



UNIT:
MCP#:
ACCT:


DOB:

PRONOUNCEMENT/DETERMINATION OF DEATH

PRONOUNCEMENT OF DEATH

DETERMINATION OF DEATH

This certifies that _____, record number _____ has been pronounced or determined deceased by _____ (print name and designation).

Location/facility of death _____

Date _____ Time _____

Known major medical conditions	Chemotherapy	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unknown
_____	Radiation Therapy	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unknown
_____	Infection Control & Prevention Precautions	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> no

Signature and designation _____

RECEIPT/RELEASE OF BODY

a. Body received in morgue other _____

Date _____ Time _____ Name of deceased _____ Record number _____

ID attached to body on arrival yes no (if no, attach)

Autopsy required yes no _____ (signature of person receiving body)

b. Body released from morgue home other _____

Date _____ Time _____ Name of deceased _____ Record number _____

ID confirmed and body released by _____ (signature of authorized person)

ID confirmed and body received by _____ (signature of authorized person)

_____ (relationship/funeral home)

TRANSFER OF VALUABLES

List _____

Valuables transferred by _____ (signature) and received by _____ (signature)

Date _____ Time _____

SECOND TRANSFER OF VALUABLES (if applicable)

Valuables transferred by _____ (signature) and received by _____ (signature)

Date _____ Time _____

