**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 INTERVAL  BETWEEN 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 DEATH  19b. |
| 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)