

Standard Certificate

CERTIFICATE OF DEATH

STATE FILE NUMBER
1052015000099

| | | | | | | |
|--|--|--|---|--|---|--|
| DECEDENT'S LEGAL NAME TOM SMITH | | | | | | DATE OF DEATH MARCH 30, 2015 |
| SEX MALE | SOCIAL SECURITY NUMBER XXX-XX-XXXX | AGE-Last Birthday (Years) 70 | UNDER 1 YEAR Months Days | UNDER 1 DAY Hours Minutes | DATE OF BIRTH (Mo/Day/Yr) FEBRUARY 28, 1945 | BIRTHPLACE (State or Foreign Country) MAINE |
| IF DEATH OCCURRED IN HOSPITAL Dead on arrival | | IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL | | | | |
| Facility Name (If not institution, give street & number) MERCY REGIONAL MEDICAL CENTER | | | CITY, TOWN OR LOCATION OF DEATH DURANGO | | COUNTY OF DEATH LA PLATA | |
| RESIDENCE - STREET AND NUMBER 123 S SESAME STREET | | | | | APT. NO. 80204 | ZIP CODE 80204 |
| RESIDENCE STATE COLORADO | | | COUNTY DENVER | | CITY OR TOWN DENVER | |
| DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) PROFESSOR | | | KIND OF BUSINESS/INDUSTRY UNIVERSITY | | DECEDENT'S EDUCATION DOCTORATE OR PROFESSIONAL DEGREE | |
| DECEDENT OF HISPANIC ORIGIN No | | | DECEDENT'S RACE Japanese, Vietnamese, Native Hawaiian | | | |
| EVER IN US ARMED FORCES YES | MARITAL STATUS AT TIME OF DEATH NEVER MARRIED | | SURVIVING SPOUSE/PARTNER NAME (If wife give name prior to first marriage) | | | |
| FATHER'S NAME DADDY SURNAME | | | MOTHER'S NAME PRIOR TO FIRST MARRIAGE MOMMY MAIDEN | | | |
| INFORMANT'S NAME DADDY SURNAME | | | INFORMANT'S RELATIONSHIP TO DECEASED PARENT | | | |
| NAME OF FUNERAL HOME A NEW LIFE MORTUARY & CREMATION SERVICES | | | CITY AND STATE OF FUNERAL HOME WHEAT RIDGE COLORADO | | WAS CORONER NOTIFIED NO' | |
| METHOD OF DISPOSITION BURIAL - CEMETARY | | | PLACE OF DISPOSITION DEL NORTE CEMETERY | | LOCATION - CITY, COUNTY, STATE DEL NORTE RIO GRANDE COLORADO | |
| INJURY AT WORK | IF TRANSPORTATION RELATED, SPECIFY | | DATE OF INJURY | | TIME OF INJURY | |
| PLACE OF INJURY | | | | | | |
| LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, ZipCode) | | | | | | |
| DESCRIBE HOW INJURY OCCURRED | | | | | | |
| WAS DECEDENT UNDER HOSPICE CARE | ACTUAL OR PRESUMED TIME OF DEATH | | DATE PRONOUNCED DEAD (Mo/DAY/YR) | | TIME PRONOUNCED DEAD | |
| MANNER OF DEATH | | WAS AN AUTOPSY PERFORMED | | WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH? | | |
| CAUSE OF DEATH | | | | | | |
| PART I IMMEDIATE CAUSE (Final disease or condition resulting in death) | | Enter the <u>chain of events</u> -diseases, injuries, or complications-that directly caused the death. a _____ b _____ c _____ d _____ | | | | Approximate interval: Onset to 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) | | | | | | |
| PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I | | | | | | |
| TITLE, NAME, ADDRESS AND ZIP CODE OF PHYSICIAN MICHELLE COWELL THREE SPRINGS BLVD DURANGO CO 81303 | | | | | DATE SIGNED APRIL 01, 2015 | |
| TITLE, NAME, ADDRESS AND ZIP CODE OF CORONER | | | | | DATE SIGNED | |
| DATE FILED BY REGISTRAR APRIL 01, 2015 | | | | | | |

Legal Certificate

CERTIFICATE OF DEATH

STATE FILE NUMBER
1052015000096

| | | | | | | | | |
|---|---------------------------------------|--|-------------------------------------|---|--|--|---|----------------------------|
| DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) DONALD DUCKY | | | | | | DATE OF DEATH FEBRUARY 20, 2015 | | |
| SEX MALE | SOCIAL SECURITY NUMBER 555-66-7777 | AGE-Last Birthday (Years) 40 | UNDER 1 YEAR | UNDER 1 DAY | DATE OF BIRTH (Mo/Day/Yr) FEBRUARY 20, 1975 | BIRTHPLACE (State or Foreign Country) FLORIDA | | |
| | | | Months | Days | | | Hours | Minutes |
| RESIDENCE STATE COLORADO | | | COUNTY LINCOLN | | CITY OR TOWN LIMON | | | |
| STREET AND NUMBER 123 SE SESAME STREET | | | | | | APT. NO. 80826 | ZIP CODE 80826 | INSIDE CITY LIMITS NO |
| DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) ACTOR | | | | | | KIND OF BUSINESS/INDUSTRY ENTERTAINMENT | DECEDENT'S EDUCATION DOCTORATE OR PROFESSIONAL DEGREE | |
| DECEDENT OF HISPANIC ORIGIN YES | | | | | | DECEDENT'S RACE White, Filipino | | |
| EVER IN US ARMED FORCES NO | | MARITAL STATUS AT TIME OF DEATH NEVER MARRIED | | SURVIVING SPOUSE/PARTNER NAME (If wife give name prior to first marriage) | | | | |
| FATHER'S NAME DADDY DUCKY | | | | | | MOTHER'S NAME PRIOR TO FIRST MARRIAGE MOMMA MALLARD | | |
| INFORMANT'S NAME MOMMA DUCKY | | | | | | INFORMANT'S RELATIONSHIP TO DECEASED PARENT | | |
| PLACE OF DEATH | | | | | | | | |
| IF DEATH OCCURRED IN HOSPITAL | | IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL HIGHWAY | | | | | | |
| FACILITY NAME (IF NOT INSTITUTION, GIVE STREET & NUMBER) | | | CITY, TOWN OR LOCATION OF DEATH | | | COUNTY OF DEATH | | |
| METHOD OF DISPOSITION BURIAL - PRIVATE LAND | | | PLACE OF DISPOSITION FAMILY FARM | | | LOCATION - CITY, COUNTY, STATE LIMON LINCOLN COLORADO | | |
| NAME OF FUNERAL HOME 5280 CREMATION AND FUNERAL SERVICE | | | | CITY AND STATE OF FUNERAL HOME AURORA COLORADO | | | | WAS CORONER NOTIFIED NO |
| DATE FILED BY REGISTRAR MARCH 30, 2015 | | | | | | | | |

Verification Sample

VERIFICATION OF A COLORADO DEATH RECORD

State File Number: DEMO

Decedent's Name: DEMO

Sex: DEMO

Social Security Number:

Age: DE
MO

Date of Death: DEMO

Time of Death:

City of Death:

County of Death: DEMO

Marital/Union Status:

Spouse/Partner Name:

Decedent's Residence:

Date Filed: DEMO

Sample

Sample