

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:

REFERRED TO CORONER: Yes No

- Physician: _____ Name: _____
- Other: _____ Date/Time: _____

NOTIFICATION OF NEXT OF KIN/DESIGNATED CONTACT:

COMMENTS:

Yes No
Name _____

Date/Time _____

- By:
- Physician: _____
 - Nurse: _____
 - Other: _____

Permission for release of body:

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: _____