

	<p align="center">-Affix label here-</p> <p>Member ID: ____ - ____ - ____</p> <p>First Name _____ M.I. _____</p> <p>Last Name _____</p>
<p>Contact date: <input type="text"/>-<input type="text"/>-<input type="text"/> (M/D/Y)</p> <p>Completed by: <input type="text"/>-<input type="text"/>-<input type="text"/>-<input type="text"/>-<input type="text"/>-<input type="text"/></p> <p>Contact type: <input type="checkbox"/>₁ Phone <input type="checkbox"/>₂ Mail <input type="checkbox"/>₈ Other</p>	<p>OCT _____</p>

1. What is the date of death? - - (M/D/Y)

2. Source of notification: *(Mark one.)*

- ☐₁ Family member
 ☐₄ NDI (CCC use only)
- ☐₂ Friend/associate of deceased
 ☐₈ Other _____
- ☐₃ Personal physician

2.1. Name, address and phone number of the source.

Name: _____

Address: _____

Phone Number: (____) _____

Provider ID

3. Did the death occur in a hospital/medical institution (i.e., hospital, long term care facility, hospice)?

- ☐ No ☐ Yes ☐ Unknown → **Go to Page 2.**

3.1. Name, address and phone number of the hospital/medical institution
(i.e., hospital, long term care facility, hospice).

Hospital Name: _____

City/State: _____

Phone Number: (____) _____

Go to Page 2.

Provider ID
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

3.2. Location and address of death, if death did not occur in a hospital/medical institution.

Location: _____

Address:

RV K V

4. Was an autopsy done?

☐

0 No

☐

1 Yes

☐

9 Unknown

4.1. Name, address and phone number where autopsy was performed.

Name: _____

Address: _____

Phone Number: (____) _____

Provider ID

5. Where will the death certificate be obtained?

☐

1 Coroner/Medical Examiner

☐

2 Personal physician

☐

3 Vital Statistics Office

☐8 Other (*Specify*): _____☐

9 Unknown

5.1. Name, address and phone number of individual providing the death certificate.

Name: _____

Address: _____

Phone Number: (____) _____

Provider ID

6. (Ask of source): **To the best of your knowledge, what was the underlying cause of death?**

7. On the basis of currently available data, what was the underlying cause of death? (**Mark one.**)**Cancer**☐

1 Breast

☐

2 Ovarian

☐

3 Endometrial

☐

4 Colon

☐

5 Rectosigmoid junction

☐

6 Rectum

☐

7 Uterus

☐

10 Lung

☐

8 Other cancer

☐

☐

9 Unknown cancer site

Cardiovascular Disease☐

11 Coronary Heart Disease (CHD)

☐

12 Cerebrovascular disease

☐

13 Pulmonary Embolism

☐

18 Other cardiovascular disease

☐

☐

19 Unknown cardiovascular disease

Accident/Injury☐

21 Homicide

☐

22 Accident

☐

23 Suicide

☐

28 Other Injury _____

“Other” Cause of Death☐

31 Alzheimer's Disease

☐

32 COPD

☐

33 Pneumonia

☐

34 Pulmonary Fibrosis

☐

35 Renal Failure

☐

36 Sepsis

☐

37 COVID-19

☐

88 Another cause of death, known

☐

☐

99 Unknown cause of death

Comments: _____