

County of Santa Clara Medical Examiner-Coroner's Office



Interaction and Reporting Guidelines

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The Coroner is a county peace officer acting under the authority of provisions of the California Government Code, the Health and Safety Code and other statutes. There are specific laws which define the Coroner's powers and which vest him with the right and duty to investigate certain classes of deaths. A review of these laws permits the following general statements in regard to their application and in regard to the responsibilities of certain persons in reporting Coroner's cases.

This document will make reference to specific statutes in various California Codes. The Medical Examiner-Coroner's Office may be referred to as "Coroner" and our Coroner Investigators may be referred to as "Investigators" for the purposes of this document.

It is the duty of anyone having knowledge thereof to report to the Coroner any death that falls into the classes herein listed. This duty applies equally to physicians, hospital house officers, morticians, embalmers, ambulance attendants, police officers, nurses, as well as laypersons.

Any death reported to the Coroner shall be subject to an inquiry, which shall be properly recorded, after which the Coroner will proceed with a full or limited investigation as the circumstances warrant. If, from the preliminary investigation, the case does not prove to fall within the Coroner's jurisdiction, the Coroner will so advise the person reporting the case or the physician last in attendance.

The Coroner encourages reporting of cases and will give any interested party his/her basis for accepting or rejecting any case reported (Government Code Section 27491). Our office and the Santa Clara County Vital Records and Registration has compiled a document titled "Death Certificate Guidelines" to assist people in reporting deaths. The document consists of state reporting requirements and general guidelines when completing causes of death on death certificates.

Our office hopes that this document is useful in practice and helps simplify the process for all those involved. Any questions can be directed to the County of Santa Clara, Medical Examiner-Coroner's Office.

WHEN REPORTING DEATHS

There is general information that the Coroner Investigators require in order to record the death. This includes statistical information, demographics, information of the time, date and place of the death, and the other parties involved (private physicians, hospital information, hospice information and mortuary information). Please have a medical chart or this basic information available when contacting this office for the first time; reporting a death to an investigator generally takes about ten minutes. (See attached worksheet)

Due to the of the nature of the questions asked by the investigator, we ask that the law enforcement official or experienced medical person that are most knowledgeable call to report the circumstances of death. When a death occurs in a residential situation, police or hospice nurses will often communicate with the office. When a death occurs in a hospital-type setting, the nursing staff or the primary physician needs to report the death. In cases of children or recent surgical intervention, the investigators often communicate with a Forensic Pathologist prior to deciding jurisdiction. If this occurs, we generally can provide an answer within the half-hour. Investigators are generally available twenty-four hours a day for questions and reporting.

PRACTICING PHYSICIAN AND CORONER

When there has been no physician in attendance, there obviously is no physician who can legally sign the certificate, and the Coroner thus has clear authority to assume jurisdiction.

Where there has been previous medical attendance, it is incumbent upon the Coroner to inquire of the physician to such extent that the Coroner shall have sufficient legal grounds to authorize his further investigation, and particularly, his autopsy, if one is to be done. It will be upon the sum of the facts learned that his decision to accept or reject the case will be based.

It is important to bear in mind that any query by the Coroner into the manner or mode of treatment is almost invariably to ascertain whether there are sufficient legal grounds for the Coroner to proceed, and not to judge or evaluate the adequacy or propriety of any particular treatment.

Cases that the Coroner finds by law to be clearly not in his/her jurisdiction will be referred to the physician whose responsibility it would be to sign the certificate. Often this office has information that will assist the physician in determining a "reasonable" cause of death to list on the death certificate. Documented medical history and agreeable recorded information about the events preceding death are sufficient to substantiate a cause of death. If in your professional medical opinion the decedent's medical history does not substantiate a sudden cause of death, please contact our office and discuss the matter with an investigator. Often it takes the collaboration of both entities to bring closure to the matter.

When a physician last in attendance is not and will not be available within a reasonable period of time to sign the death certificate, he may authorize a physician's assistant under his supervision, associate, or another licensed physician so designated, to sign the death certificate in his absence. The only other requirement being that the physician signing the death certificate have access to the attending physician's medical records and act in consultation with him (Section 10225, H&S).

The attending physician has the responsibility, pursuant to section 102800 of the Health and Safety Code, to complete the medical and health section data within fifteen (15) hours after death. Often the next business day is sufficient waiting period for the family and the mortuary, but please be aware that the State Health Department statutes require the death to be recorded (with a signed death certificate) within eight days.

As a primary physician who has a patient that died as an inpatient under a hospitalist's care, the death certificate should be referred to the physician last in attendance. If the primary physician has sufficient information regarding the events prior to death and elects to sign the death certificate, the physician is responsible for notifying the Coroner if the death is lawfully reportable. In many instances, hospitals have policies that emergency room physicians do not sign death certificates. It is often difficult for an emergency room physician to sign a death certificate if he only encounters the patient in a comatose or resuscitating state. In most cases the death certificate is referred to the primary physician who treated the decedent for his medical conditions.

The Coroner is not required to permit the physician last in attendance to be present at the autopsy, since Coroner's autopsies are not necessarily done with permission of the family. When the physician does wish to be present, a phone call to the Coroner often provides the permission (27491.4 Government Code, 18 Op Atty. Gen. 155).

The Coroner cannot provide interested physicians with tissue specimens without written permission of the nearest next of kin. When any physician has special interest, and if notification is made to the Coroner of this interest, the Coroner will make and note any observations requested, provided these requests do not exceed the Coroner's legal duty. Any slides or reports that the Coroner has taken for his own duly authorized purposes may be examined at the Coroner's Office facility by an interested physician only by appointment and under the supervision of a Forensic Pathologist (27491.45 Government Code, 7151.5 H&S).

When the coroner declines to assume jurisdiction, the legal next of kin can be approached regarding an autopsy at the hospital in attendance (note every hospital has a different internal policy). When the progress of an autopsy reveals that the case should have properly been in the Coroner's jurisdiction, the autopsy shall be stopped at that point and the Coroner's office consulted.

The attached document labeled "Death Certificate Guidelines" is directed at the physicians. It is provided to you as a resource to simplify the death certificate signing process. Any questions can be directed to the County Health Department (408-885-2008) or the County of Santa Clara, Medical Examiner-Coroner's Office (408-793-1900).

MORTICIAN AND CORONER

The following information is to provide an understanding of the mortician and Coroner relationship. Our goal is to be cooperative and hospitable, yet accomplish the lawful task set before us in a timely manner. The lawful relationship is clearly expressed in the Government Code; the mortician may not remove a body from the place of death without permission of either the physician last in attendance or the Coroner. Also, a body may not be moved from the position or place of death without permission of the Coroner, if such death is reportable to the Coroner (27491.2 Government Code 10, Ops. Atty. Gen. 240).

When your mortuary receives a call from a family, we encourage you to ask them to notify the appropriate authorities or a medical professional that can speak on their behalf. Our jurisdiction does not begin until signs of death are obvious, and to assure death is present often needs assistance from medically trained personnel. When emergency or medically trained personnel become involved with a death, they often contact the Coroner if the death is reportable. Police officers generally contact the Coroner and report deaths. The hospice or hospital staff generally calls when circumstances are such that the death needs to be reported. On occasion, our office may respond with a "pending status." **The goal is to communicate with your agency that the decedent's remains not be embalmed prior to contact with the responsible physician to assure he/she will certify death.** Please note that if a "pending status" has been issued, it is appropriate to remove the decedent from the place of death and transport them to your facility. Please contact our office and we will resolve the formalities.

The physician last in attendance must have visited or have attended the patient within the 20 days before death and this should be carefully ascertained before making the removal. It is best to make direct contact with the physician to assure that he/she has sufficient information to sign the death certificate. In addition to his/her own observations, the mortician should inquire of both the family and the physician whether there was any accident or injury associated with the death.

Once the death certificate (or worksheet) is signed, please review it for accuracy. The listing of "Death Certificate Guidelines" also reflects the causes of death that must be reviewed by the Coroner. Please use the document to train staff of what causes of death should be reviewed/reported to the Coroner prior to approaching the Health Department. If a mortician inquires if a cause of death may need reporting, often the Coroner Investigative staff will request statistical information about the death. This will begin our documenting process, and assist the physician when he is asked to call in and report his knowledge of the death. In most cases, our office will need to speak with a medical professional (hospice nurse, nursing home staff or a physician) about a signed death certificate. It is important that the person knowledgeable of the events leading up to death, report the death.

It is the duty of the mortician and any of his employees to be aware of the type of cases reportable to the Coroner (Health and Safety Code Section 27491). Whenever, in the course of their contact with the case, it becomes apparent that such a case is reportable, it is incumbent upon the mortician or embalmer to report the case to the Coroner at once, if it has not already been reported. This must be done before embalming, if embalming has not yet been done. These cases should be reported despite that the physician might have agreed to sign the death certificate. So doing will prevent the instances when, during the preparation for funeral services, it is discovered, because of the physician's lack of familiarity with the laws pertaining, that the Coroner will now be obliged to investigate the case and thus must disturb or inconvenience both the mortician and the family in their conduct of the funeral.

When the Officials of Health Department are presented with a certificate by the mortician, they may judge the circumstances of the death as warranting reporting to the Coroner despite that a physician did see the patient within the 20 days preceding death. In such instances they will contact the Coroner's Office and may request that you initiate a report of the death.

Our investigative staff is of such size at this time, that it is difficult for our office to initiate all contacts. The investigators will ask your assistance to have the death appropriately reported, and in return offer their insight, experience and timely response. This is our understanding of the task before us, and the cooperation we need

from your agency to effectively perform our work. Please direct any questions to our staff at 408-793-1900 to help us develop a mutual understanding.

If the reason you are contacting the coroner is the decedent's lack of legal next of kin, we will direct you to the Public Administrator for resolution. If the reason you are contacting the Coroner is the lack of cooperation from the decedent's legal next of kin, we will direct you to the appropriate statutes outlined in the Health and Safety Code for resolution.

For any additional questions or inquiries, please contact the County of Santa Clara, Medical Examiner-Coroner's Office at 408-793-1900.

EMERGENCY MEDICAL PERSONNEL AND CORONER

Generally, it is the police officer on scene that will report the death to the Coroner, not the Emergency Medical Personnel. However your interactions preceding the death are important to the Coroner's death investigation. The Coroner Investigator might contact emergency personnel with specific questions in the hours or days after the death. This document is to provide information regarding the potential interactions.

The Coroner understands that in the course of lawful duty, the Emergency Medical Technicians are required to take steps to ascertain whether medical care might be needed in any instance. In the course of action personnel may also search a person for information leading to his/her medical conditions. However, once death is officially determined, all action must cease as dictated by the Government Code. It is unlawful for anyone to move a dead body from the position or place of death without permission of either the physician last in attendance or the Coroner. (27491.2 Government Code) Please note that neither when it is apparent that medical attention would be of no avail, or when this can be clearly determined by simple inspection, the body shall not be disturbed nor should any of the surroundings be disturbed. While there is a normal tendency to want to move a body to a natural position, or what in life would be a more comfortable position, there is no purpose in doing so. As little disturbance as possible will aid the police and the Coroner in the forthcoming investigation.

California Government Code Section 21491.3 mandates that the Coroner take custody and safeguard the personal property of a decedent. Additionally, the Coroner Investigator is required by department policy to note the location of all property and evidence. If it is that such items were recovered prior to death, please ensure the Coroner Investigator is made aware of the details.

If the body is not attended by immediate family members the premises should be secured if possible and all onlookers, present or nearby, should be warned against entering the premises. If necessary, the family may be excluded from the room where the body lies until the Coroner arrives. In such instances, the police should at once be notified so that they may stand by pending arrival of the Coroner's Investigator. In obvious criminal, accidental, or suicidal deaths, the Coroner's Office and police should be notified at once.

While it may prove necessary on occasion to call the physician, this step should be avoided if possible since the Coroner will investigate the circumstances of death. When you believe that circumstances are such that these requirements can be deviated, contact the Coroner prior to any deviation. Often we can accommodate requests on a case-by-case basis.

For any additional questions or inquiries, please contact the County of Santa Clara, Medical Examiner-Coroner's Office at 408-793-1900.

POLICE AND CORONER

Police officers should be aware of the various types of death that are reportable to the Coroner. For example, in any death due to violence or contributed to by violence, the police officer should ascertain and assure that the coroner has been notified. The back pages of the “Death Certificate Guidelines” list the types of deaths that are required to be reported to the coroner under the Government Code (27491). It may be the department policy to contact this office on all deaths, or only deaths that meet report-generating requirements. It is the goal of our office to cooperate with all agencies.

When a police officer contacts our office, our goal is to have an investigator available to take the call. However due to call volume, sometimes messages are taken. Do note that according to our protocol, we make to return police calls first. Periodically calling (every 30 minutes) for an estimated time of contact is reasonable.

It is unlawful for anyone to move a dead body from the position or place of death without permission of either the physician last in attendance (on a non-Coroner case) or the Coroner (in a Coroner’s case). Once death has occurred, no matter where the body lies, no police officer may move or disturb a body. Beyond this, the Coroner or someone specifically authorized by the Coroner, are the only persons who may move a dead body or take possession of property at the scene of a known coroner's case (27491.2 Government Code). The only exception to this is after a traffic collision. A police officer may search for a driver's license to determine if the deceased is an organ donor, or with the consent of the Coroner Investigator, take charge of any evidence relating to a known or suspected homicide.

A police officer must use his judgment on a cases by case basis when to disturb evidence or surroundings at a scene of death. In cases of criminal, accidental or suicidal deaths, the coroner investigator can better evaluate the situation if nothing is disturbed. This is particularly true of cases of obvious suicide. In cases of natural death, often medications must be moved (to obtain initial call information) and family must be sought to gain more information. The officer’s judgment must be utilized.

When your event requires communication with the Coroner, the following scenarios might occur:

- If a police officer has gone to the scene of a violent death he should remain there until the arrival of the Coroner Investigator.
- When the police officer has gone to the scene of a non-violent death, he should remain at the scene until the arrival of the Coroner Investigator or until she/he has talked to the Coroner Investigator by phone and has received a “release number.”
- The Coroner Investigator may elect to place the natural death case on a “pending status” if the decedent’s physician cannot be contacted. The body will be released to the mortuary of the family’s choice and the Coroner’s responsibility to follow up with the physician. For your report purposes, the Coroner Investigator will provide his/her name and badge number for recording. No Coroner’s case number is given to assure that the mortuary staff does not embalm the remains prior to contact with the physician. The Coroner Investigator will need to communicate with the mortuary about this status, so please have the mortuary’s name available near the time of call.
- In cases where there is no known family or mortuary to claim the decedent’s remains, you may be referred to the Public Administrator’s Office to resolve the disposition of the remains. Their investigator will also need to ask you a series of questions and for your assistance.

The Coroner Investigator has the responsibility to secure property and evidence related to the death. In cases of apparent suicide the Coroner's Investigator is to take charge of any suicide notes and wills, as well as any instruments involved (27464 Government Code). Coroner Investigators do not search the body or premises except in the presence of witnesses, and police officers may be asked to witness the search and sign the property

slip, as a witness. The Coroner Investigator is required by his/her department policy to list on this property slip the names of those known or found making any previous search.

California Health and Safety Code Section 102850 states the following:

102850. A physician and surgeon, physician assistant, funeral director, or other person shall immediately notify the coroner when he or she has knowledge of a death that occurred or has charge of a body in which death occurred under any of the following circumstances:

- (a) Without medical attendance.
- (b) During the continued absence of the attending physician and surgeon.
- (c) Where the attending physician and surgeon or the physician assistant is unable to state the cause of death.
- (d) Where suicide is suspected.
- (e) Following an injury or an accident.
- (f) Under circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another.

Any person who does not notify the coroner as required by this section is guilty of misdemeanor.

This immediate reporting requirement does not initiate a immediate response from the Coroner's Office. If a delayed response is necessary to complete the criminal scene investigation, the Coroner Investigator must be informed that the notification is a preliminary notification only and that a second call will be made when a response is needed.

If police officers have questions, or need to report a death, call the County of Santa Clara, Medical Examiner-Coroner's Office at 408-793-1900.

HOSPICE AND CORONER

The following information is to provide an understanding of the hospice and Coroner relationship. Our goal is to be cooperative and hospitable, yet accomplish the lawful task set before us in a timely manner. The “Death Certificate Guidelines” also explains the causes of death that are reportable to the coroner. It is provided to you as a reference tool when reporting deaths to the Coroner.

The guidelines reflect the type of deaths that are considerable reportable to the Coroner by law. The Government Code (27491) reflects the powers and the duties of the Coroner. Generally hospice deaths are reported in cases where the decedent has a contagious disease or has not been seen by the certifying physician within twenty days of death. If recent or old trauma, accident or suicide could be related to the cause of death, the death must be reported to the Coroner for a response.

When hospice staff telephones the coroner’s office, they will be directed to an investigator. If it is that they contact the office’s dispatch (often happens after normal business hours), please advise the dispatcher that you are a hospice nurse reporting “confirmed death.” The dispatcher will alert the Coroner Investigator at the earliest convenience.

When you speak with the Coroner Investigator, they will require information such as demographics, circumstances of death and physician information. The Coroner needs to have the decedent’s definitive medical diagnosis to record as the cause of death. The reported cause of death needs to reflect the attending physician’s legal certification and the State Health Department requirements.

When the decedent does not have legal next of kin (blood relatives or durable power of attorneys with the expressed written consent to handle arrangements after death), the decedent will need to be referred to Public Administrator’s Office. Their staff has the legal authority to handle the decedent’s affairs, which includes handling assets and conducting funeral arrangements. When hospice staff calls to report the death to the Coroner, the Investigator will advise the hospice staff to telephone the Public Administrator’s direct number (408-534-2500) or will contact the Public Administrator’s after-hours investigator for the hospice staff. The conversation between the hospice staff and the Public Administrator Investigator will include questions about financial resources and assets. Answers to these questions will help the Public Administrator understand if there is sufficient money to make private funeral arrangements or if the Coroner may be required to handle Indigent Cremation. Any information about these issues in the absence of family will expedite the process of sending the decedent’s remains onto the appropriate facility (mortuary or Coroner).

In cases where the decedent does not have sufficient assets and the legal next of kin does not have funds for funeral arrangements, the decedent may be eligible for the Indigent Program. For those who qualify, the program covers the basic cremation expenses of the decedent and a final resting place at a local cemetery. At this point in time, the ashes are held indefinitely (subject to change) and they are not returned to the family. When the hospice staff telephone the Coroner, a few questions will be asked, a formal report made as “Indigent” and contract agents will be sent to remove the decedent’s remains from the place of death. In the next few business days, the family will need to fill out a formal application at the County of Santa Clara, Medical Examiner-Coroner's Office to complete the process.

Alternatives to Indigent Cremation may include California State Curator disposition or Veteran Affairs disposition.

In some cases, the Coroner Investigator may contact the hospice staff after the initial death visit for the circumstances surrounding death in order to complete a report that needed to be taken for some unforeseen reason. Often speaking with a hospice caseworker or manager with the hospice file is sufficient after the fact. We appreciate your cooperation.

If the hospice staff has any further questions or needs to report a death, please contact the County of Santa Clara, Medical Examiner-Coroner's Office at 408-793-1900.

HOSPITAL STAFF AND CORONER

The following information is to provide an understanding of the hospital nursing staff and Coroner relationship. Our goal is to be cooperative and hospitable, yet accomplish the lawful task set before us in a timely manner. This document will help provide information about what deaths need to be reported to the Coroner, what information is required when reporting the death and what to expect from this office in return.

The “Death Certificate Guidelines” also explains the causes of death that are reportable to the Coroner. The Government Code (27491) reflects the powers and the duties of the Coroner. It is provided to you as a reference tool when reporting deaths to the Coroner.

Physicians reporting deaths can refer to the “Practicing Physicians” section (whether hospitalist, attending or emergency room physician).

Hospital nursing staff in the Emergency Room report the deaths of patients in their department. All deaths in the Emergency Room are reported to the coroner. When there has been no physician in attendance, there obviously is no physician who can legally sign the certificate, and the Coroner thus has clear authority to proceed. Where there has been previous medical attendance, it is incumbent upon the Coroner to inquire of the physician to such extent that the Coroner shall have sufficient legal grounds to authorize his further investigation, and particularly, his autopsy, if one is to be done. It will be upon the sum of the facts learned that the decision to accept or reject the case will be based.

When staff contact the Coroner’s Office they will be in put in contact with a Coroner Investigator. The staff reporting the death needs to be knowledgeable of the circumstances surrounding the death. Often, the Investigator needs information about the reasonable cause of death, primary physician information, procedures conducted prior to death, demographics and family information.

The Coroner understands that in the course of lawful duty, the staff must take steps to ascertain whether medical care might be needed. In the course of the action, staff may also search a person for information leading to his/her medical conditions. However, once death is officially determined, all action must cease as dictated by the Government Code. It is unlawful for anyone to move a dead body from the position or place of death without permission of either the physician last in attendance or the Coroner (27491.2 Government Code). If in the course of duty the nursing staff must move the decedent’s remains or remove property from the decedent, please contact the Coroner Investigator prior to any movement.

The Coroner Investigator has the responsibility to secure property and evidence related to the death. In cases of apparent suicide the Coroner's Investigator is to take charge of any suicide notes and wills, as well as any instruments involved (27464 Government Code). Coroner Investigators do not search the body or premises except in the presence of witnesses, and police officers may be asked to witness the search and sign the property slip, as a witness. The Coroner Investigator is required by his/her department policy to list on this property slip the names of those known or found making any previous search.

When provided the information, the Coroner Investigator will make a decision to accept or reject the case. The Coroner Investigator will either respond to the hospital and assume jurisdiction, or issue a release number, releasing jurisdiction to the responsible physician. In rare circumstances, a “pending” status is placed on the case and the decedent’s remains sent to the hospital morgue until the physician can be contacted and further information gathered about the formal cause of death. The Hospital Administration or Nursing Supervisor can consult our office on the next business day for resolution or release the body to the choice mortuary with Coroner permission.

Hospital Nursing Staff of the Hospital Units often report the deaths of patients in their department. When staff contact the Coroner’s Office they will be in put in contact with a Coroner Investigator. The staff reporting the death needs to be knowledgeable of the circumstances surrounding the death. Often, the Investigator needs information about the reasonable cause of death, demographical information, and procedures conducted prior to death, responsible physician information and family information. It will be upon the sum of the facts learned that his decision to accept or reject the case will be based. The Coroner Investigator will respond to the hospital

and assume jurisdiction or issue a release number. In rare circumstances, a “pending” status is placed on the case and the decedent’s remains sent to the hospital morgue until the responsible physician can be contacted and further information gathered about the formal cause of death. The Hospital Administration or Nursing Supervisor’s office can consult our office on the next business day for resolution.

Hospital Administrative Staff often become involved when a decedent’s family or responsible legal next of kin has not made arrangements for deceased persons after a period time. Our office handles the Indigent Program and “abandoned” remains. Here are some guidelines when faced with problems surrounding disposition.

When the decedent does not have legal next of kin (blood relatives or durable power of attorneys with the expressed written consent to handle arrangements after death), the decedent will need to be referred to Public Administrator’s Office (408-534-2500) within a reasonable period of time. Their staff has the legal authority to handle the decedent’s affairs, which includes handling assets and conducting funeral arrangements. If they decline to take action, they will direct you to contact our office and speak with the person handling the Indigent Program. Our office will need information (demographics, attempts to locate family, cause of death and responsible physician information) if the death has not been previously reported. We will then take action to complete the indigent disposition in a timely manner. If the decedent’s family or legal next of kin has been notified of the death and has “abandoned” the remains (and the attempts to contact the family for action are clearly outlined in the hospital chart), contact the Coroner’s office and speak with the person in charge of the Indigent Program. Our office will need documentation of the social worker or other responsible persons attempts to contact the family. We will also need copies of the hospital admission/face sheet and the death certificate worksheet listing the cause of death and the physician responsible for certifying death. Often the social worker or the hospital vital records staff can help provide this information. Once the information has been provided to the office, we will work to take action to complete disposition.

In cases where the decedent does not have sufficient assets and the legal next of kin does not have funds for funeral arrangements, the decedent may be eligible for the Indigent Program. For those who qualify, the program covers the basic cremation expenses of the decedent and a final resting place at a local cemetery. At this point in time, the ashes are held indefinitely (subject to change) and they are not returned to the family. When hospital staff contact with the Coroner, a formal report will be generated as “Indigent.” The information needed at the time of initial report is generally obtained from the hospital admission/face sheet and the death certificate worksheet. In the next few business days, the family will need to fill out a formal application at the County of Santa Clara, Medical Examiner-Coroner's Office to complete the process. Within a reasonable period of time, contract agents will be sent to remove the decedent’s remains from the hospital morgue. If the decedent’s remains can no longer be stored due to hospital storage issues, attempts will be made to expedite their removal. Alternatives to Indigent Cremation may include California State Curator disposition or Veteran Affairs disposition.

CONVALESCENT HOSPITALS, RELATED FACILITIES AND CORONER

The following information is to provide an understanding of the convalescent hospital and Coroner relationship. Our goal is to be cooperative and hospitable, yet accomplish the lawful task set before us in a timely manner. The “Death Certificate Guidelines” also explains the causes of death that are reportable to the Coroner. It is provided to you as a reference tool when reporting deaths to the Coroner.

The guidelines reflect the type of deaths that are considerable reportable to the Coroner by law. The Government Code (27491) reflects the powers and the duties of the Coroner. Generally hospice deaths are reported in cases where the decedent has a contagious disease or has not been seen by the certifying physician within twenty days of death. If recent or old trauma, accident or suicide could be related to the cause of death, the death must be reported to the Coroner for a response.

When convalescent staff persons contact the Coroner’s Office, they will be directed to an investigator. If it is that they contact the office’s dispatch (often happens after normal business hours), please advise the dispatcher that you are a convalescent hospital nurse reporting “confirmed death.” The dispatcher will alert the Coroner Investigator at the earliest convenience.

When staff persons speak with the Coroner Investigator, they will require information such as demographics, circumstances of death, physician and family information. The Coroner needs to have the decedent’s definitive medical diagnosis to record as the cause of death. The reported cause of death needs to reflect the attending physician’s legal certification and the State Health Department requirements.

When the decedent does not have legal next of kin (blood relatives or durable power of attorneys with the expressed written consent to handle arrangements after death), the decedent will need to be referred to Public Administrator’s Office. Their staff has the legal authority to handle the decedent’s affairs, which includes handling assets and conducting funeral arrangements. When staff calls to report the death to the Coroner, the Investigator will advise the staff to telephone the Public Administrator’s direct number (408-534-2500) or will contact the Public Administrator’s after-hours investigator for them. The conversation between the staff and the Public Administrator Investigator will include questions about financial resources and assets. Answers to these questions will help the Public Administrator understand if there is sufficient money to make private funeral arrangements or if the Coroner may be required to handle Indigent Cremation. Any information about these issues in the absence of family will expedite the process of sending the decedent’s remains onto the appropriate facility (mortuary or Coroner).

In cases where the decedent does not have sufficient assets and the legal next of kin does not have funds for funeral arrangements, the decedent may be eligible for the Indigent Program. For those who qualify, the program covers the basic cremation expenses of the decedent and a final resting place at a local cemetery. At this point in time, the ashes are held indefinitely (subject to change) and they are not returned to the family. When the staff telephone the Coroner, a few questions will be asked, a formal report made as “Indigent” and contract agents will be sent to remove the decedent’s remains from the place of death. In the next few business days, the family will need to fill out a formal application at the County of Santa Clara, Medical Examiner-Coroner's Office to complete the process.

In some cases, the Coroner Investigator may contact the staff after the initial death visit for the circumstances surrounding death in order to complete a report that needed to be taken for some unforeseen reason. Often speaking with a knowledgeable nurse or medical records staff is sufficient after the fact. We appreciate your cooperation.

RELATED LAWS

Health and Safety Code

10250. Notification of Coroner

A physician funeral director or other person shall immediately notify the coroner when he has Knowledge of a death that occurred or has charge of a body in which death occurred:

- (a) Without medical attendance;
- (b) During the continued absence of the attending physician;
- (c) Where the attending physician is unable to state the cause of death;
- (d) Where suicide is suspected;
- (e) Following an injury or an accident; or
- (f) Under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another. Any person who does not notify the coroner as required by this section is guilty of a misdemeanor. (Added by Stats. 1957, c. 363, p. 1184/2)

10204. Completion of Certificate; Time; Delivery

The medical and health section data and the physician's or Coroner's certification shall be completed by the attending physician within 15 hours after the death, or by the coroner within three days after examination of the body.

The physician shall within 15 hours after the death deposit the certificate at the place of death, or deliver it to the attending funeral director at his place of business or at the office of the physician. (Added by Stats. 1957, Ch. 363)

10225. Responsibility of Attending Physician

The physician and surgeon last in attendance, or in the case of a patient in a skilled nursing or intermediate care facility at the time of death, the physician and surgeon last in attendance, or a licensed physician's assistant under the supervision of a physician and surgeon last in attendance, on a deceased person shall state on the certificate of death the disease or condition directly leading to death, antecedent causes, other significant conditions contributing to death and such other medical and health section data as may be required on the certificate; he or she shall also specify the time in attendance, the time he or she last saw the deceased person alive, and the hour and day on which death occurred, except in deaths required to be investigated by the Coroner. The physician and surgeon or physicians assistant shall specifically indicate the existence of any cancer as defined in subdivision (e) of Section 211.3 of which the physician and surgeon or physician's assistant has actual knowledge.

A physician and surgeon may designate one or more other physicians and surgeons who have access to the physician's and surgeon's records to act as agent for the physician and surgeon for purposes of the performance of his or her duties under this section, provided that any person so designated acts in consultation with the physician and surgeon. (Amended by Stats. 1989, Ch. 925)

Government Code

27491. Classification of Deaths Requiring Inquiry; Determination of Cause

It shall be the duty of the coroner to inquire into and determine the circumstances, manner, and cause of all violent, sudden or unusual deaths; unattended deaths; deaths wherein the deceased has not been attended by a physician in the 20 days before death; deaths related to or following known or suspected self-induced or criminal abortion; known or suspected homicide suicide, or accidental poisoning deaths known or suspected as resulting in whole or in part from or related to accident or injury either old or recent; deaths due to drowning, fire, hanging, gunshot, stabbing, cutting, exposure, starvation, acute alcoholism, drug addiction, strangulation, aspiration, or where the suspected cause of death is Sudden Infant Death Syndrome; death in whole or in part occasioned by criminal means; deaths associated with a known or alleged rape or crime against nature; deaths in prison or while under sentence; deaths known or suspected as due to contagious disease and constituting a public hazard; deaths from occupational diseases or occupational

hazards; deaths of patients in state mental hospitals serving the mentally disabled and operated by the State Department of Mental Health; deaths of patients in state hospitals servicing the developmentally disabled and operated by the State Department of Developmental Services; deaths under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another, and any deaths reported by physicians or other persons having knowledge of death for inquiry by coroner. Inquiry pursuant to this section does not include those investigative functions usually performed by other law enforcement agencies. In any case in which the Coroner conducts an inquiry pursuant to this section, the Coroner shall personally sign the certificate of death. If the death occurred in a state hospital, the Coroner shall forward a copy of his or her report to the state agency responsible for the state hospital.

The Coroner shall have discretion to determine the extent of inquiry to be made into any death occurring under natural circumstances and falling within the provisions of this section, and if inquiry determines that the physician of record has sufficient knowledge to reasonably state the cause of death occurring under natural circumstances, the Coroner may authorize that physician to sign the certificate of death.

For the purpose of inquiry, the coroner shall have the right to exhume the body of a deceased person when necessary to discharge the responsibilities set forth in this section.

Any funeral director, physician, or other person who has charge of a deceased person's body, when death occurred as a result of any of the causes or circumstances described in this section, shall immediately notify the Coroner. Any person who does not notify the Coroner as required by this section is guilty of a misdemeanor. (Amended by Stats. 1985, Ch. 304).

DEATH CERTIFICATE GUIDELINES
Santa Clara County Medical Examiner-Coroner's Office
Santa Clara County Vital Records and Registration

General Instructions:

- o Only ONE condition is listed per line in 107. All four lines (A through D) do not need to be filled in, as long as an etiologically specific cause of death is present (i.e. Atherosclerotic Cardiovascular Disease).
- o Each condition in 107 can cause the one above it (D causes C, which causes B, which causes A).
- o The corresponding time intervals (boxes AT, BT, CT and DT) are progressive in nature (minutes, hours, days, years) and correspond to the time course of the respective disease state (A through D).
- o Conditions in 112 contribute to death but do not result in the underlying cause in 107.
- o A complete sequence is reported that explains why this patient died.
- o If it seems that two or more conditions "added together" or were temporally inseparable-- that is, it might seem appropriate to report them together on one line in 107-- the most important ONE should be listed in 107, and the others should be listed in 112.
- o It is acceptable, and often needed, to report more than one condition in 112.
- o When necessary, and when conditions are integrally and causally related, it is acceptable to combine related conditions into one entity for reporting in 107-- such as "pneumonia with systemic sepsis," or "myocardial infarction with rupture." This should not be done unless absolutely necessary, however, and is usually done because of space limitations in 107.
- o It is acceptable to qualify a condition with words such as "probable." For example, "probable peptic ulcer disease."
- o Sometimes, citing a specific underlying cause of death is difficult because sufficient information is lacking, as might occur when someone dies of gastrointestinal hemorrhage due to a natural, but otherwise unknown cause. In such instances, it is helpful to write 107 as Gastrointestinal hemorrhage due to: Undetermined natural cause. Using this technique lets a reader of the cause-of-death statement know that a specific underlying cause of death was considered and was not omitted through an oversight. Of course, one should be reasonably certain that only natural causes are involved.
- o Deaths known or suspected as having been caused in whole or in part by injury or poisoning should be reported to the medical examiner-coroner, and the death certificate should not be completed by you unless the ME-C instructs you to do so.
- o It is preferred to spell out all medical conditions and procedures in full (as space allows).
- o Do not forget to include any procedures and dates related to disease treatment or diagnosis in line 113. If there were multiple procedures they can be listed together (e.g. Exploratory laparotomies 3/12/04, 3/14/04). Line 113 should be used for any medical intervention or diagnostic procedures that helped in determining cause of death, and not just for surgeries (e.g. chest tubes, central line placements, diagnostic peritoneal lavage).

Guidelines:

On the death certificate it is preferred to spell out all medical conditions and procedures in full. Acronyms are used below due to space limitations.

AIDS = Acquired Immune Deficiency Syndrome; ASCVD = Atherosclerotic cardiovascular disease; COPD = chronic obstructive pulmonary disease; ME-C = Medical Examiner-Coroner; MI = Myocardial Infarct; PE = Pulmonary Embolism.

Cannot Stand Alone (107A) on a DC: Suggested “Due To” (107B, C, or D):

Any mechanistic terminal event (i.e., Respiratory Any underlying cause(s) that are etiologically

Arrest, Asystole, Cardiac Arrest, Cardiorespiratory specific and fully explain the cause of death.

Arrest, Ventricular Fibrillation, Electromechanical Dissociation, etc).

Aspiration Pneumonia Almost always due to some debilitated state: Alzheimer’s disease, Stroke due to ASCVD, chronic alcoholism, immunocompromised state (AIDS, autoimmune disease on steroids, etc.) Infectious diseases which are thought to constitute a threat to the public health need to be reported to ME-C (See #20 on following page).

Cancer Please specify type and metastasis (if any).

Cardiac Arrhythmia MI due to ASCVD, Valve disease, hypertension, etc.

Cardiomyopathy* Hypertrophic Cardiomyopathy due to (hypertension, idiopathic).

Dilated Cardiomyopathy due to (viral myocarditis, alcoholic, toxic, pregnancy-associated).

Restrictive Cardiomyopathy due to (radiation fibrosis, amyloidosis, sarcoidosis, metasis, idiopathic).

Congestive Heart Failure Hypertension, ASCVD, Aortic/Mitral valve disease, Rheumatic heart disease etc., or unknown etiology

Dementia Please use: Complications of Alzheimer’s Disease, Parkinson’s Disease, or Multi-infarct dementia due to ASCVD.

End Stage Liver Disease/Hepatitis Viral, Alcoholic, Autoimmune, Toxic, Idiopathic or cryptogenic OK if biopsy proven and other causes were ruled out. (Acetaminophen or other poisonings, or acute alcohol or drug intoxication need to be reported to ME-C)

Cannot Stand Alone (107A) on a DC: Suggested “Due To” (107B, C, or D):

End Stage Renal Disease Hypertension, ASCVD, Diabetes, Chronic

pyelonephritis etc...

Ischemic bowel Volvulus from adhesions due to previous surgery, ASCVD, hypotension caused by something else.

(Surgically related complications need to be reported to ME-C).

Myocardial Infarct* Atherosclerotic cardiovascular disease, coronary artery disease, Rheumatic heart disease, etc.

Prematurity/Complications of Prematurity Chorioamnionitis, eclampsia. Please add non-on death and fetal death certificate trauma or drug-related. (Maternal trauma or drug use needs to be reported to ME-C).

Pulmonary Embolus due to Deep Vein Thrombosis Always due to hypercoagulable state (increased clotting): smoking, birth control pills, pregnancy, immobility, obesity, vascular injury. (Any traumatic cause or surgically related PE needs to be reported to ME-C).

Sepsis, Multi Organ System Failure, ARDS Diabetes mellitus, COPD, AIDS, chronic alcoholism, etc...

Stroke (Hemorrhagic or Ischemic) ASCVD, Hypertension, etc.

Urinary Tract Infection Specify catheter related (nosocomial) or non-catheter related (community acquired). Underlying cause should be etiologically specific.

This list should only be used as a reference tool and is not all-encompassing. Additional conditions, symptoms, and causes may exist that will be queried. Consult also the California Department of Health Services Birth and Death Registration Handbook.

*These county requirements exceed and supercede the minimal state requisite.

Deaths Reportable to Medical Examiner-Coroner (CA Government Code Section 27491):

1. Known or suspected homicide.
2. Known or suspected suicide.
3. Accident: Whether the primary cause or only contributory; whether the accident occurred immediately or at some remote time.
4. Injury: Whether the primary cause or only contributory; whether the injury occurred immediately or at some remote time.
5. Grounds to suspect that the death occurred in any degree from a criminal act.
6. No physician in attendance. (No medical history).
7. Wherein the deceased has not been attended by a physician in the 20 days prior to death.
8. Wherein the physician is unable to state the cause of death. (Must be genuinely unable and not merely unwilling.)
9. Poisoning (food, chemical, drug, therapeutic agents).
10. All deaths due to occupational disease or injury.
11. All deaths in operating rooms or following surgery or a major medical procedure.
12. All deaths where a patient has not fully recovered from an anesthetic, whether in surgery, recovery room or elsewhere.
13. All solitary deaths. (Unattended by a physician, family member or any other responsible person in the period preceding death.)
14. All deaths in which the patient is comatose throughout the period of physician's attendance, whether in home or hospital.
15. All deaths of unidentified persons.
16. All deaths where the suspected cause of death is Sudden Infant Death Syndrome (SIDS).
17. All deaths in prisons, jails, or of persons under the control of a law enforcement agency.
18. All deaths of patients in state mental hospitals.
19. All deaths where there is no known next-of-kin.
20. All deaths caused by a known or suspected contagious disease constituting a public health hazard, to include AIDS.
21. All deaths due to acute alcohol or drug intoxication.

Reportable cases are to be distinguished from Medical Examiner-Coroner's cases. While the duty to report certain cases continues, the decision on whether there shall be a full investigation rests with the ME-Coroner, and a full investigation is not required of the ME-Coroner purely by virtue of the case having been reported. The ME-Coroner will give any interested party the basis for accepting or rejecting any case reported.

Contact

For more information, contact the Santa Clara County Medical Examiner-Coroner's Office at 408.793.1900 or Santa Clara County Vital Records and Registration at 408.885.2008.



**SANTA CLARA COUNTY
MEDICAL EXAMINER-CORONER FIELD INVESTIGATOR
DEATH INVESTIGATION WORKSHEET**

Date: _____ Agency: _____ Case #: _____

Investigating Officer: _____ Badge #: _____

Decedent Name: _____ Phone #: _____

Decedent Address: _____ City: _____ State: _____ Zip: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Race: _____

DOB: _____ Age: _____ Social Security #: _____ CDL: _____

Decedent Discovered By: _____ Relationship to Decedent: _____

Location Discovered: _____ Date Discovered: _____ Time Discovered: _____

Date of Death: _____ Time of Death: _____ Pronounced By: _____

Date Last Seen Alive: _____ By Whom: _____ Relationship: _____

Identified By: _____ Method of Identification: _____

Next of Kin Name: _____ Relationship: _____

Next of Kin Address: _____ City: _____ State : _____ Zip: _____

Next of Kin Phone #: _____ Notified: YES / NO By Whom: _____

Primary Physician Name: _____ Phone #: _____

Associated Hospital: _____ Date of Last Attendance: _____

Medications Present: _____

Medical History: _____