



STATE OF KANSAS  
OFFICE OF THE ATTORNEY GENERAL

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## REPORT OF DEATH

### BACKGROUND INFORMATION

Victim's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

### DEATH INFORMATION

Time Notified: \_\_\_\_\_ Time Arrived: \_\_\_\_\_ Time Departed: \_\_\_\_\_

Officers Present: \_\_\_\_\_ Agency: \_\_\_\_\_

Agency Case Number: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Death Location: \_\_\_\_\_

Time of Death: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Pronounced By: \_\_\_\_\_ Time Pronounced: \_\_\_\_\_ Date Pronounced: \_\_\_\_\_

Recent Attending Physician: \_\_\_\_\_ Date: \_\_\_\_\_

### AUTOPSY INFORMATION

Autopsy Performed: YES / NO (circle one) Conducted By: \_\_\_\_\_

Autopsy Number: \_\_\_\_\_ County Coroner: \_\_\_\_\_

County Jurisdiction: \_\_\_\_\_ Body Removed To: \_\_\_\_\_

Mortuary Name/Address: \_\_\_\_\_

**IDENTIFICATION INFORMATION**

Information By: \_\_\_\_\_ Informant Address: \_\_\_\_\_

Identified By: \_\_\_\_\_ Identification Method: \_\_\_\_\_

Next-of-Kin Name: \_\_\_\_\_

Next-of-Kin Address: \_\_\_\_\_

Next-of-Kin Phone Number(s): \_\_\_\_\_

**NARRATIVE** (Description of circumstances of death, medical history and statements of witnesses).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INVESTIGATOR NOTES**

Disposition of the Body: \_\_\_\_\_

Toxicological Requests: \_\_\_\_\_ Lab: \_\_\_\_\_

**DIAGNOSIS**

Provisional Diagnosis: \_\_\_\_\_

Final Diagnosis: \_\_\_\_\_

Manner of Death: \_\_\_\_\_

**REPORT BY**

Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Coroner/Certifying Physician: \_\_\_\_\_ Date: \_\_\_\_\_