



MINNESOTA CORONER -- ORDER FOR AUTOPSY

This form should be received prior to the postmortem examination.
The form can be faxed to: 605-333-1966; attn.: Medical Examiner

Authorizing Authority:

Name: _____

Billing: same as mailing:

Title: _____

or address: _____

Address: _____

Phone: _____

Fax: _____

County of _____

Under the provisions of Title 390.11 of the Minnesota Code of Law, in my opinion it is advisable and in the public interest that an autopsy be performed on the body of:

(Name) (Age/Race/Sex) (Date of Birth)

Who died on _____ at _____
(Date) (House and Street No.) (City or Town) (Zip code)

under the following circumstances.

Type of Death:

- Violent
- Sudden, when in apparent health
- Child < 2 years of age
- Custody of law enforcement
- Suspicious, unusual or unnatural
- Disease – public health threat

Manner of Death:

- Natural
- Accident
- Suicide
- Homicide
- Undetermined
- Pending

Narrative summary of circumstances surrounding death: _____

Authority is hereby given to South Dakota, Minnehaha County Medical Examiner (or assigned Pathologist) to perform an autopsy on the body of the decedent named herein.

(Date)

(Signature of Coroner)

(City)