



STATE OF KANSAS
OFFICE OF THE ATTORNEY GENERAL

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REPORT OF DEATH

Background Information

Victim's Name: _____ Age: _____
Social Security Number: _____ Date of Birth: _____
Sex: _____ Race: _____ Ethnicity: _____
Address: _____

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 Performed: _____ (yes or no)
Case Number: _____ Autopsy Number: _____
County Jurisdiction: _____ County Coroner: _____
Body Removed To: _____ Mortuary Name: _____

Identification Information

Information By: _____ Informant Address: _____
Identified By: _____ Identification Method: _____
Next-of-Kin Name: _____ Next-of-Kin Address: _____
Next-of-Kin Phone #: _____ Autopsy By: _____

Narrative (Description of circumstances of death, medical history, if available, 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