



NOTIFICATION OF DEATH LINCOLN COUNTY CORONER

Ryan Parker, Coroner / James Johnson, Deputy Coroner

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REQUIRED NOTIFICATION OF DEATH RSMo. 198.071.1-3

HOSPICE / FACILITY: _____ DATE OF DEATH _____

ADDRESS OF LOCATION: _____ PHONE: _____

NURSE NAME: _____ TITLE: _____

RESIDENT INFORMATION:

NAME: _____ DATE OF BIRTH _____

SSN: _____ DIAGNOSIS OF ILLNESS: _____

ACTUAL TIME OF DEATH: _____ CONSISTENT WITH LAST TIME SEEN ALIVE? YES NO

NAME AND TITLE OF PERSON DISCOVERING DEATH: _____

DATE PATIENT ENTERED HOSPICE (IF APPLICABLE) _____

Did patient appear clean and well-cared for? YES NO Is patient free of trauma? YES NO

Any evidence of injury, accident, falls, or recent fractures? YES NO If yes, what is the extent

and how and when were they sustained? _____

Any evidence to suggest anyone hastened the death? YES NO

Anything suspicious about patient's death? YES NO

Next of kin: _____ Phone: _____

Address: _____ Next of kin notified? YES NO

Physician name: _____ Phone: _____

Funeral Home: _____ City: _____

WAS DEATH DUE TO ANY ACCIDENT OR UNUSUAL INCIDENT? YES NO

(If, **YES** notify the CORONER immediately by telephone in addition to faxing this form.)

- FORM FAXED
- CORONER NOTIFIED
- CORONER RESPONDED TO SCENE
- COPY OF FORM ATTACHED TO RESIDENT RECORDS