

Funeral Directors Worksheet for Completing Death Record (EDEN)

Funeral Directors Name _____

1. Decedent's Legal Name

First Middle Last Suffix

2. What Is The Decedent's Sex?

Male Female Unknown

3. What Is The Decedent's Date Of Death? _____ Found
Month Day Year

4. City of Death _____

5. County of Death _____

6. What Is The Decedent's Date Of Birth? _____
Month Day Year

7. What Is The Decedent's Social Security Number? _____ - _____ - _____

8. AKA _____
(The AKA Should Be Substantially Different Than The Legal Name)

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9. What Is The Decedent's Age At Last Birthday? _____
Years

If Under 1 Year _____
Months Days

If Under 1 Day _____
Hours Minutes

10. What Is The Decedent's Place Of Birth?

State and City or Canadian Province or Foreign Country

11. Was The Decedent Ever In The United States Armed Forces?

Yes No Unknown

12. What Was The Marital Status Of The Deceased?

Never Married Divorced
 Married Married, but separated
 Widowed Unknown

13. What Is The **Spouse's** Name? If Wife, Give Last Name **Prior To First Marriage**

First Middle Last Suffix

14. What Was The Decedent's Usual Occupation? Indicate the type of work done during most of the decedent's working life.
DO NOT USE RETIRED. (e.g. High School Teacher, Airman 1st Class, Electronic Assembler)

15. In What Business Or Industry Did The Decedent Usually Work?

(e.g. High School, Hospital, Air Force, Manufacturing, Computers, Retail – Department Store, Grocery Store)

16. Where Did The Decedent Usually Live?

_____ Street Address		_____ Second Street Address (Apartment#)	
_____ State	_____ City	_____ Zip	_____ Country (If outside the U.S.)
Inside City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

17. What Is The Decedent's **Father's** Name?

_____ First	_____ Middle	_____ Last	_____ Suffix
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18. What Is The Decedent's **Mother's** Name **Prior To First Marriage?**

_____ First	_____ Middle	_____ Last	_____ Suffix
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19. What Is The **Informant's** Name?

_____ First	_____ Middle	_____ Last	_____ Suffix
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What Is The Informant's Relationship To The Decedent? _____

What Is The Informant's Mailing Address?

_____ Address		_____ Address 2 (Apartment #)	
_____ State	_____ City	_____ Zip	_____ Country (If outside the U.S.)

20. Is The **Decedent** Of Hispanic Origin? (Check **NO** If The Decedent Is Not Spanish/Hispanic/Latino)

Yes No Unknown

(If **YES**, Check The Box That Best Describes Whether The Decedent Is Spanish/Hispanic/Latino)

<input type="checkbox"/> Mexican, Mexican American Chicano	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Cuban	<input type="checkbox"/> South American
<input type="checkbox"/> Other Spanish/Hispanic/Latino (Specify) _____	

21. What Is The **Decedent's** Race?

(Check One Or More Races To Indicate What The Decedent Considered Himself Or Herself To Be)

<input type="checkbox"/> White	<input type="checkbox"/> Korean	<input type="checkbox"/> Other Asian (Specify) _____
<input type="checkbox"/> Black Or African American	<input type="checkbox"/> Samoan	<input type="checkbox"/> Other Pacific Islander (Specify) _____
<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Japanese	<input type="checkbox"/> Guamanian Or Chamorro	<input type="checkbox"/> Unknown
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> American Indian Or Alaska Native/ Name Of Principal Tribe _____	
<input type="checkbox"/> Filipino		
<input type="checkbox"/> Asian Indian		

22. What Is The Decedent's Level Of Education?

<input type="checkbox"/> 8 th Grade Or Less	<input type="checkbox"/> Some College Credit But No Degree	<input type="checkbox"/> Doctorate (PhD, EdD, Or Professional Degree) (MD, DDS, DVM, LLB, JD)
<input type="checkbox"/> 9 th –12 th Grade, No Diploma	<input type="checkbox"/> Associate Degree (AA, AS)	<input type="checkbox"/> None
<input type="checkbox"/> High School Graduate Or GED Completed	<input type="checkbox"/> Bachelor's Degree (BA, AB, BS)	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Master's Degree (MA, MS, ME)	

23. What Is Decedents Time Of Death? _____: _____ 24-Hour Clock Found

24. Date Deceased Last Attended By Physician or Agent? Never Seen Alive or _____
Month Day Year

25. Did Death Occur In A Hospital?

Inpatient Emergency Room/Outpatient Dead On Arrival

Facility Name _____

26. Did The Death Occur Somewhere Other Than A Hospital?

Nursing Home/ Assisted Living Decedent's Home Other
(Specify) _____

Facility Name _____

(If Outside A Facility, Give Street Address Of Location) _____

27. What Is The Method Of Disposition?

Burial Removal From State Other
 Cremation Entombment (Specify) _____
 Donation

28. Date Of Disposition _____
Month Day Year

29. Place Of Disposition (Name Of Cemetery, Crematory Or Other Place)

30. Location Of Disposition

State City

Trade or Service Call

31. Name Of Funeral Home Responsible For Burial

Injury Information

32. What Is The Date Of Injury? _____
Month Day Year

33. What Is The Time Of Injury? _____: _____ 24 Hour Clock

34. Was The Injury At Work?

Yes No Unknown

35. What Is The Place Of Injury? (e.g. At Home, Farm, Street, Factory, Office, Building Etc.)

36. If Is A Motor Vehicle Accident, Please Specify

Driver Other
 Passenger Specify _____
 Pedestrian Unknown

37. Where Did The Injury Occur?

Street Address

State

City

County

Country (If outside the U.S.)

38. Describe How The Injury Occurred **(Enter sequence of events that resulted in injury)**

39. Name And Address Of Physician Certifying Death _____

40. Was The Medical Examiner Contacted? Yes No Unknown

M.E. Case Number _____ Date _____