

**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/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 on Body

\_\_\_\_ Rigor Mortis, Body Part Involved \_\_\_\_\_ Fixed \_\_\_\_ Non-Fixed \_\_\_\_\_

\_\_\_\_ Decomposition: Describe \_\_\_\_\_

\_\_\_\_ Decapitation/Significant Trauma: Describe \_\_\_\_\_

\_\_\_\_ Asystole, confirmed 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 Department/EMS Service** \_\_\_\_\_ **Squad#** \_\_\_\_\_

**Crew/Certification:** 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

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

***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.***

**On Call Investigator# 740/772-7225 Office# 740/775-7464**

Revised 11/22/2013