

IOWA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH 114-

BIRTH NUMBER

TYPE IN	DECEDENT'S NAME FIRST MIDDLE LAST					DATE OF DEATH (Mo., Day, Yr.)		
PERMANENT	1					2 January 0, 1900		
BLACK INK FOR INSTRUCTIONS	SEX	AGE - LAST BIRTHDAY (Years)	UNDER 1 YEAR MO. DAYS	UNDER 1 DAY HRS. MIN.	DATE OF BIRTH (Mo., Day, Yr.)	COUNTY OF DEATH		
SEE HANDBOOK	3					4a January 0, 1900		
	FACILITY NAME (if not institution give street and number)				CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (Specify yes or no)	
	5b				5c		5d	
	5e. PLACE OF DEATH (Check only one)							
	HOSPITAL Inpatient ER/outpatient COA			OTHER Nursing Home Residence Other (Specify)				
DECEDENT	WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or yes below) If yes, Specify Cuban, Mexican, Puerto Rican, etc/ 7 NO YES Specify:				FACE - White, Black, American Indian, etc (Specify)		DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	
WHERE DECEDENT LIVED IF DEATH OCCURRED IN A LONG TERM CARE INSTITU TION GIVE INSTITUTION ADDRESS AS	8		9		10			
	BIRTHPLACE (City & State or Foreign Country)	CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (If wife, give maiden name)		
	11	12a		12b		13		
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most OF WORKING LIFE. Do not use retired.)		KIND OF BUSINESS OR INDUSTRY		WAS DECEDENT EVER IN US ARMED SERVICES? (Specify yes or no)	
	13 000-00-0000		14a		14b		15	
	RESIDENCE - STATE	COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER OF RESIDENCE		INSIDE CITY LIMITS (Specify yes or no)	
	16a	16b	16c		16d		16e	
PARENTS	FATHER'S NAME FIRST MIDDLE LAST				MOTHER'S NAME FIRST MIDDLE MIAIDEN			
	17				18			
INFORMANT	INFORMANT'S NAME				MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
	19a				19b			
	20a METHOD OF DISPOSITION Burial Cremation Removal from State Donation Other (specify)			PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place)		LOCATION (City or Town, State)		
	20b			20c		20e		
BURIAL	FUNERAL DIRECTOR - Signature					F. D. LICENSE #		
	21a					21b		
	FUNERAL HOME - NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
	21c Hamilton's Funeral Home				605 Lyon St., Des Moines, Iowa 50309			
REGISTRAR	REGISTER - SIGNATURE					DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		
	22a					22b		
	23 MANNER OF DEATH		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	INJURY AT WORK? (Specify yes or no)	DESCRIBE HOW INJURY OCCURRED		
	Natural Pending		24a	24b	24c	24d		
	Accident Investigation Suicide Could not be Homicide determined		PLACE OF INJURY (Specify at home, farm, street, factory, office building, etc.)		LOCATION (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
	24e		24f					

To the best of my knowledge, death occurred at the time, date and place due to the cause(s) and manner as stated

DATE SIGNED (Mo., Day, Yr.)

HOUR OF DEATH

25a. (Signature and Title)

25b.

25c. 12:00 AM

CERTIFIER

NAME AND TITLE OF THE ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TypePrint)

26

NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner)(TypePrint)

27

28 PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Approximate
Interval Between
Onset and Death

Final disease or condition
resulting in death

IMMEDIATE CAUSE

(a)

DUE TO (OR AS A CONSEQUENCE OF)

(b)

DUE TO (OR AS A CONSEQUENCE OF)

(c)

DUE TO (OR AS A CONSEQUENCE OF)

(d)

Sequentially list condition, if any,
leading to immediate cause. Enter
UNDERLYING CAUSE (disease or
injury that initiated events resulting
in death) LAST.

CAUSE OF DEATH

PART II a. Other significant conditions contributing to death but not resulting in the underlying causes given in Part I.

b. IF FEMALE WAS THERE A
PREGNANCY IN THE PAST 12
MONTHS?
(Specify yes or no)

AUTOPSY
(Specify yes or no)

WERE AUTOPSY FIND-
INGS AVAILABLE PRIOR
TO COMPLETION OF
CAUSE OF DEATH?
(Specify yes or no)

28a.

28b.