

Information for the Death Certificate

1. Decedent's Legal Name: _____
2. Sex: Male or Female
3. Date of Death & Time: _____
4. Date of Birth: _____
5. Social Security Number: _____
6. Facility Name (if not institution, give streetnumber): _____
 Inpatient/ER/Outpatient DOA/Hospice facility/Nursing Home/Long term care
 facility/Decedent's Home/Other residence/Other (Specify) _____
- 6b. City or Town
- 6c. County of Death: Desoto Shelby Other: _____
7. Place of Birth: _____
8. Marital Status: Married / Married, but Separated / Widowed / Never Married / Unknown/Divorced
9. Spouse Name prior to first marriage: _____
10. Decedent's Usual Occupation: _____
11. Kind of Business/Industry: _____
12. Deceased Address & County: _____
13. City Limits or Farm
14. Veteran: Yes or No
15. Decedent's Education:<8/9-12/No diploma/ HS-GED/SomeCollege/AS/BS/BA/Master's/PhD/Unk
16. Decedent's Best Hispanic Origin, if not Hispanic check No
 A. ___ No, not Spanish/Hispanic/Latino E. ___ Yes, Mexican, Mexican American, or Chicano
 B. ___ Yes, Puerto Rican F. ___ Yes, Cuban
 C. ___ Yes, other Spanish/Hispanic/Latino Specify other _____
 D. ___ Unknown
17. Race: _____
18. Father's Name: _____
19. Mother's Name prior to first marriage: _____
20. Informant's Name: _____
21. Relationship to Deceased: _____
22. Informant's Address City/State/Zip: _____
23. Informant's Phone Number: _____
24. Embalmer: Not Embalmed Name & Lic. # _____
25. Method of Disposition: Burial / Cremation / Donation / Entombment / Removal from State /Other
26. Place of Disposition: _____
27. Address of Place of Disposition: _____
28. Funeral Home Name: _____
29. Funeral Home Address: _____
30. Funeral Home City/State/Zip: _____
31. Funeral Home Phone and Fax #: _____
32. Funeral Home License #: _____