

**McLaren-Fint
FLINT, MICHIGAN
RECORD OF DEATH**

SEND TO PATIENT REGISTRATION IMMEDIATELY UPON COMPLETION

PART I. TO BE FILLED OUT BY NURSING

1. Date of Admission _____ Time _____ Date of Death _____ Time _____
2. Physicians _____ (Attending) _____ (Consultants) _____
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3. Physicians notified: Yes ___ No ___ _____ (Signature) _____ (Date/Time) _____
Patient Registration notified: Yes ___ No ___ _____
Nursing Supervisor notified: Yes ___ No ___ _____
4. Relative Present: Yes ___ No ___ If not, were they notified: Yes ___ No ___
5. Religious Counselor Notified: Yes ___ No ___
6. Medical Examiner's Case: Yes ___ No ___ (If yes, Form M-1752 completed ___)
7. Medical Examiner Notified: Yes ___ No ___ Med. Examiner's Name: _____
8. Medical Examiner's Autopsy: Yes ___ No ___ Police Hold: Yes ___ No ___
A. To coroner: Yes ___ No ___
9. Autopsy Permit Obtained: Yes ___ No ___ Autopsy Requested By: _____ M.D.
(Family or Physician Requested)
10. Was patient in restraints within 24 hrs of death. Yes ___ No ___ If yes contact Risk Management (business hours) or
Patient Safety Hotline (after business hours) 342-4357
11. Was death related to restraint use Yes ___ No ___ Risk Mgmt. /Pt. Safety contacted _____ by _____
12. Gift of Life notified of death: Time _____ Gift of Life contact person _____
Time Name
13. Gift of Life Hold: Yes ___ No ___
14. Body to Morgue: Time _____ by: _____
15. Preliminary Cause of Death _____

Note: Per contract, Gift of Life is to make all requests for organ and tissue donations. Medicare Conditions of Participation prevent MRMC staff from approaching the family for donations. Body must be sent to the morgue.

Signed _____ R.N.
(Date/Time)

PART II. TO BE COMPLETED BY PATIENT REGISTRATION: EACH STEP TO BE INITIALED

1. Did Medical Examiner release body on Form M1752 _____ Yes ___ No ___ N/A ___
2. Release to funeral home, Form M1751, secured from relatives _____
3. Funeral home _____ Notified _____ Time _____
4. If autopsy Pathology (22197) notified _____ Time _____
5. Signature of Patient Registration Clerk secured on Form M1751, Permit for Release of Body _____
6. Signature of funeral home secured on Form M1751 _____ Date _____

Signed _____

RECORD OF DEATH

1716 Rev. 9/16



870

PT.

MR.#/RM.

DR.

McLaren-Flint
FLINT, MICHIGAN
DEPARTMENT OF PATHOLOGY

**TYPES OF DEATHS REQUIRING MEDICAL EXAMINER
NOTIFICATION**

1. All deaths due to violence (injury), including any accidents (traffic, domestic, work-place, in public), suicides, homicides, or deaths in which an injury is felt to have been a contributing factor in the death; these include not only mechanical injuries but also electrical and thermal injuries, extremes of heat and cold, extremes of atmospheric pressure and intoxication, poisoning or overdose by chemicals or drugs (alcohol).
2. Any sudden or unexpected, and/or unexplained death of an adult, child or infant in apparent good health.
3. Any sudden, unexpected and/or unexplained death in association with, or as a potential consequence of diagnostic or therapeutic procedures, (deaths occurring within 24 hours of surgery and/or other therapeutic procedure) including but not limited to abortions, intra-operative deaths, or deaths under anesthesia.
4. All deaths of prisoners in custody including hospitalized prisoners and involuntarily committed psychiatric inpatients.
5. Any death occurring under unusual or suspicious circumstances.
6. Any death involving the possibility of neglect.
7. All deaths occurring as a result of a suspected communicable disease or posing and threat to public health.
8. Deaths in the ER and those within 24 hours of admission.
9. Deaths where the attending physician can not (or will not) sign the death certificate or a decedent without an attending physician.

PT.

MR.#/RM.

DR.