

Information Needed for Missouri Certificate of Death

(Please fill out completely and accurately since this information will appear on the Death Certificate)

1. Legal Name (First, Middle, Last, Include AKA's if any) _____
2. If female, last name prior to first marriage (Maiden name) _____
3. Sex Female Male 4. Social Security Number ___ - ___ - _____
5. Age (Last birthday, in years) _____ 6. Date of Birth (Month, Day, Year) _____
7. Birthplace (City / State or Foreign Country): _____
8. Residence (Address / City / State / ZIP): _____

Inside City Limits Yes No
9. Ever in U.S. Armed Forces: Yes No
10. Marital Status: Never Married Married but separated Widowed
 Married Divorced Unknown
11. Surviving Spouse's Name (if wife, maiden name): _____
12. Father's Name (First, Middle, Last): _____
13. Mother's Maiden Name (First, Middle, Last): _____
14. Usual Occupation (During most of working life; do not use retired): _____
15. Kind of Business/Industry: _____
16. Education (Check the box that best ascribes the highest degree or level of school completed at time of death):
 8th grade or less Associate degree (e.g. AA, AS)
 9th-12th grade, no diploma Bachelor's degree (e.g. BA, AB, BS)
 High school graduate or GED Completed Master's degree (e.g., MA, MS, MEng, MeD, MSW, MBA)
 Some college credit, but no degree Doctorate / Professional degree
(e.g. PhD, EdD, MD, DOS, DMV, LLE, JD)
17. Of Hispanic Origin: (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino) Check the "No" box if decedent is not Spanish/Hispanic/Latino
 No, not Spanish/Hispanic/Latino Yes, Cuban
 Yes, Mexican, Mexican American, Chicano Yes, other Spanish/Hispanic/Latino
 Yes, Puerto Rican Specify _____

Please fill out information on the back page

18. Race (Check one or more races to indicate what the decedent considered himself or herself to be):

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Other Asian (specify) _____ |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> American Indian or Alaska Native
(Name of evolved or Principal tribe) _____ | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Pacific Islander (specify) _____ |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Korean | |
| <input type="checkbox"/> Vietnamese | |

Signature: _____ Date _____

The Information Below is to be completed if the anatomical donation is by Next-of-Kin

19. Informant's Name (First, Middle, Last): _____

Informant's Mailing Address: _____

Relationship to Decedent: _____

20. Place of Decedent's Death:

If Death Occurred in a Hospital:

- Inpatient
- Emergency Room/Outpatient
- DOA

If Death Occurred Somewhere Other than a Hospital:

- Hospice Facility
- Nursing Home/Long Term Care
- Decedent's Home
- Other (Specify) _____

Facility Name: _____

City or Town, State and Zip Code: _____

County of Death: _____

The above information will remain confidential and will be used only at the discretion of the Department of Anatomy at the Kirksville College of Osteopathic Medicine, A.T. Still University.