

THIS CERTIFICATE NOT VALID UNLESS FILED IN THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DOHMH  
USE ONLY

BOR

INST

MANNER

RESIDENCE

CODE

BP

LDIS

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ANC

ICD

AUT

1. DECEDENT'S  
LEGAL NAME

(First, Middle, Last)

MEDICAL CERTIFICATE OF DEATH  
(To be filled in by the Physician)

Place Of Death

2a. New York City

2b. Borough

2c. Type of Place

4 ☐ Nursing Home/Long Term Care Facility

5 ☐ Hospice Facility

2d. Any Hospice care in last 30 days

1 ☐ Yes

2 ☐ No

3 ☐ Unknown

2e. Name of hospital or other facility (if not facility, street address)

Date and Time of Death

3a. (Month) (Day) (Year-yyyy)

3b. Time

☐ AM

☐ PM

4. Sex

5. Date last attended by a Physician

mm

dd

yyyy

6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. **See instructions on reverse of certificate.**

Name of Physician

(Type or Print)

Signature

D.O.

M.D.

Address

License No.

Date

PERSONAL PARTICULARS  
(To be filled in by Funeral Director or, in case of City Burial, by Physician)

7a. Usual Residence State

7b. County

7c. City or Town

7d. Street and Number

Apt. No.

ZIP Code

7e. Inside City Limits?

1 ☐ Yes 2 ☐ No

8. Date of Birth

(Month) (Day) (Year-yyyy)

9. Age at last birthday (years)

1

Under 1 Year

Months

2

Days

3

Under 1 Day

Hours

4

Minutes

5

10. Social Security No.

11a. Usual Occupation (Type of work done during most of working life. Do not use "retired")

11b. Kind of business or industry

12. Aliases or AKAs

13. Birthplace (City & State or Foreign Country)

14. Education (Check the box that best describes the highest degree or level of school completed at the time of death)

1 ☐ 8th grade or less; none

4 ☐ Some college credit, but no degree

7 ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)

2 ☐ 9th – 12th grade; no diploma

5 ☐ Associate degree (e.g., AA, AS)

8 ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

3 ☐ High school graduate or GED

6 ☐ Bachelor's degree (e.g., BA, AB, BS)

15. Ever in U.S. Armed Forces?

1 ☐ Yes 2 ☐ No

16. Marital/Partnership Status at time of death

1 ☐ Married 2 ☐ Domestic Partnership 3 ☐ Divorced

4 ☐ Married, but separated 5 ☐ Never Married 6 ☐ Widowed

7 ☐ Other, Specify 8 ☐ Unknown

17. Surviving Spouse's/Partner's Name (If wife, name prior to first marriage)(First, Middle, Last)

18. Father's Name (First, Middle, Last)

19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last)

20a. Informant's Name

20b. Relationship to Decedent

20c. Address (Street and Number Apt. No. City & State ZIP Code)

21a. Method of Disposition

1 ☐ Burial 2 ☐ Cremation 3 ☐ Entombment 4 ☐ City Cemetery

5 ☐ Other Specify

21b. Place of Disposition (Name of cemetery, crematory, other place)

21c. Location of Disposition (City & State or Foreign Country)

21d. Date of Disposition

mm

dd

yyyy

22a. Funeral Establishment

22b. Address (Street and Number City & State ZIP Code)

VR 15 (Rev. 12/09)

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CAUSE OF DEATH—Enter the chain of events—diseases, complications or abnormalities—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology.

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 that initiated the events resulting in death) LAST.

OPERATION—Enter in Part II information on operation or procedure related to disease or conditions listed in Part I.

SUBSTANCE USE Include the use of tobacco, alcohol or other substance if this caused or contributed to death. SPECIFY IN PART I or PART II.

THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CONFIDENTIAL MEDICAL REPORT

Certificate No.

To be filled in by FUNERAL DIRECTOR or, in case of City Burial, by Physician

23. Ancestry (Check one box and specify)

☐ Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc.)

Specify

☐ NOT Hispanic (Italian, African American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc.)

Specify

24. Race as defined by the U.S. Census (Check one or more to indicate what the decedent considered himself or herself to be)

01 ☐ White 02 ☐ Black or African American

03 ☐ American Indian or Alaska Native (Name of enrolled or principal tribe)

04 ☐ Asian Indian 05 ☐ Chinese

06 ☐ Filipino 07 ☐ Japanese

08 ☐ Korean 09 ☐ Vietnamese

10 ☐ Other Asian—Specify

11 ☐ Native Hawaiian 12 ☐ Guamanian or Chamorro

13 ☐ Samoan

14 ☐ Other Pacific Islander—Specify

15 ☐ Other—Specify

25. CAUSE OF DEATH – List only one cause on each line. DO NOT ABBREVIATE.

PART I

a. IMMEDIATE CAUSE

b. DUE TO OR AS A CONSEQUENCE OF

c. DUE TO OR AS A CONSEQUENCE OF

d. DUE TO OR AS A CONSEQUENCE OF

APPROXIMATE INTERVAL: ONSET TO DEATH

PART II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given in Part I. Include operation information.

26a. Was an autopsy performed?

1 ☐ Yes 2 ☐ No

26b. Were autopsy findings available to complete the cause of death?

1 ☐ Yes 2 ☐ No

27a. If Female

1 ☐ Not pregnant within 1 year of death

2 ☐ Pregnant at time of death

3 ☐ Not pregnant at death, but pregnant within 42 days of death

4 ☐ Not pregnant at death, but pregnant 43 days to 1 year before death

5 ☐ Unknown if pregnant within 1 year of death

27b. If pregnant within one year of death, outcome of pregnancy

1 ☐ Live Birth

2 ☐ Spontaneous Termination/ Ectopic Pregnancy

3 ☐ Induced Termination 4 ☐ None

27c. Date of Outcome

mm

dd

yyyy

28. Was this case referred to OCME?

1 ☐ Yes 2 ☐ No

29. Did tobacco use contribute to death?

1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

30. For infant under one year: Name and address of hospital or other place of birth

I am submitting herewith a confidential report of the cause of death.

SIGNATURE

D.O.

M.D.

ADDRESS

LICENSE NO.

Caution to Physicians: Read This Entire Section Before Signing

Section 557(f) of the New York City Charter and Section 17-201 of the New York City Administrative Code provide that the death of any person from criminal violence, by a casualty, by suicide, suddenly when in apparent health when unattended by a physician, in a correctional facility or in any suspicious or unusual manner shall be reported forthwith to the Office of Chief Medical Examiner (OCME). Only the Medical Examiner may issue a death certificate in such cases. In this context “unattended by a physician” shall mean not treated by a physician within thirty-one days immediately preceding death. Further, if an injury of any sort, physical or chemical, causes or contributes to death, no manner how minor the contribution, the fatality must be reported to the OCME.

Sections 205.03(a)(2) and 205.05(a) of the New York City Health Code provide that if a death from natural causes occurs elsewhere than in a hospital, the death must be reported by the licensed physician in attendance or by his duly authorized medical associate, provided such associate reviews the medical records of the decedent and certifies that he has found no evidence of suspicious or unusual circumstances. When a death occurs in a hospital, the following shall sign the death certificate: physician in attendance or assisting, chief medical officer of hospital, or the doctor in charge of service where death occurred.

If any of these terms are included in the events leading to death, contact the OCME at (212) 447-2030 before completing the certificate				
ACCIDENT	CHOKES	FIRE	INGESTION	POISONING
ADVERSE REACTION	CONTUSION	FRACTURE	INJURY	STING
ASPHYXIA	CRUSHED	GUNSHOT	INTOXICATION	SUFFOCATION
ASPIRATION	CUT	HEAT STROKE	INTRAVENOUS DRUG	SUICIDE
AT WORK	DROWNING	HEMATOMA	USE	THERAPEUTIC
ASSAULT	ELECTROCUTION	HEMORRHAGE	LACERATION	COMPLICATION
BITE	EXPLOSION	HOMICIDE	MISADVENTURE	TOXICITY
BLUNT IMPACT	EXPOSURE	HYPERTHERMIA	NEGLECT	TRAUMA
BURNS	FALL	HYPOTHERMIA	OVERDOSE	WOUND

Notice to Physicians and Funeral Directors

- The death certificate is the permanent legal record of the fact of death of an individual and can be used in court as evidence in matters arising out of that death. Accurate medical information is important. Death certificate data are used by the public health community for research that evaluates and improves the health of all citizens. It is crucial that the information supplied by the physician, health care professional, funeral director, and institution be complete and accurate.
- Paper certificates must be completed in black fine point ink. Alterations, folds or omissions are unacceptable.
- AKA (Also Known As) is any other name used by decedent, if it is substantially different from the decedent’s legal name. AKA does not include nicknames, spelling variations of the first or middle names, presence or absence of the middle initial or presence or absence of punctuation marks or spaces. For example, Mark Twain is the AKA of Samuel Clemens, but John Doe is **not** the AKA of Jonathan Doe.
- This certificate must be accompanied by the Confidential Medical Report. No permit for the disposal of the body can be granted until the Confidential Medical Report is filed. Divulging the information contained in the Confidential Medical Report, or delivery of that Report to anyone other than a licensed funeral director, or an official of the Office of Vital Records of the Department of Health and Mental Hygiene designated to receive such reports, may result in prosecution under the provisions of the Health Code.

Funeral Director’s Certification

I certify that the undersigned has been employed to dispose of the remains by \_\_\_\_\_ who is the  
\_\_\_\_\_  
*(Relationship)* of the decedent and is the person in control of disposition or legal representative. This statement is made to obtain a disposition permit.

Name of establishment \_\_\_\_\_ Address \_\_\_\_\_  
*(Street No., City, State, and ZIP Code)*

Registered Funeral Director's Name \_\_\_\_\_ Signature \_\_\_\_\_

NY State Business Registration No. \_\_\_\_\_ Funeral Director’s NY State Registration No. \_\_\_\_\_

☐ I CERTIFY THAT I HAVE IN MY POSSESSION AN AFFIDAVIT OF AUTHORIZATION FOR CREMATION \_\_\_\_\_  
*(Initials of Funeral Director)*

FOR OFFICIAL USE ONLY

<input type="checkbox"/> <b>CERTIFICATE REJECTED</b>	<b>ME REFERRAL BY:</b>	<b>ISSUANCE HISTORY</b>
BY: _____	<input type="checkbox"/> DOHMH <input type="checkbox"/> FUNERAL DIRECTOR	DATE                  No. COPIES                  INITIALS
TITLE: _____	M.E. CASE # _____	_____
DATE: _____	M.E. NAME _____	_____
REASON(S): _____	CREMATION APPROVAL M.E. # _____	_____
_____	_____	_____

PHYSICIAN INSTRUCTIONS FOR COMPLETING THE CAUSE-OF-DEATH SECTION

- Complete and accurate medical information is important. Death certificate data are used by the public health community in evaluating and improving the health of all citizens.
- The cause of death section on New York City’s death certificate is *confidential* to encourage full and accurate reporting. **Cause of death is not available to family members.**
- The CAUSE-OF-DEATH section consists of two parts.  
**PART I** is for reporting a chain of events leading directly to death, working back from the *immediate* cause of death (the final disease or complication directly causing death) to the *underlying* cause of death (the disease that initiated the chain of morbid events that led directly to death). The underlying cause of death must be etiologically specific.  
**PART II** is for reporting all other significant diseases or conditions that contributed to death but did not result in the underlying cause of death as given in PART I.
- THE CAUSE-OF-DEATH INFORMATION SHOULD BE YOUR BEST MEDICAL OPINION.
- In completing the CAUSE-OF-DEATH Section:  
Report each DISEASE, ABNORMALITY, or CONDITION that you believe adversely affected the decedent. A condition can be listed as “probable” even if it has not been definitively diagnosed.

EXAMPLES OF PROPERLY COMPLETED CAUSES OF DEATH

- a. Congestive heart failure

2 Days
- b. Lung metastases

6 Months
- c. Breast cancer

3 Years
- PART II: Atherosclerotic heart disease, enterocolitis

Operation information, including Procedure Exploratory laparotomy

and Major Findings Gangrenous bowel.
- a. Bacterial pneumonia

1 Month
- b. Meningitis

3 Months
- c. Acquired Immunodeficiency Syndrome

2 Years
- If pregnant within one year of death, outcome of Pregnancy Live Birth,

and date 01-15-2003
- a. Mesenteric thrombosis

1 Week
- PART II: Colectomy for cancer of sigmoid
- a. Cardiac arrest

Immediate
- b. Gastric hemorrhage

2 Days
- PART II: Gastric ulcer
- a. Bronchopneumonia

2 Weeks
- b. Congestive heart failure

1 Year
- c. Mitral stenosis

2 Years

EXAMPLES OF IMPROPERLY COMPLETED CAUSES OF DEATH

- a. Sepsis

b. Decubitus ulcers

c. Paraplegia

WRONG–Paraplegia is not etiologically specific; requires underlying cause
- a. Septicemia

WRONG–Insufficient information; requires underlying cause(s)
- a. Metastatic cancer to the liver

WRONG–Primary site not stated
- a. Congestive heart failure

b. Atherosclerotic heart disease

c. Cancer of breast

WRONG–Inconsistent sequence
- a. Prematurity

WRONG–Insufficient information; requires underlying cause(s)
- a. Cardiopulmonary arrest

b. Hypotension

WRONG–Hypotension is not etiologically specific; requires underlying cause.