# NORTH DAKOTA FUNERAL DIRECTOR'S WORKSHEET FOR COMPLETING A FACTS OF DEATH RECORD

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
SFN 58647 (10-2013)

| | | | |
|---|---|---|---|
| 1. Decedent's Legal Name (First, Middle, Last, Suffix) | | Also Known As (AKA) (1) | |
| Also Known As (AKA) (2) | | 2. Gender ☐ Male ☐ Female ☐ Unknown | |
| 3. If Female, Maiden Name (last name prior to marriage) | 4. Social Security Number * | 5. Date of Death | 6. Time of Death (military) |
| 7. Date of Birth | 8. Age (in years) at Last Birthday | If under 1 Months Days | If under 1 day Hours Minutes |
| 9. Place of Birth - State or Foreign Country. If Canada, please also list province. | | | |
| 10. Address Where Decedent Usually Lived | | Apartment Number | Inside City Limits ☐ No ☐ Yes |
| City | County | State | ZIP Code |
| 11. Decedent in United States Armed Forces ☐ No ☐ Yes ☐ Unknown | 12. Marital Status of Deceased ☐ Married ☐ Widowed ☐ Never Married ☐ Married, but separated ☐ Divorced ☐ Unknown | | |
| 13. Surviving Spouse's Name (First, Middle, Last) If wife, give last name prior to first marriage. | | | |
| 14. Decedent's Father's Name (First, Middle, Last, Suffix) | | 15. Decedent's Mother's Name Prior to First Marriage (First, Middle, Last, Suffix) | |
| 16. Informant's Name (First, Middle, Last, Suffix) | | 17. Informant's Relationship to Decedent | |
| 18. Informant's Mailing Address | City | State | ZIP Code |
| 19. Death Occur in a Hospital (If YES, complete facility information) ☐ No ☐ Yes - Complete facility information ☐ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival | | | |
| Facility Name | | | |
| City | County | State | ZIP Code |
| 20. Death Occurred Somewhere Other Than a Hospital ☐ Hospice Facility ☐ Nursing Home/Long-Term Care Facility ☐ Decedent's Home ☐ Other. Specify: | | | |
| Facility Name (if not in an institution, give street and number) | | | |
| City | County | State | ZIP Code |
| 21. Method of Disposition ☐ Burial ☐ Cremation ☐ Entombment ☐ Donation ☐ Removal from state ☐ Other. Specify: | | | |

22. Place of Disposition

| | | |
|---|---|---|
| Name of Cemetery, Crematory, or Other | | |
| City | County | State |

| | | | |
|---|---|---|---|
| 23. Decedent's Level of Education | ☐ High school graduate or GED completed | ☐ Bachelor's Degree (BA, BS) | ☐ Unknown |
| ☐ 8th grade or less | ☐ Some College credit but no degree | ☐ Master's Degree (MA, MS) | |
| ☐ 9th - 12th grade, no diploma | ☐ Associate Degree (AA, AS) | ☐ Doctorate Degree (PHD, MD) | |

* Based on federal law (42 U.S.C. §§ 652(a)(7) and 666(a)(5)(C)(iv)), the social security number has been determined to be a mandatory data element for this form and will be used for identification purposes. Failure to disclose this information will not affect the validity of this form.

24. Decedent of Hispanic Origin (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check NO if the decedent is not Spanish/Hispanic/Latino.

- ☐ No, Not Spanish/Hispanic/Latino
- ☐ Yes, Puerto Rican
- ☐ Yes, Other Spanish/Hispanic/Latino - Specify:
- ☐ Yes, Mexican, Mexican American Chicano
- ☐ Yes, Cuban

25. Decedent's Race - Check one or more races to indicate what the decedent considered himself or herself to be.

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native - Name of Principal Tribe:
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian - Specify:
- ☐ Native Hawaiian
- ☐ Guamian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander - Specify:
- ☐ Other - Specify:
- ☐ Unknown

26. What is the Decedent's Ancestry - Check one or more races to indicate what the decedent considered himself or herself to be.

- ☐ Native American Indian
- ☐ English/Welsh
- ☐ Irish
- ☐ German
- ☐ French
- ☐ Scandinavian (Norwegian, Danish, Swedish)
- ☐ Polish
- ☐ Other Western European (i.e. Belgian)
- ☐ Other Eastern European (i.e. Russian)
- ☐ Other Northern European (i.e. Finnish)
- ☐ Other - Specify:
- ☐ Refused/Unknown

27. Decedent's Usual Occupation (Indicate the type of work done during most of the decedent's working life, DO NOT USE RETIRED, e.g. High School Teacher, Airman 1st Class, Electronic Assembler)

28. Business or Industry Where the Decedent Usually Worked (e.g. High School, Hospital, Air Force, Manufacturing - Computers, Retail - Department Store, Grocery Store)

| 29. Signature of Funeral Director | | 30. License Number | |
|---|---|---|---|
| 31. Name of Funeral Home | | Date of Signature | |
| Address | City | State | ZIP Code |
| 32. Telephone Number | 33. Fax Number | | |

# Instructions for Funeral Director's Worksheet

**ITEM 1 - DECEDENT'S LEGAL NAME**

Include any other names used by decedent. If substantially different from the legal name, after the abbreviation AKA (also known as) e.g. Samuel Langhorne Clemens AKA Mark Twain, but not Jonathon Doe AKA John Doe.

**ITEM 5 - DATE OF BIRTH**

Enter the full name of the month (January, February, March etc.) Do not use a number or abbreviation to designate the month. Use the full Century.

**ITEM 10 - RESIDENCE OF DECEDENT (Information divided into seven categories)**

Residence of decedent is the place where the decedent actually resided. The place of residence is not necessarily the same as "home state" or "legal residence". Never enter a temporary address such as one used during a visit, business trip, or vacation. Place of residence during a tour of military duty or during attendance at college is considered permanent and should be entered as the place of residence. If the decedent had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, assisted living center, penitentiary, or hospital for the chronically ill, report the location of that facility in item 14. If the decedent was an infant who never resided at home, the place of residence is that of the parent(s) or legal guardian. Never use an acute care hospital's location as the place of residence for any infant. If Canadian residence, please specify province instead of State.

**ITEM 13 - SURVIVING SPOUSE'S NAME**

If the decedent was married at the time of death, enter the full name of the surviving spouse. If the surviving Spouse is the wife, enter her name prior to first marriage. This item is used in establishing proper insurance settlements and other survivor benefits.

**ITEM 15 - MOTHER'S NAME PRIOR TO FIRST MARRIAGE**

Enter the name used prior to first marriage, commonly known as maiden name. This name is useful because it remains constant throughout life.

**ITEM 23 - DECEDENT'S EDUCATION**

From the Funeral Director's Worksheet, indicate the Highest. **Information in this section will not appear on the certified copy of the death certificate. This information is used to study the relationship between mortality and education, (which roughly corresponds with socioeconomic status). This information is valuable in medical studies of causes of death and in programs to prevent illness and death.**

**ITEM 24 - DECEDENT'S HISPANIC ORIGIN**

Check "No" or check the "Yes" box that best corresponds with the decedent's ethnic Spanish identity as given by the informant. Note that "Hispanic" is not a race and item 22 must also be completed. Do not leave this item blank. With respect to this item, "Hispanic" refers to people whose origins are from Spain, Mexico, or the Spanish-speaking Caribbean Islands or countries of Central or South America. Origin includes ancestry, nationality and lineage. There is no set rule about how many generations are to be taken into account in determining Hispanic origin; it may be based on the country or origin or a parent, grandparent, or some far removed ancestor. Although the prompts include the major Hispanic groups, other groups may be specified under "other". "Other" may be used for decedents of multiple Hispanic origin (e.g. Mexican-Puerto Rican). **Information in this section will not appear on the certified copy of the death certificate. This information is needed to identify health problems in a large minority population in the United States. Identifying health problems will make it possible to target public health resources to this important segment of our population.**

**ITEM 25 - DECEDENT'S RACE**

Enter the race of the decedent as state by the informant. Hispanic is not a race; information on Hispanic ethnicity is collected separately in item 52. American Indian and Alaska Native refer only to those native to North American and does not include Asian Indian. Please specify the name of enrolled or principal tribe (e.g. Sioux, Cheyenne, etc) for American Indian or Alaska Native. For Asians check Asian Indian, Chines, Filipino, Japanese, Korean, Vietnamese, or specify other Asian group. For Pacific Islanders check Guamanian or Chamarro, Samoan, or specify other Pacific Island Group. If the decent was of mixed race, enter each race (e.g. Samoan – Chinese – Filipino or White, American Indian). **Information in this section will not appear on the certified copy of the death certificate. Race is essential for identifying specific mortality patterns and leading causes of death among different racial groups. It is also used to determine if specific health programs are needed in particular areas to make population estimates.**

**ITEM 27 and 28 - OCCUPATION AND INDUSTRY**

Questions concerning occupation and industry must be completed for all decedents 14 years of age or older. This information is useful in studying deaths related to jobs and in identifying any new risks. For example, the link between lung disease and lung cancer and asbestos exposure in jobs such as shipbuilding or construction was mad possible by this sort of information on death certificates. **Information in this section will not appear on the certified copy of the death certificate.**

**ITEM 27 - DECEDENT'S USUAL OCCUPATION**

Enter the usual occupation of the decedent. This is not necessarily the last occupation of the decedent. Never enter “retired”. Give kind of work decedent did during most of his or her working life, such as claim adjuster, farmhand, coal miner, janitor, store manager, college professor, or civil engineer. If the decedent was a homemaker at the time of death but had worked outside the household during his or her working life, enter that occupation. If the decedent was a homemaker during most of his or her working life, and never worked outside the household, enter “homemaker”. Enter “student” if the decedent was a student at the time of death and was never regularly employed or employed full time during his or her working life. **Information in this section will not appear on the certified copy of the death certificate.**

**ITEM 28 - KIND OF BUSINESS/INDUSTRY**

Kind of business to which occupation in item 54 is related, such as insurance, farming, coal mining, hardware store, retail clothing, university, or government. DO NOT enter firm or organization names. If decedent was a homemaker as indicated in item 23, then enter either “own home” or “someone else’s home” as appropriate. If decedent was a student as indicated in item 23, the enter type of school such as high school or college in item 55. **Information in this section will not appear on the certified copy of the death certificate.**