

Coroner Investigation Worksheet

Investigation No. 200\_\_ -

Investigation Date \_\_\_\_\_ Notified at: \_\_\_\_\_ h by: \_\_\_\_\_ Telephone \_\_\_\_\_  
Date of Death: \_\_\_\_\_ (if different from above) Time of Death: \_\_\_\_\_ h

**Deceased:**  
Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Sex: \_\_\_\_ HCN\* \_\_\_\_\_ VC\* \_\_\_\_\_  
*\* for corneal extraction only*  
Current Occupation: \_\_\_\_\_  
Previous Occupation: \_\_\_\_\_

**Next of Kin:**  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Time Called: \_\_\_\_\_ h  
Concerns: \_\_\_\_\_  
\_\_\_\_\_  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Time Called: \_\_\_\_\_ h  
Concerns: \_\_\_\_\_  
\_\_\_\_\_

**Scene:** Time Arrived: \_\_\_\_\_ h  
Private Location \_\_\_\_\_ Hospital \_\_\_\_\_ Nursing Home \_\_\_\_\_ Threshold Case \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
**Police Attended:** \_\_\_\_\_  
Time Found: \_\_\_\_\_ h By Whom: \_\_\_\_\_ Last Seen Alive: \_\_\_\_\_ By Whom: \_\_\_\_\_  
**Lividity:** \_\_\_\_\_ **Rigor:** \_\_\_\_\_  
**Remarks:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Doctors:**  
Family: \_\_\_\_\_ Attending: \_\_\_\_\_ Emergency: \_\_\_\_\_ Other: \_\_\_\_\_  
**Current Meds:** \_\_\_\_\_ Seized? Y \_ N \_  
**Other Meds:** (had access to): \_\_\_\_\_ Seized? Y \_ N \_  
**Previous Medical History:** \_\_\_\_\_  
\_\_\_\_\_

**Apparent** Means of Death: Natural \_ Homicide \_ Suicide \_ Accident \_ Undetermined \_  
**Any** Suspicious: Y \_ N \_

**Warrants Issued:** PM \_ (Location: \_\_\_\_\_) Warrant to Bury \_ or DC Signed \_  
**Other Warrants:** \_\_\_\_\_

Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Immediate Cause:** \_\_\_\_\_ **Duration:** \_\_\_\_\_  
**Antecedent Causes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Other Significant Conditions:** \_\_\_\_\_  
\_\_\_\_\_

**Autopsy:**  
**Location:** \_\_\_\_\_  
**Pathologist:** \_\_\_\_\_  
**Preliminary PM Results:** \_\_\_\_\_  
\_\_\_\_\_  
**Funeral Home:** \_\_\_\_\_  
**Cremation:** \_\_\_\_\_ **Burial:** \_\_\_\_\_