

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 3/06)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT- FIRST (Given)			2. MIDDLE			3. LAST (Family)										
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)						4. DATE OF BIRTH mm/dd/ccyy		5. AGE Yrs.		IF UNDER ONE YEAR Months Days		IF UNDER 24 HOURS Hours Minutes		6. SEX		
	9. BIRTH STATE/FOREIGN COUNTRY			10. SOCIAL SECURITY NUMBER			11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			12. MARITAL STATUS/SRDP* (at Time of Death)			7. DATE OF DEATH mm/dd/ccyy			8. HOUR (24 Hours)	
	13. EDUCATION - Highest Level/Degree (see worksheet on back)			14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)			<input type="checkbox"/> YES <input type="checkbox"/> NO			16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)							
USUAL RESIDENCE	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED						18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)						19. YEARS IN OCCUPATION				
	20. DECEDENT'S RESIDENCE (Street and number, or location)																
INFORMANT	21. CITY						22. COUNTY/PROVINCE			23. ZIP CODE		24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
	26. INFORMANT'S NAME, RELATIONSHIP						27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)										
SPOUSE/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SRDP--FIRST						29. MIDDLE			30. LAST (BIRTH NAME)							
	31. NAME OF FATHER/PARENT--FIRST						32. MIDDLE			33. LAST			34. BIRTH STATE				
	35. NAME OF MOTHER/PARENT--FIRST						36. MIDDLE			37. LAST (BIRTH NAME)			38. BIRTH STATE				
FUNERAL DIRECTOR/ LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/ccyy			40. PLACE OF FINAL DISPOSITION													
	41. TYPE OF DISPOSITION(S)						42. SIGNATURE OF EMBALMER						43. LICENSE NUMBER				
	44. NAME OF FUNERAL ESTABLISHMENT						45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR				47. DATE mm/dd/ccyy				
PLACE OF DEATH	101. PLACE OF DEATH						102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA			103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other							
	104. COUNTY			105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)						106. CITY							
CAUSE OF DEATH	107. CAUSE OF DEATH Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.																
	IMMEDIATE CAUSE (A) (Final disease or condition resulting in death)																
	(B) Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST																
	(C)																
	(D)																
PHYSICIAN'S CERTIFICATION	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107																
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)												113A. IF FEMALE, PREGNANT IN LAST YEAR?				
	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER						116. LICENSE NUMBER		117. DATE mm/dd/ccyy						
CORONER'S USE ONLY	Decedent Attended Since (A) mm/dd/ccyy			Decedent Last Seen Alive (B) mm/dd/ccyy			118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE										
	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.						120. INJURED AT WORK?			121. INJURY DATE mm/dd/ccyy		122. HOUR (24 Hours)					
	MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined						<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK										
	123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)																
	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)																
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)																	
126. SIGNATURE OF CORONER / DEPUTY CORONER						127. DATE mm/dd/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER									
STATE REGISTRAR A B C D E FAX AUTH.# CENSUS TRACT																	