



OFFICE OF THE CORONER
ROSS COUNTY, OHIO
PRE-HOSPITAL PRONOUNCEMENT OF DEATH

Date _____ Law Enforcement on Scene First _____

Times

Of Call _____ On Scene _____ At Patient _____ Pronounced _____

Information for deceased:

*Name _____ Location/Position of Body _____
Address _____ DOB _____ Sex _____ Race _____
Known Medical Hx _____

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

Lividity - Dependent Discoloration _____ Fixed _____ Non-Fixed _____

Location of Lividity on the body _____

Rigor Mortis _____ Fixed _____ Non-Fixed _____

Location of Rigor Mortis on the body _____

Decomposition: Describe _____

Decapitation/Significant Trauma (Describe) _____

Asystole in 2 leads *****Only use if none of the above are present*****

Pronouncement after attempted resuscitation **(Attach EKG strips and copy of Run Report to form)*

Other: _____

Comments: _____

Fire Dept./EMS Service _____ Squad # _____

Crew/Certification: 1. _____ 2. _____
3. _____ 4. _____

*A search for ID shall NOT be made on the body or elsewhere. If the name is not available, use unknown male or female.

This form must be completed and faxed to (740)775-0887 or delivered t