

Death Certificate Amendment Form for Non-Natural Deaths

DATE: _____ TO: **State Registrar, Health Statistics Bureau** Fax: 515-281-0479 / Email: death.registration@hhs.iowa.gov

RE: Name: _____ DOD: _____ County: _____

Date/Time of Death

Date of Death _____ DOD Indicator Actual Presumed Found
 Time of Death (Military) _____ TOD Indicator Actual Presumed Found
 Age _____ Age Units _____

Manner of Death

Did Death Result From TRAUMA/External Cause? Yes No Unk.
 Manner of Death _____
 ME Contacted Yes No Unk. ME Deferred Yes No Unk.
 Deferred Date _____ Deferred By _____ ME Case # _____

Cause of Death

Immediate Cause _____ Approx. Interval _____
 Due To _____ Approx. Interval _____
 Due To _____ Approx. Interval _____
 Underlying Cause _____ Approx. Interval _____

Cause of Death Part II

Other Significant _____

Other Information

Autopsy Performed Yes No Findings Available Yes No Tobacco Use Yes Prob. Contributed No Unk.
 Female Pregnancy Status _____ Preg. Gestation _____ Wt. of Fetus (grams) _____

Injury

Date of Injury _____ Is DATE Approx.? Yes No
 Time of Injury (Military) _____ Is TIME Approx.? Yes No
 Place of Injury _____ Country _____
 Address _____
 State _____ City _____ County _____ Zip Code _____
 Injury at Work? Yes No Unk.
 Transportation Injury? Yes No Unk. Specify Transportation Injury _____
 How Injury Occurred _____

Signature of County Medical Examiner Date County of Appointment Type or Print Name