Affix computer I.D. here

MORTALITY FORM

Name_____

Date of death_____/_____/_____ DATE13
Mo. Day Yr.

1. **Cause of death** CAUSE13
   1 Cardiac—direct cause ☐ 2 Cardiac—contributory ☐ 3 Sudden unexplained death ☐
   4 Noncardiac—related to arteriosclerotic vascular disease ☐
   5 Noncardiac—not related to arteriosclerotic vascular disease ☐
   6 Suicide ☐

2. **Check all applicable clinical syndromes.**
   MI13 Acute myocardial infarction ☐ Congestive heart failure ☐ CHF13 Cardiogenic shock ☐ SHOCK13
   ARRHY13 Arrhythmia ☐ Postoperative (<24 hrs) ☐ Postoperative (<30 days) ☐ PSTOPG13
   CVA13 CVA ☐ Malignancy ☐ MALIG13 Traumatic ☐ Sudden death (<1 hr) ☐ SUDDEN13

3. **If recent (<2 mos.) myocardial infarction occurred, check location (based on ECG).**
   ANT13 Anterior ☐ Lateral ☐ Inferior ☐ Posterior ☐ Subendocardial ☐
   UNKNWN13 Unknown/Indeterminate ☐

4. **Circumstances surrounding death** (76-keystroke limit):_____
   _____
   _____

5. **Patient's symptoms, prior to death.** SYMPTM13
   1 Worsening ☐ 2 Improving ☐ 3 Stable ☐ 4 Unknown ☐

6. **Check where death occurred.** PLACE13
   1 Hospital ☐ 2 Emergency room ☐ 3 In transit to hospital ☐ 4 At home ☐
   5 At work ☐ 6 Recreation ☐ 7 Other ☐ (10-keystroke limit) _____

7. **Indicate time period in which death followed onset of life-threatening event.**
   1 <5 min. ☐ 2 <1 hr. ☐ 3 <24 hrs. ☐ 4 <7 days ☐ 5 Other ☐ TIME13

8. **Was death observed?** 1 Yes ☐ 2 No ☐ OBSVRD13
   If yes,
   1 Medical observation ☐ 2 Other ☐ OBSVRN13

9. **Was an autopsy performed?** 1 Yes ☐ 2 No ☐ AUTPSY13
   If yes, complete Part II.

10. **Location of autopsy.** 1 At participating clinic ☐ 2 Other ☐ LOCATN13
    If other, specify location:_____

Autopsy No: _____Date____/____/____

For clinic use: _____