GEORGIA DEPARTMENT OF PUBLIC HEALTH

PLEASE READ BEFORE COMPLETING THIS FORM.

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. Do not abbreviate. Enter only one cause on a line.

Please note that the numbers listed coincide with the items in GAVERS. These numbers assist the State Office of Vital Records with specifically identifying what areas need to be changed.

PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY BELOW.

Section 1: Decedent's Information

State File Number: _____ Date (Month, Day, & Year): _____

Decedent's Name (First, Middle, & Last): _____

Last Name at Birth: _____

Date of Death (Month, Day, & Year): _____

County of Death: _____

31. Was case referred to medical examiner?

- ☐ Yes
- ☐ No
- ☐ Probably
- ☐ Unknown

Section 2: Cause of Death Part 1 (32. PART I)

Immediate Cause (Final Disease or Condition Resulting in Death) Approximate Interval: Onset to Death

A. _____ _____
Due to, or as a consequence of

B. _____ _____
Due to, or as a consequence of

C. _____ _____
Due to, or as a consequence of

D. _____ _____
Due to, or as a consequence of

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Section 3: Cause of Death/ Other Significant Conditions Part 2 (32. PART II)

- ☐ Alzheimer's Disease
- ☐ Asthma
- ☐ Blood Alcohol Content (BAC Value) _____
- ☐ Dementia
- ☐ Diabetes
- ☐ Hypertension
- ☐ Obesity
- ☐ Prescription Drug (Opioid) Overdose

Enter other significant conditions contributing to death but not resulting in the underlying cause given in Section 2: Cause of Death Part 1 (32. PART I).

_____

_____

Section 4: Manner of Death/Autopsy Information (33-37)

33-36. Autopsy Information

33. Was an autopsy performed?

- ☐ Yes
- ☐ No
- ☐ Unknown

34. Were autopsy findings available to complete cause of death?

- ☐ Yes
- ☐ No
- ☐ Unknown

35. Did tobacco use contribute to death?

- ☐ Yes
- ☐ No
- ☐ Probably
- ☐ Unknown

36. If Female, Pregnant?

- ☐ Not pregnant within the past year
- ☐ Pregnant at the time of death
- ☐ Not pregnant, but pregnant within 45 days
- ☐ Not pregnant, but pregnant 43 days to 1 year before death
- ☐ Unknown if pregnant within the past year

37. Manner of Death

- ☐ Natural
- ☐ Accident
- ☐ Suicide
- ☐ Homicide
- ☐ Pending Investigation
- ☐ Could not be determined

Section 5: Injury Information (38-44)

Were there any injuries to report? ☐ Yes ☐ No ☐ Unknown

38. Date of Injury (Month, Day, & Year): _____

39. Time of Injury: _____ ☐ AM ☐ PM

40. Place Where Injury Occurred: _____

41. Did injury occur at work? ☐ Yes ☐ No ☐ Unknown

42. Address Where Injury Occurred:

Street Name & Number: _____

City: _____ State: _____

Zip Code: _____ County: _____

43. Describe how the injury, occurred. If the injury occurred in a vehicle, state the type(s) of vehicles involved.

_____

_____

44a. Was the injury related to a transportation injury accident?

- ☐ Yes
- ☐ No
- ☐ Unknown

44b. Decedent's role in transportation injury:

- ☐ Driver/Operator
- ☐ Passenger
- ☐ Pedestrian
- ☐ Other (Specify on lines provided below)

_____

_____

What safety devices did decedent use/employ?

- ☐ Seatbelt
- ☐ Child Safety Seat
- ☐ Helmet
- ☐ Airbag
- ☐ None
- ☐ Unknown

Section 6: Certifier's Information (45-46)

Type of Certifier (e.g. Physician, Coroner, Etc.): _____

Certifier's Name (First, Middle, & Last): _____

Name of Certifier's Office: _____

Street Name & Number: _____

City: _____ State: _____

Zip Code: _____ County: _____

Certifier's Signature: _____

Date Certifier Signed (Month, Day, & Year): _____

Who is handling the disposition? _____

Please note: A completed copy of this form must be scanned and emailed to: DPH-vrdeath.correction@dph.ga.gov or faxed to 770-909-5381.

Please place additional comments on the lines provided below.

_____

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