

ROSS COUNTY CORONER'S OFFICE
PRE-HOSPITAL PRONOUNCEMENT OF DEATH

Date _____ Time of Call _____ Time on Scene _____

Time at Patient _____ Time Pronounced _____ Law Enforcement On Scene First, Yes No

Information for deceased:

Name _____ Location of Death _____

Address _____ DOB _____ Sex _____ Race _____

Known Medical Hx _____

Medications _____

Criteria for Pronouncement of Death (check all that apply):

____ Lividity-Dependent Discoloration. ____ Fixed (No change when pressure applied.) ____ Non-Fixed

____ Rigor Mortis, Body Part Involved _____ Fixed ____ Non-Fixed _____

____ Decomposition: Describe _____

____ Hx of no Respiration for greater than 15 minutes: Reported by who _____

____ Asystole, confirmed in 2 leads.

____ Decapitation/Significant Trauma: Describe _____

____ Pronouncement after attempted resuscitation, *(Attach EKG strips and copy of Run Report to Form.)

____ Other: _____

Comments: _____

Fire Department/EMS Service _____ **Squad#** _____

Crew/Certification: 1. _____ **2.** _____

3. _____ **4.** _____

****This form must be completed and faxed to 775-0887 or delivered to the Coroner's Office within 24 hours on all patients pronounced prior to arrival at a hospital. Completion of this form does not replace direct contact with the Coroner's Office by Law Enforcement for the release of the body.***

Coroner's Office # 740/775-7464 Fax # 740/775-0887