

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) (Maiden) 2. DATE OF DEATH - ACTUAL OR PRESUMED 3. SEX 4. DATE OF BIRTH 5. AGE-Last Birthday (Years) IF UNDER 1 YR MO DAYS IF UNDER 1 DAY HOURS MIN 6. BIRTHPLACE (City & State or Foreign Country) 7. SOCIAL SECURITY NUMBER 8. MARITAL STATUS AT TIME OF DEATH Married Widowed Divorced Never Married Unknown 9. SURVIVING SPOUSE'S NAME (If Wife, give name prior to first marriage) 10a. RESIDENCE STREET ADDRESS 10b. APT. NO. 10c. CITY OR TOWN 10d. COUNTY 10e. STATE 10f. ZIP CODE 10g. INSIDE CITY LIMITS? Yes No 11. FATHER'S NAME 12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE 13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: Inpatient ER/Outpatient DOA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: Hospice Facility Nursing Home Decedent's Home Other (Specify) 14. COUNTY OF DEATH 15. CITY/TOWN, ZIP CODE (If outside city limits, give precinct no) 16. FACILITY NAME (If not institution, give street address) 17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED 18. MAILING ADDRESS OF INFORMANT(Street and Number,City,State,Zip Code) 19. METHOD OF DISPOSITION Burial Cremation Donation Entombment Removal from state Other (Specify) 20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 21. Section Block Lot Space 22. PLACE OF DISPOSITION (Name of Cemetery, crematory, other place) 23. LOCATION (City/Town, and State) 24. NAME OF FUNERAL FACILITY 25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City State, Zip Code) 26. CERTIFIER (Check only one) Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. Medical Examiner/Justice of the Peace - 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. 27. SIGNATURE OF CERTIFIER 28. DATE CERTIFIED (Mo/Day/Yr) 29. LICENSE NUMBER 30. TIME OF DEATH(Actual or presumed) 31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City,State,Zip Code) 32. TITLE OF CERTIFIER 33. PART 1. 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. ENTER ONLY ONE CAUSE ON EACH LINE IMMEDIATE CAUSE (Final disease or condition -----> resulting in death) a. Due to (or as a consequence of): b. Due to (or as a consequence of): c. Due to (or as a consequence of): d. 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) LAST 34. WAS AN AUTOPSY PERFORMED? Yes No 35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No 36. MANNER OF DEATH Natural Accident Suicide Homicide Pending Investigation Could not be determined 37. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes No Probably Unknown 38. IF FEMALE: Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant 43 days to one year before death Unknown if pregnant within the past year 39. IF TRANSPORTATION INJURY, SPECIFY: Driver/Operator Passenger Pedestrian Other (Specify) 40a. DATE OF INJURY (Mo/Day/Yr) 40b. TIME OF INJURY 40c. INJURY AT WORK? Yes No 40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) 40e. LOCATION (Street and Number, City,State,Zip Code) 40f. COUNTY OF INJURY 41. DESCRIBE HOW INJURY OCCURRED 42a. REGISTRAR FILE NO. 42b. DATE RECEIVED BY LOCAL REGISTRAR 42c. REGISTRAR

WARNING The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195, 1989)

VS-112 REV 1/2006

INFORMATION ON BACK OF THE FORM MUST BE COMPLETED IF APPLICABLE

----- INFORMATION BELOW IS FOR STATISICAL PURPOSES ONLY AND IS NOT TO BE INCLUDED ON CERTIFIED COPIES -----

43. DECEDECENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) 8th grade or less 9th - 12th grade, no diploma High school graduate or GED completed Some college credit, but no degree Associate degree (e.g., AA, AS) Bachelor's degree (e.g., BA, AB, BS) Master's degree (e.g., MA, MS, MEd, MSW, MBA) Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) 44. DECEDECENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino) No, not Spanish, Hispanic/Latino Yes, Mexican, Mexican American, Chicano Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/Latino (Specify) 45. DECEDECENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) White Black or African American American Indian or Alaska Native (Name of the enrolled or principal tribe) Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian (Specify) Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander (Specify) 46. EVER IN U.S. ARMED FORCES? Yes No 47. EVER A PEACE OFFICER IN THIS STATE? Yes No 48. DECEDECENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED) 49. TYPE OF BUISNESS/INDUSTRY

**IF DECEASED SERVED IN U.S. ARMED FORCES, FILL OUT THE FOLLOWING:**

|  |   |
|--|---|
| Is the deceased reported to have been in such service?             | Name of organization in which service was rendered? |
| Serial number of discharge papers or adjusted service certificate? | Name of next of kin or of next friend?              |
| Post Office Address?   |   |

**Instructions for Filing a Texas Certificate of Death**

All information except signatures should be typed. If it is not possible to type the information, print legibly using durable black or blue ink. All signatures must be handwritten in durable black or blue ink (unless signed electronically in Texas Electronic Registrar described below). Rubber stamps or facsimile signatures are not permitted [HSC §191.025(d)] for funeral directors and certifiers. Complete each item following the requirements for that specific item. These instructions can be found online at [www.dshs.state.tx.us/vs/field/handbooks/deacont.shtm](http://www.dshs.state.tx.us/vs/field/handbooks/deacont.shtm) or in the Texas Vital Statistics Handbook on Death Registration.

Do not leave a space blank unless specifically instructed to do so. Avoid using correction fluid. Do not make alterations, erasures, or strike-overs. Obvious changes affect the validity of a certificate. Altered certificates may be rejected by the local registrar or Texas Vital Statistics. Avoid abbreviations except for those suggested in the item-by-item specific instructions. Verify the spelling of all names and numbers with the informant.

A Certificate of Death must be filed within ten (10) days of the date of death for every death in Texas. It must be filed with the local registrar in the district where the death occurred or the body was found [HSC §193.003(a)].

The Certificate of Death must be filed by the person in charge of interment or disposition, or by the person in charge of removing the body from the registration district for disposition [HSC § 193.002].

The certifier is responsible for verifying the date of death in Item 2 and completing the medical certification portion of the Texas Certificate of Death (Items 26 through 39). The certifier must complete the medical certification not later than five (5) days after receiving the record or provide notification to the funeral director, or person acting as such, explaining the reason for the delay [HSC §193.005(b)(g)].

If the manner of death is other than natural, the justice of the peace or medical examiner should be called immediately. Physicians *should not* certify suicides, homicides, or accidental deaths. A medical examiner should also be notified if a death occurs within 24 hours of admission to a hospital (regardless of the manner of death).

A current death certificate can only be filed within one year of the date of death. If a death certificate has not been filed within one (1) year, a Court-Ordered Delayed Certificate of Death should be filed.

If the cause of death is pending investigation, the certifier should enter "Pending Investigation" and file the certificate immediately. Upon determination of the cause of death, an Amendment to Medical Certification of Certificate of Death (VS-174) should be filed by the physician, medical examiner, or justice of the peace who originally certified the death.



TER (Texas Electronic Registration) - Death is a free online Internet death registration system available through the Texas Vital Statistics office. A user can start and complete his or her portion of the Certificate of Death without having to leave the office or wait for the other parties to complete their portions.

Licensed funeral directors, physicians, justices of the peace, medical examiners, and local registrars may complete their portion of the Certificate of Death and electronically sign it at their own computer. Timeliness prompts will warn users to complete their portion so that the Certificate of Death will be filed in a timely matter. The Social Security number of the deceased is verified by the Social Security Administration in real-time. A Report of Death is sent electronically to the local registrar and funeral directors may print a paper copy of that report for themselves.

More information on participating in online death registration is available at: [www.dshs.state.tx.us/vs/edeath](http://www.dshs.state.tx.us/vs/edeath) or contact the Texas Vital Statistics office at 888-963-7111 ext.3303.