Illinois Department of Public Health - Division of Vital Records

VR200 (Rev. 1/08)

STATE OF ILLINOIS CERTIFICATE OF DEATH REGISTRATION DISTRICT NO.

| LOCAL FILE NUMBER | | STATE FILE NUMBER | | | | | | | | | | | | |
|--|---|----------------------------------|--|----------------------|---|----------------------------|---|-----------------------|---|--|-----------------------|------------------------|---|--|
| 1. DECEDENT'S LEGAL NAME (| Include AK | As if any) (Fir | st, Middle, La | ıst) | | | | | 2. SEX | 3. DA1 | E OF DEA | TH (Moi | nth/Day/Year) (Spell Mont | |
| | | | | | | | | | | | | | | |
| 4. COUNTY OF DEATH | 5a. / | AGE AT LAST | BIRTHDAY (Yea | ars) 5b. UI Month | | YEAR Days | 5c. | UNDER 1 | DAY Minutes | 6. DATE OF | BIRTH (N | lonth/D | ay/Year) | |
| 7a. CITY OR TOWN | | | | | 7b. HOS | SPITAL OR O | THER INST | ITUTION N | AME (If not i | n either, give str | eet and nu | mber) | | |
| | | | | | | | | | | | | | | |
| IF DEATH OCCURRED IN A HOSPIT | ΔΙ | | 1 | | | H (Check only D SOMEWHE | | | • | | | | | |
| ☐ Inpatient ☐ Emergency Roon | | ☐ Dead on A | : | | | | | | | Decedent's hom | e Other (| Specify |): | |
| 8. BIRTHPLACE | 9. SOCIAL | SECURITY N | UMBER 10. | . MARITA | L STAT | US AT TIME | OF DEA | ГН | | VIVING SPOUSE | | | 12. EVER IN U.S. | |
| (City and State or Foreign Country) | | | ☐ Married ☐ Married but separated ☐ Widov ☐ Divorced ☐ Never Married ☐ Unkno | | | | | Widowed Jnknown | d ` ~ ~ · | | | | e) ARMED FORCES? | |
| 13a. RESIDENCE (Street and Number) | | | 13b. APT. NO. 13c. CITY OR TOWN | | | | | | 13d. INSIDE CITY LIMITS? ☐ Yes ☐ No | | | | | |
| 13e. COUNTY 13f. | STATE 13g | . ZIP CODE | 14. FATHER | 'S NAME | (First, I | Middle, Last | :) | | 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, M | | | | RIAGE (First, Middle, Las | |
| 16a. INFORMANT'S NAME | 16b. RELAT | 6b. RELATIONSHIP 16c. MAILIN | | | | | ADDRESS (Street and No., City or Town, State, Zip Code) | | | | | | | |
| 17. METHOD OF DISPOSITION: ☐ Cremation ☐ Donation ☐ Ent Other (Specify): | | 18. PLACE OF D | ISPOSITION (Nar | me of cemel | tery, cren | natory, other) | 19. LOC | ATION - (| CITY, TOWN | AND STATE | 20. DATE | OF DISP | OSITION (Month/Day/Year) | |
| 21a. FUNERAL HOME NAM | ИE | S | TREET AND N | NUMBER | | | CI | TY OR TO | OWN | s | TATE | | ZIP | |
| 21b. FUNERAL DIRECTOR'S SIG | NATURE | | | | | | | | 21c. FUNE | RAL DIRECTO | R'S ILLIN | OIS LIC | ENSE NUMBER | |
| 22. LOCAL REGISTRAR'S SIGNA | ATURE | | | | | | | | 23. DATE F | ILED WITH LO | CAL REG | ISTRA | R (Month/Day/Year) | |
| CAUSE OF DEATH (See instructions and examples) 24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementi Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause necessary. IMMEDIATE CAUSE (Final disease or condition resulting in deatt——————————————————————————————————— | | | | | | | | lementia e cause o | a related disease. Parkinson's | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| Sequentially list conditions, if | | | | | Due to | o (or as a co | onsequen | ce of): | | | | | | |
| any, leading to the cause listed b | | | | | | | | | | | | | | |
| resulting in death) LAST | - 0 | | | | Due to | o (or as a co | nsequen | ce of): | | | | | | |
| PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in F | | | | | | | | PART I. | 26. WERE AUTOPSY FINDINGS USED TO | | | | | |
| 27. DID TOBACCO USE | 20 IE EEM | A1 E. | | | | | | | | 29. MANNER | | | DEATH? Yes N | |
| CONTRIBUTE TO DEATH? Yes Probably No Unknown | ☐ Not pregna | t pregnant within past 12 months | | | | | | | ☐ Natural | □ Natural □ Suicide □ Could not be determine □ Accident □ Homicide □ Pending Investigation | | | | |
| 30. DATE OF INJURY (Month/Da | DATE OF INJURY (Month/Day/Year) 31. TIME OF INJURY 32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area) 33. INJURY | | | | | | | 33. INJURY AT WORK | | | | | | |
| 34. LOCATION OF INJURY | Street and N | lumber | | Aį | partmer | nt Number | Ci | ty or Tow | rn | | ! | State | ZIP Code | |
| 35. DESCRIBE HOW INJURY OCCURRED: | | | | | | | | | 36. IF TRANSPORTATION INJURY, SPECIFY: Driver/Operator Pedestrian Passenger Other (Specify): | | | | | |
| 37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) 38. WAS AND LAST SAW HIM/HER ALIVE ON COP | | | | | S MEDICAL EXAMINER OR RONER CONTACTED? Yes No | | | | E PRONOU | NCED (Month/I | Day/Year) | ear) 40. TIME OF DEATH | | |
| 41. CERTIFIER (Check only one Physician in charge of patient's Physician in attendance at the Medical Examiner/Coroner: Or | care: To the time of death | only: To the | best of my kno | owledge, d | death oc | curred at the | time, date | e, and place | ce, and due | to the cause(s) e, and due to th | and mann e cause(s | er state) and m | d. anner stated. | |
| 42. NAME, ADDRESS AND ZIP (| CODE OF PE | RSON COM | PLETING CAU | JSE OF D | EATH (I | Item 24) | | | | | 43. P | HYSICIA | AN'S LICENSE NUMBER | |

| 44. TITLE OF CERTIFIER | 45. DATE CERTIFIED (Month/Day/Year) | 46 | 46. SIGNATURE OF CERTIFIER | | | | | |
|--|---|---|--|--|--|--|--|--|
| | | | | | | | | |
| 47. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death. | NT OF HISPANIC ORIGIN? - Check the box that bes hether the decedent is Spanish/Hispanic/Latino. No" box if decedent is not Spanish/Hispanic/Latino. | - | 49. DECEDENT'S RACE - Check one or more races to indicate what the decedent considered himself or herself to be. | | | | | |
| □ 8th grade or less | □ No not | Spanish/Hispanic/Latino | | ☐ White ☐ Black or African American | | | | |
| ☐ 9th - 12 grade; no diploma☐ High school graduate or GED completed | ☐ Yes, Me | exican, Mexican American, Chicano | | ☐ American Indian or Alaskan Native | | | | |
| ☐ Some college credit, but no degree ☐ Associated degree(e.g. AA, AS) | ☐ Yes, Pu ☐ Yes, Cu | | | (Name of the enrolled or principle tribe) | | | | |
| ☐ Bachelor's degree(e.g. BA, AB, BS) | | ner Spanish/Hispanic/Latino | | ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean | | | | |
| ☐ Master's degree(e.g. MA, MS, MEng, MEd, ☐ Doctorate(e.g. PhD, EdD) or Professional de☐ Unknown | Specify: | | | ☐ Vietnamese ☐ Other Asian(Specify) | | | | |
| GINIOWII | | | | □ Native Hawaiian □ Guamanian or Chamorro □ Samoan | | | | |
| | | | | ☐ Other Pacific Islander(Specify) | | | | |
| | | | | ☐ Other(Specify) | | | | |
| | | | | | | | | |
| 50. DECEDENT'S USUAL OCCUPATION (Indicate type of | of work done du | ring most of working life. DO NOT USE RETIRED). | | 51. BUSINESS/INDUSTRY (Enter type of business or industry, NOT COMPANY NAME) | | | | |
| | | | | | | | | |

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