Patient: Julia Perez

Document Type:

Julia Perez

Patient Identifiers

987654321 United States Social Security Number

ABOUT

Date of Birth

04/1/1951

Date of Death

11/5/2016, 10:30

Sex

Female

CONTACT

Work Place 143 Taylor Street Annapolis, MD 21401, US Telecom information not available

AUTHOR

John Doe

DEATH EVENT SECTION

Death Location Type

Death in hospital-based emergency department

Death Location Address

104 MAIN STREET, SALT LAKE CITY, UT, 84111

Manner of Death

Accident

Death Date Comment

Court determined time of death

Date Death Pronounced		Performer	
DEC 1, 2016 10:00		Jane F. Buck	
Autopsy Details	Autopsy Date	Autopsy Results Available to Complete Cause of Death	Pe
Autopsy Performed	DEC 2, 2016 10:00 to DEC 2, 2016 14:00	true	Ra
Autopsy Report			
A text string with th	e autopsy report content.		
4			Þ

Date Death Certified	Certifier Type	Certifier Title	Performer	
DEC 1, 2016 10:00	Medical Examiner	MD	Medical Examiner: John M. Doe	
Coroner Contacted	Coroner Case Id	Reason Case Refe	Reason Case Referred to Coroner/Medical Examiner	
Yes	1111111	Suspicious death		

CAUSE OF DEATH SECTION

ause of Death Part I: Line Number	Cause of Death (descriptive text)	Disease Onset to Death Interval
	Blunt head trauma,	15 hours
Cause of Death Part I: Line Number	Cause of Death (descriptive text)	Disease Onset to Death Interval
2	Automobile accident	2 months
Cause of Death Part I: Line Number	Cause of Death (descriptive text)	Disease Onset to Death Interval
3	Epilepsy	30 years
Cause of Death Other Significant Con	dition (descriptive text)	

Injury Date	Place of Injury (address)	Place of Injury (coded)
NOV 1, 2016	22 Any Street, Anyville, 12345, US	Street/Highway
on Event	Participant	
	Driver/Operator	
	NOV 1, 2016	NOV 1, 2016 22 Any Street, Anyville, 12345, US on Event Participant

Pregnancy Status (V2)

Not pregnant within the past year

Tobacco Use Contributed to Death

No

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Acme Organization

DOCUMENT INFORMATION

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