

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.	ZIP CODE 80204	INSIDE CITY LIMITS YES	
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		Enter the <u>chain of events</u> -diseases, injuries, or complications-that directly caused the death.						Approximate interval: Onset to death	
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 or injury that initiated the events resulting in death)		a _____						_____	
		b _____						_____	
		c _____						_____	
		d _____						_____	
PART II Enter other <u>significant conditions contributing to death</u> 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 Months Days		UNDER 1 DAY Hours Minutes		DATE OF BIRTH (Mo/Day/Yr) FEBRUARY 20, 1975
BIRTHPLACE (State or Foreign Country) FLORIDA							
RESIDENCE STATE COLORADO			COUNTY LINCOLN			CITY OR TOWN LIMON	
STREET AND NUMBER 123 SE SESAME STREET						APT. NO.	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