



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: AUTOPSIES AND CORONER CASES

POLICY NO. 354

CATEGORY: Health Information Mgmt.	EFFECTIVE DATE: 10/94
POLICY CONTACT: Marcia Cornford, MD	UPDATE/REVISION DATE: 11/21
REVIEWED BY COMMITTEE(S): Pathology QI Committee	

PURPOSE

To delineate the purposes, procedures, and documentation for official Coroner and non-Coroner autopsies.

POLICY

Harbor-UCLA Medical Center will ensure that Coroner autopsies are identified and referred to the Coroner's Office to ensure medical/legal documentation of the cause and manner of death, usually of deaths from other than natural causes. Deaths that are not Coroner's jurisdiction may have autopsies requested by next of kin and those autopsies are performed here at Harbor-UCLA by the Pathology Department.

Hospital autopsies are performed to determine or confirm the medical diseases or conditions responsible for an individual's natural disease progress and death. The goals of an autopsy are:

1. To provide health professionals with a better understanding of disease through direct examination of the bodies of deceased patients.
2. To identify medical diseases or conditions that may adversely affect a patient's family, community, hospital staff, or other patients.

PROCEDURE


I. Coroner's Cases


The State of California Health and Safety Code (Section 102850)¹ states that the Los Angeles County Medical Examiner-Coroner (ME-Coroner) Office must be notified following any death from an injury or accident, suicide, criminal act of another, or in the absence of an attending physician able to state the cause of death. The section also lists a number of specific circumstances that require notification of the Coroner, which are listed below and on Harbor-UCLA's Information for Certificate of Death Form. At Harbor-UCLA Medical Center, this notification is performed by the patient's attending clinician by calling

¹ CA Health and Safety Code Section 102850

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the Coroner's Officer of the Day to detail the case, or by the Decedent Affairs Office. , Also, in the case of unexpected death within 48 hours of surgery or significant invasive procedure, the attending physician or a knowledgeable designated physician will notify the Coroner's Office at (323) 343-0711, and supply necessary clinical information for a decision on whether the Coroner deems it a Coroner's jurisdiction case to be sent to the LA County Central Coroner's facility for autopsy. If an autopsy at Harbor-UCLA is desired in any such cases not involving fatal trauma injuries, the responsible physician must call the Coroner's Liaison Office immediately, and explain the clinical circumstances of the case for a decision by the Coroner's Office whether the case can be performed at Harbor-UCLA. For further information, the LA County Medical Examiner-Coroner website may be accessed at www.mec.lacounty.gov

II. Coroner's Reportable Deaths Cases

- A. Deaths related to or suspected of self-induced or criminal abortion, suspected homicide, suicide, or accidental poisoning. Traumatic accident or injury either remote or recent, drowning, gunshot, stabbing, cutting, exposure to weather, fire, hanging, and starvation. Also, alleged rape, suspected as due to unknown or dangerous contagious disease, occupational diseases or occupational hazards.
- B. All deaths in custody of law enforcement or institutional psychiatric care.
- C. Death unattended, having not seen a physician within 20 days. Terminal Harbor-UCLA Medical Center Emergency Room care does count as care within 20 days.
- D. Unexpected death within 48 hours of surgery or invasive procedure. High-risk procedure deaths are usually declined by the Coroner's Office, while low-risk procedures associated with a fatal outcome are usually Coroner's Cases. This is determined by the primary care clinician's telephone conversation with the Coroner's Office concerning the clinical situation with regard to patient's health status and type of procedure.
- E. Suspected sudden infant death syndrome or fatal injury to infant or child, accidental or intentional. Chronic medical/genetic illness is exempt.

Types of deaths which are more difficult to evaluate and should always be called by the clinician to the Coroners for decision:

- Therapeutic misadventures
- Aspiration
- Gastroenteritis - Refer to the Coroner if the etiology is unknown, and there is a possibility of accidental or intentional poisoning.
- Gastrointestinal Hemorrhage – "gastrointestinal hemorrhage of natural causes", is not a case for the Coroner. Refer all others to the Coroner.
- Heat prostration
- Fractures except for spontaneous pathological fractures.

After appropriate telephone notification of the circumstances surrounding the death, the Coroner's Office either will determine that an autopsy is required to be performed at the Coroner's Office or that a Coroner's Autopsy is not required, in which case they will verbally release the body and assign an official release number for the Death Certificate. If so released, an autopsy may be



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requested by the family for performance at Harbor-UCLA Medical Center. If an autopsy is performed at the Coroner's Office, both the treating physician and the pathologist may request the results.

III. Non-Coroner's Cases

- A. In death from natural causes cases where the Coroner's Office does not need to be notified, as well as in cases where the Coroner's Office has released the case, autopsies may be requested by the next-of-kin in order to expand the understanding of disease processes and progression. The medical staff has identified the following nonexclusive criteria for when an autopsy should be requested by the treating physician team, after Coroner's clearance:
1. The natural cause of death is unclear.
 2. There is suspected presence of a genetic condition that may adversely affect the family or infectious condition important to the community, hospital staff or other patients.
 3. Death occurred within 48 hours of a surgical or invasive procedure (High risk procedures are routinely refused by the Coroner if the reporting physician does not indicate procedural mishap).
 4. Death of a newborn (0-28 days) including premature infants of nonviable weight. Stillborn fetuses of greater than 20 weeks gestation may be autopsied at the request of the family. If the treatment team feels autopsy will contribute to evaluation of the clinical presentation, they are encouraged to speak with the family about requesting an autopsy.
 5. Advanced disease important for physician education such as cancer, dementia, diabetes, etc.
- B. The physician should request an autopsy from the deceased patient's family by emphasizing the importance of advancing knowledge of disease. If the family agrees to the performance of an autopsy the physician should complete a Physician Request for a Post-Mortem Examination form (in the Report of Death Package) and obtain signed consent by the legal next-of-kin. Legal next of kin is the spouse, then parent, then sibling, unless a Directive for Health Care authorization of another person is presented. Autopsy consents may be signed and appropriately witnessed in the Decedent Affairs office without the requesting physician present. Autopsy consents may be obtained before clearance by the Coroner, but the autopsy may be claimed by the Coroner and cannot be performed at HUCLA in that instance.
- C. In cases where the deceased has no next-of-kin, and autopsy is desired by the clinical team, the treating physician will call the office of the State Curator of Unclaimed Bodies (323) 226-7132. That office will issue a State Board number authorizing the autopsy to be performed at Harbor-UCLA Medical Center. A 24-hour waiting period is required before the autopsy may be performed. Determination that the patient has no next-of-kin is initiated by the Decedent Affairs office upon request of the physician/care team that is requesting the autopsy. [This process may require a considerable delay in autopsy performance, but can be followed through in significant cases.](#)
- D. The Department of Pathology will notify the physician(s) self-designated on the Request for Autopsy of the time when the autopsy is scheduled. Physicians should attend their requested autopsies whenever possible. The physician team should always review the findings of the autopsy; a preliminary report can be obtained on the day of the autopsy from the prospecting team. Autopsy Review Conference covering gross, clinical, and microscopic finding is performed weekly for all adult autopsies, open to all Harbor-UCLA physicians, and announced a week in advance on the Hospital Information Systems (HIS). Final Autopsy Diagnosis report should be available by 60 days



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or sooner post autopsy. A summary is made available to the family. However, a member of the patient care team (not the pathologist) should share the final results with the patient's family. In addition, pathological findings, both expected and unexpected, will be incorporated into appropriate case conferences such as M and M, held by the clinical services.

IV. Documentation

The consent for autopsy must be signed by the next-of-kin and witnessed as indicated on the Consent for Autopsy form. The requesting physician of the clinical team completes the information for Certificate of Death form, both sides, indicating questions to be addressed by the autopsy and that physician(s) contact numbers. For cases where a hospital autopsy is performed, the Death Certificate may be completed by the California licensed autopsy physician with the autopsy results incorporated into the statements.

After the autopsy within two working days, the Death Certificate is prepared by Decedent Affairs Office for signature by either the California licensed physician who requested the autopsy, or by the physician who performed the autopsy with information from the autopsy case performance. The body cannot be released without this signature, so it is vital that the requesting physician provides a signature if needed.

If a ME-Coroner's Release Form #18 has been obtained this is prepared by the Decedent Affairs Office and requires the Coroner's case reference number given when the telephonic release is obtained.

V. Chain-of Command in Completion of the Death Certificate

For deaths where there was no hospital autopsy and the Coroner did not assume responsibility, a responsible member of the clinical team providing care must sign the Death Certificate.:

- The state requires the responsible physician to complete the Death Certification within 15 hours after death if there is to be no autopsy, so observe this time line if possible.
- The designated resident or Attending physician from the service caring for the decedent prior to death will have 4 hours from the time of being notified that Death Certificate forms are ready for signature utilizing information from the Death Notification packet found in the Emergency Department or on the wards completed at the time of death declaration and carried to Decedent Affairs at that time, The signature will be obtained in the Decedent Affairs Office during daytime business hours. If the designated physician provides no response to the email request for their signature, his/her Attending physician will be notified.
- If no response is received by the Attending physician, notification will be escalated to their Department Chair.
- If no response is received by the Department Chair, it will be escalated to the Medical Director.

Revised and Approved by:
Medical Executive Committee – 11/2021

Beverley A. Petrie, M.D.
President, Professional Staff Association

HARBOR UCLA MEDICAL CENTER

NOTICE OF PATIENT'S DEATH

INSTRUCTIONS TO NURSES: THIS BLANK MUST BE MADE OUT IMMEDIATELY FOLLOWING THE DEATH OF A PATIENT, AND DELIVERED, TOGETHER WITH THE CHART, TO THE MORTUARY RECORDER.
DO NOT WRITE ON THE REVERSE SIDE OF THIS SHEET.

The Patient named below died at _____ M _____
Hour Day of the Week and Date

in the _____ Hospital Ward _____

(Write the word Yes or No) _____

Was a friend or relative present at time of death? Name and relationship of person present.

Address of person present. Also Phone Number

Name of person to notify. Relationship

Address of person to notify. Also phone number

(Write the word Yes or No) _____ (Write the word Yes or No) _____

Was an attempt made to notify? Were you successful?

Remarks:

Enter on these lines any remarks about results or attempts to notify.

Service of Resident Intern

Signed _____

Nurse

Date _____ Hour _____ A.M.
P.M.

MORTUARY ATTENDANT: Please deliver the remains of the patient named below to bearer.

ADMINISTRATOR

By _____

Clerk

IMPORTANT: UNDERTAKERS AND OTHERS TAKING BODIES MUST COMPARE THE NAME AND NUMBER ON THE TAG ATTACHED TO THE BODY WITH THE NAME AND NUMBER ON THIS ORDER BEFORE REMOVAL.

Received remains of patient named below for transportation in accordance with Section 2 of Los Angeles Health Department Order No 13

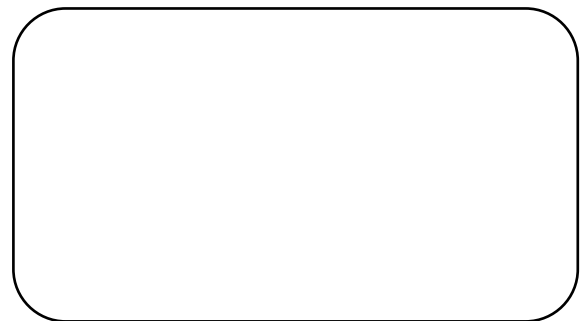
Name of Undertaking Firm

Date _____ 20 _____

Signature of Person Receiving Remains

Date and Time Stamp indicating Arrival of Death Papers in Mortuary Office.

Initials of Mortuary Clerk Accepting Death Papers.



NOTICE OF PATIENT'S DEATH



NAME OF DECEASED

FIRST NAME

MIDDLE NAME

LAST NAME

DATE OF DEATH

TIME

SEX

1. WAS ONE LEGACY NOTIFIED (800-338-6112) AT THE TIME PATIENT EXPIRED?

YES NO

(THIS IS STATE-MANDATED) PLEASE DOCUMENT TIME CALL WAS MADE:

TIME: _____

2. WHAT IS THE DEATH NOTIFICATION NUMBER FROM ONE LEGACY?

3. IF THIS PATIENT BEING CONSIDERED AS A CORONER'S CASE?

YES NO

A. IF "YES" WAS A CORONER REPORT COMPLETED (FORM 18)

YES NO

(PLEASE READ REVERSE SIDE FOR CAUSES CONSIDERED CORONER'S CASES)

4. WAS AUTHORIZATION FOR AUTOPSY DISCUSSED WITH FAMILY?

YES NO

19A PLACE OF DEATH

19B IF HOSPITAL, SPECIFY ONE ER, EROP, DOA

19C COUNTY

19D STREET ADDRESS, STREET AND NUMBER OR LOCATION

19E CITY

TIME INTERVAL BETWEEN ONSET AND DEATH

22 WAS DEATH REPORTED TO CORONER

REFERRAL NUMBER

YES NO

21 DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR)

23 WAS BIOPSY PERFORMED?

YES NO

IMMEDIATE CAUSE (A)

24A WAS AUTOPSY PERFORMED?

YES NO

DUE TO (B)

24B WAS IT USED IN DETERMINING OF DEATH

YES NO

DUE TO (C)

DUE TO (D)

25 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21

26 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED

27B SIGNATURE AND DEGREE OR TITLE OF CERTIFIER

27C CERTIFIER'S LICENSE NUMBER

27D DATE SIGNED

27A DECEDENT ATTENDED SINCE MONTH, DAY, YEAR

DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR

27E ATTENDING PHYSICIAN'S NAME (PLEASE PRINT)

NAME OF RESIDENT PHYSICIAN

ID#

EXT./PAGER NO.

SERVICE

EXTENSION

ALTERNATE NAME OF RESIDENT PHYSICIAN

EXT./PAGER NO.

SERVICE

EXTENSION

*PLEASE NOTE: AS REQUIRED BY CIVIL CODE (SECTION 1798.9) PHYSICIANS MUST SIGN THE DEATH CERTIFICATE WITHIN 15 HOURS AFTER DEATH IF DETERMINED THE CAUSE OF DEATH IS NOT A CORONER'S CASE

INFORMATION SHOULD BE COMPLETED ON NURSING UNIT OR EMERGENCY DEPARTMENT

REPORT OF AUTOPSY

CAUSE OF DEATH AS DETERMINED BY AUTOPSY SURGEON:

DUE TO:

DUE TO:

OTHER CONDITIONS:

SIGNATURE OF AUTOPSY SURGEON

Name (Print)



FOR MORTUARY OFFICE USE ONLY: CORONER

WAS THE CORONER NOTIFIED? YES NO

WORK SHIFT/HOUR

EXTENSION/BEEPER

DATE REVIEWED

NAME OF THE PEACE OFFICER REVIEWING THE MEDICAL RECORD AND NOTIFYING CORONER'S OFFICE?

NAME OF PEACE OFFICER/TITLE (RANK)

DEPARTMENT/UNIT

TELEPHONE/EXTENSION

DATE REVIEWED

WITH WHOM IN THE CORONER'S OFFICE DID THE MORTUARY STAFF TALK TO?

NAME OF PERSON IN CORONER'S OFFICE

DATE AND TIME

TELEPHONE/EXTENSION

REMARKS/COMMENTS:

NAME OF MORTUARY STAFF:

Section 10250 (Health and Safety Code, State of California)

A PHYSICIAN, FUNERAL DIRECTOR OR OTHER PERSON SHALL IMMEDIATELY NOTIFY THE CORONER WHEN HE HAS KNOWLEDGE OF A DEATH WHICH OCCURRED OR HAS CHARGE OF A BODY IN WHICH DEATH OCCURRED:

- a. Without medical attendance.
- b. During the continued absence of the attending physician.
- c. Where the attending physician is unable to state the cause of death.
- d. Where the deceased person was killed or committed suicide.
- e. Where the deceased person died as the result of an accident.
- f. Under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another.

Listed below are types of deaths which have been difficult to evaluate and should be referred to the Coroner for decision:

Aspiration - refer to Coroner
 Suffocation - refer to Coroner
 Drug addiction - refer to Coroner
 Exposure - refer to Coroner
 Pneumoconiosis - refer to Coroner

Gastroenteritis

- a. Do not use as cause of death. If death a result of "Acute Hemorrhagic Enteritis of undetermined natural causes," it is not a case for the coroner.
- b. Refer all others to the Coroner because of possibility of poisoning.

Gastrointestinal hemorrhage

- a. Do not use alone as cause of death. If death a result of "Gastrointestinal hemorrhage of undetermined natural causes," it is not a case for the Coroner.
- b. Refer all others to the Coroner.

Heat prostration - refer to Coroner.

Diarrhea - should not be used as immediate cause of death.

Fractures

- a. All fractures should be evaluated by the Coroner except SPONTANEOUS PATHOLOGICAL fractures.
- Therapeutic misadventure - refer to Coroner
 Operative Deaths (result of surgery or anesthesia) - refer to Coroner.

CONTAGIOUS DISEASES

A coroner's referral will not be necessary for diagnoses cases of contagious diseases since local procedures and the action by the Health Department after notification will be the defense against any public hazard.

Cases of possible but not diagnoses contagious disease, such as, possible meningitis or possible pulmonary tuberculosis when an autopsy is not contemplated, shall be referred to the coroner for diagnosis following which notification of proper authorities will be made.

INFORMATION FOR CERTIFICATE OF DEATH

SOME OF THE REASONS YOUR PHYSICIAN EARNESTLY SEEKS YOUR PERMISSION TO EXAMINE THE DECEASED:

1. If the cause of death is obscure there is no more final or definite method of determining this cause.
2. If the cause is presumably known, the knowledge gained from a post mortem examination will be of significant, unusual value in helping your physician in the treatment of those similarly afflicted.
3. If a suspected, but not confirmed, transmissible or hereditary disease which might affect a person or persons now living.
4. The post mortem examination will be performed by a pathologist very much as any operation is performed. The report of the examination can be of value in settling insurance claims.
5. Advancement of medical knowledge to the present high level has been made possible by the use of the post mortem examination.

CONSENT TO POST MORTEM EXAMINATION

For the purpose of determining the cause of death, and in the hope of furthering medical knowledge and progress, I, being the surviving spouse, child or parent, brother or sister, or other kin or person who has acquired the right to control the disposition of the remains of _____

(NAME OF DECEASED)

hereby authorize the Department of Health Services of the County of Los Angeles, to perform without charge to me a complete post mortem examination on the deceased, including removal, photographing, retention, and disposition of such specimens, organs and tissues including eyes as deemed proper for diagnostic, scientific or therapeutic purposes, including transplantation to a living person.

Relationship to Deceased _____ Print Name _____

Signature _____ Date _____

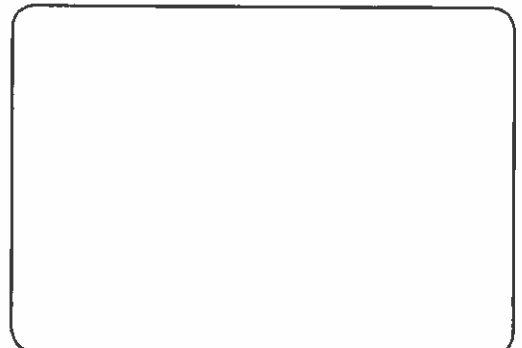
SPECIAL INSTRUCTIONS:

BODY RETURNED TO MORGUE IN GOOD CONDITION
AUTOPSY SURGEON _____
MORGUE ATTENDANT _____
DATE _____

Date _____

Autopsy No. _____

By _____
MORTUARY RECORDER



18

TO REPORT A DEATH — PHONE (323) 343-0711 FAX (323) 222-7041
COMPLETE ALL LINES, USE INK. IF UNKNOWN OR NOT APPLICABLE, SO STATE.

CC# _____

NAME OF FACILITY _____

ADDRESS _____ HOSPITAL PHONE # _____

NAME OF DECEDENT _____

SOURCE OF IDENTIFICATION _____ DOB _____ AGE _____ SEX _____ RACE _____

DATE OF DEATH _____ TIME _____

PRONOUNCED BY _____ MEDICAL RECORD OR PATIENT FILE # _____

**ALL ADMISSION BLOOD SAMPLES/SPECIMENS NEED TO BE HELD FOR
THE CORONER OR ACCOMPANY DECEDENT/DO NOT DISCARD**

DATE ENTERED HOSPITAL _____ TIME _____

SELF AMBULANCE (Name or R.A.#) _____ ER DEATH? IN PATIENT DEATH?

FROM _____
(STATE WHETHER HOME, HOSPITAL OR OTHER) GIVE ADDRESS (IF HOSPITAL ATTACH THEIR HISTORY)

ADMITTED BY: _____ M.D. PRIMARY ATTENDING PHYSICIAN _____ M.D.

OFFICE PHONE # _____ OFFICE PHONE # _____

INJURIES _____ PLACE _____ CAUSE _____
DATE TIME (TRAFFIC, FALL, ETC.)

DESCRIBE INJURIES:

CLINICAL HISTORY:

SURGICAL PROCEDURES: STATE TYPE, DATE, TIME AND RESULTS OF ANY OPERATION OR AMPUTATION PERFORMED

WAS A BULLET OR OTHER FOREIGN OBJECTS RECOVERED? SPECIFY _____

LABORATORY: REPORT ON PATHOLOGY SPECIMENS TAKEN _____ DATE & TIME _____

LABORATORY PHONE NUMBER _____

MICROBIOLOGY CULTURE RESULTS: _____ NO _____ YES (ATTACH REPORT)

TOXICOLOGY SCREEN: _____ NO _____ YES (ATTACH RESULTS)

RADIOLOGICAL STUDIES: _____ NO _____ YES (ATTACH RESULTS)

REMARKS: ESPECIALLY SYMPTOMS PRECEDING AND DURING TERMINAL EPISODE

IN MY OPINION, THE CAUSE OF DEATH IS: _____

BY _____ M.D. -OR- _____

NURSE/HOSPITAL ADMINISTRATOR

OFFICE PHONE # _____

OFFICE PHONE # _____

Section 102850. A physician and surgeon, physician assistant, funeral director, or other person shall immediately notify the coroner when he or she has knowledge of a death that occurred or has charge of a body in which death occurred under any of the following circumstances:

- (a) Without medical attendance.
- (b) During the continued absence of the attending physician and surgeon.
- (c) Where the attending physician and surgeon or the physician assistant is unable to state the cause of death.
- (d) Where suicide is suspected.
- (e) Following an injury or an accident.
- (f) Under circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another.
Any person who does not notify the coroner as required by this section is guilty of a misdemeanor.

Section 27491 of the Government Code, State of California

It shall be the duty of the coroner to inquire into and determine the circumstances, manner, and cause of all violent, sudden or unusual deaths; unattended deaths; deaths wherein the deceased has not been attended by a physician in the 20 days before death; deaths related to or following known or suspected self-induced or criminal abortion; known or suspected homicide, suicide, or accidental poisoning; deaths known or suspected as resulting in whole or in part from or related to accident or injury either old or recent; deaths due to drowning, fire, hanging, gunshot, stabbing, cutting, exposure, starvation, acute alcoholism, drug addiction, strangulation, aspiration, or where the suspected cause of death is sudden infant death syndrome; death in whole or in part occasioned by criminal means; deaths associated with a known or alleged rape or crime against nature; deaths in prison or while under sentence; deaths known or suspected as due to contagious disease and constituting a public hazard; deaths from occupational diseases or occupational hazards; deaths of patients in state mental hospitals serving the mentally disabled and operated by the State Department of Mental Health; deaths of patients in state hospitals serving the developmentally disabled and operated by the State Department of Developmental Services; deaths under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another, or any deaths reported by physicians or other persons having knowledge of death for inquiry by coroner. Inquiry in this section does not include those investigative functions usually performed by other law enforcement agencies.

In any case in which the coroner conducts an inquiry pursuant to this section, the coroner or a deputy shall personally sign the certificate of death. If the death occurred in a state hospital, the coroner shall forward a copy of his report to the state agency responsible for the state hospital.

The coroner shall have discretion to determine the extent of inquiry to be made into any death occurring under natural circumstances and falling within the provisions of this section, and if inquiry determines that the physician of record has sufficient knowledge to reasonably state the cause of a death occurring under natural circumstances, the coroner may authorize that physician to sign the certificate of death.

Any funeral director, physician, or other person who has charge of a deceased person's body, when death occurred as a result of any of the causes or circumstances described in this section, shall immediately notify the coroner. Any person who does not notify the coroner as required by this section is guilty of a misdemeanor.

Listed below are types of deaths which have been difficult to evaluate and **should be referred** to the Coroner for decision:

Aspiration – refer to Coroner

Suffocation – refer to Coroner

Drug addiction – refer to Coroner

Exposure – refer to Coroner

Pneumoconiosis – refer to Coroner

Gastroenteritis

a. Do not use as cause of death. If death a result of "Acute Hemorrhagic Enteritis of undetermined natural causes," it is not a case for the Coroner.

b. Refer all others to the Coroner because of possibility of poisoning.

Gastrointestinal hemorrhage.

a. Do not use alone as cause of death. If death a result of "Gastrointestinal hemorrhage of undetermined natural causes," it is not a case for the Coroner.

b. Refer all others to the Coroner.

Heat prostration – refer to Coroner.

Diarrhea – should not be used as immediate cause of death.

Fractures

a. All fractures should be evaluated by the Coroner except **SPONTANEOUS PATHOLOGICAL** fractures.

Therapeutic misadventure – refer to Coroner.

Operative Deaths (result of surgery or anesthesia) – refer to Coroner.

CONTAGIOUS DISEASES

A Coroner's referral will not be necessary for diagnosed cases of contagious diseases since local procedures and the action by the Health Department after notification will be the defense against any public hazard.

Cases of possible but not diagnosed contagious disease, such as, possible meningitis or possible pulmonary tuberculosis when an autopsy is not contemplated, shall be referred to the coroner for diagnosis following which notification of proper authorities will be made.