

HUALIEN TZU CHI HOSPITAL, BUDDHIST TZU CHI MEDICAL FOUNDATION
CERTIFICATE OF DEATH

Registration No.(dept. use only) 院內診斷書號

TO BE FILLED OUT BY ISSUER

| | | | | | |
|--|---|---|--|--|---|
| 1. DECEDENT'S NAME (<i>First, Middle, Last</i>) (1)連動帶出病歷主檔的"長姓名" (2)連動帶出病歷主檔中有的"英文名字" 若無請自行手動輸入 | 2. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female | 3. | <div style="border: 1px solid red; padding: 2px;"> ROC Citizen </div> <div style="border: 1px solid red; padding: 2px;"> Foreign National </div> | <div style="border: 1px solid red; padding: 2px;"> <input type="checkbox"/> ID No. </div> <div style="border: 1px solid red; padding: 2px;"> <input type="checkbox"/> Passport No. <input type="checkbox"/> Uniform ID No. </div> | 自行選擇左側 欄位後再輸護 照號或居留號 |
| 4. REGISTERED PERMANENT RESIDENCE (<i>Street and number, city, town, country</i>) 台灣身份證地址或居證地址-翻成英文後自行鍵入-參考中華郵政網站 | | | | | |
| 5a. DATE OF BIRTH (<i>Month, Day, Year</i>) 12/01/1980 | | 5b. TIME OF BIRTH (<i>For death within one day after birth</i>) Hour Minutes _____ _____ 免填 | | | |
| 6a. DATE OF DEATH (<i>Month, Day, Year</i>) 10/10/2022 | | 6b. TIME OF DEATH Hour Minutes 23 24 | | | |
| 7a. LOCATION OF DEATH (<i>Street and number, city, town, country</i>) 707 Chung Yang Rd. , Sec 3, Hualien, Taiwan | | 7b. PLACE OF DEATH 下拉式選項預設 ■ Hospital <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Own Residence <input type="checkbox"/> Others | | | |
| 8. MANNER OF DEATH 下拉式選項預設 ■ Natural Death <input checked="" type="checkbox"/> Natural Death (Natural deaths are due solely or nearly totally to disease and/or the aging process) <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined | | | | | |
| 9a. KIND OF BUSINESS/INDUSTRY | | 9b. DECEDENT'S USUAL OCCUPATION | | | |
| 10. IF FEMALE: 下拉式選項 "女性" 預設 ■ Not pregnant within past year <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year | | | | | |
| 11. CAUSE OF DEATH (<i>Enter the diseases, injuries, or complications that caused the death.</i> <i>Do not enter the mode dying, such as heart failure or respiratory arrest.</i>) PART I. IMMEDIATE CAUSE (Final disease or condition →) a. _____ resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST { b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____ | | | | | Approximate interval: Onset to death _____ _____ _____ _____ |
| PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. _____ | | | | | |
| THIS IS TO CERTIFY THAT THE ABOVE STATEMENT IS TRUE. Name and License Number of Certifying Physician: 醫師英文簽名/蓋章醫字證號 Name and Practice License Number of Hospital (Clinic): Hualien Tzu Chi Hospita Medical Care Institution Code: 1145010010 Address of Hospital (Clinic): 707 Chung Yang Rd. , Sec 3, Hualien, Taiwan Date Signed (Month, Day, Year) : | | | | | <input type="checkbox"/> Internet transmission (Pursuant to Article 14 of the Household Registration Law and Article 4 of the Regulations for Death Information Notification) |

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