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 be	Now died at	M					
		Hour	Day of the We	ek and Dale			
in the			Hospital	Ward			
Variet is sold Yes D 112;							
Was a friend or relative pre	esent at time of dea	ath?		Name and relationship o	f person present.		
	Address of person present.			Also Phone Number			
	Name of perso	on to notify		Relationship			
	Address of pe	rson to notify.		Also phone numbe	r		
That's the word has or No.		pt made to notify?	(Write the word	Yes or No) Were you s	uccessful?		
Remarks:							
Enter on these lines any remarks a	about results or attempts	to notify					
Service of		Resident		Inter			
			Signed	70			
					Nurse		
	Date	00 1025		Hour	A.M		
		•			P to		
MORTUARY ATTENDAN	T Please del ver ti	ne remains of the patie	nt named below to				
24				ADMINISTRATOR B\			
				$B_{_{\varphi}}$	Clerk		
IMPORTANT: Received remains of patie	TO THE BODY	WITH THE NAME AN r transportation in acco	ID NUMBER ON T	T COMPARE THE NAME AND N HIS ORDER BEFORE REMOVAL 1 2 of Los Angeles Health Depart	7.0		
Daté	2Ġ	rearner.	or Oridertaking Pirm				
				Spruktings Parson Represent Reserve			
Date and Time Stamp Indi Artival of Death Papers in Mortuary Office		Initials of Mortual Clerk Accepting Death Papers	-				

NOTICE OF PATIENT'S DEATH



NAME OF DECEASED NAME OF DECEASED OF DEATH IME SEX OF DECEMENT THIS EXAMENT OF DECEMENT OF	Mary Harrison					Attachment IIa	
RIPST NAME NAME OR LEGACY NOTIFIED (800-339-6112) AT THE TIME PATIENT EXPIRED? YES NO YES	COUNTY OF LOS ANGELES		HARROR HOLAND	DIOM OFN	TED	DEPARTMENT	OF HEALTH SERV
FIRST NAME NIODLE NAME	NAME OF DECEMBED		HARBOR - UCLA ME	DICAL CEN	TER		
1, WAS ONE LEGACY NOTIFIED (800-3938-8112) AT THE TIME PATIENT EXPIRED? (ITHIS IS TATE MANDATED) PLEASE DOCUMENT TIME CALL WAS MADE (ITHIS IS THE DEATH NOTIFICATION NUMBER FROM OND LEGACY? 3. IF THIS PATIENT BEING CONSIDERED AS A CORONER'S CASE? A IF "YES" WAS A CORONER REPORT COMPLETED FORM 18) (IPLEASE READ REVERSE SIDE FOR CAUSES CONSIDERED CORONER'S CASES) 4. WAS AUTHORIZATION FOR AUTOPSY DISCUSSED WITH FAMILY? 198 FRORTIAL SPECIFY ONE ER EROR DOA 199 CITY 199 STREET ADDRESS, STREET AND NUMBER OR LOCATION 199 CITY 190 STREET ADDRESS, STREET AND NUMBER OR LOCATION 190 STREET ADDRESS, STREET AND NUMBER OR LOCATION 190 CITY 190 STREET ADDRESS, STREET AND NUMBER OR LOCATION 190 STREET ADDRESS, STREET AND NUMBER OR LOCATION 190 CITY 190 STREET ADDRESS, STREET AND NUMBER OR LOCATION 190 CITY 190 STREET ADDRESS, STREET AND NUMBER OR LOCATION 190 CITY 190 STREET ADDRESS, STREET AND NUMBER OR LOCATION 190 CITY 190 STREET ADDRESS, STREET AND NUMBER OR LOCATION 190 CITY 190 STREET ADDRESS, STREET AND NUMBER OR LOCATION 190 CITY 190 STREET ADDRESS, STREET AND NUMBER OR LOCATION 190 CITY 190 STREET ADDRESS, STREET AND NUMBER OR LOCATION 190 CITY 190 STREET ADDRESS, STREET AND NUMBER OR LOCATION 190 COUNTY 190 STREET ADDRESS, STREET AND NUMBER OR LOCATION 190 COUNTY 190 STREET ADDRESS, STREET AND NUMBER OR LOCATION 190 COUNTY 190 STREET AND NUMBER OR LOCATION 190 COUNTY	NAME OF DECEASED					to the same	
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DUE TO:	The second secon						

Name (Print) _

SIGNATURE OF AUTOPSY SURGEON _

INFORMATION FOR CERTIFICATE OF DEATH

FOR MORTUARY OFFICE USE ONLY:	CORONER					
WAS THE CORONER NOTIFIED?	YES 🔲	NO 🚨				
		William I		WORK SHIFT/HOUR	EXTENSION/BEEPER	DATE REVIEWED
NAME OF THE PEACE OFFICER REVI	EWING THE A	MEDICAL F	RECORD AND NOTIF			DATE REVIEWED
NAME OF PEACE OFFICER/TITLE (RANK)		-	DEPARTMENT/UNIT	TELEP	HONE/EXTENSION	DATE REVIEWED
WITH WHOM IN THE CORONER'S OF	FICE DID THE	MORTUA	RY STAFF TALK TO?			
NAME OF PERSON IN CORONER'S OFFICE		-	DATE AND TIME	TELEP	HONE/EXTENSION	
REMARKS/COMMENTS:						
NAME OF MORTUARY STAFF:						
Section 10250 (Health and Safety Cod	e, State of Cal	lfornia)				
A PHYSICIAN, FUNERAL DIRECTOR C	R OTHER PE	RSON SHA	ALL IMMEDIATELY NO	OTIFY THE CORONER	WHEN HE HAS KNOWLE	DGE OF A DEATH
WHICH OCCURRED OR HAS CHARGE	OF A BODY	IN WHICH	DEATH OCCURRED			
a. Without medical attendance.						
 b. During the continued absence 	ce of the attend	ding physic	cian.			
Where the attending physicia Where the deceased person	in is unable to was killed or o	state the committed	cause of death.			
 e. Where the deceased person. 	died as the re	sult of an a	accident			
f. Under such circumstances a						nother.
Listed below are types of deaths which Aspiration - refer to Coroner	have been di	fficult to ev	aluate and should be	referred to the Corone	r for decision:	
Suffocation - refer to Coroner						
Drug addiction - refer to Coroner Exposure - refer to Coroner						
Pneumoconiosis - refer to Corone	r					
Gastroenteritis						
a.Do not use as cause of death- If	death a result	of "Acute I	Hemorrhagic Enteritis	of undetermined natu	ral causes.* It is not a cas	9
for the coroner. b. Refer all others to the Corone						
Gastrointestinal hemorrhage	of a decident					
a Do not use alone as cause of	death. If deat	th a result o	of "Gastrointestinal he	morrhage of undeterm	ined natural causes " it is	not a
case for the Coroner.				memage of analytim	inco natural causes, it is	not a
b. Refer all others to the Corone						
Heat prostration - refer to Coroner Diarrhea-should not be used as im	mediate caus	e of death.				
Fractures All fractures should be evaluated as a second control of the control o	ited by the Co	roner eyes	nt SPONTANEOUS	PATHOLOGICAL fronts	700	
Therapeutic misadventure - refer to Operative Deaths (result of surgen	o Coroner			ATTIOLOGICAL TRACTU	03.	
			CONTAGIOUS DISE	ASES		
			2111111110000000			

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

Attachment Ilb

HARBOR - UCLA MEDICAL CENTER

DEPARTMENT OF HEALTH SERVICES

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, brothe	er or sister, or other kin or person who has
acquired the right to control the disposition of the remains of	ty of Los Angeles, to perform without charge notuding removal, photographing, retention, ing eyes as deemed proper for diagnostic, living person.
Signature	
SPECIAL INSTRUCTIONS:	BODY RETURNED TO MORGUE IN GOOD CONDITION
	AUTOPSY SURGEON
	MORGUE ATTENDANT
	DATE
Autopsy No By MORTUARY RECORDER	



PHYSICIAN'S REQUEST FOR A POST MORTEM EXAMINATION

HOSPITAL AND NURSING CARE FACILITY REPORT

Attachment IV

1104 NORTH MISSION ROAD LOS ANGELES, CALIF. 90033

10	TO REPORT A DEATH — PHO COMPLETE ALL LINES, USE INK. I	NE (323) 343-0711 F F UNKNOWN OR NOT	AX (323) 222-7041 APPLICABLE, SO STATE	CC#				
10	NA	-						
ADDRESS		HOSPITAL PHONE	#	_				
NAME OF DECEDENT								
				 SEX	RACE			
DATE OF DEATH	TIME							
PRONOUNCED BY		MEDICAL RECO	ORD OR PATIENT FILE #					
ORGAN/TISSUE DONATION INFORMATION WAS THE NEXT-OF-KIN APPROACHED REGARDING ORGAN/TISSUE DONATION? NO YES IF YES WHAT WAS THEIR RESPONSE?								
DATE ENTERED HOSPITAL		TIME _						
☐ SELF ☐ AMBU	LANCE (Name or R.A.#)	🗆 ER	DEATH? IN PATIENT	DEATH?				
FROM(STATE WHETHER HO	ME, HOSPITAL OR OTHER) GIVE	ADDRESS	(IF HOSPITAL ATT/	ACH THEIR HIST	OBV)			
•	•		•		· · ·			
OFFICE PHONE #	M.D.	OFFICE PHONE #	NG PHYSICIAN		M.υ.			
INJURIES	PLACE	OFFICE PROME #	CAUSE					
DATE	TIME		<u> </u>	TRAFFIC, FALL, E	ETC.)			
DESCRIBE INJURIES:					34			
					-			
CLINICAL HISTORY:								
CLINICAL HISTORY.								
					1185			
		<u> </u>	· · ·					
SURGICAL PROCEDURES: STA	TE TYPE, DATE, TIME AND RESUL	TS OF ANY OPERATIO	N OR AMPUTATION PER	FORMED				
	REIGN OBJECTS RECOVERED?				- 23 27.			
	THOLOGY SPECIMENS TAKEN		DATE	& TIME				
	R							
	SULTS: NO YES (A NO YES (ATTACH RESUL	,						
		•						
RADIOLOGICAL STUDIES: NO YES (ATTACH RESULTS)								
REMARKS: ESPECIALLY SYMPTOMS PRECEDING AND DURING TERMINAL EPISODE								
IN MY OPINION, THE CAUSE O	F DEATH IS:							
BY		-OR-						
			NURSE/HOS	PITAL ADMINIST	RATOR			
OFFICE PHONE #			OFFICE PHONE #					

76H655 (REV. 4/05)

- 1. THE BODY WILL NOT BE REMOVED BY THE CORONER WITHOUT THIS COMPLETED REPORT AND COPIES OF ALL CHARTS.
- 2. ALL ADMISSION BLOOD SAMPLES/SPECIMENS, INCLUDING GASTRIC LAVAGE, NEED TO ACCOMPANY THE REMAINS.

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.