SUPPLEMENTAL DEATH • (REVISED 09/2017)



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 PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY BELOW.

DATE MONTH, OAY, YANG LECTURAT'S PIRST NAME MIDDLE NAME LAST NAME COURTY OF DEATH COURT ON AS A CONSEQUENCE OF! APPROXIMATE INTERNAL CONSET TO DEATH COURTY OF DEATH COURT ON AS A CONSEQUENCE OF! APPROXIMATE INTERNAL CONSET TO DEATH COURTY OF DEATH CO	Section 1: DECEDENT'S I	NFORMA	TION						
Section 2: CAUSE OF DEATH PART 1 APPROXIMATE INTERNAL ORSET TO DEATH B. DUETO (DR. AS A CONSCIUENCE OF) APPROXIMATE INTERNAL ORSET TO DEATH APPROXIMATE INT	STATE FILE NUMBER			DATE (MONTH, DAY, YEAR)					
Section 2: CAUSE OF DEATH PART 1 A IMMEDIATE CAUSE (PINAL DISEASE OR CONDITION RESULTING IN DEATH) B DUE TO (OR AS A CONSEQUENCE OF) APPROXIMATE INTERVAL: ONSET TO DEATH D. DUE TO (OR AS A CONSEQUENCE OF) APPROXIMATE INTERVAL: ONSET TO DEATH D. DUE TO (OR AS A CONSEQUENCE OF) APPROXIMATE INTERVAL: ONSET TO DEATH D. DUE TO (OR AS A CONSEQUENCE OF) APPROXIMATE INTERVAL: ONSET TO DEATH D. DUE TO (OR AS A CONSEQUENCE OF) APPROXIMATE INTERVAL: ONSET TO DEATH APPROXIMATE INTERV	DECEDENT'S FIRST NAME	MIDDLE NAMI	Ē	LAST NAME		GENERATION (JR., II, III, ETC.)			
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□ Accident □ CORONER CONTACTED □ Yes □ Homicide □ No □ Natural □ Probably □ Pending Investigation □ Suicide □ No □ TOBACCO USE CONTRIBUTE TO DEATH? □ No □ Not pregnant within the past year □ No □ Pregnant at time of death □ No performed? □ Yes □ Yes □ Unknown □ Unknown □ No □ No pregnant within 43 □ days to one year			OTOF ST INTOKIVI	ATION					
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☐ Unknown if pregnant within the past year	•	,							
□ Unknown days of death □ Unknown if pregnant within the past year	☐ Unknown		days of death		☐ Unknow	n if pregnant within the past year			



Section 5: INJURY INFORMATION								
DATE AND TIME OF INJURY								
ANY INJURY INFORMATION TO REPORT Yes No Unknown								
DATE OF INJURY (MONTH, DAY, YEAR)	TIME OF INJURY		AM/PM					
DESCRIPE HOW INVENTOR OF CHARGO IS TRANSPORTATION IN	LIDY CTATE THE TYPE (C) OF VEHI	CLEC INVOLVED						
DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLES INVOLVED.								
WAS INJURY RELATED TO A TRANSPORTATION INJURY ACCIDI	ENT?	DECEDENT'S ROLE IN TRANSPORTATION INJURY: Driver/Operator						
□ No		□ Passenger						
Unknown		☐ Pedestrian						
		☐ Other (Specify):						
	PLACE OF INJURY							
PLACE WHERE INJURY OCCURRED								
INJURY AT WORK ☐ Yes ☐ No ☐ Unknown								
ADDRESS (STREET NAME & NUMBER, CITY, STATE, ZIP CODE, & COUNTY)								
Section 6: SAFETY DEVICE(S)								
WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY?								
□ Seatbelt □ Child Sefety Coat								
☐ Helmet	☐ Child Safety Seat							
□ Airbag								
□ None								
□ Unknown								
Section 7: CERTIFIER								
CERTIFIER'S TYPE (E.G. PHYSICIAN, CORONER, ETC.)	CERTIFIER'S NAME		CERTIFIER'S OFFICE NAME					
ADDRESS (STREET NAME & NUMBER, CITY, STATE, ZIP CODE, & COUNTY)								
CERTIFIER'S SIGNATURE								
DATE CERTIFIER SIGNED		WHO WILL BE HANDLING DISPOSITION?						

Note: Please scan or email a completed copy of this form to: dph-vrdeath.correction@dph.ga.gov or 770-909-5381.