Print Form | Clear Form

TYPE OR PRINT IN PERMANENT BLACK INK.

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

I.D. TAG NO. | 136- | STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name (Include AKAs, if any) First	Middle	Last	Suffix	**2.** Death Date (MON DD YYYY)	
3. Sex (M/F)	**4a.** Age – Last Birthday	**4b.** Under 1 Year Months / Days	**4c.** Under 1 Day Hours / Minutes	**5.** Social Security Number	**6.** County of Death
7. Birthdate (MON DD YYYY)	**8a.** Birthplace (City/Town, or County)	**8b.** (State or Foreign Country)		**9.** Decedent's Education	
10. Was Decedent of Hispanic Origin? (Yes or No. If yes, specify.)	**11.** Decedent's Race(s)			**12.** Was Decedent Ever in U.S. Armed Forces? ☐ Yes ☐ No	
13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. 8)				**14.** City/Town	
15. Residence County	**16.** State or Foreign Country	**17.** Zip Code + 4		**18.** Inside City Limits? ☐ Yes ☐ No ☐ Unknown	
19. Marital Status at Time of Death	**20.** Spouse's Name (If married or widowed, give name prior to first marriage.)				
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.")				**22.** Kind of Business/Industry (DO NOT USE COMPANY NAME.)	
23. Father's Name (First, Middle, Last, Suffix)				**24.** Mother's Name Prior to First Marriage (First, Middle, Last)	
25. Informant's Name	**26.** Telephone Number	**27.** Relation to Decedent	**28.** Mailing Address (Number & Street, City/Town, State, Zip + 4)		
29. Place of Death	**30.** Facility Name				
31. Location of Death (Give address.)	**32.** City/Town or Location of Death	**33.** State	**34.** Zip Code + 4		
35. Method of Disposition	**36.** Place of Disposition (Name of cemetery, crematory, or other place)	**37.** Location			
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4)					
39. Date of Disposition (MON DD YYYY)	**40. Funeral Director's Signature** ▶	**41.** OR License Number			
42. Registrar's Signature ▶	**43. Date Received** (MON DD YYYY)	**44.** Local File Number			
45. Record Amendment					

TO BE COMPLETED BY MEDICAL CERTIFIER

46. Was case referred to Medical Examiner? ☐ Yes ☐ No	**47.** Autopsy? ☐ Yes ☐ No	**48.** Were autopsy findings available to complete the cause of death? ☐ Yes ☐ No	**49.** Time of Death	
CAUSE OF DEATH (See instructions and examples.)				
50. 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.			Approximate Interval: Onset to Death	
Final disease or condition resulting in death→	**IMMEDIATE CAUSE** ↓ a.			
Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).	Due to (or as a consequence of) ↓ b.			
	Due to (or as a consequence of) ↓ c.			
	Due to (or as a consequence of) ↓ d.			
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:				
52. Manner of Death ☐ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending	**53.** If Female ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Unknown if pregnant within the past year ☐ Not pregnant, but pregnant within 42 days before death		**54.** Did tobacco use contribute to death? ☐ Yes ☐ Probably ☐ No ☐ Unknown	
55. Date of Injury (MON DD YYYY)	**56.** Time of Injury	**57.** Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	**58.** Injury at Work? ☐ Yes ☐ No ☐ Unknown	
59. Location of Injury (Number & Street, City/Town, State, Zip + 4)				
60. Describe how injury occurred.			**61.** If transportation injury, specify. ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____	
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4)				
63. Name and Title of Attending Physician if Other than Certifier				
64. Title of Certifier	**65.** License Number	**66.** Date Certified (MON DD YYYY)		
67. Medical Certifier – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. ▶	**68.** Medical Examiner – 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 stated. ▶			
69. Record Amendment				

ORIGINAL - VITAL RECORDS COPY

45-2 (01/06)

INSTRUCTIONS FOR COMPLETING THE CAUSE OF DEATH

The following summary is provided to better enable the medical certifier to report the underlying cause of death. For more complete instructions, see the Physicians' Handbook on Medical Certification of Death, which is available from the Center for Health Statistics. It and other resources are available on the CHS website at:
http://egov.oregon.gov/DHS/ph/chs/registration/deathcert.shtml

The cause of death means the disease, abnormality, injury, or poisoning that caused the death, not the mode of dying such as cardiac or respiratory arrest.

The immediate cause of death is reported in Item 50(a). Antecedent conditions, if any, which gave rise to the cause are reported on lines (b) and (c). The underlying cause should be reported on the last line of Item 50. No entry is necessary on lines (b) and (c) if the immediate cause of death on line (a) completely describes the sequence of events. These steps are to be followed even if a long period of time has elapsed between the precipitating event (c) and the immediate cause (a). ONLY ONE CAUSE SHOULD BE ENTERED ON EACH LINE. Provide the best estimate of the interval between the onset of each condition and death. Do not leave the interval blank; if unknown, so specify.

In Item 51, enter other important diseases or conditions that may have contributed to death, but did not result in the underlying cause of death given in Item 50.

When causes are listed in such a way that the underlying cause of death is unclear, nosologists must make assumptions about the certifier's intent. Conflicting causal order, duration, or multiple causes on one line may lead to mistaken assumptions. For example, consider the following:

Wrong

50.	(a) Cardiac Arrest	Hours
	(b) Lung Cancer	6 years
	(c) Arteriosclerotic Heart Disease	5 years

Wrong

50.	(a) Angina	
	(b) Emphysema	
	(c)	

Wrong

50.	(a) Congestive Heart Failure due to ASCVD	
	(b) Hypertension, essentia	
	(c) Parkinsonism and Senility with OBS	
51.	Seizures and old age	

Right

50.	(a) Myocardial Infaction	1 hour
	(b) Congestive Heart Failure	3 weeks
	(c) Arteriosclerotic Heart Disease	20 years
51.	Diabetes	

When a death certificate lacks sufficient information to allow complete and accurate coding of the cause of death, it is returned to the physician. The following problems are most frequently encountered:

1. The most common reason for returning a certificate is that a terminal condition, which does not clearly indicate the type of underlying disease involved, is the only cause listed. Some common conditions which prompt a query for the underlying cause include: cardiorespiratory arrest or failure, atrial or ventricular fibrillation, cardiac arrhythmia, organic heart disease, cor pulmonale, pulmonary embolism, sepsis, renal failure, malnutrition, inanition, senility, and hemorrhage of any site except cerebral.

2. If cancer is the cause of death, the primary site should be indicated and tumors specified as to whether malignant, benign, *in situ* or of uncertain behavior. It may be necessary to enter "primary site unknown" in some cases, but an educated guess is better than no information at all. If the cancer is metastatic, indicate the original site.

3. Reporting cirrhosis of the liver without any indication of whether or not it was alcohol-related requires returning a certificate. The term Laennec's hepatic cirrhosis may be used if alcoholism was involved.

4. Certificates are also returned when surgery was reported, but the condition that necessitated surgery was not stated.

5. When information relating to injuries or poisoning is incomplete (Items 55 - 60), we must also write back to the physician. This is especially common in the case of *falls and fractures*. When a *fall or fracture* leads to death, we need to know how the fall or fracture happened (e.g., slipped or tripped on same level, fell on stairs, fell from bed or ladder). The time, place, and circumstances must be completed since these events started the chain of events leading to death. If a fracture is pathological, list the cause of the pathology; Items 55 - 60 do not need to be completed. If an *aspiration* is due to a disease, list the disease. If not, complete Items 55 - 60.

6. *A drug overdose* is not considered a natural cause. Items 55 - 60 must be completed. (If death resulted from an adverse reaction to the therapeutic use of a drug, list the condition for which the drug was administered.)

Accurate information is needed from death certificates to provide health professionals with a sound foundation upon which to base health planning and policy. By using reliable statistics about the population, we can make better decisions about health policies that affect Oregonians.

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OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

I.D. TAG NO. 136- STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name (Include AKAs, if any) First Middle Last Suffix | **2.** Death Date (MON DD YYYY)

3. Sex (M/F) | **4a.** Age – Last Birthday | **4b.** Under 1 Year Months Days | **4c.** Under 1 Day Hours Minutes | **5.** Social Security Number | **6.** County of Death

7. Birthdate (MON DD YYYY) | **8a.** Birthplace (City/Town, or County) | **8b.** (State or Foreign Country) | **9.** Decedent's Education

10. Was Decedent of Hispanic Origin? (Yes or No. If yes, specify.) | **11.** Decedent's Race(s) | **12.** Was Decedent Ever in U.S. Armed Forces? ☐ Yes ☐ No

13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. 8) | **14.** City/Town

15. Residence County | **16.** State or Foreign Country | **17.** Zip Code + 4 | **18.** Inside City Limits? ☐ Yes ☐ No ☐ Unknown

19. Marital Status at Time of Death | **20.** Spouse's Name (If married or widowed, give name prior to first marriage.)

21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") | **22.** Kind of Business/Industry (DO NOT USE COMPANY NAME.)

23. Father's Name (First, Middle, Last, Suffix) | **24.** Mother's Name Prior to First Marriage (First, Middle, Last)

25. Informant's Name | **26.** Telephone Number | **27.** Relation to Decedent | **28.** Mailing Address (Number & Street, City/Town, State, Zip + 4)

29. Place of Death | **30.** Facility Name

31. Location of Death (Give address.) | **32.** City/Town or Location of Death | **33.** State | **34.** Zip Code + 4

35. Method of Disposition | **36.** Place of Disposition (Name of cemetery, crematory, or other place) | **37.** Location

38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4)

39. Date of Disposition (MON DD YYYY) | **40. Funeral Director's Signature** ▶ | **41.** OR License Number

42. Registrar's Signature ▶ | **43. Date Received** (MON DD YYYY) | **44.** Local File Number

45. Record Amendment

TO BE COMPLETED BY MEDICAL CERTIFIER

46. Was case referred to Medical Examiner? ☐ Yes ☐ No | **47.** Autopsy? ☐ Yes ☐ No | **48.** Were autopsy findings available to complete the cause of death? ☐ Yes ☐ No | **49.** Time of Death

CAUSE OF DEATH (See instructions and examples.)

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	Due to (or as a consequence of) ↓ b.	
	Due to (or as a consequence of) ↓ c.	
	Due to (or as a consequence of) ↓ d.	

51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:

52. Manner of Death ☐ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending | **53.** If Female ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Unknown if pregnant within the past year ☐ Not pregnant, but pregnant within 42 days before death | **54.** Did tobacco use contribute to death? ☐ Yes ☐ Probably ☐ No ☐ Unknown

55. Date of Injury (MON DD YYYY) | **56.** Time of Injury | **57.** Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) | **58.** Injury at Work? ☐ Yes ☐ No ☐ Unknown

59. Location of Injury (Number & Street, City/Town, State, Zip + 4)

60. Describe how injury occurred. | **61.** If transportation injury, specify. ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____

62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4)

63. Name and Title of Attending Physician if Other than Certifier

64. Title of Certifier | **65.** License Number | **66.** Date Certified (MON DD YYYY)

67. Medical Certifier – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. ▶

68. Medical Examiner – 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 stated. ▶

69. Record Amendment

CHECK APPROPRIATE BOX BELOW — Complete Both Copies

☐ **AUTHORIZATION FOR FINAL DISPOSITION**
This form, when signed above by the funeral service licensee (Item 40) and by the medical certifier (67 or 68), shall serve as a disposal-transit permit for the remains of the decedent named hereon.

☐ **ALTERNATIVE AUTHORIZATION FOR FINAL DISPOSITION**
This form, when completed and signed below by the funeral service licensee, shall serve as a disposal-transit permit for the remains of the decedent named hereon.

I have contacted Dr. _____ on (date) _____ at (time) _____ and the doctor has agreed to sign a certification of the cause of death as soon as possible.

FUNERAL SERVICE LICENSEE SIGNATURE _____ License # _____

INSTRUCTIONS: The person in charge of the place of final disposition shall date and sign both copies of the disposition form. Forward the first copy to the registrar of the county where death occurred within 10 days after the date of final disposition. The second copy will be retained by the cemetery or crematory.

DATE OF DISPOSITION _____ SEXTON'S SIGNATURE _____

SEND THIS FORM TO THE REGISTRAR OF THE COUNTY OF DEATH.
ADDRESSES ARE ON THE REVERSE SIDE.

Baker Co. Health Dept.
Vital Records Section
3330 Pocahontas Road
Baker City, OR 97814
(541) 523-8211

Benton Co. Health Dept.
Vital Records Section
530 NW 27th Street
P.O. Box 579
Corvallis, OR 97339-0579
(541) 766-6835
(541) 766-6186 (Fax)

Clackamas Co. Health Services
Vital Records Section
2051 Kaen Road
Oregon City, OR 97045
(503) 655-8406

Clatsop Co. Health and
Human Services
Vital Records Section
820 Exchange Street, Suite 100
Astoria, OR 97103
(503) 325-8500

Columbia Co. Vital Records
County Clerk's Office
Court House
230 Strand Street
St Helens, OR 97051
(503) 397-3796

Coos Co. Health Dept.
Vital Records Section
1975 McPherson
North Bend, OR 97459
(541) 756-2020, ext. 646

Crook Co. Health Dept.
Vital Records Section
203 NE Court Street
Prineville, OR 97754
(541) 447-5165

Curry Co. Health Dept.
Vital Records Section
94235 Moore Street
P.O. Box 746
Gold Beach, OR 97444
(541) 247-3300

Deschutes Co. Health Dept.
Vital Records Section
2577 NE Courtney Drive
Bend, OR 97701
(541) 322-7400

Douglas Co. Health Dept.
Vital Records Section
621 W. Madrone, Room 109
Roseburg, OR 97470-3010
(541) 440-3513

Gilliam Co. Vital Records
County Clerk's Office
P.O. Box 427
Condon, OR 97823
(541) 384-2311

Grant Co. Health Dept.
Vital Records Section
528 E. Main St., Suite E
John Day, OR 97845-1240
(541) 575-0429

Harney Co. Health Dept.
Vital Records Section
420 N. Fairview
Burns, OR 97720
(541) 573-2271

Hood River Co. Health Dept.
Vital Records Section
1109 June Street
Hood River, OR 97031
(541) 386-1115

Jackson Co. Health and
Human Services
1005 E. Main Street, Bldg. A
Medford, OR 97504
(541) 774-8210
(541) 774-8157 (Fax)

Jefferson Co. Health Dept.
Vital Records Section
715 SW 4th Street, Suite C
Madras, OR 97741
(541) 475-4456

Josephine Co. Health Dept.
Vital Records Section
715 NW Dimmick
Grants Pass, OR 97526
(541) 474-5328

Klamath Co. Health Dept.
Vital Records Section
403 Pine Street
Klamath Falls, OR 97601
(541) 882-8846

Lake Co. Health Dept.
Vital Records Section
100 North "D" Street, Suite 100
Lakeview, OR 97630
(541) 947-6045

Lane Co. Health and
Human Services
Vital Records Section
125 E. 8th Avenue
Eugene, OR 97401
(541) 682-4306
(541) 682-9825 (Fax)

Lincoln Co. Health and
Human Services
36 SW Nye Street
Newport, OR 97365-3821
(541) 265-4127

Linn Co. Health Dept.
Vital Records Section
P.O. Box 100
Albany, OR 97321
(541) 967-3888
(541) 924-6904 (Fax)

Malheur Co. Health Dept.
Vital Records Section
1108 SW 4th Street
Ontario, OR 97914
(541) 889-7279
(541) 889-8468 (Fax)

Marion Co. Health Dept.
Vital Statistics
2111 Front St., NE, Suite 3-110
Salem, OR 97303-0621
(503) 588-5406

Morrow County Clerk's Office
P.O. Box 338
Heppner, OR 97836
(541) 676-5601

Multnomah Co. Health Dept.
Vital Records Section
3653 SE 34th Avenue
Portland, OR 97202
(503) 988-3745
(503) 988-4041 (Fax)

Polk Co. Health Dept.
Vital Records Section
182 SW Academy St., Suite 302
Dallas, OR 97338
(503) 623-8175

Sherman County
See: Wasco-Sherman Co.

Tillamook Co. Health Dept.
Vital Records Section
P.O. Box 489
Tillamook, OR 97141
(503) 842-3900

Umatilla Co. Health Dept.
Vital Statistics Section
200 SE 3rd Street
Pendleton, OR 97801
(541) 278-5432

Union County Center for
Human Development
Public Health Services
1100 "K" Avenue
LaGrande, OR 97850
(541) 962-8823

Wallowa Co. Health Dept.
Vital Records Section
758 NW 1st Street
Enterprise, OR 97828
(541) 426-4848

Wasco-Sherman Co.
Health Dept.
Vital Records Section
419 E. 7th Street, Suite 100
The Dalles, OR 97058
(541) 296-2628

Washington Co. Health Dept.
Vital Records Section
155 N. 1st Avenue, Room 200
Hillsboro, OR 97124
(503) 846-8280
(503) 846-4490 (Fax)

Wheeler Co. Health Dept.
Vital Records Section
P.O. Box 327
Fossil, OR 97830
(541) 763-2400

Yamhill Co. Health Dept.
Vital Records Section
412 NE Ford Street
McMinnville, OR 97128
(503) 434-7477
(503) 472-9731 (Fax)

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OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

I.D. TAG NO. 136- STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name (Include AKAs, if any) First Middle Last Suffix | **2.** Death Date (MON DD YYYY)

3. Sex (M/F) | **4a.** Age – Last Birthday | **4b.** Under 1 Year Months Days | **4c.** Under 1 Day Hours Minutes | **5.** Social Security Number | **6.** County of Death

7. Birthdate (MON DD YYYY) | **8a.** Birthplace (City/Town, or County) | **8b.** (State or Foreign Country) | **9.** Decedent's Education

10. Was Decedent of Hispanic Origin? (Yes or No. If yes, specify.) | **11.** Decedent's Race(s) | **12.** Was Decedent Ever in U.S. Armed Forces? ☐ Yes ☐ No

13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. 8) | **14.** City/Town

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35. Method of Disposition | **36.** Place of Disposition (Name of cemetery, crematory, or other place) | **37.** Location

38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4)

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64. Title of Certifier | **65.** License Number | **66.** Date Certified (MON DD YYYY)

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FUNERAL SERVICE LICENSEE SIGNATURE _____ License # _____

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DATE OF DISPOSITION _____ SEXTON'S SIGNATURE _____

THIS COPY IS TO BE RETAINED BY THE PERSON IN CHARGE OF THE PLACE OF FINAL DISPOSITION.
CEMETERY'S OR CREMATORY'S COPY

INSTRUCTIONS FOR COMPLETING THE CAUSE OF DEATH

The following summary is provided to better enable the medical certifier to report the underlying cause of death. For more complete instructions, see the Physicians' Handbook on Medical Certification of Death, which is available from the Center for Health Statistics. It and other resources are available on the CHS website at:
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Wrong

50.	(a) Cardiac Arrest	Hours
	(b) Lung Cancer	6 years
	(c) Arteriosclerotic Heart Disease	5 years

Wrong

50.	(a) Angina	
	(b) Emphysema	
	(c)	

Wrong

50.	(a) Congestive Heart Failure due to ASCVD	
	(b) Hypertension, essentia	
	(c) Parkinsonism and Senility with OBS	
51.	Seizures and old age	

Right

50.	(a) Myocardial Infaction	1 hour
	(b) Congestive Heart Failure	3 weeks
	(c) Arteriosclerotic Heart Disease	20 years
51.	Diabetes	

When a death certificate lacks sufficient information to allow complete and accurate coding of the cause of death, it is returned to the physician. The following problems are most frequently encountered:

1. The most common reason for returning a certificate is that a terminal condition, which does not clearly indicate the type of underlying disease involved, is the only cause listed. Some common conditions which prompt a query for the underlying cause include: cardiorespiratory arrest or failure, atrial or ventricular fibrillation, cardiac arrhythmia, organic heart disease, cor pulmonale, pulmonary embolism, sepsis, renal failure, malnutrition, inanition, senility, and hemorrhage of any site except cerebral.

2. If cancer is the cause of death, the primary site should be indicated and tumors specified as to whether malignant, benign, *in situ* or of uncertain behavior. It may be necessary to enter "primary site unknown" in some cases, but an educated guess is better than no information at all. If the cancer is metastatic, indicate the original site.

3. Reporting cirrhosis of the liver without any indication of whether or not it was alcohol-related requires returning a certificate. The term Laennec's hepatic cirrhosis may be used if alcoholism was involved.

4. Certificates are also returned when surgery was reported, but the condition that necessitated surgery was not stated.

5. When information relating to injuries or poisoning is incomplete (Items 55 - 60), we must also write back to the physician. This is especially common in the case of *falls and fractures*. When a *fall or fracture* leads to death, we need to know how the fall or fracture happened (e.g., slipped or tripped on same level, fell on stairs, fell from bed or ladder). The time, place, and circumstances must be completed since these events started the chain of events leading to death. If a fracture is pathological, list the cause of the pathology; Items 55 - 60 do not need to be completed. If an *aspiration* is due to a disease, list the disease. If not, complete Items 55 - 60.

6. *A drug overdose* is not considered a natural cause. Items 55 - 60 must be completed. (If death resulted from an adverse reaction to the therapeutic use of a drug, list the condition for which the drug was administered.)

Accurate information is needed from death certificates to provide health professionals with a sound foundation upon which to base health planning and policy. By using reliable statistics about the population, we can make better decisions about health policies that affect Oregonians.