



SOUTH DAKOTA 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 23-14-9.1 of the South Dakota 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 Minnehaha County Medical Examiner (or assigned Pathologist) to perform an autopsy on the body of the decedent named herein.

(Date)

(Signature of Coroner)

(City)