ST	ATE OF TEXAS	CER	TIFICATE	OF DEATH		S	TATE FI	LE NUMBE	R			
1. LI	EGAL NAME OF DECEASED (Include	st)			(Maiden)	<mark>2. D/</mark>	ATE OF DEATH	ACTUAL OR PRESUMED				
3. S	EX 4. DATE OF BIR	rthday	IF UNDER		F UNDER 1 DAY		RTHPLACE (City	& State or Foreign Country)				
7 9	OCIAL SECURITY NUMBER	(Years) 8. MARITAL STATUS A		MO		HOURS M			name prior to first marriage)			
1.5	OCIAL SECORT F NOMBER		ver Married 🗌 Unk	ried	. SURVIVING SPC	JUSE S NAM	ie (ii viie, give i	ame phor to first marriage)				
10a.	RESIDENCE STREET ADDRESS				10b. APT. NO.	10c. CITY	OR TOWN					
10d.	. COUNTY			10f. Z	IP CODE	1	0g. INSIDE CITY	LIMITS?				
11.	FATHER'S NAME		1	12. MOTHER'S NAM	E PRIOR TO	O FIRST MARRIAG	<u>SE</u>					
13. PLACE OF DEATH (CHECK ONLY ONE)												
	IF DEATH OCCURRED IN A HOSPITAL:       IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:         Inpatient       ER/Outpatient         DOA       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.	17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED 18. MAILING ADDRESS OF INFORMANT(Street and Number,City,State,Zip Code)											
	. METHOD OF DISPOSITION Burial Cremation		0. SIGNATURE CTING AS SUC	AND LICENSE NUN	BER OF FL	JNERAL DIRECTO	R OR PERS	ON 21. Section	Unknown			
1	Entombment     Removal from state							Block				
	Other (Specify) 22. PLACE OF DISPOSITION (Name of Cemetery, crematory, other place)			23. LOCATION (City/Town, and State)				Lot _				
								Space _	Space			
24.1	NAME OF FUNERAL FACILITY		2	25. COMPLETE ADI	RESS OF F	FUNERAL FACILIT	Y (Street an	d Number, City S	tate, Zip Code)			
	CERTIFIER (Check only one)	autoday, dooth occurred due to the		annor stated								
	Certifying physician-To the best of my kn <u>Medical Examiner/Justice of the Peace -</u> SIGNATURE OF CERTIFIER	-	r investigation, in				and due to the		nner stated. F DEATH(Actual or presumed)			
					5 (1110/2013) I							
Code, Sec. 193, 1989) F DEATH []	PRINTED NAME, ADDRESS OF CER	TIFIER (Street and Number, City	/,State,Zip Code	e)				32. TITL	E OF CERTIFIER			
198	33. PART 1. ENTER THE CHAIN OF	EVENTS - DISEASES INJUR		PLICATIONS - THAT		CAUSED THE DE			Approximate interval			
H Sec.	TERMINAL EVENTS SUCH AS CAR ETIOLOGY. DO NOT ABBREVIATE.	DIAC ARREST, RESPIRATORY	ARREST, OR						Onset to death			
DEAT	IMMEDIATE CAUSE (Final											
CAUSE OF DEAT	disease or condition> a resulting in death)	Due	e to (or as a con	sequence of):					-			
	Sequentially list conditions, b.											
\$10,000. (Health and S	if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE	Due	e to (or as a con	isequence of):					_			
<u>н</u>	(disease or injury that c initiated, the events	Due	a to (or as a con	sequence of):					_			
0,01¢0	resulting in death) LAST	i) LAST										
	RT 2. ENTER OTHER <u>SIGNIFICANT</u>	CONDITIONS CONTRIBUTING	TO DEATH BU	UT NOT RESULTING	IN THE UN	NDERLYING	34. WAS A	N AUTOPSY PEI	 RFORMED?			
	JSE GIVEN IN PART I.								No NGS AVAILABLE TO			
							E THE CAUSE O					
		ID TOBACCO USE TRIBUTE TO DEATH?		38. IF FEMALE:				9. IF TRANSPOF Driver/Opera	RTATION INJURY, SPECIFY:			
	□ Accident □ Yes □ Suicide □ No			<ul> <li>Not pregnant within past year</li> <li>Pregnant at time of death</li> </ul>				Passenger	assenger			
	Homicide     Probably			<ul> <li>Not pregnant, but pregnant within 42 days of death</li> <li>Not pregnant, but pregnant 43 days to one year before</li> </ul>				Other (Speci	ý)			
	Could not be determined			nown if pregnant wit		·		-:				
40a.	. DATE OF INJURY (Mo/Day/Yr) 40t	D. TIME OF INJURY 40C. INJUR		40d. PLACE OF IN	JURY (e.g, I	Decedent's nome, o	construction	site, restaurant, v	vooded area)			
40e.	LOCATION (Street and Number, City	,State,Zip Code)		40f. COUNTY OF INJURY								
41.	DESCRIBE HOW INJURY OCCURRE	D										
10			DECIOTRAD									
428	a. REGISTRAR FILE NO. 42	b. DATE RECEIVED BY LOCAL	REGISTRAR	42c. REGISTRA	<b>X</b>							
		INFORMATION ON I	BACK OF T		ST BE C							
42	DECEDENT'S EDUCATION (Check	NFORMATION BELOW IS FOR	STATISICAL P		ND IS NOT	TO BE INCLUDED	ON CERTI	FIED COPIES -	more races to indicate what the			
	the highest degree or level of school death)		(Check the dece	the box that best de edent is Spanish/His	ther deceder	decedent considered himself or herself to be)						
	8th grade or less     Check       Spanis			Check the "No" box if decedent is not Spanish/Hispanic/Latino)			Write     Black or African American     American Indian or Alaska Native     (Name of the enrolled or principal tribe)     Asian Indian					
			🗌 No, no									
	High school graduate or GED com	pleted		Yes, Mexican, Mexican American,			Chinese					
	Some college credit, but no degree			Chicano			Image: Filipino       Image: Japanese					
	Associate degree (e.g., AA, AS)			Yes, Puerto Rican			Korean Vietnamese					
	<ul> <li>Bachelor's degree (e.g., BA, AB, BS)</li> <li>Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)</li> </ul>			Yes, Cuban			Other Asian (Specify)     Native Hawaiian					
	_			Yes, other Spanish/Hispanic/Latino			Guamanian or Chamorro					
	DVM, LLB, JD)		(Specify) _				Samoan     Other Pacific Islander (Specify)					

 46. EVER IN U.S. ARMED FORCES?
 Yes
 No
 47. EVER A PEACE OFFICER IN THIS STATE?
 Yes
 No
 Other (Specify)

 48. DECEDENT'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 <u>www.dshs.state.tx.us/vs/field/handbooks/deacont.shtm</u> 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: <u>www.dshs.state.tx.us/vs/edeath</u> or contact the Texas Vital Statistics office at 888-963-7111 ext.3303.