



# Death Certificate Training

## Funeral Directors

Training Home	<b>Funeral Directors</b>	Medical Examiners	Medical Certifiers
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Click on the Expand/Collapse button for information.

### ITEMS 1a.-1e. DECEDENT'S LEGAL NAME

(Changed field: First, Middle and Last Names are now separate fields)

Expand/Collapse Form Section

DECEDENT'S LEGAL NAME			
1a. FIRST	1b. MIDDLE	1c. LAST	1d. SUFFIX
aka	aka	aka	

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.

SPECIAL NOTE: 1e Last Name Prior to First Marriage—if female, enter decedent's last name before first marriage.

### ITEMS 7a. and 7b. PLACE OF DEATH

(Changed: Two fields. One field for death that occurred in a hospital.

Another field if death occurred elsewhere.)

Expand/Collapse Form Section

PLACE OF DEATH (Check only one)	
7a. IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA	7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)

Check only one choice from list of checkboxes. New choices added: Decedent's Residence; Hospice.

If the death occurred in a residence but not the residence of the decedent, please check "Other" and specify the residence (i.e., Son's Home; Friend's Home). If the place of death is unknown, a death certificate shall be filed within five days in the county where the dead body is found. If the death occurs in a moving conveyance, a death certificate shall be filed in the county in which the dead body was first removed from the conveyance.

DOA should only be used when a person dies en route to a facility.

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## ITEM 7d. CITY OR TOWN

(Changed: City or Town of Facility)

Expand/Collapse Form Section

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7d. CITY OR TOWN

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## ITEM 8. MARITAL STATUS

(Changed: Now a checkbox)

Expand/Collapse Form Section

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8. MARITAL STATUS  
 Married  Married, but separated  Widowed  
 Divorced  Never married  Unknown

This item also has two new options: Married, but separated and Unknown.

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## ITEM 9. SURVIVING SPOUSE'S NAME

(Changed: If wife, name prior to first marriage)

Expand/Collapse Form Section

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9. SURVIVING SPOUSE (if wife, give name prior to first marriage)

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.

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# ITEMS 12a.-12f. RESIDENCE OF DECEDENT

(Changed: 12a. Residence now includes Foreign Country)

Expand/Collapse Form Section

12a. RESIDENCE—STATE OR FOREIGN COUNTRY	12b. COUNTY	12c. CITY OR TOWN
12d. STREET AND NUMBER		12e. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No
12f. ZIP CODE		

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 residence 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, penitentiary or hospital for the chronically ill, report the location of that facility in items 12a.-12f. 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. EVER IN U.S. ARMED FORCES?

(Changed: Now a checkbox for veteran's status)

Expand/Collapse Form Section

13. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No
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## ITEM 14. DECEDENT'S EDUCATION

(Changed: Now a checkbox)

Expand/Collapse Form Section

14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> 9 <sup>th</sup> -12 <sup>th</sup> grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
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Check the box that corresponds to the highest level of education that the decedent completed. 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 15. WAS DECEDENT OF HISPANIC ORIGIN?

(Changed: Now a checkbox)

Expand/Collapse Form Section

15. 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, Mexican, Mexican American, Chicano

Yes, Puerto Rican

Yes, Cuban

Yes, other Spanish/Hispanic/Latino (Specify)

\_\_\_\_\_

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 16 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 of origin of 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 also be used for decedents of multiple Hispanic origins (e.g., Mexican-Puerto Rican). **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 16. RACE

(Changed: Now a checkbox and one or more races may be checked)

Expand/Collapse Form Section

16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)

White  Other Asian (Specify) \_\_\_\_\_

Black or African American \_\_\_\_\_

American Indian or Alaska Native (Name of the enrolled or principal tribe)  Native Hawaiian \_\_\_\_\_

\_\_\_\_\_  Guamanian or Chamorro \_\_\_\_\_

\_\_\_\_\_  Samoan \_\_\_\_\_

Asian Indian  Japanese  Other Pacific Islander (Specify) \_\_\_\_\_

Chinese  Korean  Other (Specify) \_\_\_\_\_

Filipino  Vietnamese \_\_\_\_\_

Enter the race of the decedent as stated by the informant. Hispanic is not a race; information on Hispanic ethnicity is collected separately in item 15. American Indian and Alaska Native refer only to those native to North and South America (including Central America) and does not include Asian Indian. Please specify the name of enrolled or principal tribe (e.g., Navajo, Cheyenne, etc.) for the American Indian or Alaska Native. For Asians check Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese or specify other Asian group; for Pacific Islanders check Guamanian or Chamorro, Samoan or specify other Pacific Island group. If the decedent was of mixed race, enter each race (e.g., Samoan-Chinese-Filipino or White, American Indian). **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 and to make population estimates. Race is self-identified therefore informant should always provide race; funeral home staff should not make presumptions.

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## ITEM 19b. RELATIONSHIP TO DECEDENT

(New: Informant's Relationship to Decedent)

Expand/Collapse Form Section

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19a. INFORMANT'S NAME	19b. RELATIONSHIP TO DECEDENT
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Enter the relationship of the person providing the information for the death certificate to the decedent.

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## ITEM 20a. METHOD OF DISPOSITION

(Changed: Added Entombment. If you check "Other," please specify)

Expand/Collapse Form Section

20a. METHOD OF DISPOSITION		
<input type="checkbox"/> Burial	<input type="checkbox"/> Cremation	<input type="checkbox"/> Donation
<input type="checkbox"/> Entombment	<input type="checkbox"/> Removal from State	
<input type="checkbox"/> Other (Specify):		

Check the appropriate box.

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## ITEM 21a. SIGNATURE OF FUNERAL DIRECTOR

(New: Requires Signature of Funeral Director)

Expand/Collapse Form Section

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21a. SIGNATURE OF FUNERAL DIRECTOR
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Funeral director must "sign" the death certificate in lieu of typing or printing his/her name.

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# IMPORTANT INSTRUCTIONS FOR ITEMS 10a. AND 10b.

Please read the following information.

## ITEMS 10a. AND 10b. OCCUPATION AND INDUSTRY

Expand/Collapse Form Section

10a. DECEDENT'S USUAL OCCUPATION	10b. KIND OF BUSINESS/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 made possible by this sort of information on death certificates.

## ITEM 10a. DECEDENT'S USUAL OCCUPATION

Expand/Collapse Form Section

10a. DECEDENT'S USUAL OCCUPATION	10b. KIND OF BUSINESS/INDUSTRY

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.

## ITEM 10b. KIND OF BUSINESS/INDUSTRY

Expand/Collapse Form Section

10a. DECEDENT'S USUAL OCCUPATION	10b. KIND OF BUSINESS/INDUSTRY

Kind of business to which occupation in item 10a 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 10a, then enter either "own home" or "someone else's home" as appropriate. If decedent was a student as indicated in item 10a, then enter type of school, such as high school or college.

# Funeral Director Resources

- [CDC Certificate Revision Website](#)
- [Funeral Directors Administrative Codes & General Statutes](#)
- [Funeral Directors & Morticians Association of N.C.](#)
- [N.C. Board of Funeral Services](#)
- [N.C. Funeral Directors Association](#)
- [N.C. General Statutes/Death Registration: NCGS 130A-115](#)
- [N.C. Medical Board](#)
- [Updated N.C. Death Certificate \(fill-in\)\\* \(Currently available as of January 11, 2018\)](#)
- [Updated N.C. Death Certificate \(printable template\)\\* \(Currently available as of January 11, 2018\)](#)
- [Old N.C. Death Certificate \(Ends December 2013\)](#)
- [Old N.C. Medical Examiner's Certificate of Death \(Ends December 2013\)](#)
- [Notification of Death \(fill-in\)\\*](#)
- [Instructions for Downloading Nitro Reader and Paper Requirements for Printing](#)
- [Laser-Printed Death Certificate Forms](#)

[\\*\(Download the Free Nitro PDF Reader and Creator to fill in and save the death certificate form.\)](#)

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