

Shelby County Coroner's Office

Report of Death Investigation

CASE NUMBER

DATE

COUNTY

District Attorney

Judicial Circuit 18th

Coroner

DECEDENT INFORMATION

FIRST	MIDDLE	LAST	AGE	RACE	SEX	DATE OF BIRTH
SOCIAL SECURITY NUMBER	ADULT / JUVENILE	MARITAL STATUS	OCCUPATION	EMPLOYER		

HOME ADDRESS

NUMBER AND STREET	CITY, STATE OR COUNTY	ZIP CODE
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NEXT OF KIN INFORMATION

NEXT OF KIN	RELATIONSHIP	PHONE NUMBER	ALT. PHONE NUMBER
ADDRESS	DATE NOTIFIED	BY	

DATE PRONOUNCED DEAD	DEATH CERTIFICATE SIGNED BY	Coroner Lina Evans	FUNERAL HOME
TIME PRONOUNCED DEAD	CORONER SIGNING DEATH CERTIFICATE		

TYPE OF DEATH (N, A, S, H, U) ↓	SUDDEN IN APPARENT GOOD HEALTH	☐	VIOLENT OR UNNATURAL	☐	IN PRISON, JAIL OR POLICE CUSTODY	☐
	UNATTENDED BY PHYSICIAN	☐	SUSPICIOUS	☐	UNUSUAL	☐

DOMESTIC VIOLENCE RELATED DEATH	Yes	☐	No	☒	Unknown	☐	HISTORY OF TOBACCO USE	Yes	☐	No	☒	Unknown	☐
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DATE	LAST SEEN OR HEARD ALIVE	INJURY / ILLNESS	DEATH / FOUND	DFS NOTIFIED	POLICE NOTIFIED	VEHICLE INDICATE	
TIME						DRIVER	☐
						PASSENGER	☐
						WHERE SEATED	
						PEDESTRIAN	☐

LOCATION	ADDRESS	CITY, STATE OR COUNTY	PREMISES (HOME, WORK, STREET, ETC.)
INJURY OR ILLNESS			
DEATH			
BODY FOUND			

INVESTIGATING AGENCY

1. Agency		Case Number	
Investigator		Phone Number	
2. Agency		Case Number	
Investigator		Phone Number	

MEDICAL HISTORY (operations, illnesses, alcoholism, drug abuse, suicide attempts, etc.: birth records (infants))

Physician / Institution	Diagnosis	Date	
Address	Phone Number		
Physician / Institution	Diagnosis	Date	
Address	Phone Number		
Physician / Institution	Diagnosis	Date	
Address	Phone Number		

IDENTIFICATION

Identification made by	Notification of Eye Bank	Yes	☐	No	☐
Source of Information / Official Title, Relationship to Decedent:	ANY ANATOMICAL DONATION				
	Yes	☐	No	☐	☐

CASE NUMBER

SCENE INFORMATION

SCCO at Scene		At		Hours	DFS left scene at		Hours	First Officer at Scene	
Photos		By		Scene Temp.		Humidity		Weather	
Resuscitation Attempted		By EMT		ER		of		Drugs given	
Person removing body from scene						To be Taken to			

DESCRIPTION OF BODY

Clothed		Unclothed		Partly clothed		Blood		Froth		Body heat		ARMS:	Straight		Flexed	
Position Sitting		Supine - On Back		Prone - Face down		R side		L side		LEGS:	Straight		Flexed			
Rigor	TOO SOON		JAW		ARMS		LEGS		PASSING		PASSED		NECK:	Straight		Flexed
Livor		A/P			Fixed											
Describe:																

MEANS/WEAPONS

Revolver		Semi-auto		Shotgun		Rifle		Shots Fired		Knife		Blade Length	
Cal / Gauge / Make / Model								Found		Where			
VEHICLE: (color/year/make/model/damage)										Other weapon(s)			

NARRATIVE

DFS Contact		Official Title	Investigator
Body Bag Seal #		Autopsy and Toxicology Authorized By	DA
Narrative summary of circumstances surrounding death:			

Report Prepared by:	
Date:	
Signature	
	(Signed Copy in Case File)