

# MEDICAL RECORD

# REPORT OF DEATH

PATIENT'S NAME		AGE	N.U.	INSTITUTE	UNIT, NUMBER
DATE OF ADMISSION	DATE OF DEATH	HOUR	a.m. p.m.	ATTENDING PHYSICIAN/STAFF FELLOW NAME	

**MEDICAL CERTIFICATION (To Be Completed By Physician)**

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A)	
ANTECEDENT CAUSES (S) <i>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.</i>	(B)  (C)	

2. OTHER SIGNIFICANT CONDITIONS: *(Conditions contributing to the death but not related to the disease or condition causing death.)*

3. DATE OF OPERATION	MAJOR FINDINGS OF OPERATION	AUTOPSY <input type="checkbox"/> YES <input type="checkbox"/> NO
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4. DID THIS PATIENT HAVE ANY TRANSMISSIBLE, INFECTIOUS DISEASES?  Yes  No  
IF YES, WHAT INFECTION(S)

5. WERE RADIOACTIVE SUBSTANCES ADMINISTERED TO THIS PATIENT?  YES  NO

IF YES:	WHAT ISOTOPE(S)	DOSE	DATE ADMINISTERED
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.. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE OF INJURY	CITY OR TOWN	COUNTY	STATE
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7. TIME OF INJURY	Day	Mo.	Yr.	Hr.	INJURY OCCURRED <input type="checkbox"/> AT WORK <input type="checkbox"/> NOT AT WORK	HOW DID INJURY OCCUR?
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8. MEDICAL EXAMINER'S CASE <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHY?	REPORTED TO MEDICAL EXAMINER BY
<i>If Medical Examiner's case make no attempt to obtain permission for autopsy.</i>		

**REPORT OF PATHOLOGIST**

<i>Use terms approved by International List of Causes of Death.</i>	DATE OF AUTOPSY	HOUR	a.m. p.m.
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GROSS PATHOLOGICAL FINDINGS AND ANATOMIC DIAGNOSES *(Number in order of importance in relation to cause of death.)* PROBABLE DURATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		PROBABLE DURATION
IMMEDIATE CAUSE	(A)	
	(B)  (C)	

2. OTHER SIGNIFICANT CONDITIONS: *(Conditions contributing to the death but not related to the disease or condition causing death.)*

AUTOPSY PERFORMED BY

*NOTE: Upper half of form is completed by attending physician at time of death and attached to medical record.*

Patient Identification	<b>REPORT OF DEATH</b> NIH-1082 (4-88) P.A. 09-25-0099
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