

Chronology and Death Certificate Extract Form

Date of birth: ___ / ___ / ___

First formal oral request for DWD (mm/dd/yr) ___ / ___ / ___

Second formal oral request for DWD (mm/dd/yr) ___ / ___ / ___

Written request from patient for DWD (mm/dd/yr) ___ / ___ / ___

Attending M.D. form signed (mm/dd/yr) ___ / ___ / ___

Consulting M.D. form signed (mm/dd/yr) ___ / ___ / ___

Prescription form completed (mm/dd/yr) ___ / ___ / ___

Psychiatric consultation form signed (mm/dd/yr) ___ / ___ / ___

Date of death: ___ / ___ / ___

Family Informed: 1 Yes 2 No 8 NA 9 NS

Attending DWD physician: # _____

Death Certificate Information

Physician who signed death certificate: # _____

Sex: 1 ♂ 2 ♀

Decedent's Age _____

County of Residence: 03 20 24 26 34 _____

Marital Status: 1 Married 4 Legally Separated
 2 Widowed 5 Divorced
 3 Never Married 6 Unknown

Race: 1 White 4 Chinese 7 American Indian
 2 Japanese 5 Other Asian 8 Hispanic
 3 Vietnamese 6 Black 9 Unknown

Highest level of education: 1 8th grade or less
 2 9th-12th grade, no diploma
 3 High school graduate or GED
 4 Some college, no degree
 5 Associate degree
 6 Bachelor's degree
 7 Master's degree
 8 Doctorate, etc. 9 Unknown

Occupation: _____

Underlying cause of death: _____

Death certificate/forms review done on ___ / ___ / ___ by _____ (initials)