MARATHON COUNTY MEDICAL EXAMINER
DEATH ADVISORY FORM

PATIENT INFORMATION

Name:	**Gender:** ☐ **Male** ☐ **Female**	**Date of Birth:**
Home Address:	**Age:**	**PCP:**

DEATH INFORMATION

Date of Death:	**Time of Death:**	**Pronouncing Physician/Hospice RN:**	**Certifying Physician:**
Facility Name:	**Address of Facility:**		
Facility Unit:	**Primary Causes of Death:** **(Natural, Failure to Thrive, and Sepsis are not acceptable causes by themselves)**		
Relevant Medical History:			

Any patient who falls under the "Notification Guideline" on the "Marathon County Medical Examiner's Office Death Notification" form will require an immediate notification to the on-call Medical Examiner, who can be reached by calling ***715-261-7792****.*

1. **When was the patient admitted?** _____
2. **Had this patient suffered from <u>any</u> injury, falls including rhabdo or fractures, and/or acute illicit drug abuse?** ☐ **Yes** ☐ **No** ☐ **NA**
3. **Did the patient return to pre-trauma status?** ☐ **Yes** ☐ **No** ☐ **NA** **If not, this is a reportable death, immediately call 715-261-7792**
4. **If the patient returned to baseline, what type of remote illicit drug abuse, injury, falls, fractures or rhabdo did the patient sustain?**

_____

Date of Injury:_____ **County of injury:** _____

Describe how injury occurred: _____

NOTIFICATIONS

Next of Kin:	**Relationship:**	**Telephone:**
Funeral Home Choice:	**Expected Disposition:** ☐ **Burial** ☐ **Cremation** ☐ **Entombment** ☐ **Donation**	**Death referred to another county?** **If yes, which County:**

_____ _____ _____

Person completing this form – Please print/type **Date** **Phone Number**

Fax completed form to: 715-261-1198 or 715-261-4151
or email completed form to: medicalexaminer.office@co.marathon.wi.us

NOTE: If the trauma/injury started in another county within Wisconsin,
then Marathon County does not have jurisdiction, however we require notification of the death.
Please call 715-261-7792 for questions.

Updated: November, 2018