

NOTIFICATION OF DEATH COUNTY CORONER

, Coroner Cellular: Fax: Email:

REQUIRED NOTIFICATION OF DEATH RSMo. 198.071.1-3

NAME OF FACILITY:	DATE:
ADDRESS OF FACILITY:	PHONE:
NURSE NAME:	TITLE:
RESIDENT INFORMATION:	
NAME:	DATE OF BIRTH
DATE OF DEATH:	TIME: OF DEATH:
NEXT OF KIN:	PHONE:
ADDRESS:	NEXT OF KIN NOTIFIED? ☐ YES ☐ NO
PHYSICIAN NAME:	PHONE:
FUNERAL HOME:	CITY:
DIAGNOSIS OF ILLNESS:	
NAME OF PERSON DISCOVERING DEATH:	
TITLE OF PERSON DISCOVERING DEATH:	
DATE & TIME DEATH DISCOVERED:	
WAS DEATH DUE TO ANY ACCIDENT OR UNUSUAL INCIDENT? (If, <u>YES</u> 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 RE 	CORDS