



Office of the Medical Examiner & Trauma Services
Facility – Natural Death Report

Name of Deceased: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

HOSPITAL INFORMATION

Facility Name: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_
Date arrived at ER: \_\_\_\_\_ Time arrived at ER: \_\_\_\_\_ From/Location: \_\_\_\_\_
Transported via: \_\_\_\_\_ Fire & Rescue Agency: \_\_\_\_\_ Run Sheet No.: \_\_\_\_\_
Status of Patient: \_\_\_\_\_ Chief Complaint: \_\_\_\_\_
Circumstances prior to ER visit:

[Empty box for circumstances prior to ER visit]

Date/Time admitted: \_\_\_\_\_ Admitting Diagnosis: \_\_\_\_\_
Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_ Pronounced by: \_\_\_\_\_

Any traumatic injuries, falls causing brain hemorrhage or fractures, choking, overdose, vehicle crash, or other non-natural cause, CALL THE M.E. OFFICE to report the death

PAST MEDICAL HISTORY

Medical History: [Empty box for past medical history]

Smoker: [ ] Yes [ ] No Illegal Drug Use: [ ] Yes\* [ ] No [ ] Chronic [ ] Acute\* Alcohol Abuse: [ ] Yes\* [ ] No [ ] Chronic [ ] Acute\*
Prescription Abuse: [ ] Yes [ ] No Suicidal Ideations/Attempts: [ ] Yes\* [ ] No Traumatic Injuries: [ ] Yes\* [ ] No

\*List Details: [Empty box for list details]

If drugs or alcohol are ACUTE, CALL THE M.E. OFFICE to report the death

CERTIFYING FLORIDA PHYSICIAN

Attending Physician: \_\_\_\_\_ Phone No.: \_\_\_\_\_
Willing to Sign Death Certificate for Natural Cause: [ ] Yes [ ] No If No, why: \_\_\_\_\_
Cause of Death: \_\_\_\_\_

NEXT-OF-KIN

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone No.: \_\_\_\_\_
Notified by: \_\_\_\_\_ Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
Funeral Home: \_\_\_\_\_ Phone No.: \_\_\_\_\_

NARRATIVE (Description of events surrounding death):

[Large empty box for narrative description]

REPORT SUBMITTED BY:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ MRN/Trauma Name: \_\_\_\_\_
Date Submitted: \_\_\_\_\_ Time Submitted: \_\_\_\_\_

## Office of the Medical Examiner & Trauma Services

### Facility – Natural Death Report

This form is to be completed ONLY on apparent natural deaths where there are no signs of trauma, foul play, history of drug abuse, suicidal ideations, suspicious circumstances, and there is a Certified Florida Physician willing to sign the death certificate for natural causes. The Medical Examiner's Office MUST be called and investigate the following deaths:

#### **Florida Statues 406.11**

(1) In any of the following circumstances involving the death of a human being, the medical examiner of the district in which the death occurred or the body was found shall determine the cause of death and shall, for that purpose, make or have performed such examinations, investigations, and autopsies as he or she shall deem necessary or as shall be requested by the state attorney:

- (a) When any person dies in the state:
  - 1. Of criminal violence.
  - 2. By accident.
  - 3. By suicide.
  - 4. Suddenly, when in apparent good health.
  - 5. Unattended by a practicing physician or other recognized practitioner.
  - 6. In any prison or penal institution.
  - 7. In police custody.
  - 8. In any suspicious or unusual circumstance.
  - 9. By criminal abortion.
  - 10. By poison.
  - 11. By disease constituting a threat to public health.
  - 12. By disease, injury, or toxic agent resulting from employment.
- (b) When a dead body is brought into the state without proper medical certification.
- (c) When a body is to be cremated, dissected, or buried at sea.

#### **Florida Statues 406.12**

Duty to report; prohibited acts.—It is the duty of any person in the district where a death occurs, including all municipalities and unincorporated and federal areas, who becomes aware of the death of any person occurring under the circumstances described in s. 406.11 to report such death and circumstances forthwith to the district medical examiner. Any person who knowingly fails or refuses to report such death and circumstances, who refuses to make available prior medical or other information pertinent to the death investigation, or who, without an order from the office of the district medical examiner, willfully touches, removes, or disturbs the body, clothing, or any article upon or near the body, with the intent to alter the evidence or circumstances surrounding the death, shall be guilty of a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083. History.—s. 7, ch. 70-232; s. 353, ch. 71-136.

#### **Attending Physician:**

In s. 382.011(1), F. S., a death occurring more than 12 months after the decedent was last treated by a physician, except where death was medically expected as certified by an attending physician, should be reported to the medical examiner. It is presumed if a physician is treating a patient and prescribing prescription(s) for a medical condition, this physician is "attending", even though the patient has not been seen by the physician in the last 12 months. A physician covering for an absent colleague has access to the patient's medical records and can also be considered as attending. Pursuant to s. 406.11, F.S., the medical examiner is responsible for the medical certification of cause of death in those cases where the death is unattended by a physician.

#### **Law Enforcement:**

If the death does not fall under Florida Statue 406.11, complete this form to its entirety including the narrative section with the following information: Events prior to death/last known alive, events how the decedent was discovered, position of body and observations (rigor mortis, livor mortis), medical complaints, and pertinent witness or family information surrounding the death. Law Enforcement Officers may attach their police report with completed narrative to this form.

#### **Hospitals:**

If the death does not fall under Florida Statue 406.11, the death does not have to be reported to the Medical Examiner's Office. If you wish to notify the Medical Examiner of the death, please complete this form to its entirety including the narrative section with the following information: Events leading up to hospitalization, medical complaints, diagnosis, and events which occurred surrounding the death. Nurses may attach a History and Physical, discharge summary, and emergency department records to this form.

Submit this form via e-mail [DeathReports@broward.org](mailto:DeathReports@broward.org) or fax to 954-327-6581