Ohio Department of Health
Final Diagnosis of Infant Death

Infant's Name Last First Middle	Date of Birth	Date of Death

Gender	Age	Hispanic Ethnicity	Race (Check all that apply)
□ Male □ Female □ Unknown		□ Yes □ No	□ White □ Black / African American □ American Indian / Alaskan Native □ Hawaiian Native / Pacific Islander □ Asian □ Unknown □ Other _____

County of Death	County of Residence	County of Autopsy

Parents' Name	Address	City	State	Zip

Final Diagnosis

Part I. Enter the diseases, 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.

	Cause of Death	Approximate Interval between Onset and Death
Immediate Cause (Final disease or condition resulting in death)	A.	
Sequentially list conditions, if any, leading to the immediate cause	B.	
	C.	
Enter underlying cause last (Disease or injury that initiated events resulting in death)	D.	

Part II. Please list other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

Was an autopsy performed? □ Yes □ No

Were autopsy findings available prior to completion of cause of death? □ Yes □ No

Manner of death: □ Natural □ Accident □ Homicide □ Could not be determined

Comments:

Form Completed by: _____
Area Code and Phone Number: _____
County: _____

Please send this report to:
Baby 1st Network
P.O. Box 403
Toledo, OH 43697-0403
Or Fax (330) 929-0593
If you have questions regarding this form, please call Dr. Stacy Scott at (330) 929-9911