

HOSPITAL REPORT OF DEATH

ME-103 (new 6/19)

State of Connecticut
OFFICE OF THE CHIEF MEDICAL EXAMINER
 11 Shuttle Road, Farmington, Connecticut 06032
 (860) 679-3980

M.E. Case No.

DECEASED	Name (First, Middle or Maiden, Last)			Age	Race	Sex <input type="checkbox"/> male <input type="checkbox"/> female	
	Last Residence (No., Street)			Town		State	Zip Code
HOSPITAL INFORMATION	Admitted to (name of hospital)		On (date)	Time	Private Physician		Date last seen
	Brought to hospital from (include no. & street, whether public place, residence, etc.)					Brought by	
	Examined on admission by (M.D.)		Death pronounced by (M.D.)			On (date)	At

This section to be completed by REPORTING PHYSICIAN

Chief Complaint

History of Present Illness –if injury, give location and number of injuries when first examined; state whether in shock, conscious, or unconscious. You do NOT need to list all the steps of ALS protocol. Toxicology results?
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COURSE IN HOSPITAL – Include pertinent clinical, laboratory, and x-ray findings.
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OPERATIONS & PROCEDURES – List names and dates of all pertinent operative, diagnostic, and therapeutic procedures. If there are injuries: describe any alterations to wounds (e.g., chest tube placed through bullet hole) and any bullets recovered.

REPORTING PHYSICIAN	Name:	Signature	Date
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