



TENNESSEE DEPARTMENT OF HEALTH DELAYED REPORT OF DIAGNOSIS - DEATH

STATE FILE NUMBER

TYPE/ PRINT
IN
PERMANENT
BLACK INK.

A DELAYED
REPORT OF
DIAGNOSIS MAY
BE FILED IF THE
CAUSE OF
DEATH CANNOT
BE
DETERMINED
WITHIN 48
HOURS.

ALL ITEMS ARE
TO BE
COMPLETE AND
ACCURATE.
ITEM NUMBERS
ARE SKIPPED
SO THAT
NUMBERS ARE
THE SAME AS
ON
CERTIFICATE
OF DEATH.

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)		2. SEX	3. DATE OF DEATH (Month, Day, Year)		
5a. AGE-Last Birthday (Years)	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 DAY Hours _____ Minutes _____		6. DATE OF BIRTH (Month, Day, Year)	
8b. FACILITY NAME (If not institution, give street and number)		8c. CITY OR TOWN		8d. COUNTY OF DEATH	
24. REGISTRAR'S SIGNATURE			25. DATE FILED (Month, Day, Year)		
26. CERTIFIER (Check only one): 26a. PHYSICIAN -To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated. 26b. MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.					
27a. SIGNATURE OF CERTIFIER ▶ _____		27b. LICENSE NUMBER	27c. DATE SIGNED (Month, Day, Year)		
		27d. NAME AND ADDRESS			
28. PART I. Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. _____ 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 { b. _____ Due to (or as a consequence of): _____ c. _____ Due to (or as a consequence of): _____ d. _____ PART II. <u>Other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I. _____				Approximate interval: Onset to death _____ _____ _____	
			29a. WAS AN AUTOPSY PERFORMED? Yes No		
			29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No		
30. MANNER OF DEATH Natural Homicide Accident Could not be determined Suicide		31. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably No Unknown		32. IF FEMALE: Not pregnant within past year Not pregnant, but pregnant 43 days to 1 year before death Pregnant at time of death Not pregnant, but pregnant within 42 days of death Unknown if pregnant within the past year	
33. IF TRANSPORTATION INJURY, SPECIFY: Driver/Operator Passenger Pedestrian Other (Specify) _____		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? Yes No	34d. PLACE OF INJURY –at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED			34f. LOCATION OF INJURY (Street and Number, City or Town, State)		