Death Certificate Amendment Form for 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

☐ 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 Contributed ☐ Yes ☐ Prob. ☐ No ☐ Unk.

☐ Female Pregnancy Status _____ ☐ Preg. Gestation _____ ☐ Wt. of Fetus (grams) _____

_____ _____ _____

Signature of Certifier Date Type or Print Name