

DOH 422-260 February 2024

Cause of Death Worksheet for Report of Death

Medical certifiers, medical examiners, and coroners use this worksheet to collect the cause of death information needed to register deaths in Washington State. Also use the demographics worksheet (DOH 422-259) if you are acting as a funeral home. All fields are legally required – RCW 70.58A.200.

Decedent's Demographic Information

Legal Name of Decedent

First

Middle

Last

Suffix

Decedent Aliases (First, Middle, Last Name)

First AKA

Second AKA

Third AKA

Sex (M/F/X)

Male

Unknown

Female

X (non-binary)

Sex (For social security number validation.)

Male

Unknown

Female

Date of Death (MM/DD/YYYY)

Actual

Found

Approximate

Presumed

Court-Ordered

Unknown

Estimated

Time of Death

Actual

Found

Approximate

Presumed

Court-Ordered

Unknown

Estimated

Date of Birth (MM/DD/YYYY)

Age (Years)

Under 1 Year – Months

Days

Under 1 Day – Hours

Minutes

Place of Death, if death occurred in a hospital:

Place of Death, if death occurred somewhere other than a hospital:

Country, State, County of Death

Facility Name (If not a facility, give street number and name)

Location

City or Town, or Place

State

Zip Code

Manner of Death

Manner of Death

Natural	Undetermined
Homicide	Suicide
Accident	Pending

Did tobacco use contribute to death?

Yes	No
Probably	Unknown

Pregnancy status of the decedent

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

Was ME/Coroner informed?

Yes	No
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Was an autopsy performed?

Yes, performed	Unknown
No, not performed	

Were autopsy findings available to complete the Cause of Death?

Yes	No
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Did decedent experience homelessness at the time of death, or in the month before death?

Yes	Unknown
Probably	ME as funeral home
No	

If Yes or Probably, what type of homelessness experience **at time of death?** (Please select only one)

Living situation unknown
Unsheltered (outside/places not meant for human habitation)
Sheltered (short-duration or transitional housing)
Sheltered (long-term or permanent supportive housing)
Other not listed

If Yes or Probably, what type of homelessness experience **within one month preceding death?**

Living situation unknown
Unsheltered (outside/places not meant for human habitation)
Sheltered (short-duration or transitional housing)
Sheltered (long-term or permanent supportive housing)
Other not listed

Cause of Death

Enter the diseases, injuries, or complications that directly caused the death. **Do not abbreviate.**

- If the cause of death is not known within five calendar days, mark 'Pending' for 'Manner of Death'. When the cause of death is determined, you must update the cause of death using the Facility Affidavit for Correction form.
- If you report an injury or external event as an immediate or underlying cause, then you must complete injury information. External events include: falls, traumatic fractures, drug intoxications, overdoses, traffic accidents, electrocutions, cold or heat exposures, drownings, poisonings, gunshot wounds, stab wounds/cuts, blunt injuries, hangings, suffocations, positional or mechanical asphyxias, burns, smoke inhalations, or instances of abuse.
- Each condition reported as an (b-d) underlying cause should cause the one above it.
- Report a specific underlying cause of death as (b) so there is no ambiguity about the etiology of the death.
- If you enter a terminal event like cardiac arrest, respiratory arrest, or ventricular fibrillation as the immediate cause, you must add at least one underlying cause.

Immediate Cause

(a) final disease or condition resulting in death:

(a) time between onset and death (include units of time)

Underlying Cause (disease or injury that initiated the events resulting in death)

Sequentially list diseases, injuries, or complications, if any, that led to the immediate cause of death.

(a) due to or as a consequence of (b):

(b) time between onset and death (include units of time)

(b) due to or as a consequence of (c):

(c) time between onset and death (include units of time)

(c) due to or as a consequence of (d):

(d) time between onset and death (include units of time)

Other significant conditions contributing to death but not resulting in a listed underlying cause

Comments and ME/Coroner Disposition Authorization Number

Injury Information

If you marked the death as natural, leave the injury section blank.

Date of Injury (MM/DD/YYYY)

Actual	Found
Approximate	Presumed
Court-Ordered	Unknown
Estimated	

Time of Injury

Actual	Found
Approximate	Presumed
Court-Ordered	Unknown
Estimated	

Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)

Injury at Work?

Yes	Unknown
No	

Location of Injury

Street Number and Name Unit Number

If not U.S.; Country

City or Town County

State Zip Code

Describe how injury occurred

Was this a transportation injury?

Yes

Unknown

No

If transportation injury (Specify):

Driver/Operator

Passenger

Pedestrian

Other (Specify)

Medical Certifier and Medical Examiner/Coroner Information

Name and Title

License Number

Address

Street Number and Name

Unit Number

City or Town

State

Zip Code

Email

Medical Examiner/Coroner File Number