



**OFFICE OF THE CORONER
ROSS COUNTY, OHIO
PRE-HOSPITAL PRONOUNCEMENT OF DEATH**

Date

Law Enforcement on Scene First

Times
Of Call

On Scene

At Patient

Pronounced

Information for deceased:

*Name

Location/Position of Body

Address

DOB

Sex

Race

Known Medical Hx

Criteria for Pronouncement of Death (check all that apply):

Lividity - Dependent Discoloration
Location of Lividity on the body

Fixed

Non-Fixed

Rigor Mortis Fixed Non-Fixed
Location of Rigor Mortis on the body

Decomposition: Describe

Decapitation/Significant Trauma (Describe)

Asystole in 2 leads ***Only use if none of the above are present***

Pronouncement after attempted resuscitation **(Attach EKG strips and copy of Run Report to form)*

Other:

Comments:

Fire Dept./EMS Service

Squad #

Crew/Certification: 1.

2.

3.

4.

****A search for ID shall NOT be made on the body or elsewhere. If the name is not available, use unknown male or female.***

This form must be completed and faxed to (740)775-0887 or delivered to the Coroner's Office within 24 hours on ALL patients pronounced prior to arrival at a hospital. Completion of this form does not replace direct contact with the Coroner's Office by Law Enforcement for the release of the body.

On Call Investigator # (740)253-4519

Office # (740)775-7464