



CERTIFICATE OF DEATH: **Final Mortality Code** _____

1. Dairy	2. Animal ID/Tag	3. Date of birth (M/D/Y)	4. Date of death (M/D/Y)
5. BCS	6. Lactation Number	7. Lactation status <input type="checkbox"/> Lactating <input type="checkbox"/> Dry	8. Days in milk or Days dry
9. Fresh Date (M/D/Y)	10. <input type="checkbox"/> Aborted this lactation DCC at abortion:	11. Pregnancy status <input type="checkbox"/> Open <input type="checkbox"/> Pregnant	12. Days carrying calf
13. Calving ease score	14. Pen number	15. Location at time of death	16. <input type="checkbox"/> Down prior to death Days down:
17. Manner of death <input type="checkbox"/> Unassisted <input type="checkbox"/> Euthanasia	18. Was a necropsy performed? <input type="checkbox"/> yes <input type="checkbox"/> no Relevant findings:		19. Were adjunct diagnostics performed? <input type="checkbox"/> yes: _____ <input type="checkbox"/> no

<p align="center">20. CAUSE OF DEATH. Part I.</p> <p>Enter the <u>chain of events</u>--diseases, injuries, or complications--that directly caused the death. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.</p>		<p>Approximate interval: Onset to death</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>IMMEDIATE CAUSE (Final disease or condition resulting in death) →</p>	<p>a. _____ Due to (or as a consequence of):</p>	
<p>Sequentially list conditions, if any, leading to the cause listed on line 'a'. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) on line 'd'.</p>	<p>b. _____ Due to (or as a consequence of):</p>	
	<p>c. _____ Due to (or as a consequence of):</p> <p>d. _____</p>	

PART II. Enter other significant issues or conditions contributing to death that are not outlined in Part I.

21. Did injury play a role in death? <input type="checkbox"/> yes <input type="checkbox"/> no	22. Date of injury (M/D/Y)	23. Location of injury on body
24. Place on farm the injury occurred	25. Describe how the injury occurred	