

New Jersey Department of Health and Senior Services  
ELECTRONIC DEATH REGISTRATION SYSTEM  
WORKSHEET FOR MEDICAL FACILITY

CASE ID NUMBER

**A. CREATE CASE INFORMATION**

1c. Name of Decedent as Known by Physician

First Name	Middle Name	Last Name	Suffix

2. Sex

Male     Female     Unknown

35c. County of Death

35b. Municipality of Death

31. Date of Death (Month/Day/Year)

**B. MEDICAL INFORMATION**

Date of Death Modifier

Actual     Approximate     Court Determined     Date Found

32. Time of Death

AM     PM

Time of Death Modifier

Actual     Approximate     Court Determined     Unknown

33. Was ME Contacted?

Yes     No

Medical Record Number

ME Case Number

Organ Donor Network Notified?

Yes     No

34. Place of Death (Check only one)

If Death Occurred in a Hospital:

Inpatient     Emergency Room or Outpatient     Dead on Arrival

If Death Occurred Somewhere Else:

Hospice Facility     Nursing / Long Term Care Facility     Decedent's Home

Other Location:      Unknown

35a. Facility Name (If not institution, give street and number)

Facility Address

**C. PRONOUNCER INFORMATION**

26. Date Pronounced Dead (Month/Day/Year)

27. Time Pronounced Dead

AM     PM

29. License Number of Pronouncer

30. Date Signed (Month/Day/Year)

Pronouncer's First Name

Pronouncer's Last Name

**WORKSHEET FOR MEDICAL FACILITY  
(Continued)**

<b>CASE ID NUMBER</b>

**D. CAUSE/MANNER OF DEATH INFORMATION**

**36a. CAUSE OF DEATH, PART I, IMMEDIATE CAUSE**

*Final disease or condition resulting in death. Subsequently 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.*

*(Enter chain of events (diseases, injuries, or complications) that directly caused death.*

*DO NOT enter terminal events such as cardiac arrest, or ventricular fibrillation without showing etiology.*

*DO NOT ABBREVIATE. Enter only one cause per line.)*

Line A

Interval Between  
Onset and Death

Line B - *Due to (or as a consequence of):*



Line C - *Due to (or as a consequence of):*



Line D - *Due to (or as a consequence of):*



**36b. CAUSE OF DEATH, PART II, OTHER SIGNIFICANT CONDITION**

*(Enter other significant conditions contributing to death but not resulting in underlying cause given in PART I.)*

**37. Was an Autopsy Performed?**

 Yes     No     Refused     Religious Objections

**38. Were Autopsy Findings Available to Complete Cause of Death?**

 Yes     No     Unknown

**46. Manner of Death**

 Natural  
 Accident  
 Suicide  
 Homicide  
 Pending Investigation  
 Undetermined

**47. Did Decedent have Diabetes?**

 Yes  
 No  
 Unknown

**48. Did Tobacco Use Contribute to Death?**

 Yes  
 Probably  
 No  
 Unknown

**49. Pregnancy State (If Female):**

 Not pregnant within past year  
 Pregnant at time of death  
 Not pregnant, but pregnant within 42 days of death  
 Not pregnant, but pregnant 43 days to 1 year before death  
 Unknown if pregnant within the past year

**39. Date of Injury (Month/Day/Year)**

Undetermined

**40. Time of Injury**

  AM     PM

Undetermined

**41. Place of Injury (e.g., home, construction site, restaurant)**

**42. Injury at Work?**

 Yes     No

**43a. Location of Injury (Street Address)**

**43b. Zip Code**

**43d. State**

**43c. County**

**43b. Municipality**

**44. Describe How Injury Occurred:**

**45. If Transportation Injury:**

Driver/Operator

Pedestrian

Passenger

Other (Specify):