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
5. AGE Yrs.
IF UNDER ONE YEAR: Months | Days
IF UNDER 24 HOURS: Hours | Minutes
6. SEX

9. BIRTH STATE/FOREIGN COUNTRY
10. SOCIAL SECURITY NUMBER
11. EVER IN U.S. ARMED FORCES? ☐ YES ☐ NO ☐ UNK
12. MARITAL STATUS/SRDP* (at Time of Death)
7. DATE OF DEATH mm/dd/ccyy
8. HOUR (24 Hours)

13. EDUCATION – Highest Level/Degree (see worksheet on back)
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) ☐ YES ☐ NO
16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back)

17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)
19. YEARS IN OCCUPATION

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)

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP*–FIRST
29. MIDDLE
30. LAST (BIRTH NAME)
31. NAME OF FATHER/PARENT–FIRST
32. MIDDLE
33. LAST
34. BIRTH STATE
35. NAME OF MOTHER/PARENT–FIRST
36. MIDDLE
37. LAST (BIRTH NAME)
38. BIRTH STATE

COPY

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy
40. PLACE OF FINAL DISPOSITION
41. TYPE OF DISPOSITION(S)
42. SIGNATURE OF EMBALMER ▶
43. LICENSE NUMBER
44. NAME OF FUNERAL ESTABLISHMENT
45. LICENSE NUMBER
46. SIGNATURE OF LOCAL REGISTRAR ▶
47. DATE mm/dd/ccyy

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 Home/LTC ☐ 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) → (A) ... (AT)

(B) ... (BT)

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

(C) ... (CT)

(D) ... (DT)

108. DEATH REPORTED TO CORONER? ☐ YES ☐ NO
REFERRAL NUMBER
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.
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
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE

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 ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined
120. INJURED AT WORK? ☐ YES ☐ NO ☐ 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