

# OFFICE OF IMDY MEDICAL EXAMINER

## AUTOPSY REPORT

CASE #:

DATE:

### DECEDENT INFORMATION:

NAME: \_\_\_\_\_  
LAST FIRST M.I.

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ D.O.D.: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Evaluation:

ITEMS FOUND ON BODY: \_\_\_\_\_

BODY DESCRIPTION ON DISCOVERY: \_\_\_\_\_

STAGE OF DEATH: PALLOR: ☐ ALGOR: ☐ RIGOR: ☐ LIVOR: ☐ PUTREFACTION: ☐  
DECOMPOSITION: ☐ SKELETONIZATION: ☐ FOSSILIZATION: ☐

MARKS AND WOUNDS: \_\_\_\_\_

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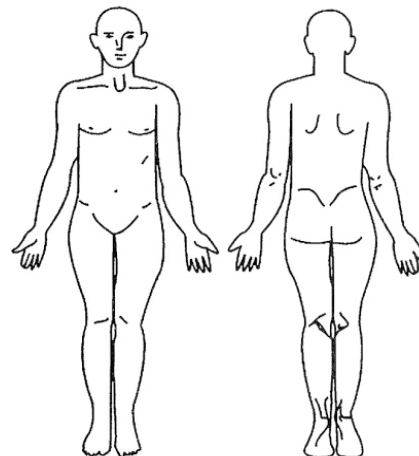
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POSSIBLE CAUSE OF DEATH: \_\_\_\_\_

I HEREBY DECLARE THAT AFTER RECEIVING NOTICE OF THE DEATH DESCRIBED HEREIN I TOOK CHARGE OF THE BODY AND MADE INQUIRIES REGARDING THE CAUSE OF DEATH IN ACCORDANCE WITH SECTION 405-8037 IMDY CODE ANNOTATED AND THAT THE INFORMATION CONTAINED HEREIN REGARDING SUCH DEATH IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

DATE

M.E. NAME PRINT

M.E. SIGNATURE