DCH-0483-M, MEDICAL STATEMENT OF DEATH

Michigan Department of Health and Human Services, Vital Records and Health Statistics

For Medical Examiner and Certifying Physician Use to Document the Medical Certification Portion of the Death Certificate.

DECEDENT INFORMATION

Decedent's Full Legal Name

Date of Birth	Sex	Date of Death ☐ Actual ☐ On or About

Location of Pronounced Death (Include hospital or institution name, or if neither, give street number and name.) | Zip Code

City or Township of Death | County of Death

MEDICAL CERTIFICATION

Place of Pronounced Death (Home, Hospice, Hospital, Nursing Home, etc.)

If Place was Hospital ☐ Inpatient ☐ Outpatient/Emergency Room ☐ DOA ☐ Other (Specify)

Actual or Presumed Time of Death ☐ AM ☐ PM ☐ Military ☐ Unknown (**Also Choose**) ☐ Actual ☐ On or About

Date Pronounced Dead | Time Pronounced Dead ☐ AM ☐ PM ☐ Military

Medical Examiner (ME) Contacted ☐ Yes ☐ No ☐ Unknown | Medical Examiner Case Number

Name of Attending Physician if Other than Certifier (Type or Print)

Name of Certifying Physician or ME (Type or Print) | Physician License Number

Physician Address

Part 1: Enter the chain of events (diseases, injuries, or complications) that directly caused the death. **Do not** enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. If diabetes was an immediate, underlying or contributing cause of death, be sure to record diabetes in either Part 1 or Part 2 of the cause of death section. If dementia was an underlying or contributing cause of death, specify the type of dementia.

Enter the **immediate cause** (final disease or condition resulting in death) **first**. Sequentially enter the **underlying cause(s)** (diseases or injuries that initiated the events resulting in death) on **lines b-d.**	**Chain of Events** (One cause per line. **Do not** abbreviate or enter "old age.")	**Approximate Interval** Onset to Death
	a. Immediate Cause	
	b. Due to (or as a consequence of):	
	c. Due to (or as a consequence of):	
	d. Due to (or as a consequence of):	

Part 2: List Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part 1.

If Female ☐ **Not** pregnant within the **past year** ☐ **Not** pregnant, but pregnant **43 days to 1 year** before death
☐ **Was** pregnant at the **time of death** ☐ **Unknown** if pregnant within the past year
☐ **Not** pregnant, but pregnant within **42 days** of death

Did **Tobacco Use** Contribute to Death? ☐ Yes ☐ No ☐ Probably ☐ Unknown

Part 3: Manner of Death ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending ☐ Indeterminate

Was An Autopsy Performed? If applicable, select one. ☐ Yes ☐ Partial Autopsy ☐ No

Were Autopsy Findings Available Prior to Completion of Cause of Death? If applicable, select one. ☐ Yes ☐ No

Part 4: Injury Complete if manner of death is Accident, Suicide, Homicide or Indeterminate.

Date of Injury ☐ Actual ☐ On or About ☐ Indeterminate

Time of Injury ☐ AM ☐ PM ☐ Military ☐ Unknown (**Also Choose**) ☐ Actual ☐ On or About

Describe How Injury Occurred

Injury At Work ☐ Yes ☐ No ☐ Unknown | Place of Injury (Home, Farm, Factory, Street, etc.)

If Transportation Injury
☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Unknown ☐ Other (Specify)

Location of Injury (Street or Cross Streets, City or Town, State, Zip, or Latitude and Longitude, etc. Be specific.)

☐ **Certifying Physician** – To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ **Medical Examiner** – On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner stated.

Signature | Title (MD, DO) | Date