

Lesson Title: Funeral Directors Completing the Oklahoma Certificate of Death

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Performance Objective

To accurately fill out the Personal Information Section, Items 1 through 24, of the Oklahoma Certificate of Death.

How will objectives be evaluated?

By the observance of more complete and accurate submissions of Personal Information on Oklahoma Certificates of Death.

References

[Oklahoma State Law, Title 63, Article 3 - Vital Statistics.](#)

[Oklahoma Administrative Code, Title 310, Chapter 105. Vital Statistics Regulations.](#)

[Funeral Directors' Handbook on Death Registration and Fetal Death Reporting.](#) (2003 Revision) Published by the CDC National Center for Health Statistics.

[Guidelines for Reporting Occupation and Industry on Death Certificates.](#) Published by the CDC National Center for Health Statistics.

Introduction

This training is designed to provide funeral directors with instructions for completing and filing the Oklahoma Certificate of Death. By [State Law, 63 OS 1-317\(b\)](#), the funeral director is responsible for filing an accurate and complete death certificate.

Death registration is important for three reasons:

1. Legal Reasons - The death certificate is a permanent legal record of the fact of death. Oklahoma law reads in [63 OS 1-317](#) that a death certificate **is** to be filed. Therefore, it is a legal requirement. The death certificate provides important information about: the decedent, the cause of death, and final disposition. This information is used in the application for insurance benefits, settlement of pension claims, and transfer of title of real and personal property.

The certificate is prima facie evidence of the fact of death and, therefore, can be introduced in court as evidence when a question about the death arises.

2. Personal Reasons - The death certificate in many cases provides family members with closure, peace of mind, and documentation of the cause of death.

3. Vital Statistics Reasons - The death certificate is the source for state and national mortality statistics. It is needed for a variety of medical and health-related research efforts. It is used to determine which medical conditions receive research and development funding, to set public health goals and policies, and to measure health status at local, state, national, and international levels. This data is valuable as a research tool and by influencing research funding.

Because statistical data derived from death certificates can be no more accurate than the information on the certificate, it is important that all persons concerned with the registration of deaths strive for complete, accurate, and prompt reporting of these events.

Funeral Director's Responsibility

In general, funeral director's duties are to:

- Complete all required items in the Personal Information section of the death certificate (Items 1 through 24).
- Send certificate to the physician for completion of the Medical Information section (Items 25 through 49).
- Review entire certificate for completeness and accuracy. Address any omissions, errors, and/or discrepancies.
- File the certificate with the State Registrar.
- Notify the medical examiner of any death believed to have been an accident, suicide, homicide, or to have occurred without medical attendance. ([63 OS 938](#))
- Obtain and use all necessary permits for cremation or removal of the body from the state.
- Cooperate with State Registrar concerning any questions on certificate entries.
- Be thoroughly familiar with all Oklahoma laws, rules, and regulations governing vital statistics.
- Call the Vital Records Division for advice and assistance when necessary.

General Instructions for Completing Death Certificates

- Use the current Oklahoma Certificate of Death form designated by the State of Oklahoma. At this time, there are two versions of this form that are acceptable; a 2004 Revision and a 2009 Revision.
- Complete each required item.

- Make entries legible. Use a computer printer with high resolution, typewriter with good black ribbon and clean keys, or print legibly using permanent black ink.
- Avoid abbreviations when possible. If you must use abbreviations, then use standard abbreviations (ex. US Postal Service abbreviations for addresses).
- Verify with the informant the spelling of names, especially those that have different spellings for the same sound.
- Obtain all signatures. **THEY MUST BE ORIGINAL.** Rubber stamps or other facsimile signatures are not acceptable.
- Do not make alterations or erasures.
- File the original certificate with the State Registrar. Reproductions or duplicates are not acceptable.
- Refer problems to the Division of Vital Records.

Completing the Certificate of Death

These instructions pertain to the 2004 Revision {Form VS-154(1-04)} and 2009 Revision {Form VS-154(7-08)} of the State of Oklahoma Certificate of Death. The funeral director completes Items 1 through 24.

For all items on the death certificate, including in the Medical Information section, "unknown" is an entry option. **However, this should be an exception and not the rule! Every attempt should be made to obtain the information requested for record submission.**

If an item does not apply to a particular situation, you can leave it blank. Otherwise, all required items must be completed. If there are required items left blank on the certificate, it will be rejected in accordance with [Oklahoma Administrative Code 310:105-1-2\(1\)](#).

Item 1. Decedent's Legal Name (First, Middle, Last, Suffix)

Enter the full first, middle, and last names of the decedent, followed by any suffixes that may be used (Sr., Jr., II, etc). Do not abbreviate. Verify the spelling of the name if possible. Verify the use of multiple first and/or middle names, and verify the omission of first and/or middle names.

If an informant indicates the decedent used an initial in their name, try to obtain the whole name. If the whole name cannot be obtained, enter the initials in the appropriate spaces.

If there is a title preceding the name, such as "Physician," do not enter the title in any of the name fields.

Do not enter aliases, nicknames, or spelling variations. Do not enter anything in the name field in quotes or parenthesis.

Item 1a. Last Name Prior to First Marriage

THIS ITEM ON 2009 REVISION ONLY.

Enter the last name of the decedent used prior to first marriage, commonly known as the maiden name. This is the name given at birth or adoption, not a name acquired by marriage. This name is useful because it remains constant throughout life. Complete this item irrespective of the decedent's sex.

Item 2. Sex

Enter male or female. Do not use symbols. Do not leave this item blank.

Item 3. Social Security Number

Enter the decedent's 9-digit Social Security Number(SSN). Verify by checking against the Social Security Card or other documentation, or by reading the number back to the informant providing the information.

If the decedent has no SSN, for example, a recent immigrant, or a foreign visitor, or an elderly person who never obtained a SSN, or an infant, then enter "n/a."

Item 4. Ever in US Armed Forces

If the decedent ever served in the U.S. Armed Forces, enter "Yes." If not, enter "No." If this cannot be determined, enter "Unknown." Do not leave this item blank.

Item 5. Age

Make one entry only in either 5a, 5b, or 5c depending on age of decedent.

5a. Age - Last birthday (years)

Enter decedent's exact age in years at his/her last birthday. Drop all fractions. If decedent was under one year of age, leave blank.

5b. Age - Under 1 Year

Enter exact age in either months or days at time of death for infants surviving at least 1 month.

If infant was 1 - 11 months of age inclusive, enter the age in completed months.

If infant was less than 1 month old, enter the age in completed days.

If infant was over 1 year or less than 1 day of age, leave blank.

5c. Age - Under 1 Day

Enter exact number of hours or minutes infant lived for infants who did not survive for an entire day.

If infant lived 1 - 23 hours inclusive, enter age in completed hours.

If infant was less than 1 hour old, enter age in minutes.

If infant was more than 1 day old, leave blank.

If infant survived for less than 1 minute, enter "1" as the age in minutes.

Item 6. Date of Birth

Enter month, day, and year that decedent was born. If part of the Date of Birth is unknown, enter known parts and question marks for unknown parts.

Make sure the Date of Death is not mistakenly entered here.

Do not leave blank.

Item 7. Birthplace (City and State or Foreign County)

If decedent was born in the United States, enter name of city and State.

If decedent was not born in the United States, enter name of country of birth whether or not decedent was a U.S. citizen at time of death.

Item 8. Residence

The decedent's residence is where his/her household was located, where he/she actually resided, or where he/she lived and slept most of the time. This is not necessarily the same as home State, voting residence, mailing address, or legal residence. Do not enter post office boxes or rural route numbers.

Temporary residence

Never enter a temporary residence, such as one used during a visit, business trip, or a vacation. However, usual onshore place of residence during a tour of military duty is not considered temporary and should be entered as the place of

residence. Similarly, usual place of residence during attendance at college is not considered temporary and should be entered as the place of residence.

Multiple residences

If decedent lived in more than one residence, enter the one lived in most of the year. If a child lives an equal amount of time in each residence, report the one where the child was staying when death occurred.

Institutions or group homes

If decedent was living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, long-term care facility, congregate care facility, foster home, or board and care home, this facility should be entered as the place of residence in Items 8a through 8g.

Children

If decedent was a child, residence is the same as the parent(s), legal guardian, or custodian unless the child was living in an institution where individuals usually reside for long periods of time, as indicated above. In those instances the residence of the child is shown as the facility. Children residing at a boarding school are considered to live at a parent's residence. Residence for foster children is the place they live most of the time.

Infant

If decedent was an infant who never resided at home, the residence is the mother's or legal guardian's. Do not use an acute care hospital as the place of residence for any infant.

8a. Residence - State

Enter the State where the decedent lived. This may differ from the State in the mailing address. If decedent was not a resident of the United States, enter the country and unit of government that is the nearest equivalent to a State.

If decedent lived in a Canadian province or territory, enter the name of the province or territory followed by "/Canada." If resident of any other country, enter the country in the space for State.

8b. Residence - County

Enter the county in which the decedent lived.

If the decedent resided in any country other than the United States and its territories, leave this item blank.

8c. Residence - City or Town

Enter the city, town, or location where the decedent lived. This may differ from the city, town, or location used in the mailing address.

8d. Residence - Zip Code

Enter the ZIP Code of the place where the decedent lived. This may differ from the ZIP Code used in the mailing address.

The 9-digit ZIP Code is preferred over the 5-digit ZIP Code. If only the 5-digit ZIP Code is known, report that.

If the decedent was not a resident of the U.S. or its territories, leave this item blank.

8e. Residence - Inside City Limits?

Enter "Yes" if the location entered in 8c is incorporated and if the decedent's residence is inside its boundaries. Otherwise enter "No."

8f. Residence - Street and Number

Enter the number and street name of the place where the decedent lived.

If street name has a direction as a prefix, enter the prefix in front of the street name (e.g., South Main Street). If the street name has a direction after the name, enter the direction after the name (e.g., Florida Avenue, NW). Report the street designator (e.g., Street, Road, Avenue, or Court).

8g. Residence - Apartment Number

Enter the apartment or room number associated with the residence. If there is no apartment or room number associated with this residence, leave this item blank.

Item 9. Marital Status at Time of Death

Check the appropriate box.

"Annulled and not remarried" and "never previously married" are considered "Never married." "Married previously" is classified as how the previous marriage terminated ("Widowed" or "Divorced"). **"Common law marriage" is considered "Married."** **"Indian marriage" is considered "Married."**

Item 10. Surviving Spouse's Name (If wife, give name prior to first marriage)

If decedent was married at the time of death, enter the full name of the surviving spouse.

If surviving spouse is the wife, enter her name prior to first marriage (i.e., maiden name).

If both spouses died at the same time, enter spouse's name and "died simultaneously."

Item 11. Father's Name (First, Middle, Last)

Follow the same instructions provided for Item 1 above.

Item 12. Mother's Name Prior to First Marriage (First, Middle, Last)

Enter the name (first, middle, and surname) the mother of the decedent used prior to first marriage, commonly known as the maiden name. This is the name given at birth or adoption, not a name acquired by marriage. This name is useful because it remains constant throughout life.

Item 13. Decedent of Hispanic Origin?

Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if the decedent is not Spanish/Hispanic/Latino.

Based on the informant's response, check the box that best corresponds with the decedent's ethnic identity as given by the informant. The response should reflect what the decedent considered himself/herself to be. The informant is encouraged to select only one response. If the informant is unable to select a single response, mark all boxes that apply; for example, if the informant selects both "Mexican" and "Cuban," enter both responses. If the respondent indicates an ethnic origin not on the list, it should be recorded in the "specify" space. Enter the informant's response even if it is not a Hispanic origin.

The Hispanic Origin question and Race question should be asked independently. "Hispanic" is not a race, and a decedent of Hispanic origin may be of any race. "Hispanic" is a self-designated classification for people whose origins are from Spain, the Spanish-speaking countries of Central or South America, the Caribbean, or those identifying themselves generally as Spanish or Spanish American. Origin can be viewed as ancestry, nationality, or country of birth or the person or person's parents or ancestors prior to their arrival in the United

States. Although the prompts include the major Hispanic groups, other groups may be specified under "Other."

Do not leave Item 13 blank.

Item 14. Decedent's Race

Show the informant the "race" information on the death certificate. Ask the informant to indicate the race or races that the decedent considered himself or herself to be. Enter the race or races of the decedent as stated by the informant. If there is no checkbox for the informant's response for one or more race, check the "Other (Specify)" box and enter the informant's literal (written) response, even if the response is not a race(s).

American Indian and Alaska Native refer only to those native to North and South America (including Central America) and do not include Asian Indian. Please specify the name of enrolled or principal tribe (e.g., Navajo or Cheyenne) for the American Indian or Alaska Native.

Do not leave Item 14 blank.

Item 15. Decedent's Education

Check the box that corresponds to the highest level of education that the decedent completed.

Show the informant the education level categories and ask the informant to choose the category that, to the best of their knowledge, describes the highest education level completed by the decedent.

If the decedent was currently enrolled, mark the previous grade or highest degree received.

Infants and children should automatically be checked as "8th Grade or Less." For all entries, CHECK ONLY ONE BOX. Do not leave Item 15 blank.

Items 16 and 17. Decedent's Usual Occupation and Kind of Business/Industry

Enter information even if decedent was retired, disabled, or institutionalized at the time of death.

In Item 16, enter the decedent's usual occupation. This is the job the decedent was engaged in for most of his/her life. It may not be the highest paid or most prestigious job, but the one that accounted for the most working years. Examples include claim adjuster, farmhand, coal miner, janitor, store manager,

college professor, or civil engineer. If disabled from birth and unable to work, enter "Disabled." If disabled, but worked, enter the job. Never enter "Retired." (Note: if the job was a miner, try to indicate what type of mining, i.e., coal, gold, diamond . . . This information helps determine associated health conditions.)

If the decedent was a homemaker but had worked outside the household during their working life, enter that occupation. If the decedent was a "homemaker" during most of their life, or never worked outside the household, enter "Homemaker." If the decedent was a student at the time of death and was never regularly employed or employed full time during his working life, enter "student." If the decedent was an infant at the time of death, enter "infant."

In Item 17, enter the kind of business/industry to which the occupation in Item 16 is related, such as insurance, farming, coal mining, hardware store, retail clothing, university, or government. Do not enter firm or organization names.

If the decedent was a student, enter the type of school, such as high school or college, in Item 17.

If there are questions about what classification to use for a decedent's occupation or industry, refer to the handbook "[Guidelines for Reporting Occupation and Industry on Death Certificates](#)" published by the Centers for Disease Control National Center for Health Statistics.

Item 18. Informant

18a. Informant's Name

Enter name of person who supplied the personal facts about the decedent and his/her family.

18b. Relationship to Decedent

Enter relationship of informant to decedent. For example, this may be a husband, wife, parent, son, daughter, brother, sister, or friend.

18c. Mailing Address

Enter complete mailing address of informant whose name appears in Item 18a. Be sure to include the ZIP Code.

Item 19. Method of Disposition

Enter method of disposition of decedent's body. If body is to be used by a hospital or a medical or mortuary school for scientific purposes, enter "Donation" and specify the name and location of the institution in Items 20 and 21.

"Donation" refers only to the entire body, not to individual organs. If "Other (Specify)" is checked, enter the method of disposition on the line provided.

Item 20. Place of Disposition

Enter name of cemetery, crematory, or other place of disposition. If body is removed from the State, specify the name of the cemetery, crematory, or other place of disposition to which the body is removed.

If body is donated, give the name of the institution.

Item 21. Location

Enter name of city, town, or village and State where place of disposition is located.

If body of decedent is donated, enter name of city, town, or village and State where institution is located.

If there is any question about how to record the place of disposition, contact the Vital Records Division.

Item 22. Name and Complete Address of Funeral Facility

Enter name and complete address (including ZIP Code) of facility handling the body prior to burial or other disposition.

Item 23. Signature of Funeral Home Director or Family Member Acting as Such

The funeral service licensee or other person first assuming custody of the body and charged with the responsibility for completing the death certificate should sign in permanent black ink. Rubber stamps or facsimile signatures are not permitted.

Item 24. FH Establishment License #

Enter the personal State license number of the funeral service licensee. If some other person who is not a licensed funeral director assumes custody of the body, such as a family member, enter "None."

Once You're Finished . . .

Turn over the Certificate of Death to the physician serving as the medical certifier so he/she can fill out the Medical Information portion of the certificate. Usually, if the Medical Examiner is the medical certifier involved, he/she will fill out the

Medical Information portion first and give it to the funeral home at the time the body is released.

When you get the certificate back from the medical certifier, immediately review the certificate for completeness and accuracy. If there is a problem with the medical portion of the certificate, immediately bring it to the attention of the physician. This will also help educate the physician to not make that mistake again. **DO NOT MAKE ANY CHANGES YOURSELF** to the Medical Information portion.

Remember, the funeral director is responsible for filing an accurate and complete Oklahoma Certificate of Death.

When the Certificate of Death is complete, file it with the Local or State Registrar.

2009 REVISION ONLY: If certificate is taken to a Local Registrar, you will find that Item 51 for the Local Registrar's date of receiving is absent. The Local Registrar can write the date next to their signature.