

URGENT- CAUSE OF DEATH WORKSHEET

From: CALI HOME FUNERAL SERVICES FD#2057

7401 Princess View Dr. Suite A, San Diego, CA 92120

Contact: _____ - PHONE # _____ FAX # (888)-245-5399

ONCE COMPLETED, FAX BACK IMMEDIATELY TO MORTUARY (888)-245-5399

TO DOCTOR :		LIC #	
PHONE #		FAX#	
ADDRESS STE#	CITY	CA	ZIP

Doctor, please complete this worksheet and fax back to our office ASAP. Once the causes are cleared with the local health dept., you will receive the "Physician Attestation" copy for your signature or voice attestation.

DECEDENT:	M / F	DATE OF BIRTH	SS #
DATE OF DEATH:	TIME OF DEATH:		

PLACE OF DEATH

101 PLACE OF DEATH:			
102. IF HOSPITAL, SPECIFY ONE : IP ER/OP DOA		103. IF OTHER THAN HOSPITAL. SPECIFY ONE Hospice – Nursing -Decedent's home - Other	
104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location):		106. CITY

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.		Time interval between Onset and Death
Immediate Cause (Final Disease or condition resulting in death) Sequentially, list condition, if any, leading to cause on line A. Enter UNDERLYING CAUSE (disease or Injury that initiated the events resulting in death) LAST	(A)	(AT)
	(B)	(BT)
	(C)	(CT)
	(D)	(DT)
108. DEATH REPORTED TO CORONER		REFERRAL NUMBER
		YES NO

109. BIOPSY PERFORMED?	YES NO	110. AUTOPSY PERFORMED?	YES NO
111. USED IN DETERMINING CAUSE?	YES	NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)			
113A. IF FEMALE. PREGNANT IN LAST YEAR?	YES	NO	UNK

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.	115. SIGNATURE AND TITLE OF CERTIFIER
	116. LICENSE NUMBER
Decedent Attended Since ____/____/____	Decedent Last Seen Alive ____/____/____
118. TYPE ATTENDING PHYSICIAN'S NAME. MAILING ADDRESS, ZIP CODE	
<p>TIMEFRAME FOR WORKSHEET COMPLETION: In accordance with the Health & Safety code, Section 102800, the physician must complete the medical and health section within 15 hours after the patient dies. The responsibility extends to a physician's designee, as applicable.</p>	