VS-4ME 4/04

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH
OFFICE OF THE CHIEF MEDICAL EXAMINER

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last)
2. SEX ☐ MALE ☐ FEMALE
3. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY) (Spell Month)
4. ACTUAL OR PRESUMED TIME OF DEATH M
5. Age at last birthday
6. Under 1 Year Under 1 Day: Mo. Days Hours Min
7. Date of Birth (MM/DD/YYYY)
8. BIRTHPLACE (City, State or Foreign County)
9. RESIDENCE-STATE
10. RESIDENCE-COUNTY
11. RESIDENCE- CITY OR TOWN
12. RESIDENCE- STREET AND NO.
13. APT NO.
14. ZIP CODE
15. EVER IN US ARMED FORCES? ☐ Yes ☐ No
16. MARITAL STATUS AT TIME OF DEATH ☐ Married ☐ Married but ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown
17. SURVIVING SPOUSE'S NAME (if wife, give maiden name)
18. FATHER'S NAME (First, Middle, Last)
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)
20. INFORMANT'S NAME
21. INFORMANT'S RELATIONSHIP TO DECEDENT
22. MAILING ADDRESS (Street and Number, City, State, Zip Code)
23. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/outpatient ☐ Dead on Arrival
24. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☐ Nursing Home ☐ Decedent's Home ☐ Other (specify)
25. FACILITY NAME (If not institution, give street & number)
26. CITY OR TOWN OF DEATH & ZIP CODE
27. COUNTY OF DEATH
28. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Other
29. DISPOSITION (Name of cemetery, crematory, other place)
30. LOCATION (city/town) (state)
31. DATE (MM/DD/YYYY
32. WAS BODY EMBALMED? ☐ Yes ☐ No If Yes, Name of Embalmer
33. FUNERAL FACILITY - Name and Address (street, town, state, zip)
34. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER
35. LICENSE NUMBER of SIGNEE IN BOX 34
36. M.E. CASE NUMBER
37. DATE PRONOUNCED DEAD (MM/DD/YYYY)
38. TIME PRONOUNCED
39. WAS AN AUTOPSY PERFORMED? ☐ Yes ☐ No

CAUSE OF DEATH

40. PART I 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 a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death)-----> (a) _____

Due to (or as a consequence of):

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** (b) _____

Due to (or as a consequence of):

(c) _____

Due to (or as a consequence of):

(d) _____

APPROXIMATE INTERVAL ONSET TO DEATH

41. PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I
42. IF FEMALE: ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at the time of death ☐ Unknown if pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death
43. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☐ Unknown
44. MANNER OF DEATH (Natural, Homicide, Accident, Suicide, Undetermined)(Specify)
45. DATE OF INJURY (Spell Month) (Month/DD/YYYY)
46. TIME OF INJURY
47. PLACE OF INJURY (decedent's home, construction site, wooded area)
48. INJURY AT WORK? ☐ Yes ☐ No
49. LOCATION OF INJURY (Street, Apt. #, City or Town, State, Zip Code)
50. DESCRIBE HOW INJURY OCCURRED:
51. IF TRANSPORTATION INJURY, SPECIFY ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other specify

52. CERTIFIER: 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.

Certifier Name (type or print) | Certifier signature | Title of Certifier | Date Certified

53. MAILING-CERTIFIER: (Street) (CITY OR TOWN) (STATE) (ZIP CODE)

THIS CERITFICATE WAS RECEIVED FOR RECORD ON | BY | REGISTRAR

54. DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed as the time of death
☐ 8th grade or less ☐ 9-12th grade, no diploma
☐ High School Graduate/GED ☐ Some college credit, but no degree
☐ Associate degree ☐ Bachelor degree
☐ Master's degree ☐ Doctorate or Professional degree
☐ Unknown ☐ Not available

55. DECEDENT OF HISPANIC ORIGIN?
☐ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes other Spanish/Hispanic/Latino (specify)

56. DECEDENT'S RACE
☐ White ☐ Black or African American ☐ Asian Indian
☐ American Indian or Alaska Native (Name of the enrolled or principle tribe) _____
☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese
☐ Other Asian (specify) _____ ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan
☐ Other Pacific Islander (specify) _____ ☐ Other (specify) _____

57. DECEDENT'S USUAL OCCUPATION
58. KIND OF BUSINESS/INDUSTRY
SOCIAL SECURITY NUMBER

IMPORTANT

Abstract of Section 7-62b of the General Statutes

THE LAW CONCERNING DEATH CERTIFICATES

1. Certificate shall be completed within twenty-four hours by physician last in attendance or by Medical Examiner in cases of which he has cognizance.
2. Disease or cause of death must be so defined as to permit use of classification under International Classification of disease and Related Health Problems.
3. Certificate incompletely or inaccurately made will be returned to physician for completion or correction before burial or removal permit will be issued, unless it is specifically stated that information is unobtainable.

AFFIDAVIT OF LICENSED EMBALMER

This affidavit is required before burial or removal permits can be issued for bodies dead of communicable diseases. Section 7-62b of the General Statutes.

RE: PREPARATION OF BODY OF A COMMUNICABLE DISEASE

NAME OF DECEDENT	BODY TO BE TRANSPORTED TO	By (rail, auto, etc.)	IN CARE OF (ESCORT)

I hereby certify that I have prepared for burial the body of the deceased named above and that proper measures have been taken to render the body harmless in accordance with the Public Health Code of the State of Connecticut relative to the preparation and burial of dead human bodies.

EMBALMER	NAME	LICENSE NO.
	ADDRESS (No. and Street, Town)	SIGNATURE OF EMBALMER

REGISTRAR OR NOTARY	The individual above personally appeared before me and made oath that the foregoing statements are true.		
	DATE	SIGNATURE OF REGISTRAR OR NOTARY	IF NOTARY, DATE COMMISSION EXPIRES

Burial, Transit, Removal Permit issued to: _____ on _____

(Funeral Director and/or Embalmer) (Date)

Attest: _____ Sub-Registrar

ADDITIONAL SPACE FOR FURTHER STATEMENTS
(For Use by Funeral Directors and Registrars of Vital Statistics only)

EXHIBIT # 3
Case # 18CV3122
Date: 6/17/19
Circuit Court Branch 8