

DEATH CERTIFICATE FORM

Atherosclerosis Risk in Communities

ID NUMBER:

CONTACT YEAR :

FORM CODE:

VERSION: H DATE:09/20/2021

INSTRUCTIONS FOR THE DTH FORM: The Death Certificate Form is completed for all cohort deaths. Event ID and Name must be entered above. Refer to this form's Q by Q instructions for information on entering numerical responses. For "multiple choice" and "yes/no" type questions, record the letter corresponding to the most appropriate response. NOTE: Use this version if date of death is 01/01/1999 or later.

A. INFORMATION FROM DEATH INDEX/CERTIFICATE

1. Decedent:

a. First Name:.....

b. Middle Name:.....

c. Last Name:.....

2. Death Certificate Number:

3. Social Security Number:..

3.a. Is the decedent's place of residence at the time of death available? Yes Y
No N — Go to Item 4.

3.b. Address Information

3.b.1. PO Box, Box, &/or Route and Number:

3.b.2. Street Number Prefix:

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3.b.3. Street Number:

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3.b.4. Street Number Suffix:

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3.b.5. Street Name Prefix:

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3.b.6. Street Name (e.g., Elm):

3.b.7. Street Name type:

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3.b.8. Street Name Suffix:

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3.b.9. Unit Type:

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3.b.10. Unit Prefix:

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3.b.11. Unit Identifier:

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3.b.12. Unit Suffix:

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3.b.13. Other

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3.c.1. City:

3.d.1. County:

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3.e. State:

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3.e.1. Country (if not USA):

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3.f. Zip Code:

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12. Where did the decedent die? .. Hospital within catchment area A
 Hospital out of catchment area or location unknown B
 Hospice H
 Nursing home N
 Residence R
 Other O

If Hospice or Nursing home, Go to Item 14

If Residence or Other, specify below then go to Item 15

Specify: _____

13. If decedent died in hospital: Dead on arrival ... A
 Emergency room ... B
 Outpatient C
 Inpatient D
 None of above E
 Not recorded F

14. Do you know the name and location of hospital, nursing home or hospice?

Specify Name, City, State _____ Yes ...Y
 Skip Name, City, State _____ NoN

[Name, City, State items are placed in notelog]

Name: _____
 City: _____
 State: _____

15. Was this a coroner's or medical examiner's case? Yes Y

Go to Item 17 _____ No N

16. Do you know the name and address of the Coroner or Medical Examiner?

Specify Name, Address _____ Yes ...Y
 Skip Name, Address _____ NoN

[Name, Address items are placed in notelog]

Name: _____
 Address: _____

17. Was an autopsy performed? Yes Y
 No N

18. ICD-10 CODE for underlying cause of death: [][][][] . [][][][][]

19. All listed ICD-10 CODES for death:
 a. [][][][] . [][][][][]
 b. [][][][] . [][][][][]
 c. [][][][] . [][][][][]
 d. [][][][] . [][][][][]
 e. [][][][] . [][][][][]

f. [][][][] . [][][][][]
 g. [][][][] . [][][][][]
 h. [][][][] . [][][][][]
 i. [][][][] . [][][][][]
 j. [][][][] . [][][][][]

20. Do you know up to four causes of death as they were recorded on the death certificate?

Specify cause and consequence	_____	YesY
Skip cause and consequence	_____	No N

[Cause and consequence are placed in notelog]

Immediate cause:

Due to or as a consequence of (1):

Due to or as a consequence of (2):

Due to or as a consequence of (3):

21. Do you know other significant conditions as they were recorded on the death certificate?

Specify conditions	_____	YesY
Skip conditions	_____	NoN

[Conditions are placed in notelog]

Conditions: _____

22. Interval between onset and death for immediate cause of death:

- 5 minutes or less A
- 1 hour or less B
- 1 day or less C
- 1 week or less D
- 1 month or less E
- More than 1 month F
- Unknown or not recorded ... U

23. Do you know the name and address of the Informant?

Specify Name, Address	_____	YesY
Skip Name, Address	_____	NoN

[Name, Address items are placed in notelog]

Name: _____

Address: _____

24. Relationship of informant to deceased:

- Child C
- Spouse S
- Other O
- Unknown..... U

If Other, specify: _____

25. *Item deleted*

26. Do you know the name and address of the certifying physician?

Specify Name, Address	_____	Yes ...Y
Skip Name, Address	_____	NoN

[Name, Address items are placed in notelog]

Name: _____

Address: _____

B. ADMINISTRATIVE INFORMATION

27. Date abstract completed:

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Month Day Year

28. Code number of abstractor completing this form:

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29. Is a COR form needed?Yes Y
(Auto filled: Y if Q16=Y and Q18=E10-14, I10-11, I20-25, No N
I46-51, I70, I97 (except I97.2), J81, J96, R96, R98, or R99)