



# 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     CHF13 Congestive heart failure     Cardiogenic shock  SHOCK13
- ARRHY13 Arrhythmia     Postoperative (<24 hrs)     Postoperative (<30 days)  PSTOPG13
- CVA13 CVA     Malignancy     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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_