

# Washington State Death Worksheet

Local File Number

|   |  |                               |   |                                      |   |  |                                      |                                   |              |     |
|---|--|-------------------------------|---|--------------------------------------|---|--|--------------------------------------|-----------------------------------|--------------|-----|
| 1. Legal Name (Include AKA's if any)      First      Middle      LAST      Suffix   |  |                               |   |                                      | 2. Death Date(MM/DD/YYYY)   |  |                                      |                                   |              |     |
|   |  |                               |   |                                      | 6. County of Death  |  |                                      |                                   |              |     |
| 3. Sex (M/F)  |  | 4a. Age-Last Birthday (Years) |   | 4b. Under 1 Year<br>Months      Days |   | 4c. Under 1 Day<br>Hours      Minutes  |                                      | 5. Social Security Number         |              |     |
| 12. Was Decedent ever in U.S. Armed Forces?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk  |  |                               | 7. Birthdate (MM/DD/YYYY)   |                                      |   | 8a. Birthplace (City, Town, or County)   |                                      | 8b. (State or Foreign Country)    |              |     |
| 9. Decedent's Education-(Check the box that best describes the highest degree or level of school completed at the time of death.)<br><br><input type="checkbox"/> 8 <sup>th</sup> grade or less (Specify): _____<br><input type="checkbox"/> 9 <sup>th</sup> - 12 <sup>th</sup> grade; no diploma<br><input type="checkbox"/> High school graduate or GED completed<br><input type="checkbox"/> Some college credit, but no degree<br><input type="checkbox"/> Associate degree(e.g., AA, AS)<br><input type="checkbox"/> Bachelor's degree(e.g., BA, AB, BS)<br><input type="checkbox"/> Master's degree(e.g., MA, MS, MEng, MEd, MSW, MBA)<br><input type="checkbox"/> Doctorate(e.g., PhD EdD) or Professional degree(e.g., MD, DDS, DVM, LLB, JD) |  |                               | 10. Was Decedent of Hispanic Origin?<br>(Check the box that best describes whether the decedent was Spanish/Hispanic/Latino or check the "No" box if decedent was not Spanish/Hispanic/Latino.)<br><br><input type="checkbox"/> No, not Spanish/Hispanic/Latino<br><input type="checkbox"/> Yes, Mexican, Mexican American, Chicano<br><input type="checkbox"/> Yes, Puerto Rican<br><input type="checkbox"/> Yes, Cuban<br><input type="checkbox"/> Yes, other Spanish/Hispanic/Latino<br>(Specify): _____ |                                      |   | 11. Decedent's Race (Check one or more races to indicate what the decedent considered himself or herself to be.)<br><input type="checkbox"/> White<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> American Indian or Alaska Native<br>(Name of the enrolled or principal tribe): _____<br><input type="checkbox"/> Asian Indian<br><input type="checkbox"/> Chinese<br><input type="checkbox"/> Filipino<br><input type="checkbox"/> Japanese<br><input type="checkbox"/> Korean<br><input type="checkbox"/> Vietnamese<br><input type="checkbox"/> Other Asian(Specify): _____<br><input type="checkbox"/> Native Hawaiian<br><input type="checkbox"/> Guamanian or Chamorro<br><input type="checkbox"/> Samoan<br><input type="checkbox"/> Other Pacific Islander<br>(Specify): _____<br><input type="checkbox"/> Other<br>(Specify): _____ |                                      |                                   |              |     |
| 13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.)   |  |                               |   |                                      |   | 13b. City or Town  |                                      |                                   |              |     |
| 13c. Residence: County  |  |                               | 13d. Tribal Reservation Name (if applicable)  |                                      | 13e. State or Foreign Country   |  |                                      | 13f. Zip Code + 4                 |              |     |
| 13g. Inside City Limits?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk   |  |                               | 14. Estimated length of time at residence.<br>(Specify units (e.g., 6 years, 6 month, etc.))  |                                      | 15. Marital Status at Time of Death<br><input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed<br><input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown |  |                                      |                                   |              |     |
| 16. Surviving Spouse's Name (Give name prior to first marriage)   |  |                               |   |                                      |   |  |                                      |                                   |              |     |
| 17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))   |  |                               |   |                                      | 18. Kind of Business/Industry (Do not use Company Name)   |  |                                      |                                   |              |     |
| <b>Parents' &amp; Informant's Information</b>   |  |                               |   |                                      |   |  |                                      |                                   |              |     |
| 19. Father's Name (First, Middle, Last, Suffix)   |  |                               |   |                                      | 20. Mother's Name Before First Marriage (First, Middle, Last)   |  |                                      |                                   |              |     |
| 21. Informant's Name  |  |                               |   |                                      | 22. Relationship to Decedent  |  |                                      |                                   |              |     |
| 23. Mailing Address:  |  | Number&Street or RFD No.      |   |                                      | City or Town  |  |                                      | State                             |              | Zip |
| <b>Place of Death</b>   |  |                               |   |                                      |   |  |                                      |                                   |              |     |
| 24. If Death Occurred in a Hospital:<br><input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival  |  |                               |   |                                      | If Death Occurred Somewhere Other than a Hospital:<br><input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility<br><input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other<br>(Specify): _____          |  |                                      |                                   |              |     |
| 25. Facility Name (If not a facility, give number & street)   |  |                               |   |                                      | 26. City, Town, or Location of Death  |  | 26b. State                           |                                   | 27. Zip Code |     |
| <b>Disposition</b>  |  |                               |   |                                      |   |  |                                      |                                   |              |     |
| 28. Method of Disposition<br><input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State<br><input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Body not Recovered<br><input type="checkbox"/> Other(Specify): _____  |  |                               |   |                                      | 29. Place of Disposition (Name of cemetery, crematory, other place)   |  |                                      | 30. Location-City/Town, and State |              |     |
| 31. Name and Complete Address of Funeral Facility   |  |                               |   |                                      |   |  | 32. Date of Disposition (MM/DD/YYYY) |                                   |              |     |
| 33. Funeral Director Signature X  |  |                               |   |                                      |   |  |                                      |                                   |              |     |

Part 1 completed by Funeral Director

**FUNERAL DIRECTOR INSTRUCTIONS** for selected items on Washington State Certificate of Death  
(For additional information concerning all items on certificate see the Handbook on Death and Fetal Death Registration or at <http://www.doh.wa.gov/ehsphl/chs/chs-data/death/hands.htm>).

**ITEM 1. DECEDENT'S LEGAL NAME**

Include any other names used by decedent, if substantially different from the legal name, after the abbreviation AKA (also known as) e.g., Samuel Langhorne Clemens AKA Mark Twain, but not Jonathon Doe AKA John Doe.

**ITEM 10. WAS DECEDENT OF HISPANIC ORIGIN?**

Check "No" or check the "Yes" box that best corresponds with the decedent's ethnic Spanish identity as given by the informant. Note that "Hispanic" is not a race and item 11 must also be completed. Do not leave this item blank. With respect to this item, "Hispanic" refers to people whose origins are from Spain, Mexico, or the Spanish-speaking Caribbean Islands or countries of Central or South America. Origin includes ancestry, nationality, and lineage. There is no set rule about how many generations are to be taken into account in determining Hispanic origin; it may be based on the country of origin of a parent, grandparent, or some far-removed ancestry. Although the prompts include the major Hispanic groups, other groups may be specified under "other." "Other" may also be used for decedents of multiple Hispanic origin (e.g., Mexican-Puerto Rican). This information is needed to identify health problems in a large minority population in Washington State. Identifying health problems will make it possible to target public health resources to this important segment of our population.

**ITEM 11. RACE**

Check the boxes indicating the race of the decedent as stated by the informant. Hispanic is not a race; information on Hispanic ethnicity is collected separately in Item 10. American Indian and Alaska Native refer only to those native to North America and does not include Asian Indian. Please specify the name of enrolled or principal tribe (e.g., Navajo, Cheyenne, etc.) for the American Indian or Alaska Native. For Asians check Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or specify other Asian group; for Pacific Islanders check Guamanian or Chamorro, Samoan or specify other Pacific Island group. If the decedent was of mixed race, enter each race (e.g., Samoan-Chinese-Filipino or White, American Indian). Race is essential for identifying specific mortality patterns and leading causes of death among different racial groups. It is also used to determine if specific health programs are needed in particular areas and to make population estimates.

**ITEM 13a-f. RESIDENCE OF DECEDENT**

Residence of decedent is the place where the decedent actually resided. The place of residence may not be the same as "legal residence". Never enter a temporary residence such as one used during a visit, business trip, or vacation. Place of residence during a tour of military duty or during attendance at college is considered permanent and should be entered as the place of residence. If the decedent had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, report the location of that facility in Item 13. If the decedent was an infant who never resided at home, the place of residence is that of the parent(s) or legal guardian. Never use an acute care hospital's location as the place of residence for any infant. If Canadian residence, please specify Province instead of State.

**ITEMS 17 AND 18. OCCUPATION AND INDUSTRY of the DECEDENT**

Questions concerning occupation and industry must be completed for all decedents 14 years of age or older. This information is useful in studying deaths related to jobs and in identifying any new risks. For example, the link between lung disease and lung cancer and asbestos exposure in jobs such as shipbuilding or construction was made possible by this sort of information on death certificates.

**ITEM 17. DECEDENT'S USUAL OCCUPATION**

Enter the usual occupation of the decedent. This is not necessarily the last occupation of the decedent. Never enter "retired." Give kind of work decedent did during most of his or her working life, such as claim adjuster, farmhand, coal miner, janitor, store manager, college professor, or civil engineer. If the decedent was a homemaker at the time of death but had worked outside the household during his or her working life, enter that occupation. If the decedent was a homemaker during most of his or her working life, and never worked outside the household, enter "homemaker." Enter "student" if the decedent was a student at the time of death and was never regularly employed or employed full time during his or her working life.

**ITEM 18. KIND OF BUSINESS/INDUSTRY**

Kind of business to which occupation in item 17 is related, such as insurance, farming, coal mining, hardware store, retail clothing, or university. If they worked for the government, give the area they worked such as law enforcement, social work, etc.. DO NOT enter firm or organization names. If decedent was a homemaker as indicated in item 17, then enter either "Own home" or "someone else's home" as appropriate. If decedent was a student as indicated in item 17, then enter type of school, such as high school or college, in item 18.

**ITEM 24. PLACE OF DEATH**

The place where death is pronounced should be considered the place where death occurred. If the place of death is unknown but the body is found in your county, the certificate of death should be completed and filed in your county. Enter the place where the body is found as the place of death. Use other for relative's home, river, street, etc.