Minnesota Registration & Certification (MR&C)

Documentation of Death

Deceased Name (First, Middle, Last, Suffix) | **Prior to First Marriage** | **Also Known As**

Date of Death MM DD YYYY

Sex ○ Male ○ Female ○ Unknown

Social Security Number - - ○ None ○ Unknown ○ Not Obtainable

Date of Birth ○ Unknown MM DD YYYY

Age (in years) | Under 1 Year: months, days | Under 1 Day: hours, minutes

Birth Country ○ Born in the United States ○ Not U.S. Specify ____ ○ Unknown | State/Province | City/Town

Deceased's Residence Address ○ U.S. Address ○ Foreign country ____ ○ Unknown | State/Province | County | City/Town | Street & Number, Zip Code | Inside City Limits? ○ Yes ○ No

Education (highest completed)
○ Unknown
○ 8th grade or less
○ 9th – 12th grade; no diploma
○ High School graduate or GED completed
○ Some college credit but no degree
○ Associate degree (e.g. AA,AS)
○ Bachelor's degree (e.g., BA,AB, BS)
○ Master's degree (e.g., MA, MS, MEng, Med, MSW, MBA)
○ Doctorate (e.g., MD, DDS, DVM,

Ever In Armed Forces? ○ Yes ○ No ○ Unknown

Deceased's Usual Occupation

Kind of Business or Industry

Hispanic Origin
○ No, Not Spanish/Hispanic/Latino
○ Yes, Hispanic Origin Known
☐ Mexican, Mexican American, Chicano
☐ Puerto Rican
☐ Cuban
☐ Other, specify ____
○ Unknown if Spanish/Hispanic/Latino

Race ○ Unknown
☐ White
African African/American
☐ Black/African American
☐ Ethiopian
☐ Liberian
☐ Ghanian
☐ Other African
Specify ____
☐ Kenyan
☐ Sudanese
☐ Nigerian
☐ Somali
☐ American Indian or Alaska Native
Name of the Enrolled or Principal Tribe ____
Asian
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Other Asian
Specify ____
☐ Korean
☐ Vietnamese
☐ Hmong
☐ Cambodian
☐ Laotian
Pacific Islander
☐ **Native Hawaiian**
☐ Samoan
☐ **Guamanian or** Charrorro
☐ Other Pacific Islander Specify ____
☐ Other Race Specify ____

Marital Status at time of Death ○ Married ○ Never Married ○ Widowed ○ Divorced ○ Unknown ○ Not Obtainable

Spouse's Name (First, Middle) | Last Name Prior to First Marriage

Father's Name (First, Middle, Last, Suffix)

Mother's Name (First, Middle, Suffix) | Last Name Prior to First Marriage

Informant's Name (First, Middle, Last or Institution) | Relationship to Deceased | Address (Street & Number, City, State, Zip)

Place of Death
Hospital
○ Inpatient
○ Emergency Room/Outpatient
○ Dead on Arrival
Other than a Hospital
○ Hospice
○ Nursing home/Long term care
○ Deceased's home
○ Other ____

County ____
Facility Name and Address (Street & Number, City, State, Zip)

Physician/ME Providing Cause of Death Information (First, Middle, Last) License # Title | Funeral Home/Other Institution, Estab. # | Funeral Director Name (First, Middle, Last)

Method of Disposition ○ Burial ○ Cremation ○ Donation ○ Entombment ○ Removal from State ○ Other (Specify) ____

Disposition Facility | State/Province | City/Town

Cemetery | State/Province | City/Town

The information on this form is correct to the best of my knowledge ____

Signature | Date

Exhibit 3530
State of Minnesota v. 3M Co.,
Court File No. 27-CV-10-28862

Form # D103 Feb/2013

Minnesota Registration & Certification (MR&C)

Physician / Medical Examiner Cause of Death Worksheet

Deceased Name (First, Middle, Last, Suffix)	Also Known As
Physician/Medical Examiner providing this information	Title / License #
Date of Birth (MM DD YYYY)	Date of Death (MM DD YYYY) / Time of Death

Was the Medical Examiner Contacted? O Yes O No — Date last saw deceased:

Did INJURY or TRAUMA contribute to the cause of death? O Yes O No

If Yes, please explain:

Is there any reason to postpone final disposition? O Yes O No

If Yes, please explain:

Cause of Death

Part I Enter the chain of events-diseases, injuries, or complications that directly caused death. Do not enter terminal events such as cardiac arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause per line. Add additional lines if necessary.

		Approximate interval: Onset to death
IMMEDIATE CAUSE (final disease or condition resulting in death)	a.	
Sequentially list conditions, if any, leading to the immediate cause. Enter the **UNDERLYING CAUSE** (disease or injury that initiated events resulting in death) **LAST**	Due to (or as a consequence of) b.	
	Due to (or as a consequence of) c.	
	Due to (or as a consequence of) d.	

Part II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

Was an autopsy performed? O Yes O No — Autopsy Results Available to complete the cause of death? O Yes O No

Did Tobacco use contribute to death?	If Female	Manner of Death
O Yes	O Not pregnant within past year	O Natural
O No	O Pregnant at time of death	O Accident
O Probably	O Not pregnant, but pregnant within 42 days of death	O Suicide
O Unknown	O Not pregnant, but pregnant 43 days to 1 year before death	O Homicide
	O Unknown if pregnant within the past year	O Pending Investigation
		O Could not be determined

Complete Injury Information below if Manner of Death is not Natural

Date of Injury	Time of Injury	Injury at Work?	If Transportation Injury, specify
MM DD YYYY	O AM O PM O Military	O Yes O No	O Driver/Operator O Pedestrian O Passenger O Other - specify

Place of Injury (e.g., Deceased's home, construction site, restaurant, wooded area)

Location of Injury (Street & Number, Apt. #, City or Town, State, Zip Code)

Describe How Injury Occurred

Completed by: _____ _____

Signature Date

Form # D102 Dec/2013

3530.0002