DEATH RECORD

DATE OF DEATH: ____________________________

TIME OF DEATH: ____________________________

Location of Death:
☐ DOA
☐ In Emergency
☐ In Patient
☐ Other ____________________________

BLOOD & BODY PRECAUTIONS/ COMMUNICABLE DISEASES: ☐ Yes specify: ____________________________ ☐ N/A

IMPLANTED ELECTRONIC OR RADIOACTIVE DEVICES: ☐ Yes specify: ____________________________ ☐ N/A

COMMENTS:

☐ See Notes

PRONOUNCEMENT OF DEATH BY:

☐ Physician ____________________________

☐ Nurse (ID) ____________________________

Name of physician notified ____________________________

Date/Time ____________________________

REQUEST FOR AUTOPSY BY: REFFERED TO CORONER: ☐ Yes ☐ No

☐ Physician: ____________________________ Name: ____________________________

☐ Other: ____________________________ Date/Time: ____________________________

NOTIFICATION OF NEXT OF KIN/DESIGNATED CONTACT: COMMENTS:

☐ Yes ☐ No

Name ____________________________

Date/Time ____________________________

By:

☐ Physician ____________________________ Permission for release of body:

☐ Nurse: ____________________________

☐ Other: ____________________________ Signature of Next of Kin/Executor/Executrix

BODY REMOVED FROM UNIT TO: ☐ Morgue ☐ Funeral Home ☐ Other: ____________________________

Date/Time ____________________________

By: (name) ____________________________

Signature: ____________________________

DISPOSITION OF BELONGINGS TO: COMMENTS:

Name: ____________________________

Date/Time: ____________________________

Date/Time: ____________________________ ID: ____________________________