

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	
	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	
	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		12. MARITAL STATUS/SRDP* (at Time of Death)	
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location)					
	21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	24. YEARS IN COUNTY
	25. STATE/FOREIGN COUNTRY					
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)		
	28. NAME OF SURVIVING SPOUSE/SRDP*-FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
SPOUSE/SRDP AND PARENT INFORMATION	31. NAME OF FATHER/PARENT-FIRST		32. MIDDLE		33. LAST	
	35. NAME OF MOTHER/PARENT-FIRST		36. MIDDLE		37. LAST (BIRTH NAME)	
					34. BIRTH STATE	
FUNERAL DIRECTORY/ LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/ccyy		40. PLACE OF FINAL DISPOSITION ISLAMIC CEMETRY & MORTUARY ROSAMOND CA 93560			
	41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER NOT EMBALMED			43. LICENSE NUMBER
	44. NAME OF FUNERAL ESTABLISHMENT AIIAV		45. LICENSE NUMBER FD1828		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"/> ERVOP <input type="checkbox"/> DOA		
	104. COUNTY			103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		
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.				108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER	
	IMMEDIATE CAUSE (A) (Final disease or condition resulting in death)				109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	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				110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
					111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: (A) mm/dd/ccyy Decedent Last Seen Alive: (B) mm/dd/ccyy			115. SIGNATURE AND TITLE OF CERTIFIER		
				116. LICENSE NUMBER		
				117. DATE mm/dd/ccyy		
CORONER'S USE ONLY	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 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				120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
	121. INJURY DATE mm/dd/ccyy				122. HOUR (24 Hours)	
	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
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