## PROBABLE NATUAL DEATH SCENE QUESTIONS

Agency Identifier	Date	Officer on	scene	
Name of Deceased				
Address of Deceased				
DOB Age				
Call Placed By:		Phone		
Deceased Last Seen By: Name			Phone	
Address _		Time	Date	
Next of Kin: Name	Phor	20	Natified: Vas □	
	FIIOI			
Addie33		\\C\a\t\o\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<b>-</b>	
Treating Physician	Phone	<u> </u>	_ Last Seen	
Treatment in Past Year? Y	es 🗆 No 🗆 For What			
Medicine Bottles Present I				
List Medications				
Alcohol Bottles, Cans, Emp				
Deceased Lying on? Back	🗆 Right Side 🗆 Left Si	de 🗆 Abdomen 🗆		
Deceased in: Bed ☐ Bath	nroom 🗆 Kitchen 🗆 Oth	ner		
Is Position Natural Looking	g?   Awkward Looking			
Blood Coming From: Nos	e 🗆 Mouth 🗆 Ears 🗆			
Are there any Electrical Wi	ires or Fixtures Near Dece	ased? Yes 🗆 No	) [	
Is the Deceased Barefoote	d: Yes 🗆 No 🗆			
Near Water on Floor or Gre	ound? Yes 🗆 No 🗆			
Any Unusual Odor Present	t? Yes □ No □			
Rigor Present?   Arm	s 🗆 Legs 🗆 Neck 🗆 Ja	w 🗆		
The Deceased is: Hot □	$Warm \ \Box \ Cool \ \Box \ Cold$			
What was the Deceased D	oing at the Time of Death	?		
Clothing Description				
Requested Funeral Home				
Personal Property Release	d To		by	
	Date	Time		

CORONER WILL NOTIFY FUNERAL HOME