

## DEATH CERTIFICATE

This prop is a replica of a genuine vintage death certificate. This is a certified copy of the original document, such as might be requested by an investigator after the fact.

**Enter information** on form using built-in Acrobat form fields (or delete default entries and print prop “blank”, and enter info using a real typewriter or by hand).

**Print** on any kind of paper you want. The certificate on page 2 is meant to be printed on plain white or solid colored paper. The certificate on page 3 is intended for printing on paper with a pre-printed certificate border, such as can be found at various office supply stores.

Add handwritten remarks, rubber stamped dates, and other details for added authenticity. Ideally, an embossed state seal would appear in the lower left corner.

### GENERAL INSTRUCTIONS FOR FILLING OUT DEATH CERTIFICATES

The death certificate is designed to identify causes of death and how these conditions related to each other and to the death. The death certificate should not be used to document the deceased's entire medical history for posterity. Do not report diseases, injuries, other conditions or circumstances that did not cause or contribute to death.

### DEFINITIONS

**Cause(s) of Death.** “Cause of death” is a morbid condition or disease process, abnormality, injury or poisoning leading directly or indirectly to death.

**Immediate Cause of Death.** This is the final disease or condition that resulted directly in death. Chronologically, it is the last medical condition to occur.

**Intermediate Cause(s) of Death.** These are conditions that link the immediate cause of death to the underlying cause.

**Underlying Cause of Death.** This is the disease or injury which “initiated the train of morbid events leading directly to death or the circumstances of the accident or violence which produced the fatal injury.”

**Contributing Cause(s) of Death.** “Contributing causes” are diseases, injuries, or other conditions that contributed to the fatal outcome, but did not cause the condition identified as the underlying cause of death.

**Injury.** If you report an injury on a death certificate, you are saying it was a cause of death. For purposes of coroner notification, “injury” includes the following:

- trauma from external forces
- other adverse physical effects of externally-caused events
- poisoning, toxicity or overdose of any substance, including medication
- exposure to natural and environmental forces such as weather
- aspiration, suffocation, strangulation, mechanical obstruction of breathing including from food, vomitus, secretions (unless reported due to disease)
- anaphylactic shock and other allergic reactions
- fractures and hematomas from falls or other external forces
- errors and accidents during surgery or other medical care
- starvation, neglect, privation
- overexertion
- contact with venomous or nonvenomous animals, insects, plants, gigantic monstrous multi-eyed tentacular horrors

### LIST OF TERMS THAT DO NOT ADEQUATELY IDENTIFY UNDERLYING CAUSE OF DEATH

Certain terms should not be reported as the only cause(s) of death because they do not identify the underlying cause of death. These terms describe only symptoms, signs of illness, ill-defined terms, plus secondary conditions. This is not an all-inclusive list.

age, (old) (any)	bradycardia	distress, adult respiratory	failure, hepatic	hypothermia, unspec.	senescence
altered mental status	cachexia	dysphagia	failure, liver	hypoxia	senile debility exhaustion
anorexia	coagulopathy	dysrhythmia	failure, multi organ	immaturity	senility
anoxia	coma	dysrhythmia, cardiac	failure, multi system	immunosuppression	shock
anuria	convulsions	edema	failure, respiratory	increased intracranial pressure	shock, cardiogenic
arrest, cardiac	death, cardiac	edema, cerebral	fever	insufficiency, pulmonary	shock, hypovolemic
arrest, cardiopulmonary	death, neonatal	edema, pulmonary	fibrillation, atrial	jaundice	shock, septic
arrest, cardiorespiratory	debility, senile	effusion, pleural	fibrillation, ventricular	loss, weight	shock, unspec.
arrest, respiratory	debility, unspec.	exhaustion	gangrene (incl. of site)	natural causes (unk.)(unspec.)	shutdown of specified organ(s)
arrhythmia	decubiti	exsanguination	hemothorax	nonviable	slow heart beat
ascites	dehydration	failure to thrive	homeostenosis	paraplegia	state, chronic bedridden
aspiration	depletion, volume	failure, any organ	hyperglycemia	prematurity	syncope
asystole	diarrhea	failure, central nervous system	hyperkalemia	quadriplegia	tachycardia
bacteremia	difficulty feeding	failure, heart	hyponatremia	rapid heart beat	vomiting
bedridden	dissociation, electromechanical	failure, heart, congestive	hypotension	seizures	weak heart

### UNKNOWN AND UNCERTAIN CAUSE OF DEATH

Cause of death is an opinion based upon best available knowledge, but the person who completes the cause of death section and signs the death certificate should be someone who knows the causes of death, including the underlying cause of death. If you know only the probable causes of death, you may report those. If “unknown” is all you can report, include a statement on the death certificate that explains why the cause of death was unknown.

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STATE BOARD OF HEALTH  
**Bureau of Vital Statistics**

NO. \_\_\_\_\_

I, \_\_\_\_\_, State Registrar of Vital Statistics, do hereby certify  
the following to be a true and correct copy of the **CERTIFICATE OF DEATH** of \_\_\_\_\_

**PLACE OF DEATH**

County of \_\_\_\_\_

on file in **THE BUREAU OF VITAL STATISTICS.**

Voting Precinct No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

Incorporated Town \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

City \_\_\_\_\_

(No. \_\_\_\_\_

St. \_\_\_\_\_

Ward) \_\_\_\_\_

(If death occurred in  
a Hospital or Institution,  
give its NAME instead of  
street and number.)

(If death occurs away from  
**USUAL RESIDENCE**  
give facts called for under  
"Special Information.")

**FULL NAME** \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX \_\_\_\_\_

4. COLOR OR RACE \_\_\_\_\_

5. Single  
Married  
Widowed  
or Divorced \_\_\_\_\_

6. DATE OF BIRTH \_\_\_\_\_  
(Month) (Day) 1 (Year)

7. AGE \_\_\_\_\_  
IF LESS than  
1 day \_\_\_\_\_ hrs.  
\_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. or \_\_\_\_\_ min?

8. OCCUPATION  
(a) Trade, profession or  
particular kind of work \_\_\_\_\_  
(b) General nature of industry,  
business or establishment in which  
employed (or employer) \_\_\_\_\_

9. BIRTHPLACE  
(State or country) \_\_\_\_\_

**PARENTS**

10. NAME OF  
FATHER \_\_\_\_\_

11. BIRTHPLACE  
OF FATHER  
(State or country) \_\_\_\_\_

12. MAIDEN NAME  
OF MOTHER \_\_\_\_\_

13. BIRTHPLACE  
OF MOTHER  
(State or country) \_\_\_\_\_

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) \_\_\_\_\_

(Address) \_\_\_\_\_

Filed \_\_\_\_\_ 19 \_\_\_\_\_  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH \_\_\_\_\_  
(Month) (Day) 19 (Year)

17. I HEREBY CERTIFY That I attended deceased  
from \_\_\_\_\_, 19 \_\_\_\_\_ to \_\_\_\_\_, 19 \_\_\_\_\_  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19 \_\_\_\_\_

and that death occurred on the date stated above at \_\_\_\_\_

m. THE CAUSE OF DEATH was as follows: \_\_\_\_\_

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory \_\_\_\_\_

(Secondary) \_\_\_\_\_

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) \_\_\_\_\_, M. D.

\_\_\_\_\_, 19 \_\_\_\_\_ (Address) \_\_\_\_\_

\*State the Disease Causing Death, or, in deaths from Violent Causes  
state (1) Means of Injury; and (2) whether Accidental, Suicidal or  
Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or  
Recent Residents)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted  
If not at place of death? \_\_\_\_\_

Former or  
usual residence \_\_\_\_\_

19. PLACE OF BURIAL OR REMOVAL \_\_\_\_\_

DATE OF BURIAL \_\_\_\_\_

20. UNDERTAKER \_\_\_\_\_

ADDRESS \_\_\_\_\_

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and  
caused the official seal to be affixed at \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_  
in the year of our Lord one thousand nine hundred and \_\_\_\_\_

State Registrar.



STATE BOARD OF HEALTH  
**Bureau of Vital Statistics**

NO. \_\_\_\_\_

I, \_\_\_\_\_, State Registrar of Vital Statistics, do hereby certify the following to be a true and correct copy of the **CERTIFICATE OF DEATH** of \_\_\_\_\_

**PLACE OF DEATH**

County of \_\_\_\_\_ on file in **THE BUREAU OF VITAL STATISTICS.**

Voting Precinct No. \_\_\_\_\_ Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_

Incorporated Town \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward) (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

(If death occurs away from  
USUAL RESIDENCE  
give facts called for under  
"Special Information.")

**FULL NAME** \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	16. DATE OF DEATH <div style="text-align: right;">_____ 19 ____ (Month) (Day) (Year)</div>	
6. DATE OF BIRTH <div style="text-align: right;">_____ 1 ____ (Month) (Day) (Year)</div>		17. I HEREBY CERTIFY That I attended deceased from _____, 19 ____ to _____, 19 ____ that I last saw h. _____ alive on _____, 19 ____ and that death occurred on the date stated above at _____	
7. AGE <div style="text-align: right;">_____ yrs. _____ mos. _____ ds. IF LESS than 1 day _____ hrs. or _____ min?</div>		m. THE CAUSE OF DEATH was as follows: _____ _____ _____ (Duration) _____ yrs. _____ mos. _____ ds.	
8. OCCUPATION (a) Trade, profession or particular kind of work _____ (b) General nature of industry, business or establishment in which employed (or employer) _____		Contributory _____ (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.	
9. BIRTHPLACE (State or country) _____		(Signed) _____, M. D. _____, 19 ____ (Address) _____	
<b>PARENTS</b>	10. NAME OF FATHER	<div>*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.</div> 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds. Where was disease contracted If not at place of death? _____ Former or usual residence _____	
	11. BIRTHPLACE OF FATHER (State or country)		
	12. MAIDEN NAME OF MOTHER		
	13. BIRTHPLACE OF MOTHER (State or country)		
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) _____  (Address) _____  Filed _____ 19 ____ Registrar.		19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20. UNDERTAKER ADDRESS	

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and caused the official seal to be affixed at \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_  
in the year of our Lord one thousand nine hundred and \_\_\_\_\_

\_\_\_\_\_  
State Registrar.