LAURIE H. SUMMERS, R.N.

CORONER OF WILL COUNTY, ILLINOIS

HOSPICE POST MORTEM FORM

Reporting Agency: _____
Agency Phone Number: _____ Date of report: _____

Decedent Information:

Name: _____ Date of Birth: _____
Sex: _____ Race: _____ SSN: _____ Marital Status: _____
Address: _____
Street City State Zip

Date of Death: _____ Time of Death: _____

Place of Death: _____
(Ex.: residence, name of hospital, name of nursing home, hospice home, or specify other)

Please initial:

_____ To the best of my knowledge there have been no injuries, poisonings or other suspicious circumstances since pre-registration and time of death.
_____ To the best of my knowledge all medications are intact and that there is no evidence of poisoning or overdose.
_____ I certify that I have disposed of schedule II & III medications properly.
_____ To the best of my knowledge the death is of natural causes from the terminal diagnosis given.
_____ I have contacted the attending physician who will sign the death certificate.
Name of physician_____
Time contacted: _____
_____ I have contacted the funeral home of the family's choice to make removal.
Name of Funeral Home: _____

Name of Hospice Representative: _____

Signature: _____

Date: _____ Time: _____

Please fax this completed form to the Will County Coroner's Office at (815)727-8816 within 24 hours of the patient's death.

If there are questions regarding the release of this patient to the Funeral Home, you may contact the Will County Coroner's Office at (815)727-8455.