

# **Union County Coroner's Office**

(Please fax this form to the coroner's office as soon as possible, Fax 937-645-4148)

## **Notification of Hospice Death**

### **Decedent Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Sex: \_\_\_\_\_

Home address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date/Time of Death: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Race: \_\_\_\_\_

Location of death: ( ) Home ( ) Hospital ( ) Nursing Facility ( ) Assisted Living Facility

Name of hospital or facility: \_\_\_\_\_

Address of death: \_\_\_\_\_

( ) Same as home address

Cause of death: \_\_\_\_\_

Reason for being under hospice care? \_\_\_\_\_

(ie; cancer, previous accident, disease...)

Name of Informer: \_\_\_\_\_ Company Name: \_\_\_\_\_

Company Phone: ( ) \_\_\_\_\_ Medications removed from scene by: \_\_\_\_\_

Medications wasted by: \_\_\_\_\_

### **Next of kin**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ ( ) \_\_\_\_\_

### **Physician Information**

Name of physician: \_\_\_\_\_

Physician address: \_\_\_\_\_

Physician Phone: ( ) \_\_\_\_\_

Is this physician signing death certificate? \_\_\_\_\_ If no, who is? \_\_\_\_\_

### **Funeral Home Information**

Funeral Home: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

**If injury or trauma may have contributed to the death or there is suspicion regarding the death, always call the coroner. Always call for deaths related to any of the following IF they contributed to the death (falls, medications/overdose, suspected/previous suicide attempt) or any case you have that is questionable. All**

**MRDD deaths need called in.**

### **Union County Coroner's Office:**

Office 937-645-4145 Fax 937-645-4148

Investigator Lance Emberling 937-645-4134

Investigator Jim Fish 937-645-4123

Investigator Elizabeth Kolze 937-645-4122

Investigator Caitlyn Kavanagh 937-645-4123