**Section 500.APPENDIX F Death Records**

**Section 500.ILLUSTRATION E Corrected Cause of Death Certification**

|  |
| --- |
| For Original Record |
| STATE OF ILLINOIS |
| CORRECTED CAUSE OF DEATH CERTIFICATION |
| Concerning the death record of: |  |
|  |
| who died at |  | in the County of |  | , Illinois, on the |  | day of |  | , 19 |  |
|  |
| I HEREBY CERTIFY that the death certificate for the person named above should be corrected as follows, to reflect post mortem and/or other findings which were not available when the cause of death was initially certified on the certificate of death: |

|  |  |  |  |
| --- | --- | --- | --- |
| 18. | DEATH WAS CAUSED BY: | [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c) | APPROXIMATE INTERVALBETWEEN ONSET AND DEATH |
| PART I | IMMEDIATE CAUSE |  |
| CONDITIONS IF ANY | { | (a) |  |
| WHICH GIVE RISE TO | DUE TO OR AS A CONSEQUENCE OF: |  |
| IMMEDIATE CAUSE (a) | (b) |  |
| STATING THE UNDERLYING | DUE TO OR AS A CONSEQUENCE OF: |  |
| CAUSE LAST. | (c) |  |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART 1(a) | AUTOPSY (Yes/No)19a. | IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH19b. |
| DATE OF OPERATION IF ANY | MAJOR FINDINGS OF OPERATION |  |
| 20a. | 20b. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature |  | , M.D., | Date |  |
|  | (Attending Physician or Pathologist) |  |  |
| Address |  |
|  |
|  |
| Accepted for filing on the |  | day of |  | , 19 |  | . By |  |
|  |
|  | Title |  |
|  |
| VR-400.2 (10/70r) | OFFICE OF VITAL RECORDS  | - | ILLINOIS DEPARTMENT OF PUBLIC HEALTH | - | SPRINGFIELD 62706 |

(Source: Added at 15 Ill. Reg. 11706, effective August 1, 1991)