

Reg. Dist. No. \_\_\_\_\_

**Ohio Department of Health  
VITAL STATISTICS  
Supplementary Medical Certification**

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

Bar Code Number here

Name of Deceased			
Place of Death			Date of Death
23. Registrars Signature		24. Date Filed	
26a. Certifier (Check Only One)	<input type="checkbox"/> <b>Certifying Physician</b> To the best of my Knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner stated.		
	<input type="checkbox"/> <b>Coroner</b> On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place; and due to the cause(s) and manner stated.		
26b. Time of Death	26c. Date Pronounced Dead (Mo/Day/Year)		26d. Was Case referred to Coroner?
26e. Signature and Title of Certifier		26f. License number	26g. Date Signed
27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death			
28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent black ink.			
Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to the immediate cause.  Enter Underlying Cause Last (Disease or injury that initiated events resulting in a death)	a.		Approximate Interval Between Onset and Death
	b. Due to (or as Consequence of)		
	c. Due to (or as Consequence of)		
	d. Due to (or as Consequence of)		
Part II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.			29a. Was an Autopsy Performed?
			29b. Were Autopsy Findings Available Prior to completion of Cause of Death?
30. Did Tobacco Use Contribute to Death?	31. If Female		32. Manner of Death
33a. Date Of Injury (Mo/Day/Year)	33b. Time of Injury	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	33d. Injury at Work?
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)			
33f. Describe How Injury Occurred:			33g. If Transportation Injury, Specify:

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**THIS SUPPLEMENTARY CERTIFICATE IS TO BE COMPLETED BY THE ATTENDING PHYSICIAN  
OR CORONER AND FILED WITH LOCAL REGISTRAR OF VITAL STATISTICS**  
Required by section 3705.27 of the Ohio Revised Code

Bar Code here

**APPENDIX E  
3701-5-02**