

Funeral Director's Guide for Completing Iowa's 2011 Certificate of Death

Items 1 – 23 and 51 – 55

The image shows a sample of the Iowa Certificate of Death form, titled "STATE OF IOWA DEPARTMENT OF PUBLIC HEALTH CERTIFICATE OF DEATH 114". The form is divided into several sections:

- DECEDENT:** Includes fields for name, sex, race, date of birth, and marital status.
- PLACE:** Includes fields for the place of death and the place of birth.
- DISPOSITION:** Includes fields for the disposition of the body and the disposition of the remains.
- DATE:** Includes fields for the date of death and the date of pronouncement.
- CAUSE OF DEATH:** Includes fields for the cause of death, the underlying cause, and the manner of death.
- CERTIFIER:** Includes fields for the certifier's name, title, and signature.

The form also includes a section for "CONFIDENTIAL - FOR STATISTICAL AND PUBLIC HEALTH RESEARCH PURPOSES ONLY" at the bottom, which contains checkboxes for various conditions and causes of death.

Iowa Code Chapter 144

Iowa Department of Public Health, Bureau of Vital Records & Health Statistics

September 2010

Development of the Revised Death Certificate 11th Revision

The U.S. Standard Certificate of Death had 10 revisions during the 20th century. The last revision, still in use, was in 1989.

- The revision process began with a consensus from the States that a revision was needed.
- In 1998, the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC) assembled an expert panel to evaluate the current certificate and recommend changes.

Development of the Revised Death Certificate 11th Revision

Iowa's 2011 revision of the Certificate of Death is a reflection of the national standard developed by NCHS, as required by Iowa Code section 144.12 Forms Uniform.

- For U.S. standards, see www.cdc.gov/nchs/nvss/vital_certificate_revisions

Purpose of Death Certificate

-- our final word

The Certificate of Death is a permanent legal record that provides personal information about the decedent, the circumstances and cause of death, and final disposition. For survivors, it is needed to apply for insurance benefits, settle pension claims, transfer title of real and personal property, and provide legal prima facie evidence of the fact of death.

Purpose of Death Certificate -- our final contribution

Statistical data from death records are valuable tools for public health researchers and physicians to identify health problems and causes of diseases, and to measure health program results and evaluate diagnostic techniques.

The Last Act

- In Iowa, the funeral director who first assumes custody of a dead body shall file the death certificate, obtain the personal data from the next of kin or the best qualified person or source available, and obtain the medical certification of cause of death from the person responsible for completing the certification. When a person other than a funeral director assumes custody of a dead body, the person shall be responsible for carrying out these responsibilities. (Iowa Code section 144.27)

The Last Act

Only the form prescribed by the State Registrar may be used (144.12).

Effective with January 1, 2011, the 2011 Certificate of Death shall be used. According to national standards, 0000 (midnight) is the beginning of the new day.

The image shows a sample of the 2011 Iowa Certificate of Death form, titled "STATE OF IOWA DEPARTMENT OF PUBLIC HEALTH CERTIFICATE OF DEATH 114". The form is divided into several sections:

- DECEDENT:** Includes fields for name, sex, race, date of birth, and marital status.
- PLACE:** Includes fields for place of death, residence, and place of birth.
- DEPOSITION:** Includes fields for date and time of death, and the name and address of the deponent.
- DATE:** Includes fields for the date and time of death.
- CAUSE OF DEATH:** Includes fields for the cause of death, manner of death, and the name and address of the certifier.
- CERTIFIER:** Includes fields for the name and address of the certifier, and the name and address of the registrar.
- CONFIDENTIAL - FOR STATISTICAL AND PUBLIC HEALTH RESEARCH PURPOSES ONLY:** Includes fields for the name and address of the certifier, and the name and address of the registrar.

The Basics

- Type all items not requiring signatures.
- Avoid abbreviations except those recommended in specific items.
- Obtain only original signatures.
- Avoid alterations or erasures.
- Review for completeness and accuracy before filing.
- Ensure that a medical examiner has been notified and has conducted an inquiry for any “non-natural,” direct or indirect, cause of death or any other death for which they have jurisdiction.

The Basics

- File original certificate with the county registrar in the county of death.
- File within three days after the death and prior to final disposition (Iowa Code 144.26(1)).
- Extension of Time: Can be filed as is if unable to complete medical certification or obtain personal data, but file supplemental report within 15 days.

The Basics

FYI

- An associate physician may provide medical certification if the attending physician is not available IF the associate has access to medical history and has viewed the deceased at or after death AND death is from natural causes and not in the jurisdiction of the medical examiner.

Assuming Custody

- Before assuming custody, contact the attending physician and receive assurance that the death is from natural causes and that the physician will assume responsibility for certifying to the cause of death.
- If the case is within the jurisdiction of the medical examiner, contact the medical examiner and receive authorization to remove the body. (See guidebook for list of cases that would fall within a medical examiner's jurisdiction.)

Assuming Custody

- If a person other than a funeral director, medical examiner, or emergency medical service assumes custody of a body, that person shall secure a burial-transit permit before assuming custody.
- The burial-transit permit shall be issued by the county medical examiner, a funeral director, or the County Registrar of Vital Records in the county of death.
- A Certificate of Death shall be filed prior to issuing the burial-transit permit.

Certificate of Death

- Heading – Implies death occurred within the State of Iowa and that only Iowa has the jurisdiction to place the record on file.
- Birth Number – Used for Birth/Death Match – do not write in this area. BIRTH NUMBER
- State File Number – Identifies the State certificate number – do not write in this area.

Decedent's Information

1. Decedent's Full Name

1. DECEDENT'S FULL NAME	FIRST	MIDDLE	LAST	SUFFIX, if any
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- Used to legally identify the decedent.
- One of the most important items on the Certificate of Death for legal and personal use by the family.

Decedent's Information

1. Decedent's Full Name

1. DECEDENT'S FULL NAME	FIRST	MIDDLE	LAST	SUFFIX, if any
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- Use most common spelling if correct spelling cannot be verified.
- Verify – Verify – Verify.
- Use English alphabetic characters & punctuation.
- Enter multiple names with a hyphen only if the informant advises so.

Decedent's Information

1. Decedent's Full Name

1. DECEDENT'S FULL NAME	FIRST	MIDDLE	LAST	SUFFIX, if any
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- Leave sufficient spacing to distinguish names.
- Use upper and lowercase letters.
- Do not leave unanswered.
- Do not abbreviate.

Decedent's Information

1. Decedent's Full Name

1. DECEDENT'S FULL NAME	FIRST	MIDDLE	LAST	SUFFIX, if any
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ALIASES:

- Complete the current legal name before entering any other names the decedent may have used or was known as.

Decedent's Information

1. Decedent's Full Name

1. DECEDENT'S FULL NAME	FIRST	MIDDLE	LAST	SUFFIX, if any
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ALIASES:

- Include only if substantially different from the legal name after the abbreviation a.k.a. (also known as).

Example: Samuel Langhorne Clemens,
a.k.a. Mark Twain,
but not Jonathon Doe, a.k.a. John Doe

- Repeat for all aliases.

Decedent's Information

1. Decedent's Full Name

1. DECEDENT'S FULL NAME	FIRST	MIDDLE	LAST	SUFFIX, if any
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ALIAS = a.k.a. – Does NOT Include the following:

- Nicknames, unless used for legal purposes or at the family's request.
- Spelling variations of a name.
- Presence or absence of a middle initial, punctuation marks, or spaces.

Decedent's Information

1. Decedent's Full Name

1. DECEDENT'S FULL NAME	FIRST	MIDDLE	LAST	SUFFIX, if any
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ALIAS = a.k.a. – Does NOT Include the following:

- Abbreviations of the legal name.
- Variations in spelling of common elements of the surname.

Examples: "Mc" and "Mac"
"St." and "Saint"

Decedent's Information

1. Decedent's Full Name

1. DECEDENT'S FULL NAME	FIRST	MIDDLE	LAST	SUFFIX, if any
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INITIALS:

- If the decedent used a first initial in daily life, try to obtain the whole name. If not, enter just the initial followed by a period.
- If the decedent used two initials and a surname (e.g., E.C. Jones), determine if they were considered first and middle, or two first initials, and enter under the appropriate subheading.

Decedent's Information

1. Decedent's Full Name

1. DECEDENT'S FULL NAME	FIRST	MIDDLE	LAST	SUFFIX, if any
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NEWBORNS:

- If a name such as “Baby Boy Jones” is obtained from medical records, verify with the parents or informant to see if the child had a given name.
- Do not enter “Baby Boy” or “Baby Girl” as the legal name.

Decedent's Information

1. Decedent's Full Name

1. DECEDENT'S FULL NAME	FIRST	MIDDLE	LAST	SUFFIX, if any
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NEWBORNS:

- The child's name should match the name the parent(s) provided on the hospital birth worksheet.
- If the child was not named on the birth worksheet, leave the first and middle name fields blank and enter only the surname, unless the parents have a name for the baby.

Decedent's Information

1. Decedent's Full Name

1. DECEDENT'S FULL NAME	FIRST	MIDDLE	LAST	SUFFIX, if any
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PROFESSIONAL & COURTESY TITLES:

- Do not enter a professional title before or after a name.
For example: "Doctor", "Dr.", "M.D."
- Do not enter a courtesy title before or after a name.
For example: "Mr.", "Mrs.", "Ms."

Decedent's Information

1. Decedent's Full Name

1. DECEDENT'S FULL NAME	FIRST	MIDDLE	LAST	SUFFIX, if any
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RELIGIOUS TITLES:

- Enter religious names in the first name field.

Example: "Sister Mary Francis"
enter "Sister Mary" in the first name field.

Decedent's Information

1. Decedent's Full Name

1. DECEDENT'S FULL NAME	FIRST	MIDDLE	LAST	SUFFIX, if any
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GENERATIONAL SUFFIXES:

- Standard generational titles (suffixes) traditionally appear after the surname and distinguish a child from his or her parent of the same name and vice versa.
- Suffixes may change through the generations as the person named on the record ages.

Decedent's Information

1. Decedent's Full Name

1. DECEDENT'S FULL NAME	FIRST	MIDDLE	LAST	SUFFIX, if any
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GENERATIONAL SUFFIXES:

- Traditional generational suffixes are:
 - Jr. or Sr., abbreviated upper/lowercase followed by a period.
 - I, II, III, IV, and so forth, using capital letters for the Roman numerals.

Decedent's Information

2. Decedent's Sex

2. SEX

- The decedent's gender aids in the identification and is used in research and statistical analysis to determine sex-specific death rates.
- Enter either male or female based on observation.
- If sex cannot be determined after verification with medical records, inspection of the body, or other sources, enter the word "Unknown."
- Do not abbreviate or use other symbols.
- Do not leave unanswered.

Decedent's Information

3. Decedent's Age

3a. AGE – LAST BIRTHDAY	3b. UNDER 1 YEAR		3c. UNDER 1 DAY	
	Months	Days	Hours	Minutes

- The decedent's age aids in the identification and is used in research to study differences in age-specific mortality and in planning and evaluating public health programs.
- Make only one entry only in either 3a, 3b, or 3c depending on the age of the decedent.
- Do not leave unanswered.

Decedent's Information

3a. Age – Last Birthday (Years)

3a. AGE – LAST BIRTHDAY

- Enter the decedent's exact age in years as of his or her last birthday.
- Leave this item blank if the decedent was under 1 year of age.
- Drop all fractions.
For example: "75½ years" is recorded as "75."
- For responses such as "about 90 years," enter "90" in the Years item.

Decedent's Information

3b. Age – Under 1 Year (Months, Days)

3b. UNDER 1 YEAR	
Months	Days

- Enter the exact age in months and/or days at the time of death for infants surviving at least 1 month but less than 1 year.
- Leave this item blank if the infant was over 1 year or under 1 day of age.
- Enter the age in completed months, plus completed days if applicable.

Decedent's Information

3b. Age – Under 1 Year (Months, Days)

3b. UNDER 1 YEAR	
Months	Days

- Enter the age only in completed days if the infant was less than 1 month old.
- For responses such as “almost 4 months old,” enter 3 in the Months field.

Decedent's Information

3c. Age – Under 1 Day (Hours, Minutes)

3c. UNDER 1 DAY	
Hours	Minutes

- Enter the exact number of hours and/or minutes the infant lived for infants who did not survive for an entire day.
- If the infant lived 1 through 23 hours, enter the age in completed hours, plus minutes as applicable.
- If the infant survived less than 1 hour, enter the age in minutes only.

Decedent's Information

3c. Age – Under 1 Day (Hours, Minutes)

3c. UNDER 1 DAY	
Hours	Minutes

- Leave this item blank if the infant survived more than 1 day.
- If the informant gives an unspecified answer, try to obtain a number. If a range is given, use the lower number or calculate based on the time of birth and the time of death that was given as the discharge time in the medical records.

Decedent's Information

4. Date of Birth (Mo., Day, Yr.)

4. DATE OF BIRTH (Mo, Day, Yr)

- Used to help identify the decedent for legal purposes, and to verify the accuracy of the age item.
- Enter the full name of the month, the day, and the 4-digit year that the decedent was born.
- Do not use a number or abbreviation for the month.

Decedent's Information

4. Date of Birth (Mo., Day, Yr.)

4. DATE OF BIRTH (Mo, Day, Yr)

- If the Date of Birth is unknown, enter the word "Unknown."
- If part of the Date of birth is unknown, enter the known parts and leave the remaining parts blank.

For example, if only the year is known, enter just the year. If the month and year are known, enter the month and year with a dash between.

- Do not leave unanswered.

Decedent's Information

Place of Death – items 5 and 17-17c

- Place of death information determines who has jurisdiction for county registration and deaths that legally require investigation by a medical examiner.
- Place of death data is used for research and statistics comparing hospital and non-hospital deaths, as well as for health planning and research on the use of health facilities.
- Do not leave any of the items unanswered.

Decedent's Information

5. County of Death

5. COUNTY OF DEATH

- Enter the name of the county in Iowa where the death occurred.
- Do not abbreviate.
- Verify that the geographic location of the place of death and the reported county of death match.

Decedent's Information

5. County of Death

5. COUNTY OF DEATH

- If the death occurred in or on a moving conveyance in the U.S. and the body was first removed from the conveyance in Iowa, enter as the place of death the address where the body was first removed from the conveyance.

Decedent's Information

6. Decedent's Place of Birth

6. PLACE OF BIRTH (City & State, or Foreign Country)

- Used to match birth and death certificates of a deceased individual.
- Provides information from the birth certificate that is not contained on the death certificate, and may give insight into which conditions led to death.
- Assists in prohibiting the issuance of certified copies of a deceased person's birth certificate that may be used for fraudulent purposes.

Decedent's Information

6. Decedent's Place of Birth

6. PLACE OF BIRTH (City & State, or Foreign Country)

- If the decedent was born in the U.S. or a U.S. territory, enter the name of the city and state or territory.
- Do not abbreviate.
- The U.S. includes the 50 states and the District of Columbia.
- U.S. territories are: American Samoa, Northern Marianas, Puerto Rico, Virgin Islands, and Guam.

Decedent's Information

6. Decedent's Place of Birth

6. PLACE OF BIRTH (City & State, or Foreign Country)

- If the decedent was born in the U.S., but the city is unknown, enter the name of the State only. If the state is unknown, enter "U.S.—Unknown."
- If no information is available regarding the decedent's place of birth, enter the word "Unknown."
- Do not leave unanswered.

Decedent's Information

6. Decedent's Place of Birth

6. PLACE OF BIRTH (City & State, or Foreign Country)

- If the decedent was born somewhere other than in the U.S. or a U.S. territory, enter the name of the foreign country of birth whether or not the decedent was a U.S. citizen at the time of death.
- If the decedent was born in a foreign country but the country is unknown, enter "Foreign—Unknown."

Decedent's Information

6. Decedent's Place of Birth

6. PLACE OF BIRTH (City & State, or Foreign Country)

- If the decedent was born in Canada, enter the name of the province, followed by “/Canada.” Do not abbreviate.
- Canadian provinces include: Alberta, British Columbia, Great NW Territory, Manitoba, New Brunswick, Newfoundland, Nova Scotia, Nunavut Territory, Ontario, Prince Ed Islands, Quebec, Saskatchewan, and Yukon Territory.

Decedent's Information

7. Decedent's Social Security Number

7. SOCIAL SECURITY NUMBER

- Used to help identify the decedent and facilitates the filing of Social Security benefits.
- Enter the decedent's 9-digit Social Security Number (SSN)
- Read the number back to the informant to verify it, or check against the document from which it is being copied.

Decedent's Information

7. Decedent's Social Security Number

7. SOCIAL SECURITY NUMBER

- If the informant does not know the decedent's SSN at the time of the interview, leave the item blank until the informant can supply the number.
- If the decedent does not have a valid SSN assigned by the U.S. Social Security Administration office, enter the word "None."

Decedent's Information

7. Decedent's Social Security Number

7. SOCIAL SECURITY NUMBER

- If the decedent's SSN is not known, enter the word "Unknown."
- If the decedent's SSN is not obtainable, enter the phrase "Not obtainable."
- Do not leave unanswered.

Decedent's Information

8. Decedent's Citizenship

8. CITIZEN OF WHAT COUNTRY?

- Enter the name of the country of the decedent's citizenship as reported by the informant.
- If the decedent holds dual citizenship, enter the names of both countries, space permitting.
- If the country of citizenship is not known, enter the word "Unknown."
- Do not abbreviate, except for the secondary citizenship if limited space.
- Do not leave unanswered.

Decedent's Information

9. Decedent's Armed Forces Status

9. EVER IN U.S.
ARMED FORCES?
 Yes No

- Used to identify decedents who are serving or who once served in the U.S. Armed Forces.
- This information is of interest to veterans groups and helps families obtain veteran's benefits.
- Select the 'Yes' or 'No' option that indicates the decedent's Armed Forces status.
- Do not leave unanswered.

Decedent's Information

9. Decedent's Armed Forces Status

9. EVER IN U.S.
ARMED FORCES?
 Yes No

- If it cannot be determined whether the decedent ever served in the U.S. Armed Forces, enter "Unknown."
- When completing the paper format with Yes/No options, indicate "Unknown" or "Unobtainable" by drawing a single line through the checkboxes.

Example: ~~Yes No~~

Decedent's Information

10a. Decedent's Marital Status

10a. 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

- Used to assist surviving spouses in obtaining benefits and for public health research to determine differences in mortality by marital status.
- Select the one option that best describes the decedent's marital status at the time of death according to a knowledgeable informant or other reliable source.

Decedent's Information

10a. Decedent's Marital Status

10a. 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 |

- Just because a spouse may be the informant does not preclude the possibility of married but separated.
- Responses such as 'annulled and not remarried' and 'never previously married' are considered "Never Married."
- Responses such as 'not re-married' and 'married previously' are classified as how the previous marriage terminated ("Widowed" or "Divorced").

Decedent's Information

10a. Decedent's Marital Status

10a. MARITAL STATUS AT TIME OF DEATH

- Married Married but separated Widowed
 Divorced Never Married Unknown

- “Married, but separated” includes the time period up until the divorce is granted and filed with the Clerk of District Court.
- Select “Unknown” only when the decedent’s marital status cannot be determined, or when there is no knowledgeable informant or other reliable source for this information.

Decedent's Information

10a. Decedent's Marital Status

10a. MARITAL STATUS AT TIME OF DEATH

- Married Married but separated Widowed
 Divorced Never Married Unknown

- If the decedent's calculated age is less than 16 years old and the marital status is any response other than "Never Married," the funeral director will be queried to check the Date of Birth and the Marital Status entries for possible errors.
- Do not leave unanswered – regardless of age of decedent.

Decedent's Information

10b. DECEDENT'S LAST NAME PRIOR TO ANY MARRIAGE (If ever married)

10b. Decedent's Last Name Prior to Any Marriage

- Used to assist in matching birth and death certificates of a deceased individual.
- If the decedent was ever married, enter their legal last name (surname) as it appears on their birth certificate or prior to any marriage.
 - Enter only the legal surname, not the full name.

Decedent's Information

10b. DECEDENT'S LAST NAME PRIOR TO ANY MARRIAGE (If ever married)

10b. Decedent's Last Name Prior to Any Marriage

- Enter the word "Unknown" if it is known through a reliable source that the decedent had been married at the time of death, or had been previously married, but the surname prior to any first marriage could not be determined.
- Leave this item blank only if the decedent was never married.

Decedent's Information

11. Surviving Spouse

11. SURVIVING SPOUSE (Full name prior to any marriage)

- Used to establish proper insurance settlement and other survivor benefits, as well as for genealogy.
- If the decedent was legally married at the time of the death, enter the full name (as it is known) of the surviving spouse prior to any first marriage.

Decedent's Information

11. Surviving Spouse

11. SURVIVING SPOUSE (Full name prior to any marriage)

- Enter the word "Unknown" if it was known through a reliable source that the decedent had been legally married at the time of death, but the name of the surviving spouse could not be determined.
- Leave this item blank only if it is known through a reliable source that the decedent does not have a surviving spouse.

Decedent's Information

12a. – 12e. Decedent's Residence

- Residence data is 'de-identified' and is used for:
 - Computing death rates by geographic areas, in combination with population data.
 - Environmental studies & public health research (especially valuable for rural areas).
 - Estimating & projecting population rates for localities to evaluate availability and use of services.
 - Determining and clearing real estate & other property titles.

Decedent's Information

12a. – 12e. Decedent's Residence

- Enter the decedent's residence at the time of the death.
- The residence of the decedent (State, County, City & Address) is the place where his or her household is located, the place where the decedent actually resided, or where the person lived or slept most of the time.
- May not be the same as their home state, voting residence, mailing address, or legal residence.

Decedent's Information

12a. – 12e. Decedent's Residence

Temporary Residence:

- Do NOT enter a temporary residence, such as:
 - Place where staying during a visit, business trip, or a vacation.
- However, not considered temporary, so DO enter:
 - Usual onshore place of residence during a tour of military duty.
 - Usual place of residence while attending college.

Decedent's Information

12a. – 12e. Decedent's Residence

Multiple Residences:

- Enter the residence lived in most of the year if the decedent lived in more than one residence, such as a parent living in a child's household, children in joint custody, person owning more than one residence, or commuters living elsewhere while working.
- If lived an equal amount of time in each, report where staying at the time of death.

Decedent's Information

12a. – 12e. Decedent's Residence

Institutions or Group Homes:

- Enter the address of the facility if a decedent had been living in a facility where an individual usually resides for a long period of time, such as:

Group Home

Mental Institution

Nursing Home

Penitentiary

Hospital for the chronically ill

Long-term Care Facility

Congregate Care Facility

Foster Home

Decedent's Information

12a. – 12e. Decedent's Residence

Children:

- For children, residence is the same as that of the parent(s), legal guardian, or custodian unless the child was living in an institution (such as described above).
- Children residing at a boarding school are considered to live at a parent's residence.
- Residence for foster children is the place they live most of the time.

Decedent's Information

12a. – 12e. Decedent's Residence

Infants:

- For infants who never resided at home, the place of residence is that of the mother or legal guardian.
- Do not use an acute care hospital as the place of residence for any infant.
- "Infant" is defined as under one (1) year of age.

Decedent's Information

12a. Decedent's Residence – State

12a. RESIDENCE-STATE

- Enter the name of the U.S. State or Territory in which the decedent lived.
- Do not abbreviate.
- The U.S. includes the 50 states and the District of Columbia.
- U.S. territories include American Samoa, Northern Marianas, Puerto Rico, Virgin Islands, and Guam.

Decedent's Information

12a. Decedent's Residence – State

12a. RESIDENCE-STATE

- This may differ from the decedent's mailing address.
- If the decedent was not a resident of the U.S., enter the name of the foreign country and the name of the unit of government that is the nearest equivalent to a State.
- If the unit of government is unknown, just enter the name of the foreign country.

Decedent's Information

12a. Decedent's Residence – State

12a. RESIDENCE-STATE

- If the decedent was a resident of Canada, enter the name of the province followed by “/Canada.” Do not abbreviate the province unless there is not enough space in the box.

Provinces:

Alberta (AB)

Great NW Territory (NT)

New Brunswick (NB)

Nova Scotia (NS)

Ontario (ON)

Quebec (QC)

Yukon Territory (YT)

British Columbia (BC)

Manitoba (MB)

Newfoundland (NF)

Nunavut Territory (NU)

Prince Ed Islands (PE)

Saskatchewan (SK)

Decedent's Information

12a. Decedent's Residence – State

12a. RESIDENCE-STATE

- If the residence state cannot be determined from a knowledgeable informant or other reliable source, enter the word "Unknown."
- Do not abbreviate.
- Do not leave unanswered.

Decedent's Information

12b. Decedent's Residence – County

12b. RESIDENCE-COUNTY

- Enter the name of the County in which the decedent lived.
- This may differ from the decedent's mailing address.
- If the decedent resided in any country other than the U.S. and its territories, leave this item blank.

Decedent's Information

12b. Decedent's Residence – County

12b. RESIDENCE-COUNTY

- If the residence county cannot be determined from a knowledgeable informant or other reliable source, enter the word "Unknown."
- Do not abbreviate.
- Do not leave unanswered unless the decedent's residence was outside the U.S. or its territories.

Decedent's Information

12c. Decedent's Residence – City or Town

12c. RESIDENCE-CITY OR TOWN

- Enter the name of the city, town, or location in which the decedent lived.
- This may differ from the city, town or location used in any mailing address.

Decedent's Information

12c. Decedent's Residence – City or Town

12c. RESIDENCE-CITY OR TOWN

- If the decedent's residence city, town, or location cannot be determined from a knowledgeable informant or other reliable source, enter the word "Unknown."
- Do not abbreviate.
- Do not leave unanswered.

Decedent's Information

12d. Decedent's Residence – Address

12d. RESIDENCE-STREET & NUMBER, ZIP CODE

- Enter the number, street name, and zip code where the decedent lived.
- This may differ from the address used for mailing purposes.
- Obtain the actual building number and street name for the residence address. Avoid entering addresses that are post office boxes or rural route numbers, if possible.

Decedent's Information

12d. Decedent's Residence – Address

12d. RESIDENCE-STREET & NUMBER, ZIP CODE

- Include the zip code that the decedent would have used if they were to receive mail at that physical address, if different from their mailing address.
- If the street name has a direction as a prefix, enter the prefix in front of the street name (e.g., S. Main St.). If the street name has a direction after the name, enter the direction after the name (e.g., Iowa Ave. NW). Report the street designator (e.g., St., Rd., Ave., Crt., etc.).

Decedent's Information

12d. Decedent's Residence – Address

12d. RESIDENCE-STREET & NUMBER, ZIP CODE

- Include any apartment or room number associated with the residence address.
- If the decedent's residence city, town, or location cannot be determined from a knowledgeable informant or other reliable source, enter the word "Unknown."
- Do not leave unanswered.

Decedent's Information

12e. Decedent's Residence – City Limits

12e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No

- Select “yes” if the location of the decedent's residence is incorporated and if the decedent's residence is inside its geographic boundaries.
- Indicate “Unknown” on the paper record by drawing a single line through the yes/no options.

~~Yes No~~

- Do not leave unanswered.

Decedent's Information

13. Decedent's Father

13. FATHER'S NAME	FIRST	MIDDLE	LAST
----------------------	-------	--------	------

- Used to help identify the decedent's record and for genealogical studies.
- Enter the first, middle, and last name of the decedent's father, including any generational suffix the father used.
- Use the most common spelling if there appears to be more than one spelling of any name provided, and the correct spelling cannot be verified.

Decedent's Information

13. Decedent's Father

13. FATHER'S NAME	FIRST	MIDDLE	LAST
----------------------	-------	--------	------

- Use English alphabetic characters and punctuation marks.
- If the father's name cannot be determined from a knowledgeable informant or other reliable source, enter the word "Unknown" in the field.
- Do not leave unanswered.

Decedent's Information

14. Decedent's Mother's Name Prior to any Marriage

14. MOTHER'S NAME PRIOR TO ANY MARRIAGE	FIRST	MIDDLE	LAST
---	-------	--------	------

- Used to identify the decedent's record and for genealogical studies.
- Enter the first, middle, and last name of the decedent's mother used prior to any first marriage, including any generational suffix the mother may have used.

Decedent's Information

14. Decedent's Mother's Name Prior to any Marriage

14. MOTHER'S NAME PRIOR TO ANY MARRIAGE	FIRST	MIDDLE	LAST
---	-------	--------	------

- Commonly known as the 'maiden' name.
- This is the name given at birth or adoption, or after a legal change of name on the birth certificate, not a name acquired through marriage.
- Use the most common spelling if there appears to be more than one spelling of any name provided, and the correct spelling cannot be verified.

Decedent's Information

14. Decedent's Mother's Name Prior to any Marriage

14. MOTHER'S NAME PRIOR TO ANY MARRIAGE	FIRST	MIDDLE	LAST
---	-------	--------	------

- Use English alphabetic characters and punctuation marks.
- If the mother's name cannot be determined from a knowledgeable informant or other reliable source, enter the word "Unknown" in the field.
- Do not leave unanswered.

Decedent's Information

15a. Informant's Name

15a. INFORMANT'S
NAME

- Informant information helps provide integrity to the demographic data provided on the death certificate. May also be used to contact the informant when inquiries must be made to correct or complete any items on the death certificate.
- Enter the name of the person who supplied the personal facts about the decedent and his or her family.
- Do not leave unanswered.

Decedent's Information

15a. Informant's Name

15a. INFORMANT'S
NAME

- In the order of preference, the following may serve as informants:
 - Surviving spouse
 - Parent
 - Child
 - Nearest relative
 - Other person with reliable knowledge of the facts

Decedent's Information

15b. Informant's Address

15b. INFORMANT'S MAILING ADDRESS (Street & Number, City, State, Zip Code)

- Enter the complete mailing address of the informant whose name appears in item 15a.
- If the street name has a direction as a prefix, enter the prefix in front of the street name (e.g., S. Main St.). If the street name has a direction after the name, enter the direction after the name (e.g., Iowa Ave. NW). Report the street designator (e.g., St., Rd., Ave., Crt., etc.)

Decedent's Information

15b. Informant's Address

15b. INFORMANT'S MAILING ADDRESS (Street & Number, City, State, Zip Code)

- Include any building number assigned to the informant's mailing address.
- Include any apartment or room number associated with the address.
- Include the postal zip code.
- Enter the postal box if used for the mailing address.
- Do not leave unanswered.

Decedent's Information

15c. Informant's Relationship

15c. RELATIONSHIP TO DECEDENT

- Enter the informant's relationship to the decedent.
- Examples:

Husband	Spouse
Wife	Brother
Parent	Sister
Son	Cousin
Daughter	Friend
- Do not leave unanswered.

Decedent's Information

16 – 17c Place of Death

16. PLACE OF DEATH (Check only one)		
PLACE	IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/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) _____
	17a. FACILITY NAME (If not institution, give street and number)	17b. CITY, TOWN, OR LOCATION & ZIP CODE OF DEATH
		17c. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No

- Information on place of death is needed to determine who has jurisdiction for registration and for deaths that legally require investigation by a medical examiner.
- Place of death is de-identified and used for research and statistics comparing hospital and non-hospital deaths, and planning for use of facilities.

Decedent's Information

16 – 17c Place of Death

16. PLACE OF DEATH (Check only one)		
PLACE	IF DEATH OCCURRED IN A HOSPITAL	
	<input type="checkbox"/> Inpatient <input type="checkbox"/> ER/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) _____		
17a. FACILITY NAME (If not institution, give street and number)		17b. CITY, TOWN, OR LOCATION & ZIP CODE OF DEATH
		17c. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No

- Enter the place where the death is pronounced as the place where the death occurred.
- If the actual place of death is unknown but the body is found in Iowa, the certificate of death shall list the place where the body was found as the place of death until it can be proven otherwise at a later date.

Decedent's Information

16a. Place of Death

IF DEATH OCCURRED IN A HOSPITAL

Inpatient ER/Outpatient Dead on Arrival

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL

Hospice Facility Nursing Home/Long-Term Care Facility Decedent's Home Other (Specify)

- Enter the type of place where the decedent was pronounced dead.

If Death Occurred in a Hospital:

- If the decedent was pronounced dead in a hospital, select the decedent's appropriate status at the hospital:
 - Inpatient
 - ER/Outpatient (Emergency Room/Outpatient)
 - Dead on Arrival

Decedent's Information

16a. Place of Death

IF DEATH OCCURRED IN A HOSPITAL

Inpatient ER/Outpatient Dead on Arrival

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL

Hospice Facility Nursing Home/Long-Term Care Facility Decedent's Home Other (Specify)

- Hospitals are licensed institutions providing diagnostic and therapeutic services to patients by medical staff.
- As defined in Iowa code section 144.1, this institution is any establishment, public or private, which provides inpatient medical, surgical, or diagnostic care or treatment to two or more unrelated individuals.

Decedent's Information

16a. Place of Death

IF DEATH OCCURRED IN A HOSPITAL

Inpatient ER/Outpatient Dead on Arrival

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL

Hospice Facility Nursing Home/Long-Term Care Facility Decedent's Home Other (Specify)

If Death Occurred Somewhere Other than a Hospital:

- If death occurred somewhere other than a hospital, select where the decedent was pronounced dead:
 - Hospice Facility
 - Nursing Home/Long-Term Care Facility
 - Decedent's Home
 - Other

Decedent's Information

16a. Place of Death

IF DEATH OCCURRED IN A HOSPITAL

Inpatient ER/Outpatient Dead on Arrival

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL

Hospice Facility Nursing Home/Long-Term Care Facility Decedent's Home Other (Specify)

Hospice Facility

- A Hospice Facility is a licensed institution providing hospice care (such as palliative and supportive care for the dying).
- Does not include hospice care that is provided in a number of different settings, including a patient's home.

Decedent's Information

16a. Place of Death

IF DEATH OCCURRED IN A HOSPITAL

Inpatient ER/Outpatient Dead on Arrival

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL

Hospice Facility Nursing Home/Long-Term Care Facility Decedent's Home Other (Specify)

Nursing Home/Long-Term Care Facility

- A Nursing Home or Long-Term Care Facility is not a hospital, but provides patient care beyond custodial care.
- Such facilities include: nursing homes, skilled nursing, long-term care, convalescent care, extended care, intermediate care, residential care, and congregate care.

Decedent's Information

16a. Place of Death

IF DEATH OCCURRED IN A HOSPITAL

Inpatient ER/Outpatient Dead on Arrival

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL

Hospice Facility Nursing Home/Long-Term Care Facility Decedent's Home Other (Specify)

Decedent's Home

- Decedent's Home include independent living units, private homes, apartments, and so forth.

Decedent's Information

16a. Place of Death

IF DEATH OCCURRED IN A HOSPITAL

Inpatient ER/Outpatient Dead on Arrival

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL

Hospice Facility Nursing Home/Long-Term Care Facility Decedent's Home Other (Specify)

- Other – Specify where death was legally pronounced.
- Examples: Licensed ambulatory/surgical center, orphanage, prison ward, public building, birthing center, or facilities offering housing and custodial care but not patient care (e.g., board & care homes, group homes, custodial care home, foster home), physician's office, roadway where an accident occurred, vessel, work place, etc.

Decedent's Information

16a. Place of Death

IF DEATH OCCURRED IN A HOSPITAL

Inpatient ER/Outpatient Dead on Arrival

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL

Hospice Facility Nursing Home/Long-Term Care Facility Decedent's Home Other (Specify)

- Select only the one option that best describes where the decedent was pronounced dead.
- Do not leave unanswered.

Decedent's Information

17a. Facility Name

17a. FACILITY NAME (If not institution, give street and number)

- Enter the name of the facility, or location, where the death occurred.
- Do not leave unanswered.

Decedent's Information

17a. Facility Name

17a. FACILITY NAME (If not institution, give street and number)

Institution Deaths:

- If the death occurred in a hospital or any other type institution (e.g., nursing home), enter the full name of the hospital or institution.
- If death occurred en route to or on arrival at a facility, enter the full name of that facility. This includes deaths occurring in a ambulance or vehicle en route to a facility.

Decedent's Information

17a. Facility Name

17a. FACILITY NAME (If not institution, give street and number)

Non-Institution Deaths:

- If death occurred at a home or a non-institution setting, enter the house or building number and street name.
- If death occurred in a moving conveyance, enter the address where the body was first removed from the conveyance. If international space but removed in Iowa, register in Iowa, but enter actual place insofar as can be determined.

Decedent's Information

17b. Facility Location

17b. CITY, TOWN, OR LOCATION & ZIP CODE OF DEATH

- Enter the name of the city, town, or location that best describes the geographic location of the place of death, including the nearest postal zip code.
- If death occurred in a moving conveyance, enter where the body was first removed from the conveyance.
- Do not leave unanswered.

Decedent's Information

17c. Facility City Limits

17c. INSIDE
CITY LIMITS?
 Yes No

- Select the 'yes' option if the location of death is incorporated and is inside its geographic boundaries. Otherwise, select 'no.'
- When completing the "paper" form of the death certificate, indicate 'unknown' or 'unobtainable' by drawing a single line through the yes/no options.
 Yes No
- Do not leave unanswered.

Decedent's Information

DISPOSITION

DISPOSITION				
DISPOSITION	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, or other place)	
	20. LOCATION OF DISPOSITION (City or Town & State)		21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY	
	22a. FUNERAL DIRECTOR – Printed Name		22b. FUNERAL DIRECTOR – Signature	23. LIC. #

- Disposition information indicates whether the body was properly disposed of as required by law.
- Serves to locate the body in the event that exhumation, autopsy, or transfer is required at a later date.
- Do not leave any field unanswered.

Decedent's Information

DISPOSITION

DISPOSITION				
DISPOSITION	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, or other place)	
	20. LOCATION OF DISPOSITION (City or Town & State)		21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY	
	22a. FUNERAL DIRECTOR – Printed Name		22b. FUNERAL DIRECTOR – Signature	23. LIC. #

- Assists family or genealogists in locating the place of disposition at a later date.
- Assists in quality control and helps identify the person who first took custody of the body for disposition and who is legally responsible for filing the certificate.

Decedent's Information

18. Method of Disposition

18. METHOD OF DISPOSITION

Burial Cremation Donation Entombment Removal from State
 Other (Specify) _____

- Select the option(s) that best describe(s) the method of disposition performed as desired by the next of kin or informant.

- Burial
- Cremation
- Donation
- Entombment
- Removal from State
- Other – and enter the specific method if other than what is listed above

Decedent's Information

18. Method of Disposition

18. METHOD OF DISPOSITION

Burial Cremation Donation Entombment Removal from State
 Other (Specify) _____

Non-Natural Death -- Embalming:

- Without permission of a county medical examiner, it is illegal to embalm a body when there is reason to believe death was "non-natural", when there is evidence to suspect a crime in connection with the death, or where the medical examiner has jurisdiction.
- When feasible, must be released to funeral director within 24 hours.

Decedent's Information

18. Method of Disposition

18. METHOD OF DISPOSITION

Burial Cremation Donation Entombment Removal from State
 Other (Specify) _____

Non-Natural Death – Cremation, Burial, Removal from State:

- Illegal to cremate, bury, or remove from the state when death is from “non-natural” causes until a medical examiner certifies in writing that the body has been viewed, inquiry made & autopsy or exam completed.
- May be sent out of state for autopsy or exam if medical examiner certifies in writing that it's okay.

Decedent's Information

18. Method of Disposition

18. METHOD OF DISPOSITION

Burial Cremation Donation Entombment Removal from State
 Other (Specify) _____

Transporting a Body:

- Requires a container to control odor and prevent leakage unless the body has been embalmed or is being transported by a licensed funeral director, emergency medical service, or medical examiner.
- Burial-transit permit accompanies the body when transported out-of-state. Transported to Iowa requires burial-transit permit from the state of death.

Decedent's Information

18. Method of Disposition

18. METHOD OF DISPOSITION

Burial Cremation Donation Entombment Removal from State
 Other (Specify) _____

Burial:

- If burial, interment or entombment, local ordinances of the political subdivision in which the final disposition site is located and any and all regulations of the cemetery, if appropriate, shall apply.
- In the absence of above, depth of grave at shallowest point shall be at least three feet from the top of the burial container.

Decedent's Information

18. Method of Disposition

18. METHOD OF DISPOSITION

Burial Cremation Donation Entombment Removal from State
 Other (Specify) _____

Cremation:

- Medical examiners are responsible for issuing all cremation permits through the State of Iowa.
- Cremation permits are legal documents authorizing funeral homes and crematories to cremate human remains following a medicolegal investigation of the decedent's medical history and circumstances surrounding death.

Decedent's Information

18. Method of Disposition

18. METHOD OF DISPOSITION

Burial Cremation Donation Entombment Removal from State
 Other (Specify) _____

Cremation:

- Scattering of cremated remains are subject to local ordinances, cemetery regulations or permission by owners of state or private property.
- Cremation shall be considered final disposition and no further burial-transit permit is required.

Decedent's Information

18. Method of Disposition

18. METHOD OF DISPOSITION

Burial Cremation Donation Entombment Removal from State
 Other (Specify) _____

Donation:

- If the body is to be used by a hospital or medical or mortuary school for scientific or education purposes, select 'Donation' and specify the name and location of the institution in items 19 & 20 (Place of Disposition and Location of Disposition).
- Ensure that the institution will accept the body.
- 'Donation' refers only to the entire body, not to individual body organs or parts.

Decedent's Information

19. Place of Disposition

19. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place)

- Enter the name of the cemetery, crematory or other place of disposition.
- If the body is removed from the State, enter the name of the cemetery, crematory or other place of disposition to which the body is removed.
- If the body is to be used by a hospital or medical or mortuary school for scientific or educational purposes, enter the name of that institution – if they have accepted the body.

Decedent's Information

20. Location of Disposition

20. LOCATION OF DISPOSITION (City or Town & State)

- Enter the name of the city, town or location and the State where the place of disposition is located.
- If the body is to be used by a hospital or medical or mortuary school for scientific or educational purposes, enter the name of city, town or location and the state where the institution is located.
- Contact the state vital records office with any questions about recording the place of disposition.

Decedent's Information

21. Funeral Facility

21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY

- Identifies the facility, or the person if no funeral director is involved, that first assumed custody of the body and is filing the death certificate (144.27).
- Enter the name and complete address of the funeral facility, or other person, handling the body prior to burial or other disposition.
- Include the postal zip code of the address.

Decedent's Information

22a. – 22b. Funeral Director Name

22a. FUNERAL DIRECTOR – Printed Name

22b. FUNERAL DIRECTOR – Signature

- Identify the individual who first assumed custody of the body and is filing the death certificate.
- Enter the printed name, and obtain the signature, of the funeral director or person responsible if no funeral director is involved in disposition.

Decedent's Information

22a. – 22b. Funeral Director Name

22a. FUNERAL DIRECTOR – Printed Name

22b. FUNERAL DIRECTOR – Signature

- This individual is the funeral service licensee or other person first assuming custody of the body and charged with the responsibility of completing the death certificate.
- Signatures on the 'paper' format of the death certificate shall be original and in permanent black or dark blue ink. Rubber stamps or facsimile signatures are not acceptable.

Decedent's Information

23. License Number

23. LIC. #

- Enter the personal State license number of the funeral service licensee.
- Enter the word "None" if some other person who is not a licensed funeral director assumes custody of the body.

Decedent's Information

51. – 55. STATISTICAL DATA

CONFIDENTIAL – FOR STATISTICAL AND PUBLIC HEALTH RESEARCH PURPOSES ONLY			
To be completed by FUNERAL DIRECTOR	<p>51. DECEDENT'S EDUCATION. Check the box that best describes the highest degree or level of school completed at the time of death.</p> <p><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, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD) <input type="checkbox"/> Unobtainable</p>	<p>52. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish / Hispanic / Latino.</p> <p><input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____ <input type="checkbox"/> Unobtainable</p>	<p>53. DECEDENT'S RACE. Check one or more races to indicate what the decedent considered himself or herself to be.</p> <p><input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Specify name of the enrolled or principal tribe) _____</p> <p><input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean</p> <p><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) _____ <input type="checkbox"/> Unobtainable</p>
	<p>54. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED.)</p>	<p>55. KIND OF BUSINESS OR INDUSTRY</p>	

- Statistical data are additional items to be completed by the funeral director, or the person other than a funeral service licensee.

Decedent's Information

51. – 55. STATISTICAL DATA

CONFIDENTIAL – FOR STATISTICAL AND PUBLIC HEALTH RESEARCH PURPOSES ONLY			
To be completed by FUNERAL DIRECTOR	<p>51. DECEDENT'S EDUCATION. Check the box that best describes the highest degree or level of school completed at the time of death.</p> <p><input type="checkbox"/> 8th grade or less</p> <p><input type="checkbox"/> 9th – 12th grade; no diploma</p> <p><input type="checkbox"/> High school graduate or GED completed</p> <p><input type="checkbox"/> Some college credit, but no degree</p> <p><input type="checkbox"/> Associate degree (e.g., AA, AS)</p> <p><input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)</p> <p><input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, Med, MSW, MBA)</p> <p><input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD)</p> <p><input type="checkbox"/> Unobtainable</p>	<p>52. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish / Hispanic / Latino.</p> <p><input type="checkbox"/> No, not Spanish/Hispanic/Latino</p> <p><input type="checkbox"/> Yes, Mexican, Mexican American, Chicano</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, other Spanish/Hispanic/Latino</p> <p>(Specify) _____</p> <p><input type="checkbox"/> Unobtainable</p>	<p>53. DECEDENT'S RACE. Check one or more races to indicate what the decedent considered himself or herself to be.</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> American Indian or Alaska Native (Specify name of the enrolled or principal tribe)</p> <p>_____</p> <p><input type="checkbox"/> Asian Indian</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian</p> <p>(Specify) _____</p> <p><input type="checkbox"/> Native Hawaiian</p> <p><input type="checkbox"/> Guamanian or Chamorro</p> <p><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Other Pacific Islander</p> <p>(Specify) _____</p> <p><input type="checkbox"/> Other</p> <p>(Specify) _____</p> <p><input type="checkbox"/> Unobtainable</p>
	<p>54. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED.)</p>	<p>55. KIND OF BUSINESS OR INDUSTRY</p>	

- **CONFIDENTIAL** – collected for statistical and public health research only. Not available for public viewing, and does not appear on certified copies.
- Based on U.S. Census standards.

Decedent's Information

51. Decedent's Education

51. DECEDENT'S EDUCATION. Check the box that best describes the highest degree or level of school completed at the time of death.

- 8th grade or less
- 9th – 12th grade; no diploma
- High school graduate or GED completed
- Some college credit, but no degree
- Associate degree (e.g., AA, AS)
- Bachelor's degree (e.g., BA, AB, BS)
- Master's degree (e.g., MA, MS, MEng, Med, MSW, MBA)
- Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD)
- Unobtainable

- The decedent's education is used to study the relationship between mortality and education, which roughly corresponds with socioeconomic status.

Decedent's Information

51. Decedent's Education

51. DECEDENT'S EDUCATION. Check the box that best describes the highest degree or level of school completed at the time of death.

- 8th grade or less
- 9th – 12th grade; no diploma
- High school graduate or GED completed
- Some college credit, but no degree
- Associate degree (e.g., AA, AS)
- Bachelor's degree (e.g., BA, AB, BS)
- Master's degree (e.g., MA, MS, MEng, Med, MSW, MBA)
- Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD)
- Unobtainable

- Select the one option that corresponds with the highest level of education that the decedent completed.
- Do not leave unanswered.

Decedent's Information

51. Decedent's Education

- Select the previous grade or highest degree received if the decedent was enrolled in school or college at the time of death.
- Select 'Unobtainable' only if the informant:
 - Does not know or is not sure of the education level;
 - Refuses to provide the education level;
 - Indicates that the decedent has a degree that is not listed; or
 - Is unable to provide reliable information.

Decedent's Information

52. Decedent's Origin

52. DECEDENT OF HISPANIC ORIGIN?

Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish / Hispanic / Latino.

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino
(Specify) _____
- Unobtainable

- The decedent's origin helps identify and assess mortality and public health problems and targets public health resources for this substantial and growing population group.

Decedent's Information

52. Decedent's Origin

52. DECEDENT OF HISPANIC ORIGIN?

Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish / Hispanic / Latino.

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino
(Specify) _____
- Unobtainable

- Select the one option that best describes the Hispanic origin that the decedent identified himself or herself with according to an informant with reliable knowledge.

Decedent's Information

52. Decedent's Origin

- If 'Yes, Other . . . ' is selected, also enter the specific origin as provided by the informant.
- Select 'Unobtainable' only if the informant:
 - Does not know or is not sure of the origin;
 - Refuses to provide the education level; or
 - Is unable to provide reliable information.

Decedent's Information

52. Decedent's Origin

- Do not leave unanswered.
- The Race and Hispanic origin questions should be asked independently.
- "Hispanic" is not a race, and a decedent of Hispanic origin may be of any race.

Decedent's Information

52. Decedent's Origin

- “Hispanic” is a self-designated classification of people whose origins are from:
 - Spain;
 - The Spanish-speaking countries of Central or South America;
 - The Caribbean; or
 - Those identifying themselves generally of Spanish or Spanish American.
- Origin can be viewed as ancestry, nationality, or country of birth of the person or person's parents or ancestors prior to their arrival in the U.S.

Decedent's Information

53. Decedent's Race

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"/> Vietnamese
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other Asian
<input type="checkbox"/> American Indian or Alaska Native (Specify name of the enrolled or principal tribe) _____	(Specify) _____
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Chinese	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Filipino	<input type="checkbox"/> Samoan
<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Korean	(Specify) _____
	<input type="checkbox"/> Other
	(Specify) _____
	<input type="checkbox"/> Unobtainable

Race helps

- identify mortality patterns and leading causes of death among different racial groups,
- determine health programs, and
- make population estimates.

Decedent's Information

53. Decedent's Race

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"/> Vietnamese
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other Asian
<input type="checkbox"/> American Indian or Alaska Native (Specify name of the enrolled or principal tribe) _____	(Specify) _____
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Chinese	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Filipino	<input type="checkbox"/> Samoan
<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Korean	(Specify) _____
	<input type="checkbox"/> Other
	(Specify) _____
	<input type="checkbox"/> Unobtainable

- Select the category of race(s) that best describes what the decedent considered himself or herself to be according to the informant, or nearest of kin with reliable knowledge.

Decedent's Information

53. Decedent's Race

- American Indian or Alaska Native (Specify . . .)
 - Refers only to those tribes native to North, South and Central America, not to Asian Indian.
 - Specify the name of the enrolled or principal tribe.
 - Enter the word "Unknown" if the informant does not know the specific tribe.

Decedent's Information

53. Decedent's Race

- For Asians, select:
 - Asian Indian
 - Chinese Filipino
 - Japanese
 - Korean
 - Vietnamese
 - Other Asian
 - Specify the Other Asian.
 - Enter the word "Unknown" if the informant does not know the specific Other Asian.

Decedent's Information

53. Decedent's Race

- For Pacific Islanders, select:
 - Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
 - Other Pacific Islander – also specify
 - Specify the Other Pacific Islander.
 - Enter the word “Unknown” if the informant does not know the specific Pacific Islander.

Decedent's Information

53. Decedent's Race

Other

- Specify the Race that is not listed above according to the informant.
- Enter "Hispanic" only if that is the only response that can be obtained from the informant.

Unobtainable – Select only if the informant:

- Does not know or is not sure of the decedent's race;
- Refuses to provide the decedent's race; or
- Does not have reliable information.

Decedent's Information

53. Decedent's Race

- For Mixed Race, select each race that the decedent identified with according to a knowledgeable informant or other reliable source.
- Do not leave unanswered.

Decedent's Information

54. – 55. Decedent's Usual Occupation & Industry

54. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED.)

54. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED.)

- This information is useful in studying deaths related to jobs and identifying any new risks.
- For example, the link between lung disease and lung cancer and asbestos exposure in jobs such as construction was discovered by analyzing this sort of data on death certificates.

Decedent's Information

54. – 55. Decedent's Usual Occupation & Industry

54. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED.)

55. KIND OF BUSINESS OR INDUSTRY

- Complete for all decedents 14 years of age & over.
- Complete even if the decedent was retired, disabled, or institutionalized at the time of death.
- Do not leave unanswered if the decedent was age 14 & over.

Decedent's Information

54. Decedent's Usual Occupation

54. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED.)

- This information reflects the type of job the individual was engaged in for most of his or her working life.
- Not necessarily the highest paid job or the job considered the most prestigious, but the one type of occupation that accounted for the greatest number of working years outside the home.

Decedent's Information

54. Decedent's Usual Occupation

- Do not enter "Retired."
- If the decedent was unemployed at the time of death, but had worked outside the home during most of his or her working life, enter that occupation.
- If the decedent was a homemaker most of his or her working life, or never worked outside the home, enter "Homemaker."

Decedent's Information

54. Decedent's Usual Occupation

- If the decedent was a student at the time of death and was never regularly employed or employed full time during his or her working life, enter "Student."
- If no reliable information can be obtained, enter "Unknown."

Decedent's Information

54. Decedent's Usual Occupation

Examples:

claims adjuster	farmer	janitor	teacher
store manager	professor	civil engineer	taxidermist
funeral director	office manager	secretary	laborer
construction worker	bus driver	cashier	plumber
sales associate	electrician	carpenter	clerk typist
medical transcriptionist		waitress	chef
heavy equipment operator		receptionist	landscaper
gas station attendant	librarian	architect	florist
mechanic	truck driver	delivery driver	taxi cab driver
public relations director		telemarketer	singer
sales representative	disk jockey	comedian	field rep

Decedent's Information

55. Decedent's Kind of Business or Industry

55. KIND OF BUSINESS OR INDUSTRY

- This information reflects the kind of business or industry to which the occupation listed in item 54 is related.
- Enter the broad terminology for the kind of business or industry.
- Do not enter "Retired."

Decedent's Information

55. Decedent's Kind of Business or Industry

- Do not enter the name of the firm or the organization where the decedent worked.
- If "Homemaker" is entered as the decedent's usual occupation in item 54, enter "Home."
- If "Student" is entered as the decedent's usual occupation in item 54, enter the type of school, such as "Elementary School," "Middle School," "High School," "College," and so forth.

Decedent's Information

55. Decedent's Kind of Business or Industry

- If no reliable information can be obtained, enter "Unknown."

Examples:

insurance
service
manufacturing

agriculture
education
construction

retail
government
entertainment

Medical Certification

The medical certifier is responsible for:

- Pronouncement of death
- Date and time of death
- If referred to Medical Examiner
- Cause & manner of death
- Tobacco use
- Pregnancy status
- Injury information for cases involving injury
- Certifier information & signature

Medical Certification

- Generally, the attending physician will both pronounce death and certify or report the cause of death.
- A different physician will pronounce death only when the attending physician is unavailable to certify the cause of death at the time of death.
- In an inquiry is required, a medical examiner is responsible for determining the cause of death.

Medical Certification

24.—28. Pronouncement of Death

- In Iowa, the following may pronounce death, but are NOT authorized to certify to the cause of death:
 - Physician Assistant (PA) 148C.4(1)
 - Licensed Practical Nurse (LPN) 152.1(6)(c)
 - Professional Registered Nurse (RN & ARNP) 152.1(6)(e)
- ONLY in cases where death is anticipated and death occurs in a licensed hospital, licensed care facility, a Medicare-certified home health agency, or a Medicare-certified hospice program or facility, with notice of the death to a physician and in accordance with the directions of a physician.

Medical Certification

- If different from the certifying physician, the person *pronouncing* death may provide the data for items 24—28 to indicate that death has taken place, IF they meet the aforementioned legal qualifications, with a physician (MD or DO) more familiar with the case completing the remainder of the medical portion of the death certificate.
- The signature of the pronouncing person is not required.
- In all cases when there is no other person pronouncing death, the physician *certifying* to the cause of death completes everything except items 26—28 (which are then left blank).

Medical Certification

- A person who is authorized to pronounce death shall inform one of the persons authorized to request an autopsy (144.56, 144C.5) that an autopsy is required – IF the decedent was a public safety officer who may have died in the line of duty and an eligible beneficiary seeks to claim a federal public safety officer death benefit (144.57).

Medical Certification

Non-Natural vs. Natural

- “*Non-Natural*” death means the death is a direct or indirect result of physical, chemical, thermal, or electrical trauma, or drug or alcohol intoxication or other poisoning. 144.28(1)(a)
- Unless there is a “non-natural” cause of death, the medical certification shall be completed and signed by the physician in charge of the patient’s care for the illness or condition which resulted in death within 72 hours after receipt of the death certificate. 144.28(1)(b)

Medical Certification

- If there is a *“non-natural”* cause of death, the county or state medical examiner shall be notified and shall conduct an inquiry. 144.28(1)(c)
- If the decedent was an infant or child and the cause of death is not known, the medical examiner’s inquiry shall be conducted and an autopsy performed as necessary to exclude a non-natural cause of death. 144.28(1)(d)

Medical Certification

- If upon inquiry into a death, the county or state medical examiner determines that a pre-existing natural disease or condition was the likely cause of death and that the death does not affect the public health interest, the medical examiner may elect to defer to the physician in charge of the patient's pre-existing condition the certification of the cause of death. 144.28(1)(e)

Medical Certification

- When an inquiry is required by the county or state medical examiner, the medical examiner shall investigate the cause and manner of death and shall complete and sign the medical certification within 72 hours after determination of the cause and manner of death. 144.28(1)(f)

Medical Certification

Jurisdiction of a Medical Examiner

- Deaths that have an impact on the “public’s interest” are routinely investigated by the County Medical Examiners under the guidance of the Iowa Office of the State Medical Examiner.
- Deaths affecting the public’s interest are:

Sudden	Violent	Unexpected
Suspicious	OR	Unattended

Standard Registration

- Iowa death records submitted for registration from the date of death but within one year shall be prepared on the standard Certificate of Death in use at the time.
- The 2011 revised Certificate of Death is in use effective with deaths occurring at 0000 (midnight), which by national standards is the beginning of the new day, January 1, 2011.

Standard Registration

- ✓ Prior to filing for registration, review & verify.
 - Common errors include (but are not limited to):
 - Spelling of names
 - Decedent's date of birth and age
 - Decedent's birthplace
 - **Decedent's social security number**
 - Decedent's residence

Standard Registration

- ✓ Ensure that all signatures are obtained and signed in the proper space.
- Only original signatures in permanent black or dark blue ink are acceptable.
- PAs, LPNs, RNs, and ARNPs may *pronounce* death under certain conditions, but are not authorized by law to *certify* to the cause of death.

Standard Registration

- ✓ Ensure that all items are completed.
 - County Registrars cannot accept the record for registration if items are missing, incomplete or inaccurate – and they are not authorized by law to fill in the blanks or make corrections.
- ✓ Submit the Certificate of Death to the County Registrar (e.g., County Recorder) in the county where the death occurred.

Entitlement

REQUESTS AT TIME OF REGISTRATION

- When presenting the Certificate of Death for registration, funeral directors may request certified copies on behalf of the decedent's immediate family or legal representative, as long as the recipient of the certified copy is entitled to a certified copy.
- Immediate family members include: surviving spouse (not re-married), parent, child (age 18 or older), brother and sister. Does not include in-laws, aunts, uncles, cousins, or friends.

Entitlement

REQUESTS AT TIME OF REGISTRATION

- When requesting certified copies at the time of registration, also present to the County Registrar:
 - A signed and dated statement on the funeral home's business letterhead that clearly indicates representation and identifies the decedent, date of death, and county of death
 - The number of copies requested & amount of money remitted (on the funeral home's business check)
 - If copies are to be mailed or picked up and by who, and if one is for VA purposes (Armed Forces = Yes)

Entitlement

REQUESTS AFTER REGISTRATION

- Funeral directors may request additional certified copies up to six months after the date of death on behalf of entitled immediate family members of the decedent served by that funeral home.
- The application process is the same as for at the time of registration, except photo identification may also be required, at the discretion of the registrar of vital records.
 - Alternate method requires notarized signature & I.D.

Entitlement

REQUESTS BY ENTITLED FAMILY MEMBERS

- Entitled family members may apply for certified copies at any time directly from the County or State Registrar
 - Requires:
 - Written application
 - Proof of entitlement
 - Purpose for the copy
 - Proof of identity (i.e., photo I.D.)
 - Notarized signature unless applying in person
 - Remittance of fee with the application – which is for the search and is non-refundable if no record is found

Entitlement

REQUESTS BY LEGAL REPRESENTATIVES

- A legal representative acting on behalf of entitled immediate family members may receive certified copies or send staff to pick up the copies IF that staff person is in “direct” employment with the legal representative.
- A disqualified ‘runner’ would be someone representing a service contracted to pick up and/or deliver for other companies.

Entitlement

REQUESTS BY LEGAL REPRESENTATIVES

- When sending a 'runner' to pick up certified copies:
 - At the time of the request, indicate the name of the individual staff person who will be returning to pick up the copies.
 - Advise the runner to be prepared to show valid, current, government-issued photo identification AND proof of representation.
- Regardless of the method of receipt, fee payment must be remitted on the representative's business account at the time of the application for a copy.

Entitlement

REPRESENTATION EXPIRES

- After a six months from the date of death, funeral directors are no longer considered legal representatives of the decedent's family.
- Entitled immediate family members and surviving spouses may apply directly with the appropriate county registrar or the state vital records office.

Entitlement

INSURANCE PURPOSES

- If the certified copy is for insurance purposes and the applicant is otherwise not entitled, the applicant shall also provide a copy of the policy showing the policy number and the name(s) of the policy owner/holder and beneficiaries.
- The supporting documents must prove that the applicant holds property and benefits rights.

Entitlement

ESTATE, PROPERTY & BENEFITS

- If the certified copy is to settle an estate and the applicant is otherwise not entitled, the applicant shall also provide a copy of the proper appointment documentation or supporting evidence proving they hold property and benefits rights.

Entitlement

FOR VA PURPOSES

- The funeral director may obtain the one-time no-fee certified death record at the time of registration.
 - The certified copy shall be stamped 'For Veteran's Purposes Only.'
 - The written application for copies shall specify that the one-time no-fee copy is being requested.
 - The 'Armed Forces' question on the Certificate of Death shall be answered 'Yes.'

Entitlement

FOR VA PURPOSES

- After the Certificate of Death is registered
 - Requests for the one-time no-fee VA copy require a written request from an entitled person and a copy of the benefits letter from the VA to the applicant that clearly indicates a certified copy of the death record is needed.
 - OR, the applicant may contact their local Veteran's Affairs office for assistance.
 - OR, the applicant may apply for and pay for the certified copy (NOT stamped 'for VA purposes.')

Corrections Within One Year

Decedent, Place, Disposition

Timeline of Registration – County Level:

1. Certificate of Death filed in County of death.***
2. County Registrar reviews, accepts, and registers.
3. County Registrar signs and dates original record.
4. County Registrar assigns file number and enters a copy of the original into County's records.
5. County Registrar forwards original record, as is, to the State vital records office.

*** Certificates of Fetal Death filed with State only.

Corrections Within One Year

Decedent, Place, Disposition

Timeline of Registration – State Level – Receives original:

Week One:

1. Review, accept or reject, assign state file number.
2. Code for place of death, residence, and cause of death.
3. Process any requests to correct recently registered death records and forward replacement working copy to appropriate County Registrar in next available Friday mailing.

Corrections Within One Year

Decedent, Place, Disposition

Timeline of Registration – State Level – Receives original:

Week 2 to 3:

1. Date entry into the mainframe. Records are off the floor and unavailable.

Week 3 to 4:

1. Records returned to State office from data processing.
2. Records now available to issue and to process any further current corrections.

Corrections Within One Year

Decedent, Place, Disposition

When discovered prior to filing for registration:

- Re-generate the record.

When discovered upon filing, but prior to registration:

- Re-generate the record. County Registrar's are not authorized to make corrections or additions.

When discovered after registration:

- Record shall be forwarded to State as is.

Corrections Within One Year

Decedent, Place, Disposition

When discovered after registration:

- Up through six months from the date of death, the funeral director may request corrections to errors.
- Mail or FAX to 515-281-0479, attn: Death Registration, brief signed/dated statement on business letterhead, including contact name/phone.
- Include decedent's name, date of death, county of death, item to be corrected, and corrected information.

Corrections Within One Year

Decedent, Place, Disposition

When discovered after registration:

- Up through one year from the date of death, an entitled immediate family member may request corrections to errors. There is no cost at this time.
- Mail or FAX to 515-281-0479, attn: Death Registration, notarized/dated affidavit, contact name and phone, photocopy of I.D.
- Include decedent's name, date of death, county of death, item to be corrected, and corrected information.

Corrections Within One Year

After the Correction has been made:

- A corrected copy will be forwarded to the appropriate County Registrar to replace their incorrect copy.
- Previously-issued certified copies may be replaced by the County Registrar.
- Each copy shall be relinquished to the appropriate registrar's office along with a written application.
- The applicant shall be prepared to show proof of entitlement and identity, and notarized signature if by mail.

CONTACT:

Iowa Department of Public Health
Bureau of Vital Records
Lucas State Office Building, 1st floor
321 E. 12th Street
Des Moines, Iowa 50319-0075
www.idph.state.ia.us

Jill France, Bureau Chief: 515-281-6762
Victoria Hutton, Fraud Prevention & Security Program: 515-281-4956
Victoria.Hutton@idph.iowa.gov
FAX: 515-281-0479
Bureau general operator: 515-281-4944
Death registration: 515-281-5153

INFORMATION:

<http://www.idph.state.ia.us/apl/vrportal.aspx>
Select a Page: Death Registration
Password: vrd_2011 (case-sensitive)