



Meso

(5) 127

STATE FILE NO.

1. NAME OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death) a. STATE	
b. CITY OR TOWN (If outside city limits, give precinct no.)		c. CITY OR TOWN (If outside city limits, give precinct no.)	
d. PLACE OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	
f. IS PLACE OF DEATH INSIDE CITY LIMITS?		g. IS RESIDENCE INSIDE CITY LIMITS?	
h. IS RESIDENT?		i. IS RESIDENT?	
j. DATE OF CEASED (in or print)		k. DATE OF DEATH	
l. (a) First (b) Middle (c) Last		m. DATE OF BIRTH	
n. COLOR OR RACE		o. AGE (in years last birthday)	
p. USUAL OCCUPATION (Give kind of work done for most of working life, even if retired)		q. END OF BUSINESS OR INDUSTRY	
r. FATHER'S NAME		s. PLACE OF BIRTH	
t. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, COAST GUARD, OR U.S. AIR FORCE RESERVE?		u. SOCIAL SECURITY NO.	
v. DATE OF DEATH (Enter only the date, not time)		w. TIME OF DEATH	
x. PART I. DEATH WAS CAUSED BY		y. PART II. OTHER SIGNIFICANT CONDITIONS CONCERNING DEATH	
z. CAUSE OF DEATH		aa. OTHER SIGNIFICANT CONDITIONS CONCERNING DEATH	
ab. ACCIDENT		ac. ACCIDENT	
ad. ACCIDENT		ae. ACCIDENT	
af. ACCIDENT		ag. ACCIDENT	
ah. ACCIDENT		ai. ACCIDENT	
aj. ACCIDENT		ak. ACCIDENT	
al. ACCIDENT		am. ACCIDENT	
an. ACCIDENT		ao. ACCIDENT	
ap. ACCIDENT		aq. ACCIDENT	
ar. ACCIDENT		as. ACCIDENT	
at. ACCIDENT		au. ACCIDENT	
av. ACCIDENT		aw. ACCIDENT	
ax. ACCIDENT		ay. ACCIDENT	
az. ACCIDENT		ba. ACCIDENT	
bb. ACCIDENT		bc. ACCIDENT	
bd. ACCIDENT		be. ACCIDENT	
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hv. ACCIDENT		hw. ACCIDENT	
hx. ACCIDENT		hy. ACCIDENT	

E29

CERTIFICATE OF DEATH

PLACE OF DEATH
a. COUNTY [REDACTED]
b. CITY OR TOWN (If outside city limits, give precinct no.) [REDACTED]
c. NAME (If in hospital, give street address) [REDACTED]
d. STREET ADDRESS (If rural, give locality) [REDACTED]
e. IS RESIDENCE INSIDE CITY LIMITS? [REDACTED] f. IS RESIDENCE INSIDE CITY LIMITS? [REDACTED]
7. USUAL RESIDENCE (Where deceased lived, if institution, residence before death)
a. STATE [REDACTED]
b. CITY OR TOWN (If outside city limits, give precinct no.) [REDACTED]
c. STREET ADDRESS (If rural, give locality) [REDACTED]
d. IS RESIDENCE INSIDE CITY LIMITS? [REDACTED] e. IS RESIDENCE INSIDE CITY LIMITS? [REDACTED]
NAME OF DECEASED
1a. First [REDACTED] 1b. Middle [REDACTED] 1c. Last [REDACTED]
2. DATE OF DEATH [REDACTED]
3. SEX [REDACTED] 4. RACE [REDACTED] 5. AGE (In years, last birthday) [REDACTED] 6. UNDER 12 MONTHS [REDACTED]
7. CITIZENSHIP (If naturalized, give date and place of birth) [REDACTED] 8. CITIZENSHIP [REDACTED]
9. OCCUPATION (Give kind of work done) 10a. KIND OF BUSINESS OR INDUSTRY [REDACTED]
11. FATHER'S NAME [REDACTED] 12. MOTHER'S NAME [REDACTED]
13. WAS DECEASED EVER IN U.S. ARMED FORCES? [REDACTED] 14. SOCIAL SECURITY NO. [REDACTED]

DOB = 1972

CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Respiratory Insufficiency

X079600H

Conditions, if any, which gave rise to above cause (all stating the underlying cause last)

DUE TO (b) Malignant Mesothelioma with Metastasis

DUE TO (c) X019900G

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I

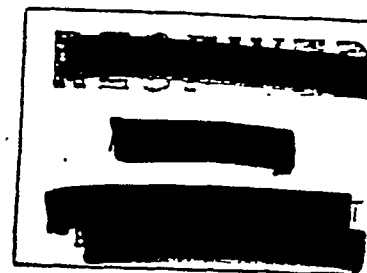
MEDICAL CERTIFICATION
20a. ACCIDENT [] SUICIDE [] HOMICIDE []
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18)
20c. TIME OF INJURY Hour [] Minute [] Day [] Year []
20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) [REDACTED]
20e. CITY, TOWN, OR LOCATION [REDACTED] COUNTY [REDACTED]
21. NAME OF DECEASED [REDACTED] 22. DATE OF DEATH [REDACTED]
23. NAME OF CEMETERY OR CREMATORY [REDACTED]
24. REGISTRAR'S SIGNATURE [REDACTED]
25. DATE RECD BY LOCAL REGISTRAR [REDACTED]

1. NAME Last, first, middle initial [REDACTED]		2. DATE OF BIRTH [REDACTED]		3. DATE OF DEATH [REDACTED] 75	
4. Sex	5. Color of hair	6. Age at death	7. Cause of death	8. Date of death	9. Time of death
10. Place of death			11. Name of physician		
12. Name of hospital			13. Name of funeral home		
14. Name of cemetery			15. Name of burial place		
16. Name of next of kin			17. Name of executor		
18. Name of attorney			19. Name of witness		
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212. Name of witness			213. Name of witness		
214. Name of witness			215. Name of witness		

AGE	HOSPITAL	DECEASED	3a. PLACE OF DEATH (City or Town)	3b. County	4a. Residence (No. and St.)	4b. City
			5a. Name of Hospital or Institution (If not either, give No. and St.)	5b. County	5c. City	5d. Inside City Limits
BIRTHPLACE	RACE	ETHNIC	6. Marital Status	7a. Was Deceased U.S. Military	7b. War	7c. Date
			8. Sex	9. Date of Birth	10. Age Last Birthday	11a. Under 1 Year
CAUSE	PLACE OF ACCIDENT	CROSS CLASS	12a. Birthplace (State or Foreign Country)	12b. Citizen of what Country	13. Surviving Spouse (If Wife, Maiden Name)	14. Social Security Number
			15. Race	16. Ethnic Origin	17. Name and Address of Last Employer	
DISPOSITION	CERTIFIER	CAUSE OF DEATH	18. Usual Occupation (Kind of work done most of life)	19. Kind of Business or Industry	20. Name of Father (First, Middle, Last)	21. Maiden Name of Mother (First, Middle, Last)
			22a. Name of Informant	22b. Relationship	22c. Number and Street	22d. City or Town
DISPOSITION	CERTIFIER	CAUSE OF DEATH	23a. Name and Address of Funeral Director	23b. Signature of Funeral Director	23c. City or Town	23d. State
			24a. Name and Address of Certifier	24b. To the best of my knowledge, death occurred at time, place, and cause stated	24c. Date Signed	24d. Hour of Death
DISPOSITION	CERTIFIER	CAUSE OF DEATH	25a. PART I Immediate Cause	25b. PART II Other significant conditions - conditions contributing to death but not related to cause in PART I	26. Was Autopsy performed?	27. Was case referred to the Examiner or Coroner?
			28. Death due to	29. Describe how injury occurred	30. Date of Injury	31. Hour of Injury
DISPOSITION	CERTIFIER	CAUSE OF DEATH	33a. Injury at Work	33b. Place of Injury	33c. Location (No. and St.)	33d. City or Town
			34a. Injury at Work	34b. Place of Injury	34c. Location (No. and St.)	34d. City or Town



CITY OF [REDACTED]
OFFICE OF [REDACTED] STATISTICS



THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE COPY OF A RECORD OF THE CITY OF [REDACTED] OFFICE.

CERTIFICATE OF DEATH

STATE FILE NO.

1. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission)	
a. CITY OR TOWN (If outside city limits, give precinct no.)		b. STATE	
c. LENGTH OF STAY in 1 b		d. COUNTY	
e. NAME (Last, first, middle initial)		f. STREET ADDRESS	
g. IS PLACE OF DEATH INSIDE CITY LIMITS?		h. RESIDENCE ON A FARM?	
i. NAME OF DECEASED (Type or print)		j. DATE OF DEATH	
k. SEX		l. COLOR OR RACE	
m. USUAL OCCUPATION (Give kind of work done)		n. KIND OF BUSINESS OR INDUSTRY	
o. FATHER'S NAME		p. BIRTHPLACE (State or foreign country)	
q. WAS DECEASED EVER IN U.S. ARMED FORCES?		r. SOCIAL SECURITY NO.	
s. CAUSE OF DEATH [Enter only one cause per line]		t. CITIZEN OF WHAT COUNTRY?	
PART I. DEATH WAS CAUSED BY:		u. MEDICAL BETWEEN DEATH AND DEATH	
IMMEDIATE CAUSE (a) Acute Respiratory Failure		v. WAS AUTOPSY PERFORMED?	
DUE TO (b) Cancer of the Lung with Pleural Effusion		YES ☐ NO ☐	
DUE TO (c) Arteriosclerosis, Cardiovascular Disease with Chronic Congestive Heart Failure, Diabetes Mellitus		w. x0162106 x001220H	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a)		x044090H x011290H x012100H x025090H	
y. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18)		z. DATE SIGNED	
20a. TIME OF INJURY		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	
20c. INJURY OCCURRED		20d. CITY, TOWN, OR LOCATION	
20e. PLACE OF INJURY		20f. COUNTY	
20g. CITY, TOWN, OR LOCATION		20h. STATE	
20i. DECEASED FROM		20j. DATE SIGNED	
20k. DEGREE OF INJURY		20l. DATE SIGNED	
20m. DATE SIGNED		20n. DATE SIGNED	
20o. DATE SIGNED		20p. DATE SIGNED	
20q. DATE SIGNED		20r. DATE SIGNED	
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