Current Arizona Death Certificate (all of the following fields are currently printed on the actual death certificate)	**Proposed AZ. Standard Death Certificate 2003** *Italicized items or check boxes differ from 1989.*	**Fields Recommended to be Collected for Statistical Purposes Only and Not to Be Printed on the Death Certificate**
1. NAME OF DECEASED	**DECEDENT'S *LEGAL* NAME** *(Include AKA's if any)* (First, Middle, Last)	
2. SEX	**same**	
3. DATE OF DEATH (month, day, year)	**ACTUAL OR PRESUMED DATE OF DEATH** (Mo/Day/Yr) *(Spell Month)*	
4.A. RACE (e.g. white, black, American Indian, (specify tribe) etc.) SPECIFY:	**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 the enrolled or principal tribe) _____ ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian-specify _____ ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander-specify _____ ☐ Other-specify _____ **Action:** Change the wording and response categories for these items to comply with OMB guidelines and year 2000 Census questions.	
B. WAS DECEDENT OF HISPANIC ORIGIN: (specify yes of no)	**DECEDENT 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, Puerto Rican ☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Cuban ☐ Yes, other Spanish/Hispanic/Latino-specify _____ **Action:** Change the wording and response categories for these items to comply with OMB guidelines and year 2000 Census questions.	
C. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.	*Captured above*	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? (specify yes or no)	**same**	
6.A. PLACE OF DEATH - COUNTY	**same**	
6.B. TOWN OR CITY	**CITY, TOWN, AND ZIP CODE**	

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6.C. HOSPITAL OR INSTITUTION (If residence, give street address)	**PLACE DEATH PRONOUNCED IF DEATH WAS PRONOUNCED IN A HOSPITAL:** ☐ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival **IF DEATH WAS PRONOUNCED SOMEWHERE OTHER THAN A HOSPITAL:** ☐ Residence ☐ *Hospice facility* ☐ Nursing home/long-term care facility ☐ Other (Specify) **Action:** Hospice facility was added due to the increased use of this facility type.	
	FACILITY NAME (If not institution, give street and number)	
	FACILITY NPI (National Provider Identifier)	
7. DATE OF BIRTH: MONTH, DAY, YEAR	**same**	
8.A. AGE (YEARS LAST BIRTHDAY)	**same**	
B. IF UNDER 1 YEAR – MOS. DAYS	**same**	
C. IF UNDER 1 DAY HRS. MIN.	**same**	
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	**MARITAL STATUS AT TIME OF DEATH** ☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown **Action:** Changed to a check box format. "Married, but separated" was added to alleviate confusion for those who are married and have never been separated.	
10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	**same**	
11. STATE AND CITY OF BIRTH (If not USA, name country)	**same**	
12. CITIZEN OF WHAT COUNTRY? SPECIFY		
13. SOCIAL SECURITY NO.	**same**	
14.A. USUAL OCCUPATION (Give kind of work done most of working life, even if retired)	**DECEDENT'S USUAL OCCUPATION** (Indicate type of work done during most of working life. DO NOT USE RETIRED)	**X**
14.B. KIND OF BUSINESS OR INDUSTRY	**same**	**X**
15A. USUAL RESIDENCE - STATE	**same**	
15B. COUNTY	**same**	
15C. TOWN OR CITY	**same**	
15D. ZIP CODE	**same**	
15E. STREET ADDRESS OR RFD	**STREET AND NUMBER, APT. NO.**	
15F. INSIDE CITY LIMITS? (Specify Yes or No)	**same**	**X**
15G. ON RESERVATION (Specify Yes or No)	**RESIDED IN TRIBAL COMMUNITY AT TIME OF DEATH ☐ Yes ☐ No** **If yes, which tribal community** (select one) ☐ CAMP VERDE YAVAPAI APACHE ☐ COCOPAH TRIBE	**X**

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	☐ COLORADO RIVER INDIAN TRIBES ☐ FORT MOJAVE TRIBE ☐ HAVASUPAI TRIBE ☐ HUALAPAI TRIBE ☐ WHITE MTN APACHE TRIBE ☐ HOPI TRIBE ☐ TOHONO O'ODHAM TRIBE (PAPAGO) ☐ AK CHIN INDIAN COMMUNITY ☐ FT MCDOWELL MOHAVE-APACHE COMMUNITY ☐ GILA RIVER INDIAN COMMUNITY ☐ SALT RIVER INDIAN COMMUNITY ☐ SAN CARLOS APACHE TRIBE ☐ KAIBAB BAND OF PAIUTE INDIAN ☐ PRESCOTT YAVAPAI INDIAN COMMUNITY ☐ PASCUA YAQUI ☐ SAN JUAN SO. PAIUTE BAND ☐ QUECHAN TRIBE ☐ TONTO APACHE ☐ NAVAJO TRIBE	
16. HOW LONG IN ARIZONA	**same**	**X**
17. EDUCATION – HIGHEST GRADE COMPLETED	**DECEDENT'S EDUCATION** (Check the box that best describes the highest degree or level of school completed at the time of death.) ☐ 8th grade or less ☐ 9th - 12th grade; no diploma ☐ High school graduate or GED completed ☐ Some college credit, but no degree ☐ Associate degree (e.g., AA, AS) ☐ Bachelor's degree (e.g., BA, AB, BS) ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) **Action:** Change the wording and response categories for consistency with a collapsed set of Census categories	**X**
17A. ELEMENTARY – SECONDARY (0-12)	***See above***	
17B. COLLEGE (1-4, 5+)	***See above***	
18. PREVIOUS STATE OF RESIDENCE		
19. FATHER'S NAME: FIRST, MIDDLE, LAST	**same**	
20. MOTHER'S MAIDEN NAME: FIRST, MIDDLE, LAST	**MOTHER'S LAST NAME PRIOR TO FIRST MARRIAGE**	
21. INFORMANT'S SIGNATURE	**INFORMANT'S NAME**	
22. RELATIONSHIP TO DECEASED	**same**	
23. ADDRESS: STREET, CITY, STATE AND ZIP CODE	**same**	
24. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	**METHOD OF DISPOSITION** ☐ Burial ☐ Donation ☐ Entombment ☐ Removal from State	

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	☐ Cremation ☐ Other (specify) **Action:** "Entombment" was added because it is becoming an increasingly frequent method of disposition. In addition, the information is helpful in the event that the body is exhumed or disinterred.	
25. DATE		
26. CEMETERY OR CREMATORY – NAME/LOCATION	**PLACE OF DISPOSITION (Name of cemetery, crematory, other place)**	
	LOCATION–CITY, TOWN, AND STATE	
27A. EMBALMER'S SIGNATURE		
27B. CERT. NO.		
28. FUNERAL HOME – Name, Street Address, City & State	**NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY**	
29A. FUNERAL DIRECTOR or person acting as such (signature)	**NAME OF FUNERAL DIRECTOR**	
29B. CERT NO.	**same**	
30.To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. SIGNATURE AND TITLE	**NAME OF PERSON PRONOUNCING DEATH**	
	LICENSE NUMBER	
31. DATE SIGNED (mo, day, year)	**same**	
32. HOUR OF DEATH	**TIME PRONOUNCED DEAD**	
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (type or print)		
	WAS MEDICAL EXAMINER OR CORONER CONTACTED? ☐Yes ☐No	
34. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSES(S) AND MANNER STATED. SIGNATURE AND TITLE	**CERTIFIER (Check only one):** **☐ Certifying Physician / Nurse Practitioner –To the best of my knowledge, death occurred due tothe cause(s) and manner stated.** **☐ Pronouncing and Certifying Physician / Nurse Practitioner - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.** **☐ Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.** **NAME OF CERTIFIER: _____**	
	TITLE OF CERTIFIER	
	LICENSE NUMBER	
35. DATE SIGNED (Month, day, year)	**DATE CERTIFIED (Month, day, year)**	
36. HOUR OF DEATH	**ACTUAL OR PRESUMED TIME OF DEATH** **New Item:** This item establishes the exact time of death, which is important in inheritance case where there is a question of who died first. This is also	

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	important in the case of multiple deaths in the same family. This information is needed for legal, registration/ certification, and research purposes	
37. PRONOUNCED DEAD ON (Mo., Day, Year)	**DATE PRONOUNCED DEAD (Mo/Day/Yr)**	
	ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell month) **New Item:** This information is used in conjunction with the hour of death to establish the exact time of death of the decedent. Epidemiologists use the date of death in conjunction with the cause-of-death information for research on intervals between injuries, onset of conditions, and death. This item is needed for legal, registration/certification, and research purposes.	
38. PRONOUNCED DEAD AT (hour	**Same**	
39. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (type or print)	**NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH**	
40. AUTHORIZED FOR CREMATION (specify) Yes of No		
41. MEDICAL EXAMINER'S SIGNATURE	See 34 above	
42. DATE REGISTERED	***For Registrar Only* – DATE FILED (Mo/Day/Yr)**	
43. REG. FILE NO.		
44. REGISTRAR'S SIGNATURE	**Deleted:** This item was deleted because as the death certificate moves toward an electronic format, signatures become a barrier in the process of registration.	
45. REG. DISTRICT		
46. DATE REC'D IN STATE OFFICE		
47. SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE, ENTER UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH) LAST. A. IMMEDIATE CAUSE (Final disease or condition resulting in death) (Enter only one cause on each line) and the approximate interval between onset and death.	**CAUSE OF DEATH (See instructions and examples)** **PART I**. Enter the chain of events–diseases, injuries, complications–that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation. DO NOT ABBREVIATE. a. IMMEDIATE CAUSE (Final disease or condition resulting in death)	
B. DUE TO OR AS A CONSEQUENCE OF AND THE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH.	B – C. Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. Approximate Interval: Onset to Death	
C. DUE TO OR AS A CONSEQUENCE OF AND THE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH.		

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48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I	**PART II.** Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	
	DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ No ☐ Probably ☐ Unknown **New Item:** This new question measures a public health outcome and is needed for public health program assessment.	**X**
	IF FEMALE: ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Unknown if pregnant within the past year **New Item:** This item was added to improve the measurement of maternal mortality, based on the experience of States that currently ask this question on their death certificate.	**X**
49. AUTOPSY (Specify Yes or No)	**same**	
	WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No	
50. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No)	**WAS MEDICAL EXAMINER OR CORONER CONTACTED** **☐ YES ☐ NO**	
51. MANNER OF DEATH: Natural Causes; Accident, Suicide, Homicide, Pending investigation, Undetermined	**same**	
52. DATE OF INJURY (Mo., Day, Year)	**same**	**X**
53. HOUR	**same**	**X**
54. INJURY AT WORK (Specify Yes or No)	**same**	**X**
55. DESCRIBE HOW INJURY OCCURRED	**same**	**X**
56. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY	**PLACE OF INJURY** (e.g., Decedent's home; construction site; restaurant; wooded area)	**X**
57. WHERE LOCATED? STREET ADDRESS, CITY OR TOWN, STATE	**LOCATION OF INJURY:** State: City or Town: Street & Number: Apartment No.: Zip Code:	**X**
	IF TRANSPORTATION ACCIDENT, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)_____ **New Item:** This item was added to facilitate ICD-10 cause-of-death coding, which places much greater emphasis on traffic status than ICD-9	**X**
58. SUPPLEMENTARY ENTRIES		