TYPE IN BLACK INK

BIRTH NUMBER

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF PRESUMPTIVE DEATH

114

MISSING PERSON

1. DECEDENT'S NAME — FIRST	MIDDLE	LAST	2. DATE OF DEATH (MO/DAY/YR)

3. SEX	4A. DATE OF BIRTH	4B. AGE AT LAST BIRTHDAY (YRS)	4C. UNDER 1 YR — MOS	DAYS	UNDER 1 DAY — MIN	HRS	5. COUNTY OF DEATH

6. WAS DECEDENT OF HISPANIC ORIGIN? (SPECIFY NO OR YES) IF YES , SPECIFY CUBAN, MEXICAN, OR PUERTO RICAN ☐ NO ☐ YES (SPECIFY)	7. RACE –WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)	8. DECEDENT'S EDUCATION (specify only the highest grade completed) Elementary/ Secondary 0-12	COLLEGE -1-4 5+	9. BIRTHPLACE (City or Town, State and Zip code)

10. CITIZEN OF WHAT COUNTRY?	11. SOCIAL SECURITY NUMBER	12A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	12B. SURVIVING SPOUSE

13. WAS DECEDENT EVER IN U.S. ARMED SERVICES? ☐ YES ☐ NO	14. USUAL OCCUPATION (Give kind of work done during most of working life. Do not enter retired)	15. KIND OF BUSINESS OR INDUSTRY

16.A RESIDENCE-STATE	16B COUNTY	16C. CITY, TOWN OR LOCATION	16D. STREET AND NUMBER OF RESIDENCE	16E. INSIDE CITY LIMITS? ☐ YES ☐ NO

FATHER

17. FATHER'S NAME	FIRST	MIDDLE	LAST

MOTHER

18. MOTHER'S NAME	FIRST	MIDDLE	MAIDEN

PETITIONER

19A. PETITIONER'S NAME	19B. MAIL ADDRESS (Street & number, City, town, zip code	19c. relationship to Decedent

20. LAST SEEN ALIVE	21. PLACE

MANNER OF DEATH

22A IF VIOLENT DEATH	☐ Accident ☐ Suicide ☐ Homicide ☐ Could Not Be Determined	22B. LOCATION OF VIOLENT DEATH

23A. IF TRANSPORT DEATH	☐ Watercraft ☐ Aircraft ☐ Other Specify	23B TYPE OF TRANSPORT	23C. OWNER OF TRANSPORT

23D. IF TRANSPORT DEATH DECEDENT ENROUTE TO	STATE	CITY OR TOWN	ZIP CODE

24. STATUS ☐ Operator ☐ Passenger ☐ Crewmember	25. TOTAL NUMBER KILLED	26. WRECKAGE OR OTHER PHYSICAL EVIDENCE FOUND (SPECIFY)

PRESUMPTION OF DEATH

27. CAUSE OF PRESUMPTIVE DEATH

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____

MEDICAL CERTIFIER

27A SIGNATURE	27 B ☐ MD ☐ DO	27 C. NAME AND ADDRESS OF CERTIFIER

CLERK OF COURT

28 CLERK OF COURT –I CERTIFY THE ABOVE NAMED PERSON WAS DETERMINED TO BE PRESUMED DEAD AT THE PLACE, DATE AND DUE TO THE CAUSE LISTED ABOVE BY THIS COURT. SIGNATURE	28B DATE SIGNED

COURT ORDER

29A. COURT ORDER NUMBER	29B.. DATE COURT ORDER GRANTED

REGISTRAR

30A.. REGISTRAR SIGNATURE	30B. DATE RECEIVED BY REGISTRAR

After completion, please submit for registration with the Iowa Department of Public Health, Bureau of Health Statistics, Lucas Office Building, 321 E. 12th Street, Des Moines, Iowa 50319