



**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 to