PHYSICIANS MUST COMPLETE SHADED AREAS ONLY. FUNERAL HOME MUST COMPLETE UNSHADED AREAS.

RHODE ISLAND DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

NAME OF DECEDENT: ____
FOR USE BY PHYSICIAN OR INSTITUTION ONLY

DECEDENT

TYPE OR PRINT IN BLACK INK.

ADDITIONAL INSTRUCTIONS ON REVERSE SIDE.

1. NAME – FIRST | MIDDLE | LAST
2. SEX
3. DATE OF DEATH (Month, day, year)

4a. HOSPITAL OR OTHER INSTITUTION – NAME (If not in either, give street and number)
4b. CITY, TOWN, OR LOCATION OF DEATH

5a. AGE – LAST BIRTHDAY (Years)
5b. UNDER 1 YEAR – MONTHS | DAYS
5c. UNDER 1 DAY – HOURS | MIN.
6. DATE OF BIRTH (Month, day, year)
7. BIRTHPLACE (City and State or Foreign Country)

8. EVER IN U.S. ARMED FORCES? (Specify Yes or No) NAME WAR
9a. HISPANIC ORIGIN (Yes or No. If Yes, Specify Origin)
9b. RACE (List all that apply)

10. SOCIAL SECURITY NUMBER (Decedent's)
11a. USUAL OCCUPATION (Do NOT use retired)
11b. KIND OF BUSINESS OR INDUSTRY

12a. MARITAL STATUS
☐ Never Married ☐ Married ☐ Married, but Separated ☐ Widowed
☐ Divorced ☐ Civil Union ☐ Domestic Partner
12b. SPOUSE / PARTNER (Give maiden name, if applicable)

13a. RESIDENCE ADDRESS (House number and street name)
13b. CITY OR TOWN OF RESIDENCE, STATE & ZIP CODE

14. MAILING ADDRESS – If different from residence address (Number, Street name, City or Town, State, and Zip Code)
15. EDUCATION (Decedent's)

PARENTS

16. FATHER / PARENT – FIRST NAME | MIDDLE | LAST / MAIDEN NAME
17. MOTHER / PARENT – FIRST NAME | MIDDLE | LAST / MAIDEN NAME

18a. INFORMANT – FULL NAME
18b. MAILING ADDRESS (Number, Street name, City or Town, State, and Zip Code)

DISPOSITION

19a. BURIAL CREMATION, DONATION, OTHER (Specify)
19b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) | CITY OR TOWN | STATE

20a. SIGNATURE OF FUNERAL HOME LICENSEE
20b. FUNERAL HOME – NAME
20c. FUNERAL HOME LICENSE NUMBER

ITEMS BELOW TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY

20d. FUNERAL HOME – ADDRESS (Number, Street name, City or Town, State, and Zip Code)

PHYSICIAN

RI law requires the name of the physician and the cause of death to be PRINTED or TYPED in BLACK INK. Signatures must also be in BLACK INK.

21a. To the best of my knowledge, death occurred at the time, date and place and was due to the cause(s) stated.
(Signature) | DEGREE (MD, DO, PA, or NP)
21b. R.I. LICENSE NUMBER
21c. DATE SIGNED (Month, day, yr)
21d. HOUR OF DEATH (If unknown, so state)
21f. NAME & ADDRESS OF CERTIFIER (Type or Print)

21e. **WAS DEATH REFERRED TO MEDICAL EXAMINER?** ☐ Yes ☐ No

21g. HOSPITAL DEATH? ☐ YES (Check a box below) ☐ NO (See 21h)
☐ Inpatient ☐ Emer. Room/Outpatient ☐ DOA
21h. NON-HOSPITAL DEATH?
☐ Hospice Facility ☐ Nursing Home ☐ Decedent's Home ☐ Hospice at Home ☐ Other (Specify):

21i. NAME AND ADDRESS OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER IN 21f (Type or Print)
21j. LENGTH OF ATTENDANCE (Specify days, wks, months, yrs)

REGISTRAR

22a. REGISTRAR
(Signature)
22b. FILE DATE - DATE RECEIVED BY REGISTRAR (Month, day, yr)

CAUSE OF DEATH

Print or type legibly in BLACK INK.

23. PART I. Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac / respiratory arrest or ventricular fibrillation without showing the etiology.

Approximate Interval Between Onset & Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.
DUE TO (OR AS A CONSEQUENCE OF)
Sequentially list conditions, if any, leading to the cause listed on line a. b.
DUE TO (OR AS A CONSEQUENCE OF)
Enter the **UNDERLYING CAUSE** (Disease or injury that initiated the events resulting in death) **LAST** 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.
24a. AUTOPSY PERFORMED? ☐ Yes ☐ No
24b. Were autopsy findings available to complete the cause of death? ☐ Yes ☐ No

25a. TOBACCO USE – DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ No ☐ Probably ☐ Unknown

25b. PREGNANCY – IF FEMALE. THE DECEDENT WAS:
☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days – 1 year before death ☐ Unknown if pregnant within past year

26. MANNER OF DEATH
27. DATE OF INJURY? (month, day year)
28. HOUR OF INJURY?
29. INJURY AT WORK? ☐ Yes ☐ No
30. PLACE OF INJURY (e.g., decedent's home, construction site, wooded area, restaurant, etc.)

31. LOCATION OF INJURY | STREET & HOUSE NUMBER | CITY/TOWN | STATE | ZIP CODE

32. DESCRIBE HOW INJURY OCCURRED

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Physicians, please email certificate to the Funeral Director listed.

R.I. Law requires Funeral Director to file this certificate with the City or Town Clerk at the Place of Death within 7 days.

Funeral Directors, please email form to DOH.RIVERSAssistance@health.ri.gov

BURIAL – TRANSIT PERMIT RHODE ISLAND DEPARTMENT OF HEALTH

Permit number

PERMIT MUST Accompany Remains to DESTINATION

SEXTON must return permit to City or Town Clerk at Place of Disposal on Fifth of Next Month

DECEASED – FIRST NAME | MIDDLE | LAST | SEX | DATE OF DEATH (Month, day, year)

RACE | AGE | PLACE OF DEATH (City or town, state)

BURIAL, CREMATION, DONATION, OTHER (Specify) | PLACE OF DISPOSITION (Name of cemetery, crematory or other place) | CITY OR TOWN | STATE

FUNERAL HOME – LICENSEE
Signature
FUNERAL HOME – Name and Address (Number, Street name, City or Town, State, and Zip Code)

CERTIFICATION: I certify that death occurred from natural causes, that (see Reverse Side) referral to the Medical Examiner is NOT required, and that permission is hereby granted to dispose of this body.
Signature of Physician | Degree or title | Date signed

Authorized disposition as state above occurred on (Date) | Tomb | Lot | Signature of Sexton or Person in Charge of Place of Disposition

THIS PERMIT VALID ONLY IF SIGNED BOTH BY THE PHYSICIAN AND BY FUNERAL HOME LICENSEE

SEE OTHER SIDE

Note: All entries must be made in **BLACK PERMANENT INK** to ensure a clear microfilm or photocopy image

INSTRUCTIONS FOR CERTIFYING PHYSICIAN: COMPLETE SHADED ITEMS ONLY

Item 3 – Date of Death – Please be sure to complete this item, located in the upper right-hand corner.

Item 21b – R.I. License Number – Enter your R.I. license number. Except for physicians working for the federal government, or if in consultation with and approved by the R.I. Medical Examiner (RIGL 5-37-14), a physician, nurse practitioner or physician assistant must be licensed in R.I. in order to sign a R.I. death certificate. A physician assistant may sign a R.I. death certificate only when the decedent died in a hospital that has credentialed the physician assistant to sign a death certificate and complete the cause of death.

Item 21d – Hour of Death – List the time of death. If cannot be obtained, enter "Unknown".

Item 21e – Was Death Referred to Medical Examiner? – The following types of deaths must be referred to the Medical Examiner's Office:

Death is due to, or there is a suspicion of accident, homicide, suicide, or trauma of any nature;
Death is due to a hip fracture or other trauma in the elderly;
Death is sudden in a public place;
Death is from a drug or toxic substance;
Death is sudden and a patient has not been attended by a physician;
Death is from an infection capable of causing an epidemic;
Death is related to a job, workplace or environment;
Death occurs within 24 hours of hospitalization or ER care;
Death occurs during or immediately after surgery or diagnostic or therapeutic procedure.

Item 21g - Hospital Death – Indicate whether decedent status was Inpatient, Emergency Room/Outpatient, or DOA or answer "No" if decedent did not die in hospital. A patient expiring in a Hospice bed located in a hospital is considered an Inpatient.

Item 21h – Non-Hospital Death – Indicate whether decedent expired in a licensed *non-hospital* Hospice Facility, Nursing Home, Decedent's Home, Hospice at Home or Other Place (Specify).

Item 21i – Name and Address of Attending Physician – If certifying physician was not the attending physician, print the name and address of the attending physician.

Item 23 – Cause of Death – Part I – The World Health Organization defines the underlying cause of death as the disease or injury that initiated the morbid chain of events leading up to the immediate cause of death. This system of mortality classification is used in the United States.

LINE (A) – Immediate Cause of Death - List the final disease or condition resulting in death. Do NOT enter terminal events such as cardiac/respiratory arrest or ventricular fibrillation without showing the etiology.
It is important to indicate the primary site of a malignancy or state the primary site as unknown. Tumors should be qualified as benign, malignant or unknown nature. The term "probably" may be used to qualify an unconfirmed disease or condition as the cause of death.

LINES B. C & D - Underlying Cause of Death – Sequentially list conditions, if any, leading to the cause listed on line (a). For example, if the decedent died of a pulmonary embolism caused by an acute myocardial infarction caused by chronic ischemic heart disease, you would list pulmonary embolism as the Immediate Cause, then list acute myocardial infarction on line b and chronic ischemic heart disease on line c.

Cause of Death – Part II – Use this section to list significant conditions that contributed to death but not resulting in the underlying cause in Part I. In the example cited above where the decedent died of chronic ischemic heart disease, you would use Part II if the decedent had diabetes mellitus and was obese.

Item 25a – Tobacco Use – Understanding that tobacco use may contribute to a wide variety of disease, this question is asking for your best medical opinion. Do not leave blank.

Item 25b – Pregnancy – This question should be answered for female decedents only.

Item 26 – Manner of Death – Enter whether death was Natural, Accident, Suicide or Homicide.

INSTRUCTIONS FOR FUNERAL DIRECTOR:

Item 1 – Legal Name – Enter the full legal name, with last name in ALL CAPS. Include AKA's, if any.

Items 5a-c – Age – Complete one item only, e.g., 5a if 1 year or older, 5b if more than 1 day old and less than 1 year old, 5c if less than 24 hours old. Double check age vs. date of birth vs. date of death. Make sure to adjust the age if decedent has died prior to his or her birthday.

Item 6 – Date of Birth – Enter first three letters of month. Verify that you have entered the year of birth correctly.

Item 9a – Hispanic Origin – Use the worksheet provided by the Office of Vital Records to interview the informant and ask whether the decedent considered himself or herself to be Hispanic. If non-Hispanic, enter "No". If Hispanic, list all responses on death certificate.

Item 9b – Race – Use the worksheet provided by the Office of Vital Records to interview the informant and ask the race or races that the decedent considered himself or herself to be. List all races supplied by informant on death certificate.

Items 12a & 12b – Marital Status & Name of Spouse – If decedent was widowed, list maiden name of deceased spouse. If divorced, do not list name of previous spouse. If married but separated, list spouse.

Item 13a – Residence Address - Provide house number and street name of residence. If decedent lived in more than one residence, enter the residence lived in most of the year. If resided in an institution and no longer maintains his or her former residence, enter facility street address.

Item 13b – City or Town of Residence - If a R.I. resident, do not list a village name such as Hope Valley. You should enter one of the 39 cities/towns in R.I.

Item 14 – Mailing Address - Complete this item ONLY if different from residence address. Village names may be listed.

Item 15 – Decedent's Education – Complete education by using one of the following: Doctorate or Professional Degree, Master's Degree, Bachelor's Degree, Associate Degree, Some College, High School Diploma, GED, or Unknown. If the decedent did not graduate high school, put the highest grade completed.

INSTRUCTIONS FOR BURIAL-TRANSIT PERMIT

Funeral home license – The Burial-Transit Permit is required for any manner of disposition of a dead body, including interment, storage, cremation and transportation. If the body will be cremated, a Certificate of Cremation must be obtained from the R.I. Medical Examiner's Office.

Transportation – When transporting by common carrier, this Burial-Transit Permit or a duplicate thereof should be enclosed in a strong envelope attached to the shipping case. No separate transit permit is required. Before shipment by train or express, the body must be embalmed or, if embalming is not practicable, must be enclosed in a tightly sealed outer case.

Sexton – *It is unlawful for any sexton, or other person in charge of a burial place, to permit burial or other disposition of a dead body before a burial-transit permit has been received. In Rhode Island, all burial-transit permits must be preserved and forwarded to the city or town clerk where the burial takes place of the 5th of the month following burial.*

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