

MEDICAL EXAMINER

District Six

Pasco & Pinellas Counties



10900 Ulmerton Road

Largo, FL 33778

727-582-6800

(Fax 727-582-6820)

www.co.pinellas.fl.us/forensics

Dear Doctor:

The Medical Examiner is charged by law to investigate all deaths where the remains are to be cremated, dissected or buried at sea (Chapter 406.11, Florida Statutes).

In the interest of fulfilling the cremation requirement efficiently, would you please answer the following questions and submit this form, along with the death certificate, to the funeral director in charge of the arrangements. If any further information is desired, please call us at 727-582-6800.

Sincerely,

Jon R. Thogmartin, M.D.

Chief Medical Examiner

Name of Deceased: _____

Please indicate the decedent's principal diagnosis and any pertinent underlying conditions. Appropriate causes could include Atherosclerotic Cardiovascular Disease, Hypertensive Cardiovascular Disease, Diabetes, various cancers, etc.

(Do **NOT** list *mechanisms* of death or non-specific causes such as cardiac and/or respiratory arrest, renal failure, sepsis or congestive heart failure.)

Did trauma directly cause or contribute to the death? YES _____ NO _____

If YES, the death **must** be reported to the Medical Examiner Office forthwith, as required under Chapter 406.12, Florida Statutes. Please explain the trauma or injury and contact the Medical Examiner Office:

In your opinion, is the manner of death *natural*? YES _____ NO _____

If YES, please be sure to check "Natural" in box 39 on the death certificate.

If NO, please report the case to the Medical Examiner's Office at 727-582-6800.

PLEASE SIGN HERE

DATE SIGNED

TELEPHONE NUMBER

Funeral Home or Direct Disposer, please fax this form with the death certificate to 727-582-6820. (Electronic copy of form is available by sending an e-mail request to wpellan@co.pinellas.fl.us).