

RECORD OF DEATH

Name of Resident _____ Room No. _____ Hospital No. _____

Age _____ Sex _____ Race _____ Attending Physician _____ M.D.

Date of Admission _____ 20 _____ Hour _____

Date of Death _____ 20 _____ Hour _____

Nurse Present at the Time of Death _____

Name of Person Notified _____ Relationship to Resident _____

Attending Physician Notified By _____ Date and Hour _____

Remarks _____

Mortician Requested By _____ Called By _____

The following personal articles of the Resident were taken by: _____

MORTICIAN'S REPORT

Received from _____

The remains of _____
and the personal articles as stated above.

Mortician

Body Released by _____

Signature

Title

Mortuary

Date _____

Address of Mortuary

Phone number of Mortuary

Name - Last	First	Middle	Room #	Attending Physician	Hosp. #
-------------	-------	--------	--------	---------------------	---------

RECORD OF DEATH / MORTICIAN'S REPORT