



SHASTA COUNTY SHERIFF

Michael L. Johnson
SHERIFF-CORONER

CORONER REPORT OF PALLIATIVE/HOSPICE PATIENT'S DEATH

Bristol Dignity Health Palliative Hospice
 Interim Other: _____

Decedent Information

Decedent: _____

DOB: ____/____/____ Last First Middle Sex: M F SSN: _____ Ht: _____ Wt: _____

DOD: ____/____/____ TOD: _____ Declared By: _____

Place of Death: _____

Last seen alive: ____/____/____ By: _____ Name Title Relationship: _____

Next of Kin: _____ Relationship: _____

Notified: Y N Phone: _____

Address: _____

Next of Kin: _____ Relationship: _____

Notified: Y N Phone: _____

Address: _____

Doctor Information

Primary Diagnosis: _____

Any trauma or injury related to above diagnosis, including date and time of incident and circumstances: _____

History of Hepatitis C or HIV/AIDS: Y N

Any information on how it was contracted, including date and time of incident and circumstances: _____

Dr. Signing: _____ Phone: _____

Date Attended Since: ____/____/____ Last seen by M.D.: ____/____/____

*****RN Information*****

RN: _____ Last seen by RN: ___/___/___

Phone: _____ Fax or Email: _____

Date and time RN notified: ___/___/___

Date and time RN arrived on scene: ___/___/___

Decedent location: _____ Position found: _____

Clothing: _____

Describe the condition of the body including hygiene, injury/trauma, etc.:

Any signs of abuse: Y N

Medications: _____

***** All medications prescribed to the decedent will be destroyed at the direction of the Shasta County Coroner's Office *****

Yes, medications have been destroyed, By: _____

No, medications have not been destroyed. Reason why: _____

Any other relevant information: _____

Mortuary: _____

Signature: _____ Date: ___/___/___

CORONER USE ONLY

Case type: Coroner Medical Information

Case #: _____

Signature: _____ Date: ___/___/___

Print: _____ ID#: _____