

SOUTH CAROLINA CERTIFICATE OF DEATH FUNERAL HOME WORKSHEET

1. DECEDENT'S LEGAL NAME (Include AKAs, if any) (First, Middle, Last)									2. SEX	3. SOCIAL SECURITY NUMBER		
4a. AGE-Last Birthday	4b. UNDER 1	YEAR	4c. UNDER	R 1 DAY		1	5. DATE OF BIRTI		6. BIRTHPLACE	6. BIRTHPLACE (City and State or Foreign Country		
(Years)	Months	Days	Hours Minut		es (MM/I		IM/DD/YYYY)					
7a. RESIDENCE-STATE		7b. COUN	 TY					7c CIT	 Y OR TOWN			
74. NEOIDENOE OIME	1.0.			70.011								
7d. STREET AND NUMBER						7e. APT. NO. 7			CODE	7g. INSIDE CITY LIMITS?		
											Yes No	
	9. MARITAL STATUS AT TIME OF DEATH 10. SURVIVING SPO							SE'S NA	ME (Name prior to fi	rst marriage)	
ARMED FORCES? Married Married, but separated Widowed Yes No Divorced Never Married Unknown												
] Never Man	ieu 🔲 Oliki	IOWII	40. 140	TUEDIC	D D L A D A E	DDIOD T	O FIDOT MADDIA C	E /Ei Mi-	d-II- 14\	
11. FATHER'S NAME (First, Middle, Last)						12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)						
13a. INFORMANT'S LEGAL NAME 13b. RELATIONSHIP TO DECEDENT 13c. MAILII									DDRESS (Street and	d Number. C	City, State, Zip Code)	
			05.11221110		0 0 0 0 0 0	,					,,,	
18. METHOD OF DISPOSITION Burial Cremation 19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)												
□ Donation □ Entombment □ Removal from state □ Other (Specify)												
20. LOCATION-CITY, TOW												
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,											
	best desc Latino/Lat Hispanic/I No, no Yes, M Yes, P	52. DECEDENT OF HISPANIC ORIGIN? (best describes whether the decedent is Sp Latino/Latina. Check the "No" box if deced Hispanic/Latino/Latina. No, not Spanish/Hispanic/Latino/Latina Yes, Mexican, Mexican American, Chicand Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/Latino/Latin (Specify)				Hispanion Spar	c/ inchish/	DECEDENT'S RACE- Check one or more races to cate what the decedent considered himself or herself to be. White lack or African American merican Indian or Alaska Native dame of the enrolled or principal tribe) sian Indian hinese ellipino apanese orean ietnamese ther Asian (Specify) ative Hawaiian uamanian or Chamorro amoan ther Pacific Islander (Specify) ther (Specify) there (Specify)				
55. KIND OF BUSINESS/IND	DUSTRY											
The information I understand the										accurate	e and truthful.	
Signature of Informant Required									Date Required	-		
The collection and reporti (see 45 CFR §§ 160.203 (from the death certificate.	
For DHEC Use C	Only											
State File #			Date of D	Death ₋					-			