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
☐ 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 / 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, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino
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):*

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
  (Name of evolved or Principal tribe) _____
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (*specify)* _____
- ☐ Native Hawaiian
- ☐ Guamanian
- ☐ Samoan
- ☐ Other Pacific Islander *(specify)* _____
- ☐ Other *(specify)* _____
- ☐ Unknown

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.