



Goldfinch
Funeral Services

QUALITY CARE FOR MORE THAN 100 YEARS

CONWAY CHAPEL
606-610 Beatty Street
P. O. Drawer 439
Conway, SC 29528-0439
(843) 248-4211
Fax: (843) 248-3021

BEACH CHAPEL
11528 Highway 17 Bypass
P. O. Drawer 1009
Murrells Inlet, SC 29528
(843) 651-3295
Fax: (843) 651-5438

LITCHFIELD-PAWLEYS CHAPEL
202 Hinnant Lane
Pawleys Island, SC 29585
(843) 237-1336
Fax: (843) 237-5475

SOUTH CAROLINA CERTIFICATE OF DEATH WORKSHEET

DATE OF DEATH: (MM/DD/YYYY) _____

1. DECEDENT'S LEGAL NAME (Include AKAs, if any) (First, Middle, Last)				2. SEX		3. SOCIAL SECURITY NUMBER			
4a. AGE-Last Birthday (Years)		4b. UNDER 1 YEAR Months	4c. UNDER 1 DAY Days		4d. UNDER 1 DAY Hours	4e. UNDER 1 DAY Minutes	5. DATE OF BIRTH (MM/DD/YYYY)	6. BIRTHPLACE (City and State or Foreign Country)	
7a. RESIDENCE-STATE			7b. COUNTY			7c. CITY OR TOWN			
7d. STREET AND NUMBER					7e. APT. NO.	7f. ZIP CODE		7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)				
11. FATHER'S NAME (First, Middle, Last)				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)					
13a. INFORMANT'S NAME			13b. RELATIONSHIP TO DECEDENT		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)				
14. PLACE OF DEATH (Check only one: see instructions)									
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival				IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) _____					
15. FACILITY NAME (If not institution, give street and number)					16. CITY OR TOWN, STATE AND ZIP CODE		17. COUNTY OF DEATH		
18. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify) _____				19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)					
20. LOCATION-CITY, TOWN, AND STATE				21. NAME AND ADDRESS OF FUNERAL FACILITY		Goldfinch Funeral Home 606 Beatty Street P. O. Box Conway, SC 29528			
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT				23. LICENSE NUMBER (Of Licensee)		23c. LICENSE NUMBER (Of Facility) 105			
23a. EMBALMER (Signature)				23b. EMBALMER LICENSE NUMBER		23c. LICENSE NUMBER (Of Facility) 105			
51. DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)			52. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino/Latina. Check the "No" box if decedent is not Spanish/Hispanic/Latino/Latina. <input type="checkbox"/> No, not Spanish/Hispanic/Latino/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino/Latina (Specify) _____			53. DECEDENT'S RACE. (Check one or more races to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____			
54. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE THE TERM "RETIRED.")									
55. KIND OF BUSINESS/INDUSTRY									
The information above was reviewed and found to be correct:									
_____ (Signature of Informant) (Not Required)				_____ (Date)					

The collection and reporting to DHCC of information contained on the South Carolina Death Certificate are exempt from HIPAA regulations (see 45 CFR §§ 160.203 (c), 164.512 (b) (1)). However, state law provides protection against the unauthorized release of confidential information from the death certificate.
DHCC-0870C (07/2004)