

**Sample Cause of Death Worksheet: Student Autopsy Exercise**

**Cause of Death Worksheet: To be completed by certifying physician.**

18. Place of Death (check only one) Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				
33. Time of Death		34. Printed Name of Certifier:  <b>Your name, MS IV</b>		
35 Part 1 Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.				Interval between onset and death.
Immediate Cause of Death: (final disease or condition resulting in death)	<b>a. Acute pulmonary thromboembolism</b>			<b>weeks</b>
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.	<b>b.</b>			
	<b>c.</b>			
	<b>d.</b>			
Part 2 Other significant conditions contributing to death, but not resulting in the underlying cause given in Part 1.			36a. Autopsy? ⚡ <u>Yes</u> ⚡ No	36b. Were autopsy findings available prior to completion of cause of death?  ⚡ <u>Yes</u> ⚡ No
37. Did tobacco use contribute to death?  ⚡ Yes    ⚡ <u>Probably</u> ⚡ No    ⚡ Unknown	38. Did Alcohol contribute to death?  ⚡ Yes    ⚡ Probably ⚡ <u>No</u> ⚡ Unknown	39. Was decedent pregnant? At time of death    ⚡ Yes    ⚡ <u>No</u> ⚡ Unknown Within last 12 mo    ⚡ Yes    ⚡ <u>No</u> ⚡ Unknown		
40. Manner of Death ⓪ <u>Natural</u> <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	41a. Date of Injury	41b. Time of Injury  .M.	41c. Injury at Work? <input type="checkbox"/> YES <input type="checkbox"/> NO	41d. Place of Injury - at Home, Farm, Street, Factory, Office, etc. (Specify)
	41e. Location (Street and number, city or town, state)			
	41f. Describe how injury occurred			