OMB #0925-0414 Exp: 5/03

COMMENTS

-Affix label here-

Clinical Center/ID: __ __ __ __ - ___ ___ ___ - __

First Name _____M.I._____

Last Name _____

1. Contact date: ___-___-___ (M/D/Y)

2. Completed by: ___

3. Contact type:
   - ☐ 1 Phone
   - ☐ 2 Mail
   - ☐ 3 Visit
   - ☐ 8 Other

4. Visit type:
   - ☐ 2 Semi-Annual #___
   - ☐ 3 Annual #___
   - ☐ 4 Non-Routine

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

6. Source of notification: ***(Mark one.)***
   - ☐ 1 Family member
   - ☐ 2 Friend/associate of deceased
   - ☐ 3 Personal physician
   - ☐ 8 Other

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

Provider ID ___

Name: _____

Address: _____

_____

Phone Number: (____) _____

7. Did the death occur in a medical institution (i.e., hospital, long term care facility, hospice)?
   - ☐ 0 No
   - ☐ 1 Yes ↓
   - ☐ 9 Unknown

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

Provider ID ___

Hospital Name: _____

City/State: _____

Phone Number: (____) _____

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

Location: _____

Address: _____

_____

RV_____KE_____

9. Was an autopsy done?

☐ 0 No ☐ 1 Yes ☐ 9 Unknown

↓

9.1. Name, address and phone number where autopsy was performed. Provider ID

Name: _____

Address: _____

_____

Phone Number: (____) _____

10. Where was the death certificate obtained?

☐ 1 Coroner/Medical Examiner ☐ 8 Other ***(Specify):*** _____

☐ 2 Personal physician ☐ 9 Unknown

☐ 3 Vital Statistics Office

10.1. Name, address and phone number of individual providing the death certificate. Provider ID

Name: _____

Address: _____

_____

Phone Number: (____) _____

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

_____

_____

12. 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
☐ 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

☐ 88 Other cause of death, known _____
☐ 99 Unknown cause of death