Cause of Death Worksheet for Autopsy Exercise

Patient's Name: _____

Cause of Death Worksheet: To be completed by certifying physician.			
3. Date of Death			
18. Place of Death (check only one) Hospital:	☐ Inpatient	☐ER/Outpatient	☐ DOA
33. Time of Death	34. Printed Name of Student:		
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)	a.		
Sequentially list conditions, if any, leading to immediate cause. Enter **UNDERLYING CAUSE** (disease or injury that initiated events resulting in death) LAST.	b.		
	c.		
	d.		
Part 2 Other significant conditions contributing to death, but not resulting in the underlying cause given in Part 1.	36a. Autopsy? ☐ Yes ☐ No	36b. Were autopsy findings available prior to completion of cause of death? ☐ Yes ☐ No	
37. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☐ No ☐ Unknown	38. Did Alcohol contribute to death? ☐ Yes ☐ Probably ☐ No ☐ Unknown	39. Was decedent pregnant? At time of death ☐ Yes ☐ No ☐ Unknown Within last 12 mo ☐ Yes ☐ No ☐ Unknown	

40. Manner of Death	41a. Date of Injury	41b. Time of Injury	41c. Injury at Work?	41d. Place of Injury - at Home, Farm, Street, Factory, Office, etc. (Specify)
☐Natural ☐Accident ☐Suicide ☐Homicide ☐Pending Investigation ☐Could not be determined		.M.	☐YES ☐NO	
	41e. Location (Street and number, city or town, state			
	41f. Describe how injury occurred			

1. Item 35a-d and Part II: Provide the cause of death. Follow instructions given in item 35.
2. Item #36a - 39: Place an "X" for appropriate responses.
3. Item #40: Physicians may only mark "Natural" for the cause of death. If a manner of death other than "Natural" is marked, the physician must notify the Medical Examiner of the death. Note, only the Medical Examiner can sign a death certificate with a manner of death other than "Natural".
4. Items 41a - 41f: Only applies to Medical Examiner cases, and may only be completed by Medical Examiner.

DO NOT FILE IN MEDICAL RECORD: SEND TO THE AUTOPSY SERVICE.