ARKANSAS DEPARTMENT OF HEALTH
Vital Records

Supplemental Report of Cause of Death

I hereby certify that the cause of death of the decedent was as given below and the original certificate of death should be amended accordingly.

Note: If this form is used as authorization to amend a cause of death previously reported on a death certificate, please check here.

Reason for amendment: ☐ Autopsy ☐ Other Specify ____________________________________________________________

22. MANNER OF DEATH

25a. DATE OF INJURY (Mo/Day/Yr)

25b. TIME OF INJURY AM PM

23. DID TOBACCO USE CONTRIBUTE TO DEATH?

25c. PLACE OF INJURY (e.g. Decedent’s home, construction site, restaurant, wooded area)

25d. INJURY AT WORK?

25e. LOCATION OF INJURY: (Number, Street, Apartment No., City, State, Zip Code)

25f. DESCRIBE HOW INJURY OCCURRED:

25g. IF TRANSPORTATION INJURY, SPECIFY:

20. PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.

3a. DATE OF DEATH (Mo/Day/Yr)

3b. TIME OF DEATH AM PM

4a. IMMEDIATE CAUSE (Final disease or condition resulting in death)

4b. Due to (or as a consequence of)

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

21a. WAS AN AUTOPSY PERFORMED?

21b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

24. IF FEMALE:

18a. DATE PRONOUNCED DEAD (Mo/Day/Yr)

18b. TIME PRONOUNCED DEAD AM PM

18c. NAME AND TITLE OF PERSON PRONOUNCING DEATH (PRINT / TYPE)

19. WAS MEDICAL EXAMINER OR CORONER CONTACTED?

25a. DATE OF INJURY (Mo/Day/Yr)

25b. TIME OF INJURY AM PM

25c. PLACE OF INJURY (e.g. Decedent’s home, construction site, restaurant, wooded area)

25d. INJURY AT WORK?

25e. LOCATION OF INJURY: (Number, Street, Apartment No., City, State, Zip Code)

25f. DESCRIBE HOW INJURY OCCURRED:

25g. IF TRANSPORTATION INJURY, SPECIFY:

Name of Certifier (Print or Type) Title License #

Signature of Certifier Date

Certifier’s Address City State Zip Code

Subscribed and sworn to before me

This _____ day of ___________________________.

My Commission Expires _______________________

Signature of Notary Public

VR-4 (R 01/08)