

40c. SIGNATURE OF CERTIFIER

DEATH CERTIFICATE

STATE USE ONLY	
Case ID No.:	Date of Death:
State File No.:	OMI No:
State File Date:	
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State of New Mexico United States of America New Mexico Vital Records and Health Statistics Registrar Date of Signature Note: If death is due to accident, homicide, suicide, trauma, or unknown causes, refer case to Medical Investigator. City of Death County of Death 1a. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) 1b. IF DECEDENT IS FEMALE - Give maiden name. (Last name prior to first marriage.) SEX 3. SOCIAL SECURITY NUMBER 6a. CITY OF BIRTH . DATE OF BIRTH (Month/Day/Year) 4b. INFANT - If under 1 year 4c. INFANT - If under 1 day Minutes 1onths Days Hours RESIDENCE STREET and NUMBER OR LOCATION 6b. STATE OF BIRTH 6c. COUNTRY OF BIRTH . WAS DECEDENT EVER IN U.S. ARMED ORCES? Yes No 8b. RESIDENCE CITY RESIDENCE COUNTY d. RESIDENCE STATE RESIDENCE COUNTRY . RESIDENCE ZIP CODI IS RESIDENCE INSIDE CITY LIMITS? Yes No vel of school completed at the time of death. Spanish / Hispanic / Latino. Check the "NO" box if decedent is not Spanish / Hispanic / Latino ۵ Funeral White Black or American Indian or Alaska Native 8th grade or less Black or African American 9th - 12th grade; no diploma No, not Spanish/Hispanic/Latino High school graduate or GED completed Yes, Spanish/Hispanio Specify name of the Tribe(s): Some college credit, but no degree Associate degree (e.g., AA, AS) Yes. Mexican/Mexican American Asian Indian Japanese П Korean Yes, Puerto Rican Chinese Samoan Filipino 8 Bachelor's degree (e.g., BA, AB, BS) Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) Doctorate (e.g., PhD, EdD) or Professional degree Yes. Cuban П Vietnamese Native Hawaiian Yes, Latino Completed/Verified Yes, Other Hispanic Origin (Specify): (e.g., MD, DDS, DVM, LLB, JD) If other (Specify): П Guamanian or Chamorro 12a. DECEDENT'S USUAL OCCUPATION - Inc Do not use retired 12h KIND OF RUSINESS OR INDUSTR □ Other Pacific Islander (Specify) Other (Specify): 13. MARITAL STATUS - At time of death 4. SURVIVING SPOUSE - If wife, give maiden name (name prior to first ma ☐ Married
☐ Never Married

5. FATHER'S FULL NAME Unknown Divorced Widowed 6. MOTHER'S FULL MAIDEN NAME Give name prior to first marriage 17a. INFORMANT - NAME (First and Last) Ве 17b. INFORMANT'S RELATIONSHIP TO DECEDEN 17c. INFORMANT'S MAILING ADDRESS (Address, City, State, Zip Code) ဥ METHOD OF DISPOSITION 9. PLACE OF DISPOSITION - Name of Cemetery / Crematory or Other Place Removal from State П П Cremation Entombment Other (Specify): 21a. FUNERAL SERVICE FACILITY NAME 20. DISPOSITION LOCATION (City. 21b. FUNERAL SERVICE FACILITY ADDRESS 22a. NAME OF FUNERAL DIRECTOR or PERSON ACTING AS AUTHORITY 22b. TITLE of AUTHORITY 23. FUNERAL DIRECTOR LICENSE 24. DATE SUBMITTED (Month/Dav/Year) П FSP П ASSOC. DD Other (Specify) MEDICAL CERTIFICATION - Items 25 through 40 must be completed by the person who certifies the Cause of Death 25. DATE PRONOUNCED DEAD (Month/Day/Year) 26. TIME PRONOUNCED DEAD 28a. CITY OF OCCURRENCE ___ AM ☐ PM AM PM 28b. COUNTY OF OCCURRENCE 29a. PLACE OF DEATH OCCURRENCE - Give Name of Hospital or Other Facility (If neither, give Street Address or Location) 29b. IF DEATH OCCURRED IN A HOSPITAL 9c. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL Hospice Facility Dead on Arrival Nursing Home/Long Term Care Other (Specify): Inpatient Emergency Room / Outpatien Decedent's Residence П Assisted Living Facility 31. WAS THE MEDICAL INVESTIGATOR CONTACTED? Natural Suicide COMPLETE INJURY SECTION FOR ACCIDENT, HOMICIDE, SUICIDE OR UNDETERMINED Accident 30. MANNER OF DEATH ☐ Yes ☐ No Homicide Undetermined 32a DATE OF INJURY 2b. TIME OF INJURY 32c. PLACE OF INJURY 32d LOCATION OF INJURY П АМ ☐ PM IF TRANSPORTATION INJURY - Specify 32e. INJURY AT WORK DESCRIBE HOW INJURY OCCURRED Driver/Operator Pedestrian ☐ Yes ☐ No Other, Specify: Passenger Certifie 33 CAUSE OF DEATH 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, stroke, or ventricular fibrillation without showing the etiology. DO NOT enter "Old Age". DO NOT abbreviate. Enter only one cause on a line. Add additional lines if Approximate interval Onset to death necessary. IMMEDIATE CAUSE (Final disease or Medical ndition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading 8 to the cause listed on line a. Enter the Due to (or as a consequence of): Completed UNDERLYING CAUSE (disease or injury hat initiated the events resulting in death) LAST. Due to (or as a consequence of): Due to (or as a consequence of PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I 34 DID ALCOHOL LISE CONTRIBUTE TO 35. DID TORACCO USE CONTRIBUTE TO Be ဂ Unknown Unknown 36a WAS AUTOPSY PERFORMED? 36h IF YES, were findings considered in determining cause of death? 36c LOCATION WHERE AUTOPSY PERFORMED (City Yes No Yes No WAS RECENT SURGICAL Yes No 38a. IF DECEDENT WAS FEMALE, WAS DECEDENT PREGNANT WITHIN THE LAST YEAR? PREGNANT AT TIME OR NEAR THE TIME OF DEATH, ESTIMATED I FNGTH OF PREGNANCY IN WEEKS Not pregnant within 1 year of death Not Pregnant, but pregnant 43 days to 1 year before death Pregnant at time of death Unknown if pregnant within 1 year of death Not pregnant, but pregnant within 42 days of death 39. CERTIFIED BY: 40a. NAME OF CERTIFIER (Please type or print clearly): 40b. ADDRESS OF CERTIFIER (Please type or print clearly): Certified Physician Tribal Authority Doctor of Osteopathy Military Authority Office of the Medical Investigator Other (Specify):

CERTIFIER STATEMENT: On the basis of examination and/or investigation, in my opinion, this death occurred at the time, date and place, and due to the cause(s) and manner stated.