



DAIRY 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
20. CAUSE OF DEATH. Part I. 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.			Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → 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'.			
a. _____ Due to (or as a consequence of):			_____
b. _____ Due to (or as a consequence of):			_____
c. _____ Due to (or as a consequence of):			_____
d. _____			_____
PART II. Enter <u>other significant issues or conditions contributing to death</u> 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		