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**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.