Final Disease or condition resulting in death) ⟶ a.
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 that initiated the events resulting in death) LAST

b.
Due to (or as a consequence of)

c.
Due to (or as a consequence of)

d.

PART II - Other Significant Conditions Contributing to Death Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

INJURY INFORMATION

Injury Information should only be completed by a Coroner, Medical Examiner, or their Deputies.

Date of Inury ☐ Actual ☐ Estimated

Time of Injury (0000-2359) ☐ Actual ☐ Estimated

Injury at Work ☐ Yes ☐ No ☐ Unknown

Place of Injury

Country/State of Injury

County of Injury

City, Village, Township of Injury ☐ City ☐ Village ☐ Township

Address of Injury

Zip Code

Describe How Injury Occurred

It is important that information on this w orksheet be complete and accurate. I understand that the provided information (unless otherw ise noted) w ill appear on the certified copy of the death record. The information w ill be used by health and medical researchers to study and improve the health of Wisconsin's citizens. Any person w ho w illfully and know ingly supplies false information in the preparation of a death certificate is guilty of a Class I felony [a fine of not more than $10,000 or imprisonment of not more than 3 years and six months or both per Wisconsin Statute section 69.24(1)].

Certifier's Signature – I attest that the information I have provided is accurate to the best of my knowledge.

Date Signed

Funeral Director's Signature – I attest that the information I have provided is accurate to the best of my knowledge.

Date Signed