

**Annual Report**

**2006**

**St. Charles County**

**State of Missouri**

**Medical Examiner's Office**

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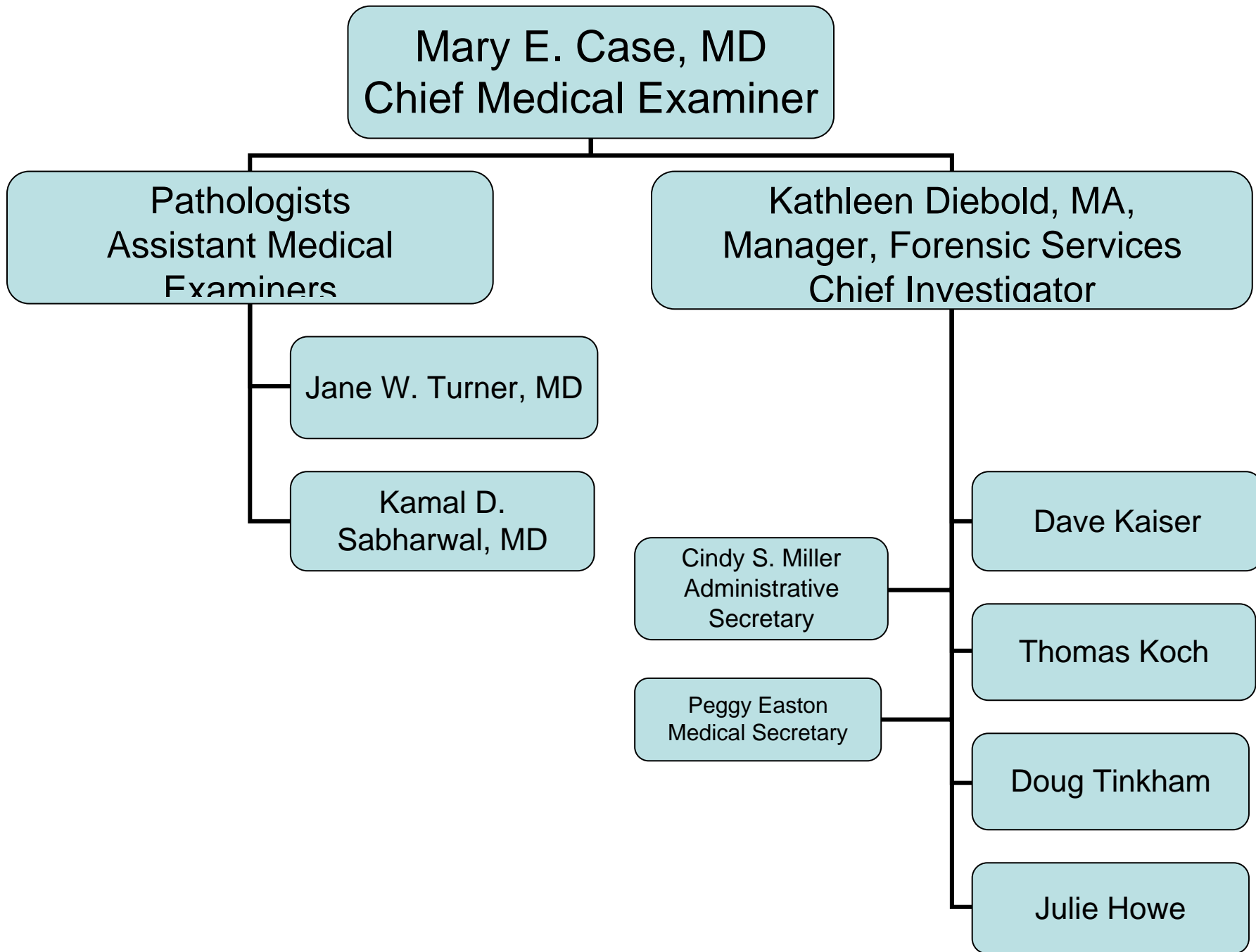
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Organizational Chart

*Missouri Revised Statutes*

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## Coroners and Inquests

28-Aug-02

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*Missouri Revised Statutes***Chapter 58****Coroners and Inquests**

28-Aug-02

**Office of coroner (certain counties).**

58.010. In each county of the state, except in counties of the second class which prior to January 1, 1975, have a population of more than one hundred twenty thousand and less than two hundred thousand, and counties of the first class not having a charter form of government and any other county which adopts the provisions of sections 58.700 through 58.765, there shall be an office of coroner.

(L. 1945 p. 1404 § 1, A.L. 1973 S.B. 122)

**Coroner, election--term of office (certain counties).**

58.020. At the general election in the year 1948, and every four years thereafter, the qualified electors of the county at large in each county in this state in which a coroner is to be elected shall elect a coroner who shall be commissioned by the governor, and who shall hold his office for a term of four years and until his successor is duly elected or appointed and qualified. Each coroner shall enter upon the duties of his office on the first day of January next after his election.

(L. 1945 p. 1404 § 2, A. 1949 H.B. 2016, A.L. 1973 S.B. 122)

**Qualifications.**

58.030. No person shall be elected or appointed to the office of coroner unless he be a citizen of the United States, over the age of twenty-one years, and shall have resided within the state one whole year, and within the county for which he is elected, six months next preceding the election.

(L. 1945 p. 1404 § 3)

**Vacancy filled by governor.**

58.040. When any vacancy shall occur in the office of coroner by death, resignation, removal, refusal to act, or in any other manner, it shall be the duty of the governor to fill such vacancy by appointing some eligible person to such office. The person so appointed shall take the oath, give bond and otherwise qualify for the office as required of coroners regularly elected, and shall discharge the duties of such office for the remainder of the term for which he is appointed.

(L. 1945 p. 1404 § 4)

**Oath--bond.**

58.050. All coroners, before they enter upon the duties of their office, shall take the oath prescribed by the constitution, and shall give bond to the state of Missouri, in the penalty of at least one thousand dollars, with sufficient sureties, residents of the county, conditioned for the faithful performance of the duties of their office.

(RSMo 1939 § 13228) Prior revisions: 1929 § 11609; 1919 § 5917; 1909 § 2922

**Bond--sufficiency, how determined (certain counties).**

58.060. The county commission shall, once in every year, in each county where a coroner is elected, examine into the sufficiency of the official bond given by the coroner, and the sureties thereto; and if it shall appear that the bond of any coroner, or the sureties thereto, are insufficient, the commission shall cause a record thereof to be made by their clerk, and shall give notice thereof to the coroner, and require him to give a new bond, to the satisfaction of the commission, within such time as they shall order.

(RSMo 1939 § 13229, A.L. 1973 S.B. 122) Prior revisions: 1929 § 11610; 1919 § 5918; 1909 § 2923

**Failure to give bond--office vacated.**

58.070. If a coroner neglect to give bond and qualify within twenty days after his election, or shall fail to give bond when required under the preceding section, his office shall be deemed vacant.

(RSMo 1939 § 13230) Prior revisions: 1929 § 11611; 1919 § 5919; 1909 § 2924

**Salary in lieu of fees (certain second class counties).**

58.090. In all counties of the second class in which a coroner is required by section 58.010, the coroner shall receive an annual salary in lieu of all fees, charges, emoluments, and money due to, or receivable by, the coroner, by virtue of any statute, for services rendered.

(L. 1945 p. 1560 § 1, L. 1953 p. 384 § 1, A.L. 1959 S.B. 69, A.L. 1973 S.B. 122, A.L. 1987 S.B. 65, et al.) Effective 1-1-88



**Compensation of county coroner--training program, attendance required, when, expenses, compensation (noncharter counties).**

- 58.095. 1. The county coroner in any county, other than in a first classification chartered county, shall receive an annual salary computed on a basis as set forth in the following schedule. The provisions of this section shall not permit or require a reduction in the amount of compensation being paid for the office of coroner on January 1, 1997:
- |                             |         |
|-----------------------------|---------|
| Assessed Valuation          | Salary  |
| \$ 18,000,000 to 40,999,999 | \$8,000 |
| 41,000,000 to 53,999,999    | 8,500   |
| 54,000,000 to 65,999,999    | 9,000   |
| 66,000,000 to 85,999,999    | 9,500   |
| 86,000,000 to 99,999,999    | 10,000  |
| 100,000,000 to 130,999,999  | 11,000  |
| 131,000,000 to 159,999,999  | 12,000  |
| 160,000,000 to 189,999,999  | 13,000  |
| 190,000,000 to 249,999,999  | 14,000  |
| 250,000,000 to 299,999,999  | 15,000  |
| 300,000,000 or more         | 16,000  |
2. One thousand dollars of the salary authorized in this section shall be payable to the coroner only if the coroner has completed at least twenty hours of classroom instruction each calendar year relating to the operations of the coroner's office when approved by a professional association of the county coroners of Missouri unless exempted from the training by the professional association. The professional association approving the program shall provide a certificate of completion to each coroner who completes the training program and shall send a list of certified coroners to the treasurer of each county. Expenses incurred for attending the training session may be reimbursed to the county coroner in the same manner as other expenses as may be appropriated for that purpose.
3. The county coroner in any county, other than a first classification charter county, shall not, except upon two-thirds vote of all the members of the salary commission, receive an annual compensation in an amount less than the total compensation being received for the office of county coroner in the particular county for services rendered or performed on the date the salary commission votes.
4. For the term beginning in 1997, the compensation of the coroner, in counties in which the salary commission has not voted to pay one hundred percent of the maximum allowable salary, shall be a percentage of the maximum allowable salary established by this section. The percentage applied shall be the same percentage of the maximum allowable salary received or allowed, whichever is greater, to the presiding commissioner or sheriff, whichever is greater, of that county for the year beginning January 1, 1997. In those counties in which the salary commission has voted to pay one hundred percent of the maximum allowable salary, the compensation of the coroner shall be based on the maximum allowable salary in effect at each time a coroner's term of office commences following the vote to pay one hundred percent of the maximum allowable compensation. Subsequent compensation shall be determined as provided in section 50.333, RSMo.
5. Effective January 1, 1997, the county coroner in any county, other than a county of the first classification with a charter form of government, may, upon the approval of the county commission, receive additional compensation for any month during which investigations or other services are performed for three or more decedents in the same incident during such month. The additional compensation shall be an amount that when added to the regular compensation the sum shall equal the monthly compensation of the county sheriff.
- (L. 1987 S.B. 65, et al. § 5, A.L. 1988 S.B. 431, A.L. 1990 S.B. 580, A.L. 1994 H.B. 1486, A.L. 1996 S.B. 693, A.L. 1997 S.B. 11)

**Compensation of deputy coroner, additional--training program, certification.**

- 58.096. Each deputy county coroner, upon certification by the county officials training commission of attendance at a training program required by the provisions of section 67.130, RSMo, shall receive annual compensation, in addition to other compensation, of one thousand dollars per year so long as section 67.130, RSMo, remains in effect. This additional compensation shall be paid in the same manner and at the same times as other compensation is paid to the deputy county coroner. The provisions of this section shall not permit or require a reduction in the amount of compensation received by any person holding the office of deputy county coroner on January 1, 1989.
- (L. 1989 S.B. 389 § 1)

**Fees (third and fourth class counties).**

- 58.100. The coroner in counties of the third and fourth classes, shall charge and collect on behalf of the county every fee accruing to his office by law, except such fees as are chargeable to the county, and shall report and pay such fees over to the county treasurer in the manner provided by law.
- (L. 1945 p. 992 § 2, L. 1945 p. 1551 § 2, A. 1949 H.B. 2016)

**Travel expense (counties of third and fourth classification).**

- 58.120. In each county of the third and fourth classifications, the county commission shall allow the coroner, payable at the end of each month out of the county treasury, the amount provided under section 50.333, RSMo, for each mile actually and necessarily traveled in the performance of the coroner's official duties.
- (L. 1945 p. 992 § 1a, A.L. 1961 p. 300, A.L. 1994 H.B. 1486)

**Deputies, appointment, compensation.**

58.160. The coroner, in all counties in this state in which a coroner is required by section 58.010 may have a deputy. In such counties which now contain or may hereafter contain a city of seventy-five thousand inhabitants and less than two hundred thousand inhabitants, may have such a number of deputies and assistants, to be recommended by the coroner and appointed by the county commission as deemed necessary for the prompt and proper discharge of the duties of his office, and such deputies and assistants shall be divided into classes as follows: Class "A", assistants or deputies; class "B", assistants or deputies; class "C", office clerks and copyists. Class "A" assistants or deputies shall be paid sixteen hundred and eighty dollars per year. Class "B" assistants or deputies shall be paid fifteen hundred dollars per year. Class "C" office clerks and copyists shall be paid twelve hundred dollars per year. All other counties shall appoint a deputy coroner, at the request of and upon the recommendation of the coroner, who may discharge all duties and exercise all powers of the coroner, and shall receive the compensation of the coroner while serving in the coroner's absence, be compensated as provided by the county commission or serve without compensation.

(RSMo 1939 § 13489, A. 1949 H.B. 2016, A.L. 1973 S.B. 122, A.L. 1986 H.B. 1164, A.L. 1994 H.B. 1486) Prior revisions: 1929 § 11857; 1919 § 11065

**To be conservator of the peace.**

58.180. A coroner shall be a conservator of the peace throughout his county, and shall take inquests of violent and casual deaths happening in the same, or where the body of any person coming to his death shall be discovered in his county

(RSMo 1939 § 13227, A.L. 1989 S.B. 127, et al.) Prior revisions: 1929 § 11608; 1919 § 5916; 1909 § 2921

**To execute process when sheriff disqualified.**

58.190. Every coroner, within the county for which he is elected or appointed, shall serve and execute all writs and precepts, and perform all other duties of the sheriff, when the sheriff shall be a party, or when it shall appear to the court out of which the process shall issue, or to the clerk thereof, in vacation, that the sheriff is interested in the suit, related to or prejudiced against any party thereto, or in any wise disqualified from acting; in such case, the county commission may require the coroner to give an additional bond.

(RSMo 1939 § 13144) Prior revisions: 1929 § 11524; 1919 § 11648; 1909 § 11218 (1964) Where defendant made oral motion to quash jury panel on ground it was summoned by sheriff who was prosecuting witness for the first time on the day of trial, and in view of fact that it was the regular venire selected by the jury commission and defendant conceded no wrongdoing of sheriff in summoning the jury, and in view of fact that defendant waited until the last minute and venire panel was in attendance, it was not error for court to overrule motion to quash but court's calling the panel into the box without having them summoned or resummoned by the coroner was error. State v. Parker (A.), 378 S.W.2d 274. (1968) Sheriff who was candidate in election under contest was not qualified to serve summons on contestee and attempted service was insufficient to confer jurisdiction. Jones v. Buckley (Mo.), 425 S.W.2d 204. (1973) Held that jury panel summoned by coroner where sheriff was "interested" in case should not be quashed because some of jurors summoned by coroner were the same persons formerly summoned by the sheriff for the regular jury panel. State v. Lawson (A.), 501 S.W.2d 176.

**To perform duties of sheriff when office is vacant.**

58.200. When the office of sheriff shall be vacant, by death or otherwise, the coroner of the county is authorized to perform all the duties which are by law required to be performed by the sheriff, until another sheriff for such county shall be appointed and qualified, and such coroner shall have notice thereof, and in such case, said coroner may appoint one or more deputies, with the approbation of the judge of the circuit court; and every such appointment, with the oath of office endorsed thereon, shall be filed in the office of the clerk of the circuit court of the county.

(RSMo 1939 § 13145) Prior revisions: 1929 § 11525; 1919 § 11649; 1909 § 11219

**Sheriff or chief deputy to perform coroner's duties, when.**

58.205. The sheriff of the proper county or his chief deputy shall, in the temporary absence of the coroner and deputy for any reason, perform all the duties imposed by law upon the coroner.

(L. 1951 p. 374 § 58.005, A.L. 1986 H.B. 1164)

**Coroner to file death certificates with registrar of vital statistics, when--compensation for extra duty.**

58.215. 1. In addition to all other duties imposed by law, the coroner of the city of St. Louis shall certify and file with the state registrar of vital statistics a death certificate in manner and form as provided by section 193.160, RSMo, for the death of all persons buried by his office for which the city received reimbursement for the cost of such burial from the federal government under the provisions of the Federal Social Security Act.

2. For the performance of the duties imposed by this section, the coroner shall receive, in addition to all other compensation provided by law, the sum of seven thousand dollars per year to be paid in equal monthly installments as other official salaries in the city are paid.

(L. 1972 H.B. 195)

**Coroner may issue warrant to summon coroner's jury, when.**

58.260. Every coroner, having been notified of the dead body of any person, supposed to have come to his or her death by violence or casualty, being found within his county, may make out his or her warrant, directed to the sheriff of the county where the dead body is found, requiring him or her forthwith to summon a jury of six good and lawful citizens of the county, to appear before such coroner, at the time and place in his or her warrant expressed, and to inquire how and by whom he or she came to his or her death.

(RSMo 1939 § 13231, A.L. 1945 p. 990, A.L. 2002 H.B. 2002 merged with S.B. 1113) Prior revisions: 1929 § 11612; 1919 § 5920; 1909 § 2925 CROSS REFERENCE: Powers and duties of prosecuting attorney in third and fourth class counties in regard to inquests which may result in charges of felony, RSMo 56.300

**Sheriff to execute warrant.**

58.270. The sheriff to whom such warrant shall be directed shall forthwith execute the same, and shall repair to the place where the inquest is to be held at the time mentioned, and make return of the warrant, with his proceedings thereon, to the coroner who granted the same.

(RSMo 1939 § 13232, A.L. 1945 p. 990, A.L. 2002 H.B. 2002 merged with S.B. 1113) Prior revisions: 1929 § 11613; 1919 § 5921; 1909 § 2926

**Failure to execute warrant--penalty.**

58.280. Any sheriff failing to execute such warrant or to return the same shall forfeit and pay the sum of eight dollars.

(RSMo 1939 § 13233, A.L. 1945 p. 990) Prior revisions: 1929 § 11614; 1919 § 5922; 1909 § 2927

**Failure of juror to appear--penalty.**

58.290. Every person summoned as a juror, who shall fail to appear, or make a reasonable excuse to the coroner for his nonattendance, within five days after the time appointed within the warrant, shall forfeit and pay the sum of five dollars, which fine shall be recoverable by civil action at the instance of the coroner, and in the name of the state, before any associate circuit judge, and be applied to the use of the county.

(RSMo 1939 § 13234) Prior revisions: 1929 § 11615; 1919 § 5923; 1909 § 2928

**Coroner to administer an oath to the jurors.**

58.300. The coroner shall administer an oath or affirmation to the jurors, in the following form:

You solemnly swear (or affirm) that you will diligently inquire and true presentment make, how and by whom the person who here lies dead came to his death, and you shall deliver to me, coroner of this county, a true inquest thereof, according to such evidence as shall be laid before you and according to your knowledge.

(RSMo 1939 § 13235) Prior revisions: 1929 § 11616; 1919 § 5924; 1909 § 2929

**Charge to be given to jury by coroner.**

58.310. As soon as the jury shall be sworn, the coroner shall give them a charge, upon their oaths, to declare of the death of the person, whether he or she died by felony or accident; and if of felony, who were the principals and who were accessories, and if the act was justified, and all the material circumstances relating thereto; and if by accident, whether by the act of man, and the manner thereof, and who was present, and who was the finder of the body, and whether he or she was killed in the same place where the body was found, and, if elsewhere, by whom, and how the body was brought there, and all other circumstances relating to the death; and if he or she died of his or her own act, then the manner and means thereof, and the circumstances relating thereto.

(RSMo 1939 § 13236, A.L. 2002 H.B. 2002 merged with S.B. 1113) Prior revisions: 1929 § 11617; 1919 § 5925; 1909 § 2930

**Jury to remain together--exception.**

58.320. When the jury are sworn they shall remain together, and proclamation shall be made for any persons who can give evidence to draw near, and they shall be heard; provided, however, when there are women members of a jury, they may separate from the men members of the jury, if any, when not receiving evidence or deliberating upon their verdict.

(RSMo 1939 § 13237, A.L. 1945 p. 991) Prior revisions: 1929 § 11618; 1919 § 5926; 1909 § 2931 CROSS REFERENCE: Prosecuting attorney in third and fourth class counties to attend inquest, RSMo 56.300

**Coroner to issue subpoenas.**

58.330. Every coroner shall be empowered to issue his or her summons for witnesses, and such evidence, documents, and materials of substance, commanding them to come before him or her to be examined, and to declare their knowledge concerning the matter in question.

(RSMo 1939 § 13238, A.L. 2002 H.B. 2002 merged with S.B. 1113) Prior revisions: 1929 § 11619; 1919 § 5927; 1909 § 2932

**Coroner to administer oath to witnesses.**

58.340. He or she shall administer to them an oath or affirmation in form as follows:

You do swear (or affirm) that the evidence you shall give to the inquest, concerning the death of the person here dead, shall be the truth, the whole truth, and nothing but the truth.

(RSMo 1939 § 13239, A.L. 2002 H.B. 2002 merged with S.B. 1113) Prior revisions: 1929 § 11620; 1919 § 5928; 1909 § 2933

**Evidence to be reduced to writing.**

58.350. The evidence of such witnesses shall be taken down in writing and subscribed by them, and if it relate to the trial of any person concerned in the death, then the coroner shall bind such witnesses, by recognizance, in a reasonable sum for their appearance before the court having criminal jurisdiction of the county where the felony appears to have been committed, at the next term thereof, there to give evidence; and he shall return to the same court the inquisition, written evidence and recognizance by him taken.

(RSMo 1939 § 13240) Prior revisions: 1929 § 11621; 1919 § 5929; 1909 § 2934

**Jury to deliver verdict in writing.**

58.360. The jury, having viewed the body by photographic, electronic, or other means, heard the evidence, and made all the inquiry in their power, shall draw up and deliver to the coroner their verdict upon the death under consideration, in writing under their hand, and the same shall be signed by the coroner.

(RSMo 1939 § 13241, A.L. 2002 H.B. 2002 merged with S.B. 1113) Prior revisions: 1929 § 11622; 1919 § 5930; 1909 § 2935

**Death by felony--duty of coroner.**

58.370. The coroner, upon an inquisition found before him of the death of any person by the felony of another, shall speedily inform one or more associate circuit judges of the proper county, or some judge or justice of some court of record, and it shall be the duty of such officer forthwith to issue his process for the apprehension and securing for trial of such person.

(RSMo 1939 § 13242, A.L. 1978 H.B. 1634) Prior revisions: 1929 § 11623; 1919 § 5931; 1909 § 2936 Effective 1-2-79

**Reports of coroner (certain counties)--solicitation regarding funeral arrangements prohibited--embalming of body required, when.**

58.375. 1. In all counties in which a coroner is required by section 58.010, the coroner shall, upon holding an inquest and securing the jury's verdict on the inquest, immediately file a record of the proceedings in the office of the prosecuting attorney.

2. In all such counties where investigation by the coroner shows no inquest to be necessary, the coroner shall file a written report with the prosecuting attorney setting forth the facts and circumstances surrounding the case, together with his conclusions and the action taken. The cost of the additional transcript hereby required shall be paid from county funds.

3. The coroner or his deputy shall contact the appropriate family member or legal representative of the deceased within six hours from discovery of death regarding disposition of the body. There shall be no solicitation by the coroner or his deputy regarding the funeral arrangements of the deceased. If no family member or legal representative can be found within six hours, the coroner shall order the embalming of the deceased body and the cost of such embalming shall be paid by a family member or the deceased's legal representative when found. If no family member or legal representative can be found within ten days from the time the body was discovered, the provisions of section 58.460 shall apply. Any act of solicitation prohibited under this section shall also be grounds for removal under sections 106.230 to 106.290, RSMo.

(L. 1953 p. 384 § 1, A.L. 1973 S.B. 122, A.L. 1986 H.B. 1164, A.L. 1989 S.B. 389)

**Coroner to issue a writ of attachment for witnesses, when.**

58.380. Whenever it shall appear to the satisfaction of the coroner that any person, duly subpoenaed to appear before him at an inquest, shall have failed, without just cause, to attend as a witness in conformity to the command of such subpoena, and it appears to the satisfaction of the coroner that the testimony of such witness is material, the coroner shall have power to issue an attachment to compel the attendance of such witness at such inquest.

(RSMo 1939 § 13260) Prior revisions: 1929 § 11641; 1919 § 5949; 1909 § 2954

**Attachment, how served--fees to be paid, by whom.**

58.390. Every such attachment may be directed to any constable or sheriff of the district, city or county in which the witness resides, and shall be executed in the same manner as a warrant in a criminal case, and the fees of the officer for issuing and serving the same shall be paid by the person against whom the same shall have been issued, unless he show reasonable cause for his omission to attend, in which case the costs shall be taxed as in cases of attachment of witnesses in criminal cases.

(RSMo 1939 § 13261, A. 1949 H.B. 2016) Prior revisions: 1929 § 11642; 1919 § 5950; 1909 § 2955

**Sheriff unable to execute duties, warrant may be directed to householder.**

58.400. If the sheriff is unable to execute the duties required by this chapter, the officer taking the inquest may direct his warrant to any householder of the county, who shall perform the duties of sheriff, be subject to the same penalties, and entitled to the same fees.

(RSMo 1939 § 13244, A.L. 1945 p. 990) Prior revisions: 1929 § 11625; 1919 § 5933; 1909 § 2938

**Witnesses--discharged, when--may be fined or imprisoned, when.**

58.410. If any witness so attached shall show reasonable excuse for not appearing, as required by the subpoena, he shall be discharged, either with or without the payment of the costs of the attachment, at the discretion of the coroner, but if he fail to show any good and sufficient reason for not attending, he shall be fined in such sum as the coroner shall think reasonable to impose, not exceeding ten dollars, and may be committed to the city or county jail until such fine and costs are paid, in like manner as persons may be committed for the nonpayment of fine and costs in criminal cases, and any fine so imposed and collected shall be paid into the school fund of the county or city in which the coroner holds his position.

(RSMo 1939 § 13262) Prior revisions: 1929 § 11643; 1919 § 5951; 1909 § 2956

**Coroner to notify witnesses to appear.**

58.420. When an inquest shall be continued by the coroner, it shall be his duty forthwith to call before him all witnesses summoned in the case, and verbally notify such as may attend to appear before him, to testify at the inquest on the day set for the continuance of the same, which verbal notice shall be in all respects as valid as a summons, and the coroner shall take note of the names of the witnesses so notified. No further summons shall thereafter issue to any witness so notified, and such notification shall have the same effect as an original summons, and may be the basis for an attachment of the witness.

(RSMo 1939 § 13263) Prior revisions: 1929 § 11644; 1919 § 5952; 1909 § 2957

**Witness attached may be discharged on bail.**

58.430. When a writ of attachment, issued by the coroner, shall be executed, the officer may discharge such witness on his entering into recognizance to the state of Missouri, with sufficient bond, in the sum of one hundred dollars, with one or more sureties signing the same. The officer executing the writ is hereby authorized to take the same, providing for the appearance and due attendance of such witness, according to the command of such writ.

(RSMo 1939 § 13264) Prior revisions: 1929 § 11645; 1919 § 5953; 1909 § 2958

**Refusal to testify--penalty.**

58.440. Any person summoned as a witness to appear before the coroner, and attending, who shall refuse to give evidence which may be lawfully required to be given by such person, on oath or affirmation, may be committed to the city or county jail by the coroner, there to remain without bail until he give such evidence or be discharged by due course of law.

(RSMo 1939 § 13265) Prior revisions: 1929 § 11646; 1919 § 5954; 1909 § 2959

**Deaths due to motor vehicle or motorized watercraft accidents--report required when--tests for alcohol and drugs, when.**

58.445. 1. If any person within a coroner's or medical examiner's jurisdiction dies within eight hours of, and as a result of, an accident involving a motor vehicle, the coroner or medical examiner shall report the death and circumstances of the accident to the Missouri state highway patrol in writing. If any person within a coroner's or medical examiner's jurisdiction dies within eight hours of, and as a result of, an accident involving a motorized watercraft and was thought to have been the operator of such watercraft, the coroner or medical examiner shall report the death and circumstances of the accident to the Missouri state water patrol in writing. The report required by this subsection shall be made within five days of the conclusion of the tests required in subsection 2 of this section.

2. The coroner or medical examiner shall make, or cause to be made, such tests as are necessary to determine the presence and percentage concentration of alcohol, and drugs if feasible, in the blood of the deceased. The results of these tests shall be included in the coroner's or medical examiner's report to the state highway patrol or the Missouri state water patrol, as required by subsection 1 of this section.

(L. 1973 S.B. 41 §§ 1, 2, A.L. 1982 S.B. 513, A.L. 1993 S.B. 180, A.L. 1995 H.B. 217)

**Test results, how used, released, when.**

58.449. The contents of the report and results of any test made pursuant to the requirements or authorizations of sections 58.445 to 58.449 shall be used primarily for statistical purposes which do not reveal the identity of the deceased and shall not be public information. The contents of the report and the results of any test so made shall be released upon request to any person involved in the accident, spouse of or any family member related within the second degree of consanguinity to a person killed in the accident, attorney for a person involved in the accident, or insurer of a person involved in the accident or whose property is involved in an accident for purposes of investigation of any civil claim or defense. This information shall be released to other parties only upon the issuance of a subpoena duces tecum by a court of competent jurisdiction for use in any civil or criminal action arising out of the accident.

(L. 1973 S.B. 41 § 4, A.L. 1982 S.B. 513, A.L. 2000 H.B. 1353)

**Death to be reported and investigated by coroner, certain counties, when--place of death, two counties involved, how determined--efforts to accommodate organ donation.**

58.451. 1. When any person, in any county in which a coroner is required by section 58.010, dies and there is reasonable ground to believe that such person died as a result of:

- (1) Violence by homicide, suicide, or accident;
- (2) Criminal abortions, including those self-induced;
- (3) Some unforeseen sudden occurrence and the deceased had not been attended by a physician during the thirty-six-hour period preceding the death;
- (4) In any unusual or suspicious manner;
- (5) Any injury or illness while in the custody of the law or while an inmate in a public institution; the police, sheriff, law enforcement officer or official, or any person having knowledge of such a death shall immediately notify the coroner of the known facts concerning the time, place, manner and circumstances of the death.

Immediately upon receipt of notification, the coroner or his deputy shall take charge of the dead body and fully investigate the essential facts concerning the medical causes of death, including whether by the act of man, and the manner of death. He may take the names and addresses of witnesses to the death and shall file this information in his office. The coroner or his deputy shall take possession of all property of value found on the body, making exact inventory of such property on his report and shall direct the return of such property to the person entitled to its custody or possession. The coroner or his deputy shall take possession of any object or article which, in his opinion, may be useful in establishing the cause of death, and deliver it to the prosecuting attorney of the county.

2. When a death occurs outside a licensed health care facility, the first licensed medical professional or law enforcement official learning of such death shall contact the county coroner. Immediately upon receipt of such notification, the coroner or the coroner's deputy shall make the determination if further investigation is necessary, based on information provided by the individual contacting the coroner, and immediately advise such individual of the coroner's intentions.

3. Upon taking charge of the dead body and before moving the body the coroner shall notify the police department of any city in which the dead body is found, or if the dead body is found in the unincorporated area of a county governed by the provisions of sections 58.451 to 58.457, the coroner shall notify the county sheriff and the highway patrol and cause the body to remain unmoved until the police department, sheriff or the highway patrol has inspected the body and the surrounding circumstances and carefully noted the appearance, the condition and position of the body and recorded every fact and circumstance tending to show the cause and manner of death, with the names and addresses of all known witnesses, and shall subscribe the same and make such record a part of his report.

4. In any case of sudden, violent or suspicious death after which the body was buried without any investigation or autopsy, the coroner, upon being advised of such facts, may at his own discretion request that the prosecuting attorney apply for a court order requiring the body to be exhumed.

5. The coroner shall certify the cause of death in any case under his charge when a physician is unavailable to sign a certificate of death.

6. When the cause of death is established by the coroner, he shall file a copy of his findings in his office within thirty days.

7. If on view of the dead body and after personal inquiry into the cause and manner of death, the coroner determines that a further examination is necessary in the public interest, the coroner on his own authority may make or cause to be made an autopsy on the body. The coroner may on his own authority employ the services of a pathologist, chemist, or other expert to aid in the examination of the body or of substances supposed to have caused or contributed to death, and if the pathologist, chemist, or other expert is not already employed by the city or county for the discharge of such services, he shall, upon written authorization of the coroner, be allowed reasonable compensation, payable by the city or county, in the manner provided in section 58.530. The coroner shall, at the time of the autopsy, record or cause to be recorded each fact and circumstance tending to show the condition of the body and the cause and manner of death.

8. If on view of the dead body and after personal inquiry into the cause and manner of death, the coroner considers a further inquiry and examination necessary in the public interest, he shall make out his warrant directed to the sheriff of the city or county requiring him forthwith to summon six good and lawful citizens of the county to appear before the coroner, at the time and place expressed in the warrant, and to inquire how and by whom the deceased came to his death.

9. When a person is being transferred from one county to another county for medical treatment and such person dies while being transferred, the county from which the person is first removed shall be considered the place of death and the county coroner of the county from which the person was being transferred shall be responsible for the certificate of death and for investigating the cause and manner of the death. If the coroner or medical examiner in the county in which the person died believes that further investigation is warranted and a postmortem examination is needed, such coroner or medical examiner shall have the right to further investigate and perform the postmortem examination at the expense of such coroner or medical examiner and shall be responsible for the certificate of death and for investigating the cause and manner of the death. Such coroner or medical examiner shall immediately notify the coroner or medical examiner of the county from which the person was being transferred of the death of such person and after an investigation is completed shall notify such coroner or medical examiner of his findings. If a person does not die while being transferred and is institutionalized after such transfer and

subsequently dies while in such institution, the coroner or medical examiner of the county in which the person dies shall immediately notify the coroner or medical examiner of the county from which such person was transferred of the death of such person. In such cases, the county in which the deceased was institutionalized shall be considered the place of death.

10. Except as provided in subsection 9 of this section, if a person dies in one county and his body is subsequently transferred to another county, the county coroner or medical examiner where the death occurred shall be responsible for the certificate of death and for investigating the cause and manner of the death.

11. In performing his duties, the coroner or medical examiner shall make reasonable efforts to accommodate organ donation. (L. 1957 p. 334 § 1, A.L. 1959 H.B. 396, A.L. 1969 p. 118, A.L. 1973 S.B. 122, A.L. 1983 H.B. 477, A.L. 1986 H.B. 1164, A.L. 1989 S.B. 389, A.L. 1990 H.B. 1416, A.L. 1996 H.B. 811) CROSS REFERENCES: Autopsy, consent required, RSMo 194.115, 58.451 Pituitary gland to be retained unless contrary indication by decedent or next of kin, RSMo 58.770 (1983) Section does not establish private cause of action and therefore a negligence action cannot be maintained. Lawyer v. Kernodle, 721 F.2d 632.

**Child's death under age eighteen, notice to coroner by persons having knowledge--referral to child fatality review panel, when--procedure for nonsuspicious death, form, duties--autopsy, child death pathologist, when--disagreement on need for autopsy, procedure --violation by coroner, penalty.**

58.452. 1. When any person, in any county in which a coroner is required by section 58.010, dies and there are reasonable grounds to believe that such person was less than eighteen years of age, who is eligible to receive a certificate of live birth, the police, sheriff, law enforcement officer or official, health practitioner or hospital or any person having knowledge of such a death shall immediately notify the coroner of the known facts concerning the time, place, manner and circumstances of the death. The coroner shall notify the division of the child's death pursuant to section 210.115, RSMo. The coroner shall immediately evaluate the necessity for child fatality review and shall immediately notify the chairman of the child fatality review panel. The child fatality review panel shall be activated within twenty-four hours of such notice to review any death which includes one or more of the suspicious circumstances described in the protocol developed by the department of social services, state technical assistance team pursuant to section 210.194, RSMo.

2. If the coroner determines that the death of the person under age eighteen years, who is eligible to receive a certificate of live birth, does not include any suspicious circumstances listed in the protocol, the coroner shall complete a nonsuspicious child death form provided by the department of social services, state technical assistance team and have the form cosigned by the chairman of the child fatality review panel and forward the original to the department of social services, state technical assistance team within forty-eight hours of receiving notice of the child's death.

3. When a child under the age of eighteen years, who is eligible to receive a certificate of live birth dies, the coroner shall notify a certified child death pathologist to determine the need for an autopsy. The certified child death pathologist, in conjunction with the coroner, shall determine the need for an autopsy. If there is disagreement concerning the need for the autopsy, the certified child death pathologist shall make the determination unless the child fatality review panel, within twelve hours, decides against the certified child death pathologist.

4. When there is a disagreement regarding the necessity for an autopsy, the certified child death pathologist shall file a report with the chairman of the child fatality review panel indicating the basis for the disagreement. The pathologist's report on the disagreement shall be included in the report to the department of social services, state technical assistance team. If an autopsy is determined necessary, the autopsy shall be performed by a certified child death pathologist within twenty-four hours of receipt of the body by the pathologist or within twenty-four hours of the agreement by the pathologist to perform the autopsy, whichever occurs later.

5. Knowing failure by a coroner to refer a suspicious death of a child under the age of eighteen years, who is eligible to receive a certificate of live birth, to a child fatality review panel or to a certified child death pathologist is a class A misdemeanor.

(L. 1991 H.B. 185, A.L. 1994 S.B. 595)

**Death certificate, how furnished, form, where filed, when (certain counties).**

58.455. The coroner, in all deaths supposed to have been caused by violence or in a suspicious or unusual manner or unusual circumstances by the action of chemical, thermal or electrical agents, or following abortion, or from diseases resulting from injury or infection, or suddenly when not disabled by recognizable disease, shall furnish a death certificate in manner and form as provided by section 193.145, RSMo. The death certificate shall be filed with the state registrar of vital statistics within thirty-six hours after the cause of death is known.

(L. 1957 p. 334 § 2, A.L. 1959 H.B. 396, A.L. 1969 H.B. 314, A.L. 1973 S.B. 122, A.L. 1983 H.B. 477, A.L. 1986 H.B. 1164, A.L. 1989 S.B. 389)

**Penalty for failure to report death (first and second class counties and St. Louis City).**

58.457. Any person failing to supply the information required by section 58.451 is guilty of a misdemeanor and is punishable by a fine of not more than one thousand dollars, or by imprisonment in the county jail for not more than sixty days, or by both the fine and imprisonment.

(L. 1957 p. 334 § 3, A.L. 1959 H.B. 396)

**Disposition of body a duty of coroner, when.**

58.460. Whenever an inquest shall be held, or any case in which the coroner is involved, if there be no relative or friend of the deceased, nor any person willing to bury the body, nor any person whose duty it is to attend to such burial, the coroner shall order the embalming of the body, procure an inexpensive plain coffin, and cause a grave to be dug and the body to be conveyed thereto and buried, or shall cause the body to be cremated and shall cause the cremated remains to be disposed of in a lawful manner in a marked grave. It shall be the duty of the coroner, in so doing, to avoid all unnecessary expense, and to render to the commission an accurate statement of all money expended by him for such purpose; and the county commission shall make to him a reasonable allowance for his actual expenses in procuring the coffin, transporting the deceased to the grave, digging the grave and burying the body, or in obtaining such cremation and disposition of the cremated remains in a marked grave; and also a reasonable allowance, according to the circumstances, for his own time and services in attending to such preparations and burial, or to such cremation and disposition in a marked grave.  
(RSMo 1939 § 13245, A.L. 1989 H.B. 64 merged with S.B. 389) Prior revisions: 1929 § 11626; 1919 § 5934; 1909 § 2939

**Death by poisoning--coroner may have analysis and examination made.**

58.470. Whenever an inquest shall be held, and the coroner shall have good reason to believe that the deceased came to his death by poison administered by the hand of some person other than the deceased, he may, at the request of the jury, cause chemical analysis and microscopical examination of the body of the deceased, or any part of it, to be made; and the testimony of medical and chemical experts may be introduced for the purpose of showing how and in what manner the deceased came to his death; and the coroner shall certify to the county commission of his county the fact of such analysis or examination, and testimony of such medical or chemical experts, and that the same was, in his opinion, necessary to an examination into the cause of the death of the deceased; and the commission shall allow such fees or compensation for such analysis, examination or medical or chemical testimony of experts as shall be deemed by said commission to be just and reasonable.  
(RSMo 1939 § 13258) Prior revisions: 1929 § 11639; 1919 § 5947; 1909 § 2952 CROSS REFERENCE: Autopsy, consent required, RSMo 194.115

**Unclaimed money or property found on deceased, turned over to public administrator by coroner.**

58.490. The coroner, within thirty days after an inquest upon a dead body, shall deliver to the county or city public administrator any money or other property that may be found upon the body, unless claimed in the meantime by the legal representatives of the deceased. If he or she fails to do so, the public administrator may proceed against him or her for its recovery by a civil action in the name of the state for the use of the county or city.  
(RSMo 1939 § 13266, A.L. 2001 H.B. 745) Prior revisions: 1929 § 11647; 1919 § 5955; 1909 § 2960

**Duty of treasurer on receipt of money or property.**

58.500. Upon delivery of any money to the treasurer, he shall place it to the credit of the city or county; if it be other property he shall, within thirty days, sell it at public auction, upon ten days' public notice, by publication in some newspaper printed in the city or county, if there be any, and if there be none, then by posting not less than six written or printed bills, giving notice of time and place of sale of such other property; and shall, in like manner, place the proceeds to the credit of the city or county.  
(RSMo 1939 § 13267) Prior revisions: 1929 § 11648; 1919 § 5956; 1909 § 2961

**Money, when and how paid to representatives of deceased.**

58.510. If the money in the treasury be demanded within five years by the legal representatives of deceased, the treasurer shall pay it to them, after deducting all fees and expenses.  
(RSMo 1939 § 13268) Prior revisions: 1929 § 11649; 1919 § 5957; 1909 § 2962

**Fees of coroners.**

58.520. Coroners shall be allowed fees for their services as follows; provided, that when persons come to their death at the same time or by the same casualty, fees shall only be paid as for one examination:  
For the view of a dead body . . . . . \$5.00  
For issuing a warrant summoning each jury of inquest . . . . . .75  
For swearing each jury . . . . . .50  
For each subpoena for witnesses (all names to be put in one subpoena if possible) . . . . . .25  
For taking each recognizance (all names to be put in one recognizance) . . . . . .75  
For going from his residence to the place of viewing a dead body and return, each mile . . . . . .08  
The above fees, together with the fees allowed jurors, constables and witnesses, in all inquests, shall be paid out of the county treasury as other demands. For performing the duties of sheriff, the coroners shall be entitled to the same fees as are for the time being allowed to sheriffs for the same services.  
(RSMo 1939 § 13424) Prior revisions: 1929 § 11802; 1919 § 11010; 1909 § 10713



**Additional fees, when allowed.**

58.530. Whenever the coroner, being himself a physician or surgeon, shall conduct a postmortem examination of the dead body of a person who came to his death by violence or casualty, and it shall appear to the county commission that such examination was necessary to ascertain the cause of such person's death, the county commission may allow the coroner therefor an additional fee, not exceeding twenty-five dollars, to be paid as his other fees in views and inquests; but section 58.560 shall not be construed to apply to any such examination when made by the coroner himself.

(RSMo 1939 § 13257) Prior revisions: 1929 § 11638; 1919 § 5946; 1909 § 2951

**Compensation for taking testimony.**

58.540. For taking down the testimony at an inquest, the coroner shall be allowed ten cents for every hundred words, and twenty-five cents for certifying the same.

(RSMo 1939 § 13247) Prior revisions: 1929 § 11628; 1919 § 5936; 1909 § 2941

**Liability for costs.**

58.550. If an inquest is held over the body of a minor, the parent or conservator of the minor is liable for the costs and expenses of burial. If the person over whose body an inquest is held has any estate, the cost and expenses of burial shall be paid out of his estate. If there is no estate nor person liable and able to pay the expenses, they shall be allowed by the county commission out of the county treasury.

(RSMo 1939 § 13249, A.L. 1959 S.B. 69, A.L. 1983 S.B. 44 & 45) Prior revisions: 1929 § 11630; 1919 § 5938; 1909 § 2943

**Surgeon's fee for postmortem examination, how paid.**

58.560. When a physician, surgeon or pathologist shall be called on by the coroner, or any associate circuit judge of the county acting as the coroner, to conduct a postmortem examination, the county commission of said county shall be authorized to allow such physician, surgeon, or pathologist to be paid out of the county treasury, such fees or compensation as shall be deemed by said commission to be just and reasonable.

(RSMo 1939 § 13250, A.L. 1949 p. 298) Prior revisions: 1929 § 11631; 1919 § 5939; 1909 § 2944

**Coroner to certify costs to county commission.**

58.570. The coroner or other officer holding an inquest, as provided for by this chapter, shall present to the county commission within thirty days of the termination of the inquest a certified statement of all the costs and expenses of the inquest, including his own fees, the fees of jurors, witnesses, constables and others entitled to fees for which the county is liable; and the county commission shall audit and allow the same, and shall make a certified copy of the same, without delay, and deliver such copy to the county treasurer, which copy shall be deemed a sufficient warrant or order on the treasurer for the payment of the fees therein specified to each person entitled to such fees. The county treasurer shall pay to each person on demand, or to his legal representatives, the fees to which he is thus entitled, and shall take the proper receipt therefor, and produce the same in his settlements with the county commission as vouchers for the money so paid out by him.

(RSMo 1939 § 13251, A.L. 1957 p. 339) Prior revisions: 1929 § 11632; 1919 § 5940; 1909 § 2945

**When costs to be paid by relatives.**

58.590. Whenever any known person shall have died from any cause other than violence or casualty, and a certificate of the cause of death is necessary for the burial of the body of such person, the coroner shall, at the request of the relatives or friends of such person, hold a view or inquest on the body, and the person making such request shall pay all costs, fees and expenses of such inquest or view, nor shall the county be liable for any of them unless it shall appear to the county commission that in such a view or inquest there appeared reasonable cause to suspect that said dead person came to his death by violence or casualty, in which case the costs, fees and expenses of such view or inquest shall be paid as in ordinary cases; and although such person may have died from disease or natural cause, where, under this section, the county is not liable for the fees, costs and expenses of a view or inquest, and the same cannot be made out of the person requesting the same, or out of the estate of the deceased, the county commission may, in its discretion, allow and pay the fees of necessary witnesses at the view or inquest; but all services of the coroner, constable and other officers in or about the same shall be rendered gratuitously, as in the case of a suit by a plaintiff permitted to sue as a poor person.

(RSMo 1939 § 13253) Prior revisions: 1929 § 11634; 1919 § 5942; 1909 § 2947

**Fraudulent charges--penalty.**

58.600. Any coroner who shall knowingly charge to any person, or present to the county commission for allowance, any items of fees, costs and expenses not authorized by law, or for any service not actually performed, shall be deemed guilty of a misdemeanor, and, on conviction thereof, shall forthwith be removed from office. Such removal shall be declared in the judgment for such misdemeanor, and thereupon the office of such coroner shall be declared vacant, and his successor appointed according to law.

(RSMo 1939 § 13254) Prior revisions: 1929 § 11635; 1919 § 5943; 1909 § 2948

**Costs, when paid in advance.**

58.610. The county commission may authorize and require the coroner to pay, at the view or inquest itself, the legal fees due to jurors, witnesses and interpreters at the same, out of money to be advanced to him, from time to time, out of the county funds, and for the legal disbursement of which he and his sureties shall be liable on his official bond, in any county in which such order shall have been made by the county commission thereof; jurors, witnesses and interpreters, at any view or inquest, shall receive only such fees as are allowed by law, for the time being, for like services in a civil case before an associate circuit judge; and the county commission may prescribe the form and manner in which the coroner shall make proof to it of his payment of such fees. It shall be the duty of the coroner to summon to the view or inquest only such number of witnesses as, from a preliminary inquiry into the nature of the case, and the cause of the death, may reasonably appear sufficient to prove the essential facts thereof; and if it shall appear to the county commission that any witness had been unnecessarily summoned to testify at a view or inquest, the fees paid as aforesaid to such witness shall not be allowed in favor of the coroner in the settlement of his account for the money so advanced to him as aforesaid, except in a case in which some credible person shall have declared, under oath, to the coroner, that the person whose body is to be viewed came to his death by violence, or other criminal act of another, the coroner shall not summon any jury, but shall himself view the body and declare the cause of death.

(RSMo 1939 § 13255, A.L. 1978 H.B. 1634) Prior revisions: 1929 § 11636; 1919 § 5944; 1909 § 2949 Effective 1-2-79

**Coroner's duties as to costs.**

58.620. It shall be the duty of the coroner to execute any requirement of the county commission, made by virtue of section 58.610, for the payment of fees at views and inquests.

(RSMo 1939 § 13256, A.L. 1955 p. 347) Prior revisions: 1929 § 11637; 1919 § 5945; 1909 § 2950

**Medical examiner appointed, certain counties--option for certain counties with elected office of coroner to retain coroner or appoint a medical examiner, procedure, compensation.**

58.700. 1. Except as provided in subsection 2 and subsection 3 of this section, the governing body of all counties of the second classification which prior to January 1, 1975, have a population of more than one hundred twenty thousand and less than two hundred thousand and all counties of the first classification not having a charter form of government shall appoint a county medical examiner and set his compensation.

2. The county governing body of any county of the first classification which has a population of at least ninety thousand but less than ninety-one thousand inhabitants and the county governing body of any county of the first classification which has a population of at least sixty thousand but less than seventy thousand inhabitants which borders a county of the third classification which has a population of at least thirty-five thousand inhabitants may, within one year after becoming a county of the first classification, elect to retain the office of coroner as set forth in this chapter, or may appoint a county medical examiner within such year or at any time thereafter, except that any decision to appoint a county medical examiner after such year shall be made at least one year prior to the expiration of the term of office of the county coroner. Notwithstanding any other provisions of law to the contrary, the governing body of the county shall set the compensation of the coroner or medical examiner without regard to any schedule.

3. The county governing body of any county which becomes a county of the first classification after December 31, 1998, may, within one year after becoming a county of the first classification, adopt an order retaining the county coroner until such time as the county commission subsequently adopts an order appointing a medical examiner. Any subsequent decision to appoint a county medical examiner shall be made at least one year prior to the expiration of the term of office of the county coroner. The governing body of the county shall set the compensation of the coroner or medical examiner without regard to any schedule.

(L. 1983 S.B. 122 § 1, A.L. 1991 S.B. 386, A.L. 1996 H.B. 1504 merged with S.B. 806, A.L. 1997 S.B. 11)

**Qualifications, tenure--vacancy, how filled (certain counties).**

58.705. 1. The county medical examiner shall be a physician duly licensed to practice by the state board of the healing arts.

2. The county medical examiner shall serve at the pleasure of the governing body of the county. In the event of a vacancy in the office of county medical examiner, the governing body of the county shall appoint a successor.

(L. 1973 S.B. 122 §§ 2, 3)

**Assistant examiners and employees--appointment, compensation (certain counties).**

58.710. 1. The county medical examiner may appoint, with the approval of the governing body of the county and subject to such terms and conditions and at such rates of compensation as the governing body of the county may prescribe, assistant county medical examiners and such other professional or technical personnel, clerks and other employees as may be necessary to carry out the provisions of sections 58.010, 58.020, 58.060, 58.090, 58.160, 58.375, 58.451, 58.455 and 58.700 to 58.765 in that county.

2. Assistant county medical examiners shall have the same qualifications as the county medical examiner and may perform all duties of the county medical examiner during his absence.

(L. 1973 S.B. 122 §§ 4, 5)

**Duties of medical examiner--prosecuting attorney to act as sheriff, when (certain counties).**

58.715. In addition to the duties prescribed by sections 58.010, 58.020, 58.060, 58.090, 58.160, 58.375, 58.451, 58.455 and 58.700 to 58.765 the medical examiner shall perform those duties and functions prescribed by law for coroners which are not in conflict with the provisions of sections 58.010, 58.020, 58.060, 58.090, 58.160, 58.375, 58.451, 58.455, and 58.700 to 58.765; except that, the medical examiner shall not perform any duty of the sheriff. The duties of the sheriff which are prescribed by law for coroners shall be performed by the prosecuting attorney in all counties in which there is a medical examiner.

(L. 1973 S.B. 122 § 6)

**Medical examiner, certain counties, to investigate, when--death certificate issued, when--place of death--two counties involved, how determined--efforts to accommodate organ donation.**

58.720. 1. When any person dies within a county having a medical examiner as a result of:

- (1) Violence by homicide, suicide, or accident;
- (2) Thermal, chemical, electrical, or radiation injury;
- (3) Criminal abortions, including those self-induced;
- (4) Disease thought to be of a hazardous and contagious nature or which might constitute a threat to public health; or when any person dies:
  - (a) Suddenly when in apparent good health;
  - (b) When unattended by a physician, chiropractor, or an accredited Christian Science practitioner, during the period of thirty-six hours immediately preceding his death;
  - (c) While in the custody of the law, or while an inmate in a public institution;
  - (d) In any unusual or suspicious manner; the police, sheriff, law enforcement officer or official, or any person having knowledge of such a death shall immediately notify the office of the medical examiner of the known facts concerning the time, place, manner and circumstances of the death.

Immediately upon receipt of notification, the medical examiner or his designated assistant shall take charge of the dead body and fully investigate the essential facts concerning the medical causes of death. He may take the names and addresses of witnesses to the death and shall file this information in his office. The medical examiner or his designated assistant shall take possession of all property of value found on the body, making exact inventory thereof on his report and shall direct the return of such property to the person entitled to its custody or possession. The medical examiner or his designated assistant shall take possession of any object or article which, in his opinion, may be useful in establishing the cause of death, and deliver it to the prosecuting attorney of the county.

2. When a death occurs outside a licensed health care facility, the first licensed medical professional or law enforcement official learning of such death shall contact the county medical examiner. Immediately upon receipt of such notification, the medical examiner or the medical examiner's deputy shall make a determination if further investigation is necessary, based on information provided by the individual contacting the medical examiner, and immediately advise such individual of the medical examiner's intentions.

3. In any case of sudden, violent or suspicious death after which the body was buried without any investigation or autopsy, the medical examiner, upon being advised of such facts, may at his own discretion request that the prosecuting attorney apply for a court order requiring the body to be exhumed.

4. The medical examiner shall certify the cause of death in any case where death occurred without medical attendance or where an attending physician refuses to sign a certificate of death, and may sign a certificate of death in the case of any death.

5. When the cause of death is established by the medical examiner, he shall file a copy of his findings in his office within thirty days after notification of the death.

6. When a person is being transferred from one county to another county for medical treatment and such person dies while being transferred, the county from which the person is first removed shall be considered the place of death and the medical examiner of the county from which the person was being transferred shall be responsible for the certificate of death and for investigating the cause and manner of the death. If the coroner or medical examiner in the county in which the person died believes that further investigation is warranted and a postmortem examination is needed, such coroner or medical examiner shall have the right to further investigate and perform the postmortem examination at the expense of such coroner or medical examiner and shall be responsible for the certificate of death and for investigating the cause and manner of the death. Such coroner or medical examiner shall immediately notify the coroner or medical examiner of the county from which the person was being transferred of the death of such person and after an investigation is completed shall notify such coroner or medical examiner of his findings. If a person does not die while being transferred and is institutionalized after such transfer and subsequently dies while in such institution, the coroner or medical examiner of the county in which the person dies shall immediately notify the coroner or medical examiner of the county from which such person was transferred of the death of such person. In such cases, the county in which the deceased was institutionalized shall be considered the place of death.

7. Except as provided in subsection 6 of this section, if a person dies in one county and his body is subsequently transferred to another county, the county coroner or medical examiner where the death occurred shall be responsible for the certificate of death and for investigating the cause and manner of the death.

8. In performing his duties, the coroner or medical examiner shall make reasonable efforts to accommodate organ donation.

(L. 1973 S.B. 122 §§ 7, 8, A.L. 1989 S.B. 389, A.L. 1990 H.B. 1416, A.L. 1996 H.B. 811)

**Child's death under age eighteen, notice to medical examiner by persons having knowledge--referral to child fatality review panel, when--procedure for nonsuspicious death, form, duties--autopsy, child death pathologist, when--disagreement on need for autopsy, procedure --violation by medical examiner, penalty.**

- 58.722. 1. When any person dies within a county having a medical examiner and there are reasonable grounds to believe that such person was less than eighteen years of age, who was eligible to receive a certificate of live birth, the police, sheriff, law enforcement officer or official, or any person having knowledge of such a death shall immediately notify the medical examiner of the known facts concerning the time, place, manner and circumstances of the death. The medical examiner shall notify the division of the child's death pursuant to section 210.115, RSMo. The medical examiner shall immediately evaluate the necessity for child fatality review and shall immediately notify the chairman of the child fatality review panel. The child fatality review panel shall be activated within twenty-four hours of such notice to review any death which includes one or more of the suspicious circumstances described in the protocol developed by the department of social services, state technical assistance team pursuant to section 210.194, RSMo.
2. If the medical examiner determines that the death of the person under age eighteen years, who is eligible to receive a certificate of live birth, does not include any suspicious circumstances listed in the protocol, the medical examiner shall complete a nonsuspicious child death form provided by the department of social services, state technical assistance team, have the form cosigned by the chairman of the child fatality review panel and forward the original to the department of social services, state technical assistance team within forty-eight hours of receiving notice of the child's death.
3. When a child under the age of eighteen years, who is eligible to receive a certificate of live birth, dies, the medical examiner shall notify a certified child death pathologist to determine the need for an autopsy. The certified child death pathologist, in conjunction with the medical examiner, shall determine the need for an autopsy. If there is disagreement concerning the need for the autopsy, the certified child death pathologist shall make the determination unless the child fatality review panel, within twelve hours, decides against the certified child death pathologist.
4. When there is a disagreement regarding the necessity for an autopsy, the certified child death pathologist shall file a report with the chairman of the child fatality review panel indicating the basis for the disagreement. The pathologist's report on the disagreement shall be included in the report to the department of social services, state technical assistance team. If an autopsy is determined necessary, the autopsy shall be performed by a certified child death pathologist within twenty-four hours of receipt of the body by the pathologist or within twenty-four hours of the agreement by the pathologist to perform the autopsy, whichever occurs later.
5. Knowing failure by a medical examiner to refer a suspicious death of a child under the age of eighteen years, who is eligible to receive a certificate of live birth, to a child fatality review panel or to a certified child death pathologist is a class A misdemeanor.
- (L. 1991 H.B. 185, A.L. 1994 S.B. 595)

**Autopsy, when--performed by whom--report filed (certain counties).**

- 58.725. In cases in which, in the opinion of the medical examiner, an autopsy is necessary, the autopsy shall be performed by the medical examiner if he is a pathologist or by such competent pathologist as may be authorized and employed by the medical examiner. A detailed description of the findings of the autopsy, and the conclusions drawn therefrom, shall be filed in the office of the medical examiner.
- (L. 1973 S.B. 122 § 9) CROSS REFERENCE: Pituitary gland to be retained unless contrary indication by decedent or next of kin, RSMo 58.770

**Law enforcement officers to cooperate with medical examiner (certain counties).**

- 58.730. All law enforcement officers and other officials shall cooperate fully with the department of the medical examiner and shall report immediately any death which comes to their knowledge under any of the circumstances set forth in section 58.720, subsection 1.
- (L. 1973 S.B. 122 § 10)

**Dead body, how disposed of (certain counties).**

- 58.735. After an investigation has been completed, including an autopsy if one is made, the dead body shall be delivered to the relatives or friends of the deceased person for burial. If no person claims the body, it shall be disposed of as provided by law.
- (L. 1973 S.B. 122 § 11)

**Records, contents, how kept (certain counties)**

- 58.740. The medical examiner shall keep full and complete records in his office, properly indexed, giving the name, if known, of each\* deceased person investigated under sections 58.010, 58.020, 58.060, 58.090, 58.160, 58.375, 58.451, 58.455 and 58.700 to 58.765 the place where the body was found, date and cause of death, and all other available information. The original report of the medical examiner or pathologist and the detailed findings of the autopsy, if any, shall be attached to the record of each case. The medical examiner shall promptly deliver to the prosecuting attorney of the county copies of all records relating to every death in which, in the judgment of such medical examiner, further investigation may be deemed advisable. The prosecuting attorney of the county may obtain from the office of the medical examiner copies of these records or other information which he may deem necessary.
- (L. 1973 S.B. 122 § 12) \*Word "each" does not appear in original rolls.

**Oaths, shall administer--examinations--affidavits (certain counties).**

58.745. The medical examiners shall administer oaths and affirmations, take affidavits, and make examinations as to any matter within the jurisdiction of their respective offices, but the medical examiners shall not be required to summon a jury of inquisition.

(L. 1973 S.B. 122 § 13)

**Penalty for failing to supply information (certain counties).**

58.750. Any person failing to supply the information required by section 58.720, subsection 4, is guilty of misdemeanor and upon conviction shall be punished by a fine of not more than one thousand dollars, or by imprisonment in the county jail for not more than sixty days, or by both the fine and imprisonment.

(L. 1973 S.B. 122 § 14)

**Office of coroner abolished, when (certain counties).**

58.755. The coroner in any county to which sections 58.010, 58.020, 58.060, 58.090, 58.160, 58.375, 58.451, 58.455 and 58.700 to 58.765 apply in office on September 28, 1973, shall not be removed from office during the remainder of the term for which he was elected, but upon the expiration of his term, or upon his resignation or death, the office of coroner is abolished, and a county medical examiner shall be appointed as provided in section 58.700.

(L. 1973 S.B. 122 § 15)

**Election to adopt, when--form of ballot--transition provisions (certain counties).**

58.760. 1. The provisions of sections 58.010, 58.020, 58.060, 58.090, 58.160, 58.375, 58.451, 58.455 and 58.700 to 58.765 may be adopted by any other county of this state after approval by a vote of the people of the county. The governing body of the county may make an order presenting the question for the establishment of a county medical examiner and shall, upon a petition signed by a number of voters in the county equal to five percent of the total vote cast in the county at the last preceding election for governor requesting an election on the question, submit the proposition at an election.

2. The proposition shall be submitted in substantially the following form:

Shall the office of county medical examiner be established?

3. If a majority of those voting on the question vote for the adoption of a county medical examiner, the provisions of sections 58.010, 58.020, 58.060, 58.090, 58.160, 58.375, 58.451, 58.455 and 58.700 to 58.765 shall apply to the county.

4. The coroner in any county adopting sections 58.010, 58.020, 58.060, 58.090, 58.160, 58.375, 58.451, 58.455 and 58.700 to 58.765 in office at the time the county adopts sections 58.010, 58.020, 58.060, 58.090, 58.160, 58.375, 58.451, 58.455 and 58.700 to 58.765 shall not be removed from office during the remainder of the term of office for which he was elected, but upon the expiration of his term, or upon his death or resignation, the office of coroner is abolished in the county and a county medical examiner shall be approved as provided in sections 58.010, 58.020, 58.060, 58.090, 58.160, 58.375, 58.451, 58.455 and 58.700 to 58.765.

5. As used in sections 58.700 through 58.765 in reference to any county of the first class composed entirely of a city with a population of more than six hundred thousand, the term "governing body of the county" means the mayor of such city, and the terms "city medical examiner" or "assistant city medical examiner" shall be used in lieu of "county medical examiner" or "assistant county medical examiner".

(L. 1973 S.B. 122 § 16, A.L. 1978 H.B. 971) (1975) Language "any other county" includes city of St. Louis. This section does not violate Art. VI § 22 Const. of Mo., State ex rel. McClellan v. Godfrey (Mo.), 519 S.W.2d 4.

**Two or more counties may contract for medical examiner to serve them jointly (certain counties).**

58.765. Any two or more counties adopting the provisions of sections 58.010, 58.020, 58.060, 58.090, 58.160, 58.375, 58.451, 58.455 and 58.700 to 58.765 or to whom sections 58.010, 58.020, 58.060, 58.090, 58.160, 58.375, 58.451, 58.455 and 58.700 to 58.765 apply may by contract among themselves join in the appointment of a county medical examiner to serve all such counties. The governing body of all the counties shall approve the contract, administer the appointment and allocate the costs among the counties.

(L. 1973 S.B. 122 § 17)

**Pituitary gland to be retained when autopsy is performed unless decedent or next of kin has indicated a contrary intention.**

58.770. When an autopsy is performed by a coroner's physician or medical examiner under authority granted by sections 58.451 and 58.725, the physician or medical examiner may retain the pituitary gland removed at the time of autopsy unless a contrary indication was given by the decedent or is declared by the next of kin for purposes of medical research, education and therapy.

(L. 1977 H.B. 726 § 1)

*Missouri Revised Statutes*

**Chapter 193  
Vital Statistics**

28-Aug-02

**Sections:**

- 193.145. Death certificate--contents, filing, locale, duties of certain persons, time allowed--certificate marked presumptive, when.
- 193.155. Delayed filing, registration.
- 193.165. Spontaneous fetal death report--not a permanent record--release of reports.
- 193.175. Person in charge of final disposition of dead body to file notification of death--cremation, requirements--tag affixed with identifying information, requirements.
- 193.215. Amendment of certificates and reports--acknowledgment of paternity affidavit, notice to be given parents--rescission of acknowledgment, filing--paternity establishment services offered by department.
- 193.225. Methods of preserving records--certified reproductions accepted as originals--disposal of originals.
- 193.235. Probative value of delayed or altered certificates.
- 193.245. Inspection and copying of records, disclosure of information, unlawful unless authorized--authority.
- 193.255. Certified copies of vital records, issuance--probative value --cooperation with federal agencies and other states.
- 193.265. Fees for certification and other services--distribution--endowed cemetery audit fund, established, purpose--services free, when.
- 193.275. Records to be kept by institutions and others--period--power of registrar to demand information.
- 193.285. Local registrar's duties.
- 193.295. Local registrar's fees for transmission of records to state --exceptions.
- 193.305. Certification and payment of fees by state.
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- 193.325. Application of law.

*Missouri Revised Statutes***Chapter 193  
Vital Statistics****Death certificate--contents, filing, locale, duties of certain persons, time allowed--certificate marked presumptive, when.**

- 193.145. 1. A certificate of death for each death which occurs in this state shall be filed with the local registrar, or as otherwise directed by the state registrar, within five days after death and shall be registered if such certificate has been completed and filed pursuant to this section.
2. If the place of death is unknown but the dead body is found in this state, the certificate of death shall be completed and filed pursuant to the provisions of this section. The place where the body is found shall be shown as the place of death. The date of death shall be the date on which the remains were found.
3. When death occurs in a moving conveyance in the United States and the body is first removed from the conveyance in this state, the death shall be registered in this state and the place where the body is first removed shall be considered the place of death. When a death occurs on a moving conveyance while in international waters or air space or in a foreign country or its air space and the body is first removed from the conveyance in this state, the death shall be registered in this state but the certificate shall show the actual place of death if such place may be determined.
4. The funeral director or person acting as such in charge of final disposition of the dead body shall file the certificate of death. The funeral director shall obtain:
- (1) The personal data from the next of kin or the best qualified person or source available; and
  - (2) The medical certification from the person responsible for such certification.
5. The medical certification shall be completed, signed, and returned to the funeral director or person acting as such within seventy-two hours after death by the physician in charge of the patient's care for the illness or condition which resulted in death. In the absence of the physician or with the physician's approval the certificate may be completed and signed by the physician's associate physician, the chief medical officer of the institution in which death occurred, or the physician who performed an autopsy upon the decedent, provided such individual has access to the medical history of the case, views the deceased at or after death and death is due to natural causes. The Social Security number of any individual who has died shall be placed in the records relating to the death and recorded on the death certificate.
6. When death occurs from natural causes more than thirty-six hours after the decedent was last treated by a physician, the case shall be referred to the county medical examiner or coroner or physician or local registrar for investigation to determine and certify the cause of death. If the death is determined to be of a natural cause, the medical examiner or coroner or local registrar shall refer the certificate of death to the attending physician for such physician's certification. If the attending physician refuses or is otherwise unavailable, the medical examiner or coroner or local registrar shall sign the certificate of death within thirty-six hours.
7. If the circumstances suggest that the death was caused by other than natural causes, the medical examiner or coroner shall determine the cause of death and shall complete and sign the medical certification within seventy-two hours after taking charge of the case.
8. If the cause of death cannot be determined within seventy-two hours after death, the attending medical examiner or coroner or attending physician or local registrar shall give the funeral director, or person acting as such, notice of the reason for the delay, and final disposition of the body shall not be made until authorized by the medical examiner or coroner, attending physician or local registrar.
9. When a death is presumed to have occurred within this state but the body cannot be located, a death certificate may be prepared by the state registrar upon receipt of an order of a court of competent jurisdiction which shall include the finding of facts required to complete the death certificate. Such a death certificate shall be marked "Presumptive", show on its face the date of registration, and identify the court and the date of decree.

(L. 1984 S.B. 574, A.L. 1989 S.B. 389, A.L. 1997 S.B. 361) Effective 7-1-97

**Spontaneous fetal death report--not a permanent record--release of reports.**

- 193.165 1. Each spontaneous fetal death of twenty completed weeks gestation or more, calculated from the date the last normal menstrual period began to the date of delivery, or a weight of three hundred fifty grams or more, which occurs in this state shall be reported within seven days after delivery to the local registrar or as otherwise directed by the state registrar.
2. When a dead fetus is delivered in an institution, the person in charge of the institution or his or her designated representative shall prepare and file the report.
3. When a dead fetus is delivered outside an institution, the physician in attendance at or immediately after delivery shall prepare and file the report.
4. When a spontaneous fetal death required to be reported by this section occurs without medical attendance at or immediately after the delivery or when inquiry is required by the medical examiner or coroner, the medical examiner or coroner shall investigate the cause of spontaneous fetal death and shall prepare and file the report within seven days.
5. When a spontaneous fetal death occurs in a moving conveyance and the fetus is first removed from the conveyance in this state or when a dead fetus is found in this state and the place of the spontaneous fetal death is unknown, the spontaneous fetal death shall be reported in this state. The place where the fetus was first removed from the conveyance or the dead fetus was found shall be considered the place of the spontaneous fetal death.
6. The spontaneous fetal death report required pursuant to this section is a statistical report to be used only for medical and health purposes and shall not be incorporated into the permanent official records of the system of vital statistics. A schedule for the disposition of these reports may be provided by department rules. Notwithstanding any provision of law to the contrary, individuals with direct and tangible interest, as defined by the department of health and senior services, may receive the spontaneous fetal death report.
- (L. 1984 S.B. 574, A.L. 1999 S.B. 25)

**Person in charge of final disposition of dead body to file notification of death--cremation, requirements--tag affixed with identifying information, requirements.**

- 193.175 1. The funeral director or person acting as such in charge of final disposition of a dead body shall file a completed notification of death with the local registrar where the death occurred. Such notification of death shall be on a form or in a format prescribed and furnished by the state registrar and shall be filed or postmarked prior to the date of final disposition of the body. Such notification of death shall authorize final disposition except as otherwise stated in this section or in section 193.145. If the body is to be cremated, a completed death certificate shall be filed with the local registrar prior to cremation and shall authorize cremation except as stated in section 193.145.
2. The funeral director or person in charge of final disposition of a dead body shall, prior to the interment of such dead body, affix on the ankle or wrist of the deceased and/or in a capsule placed in the casket or, if the dead body is cremated, on the inside of the vessel containing the remains, a tag encased in durable and long-lasting material containing the name of the deceased, the date of birth, date of death and Social Security number of the deceased.
- (L. 1984 S.B. 574, A.L. 1994 S.B. 553)

**Amendment of certificates and reports--acknowledgment of paternity affidavit, notice to be given parents--rescission of acknowledgment, filing--paternity establishment services offered by department.**

- 193.215 1. A certificate or report registered pursuant to sections 193.005 to 193.325 may be amended only pursuant to the provisions of sections 193.005 to 193.325, and regulations adopted by the department.
2. A certificate or report that is amended pursuant to this section shall be marked "Amended" except as otherwise provided in this section. The date of amendment and a summary description of the evidence submitted in support of the amendment shall be endorsed on or made part of the record.
3. Upon receipt of a certified copy of an order of a court of competent jurisdiction changing the name of a person born in this state and upon request of such person or such person's parents, guardian, or legal representative, the state registrar shall amend the certificate of birth to show the new name. The court order shall include such facts as are necessary to locate and identify the certificate of birth of the person whose name is being changed.
4. When an applicant does not submit the minimum documentation required in the regulations for amending a vital record or when the state registrar has reasonable cause to question the validity or adequacy of the applicant's sworn statements or the documentary evidence, and if the deficiencies are not corrected, the state registrar shall not amend the vital record and shall advise the applicant of the reason for this action and the applicant's right of appeal to a court of competent jurisdiction.
5. When a certificate or report is amended pursuant to this section, the state registrar shall report the amendment to any other custodians of the vital record and their record shall be amended accordingly.
6. Upon written request of both parents and receipt of a sworn acknowledgment of paternity notarized and signed by both parents of a child born out of wedlock, the state registrar shall amend the certificate of birth to show such paternity. The acknowledgment affidavit form shall be developed by the state registrar and shall include the minimum requirements prescribed by the secretary of the Department of Health and Human Services pursuant to 42 U.S.C. Section 652(a)(7). The acknowledgment form shall include provisions to allow the parents to change the surname of the child and such surname shall be changed on the birth record if the parents elect to change the child's surname. The signature of the parents shall be notarized or the signature shall be witnessed by at least two disinterested adults whose signatures and addresses shall be



plainly written thereon. The form shall be accompanied by oral notice, which may be provided through the use of video or audio equipment, and written notice to the mother and putative father of:

- (1) The alternatives to, the legal consequences of, and the rights and responsibilities that arise from signing the acknowledgment;
- (2) The benefits of having the child's paternity established; and
- (3) The availability of paternity establishment and child support enforcement services.

A rescission of acknowledgment form shall be filed with the bureau of vital records pursuant to section 210.823, RSMo, to vacate the legal finding of paternity. The bureau shall file all rescissions and forward a copy of each to the division of child support enforcement. The birth record shall only be changed pursuant to this subsection upon an order of the court or the division of child support enforcement.

7. The department shall offer voluntary paternity establishment services.

8. Upon receipt of a certified copy of an order of a court of competent jurisdiction changing the name of a person born in this state and upon request of such person or such person's parents, guardian or legal representative, the state registrar shall amend the certificate of birth to show the new name.

9. Upon receipt of a certified copy of an order of a court of competent jurisdiction indicating the sex of an individual born in this state has been changed by surgical procedure and that such individual's name has been changed, the certificate of birth of such individual shall be amended.

(L. 1984 S.B. 574, A.L. 1994 H.B. 1491 & 1134 merged with H.B. 1547 & 961 merged with S.B. 508, A.L. 1997 S.B. 361, A.L. 1998 S.B. 910)

#### **Methods of preserving records--certified reproductions accepted as originals--disposal of originals.**

193.225 To preserve vital records, the state registrar is authorized to prepare typewritten, photographic, electronic, or other reproductions of vital statistics certificates or reports. Such reproductions when certified by the state registrar shall be accepted as the original records. The documents from which permanent reproductions have been made and verified may be disposed of as provided by regulation.

(L. 1984 S.B. 574)

#### **Probative value of delayed or altered certificates.**

193.235 The probative value of a delayed or altered certificate shall be determined by the judicial or administrative body or official before whom the certificate is offered as evidence.

(L. 1984 S.B. 574)

#### **Inspection and copying of records, disclosure of information, unlawful unless authorized--authority.**

193.245 It shall be unlawful for any person to permit inspection of, or to disclose information contained in, vital records or to copy or issue a copy of all or part of any such record except as authorized by this law and by regulation or by order of a court of competent jurisdiction or in the following situations:

- (1) A listing of persons who are born or who die on a particular date may be disclosed upon request, but no information from the record other than the name and the date of such birth or death shall be disclosed;
- (2) The department may authorize the disclosure of information contained in vital records for legitimate research purposes;
- (3) To a qualified applicant as provided in section 193.255.

(L. 1984 S.B. 574, A.L. 1992 H.B. 894)

#### **Certified copies of vital records, issuance--probative value --cooperation with federal agencies and other states.**

193.255 1. The state registrar and other custodians of vital records authorized by the state registrar to issue certified copies of vital records upon receipt of application shall issue a certified copy of any vital record in his custody or a part thereof to any applicant having a direct and tangible interest in the vital record. Each copy issued shall show the date of registration, and copies issued from records marked "Delayed" or "Amended" shall be similarly marked and show the effective date. The documentary evidence used to establish a delayed certificate shall be shown on all copies issued. All forms and procedures used in the issuance of certified copies of vital records in the state shall be provided or approved by the state registrar.

2. A certified copy of a vital record or any part thereof, issued in accordance with subsection 1 of this section, shall be considered for all purposes the same as the original and shall be prima facie evidence of the facts stated therein, provided that the evidentiary value of a certificate or record filed more than one year after the event, or a record which has been amended, shall be determined by the judicial or administrative body or official before whom the certificate is offered as evidence.

3. The federal agency responsible for national vital statistics may be furnished such copies or data from the system of vital statistics as it may require for national statistics, provided such federal agency share in the cost of collecting, processing, and transmitting such data, and provided further that such data shall not be used for other than statistical purposes by the federal agency unless so authorized by the state registrar.

4. Federal, state, local and other public or private agencies may, upon request, be furnished copies or data of any other vital statistics not obtainable under subsection 1 of this section for statistical or administrative purposes upon such terms or conditions as may be prescribed by regulation, provided that such copies or data shall not be used for purposes other than those for which they were requested unless so authorized by the state registrar.

5. The state registrar may, by agreement, transmit copies of records and other reports required by sections 193.005 to 193.325 to offices of vital statistics outside this state when such records or other reports relate to residents of those jurisdictions or persons born in those jurisdictions. This agreement shall require that the copies be used for statistical and administrative purposes only, and the agreement shall further provide for the retention and disposition of such copies. Copies received by the department from offices of vital statistics in other states shall be handled in the same manner as prescribed in this section.

6. No person shall prepare or issue any certificate which purports to be an original, certified copy, or copy of a vital record except as authorized herein or by regulations adopted hereunder.

(L. 1984 S.B. 574)

**Fees for certification and other services--distribution--endowed cemetery audit fund, established, purpose--services free, when.**

193.265. 1. For the issuance of a certification or copy of a vital record, the applicant shall pay a fee of ten dollars to the state department of revenue. For each vital records fee collected from August 28, 1992, to June 30, 1996, the director of revenue shall credit four dollars to the general revenue fund, three dollars to the children's trust fund as established pursuant to section 210.173, RSMo, two dollars to the Missouri public health services fund established in section 192.900, RSMo, and one dollar shall be deposited in the "Endowed Care Cemetery Audit Fund", which is hereby created in the state treasury. Money in the endowed care cemetery audit fund shall be available by appropriation to the division of professional registration to pay its expenses in administering sections 214.270 to 214.410, RSMo. All interest earned on money deposited in the endowed care cemetery audit fund shall be credited to the endowed care cemetery audit fund. Notwithstanding the provisions of section 33.080, RSMo, to the contrary, money placed in the endowed care cemetery audit fund shall not be transferred and placed to the credit of general revenue until the amount in the fund at the end of the biennium exceeds three times the amount of the appropriation from the endowed care cemetery audit fund for the preceding fiscal year. The money deposited in the public health services fund pursuant to this section shall be deposited in a separate account in the fund, and moneys in such account, upon appropriation, shall be used to automate and improve the state vital records system and allow local registrars to issue computer-generated certificates of birth and death records of persons who are born or who die in Missouri. Beginning July 1, 1996, for each vital records fee collected, the director of revenue shall credit four dollars to the general revenue fund, five dollars to the children's trust fund and one dollar shall be credited to the endowed care cemetery audit fund. For any search of the files and records, when no record is found, the state shall be entitled to a fee equal to the amount for a certification of a vital record for a five-year search to be paid by the applicant. For the processing of each legitimation, adoption, court order or recording after the registrant's twelfth birthday, the state shall be entitled to a fee equal to the amount for a certification of a vital record. Except whenever a certified copy or copies of a vital record is required to perfect any claim of any person on relief, or any dependent of any person who was on relief for any claim upon the government of the state or United States, the state registrar shall, upon request, furnish a certified copy or so many certified copies as are necessary, without any fee or compensation therefore.

2. For the issuance of a certification of a birth or death record by the local registrar, the applicant shall pay a fee of ten dollars to the official county health agency. A certified copy of a death record by the local registrar can only be issued within twenty-four hours of receipt of the record by the local registrar. Computer-generated certifications of death records may be issued by the local registrar after twenty-four hours of receipt of the records. The fees paid to the official county health agency shall be retained by the local agency for local public health purposes.

(L. 1984 S.B. 574, A.L. 1985 S.B. 263, A.L. 1990 H.B. 1079, A.L. 1992 H.B. 894, A.L. 1999 H.B. 343)

**Records to be kept by institutions and others--period--power of registrar to demand information.**

193.275 1. Every person in charge of an institution shall keep a record of data concerning each person admitted or confined to such institution as may be required for the filing of a certificate of birth and death or report of spontaneous fetal death which occurs in the institution. The record shall be made from information provided by the person being admitted or confined, but when it cannot be so obtained, the information shall be obtained from relatives or other persons acquainted with the facts. The name and address of the person providing the information shall be a part of the record.

2. When a dead body or dead fetus is released or disposed of by an institution, the person in charge of the institution shall keep a record showing the name of the decedent, date of death, name and address of the person to whom the body or fetus is released, and the date of removal from the institution. If final disposition is made by the institution, the date, place, and manner of disposition shall also be recorded.

3. A funeral director, embalmer, sexton, or other person who removes from the place of death, transports, or makes final disposition of a dead body or fetus, in addition to filing any certificate or other report required by sections 193.005 to 193.325, or regulations promulgated hereunder, shall keep a record which shall identify the body, and such information pertaining to his receipt, removal, delivery, burial, or cremation of such body as may be required by regulations adopted by the department.

4. Records maintained under this section shall be retained for a period of not less than five years and shall be made available for inspection by the state registrar or his designee upon demand.

5. Any person having knowledge of the facts shall furnish such information as he may possess regarding any birth, death, spontaneous fetal death, marriage, or dissolution of marriage upon demand of the state registrar.

(L. 1984 S.B. 574)

**Local registrar's duties.**

193.285 Local registrars shall transmit all certificates and reports filed with them to the state registrar in accordance with regulations of the department.  
(L. 1984 S.B. 574)

**Local registrar's fees for transmission of records to state --exceptions.**

193.295 1. Each local registrar shall be paid the sum of two dollars for each complete birth, death, spontaneous fetal death certificate transmitted by him or her to the state registrar in accordance with the regulations of the department. In case no birth, death or spontaneous fetal death was registered during any calendar month, the local registrar shall so report.  
2. In cities or counties having a population of one hundred thousand or over, where health officers are conducting effective registration of births and deaths under local ordinances in accordance with this law, such officers being continued as registrars in and for such cities or counties as provided in this law, and being paid by such cities or counties salaries for their official services, said officers shall not be entitled to nor have power to collect any fee provided for in this section, but such salaries shall be in full compensation also for their services as registrars; provided that such cities or counties shall provide the office accommodations, clerical help, office furnishings and supplies necessary to enable such officer to properly perform the duties of registrar.  
(L. 1984 S.B. 574)

**Certification and payment of fees by state.**

193.305 Upon certification by the state registrar to the commissioner of administration, the fees of local registrars shall be paid by the commissioner of administration out of funds appropriated to him for that purpose.  
(L. 1984 S.B. 574)

**Acts which constitute crimes.**

193.315. 1. Any person who knowingly makes any false statement in a certificate, record, or report required by sections 193.005 to 193.325 or in an application for an amendment thereof, or in an application for a certified copy of a vital record, or who knowingly supplies false information intending that such information be used in the preparation of any such report, record, or certificate, or amendment thereof shall be guilty of a class D felony.  
2. Any person who, without lawful authority and with the intent to deceive, makes, counterfeits, alters, amends, or mutilates any certificate, record, or report required by sections 193.005 to 193.325, certified copy of such certificate, record, or report shall be guilty of a class D felony.  
3. Any person who knowingly obtains, possesses, uses, sells, furnishes or attempts to obtain, possess, use, sell, or furnish to another, for any purpose of deception, any certificate, record, or report required by sections 193.005 to 193.325 or certified copy thereof so made, counterfeited, altered, amended, or mutilated, or which is false in whole or in part or which relates to the birth of another person, whether living or deceased, shall be guilty of a class D felony.  
4. Any employee of the department or involved with the system of vital statistics who knowingly furnishes or processes a certificate of birth, or certified copy of a certificate of birth, with the knowledge or intention that it be used for the purposes of deception shall be guilty of a class D felony.  
5. Any person who without lawful authority possesses any certificate, record, or report, required by sections 193.005 to 193.325 or a copy or certified copy of such certificate, record, or report knowing same to have been stolen, or otherwise unlawfully obtained, shall be guilty of a class D felony.  
6. Any person who knowingly refuses to provide information required by sections 193.005 to 193.325, or regulations adopted hereunder, shall be guilty of a class A misdemeanor.  
7. Any person who knowingly neglects or violates any of the provisions of sections 193.005 to 193.325 or refuses to perform any of the duties imposed upon him by sections 193.005 to 193.325 shall be guilty of a class A misdemeanor.  
(L. 1984 S.B. 574)

**Application of law.**

193.325. The provisions of sections 193.005 to 193.325 apply to all certificates of birth, death, marriage and reports of dissolution of marriage and spontaneous fetal death received by the department and in the custody of the state registrar or any other custodian of vital records prior to August 13, 1984.  
(L. 1984 S.B. 574, A.L. 1993 S.B. 52)

*Missouri Revised Statutes*  
**Chapter 194**  
**Death--Disposition of Dead Bodies**

28-Aug-02

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*Missouri Revised Statutes***Chapter 194  
Death--Disposition of Dead Bodies**

28-Aug-02

**Death, legal definition.**

194.005. For all legal purposes, the occurrence of human death shall be determined in accordance with the usual and customary standards of medical practice, provided that death shall not be determined to have occurred unless the following minimal conditions have been met:

- (1) When respiration and circulation are not artificially maintained, there is an irreversible cessation of spontaneous respiration and circulation; or
- (2) When respiration and circulation are artificially maintained, and there is a total and irreversible cessation of all brain function, including the brain stem and that such determination is made by a licensed physician.

(L. 1982 H.B. 1223 § 1)

**Encasement of bodies to be shipped.**

194.010. A disinterred human body, dead of a disease or any cause, will be treated as infectious and dangerous to the public health, and shall not be offered to or accepted by any common carrier for transportation unless it is encased in an airtight metal or metal-lined burial case, coffin, casket or box that is closed and hermetically sealed.

(RSMo 1939 § 9788) Prior revisions: 1929 § 9067; 1919 § 5823; 1909 § 6691

**Hermetically sealed coffin, specifications.**

194.020. When hermetic sealing is required herein, the burial case, coffin, casket or box used must be of metal, or of other material with metal lining, and must be so constructed that when closed and fastened the same shall be airtight.

(RSMo 1939 § 9790) Prior revisions: 1929 § 9069; 1919 § 5825; 1909 § 6693

**Transportation of dead body by common carrier, requirements.**

194.060. No dead human body shall be offered to or accepted by any common carrier for transportation unless it is in a burial case, coffin or casket that is securely closed, and the burial case, coffin, or casket containing the body is in a wooden, metal or metal-lined box that is securely closed, and on the top of the box must appear the name of the deceased, the destination, the time and place of death, the cause of death, the name of the attending physician or coroner, and the name of the person who prepared the body for shipment.

(RSMo 1939 § 9793, A.L. 1984 S.B. 574) Prior revisions: 1929 § 9072; 1919 § 5828; 1909 § 6696

**Preparation of certain bodies for shipment supervised by health officer.**

194.070. The body of any person having died of Asiatic cholera (cholera), typhus or ship fever, yellow fever, or bubonic plague, shall not be offered to or accepted by any common carrier for transportation unless it shall have been prepared for shipment in accordance with section 194.080, and under the supervision of an officer of the department of health and senior services, or supervision of a member of the state board of embalmers and funeral directors.

(RSMo 1939 § 9784) Prior revisions: 1929 § 9063; 1919 § 5819; 1909 § 6687

**Preparation of certain dead bodies for shipment.**

194.080. The body of any person having died of diphtheria (membranous croup), scarlet fever (scarlatina or scarlet rash), glanders, anthrax, leprosy or smallpox shall not be offered to or accepted by any common carrier for transportation unless: (1) It shall have been thoroughly embalmed by arterial and cavity injection with a disinfecting fluid, the orifices disinfected and packed with cotton, and the whole exterior of the body washed with a disinfecting fluid; or (2) unless it shall have been completely wrapped in a sheet that is saturated with a solution of bichloride of mercury, in the proportion of one ounce of bichloride of mercury to one gallon of water, and encased in an airtight metal or metal-lined burial case, coffin, casket or box that is closed and hermetically sealed.

(RSMo 1939 § 9785) Prior revisions: 1929 § 9064; 1919 § 5820; 1909 § 6688

**Preparation necessary for bodies of persons who died of certain communicable diseases.**

194.090. The body of any person having died of tuberculosis, puerperal fever, typhoid fever, erysipelas, measles, or other dangerous or communicable diseases other than those specified in sections 194.070 and 194.080, shall not be offered to or accepted by any common carrier for transportation, unless such body shall have been thoroughly embalmed by arterial and cavity injection with a disinfecting fluid, as specified in section 194.080; or, if such body is not so embalmed, it must be encased in an airtight metal or metal-lined burial case, coffin, casket or box that is closed and hermetically sealed. The body of any person having died of a disease that is contagious, infectious or communicable must not be accompanied by clothing or articles that have been exposed to the infection of such disease.

(RSMo 1939 § 9786) Prior revisions: 1929 § 9065; 1919 § 5821; 1909 § 6689

**Transportation of bodies where cause of death is noncontagious.**

194.100. The body of any person having died of a cause or disease that is not contagious, infectious or communicable, and from which no offensive odor emits, may be offered to and accepted by any common carrier for transportation; provided, the destination can be reached within twenty-four hours from the time of death of such person, but if the destination cannot be reached within twenty-four hours from the time of such death, then the body must be thoroughly embalmed by arterial and cavity injection with a disinfecting fluid, or encased in an airtight metal or metal-lined burial case, coffin, casket or box that is closed and hermetically sealed.

(RSMo 1939 § 9787) Prior revisions: 1929 § 9066; 1919 § 5822; 1909 § 6690

**Disinterment for transport to location outside original cemetery --notice, to whom, contents.**

194.105. In addition to any records filed pursuant to chapter 193, RSMo, any person or owner or operator of any cemetery which removes any body which has been properly buried or interred for transportation to a location outside the original cemetery shall, prior to such disinterment, file notice with the county coroner or county medical examiner and also notify by certified mail, the closest living relative known to the cemetery operator, of the body being moved. Such notice shall provide the name and address of the person moving the body, the name of the person whose body is to be moved, and the location to which the body is to be moved. Transportation of the body shall be in accordance with the provisions of sections 194.010 to 194.110, and in accordance with any other applicable law or regulation.

(L. 1989 S.B. 389, A.L. 1990 H.B. 1079)

**Penalty for violation.**

194.110. Any person, firm, company or corporation, or agent thereof, who shall fail, refuse or neglect to comply with any of the provisions of sections 194.010 to 194.110, or any part of such provisions, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined in the sum of not less than twenty-five dollars nor more than five hundred dollars, or by imprisonment in the county jail for not less than thirty days nor more than sixty days, or by both such fine and imprisonment.

(RSMo 1939 § 9794) Prior revisions: 1929 § 9073; 1919 § 5829; 1909 § 6697

**Autopsy--consent required--penalty for violation--availability of report, to whom.**

194.115. 1. Except when ordered or directed by a public officer, court of record or agency authorized by law to order an autopsy or postmortem examination, it is unlawful for any licensed physician and surgeon to perform an autopsy or postmortem examination upon the remains of any person without the consent of one of the following:

- (1) The deceased, if in writing, and duly signed and acknowledged prior to his death; or
- (2) A person designated by the deceased in a durable power of attorney that expressly refers to the giving of consent to an autopsy or postmortem examination; or
- (3) The surviving spouse; or
- (4) If the surviving spouse through injury, illness or mental capacity is incapable of giving his or her consent, or if the surviving spouse is unknown, or his or her address unknown or beyond the boundaries of the United States, or if he or she has been separated and living apart from the deceased, or if there is no surviving spouse, then any surviving child, parent, brother or sister, in the order named; or
- (5) If no surviving child, parent, brother or sister can be contacted by telephone or telegraph, then any other relative, by blood or marriage; or
- (6) If there are no relatives who assume the right to control the disposition of the remains, then any person, friend or friends who assume such responsibility.

2. If the surviving spouse, child, parent, brother or sister hereinabove mentioned is under the age of twenty-one years, but over the age of sixteen years, such minor shall be deemed of age for the purpose of granting the consent hereinabove required.

3. Any licensed physician and surgeon performing an autopsy or postmortem examination with the consent of any of the persons enumerated in subsection 1 of this section shall use his judgment as to the scope and extent to be performed, and shall be in no way liable for such action.

4. It is unlawful for any licensed physician, unless specifically authorized by law, to hold a postmortem examination on any unclaimed dead without the consent required by section 194.170.
5. Any person not a licensed physician performing an autopsy or any licensed physician performing an autopsy without the authorization herein required shall upon conviction be adjudged guilty of a misdemeanor, and subject to the penalty provided for in section 194.180.
6. If an autopsy is performed on a deceased patient and an autopsy report is prepared, such report shall be made available upon request to the personal representative or administrator of the estate of the deceased, the surviving spouse, any surviving child, parent, brother or sister of the deceased.  
(L. 1953 p. 629 § 1, A.L. 1961 p. 514, A.L. 1989 H.B. 145, A.L. 2001 S.B. 267)

**Sudden infant death--notification--autopsy by certified child death pathologist required, procedure, release to parents or guardian --cost, how paid--department of health and senior services duties--rules and regulations.**

- 194.117. Any person who discovers the dead body of, or acquires the first knowledge of the death of, any child under the age of one year and over the age of one week, where the child died suddenly when in apparent good health, shall immediately notify the county coroner or medical examiner of the known facts concerning the time, place, manner, and circumstances of the death. All such deaths shall be autopsied by a certified child death pathologist. The coroner or medical examiner shall notify the parent or guardian of the child that an autopsy shall be performed at the expense of the state. The department of health and senior services shall receive prompt notification of such autopsy results. The results from the autopsy shall be reduced to writing and delivered to the state department of health and senior services. The term "sudden infant death syndrome" shall be entered on the death certificate as the principal cause of death where the term is appropriately descriptive of the circumstances surrounding the death of the child. The cost of the autopsy and transportation of the body shall be paid by the department of health and senior services, and the department shall pay, out of appropriations made for that purpose, as a reimbursement to the certified child death pathologist such costs that are within the limitation of maximum rates established by the rules and regulations of the department. Autopsies under this section shall be performed by pathologists deemed qualified to perform autopsies by the department of health and senior services and who agree to perform the autopsy according to protocols developed pursuant to section 210.196, RSMo. The certified child death pathologist shall ensure that a tangible summary of the autopsy results is provided to the parents or guardian of the child and shall provide informational material on the subject of sudden infant death syndrome to the family within one week after the autopsy is performed. A form letter developed by the department of health and senior services shall include a statement informing the parents or guardian of the right to receive the full autopsy results in cases of suspected sudden infant death syndrome. The certified child death pathologist shall, upon request by the parents or guardian, release the full autopsy results to the parents, guardian or family physician in cases of suspected sudden infant death syndrome within thirty days of such request. The tangible summary and full autopsy report shall be provided at no cost to the parents or guardian. The director of the department of health and senior services shall prescribe reasonable rules and regulations necessary to carry out the provisions of this section, including the establishment of a cost schedule and standards for reimbursement of costs of autopsies performed pursuant to the provisions of this section. The provisions of this section shall not be construed so as to limit, restrict or otherwise affect any power, authority, duty or responsibility imposed by any other provision of law upon any coroner or medical examiner. The department of health and senior services may receive grants of money or other aid from federal and other public and private agencies or individuals for the administration or funding of this section or any portion thereof or for research to determine the cause and prevention of deaths caused by sudden infant death syndrome.  
(L. 1978 S.B. 765 § 1, A.L. 1991 H.B. 185, A.L. 1993 S.B. 253 merged with S.B. 394, A.L. 1999 S.B. 25)

**Missouri state anatomical board--members--responsibilities.**

- 194.120. 1. That the heads of departments of anatomy, professors and associate professors of anatomy at the educational institutions of the state of Missouri which are now or may hereafter become incorporated, and in which said educational institutions human anatomy is investigated or taught to students in attendance at said educational institutions, shall be and hereby are constituted the "Missouri State Anatomical Board", herein referred to in sections 194.120 to 194.180 as "the board".
2. The board shall have exclusive charge and control of the disposal and delivery of dead human bodies, as described in sections 194.120 to 194.180, to and among such educational institutions as under the provisions of said sections are entitled thereto.
3. The secretary of the board shall keep an accurate record of all bodies received and distributed by the board, showing the dates of receipt and distribution, the sources from which they came to the board, and the name and address of the educational institutions to which the same were sent, which record shall be at all times open to the inspection of each member of the board and of any prosecuting attorney or circuit attorney of any county or city within the state of Missouri.  
(RSMo 1939 § 9998) Prior revisions: 1929 § 9128; 1919 § 7343; 1909 § 8324 CROSS REFERENCE: Board transferred to department of higher education by the Reorganization Act of 1974. See section 173.005.



**Meetings of board--organization--funds.**

- 194.130.1. Each educational institution entitled by sections 194.120 to 194.180 to receive dead human bodies shall have, through its representatives in attendance at the regular or called meetings of the board, one vote and no more on any and all matters voted upon. There shall be at least one regular meeting each year, held at such time and place as the board may decide.
2. The board shall adopt its own bylaws, elect or otherwise designate or select its own officers and agents, and determine their compensation.
3. Each educational institution accepting the provisions of sections 194.120 to 194.180 shall remit to the board a sum to be fixed and determined by the board; said sum shall be in proportion to the total number of students in attendance at said educational institutions as set forth in the affidavit provided for in section 194.140, or so much per capita for each of said students within sixty days after the beginning of each term. The funds so received shall be used in providing for the expense incurred in the conduct of the affairs of the board, and the board shall have the exclusive custody and control of such funds and their disbursements.

(RSMo 1939 § 10003) Prior revisions: 1929 § 9133; 1919 § 7348; 1909 § 8329

**Acceptance of provisions of this law--bond--prohibited actions and penalties.**

- 194.140.1. The president and secretary, or the dean and registrar, of any educational institution in this state in which human anatomy is being investigated or taught, desiring to accept the provisions of sections 194.120 to 194.180, shall, within thirty days of the first day of each term of said educational institution, make and furnish to the secretary of the board a sworn statement setting forth the number of students in attendance at such educational institution.
2. No educational institution shall be allowed or permitted to receive any body or bodies in the manner provided for by sections 194.120 to 194.180 until a bond, approved as to form by the attorney general of this state, shall have been given to the board by or in behalf of such educational institution, which bond shall be in the penal sum of one thousand dollars, conditioned that all such bodies which the said educational institution shall receive thereafter in the manner provided by said sections, shall be used only for the promotion or application of anatomical knowledge and science; and whosoever shall sell or buy such body or bodies, or part or parts of body or bodies, or in any way traffic in the same, or shall transmit or convey or cause to be transmitted or conveyed such body or bodies, or part or parts of such body or bodies, to any place outside of this state, shall be deemed guilty of a misdemeanor and shall, upon conviction, be subject to a fine not exceeding two hundred dollars or be imprisoned for a term not exceeding one year, or both; but this section shall not be construed as prohibiting any physician or dentist licensed to practice his profession in this state, or teachers or investigators of anatomy in said institutions, from transporting human specimens outside of the state for temporary use at scientific meetings or exhibits.

(RSMo 1939 § 9999) Prior revisions: 1929 § 9131; 1919 § 7346; 1909 § 8327

**Disposal of paupers' bodies.**

- 194.150.1. Superintendents or wardens of penitentiaries, houses of correction and bridewells, hospitals, insane asylums and poorhouses, and coroners, sheriffs, jailers, city and county undertakers, and all other state, county, town or city officers having the custody of the body of any deceased person required to be buried at public expense, shall be and hereby are required immediately to notify the secretary of the board, or the person duly designated by the board or by its secretary to receive such notice, whenever any such body or bodies come into his or their custody, charge or control, and shall, without fee or reward, deliver, within a period not to exceed thirty-six hours after death, except in cases within the jurisdiction of a coroner where retention for a longer time may be necessary, such body or bodies into the custody of the board and permit the board or its agent or agents to take and remove all such bodies, or otherwise dispose of them; provided, that each educational institution receiving a body from the board shall hold such body for at least thirty days, during which time any relative or friend of any such deceased person or persons shall have the right to take and receive the dead body from the possession of any person in whose charge or custody it may be found, for the purpose of interment, upon paying the expense of such interment.
2. Each educational institution securing a dead body shall pay all necessary expense incurred in the delivery thereof, including cost of notice to the secretary of the board or his agent, which notice shall be by telegraph, when necessary to insure immediate notice. A correct record of all such bodies, including the name and date of death, shall be kept in a book provided for that purpose by the county clerk of the county in which such person died, and by the city health commissioner of the city of St. Louis, and such record shall be promptly furnished said officer by the person or persons reporting said bodies to the secretary of the board or his agent.
3. Whenever any person fails to give the notice and deliver the body of a deceased person as required by this section, and by reason of such failure such body shall become unfit for anatomical purposes, and is so certified by the duly authorized officer or agent of the board, such body shall be buried at the expense of the person so failing to notify and deliver such body.

(RSMo 1939 § 10000) Prior revisions: 1929 § 9129; 1919 § 7344; 1909 § 8325

**Distribution of bodies.**

194.160.1. The secretary of the board shall cause to be distributed the bodies aforesaid, to any of the educational institutions mentioned in section 194.120, upon the acceptance and compliance by said educational institution with the provisions of sections 194.120 to 194.180, in proportion to the number of students in attendance at said educational institutions where the subject of human anatomy is studied or investigated.

2. The board may employ a carrier or carriers for the conveyance of such bodies, which bodies shall be well enclosed within a suitable encasement, and carefully deposited free from public observation. Said carrier shall obtain a receipt from the officer or other person having custody of any dead body subject to the provisions of sections 194.120 to 194.180 for each body received by said carrier, and said receipt shall set forth the name of the deceased, if known, and all other data that will aid in identifying such body, and shall deposit this receipt with the secretary of the board.

(RSMo 1939 § 10001) Prior revisions: 1929 § 9130; 1919 § 7345; 1909 § 8326

**Autopsy not to be held, when.**

194.170. Bodies required to be buried at public expense shall be under the exclusive custody and control of the board. It is hereby declared unlawful for any person or persons to hold any autopsy on any dead human body subject to the provisions of sections 194.120 to 194.180 without first having obtained the consent of the secretary of the board or his accredited agent. The consent of any person for an autopsy on his or her body shall not in any way prevent or affect the application of sections 194.120 to 194.180.

(RSMo 1939 § 10002) Prior revisions: 1929 § 9132; 1919 § 7347; 1909 § 8328

**Penalty for violation.**

194.180. Any person violating the provisions of sections 194.120 to 194.180, other than the provision named in section 194.140, for the violation of which special penalties are therein imposed, shall be deemed guilty of a misdemeanor and upon conviction thereof shall be fined not less than fifty dollars nor more than five hundred dollars.

(RSMo 1939 § 10004) Prior revisions: 1929 § 9134; 1919 § 7349; 1909 § 8330

**Depth at which body is buried may be regulated.**

194.197. The governing body of every county and every municipality of this state may regulate the depth at which a human body may be buried.

(L. 1985 H.B. 677 § 1)

**Disposition of a stillborn child, definitions, duties of hospital, duties of parents, collection of costs, penalties.**

194.200.1. As used in this section, the following terms mean:

- (1) "Final disposition", the burial, entombment, cremation, delivery to an educational or medical institution for donation, delivery to the state anatomical board or removal from the state of the remains of a deceased person;
- (2) "Parents", either or both the biological mother or father of a stillborn child, but such term shall not include an unknown or unidentified biological father;
- (3) "Stillborn child", a child who is dead at birth.

2. If a hospital or other health care facility transfers a stillborn child to a funeral establishment for final disposition, the hospital or health care facility shall contact one or both of the parents of such child within twenty-four hours of such transfer for instructions on the method of final disposition of the child. If the hospital contacts and receives instructions from at least one of the parents, the hospital shall convey such instructions to the funeral establishment which shall proceed as directed by such instructions. If the funeral establishment receives instructions from at least one of the parents, the funeral establishment may arrange for the final disposition of the child in accordance with such instructions without contacting the other parent. If the parents of the child do not provide instructions for the final disposition within five days, the funeral establishment shall conduct the most cost-effective method of final disposition of such child and the hospital shall be responsible for the cost of such final disposition. The hospital shall be entitled to collect the cost of such disposition from the parents. If the parents select the manner of final disposition, the parents shall be responsible to the funeral establishment for the costs of such disposition.

3. Any person who violates the provisions of this section is guilty of a class A misdemeanor.

(L. 1997 H.B. 713 § 1)

**Definitions.**

194.210. As used in sections 194.210 to 194.290, the following words and terms mean:

- (1) "Bank or storage facility", a facility licensed, accredited, or approved under the laws of any state for storage of human bodies or parts thereof;
- (2) "Decedent", a deceased individual and includes a stillborn infant or fetus;
- (3) "Donor", an individual who makes a gift of all or part of his body;
- (4) "Hospital", a hospital licensed, accredited, or approved under the laws of any state and includes a hospital operated by the United States government, a state, or a subdivision thereof, although not required to be licensed under state laws;
- (5) "Part", organs, tissues, eyes, bones, arteries, blood, other fluids and any other portions of a human body;

(6) "Person", an individual, corporation, government or governmental subdivision or agency, business trust, estate, trust, partnership or association, or any other legal entity;

(7) "Physician" or "surgeon", a physician or surgeon licensed or authorized to practice under the laws of any state;

(8) "State" includes any state, district, commonwealth, territory, insular possession, and any other area subject to the legislative authority of the United States of America.

(L. 1969 S.B. 43 § 1) Effective 5-28-69

#### **Persons who may execute an anatomical gift.**

194.220.1. Any individual of sound mind who is at least eighteen years of age may give all or any part of his or her body for any purpose specified in section 194.230, the gift to take effect upon death. Any individual who is a minor and at least sixteen years of age may effectuate a gift for any purpose specified in section 194.230, provided parental or guardian consent is deemed given. Parental or guardian consent shall be noted on the minor's donor card, application for the donor's instruction permit or driver's license, or other document of gift. An express gift that is not revoked by the donor before death is irrevocable, and the donee shall be authorized to accept the gift without obtaining the consent of any other person. The provisions of this subsection, relating to allowing a minor who is at least sixteen years of age to effectuate a gift for any purpose specified in section 194.230, through the driver's license or instruction permit application process, shall be effective July 1, 2003.

2. Any of the following persons, in order of priority stated, when persons in prior classes are not available at the time of death, and in the absence of actual knowledge of a gift by the decedent pursuant to subsection 1 of this section or actual notice of contrary indications by the decedent or of opposition by a member of the same or a prior class, may give all or any part of the decedent's body for any purpose specified in section 194.230:

- (1) An attorney-in-fact under a durable power of attorney that expressly refers to making a gift of all or part of the principal's body pursuant to the uniform anatomical gift act;
- (2) The spouse;
- (3) An adult son or daughter;
- (4) Either parent;
- (5) An adult brother or sister;
- (6) A guardian of the person of the decedent at the time of his or her death;
- (7) Any other person authorized or under obligation to dispose of the body.

3. If the donee has actual notice of contrary indications by the decedent or that a gift by a member of a class is opposed by a member of the same or a prior class, the donee shall not accept the gift. The persons authorized by subsection 2 of this section may make the gift after or immediately before death.

4. A gift of all or part of a body authorizes any examination necessary to assure medical acceptability of the gift for the purposes intended.

5. The rights of the donee created by the gift are paramount to the rights of others except as provided by subsection 4 of section 194.270.

(L. 1969 S.B. 43 § 2, A.L. 1989 H.B. 145, A.L. 1996 H.B. 811, A.L. 2002 S.B. 1026 § 194.220 merged with § 1)

#### **Persons who may become donees--purposes for which anatomical gifts may be made.**

194.230. The following persons may become donees of gifts of bodies or parts thereof for the purposes stated:

- (1) Any hospital, surgeon, or physician, for medical or dental education, research, advancement of medical or dental science, therapy, or transplantation; or
- (2) Any accredited medical or dental school, college or university or the state anatomical board for education, research, advancement of medical or dental science, or therapy; or
- (3) Any bank or storage facility, for medical or dental education, research, advancement of medical or dental science, therapy, or transplantation; or
- (4) Any specified individual for therapy or transplantation needed by such individual.

(L. 1969 S.B. 43 § 3, A.L. 2002 S.B. 1026)

#### **Anatomical gifts--hospital to make request, to whom, when --verification in patient's record--hospital not liable for cost of retrieval.**

194.233.1. The chief executive officer of each hospital in this state shall designate one or more trained persons to request anatomical gifts which persons shall not be connected with determination of death. The hospital official may designate a representative of an organ or tissue procurement organization to request consent.

2. When there is a patient who is a suitable candidate for organ or tissue donation based on hospital accepted criteria the designee shall request consent to a donation from the persons authorized to give consent as specified in subdivision (1), (2), (3), (4), (5) or (6) of subsection 2 of section 194.220. The request shall be made in the order of priority stated in subsection 2 of section 194.220. When the hospital cannot, from available information, ascertain that the patient has next-of-kin authorized to give consent as specified in subdivision (2), (3), (4), (5) or (6) of subsection 2 of section 194.220, then the hospital shall notify and request consent to a donation from a member of the class described in subdivision (7) of subsection

- 2 of section 194.220. Such notification to a member of the class described in subdivision (7) of subsection 2 of section 194.220 shall occur before death where practicable.
3. No request shall be required if the hospital designee has actual notice of a gift by the decedent under subsection 1 of section 194.220 or actual notice of contrary indications by the decedent.
4. Consent shall be obtained by the methods specified in section 194.240.
5. Where a donation is requested, the designee shall verify such request in the patient's medical record. Such verification of request for organ donation shall include a statement to the effect that a request for consent to an anatomical gift has been made, and shall further indicate thereupon whether or not consent was granted, the name of the person granting or refusing the consent, and his or her relationship to the decedent.
6. Upon the approval of the designated next of kin or other individual, as set forth in subsection 2 of section 194.220, the hospital shall then notify an organ or tissue procurement organization and cooperate in the procurement of the anatomical gift or gifts pursuant to applicable provisions of sections 194.210 to 194.290.
7. No hospital shall have an obligation to retrieve the organ or tissue donated pursuant to this section.

(L. 1986 H.B. 1181, A.L. 1996 H.B. 811)

**Methods of executing anatomical gifts--person to carry out procedures--organ procurement coordinators, supervision by physicians, required, when--report by department of health and senior services, contents.**

- 194.240. 1. A gift of all or part of the body under subsection 1 of section 194.220 may be made by will. The gift becomes effective upon the death of the testator without waiting for probate. If the will is not probated, or if it is declared invalid for testamentary purposes, the gift, to the extent that it has been acted upon in good faith, is nevertheless valid and effective.
2. A gift of all or part of the body under subsection 1 of section 194.220 may also be made by document other than a will. The gift becomes effective upon the death of the donor. The document, which may be a card designed to be carried on the person, must be signed by the donor in the presence of two witnesses who must sign the document in his presence or before a notary or other official authorized to administer oaths generally. If the donor cannot sign, the document may be signed for him at his direction and in his presence in the presence of two witnesses who must sign the document in his presence. Delivery of the document of gift during the donor's lifetime is not necessary to make the gift valid.
3. The gift may be made to a specified donee or without specifying a donee. If the latter, the gift may be accepted by a physician as donee upon or following death. If the gift is made to a specified donee who is not available at the time and place of death or if the gift cannot be implemented, a physician upon or following death, in the absence of any expressed indication that the donor desired otherwise, may accept the gift as donee. The physician who becomes a donee under this subsection shall not participate in the procedures for removing or transplanting a part.
4. Notwithstanding the provisions of subsection 2 of section 194.270, the donor may designate in his will, card, or other document of gift the surgeon or physician to carry out the appropriate procedures. In the absence of a designation or if the designee is not available, the donee or other person authorized to accept the gift may employ or authorize any surgeon or physician to carry out the appropriate procedures. For the purpose of removing an eye or part thereof, any medical technician employed by a hospital, physician or eye bank and acting under supervision may perform the appropriate procedures. Any medical technician authorized to perform such procedure shall successfully complete the course prescribed in section 194.295 for embalmers.
5. Any gift by a person designated in subsection 2 of section 194.220 shall be made by a document signed by him or made by his telegraphic, recorded telephonic, or other recorded message.
6. A gift of part of the body under subsection 1 of section 194.220 may also be made by a statement on a form which shall be provided on the reverse side of all Missouri motor vehicle licenses issued pursuant to chapter 302, RSMo. The statement to be effective shall be signed by the owner of the license in the presence of two witnesses, who shall sign the statement in the presence of the donor. Use of the form is prima facie evidence that the owner of the license intended to make the anatomical gift, and there shall be no civil or criminal liability for removal of any part of the body indicated on the form by a licensed physician or surgeon. The gift becomes effective upon the death of the donor. Delivery of the license during the donor's lifetime is not necessary to make the gift valid. The gift shall become invalidated upon expiration, cancellation, revocation, or suspension of the license, and the gift must be renewed upon renewal of each license. Pertinent medical information which may affect the quality of the gift may be included in the statement of gift.
7. Any person eighteen years of age or older, or any person under the age of eighteen with parental consent who indicates the desire to make an organ donation through any method prescribed in this section may also contact the department of health and senior services when completing such form, so that the information may be included in the registry maintained by the department pursuant to subsection 1 of section 194.304. Failure to contact the department of health and senior services shall not be construed to challenge the validity of the organ donation.
8. Organ procurement organizations and tissue banks may employ coordinators to assist in the procurement of cadaveric organs and tissue for transplant or research. A coordinator who assists in the procurement of cadaveric organs or tissue for transplantation or research must do so under the direction and supervision of a physician or surgeon. With the exception of organ procurement surgery, this supervision may be indirect supervision. For purposes of this subsection, the term "indirect supervision" means that a physician or surgeon is responsible for the medical actions of the coordinator, that the coordinator

is acting under protocols expressly approved by a physician or surgeon, and that a physician or surgeon is available, in person or by telephone, to provide medical direction, consultation and advice in cases of organ and tissue donation and procurement.

9. The department of health and senior services shall collect information and publish an annual report which shall include the number of organ and tissue donations made in the state, the number of organ or tissue donations received by citizens of the state of Missouri, the number of organ or tissue donations transported outside the state boundaries and the cost of such organ or tissue donations.

(L. 1969 S.B. 43 § 4, A.L. 1975 H.B. 107, A.L. 1978 H.B. 1492, A.L. 1991 S.B. 177, A.L. 1995 H.B. 178, A.L. 1996 H.B. 811)

**Delivery of document of gift.**

194.250. If the gift is made by the donor to a specified donee, the will, card, or other document, or an executed copy thereof, may be delivered to the donee to expedite the appropriate procedures immediately after death. Delivery is not necessary to the validity of the gift. The will, card, or other document, or an executed copy thereof, may be deposited in any hospital, bank or storage facility or registry office that accepts it for safekeeping or for facilitation of procedures after death. On request of any interested party upon or after the donor's death, the person in possession shall produce the document for examination.

(L. 1969 S.B. 43 § 5) Effective 5-28-69

**Amendment or revocation of the gift.**

194.260. 1. If the will, card, or other document or executed copy thereof, has been delivered to a specified donee, the donor may amend or revoke the gift by:

- (1) The execution and delivery to the donee of a signed statement, or
- (2) An oral statement made in the presence of two persons and communicated to the donee, or
- (3) A statement during a terminal illness or injury addressed to an attending physician and communicated to the donee, or
- (4) A signed card or document found on his person or in his effects.

2. Any document of gift which has not been delivered to the donee may be revoked by the donor in the manner set out in subsection 1, or by destruction, cancellation, or mutilation of the document and all executed copies thereof.

3. Any gift made by a will may also be amended or revoked in the manner provided for amendment or revocation of wills, or as provided in subsection 1.

(L. 1969 S.B. 43 § 6) Effective 5-28-69

**Rights and duties at death.**

194.270. 1. The donee may accept or reject the gift. If the donee accepts a gift of the entire body, he may, subject to the terms of the gift, authorize embalming and the use of the body in funeral services. If the gift is of a part of the body, the donee, upon the death of the donor and prior to embalming, shall cause the part to be removed without unnecessary mutilation. After removal of the part, custody of the remainder of the body vests in the surviving spouse, next of kin, or other persons under obligation to dispose of the body.

2. The time of death shall be determined by a physician who tends the donor at his death, or, if none, the physician who certifies the death. The physician shall not participate, directly or indirectly, in the procedures for removing or transplanting a part or be a relative within the fourth degree of consanguinity of any donee of a body or part thereof which is removed or transplanted.

3. A person who acts without negligence and in good faith in accord with the terms of this act or with the anatomical gift laws of another state or a foreign country is not liable for damages in any civil action or subject to prosecution in any criminal proceeding for his act.

4. The provisions of this act are subject to the laws of this state prescribing powers and duties with respect to autopsies.

(L. 1969 S.B. 43 § 7) Effective 5-28-69

**Uniformity of interpretation.**

194.280. Sections 194.210 to 194.290 shall be so construed as to effectuate its general purpose to make uniform the law of those states which enact it.

(L. 1969 S.B. 43 § 8) Effective 5-28-69

**Short title.**

194.290. Sections 194.210 to 194.290 may be cited as the "Uniform Anatomical Gift Act".

(L. 1969 S.B. 43 § 9) Effective 5-28-69

**Embalmers authorized to enucleate eyes, when.**

194.295. Any embalmer, licensed under the provisions of chapter 333, RSMo, who has successfully completed a course in eye enucleation conducted or certified by the department of ophthalmology of a college of medicine offering said course, and who holds a valid certificate of competence for completing the course, may enucleate eyes when the eyes have been donated as a gift as provided by the Missouri uniform anatomical gift act. No embalmer is subject to any civil or criminal liability for performing any act necessary to enucleate eyes as provided by this section.

(L. 1973 S.B. 34 § 1)

**Organ donor program fund established--funding, administration, purpose--transfer to general revenue prohibited.**

194.297. There is established in the state treasury the "Organ Donor Program Fund", which shall consist of all moneys deposited by the director of revenue pursuant to subsection 2 of section 302.171, RSMo, and any other moneys donated or appropriated to the fund. The state treasurer shall administer the fund, and the moneys in the fund shall be used solely, upon appropriation, by the department of health and senior services, in consultation with the organ donation advisory committee, for implementation of organ donation awareness programs in the manner prescribed in subsection 2 of section 194.300. Notwithstanding the provisions of section 33.080, RSMo, to the contrary, moneys in the organ donor program fund at the end of any biennium shall not be transferred to the credit of the general revenue fund. There shall be no money appropriated from general revenue to administer the fund in the event the fund cannot sustain itself.

(L. 1995 H.B. 178 § 1 subsec. 1) Effective 1-1-96

**Money in organ donor program fund, how expended.**

194.299. The moneys in the organ donor program fund shall be expended as follows:

- (1) Grants by the department of health and senior services to certified organ procurement organizations for the development and implementation of organ donation awareness programs in this state;
- (2) Publication of informational pamphlets or booklets by the department of health and senior services and the advisory committee regarding organ donations and donations to the organ donor program fund when obtaining or renewing a license to operate a motor vehicle pursuant to subsection 2 of section 302.171, RSMo;
- (3) Maintenance of a central registry of organ donors pursuant to subsection 1 of section 194.304; and
- (4) Implementation of organ donation awareness programs in the secondary schools of this state by the department of elementary and secondary education.

(L. 1995 H.B. 178 § 1 subsec. 4) Effective 1-1-96

**Organ donation advisory committee established in department of health and senior services, appointment, qualifications, expenses, terms.**

194.300 1. There is established within the department of health and senior services the "Organ Donation Advisory Committee", which shall consist of the following members appointed by the governor with the advice and consent of the senate:

- (1) Four representatives of organ and tissue procurement organizations;
- (2) Four members representative of organ recipients, families of organ recipients, organ donors and families of organ donors;
- (3) One health care representative from a hospital located in Missouri; and
- (4) One representative of the department of health and senior services.

2. Members of the advisory committee shall receive no compensation for their services, but may be reimbursed for the reasonable and necessary expenses incurred in the performance of their duties out of appropriations made for that purpose. Members shall serve for five year terms and shall serve at the pleasure of the governor.

(L. 1995 H.B. 178 § 1 subsecs. 2 & 3) Effective 1-1-96

**Advisory committee's powers and duties--annual report, due when.**

194.302. The advisory committee shall assist the department of health and senior services and the department of elementary and secondary education in the development of organ donor awareness programs to educate the general public on the importance of organ donations and shall recommend priorities in the expenditures from the organ donor program fund. The advisory committee shall submit a report of its activities and recommendations to the director of the department of health and senior services, the general assembly and the governor by the fifteenth day of January of each year, beginning January 15, 1997.

(L. 1995 H.B. 178 § 1 subsec. 5) Effective 1-1-96

**Registry of organ donors to be maintained by department of health and senior services, content--information released when--deletion of name from registry, procedure.**

194.304. 1. The department of health and senior services shall maintain a registry of organ donors. The registry shall record any person who indicates through any means, including completing the reverse side of a license to operate a motor vehicle as prescribed in subsection 6 of section 194.240, that the person desires to make an organ donation upon the person's death. Information in such registry shall be released only to appropriate persons or organizations designated by the advisory committee.

2. Any person who has previously put his or her name on the organ donor registry may have that name deleted by filing the appropriate form with the department of health and senior services.

(L. 1995 H.B. 178 § 1 subsec. 6 & 7) Effective 1-1-96 CROSS REFERENCE: Information obtained from the department of revenue to be included in registry, RSMo 302.171

**Effective date for sections 194.240, 194.297 through 194.304 and section 302.171.**

194.307. Sections 194.240, 194.297 to 194.304 and section 302.171, RSMo, shall become effective January 1, 1996.

(L. 1995 H.B. 178 § B)

**Disposition of cremated remains--if no directions are given, procedure, notice.**

194.350. A licensed funeral establishment which cremates, or contracts for the cremation of, a dead human body, whether the cremation occurs before or after August 28, 1989, may dispose of the cremated remains by:

- (1) Delivering the remains to or as directed by another licensed funeral establishment which contracted for the cremation;
- (2) Delivering the remains to or as directed by the person who contracted for the cremation; or
- (3) If not delivered pursuant to subdivision (1) or (2) of this section, by scattering or interring the unclaimed cremated remains in a scatter garden or pond, columbarium or other place formally dedicated for the burial of dead human bodies, provided, at least ninety days prior to such scattering or interment the funeral establishment shall send a written notice by certified mail, return receipt requested, to the licensed funeral establishment or person who contracted for the cremation stating that the remains will be scattered or interred under this subdivision unless the notified establishment or person, or other person authorized by the notified establishment or person, claims and removes the remains prior to the end of such ninety-day period, and provided further, if such mailed notice cannot be delivered, at least thirty days prior to such scattering or interment the funeral establishment shall publish a notice once in a newspaper in general circulation in the county in which the funeral establishment is located stating that the remains will be scattered or interred under this subdivision unless the licensed funeral establishment or person who contracted for the cremation, or other person authorized by the contracting establishment or person, claims and removes the remains prior to the end of such thirty-day period.

(L. 1989 H.B. 195 § 1)

**Definitions.**

194.400. As used in sections 194.400 to 194.410 the following words and phrases mean:

- (1) "Committee", the unmarked human burial consultation committee;
- (2) "Cultural items", shall include:
  - (a) "Associated funerary objects", objects that are reasonably believed to have been placed with individual human remains either at the time of death, or during the death rite or ceremony, or later, and all other items exclusively made for burial purposes including items made to contain human remains;
  - (b) "Unassociated funerary objects", objects that are reasonably believed to have been placed with individual human remains either at the time of death or during the death rite or ceremony, or later, which can be identified by a preponderance of the evidence as related to known human remains or an unmarked human burial site or can be identified as having been removed from a specific unmarked human burial site;
- (3) "General archaeological investigation", refers to:
  - (a) Excavations performed by professional archaeologists usually consisting of a structured scientific undertaking comprised of three segments including field investigations, laboratory analysis, and preparation and submission of a report of investigation; and
  - (b) Identification of the presence of human remains in excavated materials considered to occur at the completion of the laboratory analysis segment of the studies as above;
- (4) "Professional archaeologist", a person who has a graduate degree in archaeology, anthropology, or closely related field, at least one year of full-time professional experience or equivalent specialized training in archaeological research, administration of management, or at least four months of supervised field and analytic experience in general North American archaeology and demonstrated ability to carry archaeological research to completion, as evidenced by a master of arts or master of science thesis, or report equivalent in scope and quality;
- (5) "Second or subsequent violation", any violation, other than the first violation, of a criminal law related to the trafficking of human remains or cultural items located in the state of Missouri, the United States, or any other state;
- (6) "Skeletal analyst", a person possessing a postgraduate degree representing specialized training in skeletal biology, forensic osteology, or other relevant aspects of physical anthropology. The skeletal analyst shall have a minimum experience of one year in conducting laboratory reconstruction and analysis, and shall have demonstrated the ability to design and execute a skeletal analysis, and to present the written results and interpretations of such analysis in a thorough, scientific, and timely manner;
- (7) "Specific scientific investigations", refers to detailed studies of human remains by professional archaeologists, anthropologists, osteologists, or professionals in related disciplines;
- (8) "State historic preservation officer", the director of the department of natural resources;
- (9) "Unmarked human burial", any instance where human skeletal remains are discovered or believed to exist, but for which there exists no written historical documentation or grave markers.

(L. 1987 S.B. 24 § 1, A.L. 1996 S.B. 834)

**Scope of law.**

194.405. When an unmarked human burial or human skeletal remains are encountered during archaeological excavation, construction, or other ground disturbing activities, whether found on or in any private lands or waters or on or in any lands or waters owned by the state of Missouri or its political subdivisions, agencies or instrumentalities, the provisions of sections 194.400 to 194.410 shall apply.

(L. 1987 S.B. 24 § 2)

**Unmarked human burials, knowledge or discovery--notice to local law enforcement officer or state historic preservation officer --jurisdiction, how determined.**

194.406. 1. Any person knowing or with reason to know that an unmarked human burial or human skeletal remains are being disturbed, destroyed, defaced, mutilated, removed, or excavated, or exposed shall immediately notify either the state historic preservation officer or the local law enforcement officer with jurisdiction for the area in which the burial or remains are encountered.

2. When an unmarked human burial or human skeletal remains are encountered as a result of construction or agricultural earth disturbing activities or by a professional archaeologist in the course of an investigation all such activities shall cease immediately within a radius of fifty feet of the point of discovery. Such activity shall not resume without specific authorization from either the state historic preservation officer or the local law enforcement officer, whichever party has jurisdiction over and responsibility for such remains. Said parties shall act promptly and make a decision within a reasonable time. Jurisdiction will be determined as follows:

(1) If upon investigation, the local law enforcement officer determines that the human skeletal remains may be involved in a legal investigation, that officer will immediately assume all jurisdiction over and responsibility for such remains;

(2) If upon investigation, the local enforcement officer determines that the remains are not involved in a legal investigation, the state historic preservation officer or his duly designated representative shall assume responsibility for such remains.

(L. 1987 S.B. 24 § 3)

**State historic preservation officer, jurisdiction of unmarked human burials, duties--general archaeological investigation, when --professional archaeologist, advise state historic preservation officer, when.**

194.407. 1. In cases where an unmarked human burial or human skeletal remains are discovered as a result of construction or agricultural earth disturbing activities and where the state historic preservation officer has been determined to have jurisdiction, the state historic preservation officer shall determine whether removal of the human skeletal remains is necessary and appropriate for the purpose of scientific analysis. A general archaeological investigation of the site shall be conducted by a professional archaeologist and the professional archaeologist shall advise the state historic preservation officer of the physical location and the cultural and biological characteristics of the unmarked human burial or human skeletal remains within thirty days after the state historic preservation officer assumed jurisdiction over the burial or remains.

2. In cases where an unmarked human burial or skeletal remains are discovered by a professional archaeologist in the course of an investigation, and where the state historic preservation officer has been determined to have jurisdiction, the professional archaeologist shall advise the state historic preservation officer of the physical location and the cultural and biological characteristics of the unmarked human burial or human skeletal remains within thirty days after the state historic officer assumed jurisdiction.

3. Notwithstanding anything to the contrary herein contained no construction shall be suspended or delayed more than thirty days.

(L. 1987 S.B. 24 § 4)

**State historic preservation officer, reinterment, duties-- --consultation with unmarked human burial consultation committee, when.**

194.408. Whenever an unmarked human burial or human skeletal remains are reported to the state historic preservation officer, the state historic preservation officer shall proceed as follows:

(1) Insofar as possible, the state historic preservation officer shall make reasonable efforts to identify and locate persons who can establish direct kinship with or descent from the individual whose remains constitute the burial. The state historic preservation officer, in consultation with the most closely related family member, shall determine the proper disposition of the remains;

(2) When no direct kin or descendants can be identified or located, but the burial or remains can be shown to have ethnic affinity with living peoples, the state historic preservation officer in consultation with the leaders of the ethnic groups having a relation to the burial or remains shall determine the proper disposition of the remains. But, if the state historic preservation officer determines the burial or remains are scientifically significant, no reinterment shall occur until the burial or remains have been examined by a skeletal analyst designated by the state historic preservation officer. In no event shall reinterment be delayed more than one year;



(3) When the burial or remains cannot be related to any living peoples, the state historic preservation officer, in consultation with the unmarked human burial consultation committee, shall determine the proper disposition of the burial or remains. But, if the state historic preservation officer determines the burial or remains are scientifically significant, no reinterment shall occur until the burial or remains have been examined by a skeletal analyst designated by the state historic preservation officer. In no event shall reinterment be delayed more than one year unless otherwise and to the extent determined by the committee;

(4) Notwithstanding subdivisions (2) and (3) of this section the state historical preservation officer may seek approval from the unmarked human burial consultation committee to delay reinterment of the remains for an additional scientific study in a facility chosen by the state historic preservation officer. If the study is approved by the committee reinterment shall be delayed for a period as specified by the committee.

(L. 1987 S.B. 24 § 5)

**Unmarked human burial consultation committee, established--seven members, qualifications--state historic preservation officer, chairman--meetings, when--members serve without remuneration --expenses--federal law.**

194.409 1. There is hereby created in the department of natural resources, an "Unmarked Human Burial Consultation Committee", which shall be composed of seven members to be appointed by the governor with the advice and consent of the senate. The members of the committee shall be appointed as follows: the state historic preservation officer, two members who are archaeologists or skeletal analysts, two native Americans who are members of an Indian tribe recognized by the United States of America, one member who is a non-Indian minority, and one non-Indian, non-minority member who is neither a professional archaeologist nor a skeletal analyst. Members of the committee shall be residents of the state of Missouri.

2. The state historic preservation officer shall be chairman of the committee and shall serve a term which is contemporaneous with his employment as director of the department of natural resources. The terms of all other members of the committee shall be three years.

3. The committee shall meet at least once each calendar year, but may meet more often at the request of the state historic preservation officer.

4. The members of the committee shall serve voluntarily and shall not receive compensation for membership on the committee, except that they shall be eligible to receive reimbursement for transportation expenses as provided for through the budget approved for the office of the state historic preservation officer.

5. All actions and decisions of the state historic preservation officer and the unmarked human burial consultation committee shall be in conformity with the provisions of the federal National Historic Preservation Act of 1966, as amended.

(L. 1987 S.B. 24 § 6)

**Human burial sites--knowingly disturb, penalty--appropriation for sale, penalty.**

194.410. 1. Any person, corporation, partnership, proprietorship, or organization who knowingly disturbs, destroys, vandalizes, or damages a marked or unmarked human burial site commits a class D felony.

2. Any person who knowingly appropriates for profit, uses for profit, sells, purchases or transports for sale or profit any human remains without the right of possession to those remains as provided in sections 194.400 to 194.410 commits a class A misdemeanor and, in the case of a second or subsequent violation, commits a class D felony.

3. Any person who knowingly appropriates for profit, uses for profit, sells, purchases or transports for sale or profit any cultural items obtained in violation of sections 194.400 to 194.410 commits a class A misdemeanor and, in the case of a second or subsequent violation, commits a class D felony.

(L. 1987 S.B. 24 § 7, A.L. 1990 H.B. 1079, A.L. 1996 S.B. 834)

**Abandonment of a corpse without notifying authorities, penalty.**

194.425. 1. A person commits the crime of abandonment of a corpse if that person abandons, disposes, deserts or leaves a corpse without properly reporting the location of the body to the proper law enforcement officials in that county.

2. Abandonment of a corpse is a class D felony.

(L. 1995 H.B. 160 § 578.157) (2002) Section does not violate the Due Process Clause and is not void for vagueness. State v. Bratina, 73 S.W.3d 625 (Mo.banc).

**Definitions.**

194.500. As used in sections 194.500 to 194.512, the following terms mean:

(1) "Funeral director", a person licensed as a funeral director pursuant to the provisions of chapter 333, RSMo;

(2) "Funeral lead vehicle" or "lead vehicle", any motor vehicle equipped with at least one lighted circulating lamp exhibiting an amber or purple light or lens or alternating flashing headlamps visible under normal atmospheric conditions for a distance of five hundred feet from the front of the vehicle. A hearse or coach properly equipped may be a lead vehicle;

(3) "Organized funeral procession", two or more vehicles accompanying the remains of a deceased person from a funeral establishment, church, synagogue or other place where a funeral service has taken place to a cemetery, crematory or other place of final disposition, or a funeral establishment, church, synagogue or other place where additional funeral services will be performed, if directed by a licensed funeral director from a licensed establishment.

(L. 1999 S.B. 270)

*Missouri Revised Statutes*  
**Chapter 210**  
**Child Protection and Reformation**

28-Aug-02

**Sections:**

- 210.115. Reports of abuse, neglect, and under age eighteen deaths--persons required to report--deaths required to be reported to the division or child fatality review panel, when--report made to another state, when.
- 210.130 Oral reports, when and where made--contents of reports.
- 210.192. Child fatality review panel to investigate deaths--qualifications --prosecutors and circuit attorneys to organize--report on investigations--immunity from civil liability--program for prevention.
- 210.194. Panels, coroners and medical examiners--rules authorized for protocol and identifying suspicious deaths, procedure.
- 210.195. State technical assistance team, duties--regional coordinators, appointment, duties--state child fatality review panel, appointment, duties, findings and recommendations, content.
- 210.196. Hospitals and physicians, rules authorized for protocol and identifying suspicious deaths--child death pathologist, qualification, certification--rules, procedure--records, disclosure.

*Missouri Revised Statutes*

**Chapter 210**  
**Child Protection and Reformation**

**Reports of abuse, neglect, and under age eighteen deaths--persons required to report--deaths required to be reported to the division or child fatality review panel, when--report made to another state, when.**

- 210.115. 1. When any physician, medical examiner, coroner, dentist, chiropractor, optometrist, podiatrist, resident, intern, nurse, hospital or clinic personnel that are engaged in the examination, care, treatment or research of persons, and any other health practitioner, psychologist, mental health professional, social worker, day care center worker or other child-care worker, juvenile officer, probation or parole officer, jail or detention center personnel, teacher, principal or other school official, minister as provided by section 352.400, RSMo, Christian Science practitioner, peace officer or law enforcement official, or other person with responsibility for the care of children has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect, that person shall immediately report or cause a report to be made to the division in accordance with the provisions of sections 210.109 to 210.183. As used in this section, the term "abuse" is not limited to abuse inflicted by a person responsible for the child's care, custody and control as specified in section 210.110, but shall also include abuse inflicted by any other person.
2. Whenever such person is required to report pursuant to sections 210.109 to 210.183 in an official capacity as a staff member of a medical institution, school facility, or other agency, whether public or private, the person in charge or a designated agent shall be notified immediately. The person in charge or a designated agent shall then become responsible for immediately making or causing such report to be made to the division. Nothing in this section, however, is meant to preclude any person from reporting abuse or neglect.
3. Notwithstanding any other provision of sections 210.109 to 210.183, any child who does not receive specified medical treatment by reason of the legitimate practice of the religious belief of the child's parents, guardian, or others legally responsible for the child, for that reason alone, shall not be found to be an abused or neglected child, and such parents, guardian or other persons legally responsible for the child shall not be entered into the central registry. However, the division may accept reports concerning such a child and may subsequently investigate or conduct a family assessment as a result of that report. Such an exception shall not limit the administrative or judicial authority of the state to ensure that medical services are provided to the child when the child's health requires it.
4. In addition to those persons and officials required to report actual or suspected abuse or neglect, any other person may report in accordance with sections 210.109 to 210.183 if such person has reasonable cause to suspect that a child has been or

may be subjected to abuse or neglect or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect.

5. Any person or official required to report pursuant to this section, including employees of the division, who has probable cause to suspect that a child who is or may be under the age of eighteen, who is eligible to receive a certificate of live birth, has died shall report that fact to the appropriate medical examiner or coroner. If, upon review of the circumstances and medical information, the medical examiner or coroner determines that the child died of natural causes while under medical care for an established natural disease, the coroner, medical examiner or physician shall notify the division of the child's death and that the child's attending physician shall be signing the death certificate. In all other cases, the medical examiner or coroner shall accept the report for investigation, shall immediately notify the division of the child's death as required in section 58.452, RSMo, and shall report the findings to the child fatality review panel established pursuant to section 210.192.

6. Any person or individual required to report may also report the suspicion of abuse or neglect to any law enforcement agency or juvenile office. Such report shall not, however, take the place of reporting or causing a report to be made to the division.

7. If an individual required to report suspected instances of abuse or neglect pursuant to this section has reason to believe that the victim of such abuse or neglect is a resident of another state or was injured as a result of an act which occurred in another state, the person required to report such abuse or neglect may, in lieu of reporting to the Missouri division of family services, make such a report to the child protection agency of the other state with the authority to receive such reports pursuant to the laws of such other state. If such agency accepts the report, no report is required to be made, but may be made, to the Missouri division of family services.

(L. 1975 H.B. 578 § 2, A.L. 1980 S.B. 574, A.L. 1982 H.B. 1171, et al., A.L. 1991 H.B. 185, A.L. 1993 S.B. 253 merged with S.B. 394, A.L. 1994 S.B. 595, A.L. 1998 H.B. 1556, A.L. 2000 S.B. 757 & 602, A.L. 2002 S.B. 923, et al.) CROSS REFERENCE: Child abuse, ministers duty to report, RSMo 352.400 (1986) It has been held that a violation of this section does not give rise to a private cause of action. Doe "A" v. Special School District of St. Louis County, 637 F.Supp. 1138 (E.D. Mo.).

#### **Oral reports, when and where made--contents of reports.**

210.130.1. Oral reports of abuse or neglect shall be made to the division by telephone or otherwise.

2. Such reports shall include the following information: The names and addresses of the child and his parents or other persons responsible for his care, if known; the child's age, sex, and race; the nature and extent of the child's injuries, abuse, or neglect, including any evidence of previous injuries, abuse, or neglect to the child or his siblings; the name, age and address of the person responsible for the injuries, abuse or neglect, if known; family composition; the source of the report; the name and address of the person making the report, his occupation, and where he can be reached; the actions taken by the reporting source, including the taking of color photographs or the making of radiologic examinations pursuant to sections 210.110 to 210.165, or both such taking of color photographs or making of radiologic examinations, removal or keeping of the child, notifying the coroner or medical examiner, and other information that the person making the report believes may be helpful in the furtherance of the purposes of sections 210.110 to 210.165.

3. Evidence of sexual abuse or sexual molestation of any child under eighteen years of age shall be turned over to the division within twenty-four hours by those mandated to report.

(L. 1975 H.B. 578 § 5, A.L. 1980 S.B. 574, A.L. 1982 H.B. 1171, et al.)

#### **Child fatality review panel to investigate deaths--qualifications --prosecutors and circuit attorneys to organize--report on investigations--immunity from civil liability--program for prevention.**

210.192.1. The prosecuting attorney or the circuit attorney shall impanel a child fatality review panel for the county or city not within a county in which he or she serves to investigate the deaths of children under the age of eighteen years, who are eligible to receive a certificate of live birth. The panel shall be formed and shall operate according to the rules, guidelines and protocols provided by the department of social services.

2. The panel shall include, but shall not be limited to, the following:

- (1) The prosecuting or circuit attorney;
- (2) The coroner or medical examiner for the county or city not within a county;
- (3) Law enforcement personnel in the county or city not within a county;
- (4) A representative from the division of family services;
- (5) A provider of public health care services;
- (6) A representative of the juvenile court;
- (7) A provider of emergency medical services.

3. The prosecuting or circuit attorney shall organize the panel and shall call the first organizational meeting of the panel. The panel shall elect a chairman who shall convene the panel to meet to review all deaths of children under the age of eighteen years, who are eligible to receive a certificate of live birth, which meet guidelines for review as set forth by the department of social services. In addition, the panel may review at its own discretion any child death reported to it by the medical examiner or coroner, even if it does not meet criteria for review as set forth by the department. The panel shall issue a final report, which shall be a public record, of each investigation to the department of social services, state technical assistance team and to the director of the department of health and senior services. The final report shall include a completed summary report form. The form shall be developed by the director of the department of social services in consultation with the director of the

department of health and senior services. The department of health and senior services shall analyze the child fatality review panel reports and periodically prepare epidemiological reports which describe the incidence, causes, location and other factors pertaining to childhood deaths. The department of health and senior services and department of social services shall make recommendations and develop programs to prevent childhood injuries and deaths.

4. The child fatality review panel shall enjoy such official immunity as exists at common law.  
(L. 1991 H.B. 185 § 1, A.L. 1991 S.B. 190 § 12, A.L. 1994 S.B. 595, A.L. 2000 S.B. 757 & 602)

**Panels, coroners and medical examiners--rules authorized for protocol and identifying suspicious deaths, procedure.**

210.194 1. The director of the department of social services, in consultation with the director of the department of health and senior services, shall promulgate rules, guidelines and protocols for child fatality review panels established pursuant to section 210.192 and for state child fatality review panels.

2. The director shall promulgate guidelines and protocols for coroner and medical examiners to use to help them to identify suspicious deaths of children under the age of eighteen years, who are eligible to receive a certificate of live birth.

3. No rule or portion of a rule promulgated under the authority of sections 210.192 to 210.196 shall become effective unless it has been promulgated pursuant to the provisions of section 536.024, RSMo.

4. All meetings conducted, all reports and records made and maintained pursuant to sections 210.192 to 210.196 by the department of social services and department of health and senior services and its divisions, including the state technical assistance team, or other appropriate persons, officials, or state child fatality review panel and local child fatality review panel shall be confidential and shall not be open to the general public except for the annual report pursuant to section 210.195.

(L. 1991 H.B. 185 § 2, A.L. 1993 S.B. 52, A.L. 1994 S.B. 595, A.L. 1995 S.B. 3)

**State technical assistance team, duties--regional coordinators, appointment, duties--state child fatality review panel, appointment, duties, findings and recommendations, content.**

210.195 1. The director of the department of social services shall establish a special team which shall:

- (1) Develop and implement protocols for the evaluation and review of child fatalities;
- (2) Provide training, expertise and assistance to county child fatality review panels for the review of child fatalities;
- (3) When required and unanimously requested by the county fatality review panel, assist in the review and prosecution of specific child fatalities; and
- (4) The special team may be known as the department of social services, state technical assistance team.

2. The director of the department of social services shall appoint regional coordinators to serve as resources to child fatality review panels established pursuant to section 210.192.

3. The director of the department of social services shall appoint a state child fatality review panel which shall meet at least biannually to provide oversight and make recommendations to the department of social services, state technical assistance team. The department of social services, state technical assistance team shall gather data from local child fatality review panels to identify systemic problems and shall submit findings and recommendations to the director of the department of social services, the governor, the speaker of the house of representatives, the president pro tempore of the senate, the children's services commission, juvenile officers, and the chairman of the local child fatality review panel, at least once a year, on ways to prevent further child abuse and injury deaths.

(L. 1991 H.B. 185 § 3, A.L. 1994 S.B. 595, A.L. 2000 S.B. 757 & 602)

**Hospitals and physicians, rules authorized for protocol and identifying suspicious deaths--child death pathologist, qualification, certification--rules, procedure--records, disclosure.**

210.196 1. The director of the department of health and senior services, in consultation with the director of the department of social services, shall promulgate rules, guidelines and protocols for hospitals and physicians to use to help them to identify suspicious deaths of children under the age of eighteen years, who are eligible to receive a certificate of live birth.

2. The director of the department of health and senior services shall promulgate rules for the certification of child death pathologists and shall develop protocols for such pathologists. A certified child death pathologist shall be a board-certified forensic pathologist or a board-certified pathologist who through special training or experience is deemed qualified in the area of child fatalities by the department of health and senior services.

3. Except as provided in section 630.167, RSMo, any hospital, physician, medical professional, mental health professional, or department of mental health facility shall disclose upon request all records, medical or social, of any child eligible to receive a certificate of live birth under the age of eighteen who has died to the coroner or medical examiner, division of family services representative, or public health representative who is a member of the local child fatality review panel established pursuant to section 210.192 to investigate the child's death. Any legally recognized privileged communication, except that between attorney and client, shall not apply to situations involving the death of a child under the age of eighteen years, who is eligible to receive a certificate of live birth.

(L. 1991 H.B. 185 § 4, A.L. 1993 S.B. 52, A.L. 1994 S.B. 595, A.L. 1995 S.B. 3)

*Missouri Revised Statutes***Miscellaneous Statutes**

- 43.410 Coroner to furnish fingerprints and dental records of certain deceased to highway patrol--duties of patrol--medical and dental records of missing child to be furnished to patrol. 43.410
- 70.010 Certain number of counties may join in performance of common function--duties of county commissions--appointment of district coroners, deputy district coroners, expenses.
- 191.703 Death of patient with infectious or contagious disease, notification to funeral director or coroner.
- 192.804 First responders or Good Samaritans believing they have been exposed --request for information form, content, confidentiality of report.
- 192.806 Rules to provide regulation for training and notification program --rules, procedure, review.
- 198.070 Abuse or neglect of residents--reports, when, by whom--contents of report--failure to report, penalty--investigation, referral of complaint, removal of resident--confidentiality of report--immunity, exception--prohibition against retaliation--penalty--employee list--self-reporting of incidents, investigations, when.
- 198.071 Death of resident, persons to contact prior to transfer of deceased.
- 565.188 Report of elder abuse, penalty--false report, penalty--evidence of prior convictions.
- 630.165 Suspected abuse of patient, report, by whom made, contents--effect of failure to report.
- 660.300 Report of abuse or neglect of in-home services client, duty--penalty --contents of report--investigation, procedure--confidentiality of report--immunity--retaliation prohibited, penalty--employee disqualification list.
- 660.520 State technical assistance team for child sexual abuse cases, duties --counties may develop team, members--division of family services, duties--availability of records.

*Missouri Revised Statutes***Miscellaneous Statutes****Coroner to furnish fingerprints and dental records of certain deceased to highway patrol--duties of patrol--medical and dental records of missing child to be furnished to patrol.**

- 43.410 1. Every county coroner or medical examiner promptly shall furnish the Missouri state highway patrol with copies of fingerprints on standardized fingerprint cards, personal descriptions and other identifying data, including date and place of death, of all deceased persons whose deaths are in a classification requiring inquiry by the coroner or medical examiner where the deceased is not identified or the coroner or medical examiner is not satisfied with the decedent's identification. In any case where it is not physically possible to furnish prints of the ten fingers of the deceased, prints or partial prints of any fingers with other identifying data shall be forwarded by the county coroner or medical examiner to the highway patrol.
2. In addition to the foregoing provisions of this section, the county coroner or medical examiner shall cause a dentist to carry out a dental examination of the deceased. The coroner or medical examiner shall forward the dental records to the Missouri state highway patrol on a form supplied by the highway patrol for such purpose.
3. The Missouri state highway patrol shall compare the fingerprints received from the county coroner or medical examiner to fingerprints on file with the Missouri state highway patrol or with other law enforcement agencies for purposes of attempting to determine the identity of the deceased. Other descriptive data supplied with the fingerprints shall also be compared to records concerning missing persons. The highway patrol shall submit the results of the comparisons to the appropriate coroner or medical examiner and if a tentative or positive identification is made, to the law enforcement authority which submitted the report of the missing person.
4. When any person makes a report of a missing child to a law enforcement authority, the authority shall request a member of the family or next of kin of the missing child to authorize the release of the medical and dental records of the person reported missing to the law enforcement agency making the initial report and to the Missouri state highway patrol.
5. The Missouri state highway patrol shall compare the dental records received from the coroner or medical examiner to dental records of missing children on file with the highway patrol or other law enforcement agency. The department shall submit the results of the comparison to the coroner or medical examiner and if a tentative or positive identification is made, to the law enforcement authority which submitted the report of the missing child.
- (L. 1985 H.B. 366, et al. § 6)

**Certain number of counties may join in performance of common function--duties of county commissions--appointment of district coroners, deputy district coroners, expenses.**

70.010. 1. Two or more, not exceeding ten, contiguous counties may join in performing any common function or service, including the purchase, construction and maintenance of hospitals, almshouses, road machinery and any other county property and may join in the common employment of any county officer or employee common to each of the counties. The county commissions shall administer the delegated powers and allocate the costs among the counties.

2. County coroners of any number of contiguous counties may establish a cooperative district and appoint a district coroner and deputy district coroner for such district. District coroners and deputy district coroners shall be county coroners selected by a majority vote of coroners of counties within the district and certified as master death investigators by a professional association of the county coroners of Missouri. The district and deputy district coroners shall receive remuneration only for necessary expenses incurred for providing assistance in the investigation of a death at the request of a county coroner which shall be paid in the manner provided under the provisions of section 58.570, RSMo.

(L. 1945 p. 1395 § 1, A.L. 1994 H.B. 1486) CROSS REFERENCES: Airports, counties and cities may jointly operate, RSMo 305.170, 305.180 Bridges, counties may unite in building, expenses shared how, RSMo 234.070 to 234.090 Bridges, toll, counties may acquire, RSMo 234.210 Tuberculous residents, counties may contract for care of indigent, RSMo 205.340

**Death of patient with infectious or contagious disease, notification to funeral director or coroner.**

191.703. A licensed health care facility that treats a patient having HIV or HBV infection or any other reportable infectious or contagious disease as defined by the department of health and senior services shall notify the funeral establishment personnel, coroner or medical examiner involved of such disease prior to the removal of the patient, when deceased, from the licensed health care facility. Notification shall be conducted in a manner that protects the confidentiality of the deceased patient.

(L. 1993 S.B. 233)

**First responders or Good Samaritans believing they have been exposed --request for information form, content, confidentiality of report.**

192.804. 1. First responders or Good Samaritans who attended or transported a patient who believe that they may have received an exposure which may present a significant risk of a communicable disease by a patient may provide a written request concerning the suspected exposure to either the licensed facility that received the patient or the designated officer, detailing the nature of the alleged exposure. The form shall inform the first responder or Good Samaritan, in bold print, of the provisions of subsections 1 and 6 of section 191.656, RSMo, regarding confidentiality and consequences of violation of confidentiality provisions. The first responder or Good Samaritan shall be given a copy of the request form.

2. If the licensed facility, designated officer, coroner or medical examiner makes a determination that there was an exposure to a communicable disease, the report to the first responder or Good Samaritan shall provide the name of the communicable disease involved, the date on which the patient was assisted or transported, and any advice or information about the communicable disease as provided by rule by the department of health and senior services and shall, in addition, inform the first responder or the Good Samaritan of the provisions of subsections 1 and 6 of section 191.656, RSMo, regarding confidentiality and consequences of violation of confidentiality provisions. This section shall not be construed to authorize the disclosure of any identifying information with respect to the patient, first responder or Good Samaritan.

(L. 1992 S.B. 511 & 556 § 1 subsecs. 3, 4)

**Rules to provide regulation for training and notification program --rules, procedure, review.**

192.806. 1. The department of health and senior services shall promulgate regulations, pursuant to the provisions of section 192.006 and chapter 536, RSMo, concerning:

(1) The type of exposure that would prompt notification of the first responder or Good Samaritan, which shall cover at a minimum, methods of potential transmission of any diseases designated under P.L. 101-381 or diseases additionally identified from the department of health and senior services' list of communicable diseases;

(2) The process to be used by the first responder, Good Samaritan, licensed facility, coroner, medical examiner and designated officer for the reports required by this section, the process to be used to evaluate requests received from first responders and Good Samaritans, and for informing first responders and Good Samaritans as to their obligations to maintain the confidentiality of information received;

(3) The method by which first responders and Good Samaritans shall be provided information and advice in a timely manner related to the risk of infection from communicable diseases as a result of provision of aid or medical care;

(4) The need for employers of first responders to provide training to employees regarding the use of universal precautions.

2. All licensed facilities, medical examiners, coroners, first responders and Good Samaritans shall be required to comply with the regulations promulgated pursuant to sections 192.800 to 192.808.

(L. 1992 S.B. 511 & 556 § 1 subsecs. 5, 6, A.L. 1993 S.B. 52)

**Abuse or neglect of residents--reports, when, by whom--contents of report--failure to report, penalty--investigation, referral of complaint, removal of resident--confidentiality of report--immunity, exception--prohibition against retaliation--penalty--employee list--self-reporting of incidents, investigations, when.**

- 198.070.1. When any physician, dentist, chiropractor, optometrist, podiatrist, intern, nurse, medical examiner, social worker, psychologist, minister, Christian Science practitioner, peace officer, pharmacist, physical therapist, facility administrator, employee in a facility, or employee of the department of social services or of the department of mental health, coroner, dentist, hospital and clinic personnel engaged in examination, other health practitioners, mental health professional, adult day care worker, probation or parole officer, law enforcement official or other person with the care of a person sixty years of age or older or an eligible adult has reasonable cause to believe that a resident of a facility has been abused or neglected, he or she shall immediately report or cause a report to be made to the department.
2. The report shall contain the name and address of the facility, the name of the resident, information regarding the nature of the abuse or neglect, the name of the complainant, and any other information which might be helpful in an investigation.
3. Any person required in subsection 1 of this section to report or cause a report to be made to the department who knowingly fails to make a report within a reasonable time after the act of abuse or neglect as required in this subsection is guilty of a class A misdemeanor.
4. In addition to those persons required to report pursuant to subsection 1 of this section, any other person having reasonable cause to believe that a resident has been abused or neglected may report such information to the department.
5. Upon receipt of a report, the department shall initiate an investigation within twenty-four hours and, as soon as possible during the course of the investigation, shall notify the resident's next of kin or responsible party of the report and the investigation and further notify them whether the report was substantiated or unsubstantiated. As provided in section 565.186, RSMo, substantiated reports of elder abuse shall be promptly reported by the department to the appropriate law enforcement agency and prosecutor.
6. If the investigation indicates possible abuse or neglect of a resident, the investigator shall refer the complaint together with the investigator's report to the department director or the director's designee for appropriate action. If, during the investigation or at its completion, the department has reasonable cause to believe that immediate removal is necessary to protect the resident from abuse or neglect, the department or the local prosecuting attorney may, or the attorney general upon request of the department shall, file a petition for temporary care and protection of the resident in a circuit court of competent jurisdiction. The circuit court in which the petition is filed shall have equitable jurisdiction to issue an ex parte order granting the department authority for the temporary care and protection of the resident, for a period not to exceed thirty days.
7. Reports shall be confidential, as provided pursuant to section 660.320, RSMo.
8. Anyone who makes a report pursuant to this section or who testifies in any administrative or judicial proceeding arising from the report shall be immune from any civil or criminal liability for making such a report or for testifying except for liability for perjury, unless such person acted in bad faith or with malicious purpose. It is a crime pursuant to section 565.186 and\* 565.188, RSMo, for any person to purposely file a false report of elder abuse or neglect.
9. Within five working days after a report required to be made pursuant to this section is received, the person making the report shall be notified in writing of its receipt and of the initiation of the investigation.
10. No person who directs or exercises any authority in a facility shall evict, harass, dismiss or retaliate against a resident or employee because such resident or employee or any member of such resident's or employee's family has made a report of any violation or suspected violation of laws, ordinances or regulations applying to the facility which the resident, the resident's family or an employee has reasonable cause to believe has been committed or has occurred. Through the existing division of aging information and referral telephone contact line, residents, their families and employees of a facility shall be able to obtain information about their rights, protections and options in cases of eviction, harassment, dismissal or retaliation due to a report being made pursuant to this section.
11. Any person who knowingly abuses or neglects a resident of a facility shall be guilty of a class D felony.
12. The department shall maintain the employee disqualification list and place on the employee disqualification list the names of any persons who have been finally determined by the department pursuant to section 660.315, RSMo, to have recklessly, knowingly or purposely abused or neglected a resident while employed in any facility.
13. The timely self-reporting of incidents to the central registry by a facility shall continue to be investigated in accordance with department policy, and shall not be counted or reported by the department as a hot-line call but rather a self-reported incident. If the self-reported incident results in a regulatory violation, such incident shall be reported as a substantiated report. (L. 1979 S.B. 328, et al. § 23, A.L. 1984 S.B. 451, A.L. 1987 S.B. 277, A.L. 1988 S.B. 602, A.L. 1990 H.B. 1370, et al., A.L. 1992 S.B. 573 & 634, A.L. 1994 H.B. 1335 & 1381, A.L. 1999 H.B. 316, et al. merged with S.B. 326) \*Word "and" does not appear in original rolls. (1989) Owners and operators of nursing home were convicted of knowing neglect where they had knowledge of neglect in administration of required care; but persons may not be convicted of knowing neglect simply because of ownership or supervisory authority over a facility. (Mo. banc) State v. Dale, 775 S.W.2d 126. (1989) Statute making it a Class D felony to knowingly abuse or neglect resident of nursing care facility, held not unconstitutionally vague. Owners or managers responsible for known abuse or neglect. State v. Dale 775 S.W.2d 126 (Mo. banc). (1989) Where statute requires a finding of knowing neglect and "neglect" is specifically defined in § 198.006, RSMo, statutes are not unconstitutionally vague. (Mo. banc) State v. Dale, 775 S.W.2d 126.

**Death of a resident, persons to contact prior to transfer of deceased.**

198.071. The staff of a residential care facility I, a residential care facility II, and intermediate care facility, or a skilled nursing facility shall attempt to contact the resident's immediate family or a resident's responsible party, and shall contact the attending physician and notify the local coroner or medical examiner immediately upon the death of any resident of the facility prior to transferring the deceased resident to a funeral home.

(L. 2003 S.B. 556 & 311)

**Report of elder abuse, penalty--false report, penalty--evidence of prior convictions.**

565.188. 1. When any physician, medical examiner, coroner, dentist, chiropractor, optometrist, podiatrist, resident intern, nurse, hospital and clinic personnel engaged in examination, care or treatment of persons, or other health practitioners, psychologists, mental health professional, social worker, adult day care center worker, nursing home worker, probation or parole officer, Christian Science practitioner, peace officer or law enforcement official, or other person with responsibility for the care of a person sixty years of age or older has reasonable cause to suspect that such a person has been subjected to abuse or neglect or observes such a person being subjected to conditions or circumstances which would reasonably result in abuse or neglect, he shall immediately report or cause a report to be made to the department in accordance with the provisions of sections 660.250 to 660.295, RSMo. Any other person who becomes aware of circumstances which may reasonably be expected to be the result of or result in abuse or neglect may report to the department.

2. Any person who knowingly fails to make a report as required in subsection 1 of this section is guilty of a class A misdemeanor.

3. Any person who purposely files a false report of elder abuse or neglect shall be guilty of a class A misdemeanor.

4. Every person who has been previously convicted of or pled guilty to making a false report to the department and who is subsequently convicted of making a false report under subsection 3 of this section is guilty of a class D felony.

5. Evidence of prior convictions of false reporting shall be heard by the court, out of the hearing of the jury, prior to the submission of the case to the jury, and the court shall determine the existence of the prior convictions.

(L. 1992 S.B. 573 & 634 § 5)

**Suspected abuse of patient, report, by whom made, contents--effect of failure to report.**

630.165. 1. When any physician, dentist, chiropractor, optometrist, podiatrist, intern, nurse, medical examiner, social worker, psychologist, minister, Christian Science practitioner, peace officer, pharmacist, physical therapist, facility administrator, nurse's aide or orderly in a residential facility, day program or specialized service operated, funded or licensed by the department or in a mental health facility or mental health program in which people may be admitted on a voluntary basis or are civilly detained pursuant to chapter 632, RSMo, or employee of the department has reasonable cause to believe that a patient, resident or client of a facility, program or service has been abused or neglected, he shall immediately report or cause a report to be made to the department or the department of health and senior services, if such facility or program is licensed pursuant to chapter 197, RSMo.

2. The report shall contain the name and address of the residential facility, day program or specialized service; the name of the patient, resident or client; information regarding the nature of the abuse or neglect; the name of the complainant, and any other information which might be helpful in an investigation.

3. Any person required in subsection 1 of this section to report or cause a report to be made to the department who fails to do so within a reasonable time after the act of abuse or neglect is guilty of an infraction.

4. In addition to those persons required to report under subsection 1 of this section, any other person having reasonable cause to believe that a resident has been abused or neglected may report such information to the department.

(L. 1980 H.B. 1724 § 630.165 subsecs. 1 to 4, A.L. 1996 S.B. 884 & 841)

**Report of abuse or neglect of in-home services client, duty--penalty --contents of report--investigation, procedure--confidentiality of report--immunity--retaliation prohibited, penalty--employee disqualification list.**

660.300. 1. Beginning January 1, 1993, when any physician, dentist, chiropractor, optometrist, podiatrist, intern, nurse, medical examiner, social worker, psychologist, minister, Christian Science practitioner, peace officer, pharmacist, physical therapist, in-home services owner, in-home services operator, in-home services employee, or employee of the department of social services or of the department of health and senior services or of the department of mental health has reasonable cause to believe that an in-home services client has been abused or neglected, as a result of in-home services, he shall immediately report or cause a report to be made to the department.

2. Any person required in subsection 1 of this section to report or cause a report to be made to the department who fails to do so within a reasonable time after the act of abuse or neglect is guilty of a class A misdemeanor.

3. The report shall contain the names and addresses of the in-home services provider agency, the in-home services employee, the in-home services client, information regarding the nature of the abuse or neglect, the name of the complainant, and any other information which might be helpful in an investigation.

4. In addition to those persons required to report under subsection 1 of this section, any other person having reasonable cause to believe that an in-home services client has been abused or neglected by an in-home services employee may report such information to the department.



5. Upon receipt of a report, the department shall initiate a prompt and thorough investigation.
6. If the investigation indicates possible abuse or neglect of an in-home services client, the investigator shall refer the complaint together with his report to the department director or his designee for appropriate action. If, during the investigation or at its completion, the department has reasonable cause to believe that immediate removal is necessary to protect the in-home services client from abuse or neglect, the department or the local prosecuting attorney may, or the attorney general upon request of the department shall, file a petition for temporary care and protection of the in-home services client in a circuit court of competent jurisdiction. The circuit court in which the petition is filed shall have equitable jurisdiction to issue an ex parte order granting the department authority for the temporary care and protection of the in-home services client, for a period not to exceed thirty days.
7. Reports shall be confidential, as provided under section 660.320.
8. Anyone, except any person who has abused or neglected an in-home services client, who makes a report pursuant to this section or who testifies in any administrative or judicial proceeding arising from the report shall be immune from any civil or criminal liability for making such a report or for testifying except for liability for perjury, unless such person acted negligently, recklessly, in bad faith, or with malicious purpose.
9. Within five working days after a report required to be made under this section is received, the person making the report shall be notified in writing of its receipt and of the initiation of the investigation.
10. No person who directs or exercises any authority in an in-home services provider agency shall harass, dismiss or retaliate against an in-home services client or an in-home services employee because he or any member of his family has made a report of any violation or suspected violation of laws, standards or regulations applying to the in-home services provider agency or any in-home services employee which he has reasonable cause to believe has been committed or has occurred.
11. Any person who knowingly abuses or neglects an in-home services client shall be guilty of a class D felony.
12. The department shall maintain the employee disqualification list and place on the employee disqualification list the names of any persons who have been finally determined by the department, pursuant to section 660.315, to have recklessly, knowingly or purposely abused or neglected an in-home services client while employed by an in-home services provider agency.

(L. 1992 S.B. 573 & 634)

**State technical assistance team for child sexual abuse cases, duties --counties may develop team, members--division of family services, duties--availability of records.**

- 660.520. 1. There is hereby established in the department of social services a special team, to be known as the "state technical assistance team", to assist in cases of child abuse, child neglect, child sexual abuse, child exploitation or child fatality. It shall be the priority of the team to focus on those cases in which more than one report has been received. The director of family services shall be held accountable for cases reported and filed with the division. The team shall:
- (1) Provide training, expertise and assistance to county multidisciplinary teams for the investigation and prosecution of child abuse, child neglect, child sexual abuse, child exploitation or child fatality cases;
  - (2) Assist in the investigation of child abuse, child neglect, child sexual abuse, child exploitation or child fatality cases, upon the request of a local law enforcement agency, prosecutor, division of family services staff, a representative of the family courts, medical examiner, coroner or juvenile officer. Upon being requested to assist in an investigation, the state technical assistance team shall notify all parties specified in this subdivision of the team's involvement. Where assistance has been requested by a local law enforcement agency, state technical assistance team investigators certified as peace officers by the director of the department of public safety pursuant to chapter 590, RSMo, shall be deemed to be peace officers within the jurisdiction of the requesting law enforcement agency, while acting at the request of the law enforcement agency. The power of arrest of a state technical assistance team investigator acting as a peace officer shall be limited to offenses involving child abuse, child neglect, child sexual abuse, child exploitation or child fatality;
  - (3) Assist county multidisciplinary teams to develop and implement protocols for the investigation and prosecution of child abuse, child neglect, child sexual abuse, child exploitation or child fatality cases.
2. The team may call upon the expertise of the office of the attorney general, the Missouri office of prosecution services, the missing persons unit of the state highway patrol, the department of health and senior services, the department of mental health or any other agency.
  3. Each county may develop a multidisciplinary team for the purpose of determining the appropriate investigative and therapeutic action to be initiated on complaints referenced in subsection 1 of this section reported to the division of family services. The multidisciplinary team may include, but is not limited to, a prosecutor, or his or her representative, an investigator from the division of family services, a physician, a representative from a mental health care services agency and a representative of the police agency of primary jurisdiction.
  4. The division of family services shall provide training and assistance to county multidisciplinary teams and shall assist in the investigation of child abuse, child neglect, child sexual abuse, child exploitation or child fatality cases upon the request of local law enforcement agencies, the local multidisciplinary team, or the local prosecutor.
  5. All reports and records made and maintained by the state technical assistance team or local law enforcement relating to criminal investigations conducted pursuant to this section, including arrests, shall be available in the same manner as law

enforcement records, as set forth in sections 610.100 to 610.200, RSMo, and to the individuals identified in subdivision (13) of subsection 2 of section 210.150, RSMo. All other records shall be available in the same manner as provided for in section 210.150, RSMo.

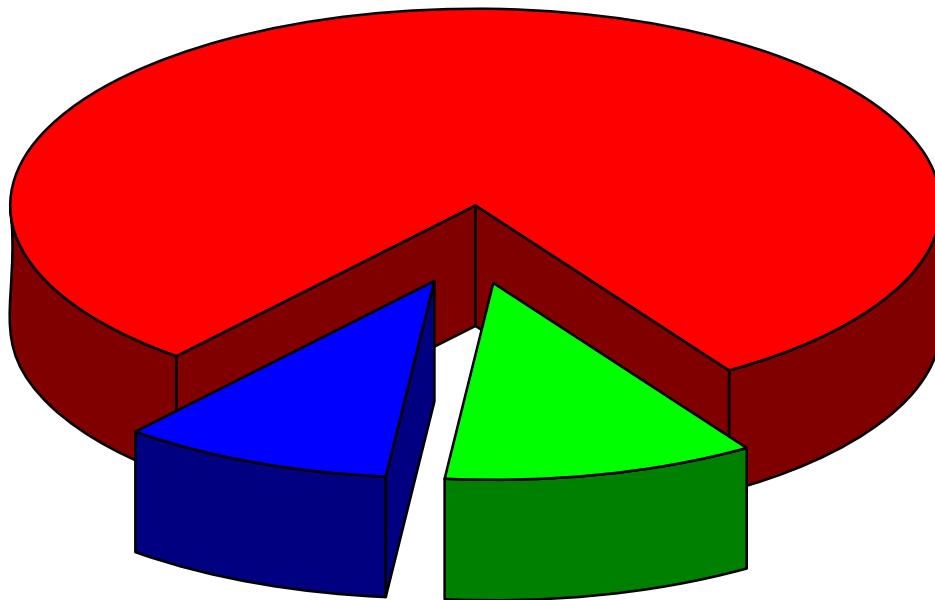
(L. 1990 H.B. 1370, et al. § 1, A.L. 2000 S.B. 757 & 602)

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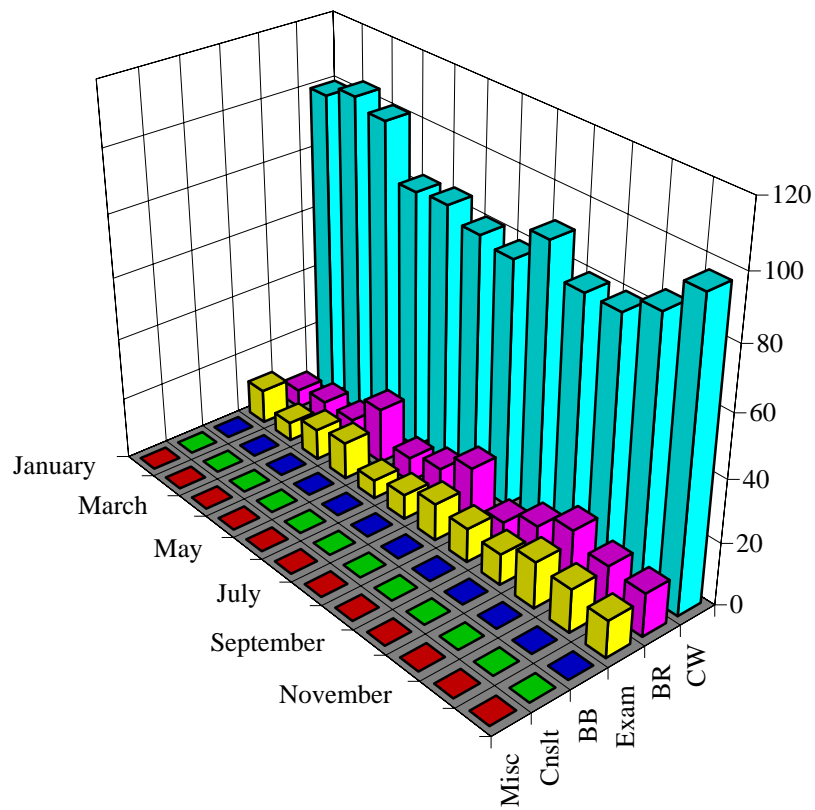
Case Type

Case Waived (CW)	1067
Body Released; Death Certificate by M.E. (BR)	145
Body Brought in for Examination (Exam)	127
<b>Totals:</b>	<b>1339</b>



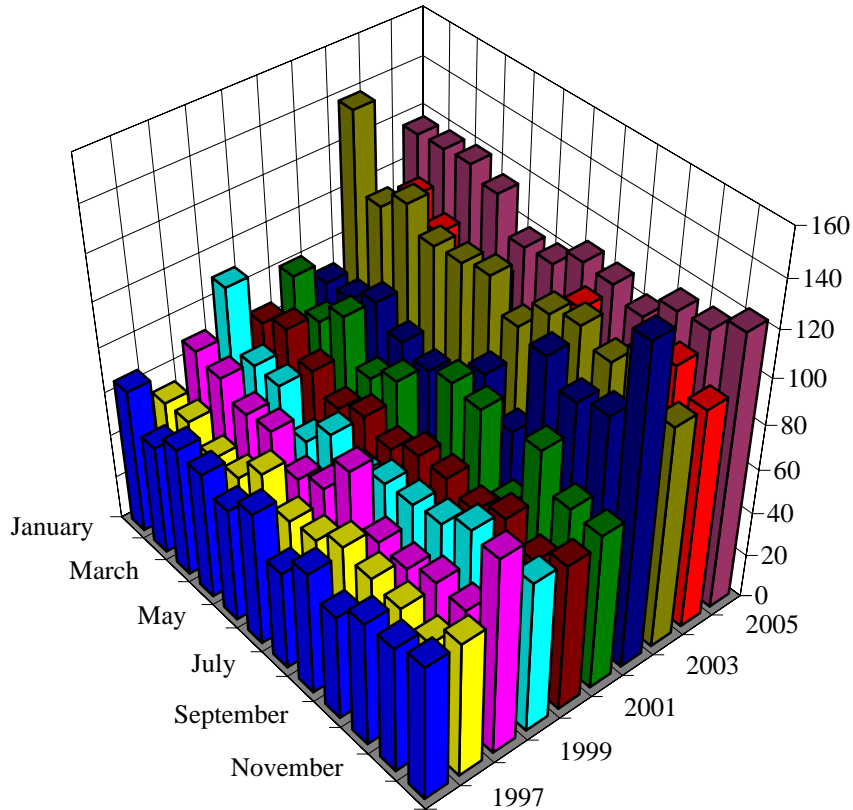
Case Type by Month

	CW	BR	Exam	BB	Cnslt	Misc	Totals
January	100	6	11	0	0	0	117
February	104	8	6	0	0	0	118
March	101	8	10	0	0	0	119
April	84	18	12	0	0	0	114
May	85	8	6	0	0	0	99
June	81	11	8	0	0	0	100
July	79	18	12	0	0	0	109
August	90	7	11	0	0	0	108
September	80	13	10	0	0	0	103
October	80	19	15	0	0	0	114
November	86	15	14	0	0	0	115
December	97	14	12	0	0	0	123
<b>Totals:</b>	<b>1067</b>	<b>145</b>	<b>127</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1339</b>



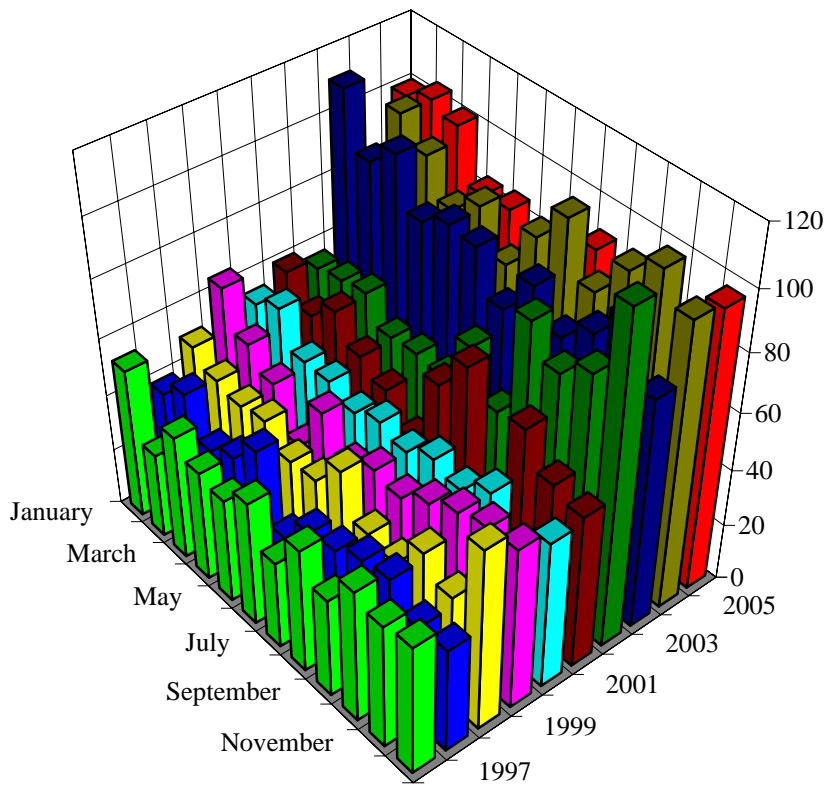
**Number of Cases by Month  
10 Year Comparisons**

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	Totals
January	66	53	69	90	67	81	71	139	82	117	835
February	50	54	66	64	73	69	72	106	104	118	776
March	59	47	59	64	63	80	79	115	96	119	781
April	58	48	61	48	55	61	70	105	84	114	704
May	52	60	49	61	61	69	66	106	91	99	714
June	61	49	55	53	56	44	66	109	78	100	671
July	45	51	73	59	63	87	83	96	93	109	759
August	56	59	52	60	63	85	67	110	105	108	765
September	48	56	51	62	59	53	109	114	88	103	743
October	57	54	56	70	66	87	99	108	101	114	812
November	58	50	55	68	58	72	103	119	108	115	806
December	62	62	89	69	67	71	142	100	99	123	884
<b>Totals:</b>	<b>672</b>	<b>643</b>	<b>735</b>	<b>768</b>	<b>751</b>	<b>859</b>	<b>1027</b>	<b>1327</b>	<b>1129</b>	<b>1339</b>	<b>9250</b>



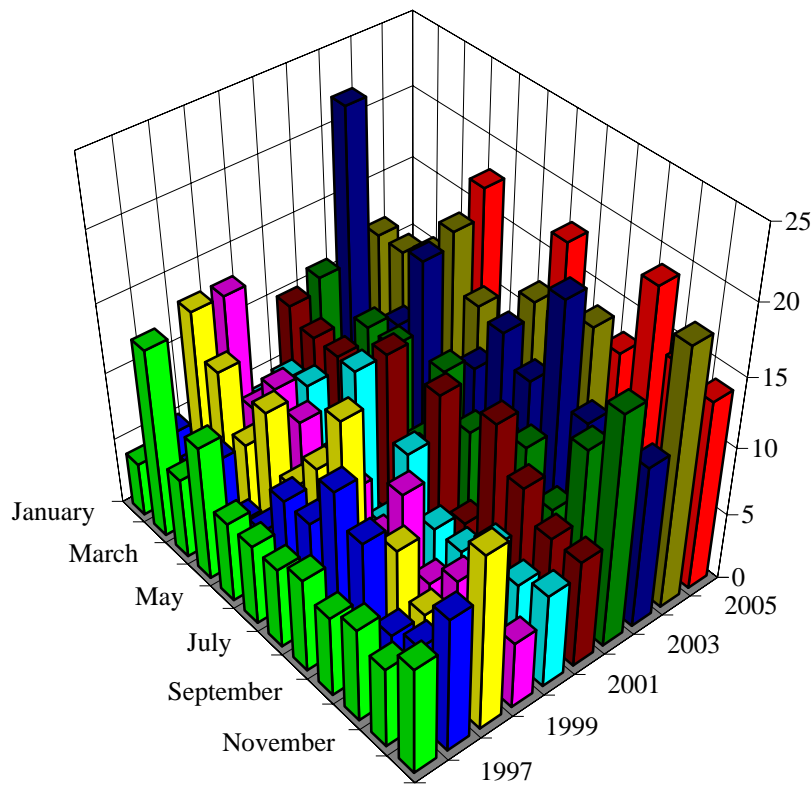
**Case Type: Case Waived (CW)  
10 Year Comparisons**

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	Totals
January	53	39	50	65	54	60	56	111	82	100	670
February	30	46	45	52	59	51	58	93	104	104	642
March	44	33	43	45	47	59	60	101	96	101	629
April	39	38	45	30	47	50	51	85	84	84	553
May	37	48	38	49	43	45	52	90	91	85	578
June	44	25	39	38	47	35	51	89	78	81	527
July	31	35	50	44	44	61	68	75	93	79	580
August	44	37	36	42	49	74	53	89	105	90	619
September	35	42	34	48	46	34	90	79	88	80	576
October	47	44	46	53	53	68	80	87	101	80	659
November	44	36	39	56	36	57	87	98	108	86	647
December	46	37	64	57	52	54	114	80	99	97	700
<b>Totals:</b>	<b>494</b>	<b>460</b>	<b>529</b>	<b>579</b>	<b>577</b>	<b>648</b>	<b>820</b>	<b>1077</b>	<b>1129</b>	<b>1067</b>	<b>7380</b>



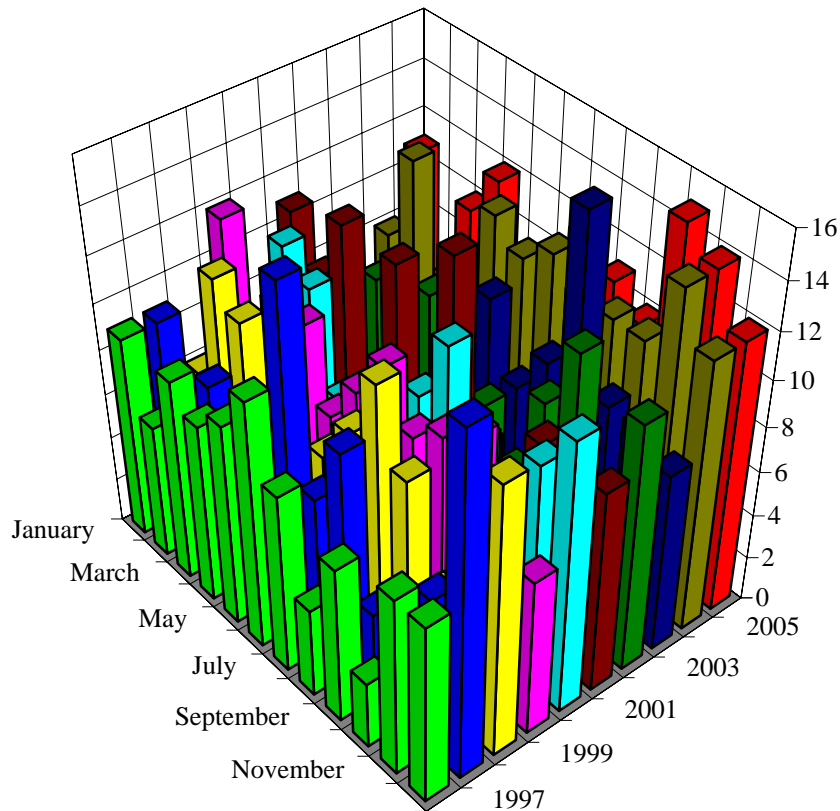
**Case Type: Body Released; DC by ME (BR)**  
**10 Year Comparisons**

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	Totals
January	4	5	13	13	4	10	11	22	12	6	100
February	14	4	10	6	7	9	6	6	12	8	82
March	6	6	6	9	8	9	10	9	13	8	84
April	10	3	10	8	4	6	10	15	16	18	100
May	6	4	6	5	12	12	4	8	12	8	77
June	6	8	9	6	2	6	11	10	11	11	80
July	6	8	14	4	9	12	8	14	15	18	108
August	7	12	4	9	5	4	9	12	15	7	84
September	6	10	8	4	5	13	10	19	16	13	104
October	7	5	5	6	7	10	7	12	6	19	84
November	6	6	6	8	6	8	13	12	4	15	84
December	8	10	13	5	7	8	17	12	19	14	113
<b>Totals:</b>	<b>86</b>	<b>81</b>	<b>104</b>	<b>83</b>	<b>76</b>	<b>107</b>	<b>116</b>	<b>151</b>	<b>151</b>	<b>145</b>	<b>1100</b>



**Case Type: Examination Cases (Exam)**  
**10 Year Comparisons**

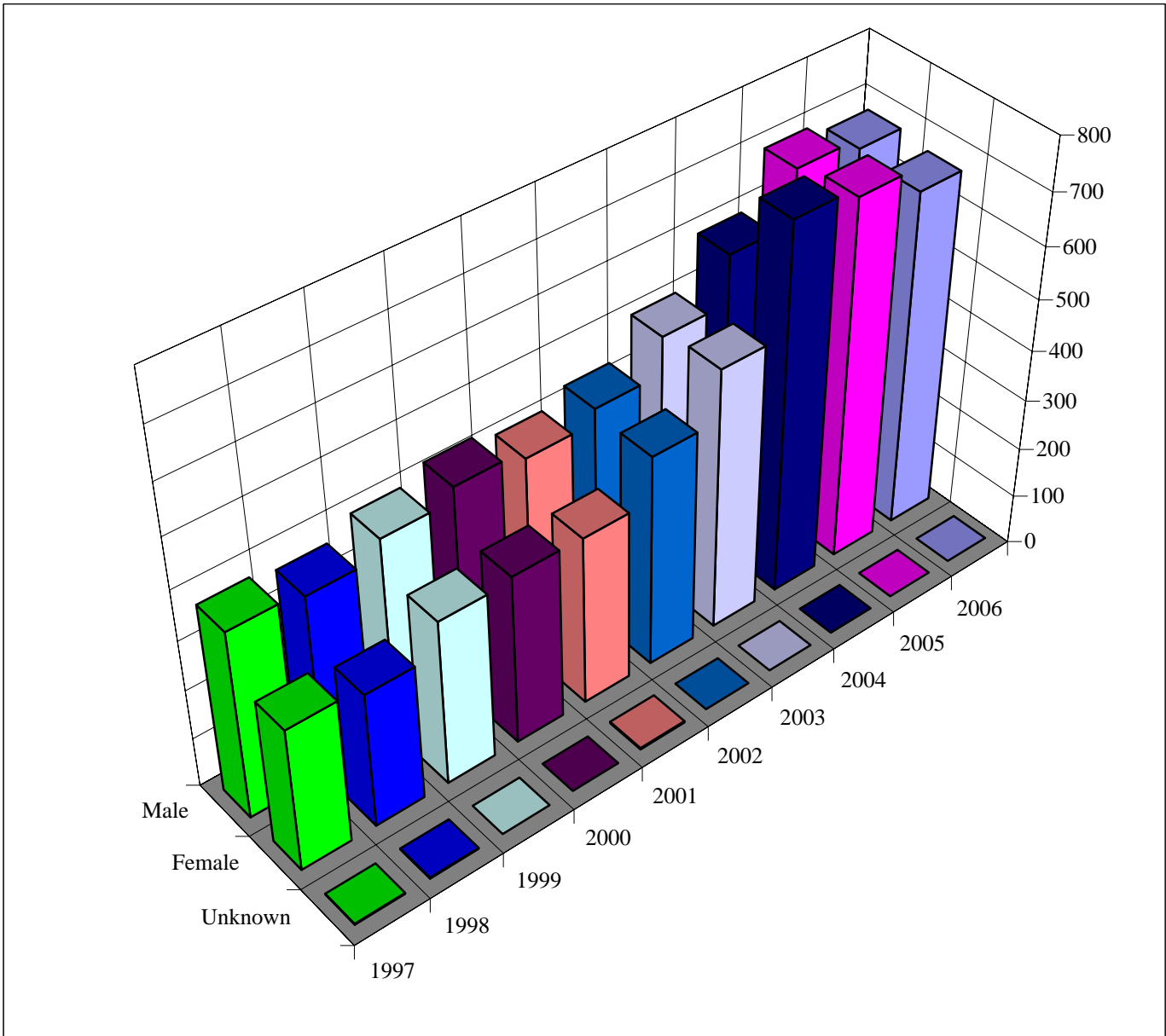
	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	Totals
January	9	9	6	12	6	11	4	6	8	11	71
February	6	4	11	6	11	9	8	7	12	6	74
March	9	8	10	10	10	12	9	5	5	10	78
April	8	7	6	10	6	5	9	5	8	12	64
May	9	8	5	7	5	12	10	8	12	6	76
June	11	15	7	9	7	3	4	10	11	8	77
July	8	7	9	11	9	14	7	7	12	12	84
August	4	10	12	9	12	7	5	9	11	11	79
September	7	4	9	10	9	6	9	16	11	10	81
October	3	5	5	11	5	9	12	9	11	15	70
November	8	7	10	4	10	7	3	9	14	14	72
December	8	15	12	7	12	9	11	8	12	12	94
<b>Totals:</b>	<b>90</b>	<b>99</b>	<b>102</b>	<b>106</b>	<b>102</b>	<b>104</b>	<b>91</b>	<b>99</b>	<b>127</b>	<b>127</b>	<b>920</b>





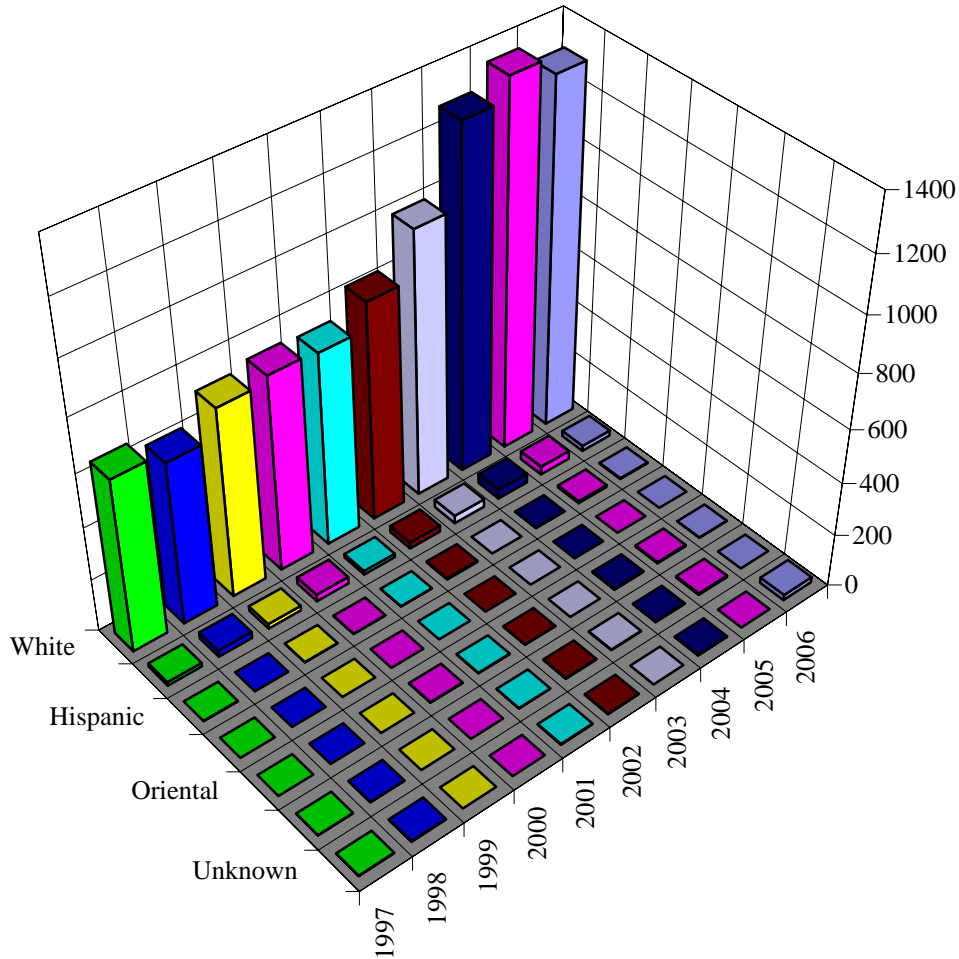
**Sex Breakdowns  
10 Year Comparisons**

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	Totals
Male	380	368	401	426	408	434	505	596	695	675	4888
Female	290	273	334	342	340	425	522	731	712	664	4633
Unknown	2	2	0	0	3	0	0	0	0	0	7
<b>Totals:</b>	<b>672</b>	<b>643</b>	<b>735</b>	<b>768</b>	<b>751</b>	<b>859</b>	<b>1027</b>	<b>1327</b>	<b>1407</b>	<b>1339</b>	<b>9528</b>



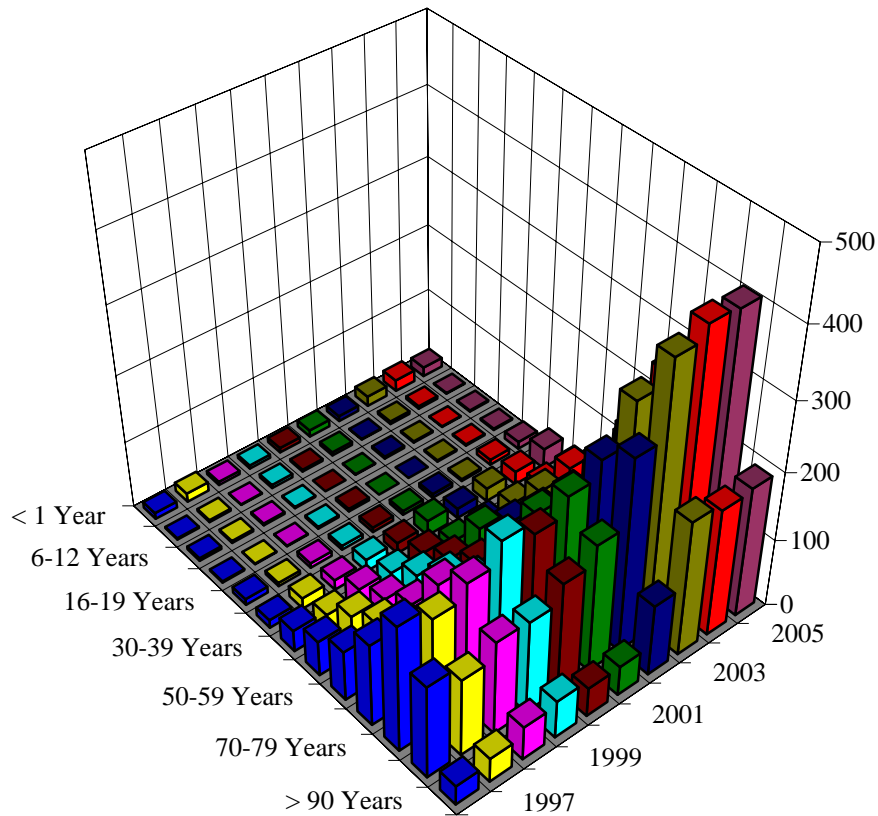
**Race Breakdowns  
10 Year Comparisons**

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	Totals
White	654	615	716	739	730	824	995	1281	1356	1293	9203
Black	14	24	18	26	14	24	30	36	32	21	239
Hispanic	1	0	1	1	1	5	0	1	8	3	21
American Ind	0	0	0	0	0	0	0	0	0	0	0
Oriental	0	0	0	2	2	1	0	4	5	1	15
Other	1	1	0	0	1	3	2	3	6	0	17
Unknown	2	3	0	0	3	2	0	2	0	21	33
<b>Totals:</b>	<b>672</b>	<b>643</b>	<b>735</b>	<b>768</b>	<b>751</b>	<b>859</b>	<b>1027</b>	<b>1327</b>	<b>1407</b>	<b>1339</b>	<b>9528</b>



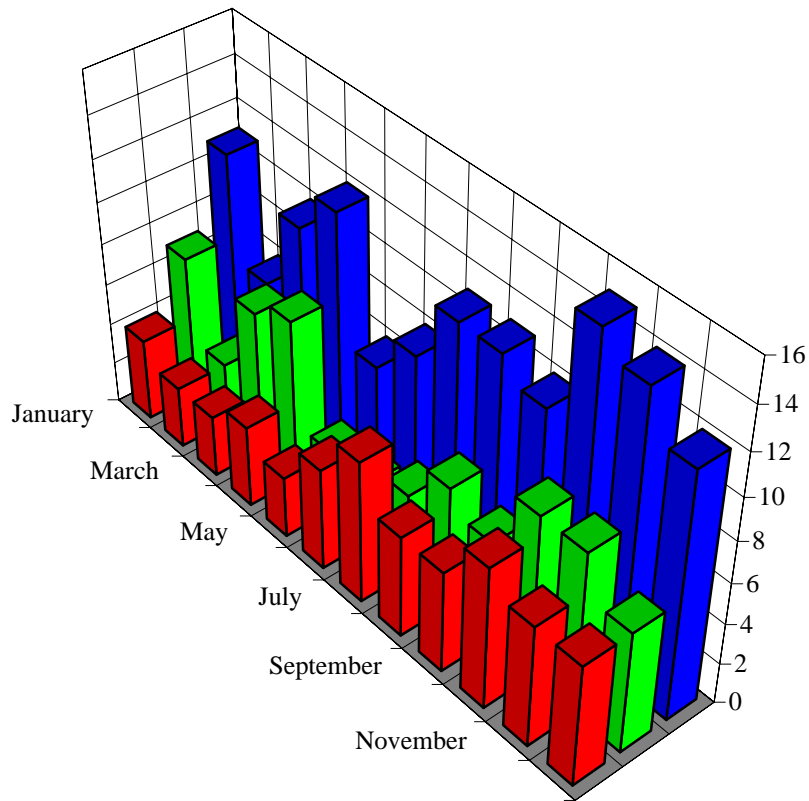
**Age Breakdowns  
10 Year Comparisons**

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	Totals	Avg/Yr
< 1 Year	9	13	5	5	7	10	8	15	17	14	103	10.3
1-5 Years	2	3	1	5	3	5	1	4	4	1	29	2.9
6-12 Years	4	3	3	2	0	1	3	2	1	2	21	2.1
13-15 Years	2	1	1	3	4	0	0	2	2	2	17	1.7
16-19 Years	9	5	7	6	7	6	6	3	8	11	68	6.8
20-29 Years	12	16	15	18	16	23	15	20	20	30	185	18.5
30-39 Years	32	26	36	32	34	24	25	28	32	33	302	30.2
40-49 Years	52	60	56	63	59	78	59	80	89	73	669	66.9
50-59 Years	74	85	84	97	88	87	110	110	116	137	988	98.8
60-69 Years	122	113	150	125	127	167	163	170	205	157	1499	149.9
70-79 Years	187	167	188	219	200	225	249	304	316	282	2337	233.7
80-89 Years	138	115	139	137	163	189	283	390	409	405	2368	236.8
> 90 Years	29	36	50	56	43	44	105	199	188	192	942	94.2
<b>Totals:</b>	<b>672</b>	<b>643</b>	<b>735</b>	<b>768</b>	<b>751</b>	<b>859</b>	<b>1027</b>	<b>1327</b>	<b>1407</b>	<b>1339</b>	<b>9528</b>	<b>952.8</b>



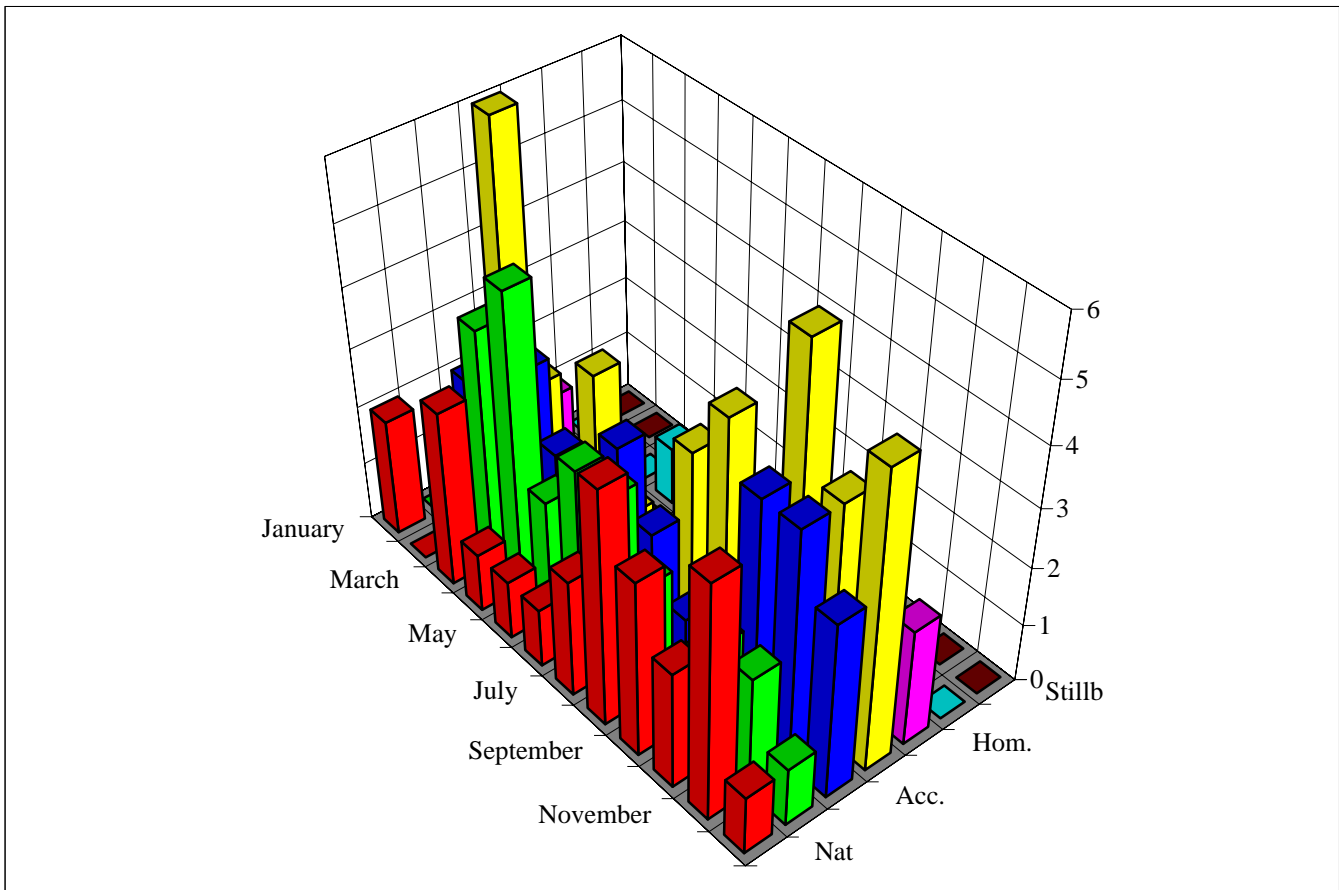
**Examinations**

Month	Examinations Performed	Non-Autopsied	Total Cases
January	4	7	11
February	3	3	6
March	3	7	10
April	4	8	12
May	3	3	6
June	5	3	8
July	7	4	11
August	5	6	11
September	5	5	10
October	7	8	15
November	6	8	14
December	6	6	12
<b>Totals</b>	<b>58</b>	<b>68</b>	<b>126</b>



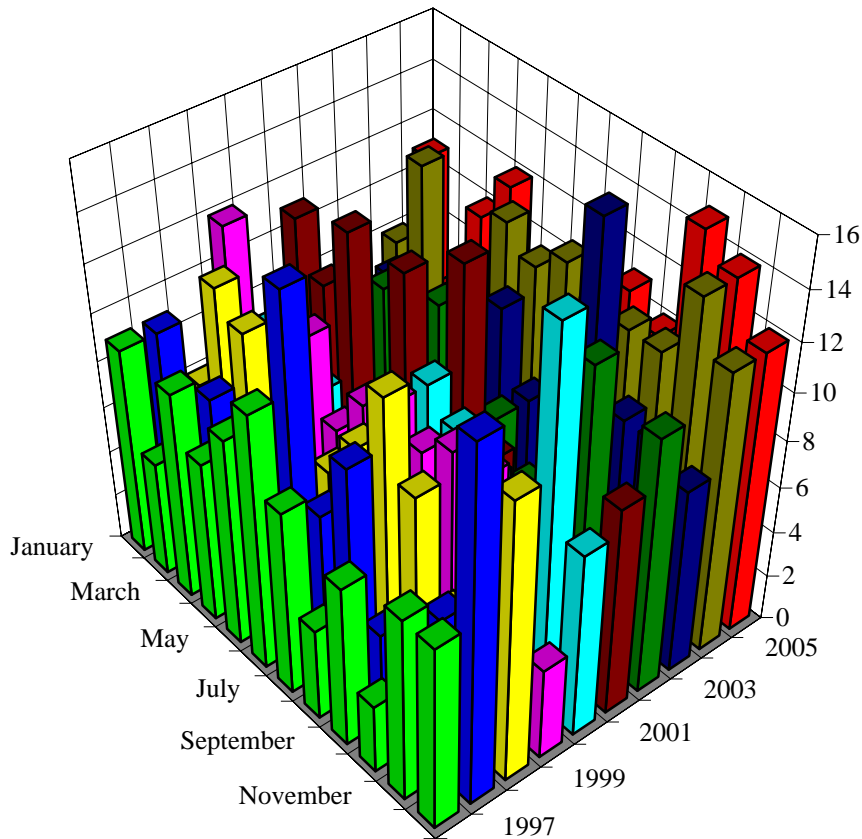
**Examinations by Month - Manner of Death**

Manner	Nat	MV	Acc.	Sui.	Hom.	Und.	Stillb	Total
January	2	0	2	6	1	0	0	11
February	0	1	3	2	0	0	0	6
March	3	4	3	0	0	0	0	10
April	1	5	2	3	0	1	0	12
May	1	2	2	1	0	0	0	6
June	1	3	3	1	0	0	0	8
July	2	3	2	3	0	1	0	11
August	4	2	1	4	0	0	0	11
September	3	1	2	3	0	1	0	10
October	2	2	4	6	0	1	0	15
November	4	2	4	4	0	0	0	14
December	1	1	3	5	2	0	0	12
<b>Totals</b>	<b>24</b>	<b>26</b>	<b>31</b>	<b>38</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>126</b>



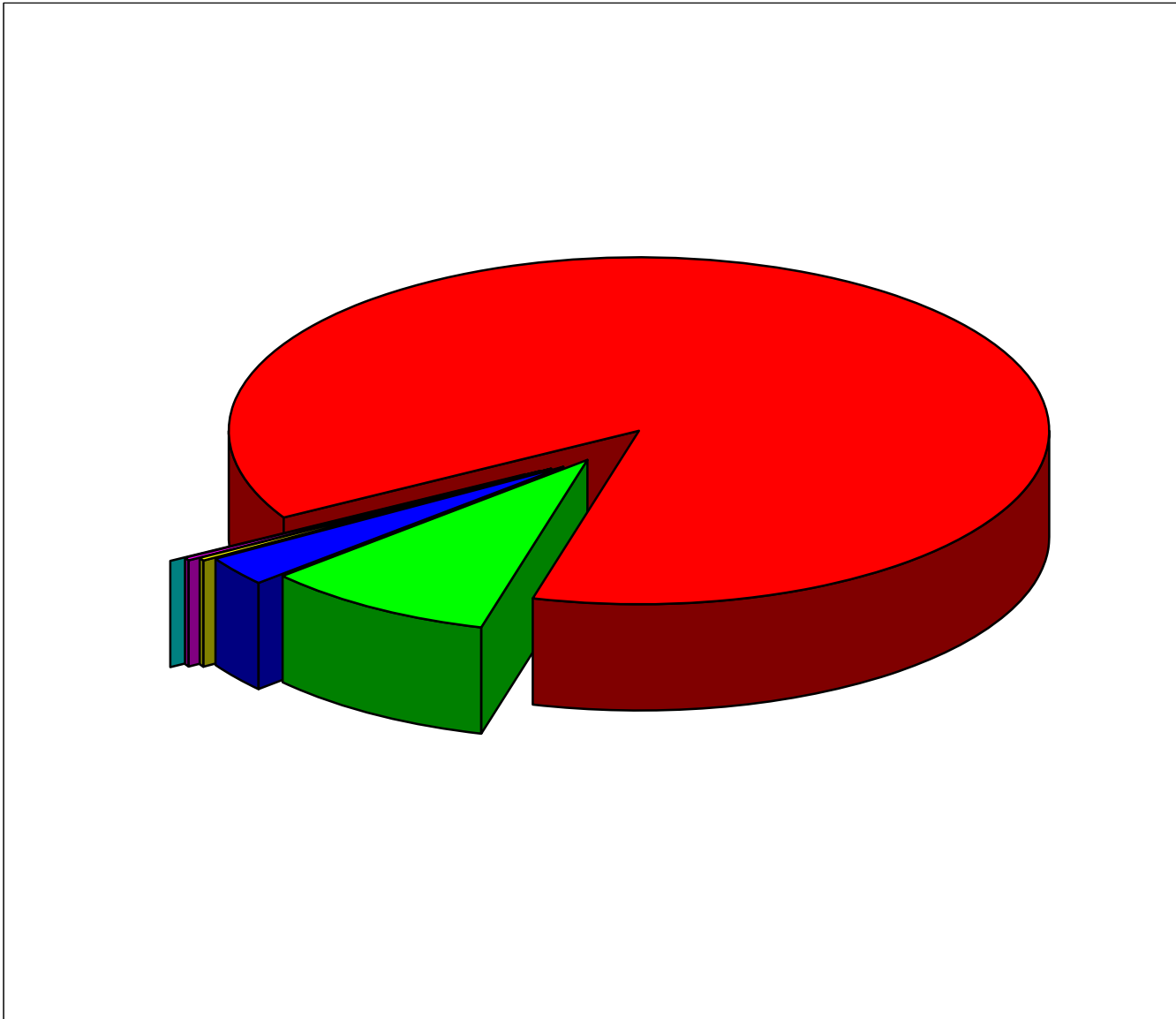
**Examinations  
10 Year Comparisons**

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	Totals
January	9	9	6	12	7	11	4	6	8	11	83
February	5	4	11	5	6	9	8	8	12	6	74
March	9	8	10	9	6	12	9	5	5	10	83
April	7	7	6	10	4	5	9	5	8	12	73
May	9	8	5	7	6	12	10	8	12	6	83
June	11	15	7	9	7	3	4	10	11	8	85
July	8	7	9	10	10	14	7	7	12	11	95
August	4	10	12	9	9	7	5	9	11	11	87
September	7	4	9	10	8	6	9	16	11	10	90
October	3	5	5	10	7	9	12	9	11	15	86
November	8	7	10	3	16	6	3	9	14	14	90
December	8	15	12	4	8	9	11	8	12	12	99
<b>Totals</b>	<b>88</b>	<b>99</b>	<b>102</b>	<b>98</b>	<b>94</b>	<b>103</b>	<b>91</b>	<b>100</b>	<b>127</b>	<b>126</b>	<b>1028</b>



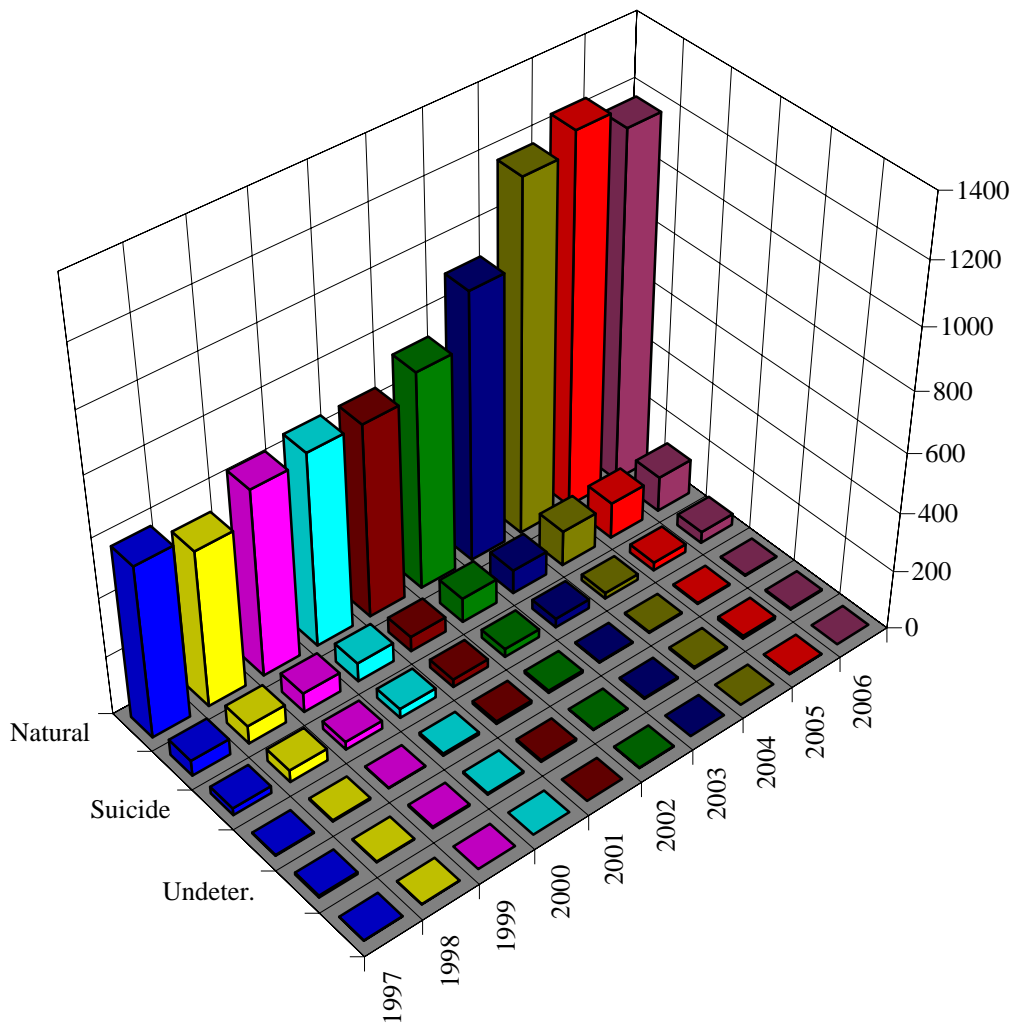
Manners of Death

		%
Natural	1173	87.60
Accident	120	8.96
Suicide	39	2.91
Homicide	3	0.22
Undetermined	4	0.30
Stillborn	0	0.00
Totals:	1339	100.00



**Manners of Death  
10 Year Comparisons**

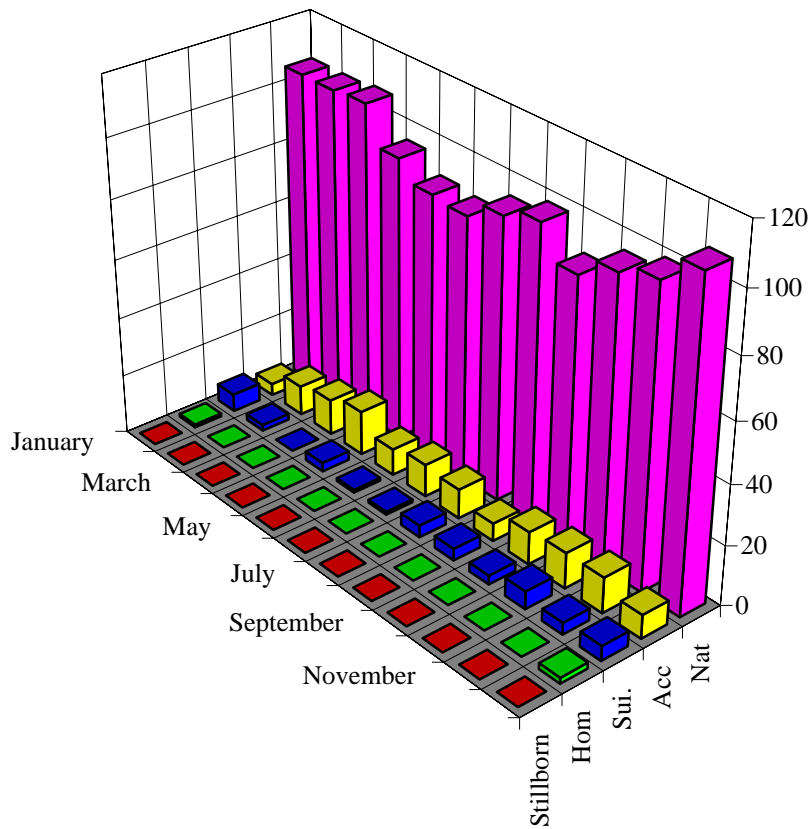
	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	Totals
Natural	584	532	635	659	658	736	908	1178	1241	1173	8304
Accident	53	61	66	64	51	83	81	120	123	120	822
Suicide	24	41	27	32	27	28	31	20	28	39	297
Homicide	3	5	2	8	9	8	3	4	4	3	49
Undeter.	7	3	5	5	6	2	4	5	10	4	51
Stillborn	1	1	0	0	0	2	0	0	1	0	5
<b>Totals:</b>	<b>672</b>	<b>643</b>	<b>735</b>	<b>768</b>	<b>751</b>	<b>859</b>	<b>1027</b>	<b>1327</b>	<b>1407</b>	<b>1339</b>	<b>9528</b>





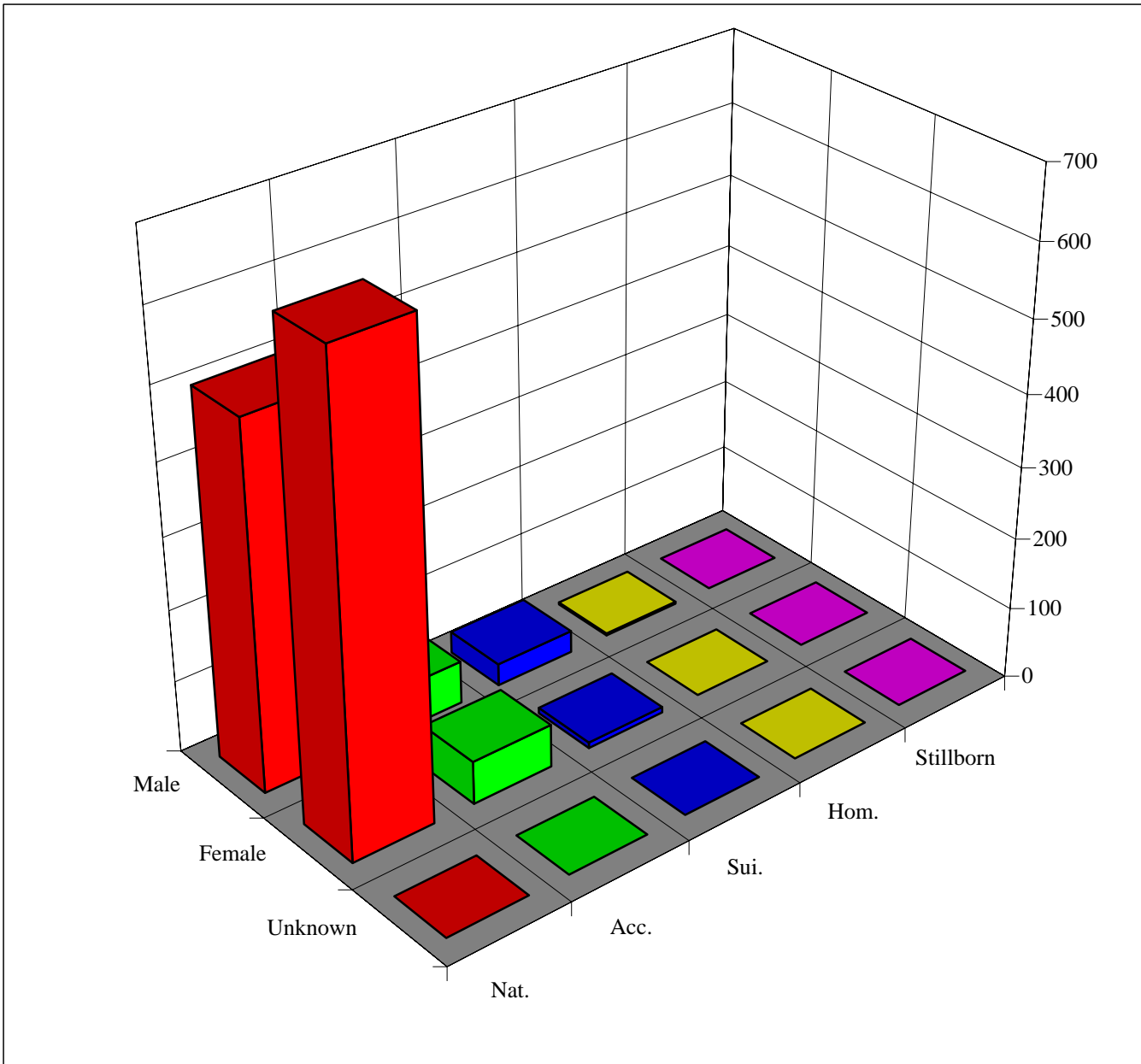
Manners of Death by Month

	Nat	Acc	Sui.	Hom	Und	Stillborn	Totals
January	106	4	6	1	0	0	117
February	106	10	2	0	0	0	118
March	107	12	0	0	0	0	119
April	95	15	3	0	1	0	114
May	89	9	1	0	0	0	99
June	88	11	1	0	0	0	100
July	94	10	4	0	1	0	109
August	98	6	4	0	0	0	108
September	88	11	3	0	1	0	103
October	95	12	6	0	1	0	114
November	99	12	4	0	0	0	115
December	108	8	5	2	0	0	123
<b>Totals:</b>	<b>1173</b>	<b>120</b>	<b>39</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>1339</b>



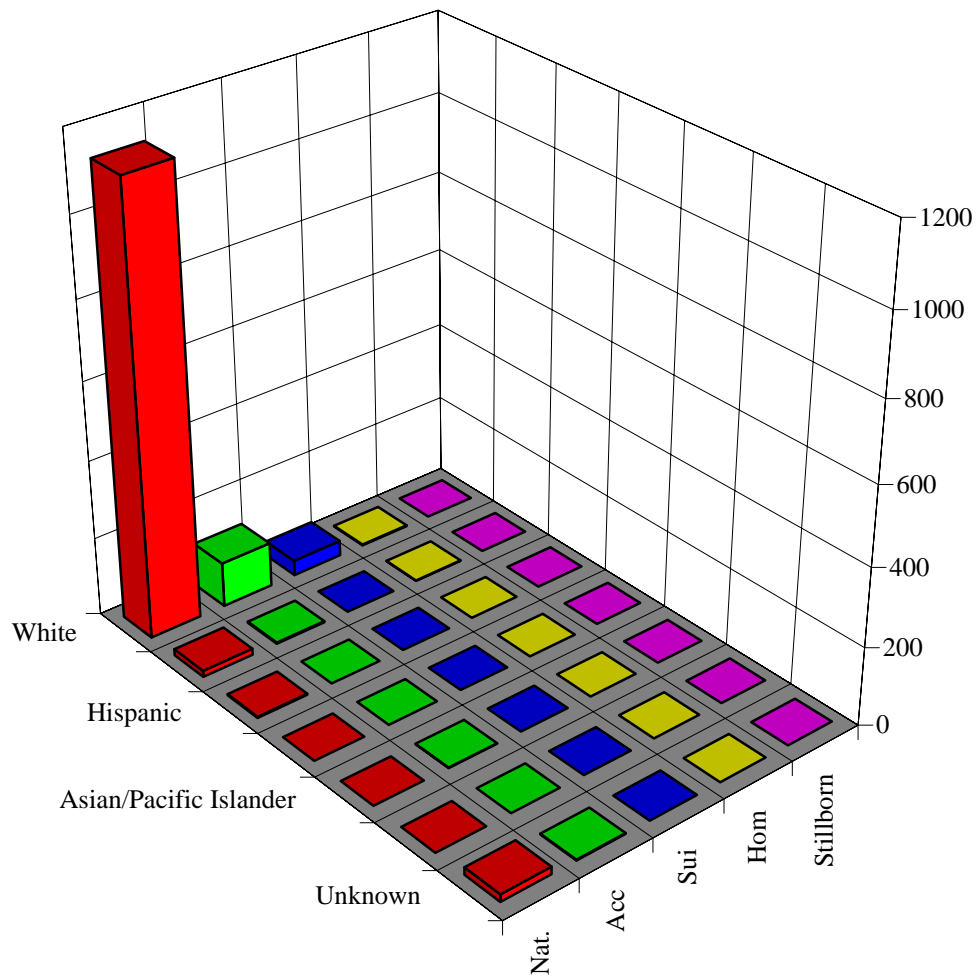
Manners of Death by Sex

	Nat.	Acc.	Sui.	Hom.	Und.	Stillborn	Totals
Male	506	60	31	3	1	0	601
Female	667	60	8	0	3	0	738
Unknown	0	0	0	0	0	0	0
<b>Totals:</b>	<b>1173</b>	<b>120</b>	<b>39</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>1339</b>



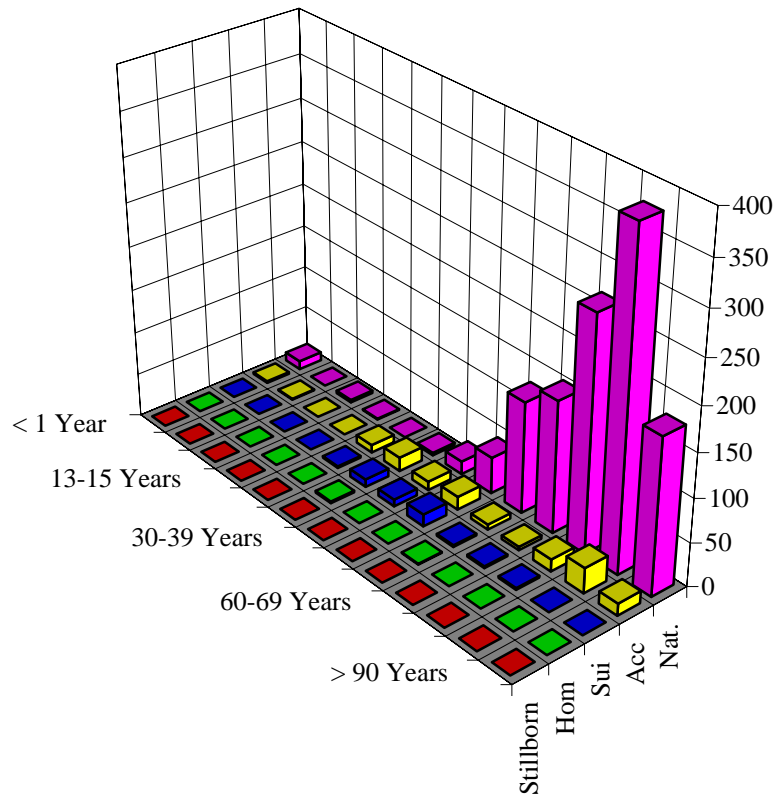
Manners of Death by Race

	Nat.	Acc	Sui	Hom	Und	Stillborn	Totals
White	1135	114	39	2	3	0	1293
Black	16	3	0	1	1	0	21
Hispanic	3	0	0	0	0	0	3
American Indian	0	0	0	0	0	0	0
Asian/Pacific	0	1	0	0	0	0	1
Other	0	0	0	0	0	0	0
Unknown	19	2	0	0	0	0	21
<b>Totals:</b>	<b>1173</b>	<b>120</b>	<b>39</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>1339</b>



Manners of Death by Age Group

	Nat.	Acc	Sui	Hom	Und	Stillborn	Totals
< 1 Year	10	2	0	0	2	0	14
1-5 Years	0	1	0	0	0	0	1
6-12 Years	3	0	0	0	0	0	3
13-15 Years	1	0	0	0	0	0	1
16-19 Years	0	9	2	0	0	0	11
20-29 Years	3	16	9	2	0	0	30
30-39 Years	15	10	8	0	0	0	33
40-49 Years	42	15	14	0	2	0	73
50-59 Years	128	6	2	1	0	0	137
60-69 Years	151	4	2	0	0	0	157
70-79 Years	266	14	2	0	0	0	282
80-89 Years	376	29	0	0	0	0	405
> 90 Years	178	14	0	0	0	0	192
<b>Totals:</b>	<b>1173</b>	<b>120</b>	<b>39</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>1339</b>



**Breakdown by Age: Less than 1 Year**

<b>Manner of Death</b>	All		<b>Sex</b>	<b>Race</b>
	Cases	% All		
Natural	10	1173	0.85	Male 7 White 12
Accident-MV	0	31	0.00	Female 7 Black 2
Accident	2	89	2.25	Unknown 0 Unknown 0
Suicide	0	39	0.00	
Homicide	0	3	0.00	
Undetermined	2	4	50.00	
<b>Total:</b>	14	1339	1.05	<b>Total</b> 14

**Natural Manner of Death:** 10

**How Injury Occurred**

Accident: Fall	1
Accident: Re-Breathing Microenvironment	1
Undetermined: Unknown	1
Undetermined: Maternal Acute Ethanol Intoxication	1
<b>Total</b>	<b>14</b>

**Breakdown by Age: 1 - 5 Years**

<b>Manner of Death</b>		All Cases	% All	<b>Sex</b>		<b>Race</b>	
Natural	0	1173	0.00	Male	1	White	1
Accident-MV	0	31	0.00	Female	0	Black	0
Accident	1	89	1.12	Unknown	0	Unknown	0
Suicide	0	39	0.00	<b>Total</b>	<b>1</b>	<b>Total</b>	<b>1</b>
Homicide	0	3	0.00				
Undetermined	0	4	0.00				
<b>Total:</b>	<b>1</b>	<b>1339</b>	<b>0.07</b>				

**Natural Manner of Death:** 0

**How Injury Occurred**

Accident: Submersion in Water	1
<b>Total</b>	<b>1</b>

Breakdown by Age: 6 - 12 Years

<b>Manner of Death</b>		All Cases	% All	<b>Sex</b>		<b>Race</b>	
Natural	3	1173	0.26	Male	2	White	2
Accident-MV	0	31	0.00	Female	1	Black	1
Accident	0	89	0.00	Unknown	0	Unknown	0
Suicide	0	39	0.00	<b>Total</b>	<b>3</b>	<b>Total</b>	<b>3</b>
Homicide	0	3	0.00				
Undetermined	0	4	0.00				
<b>Total:</b>	<b>3</b>	<b>1339</b>	<b>0.22</b>				

Natural Manner of Death:

3

Breakdown by Age: 13 - 15 Years

Manner of Death	All		Sex	Race
	Cases	% All		
Natural	1	1173	0.09	Male 1 White 1
Accident-MV	0	31	0.00	Female 0 Black 0
Accident	0	89	0.00	Unknown 0 Unknown 0
Suicide	0	39	0.00	
Homicide	0	3	0.00	
Undetermined	0	4	0.00	
<b>Total:</b>	<b>1</b>	<b>1339</b>	<b>0.07</b>	<b>Total 1</b>

Natural Manner of Death:

1



**Breakdown by Age: 16 - 19 Years**

<b>Manner of Death</b>	All		<b>Sex</b>	<b>Race</b>
	Cases	% All		
Natural	0	1173	0.00	Male 8 White 8
Accident-MV	7	31	22.58	Female 3 Black 1
Accident	2	89	2.25	Unknown 0 Unknown 0
Suicide	2	39	5.13	<b>Total</b> 11
Homicide	0	3	0.00	<b>Total</b> 9
Undetermined	0	4	0.00	
<b>Total:</b>	11	1339	0.82	

**Natural Manner of Death:** 0

**How Injury Occurred**

Accident-Motor Vehicle: Driver in Motor Vehicle - Fixed Object Collision	2
Accident-Motor Vehicle: Passenger in Motor Vehicle - Fixed Object Collision	2
Accident-Motor Vehicle: Passenger in Motor Vehicle - Motor Vehicle Collision	2
Accident-Motor Vehicle: Pedestrian Struck by Motor Vehicle	1
Accident: Use of Ethanol	1
Accident: Use of Medication(s) and Ethanol	1
Suicide: Self-Inflicted Gunshot Wound	1
Suicide: Self-Inflicted Hanging	1
<b>Total</b>	<b>11</b>

**Breakdown by Age: 20 - 29 Years**

<b>Manner of Death</b>	All		<b>Sex</b>	<b>Race</b>
	Cases	% All		
Natural	3	1173	0.26	Male 23 White 28
Accident-MV	8	31	25.81	Female 7 Black 1
Accident	8	89	8.99	Unknown 0 Unknown 1
Suicide	9	39	23.08	<b>Total 30</b>
Homicide	2	3	66.67	<b>Total 30</b>
Undetermined	0	4	0.00	
<b>Total:</b>	30	1339	2.24	

**Natural Manner of Death:** 3

**How Injury Occurred**

Accident-Motor Vehicle: Driver in Motor Vehicle - Fixed Object Collision	2
Accident-Motor Vehicle: Driver in Motor Vehicle - Motor Vehicle Collision	1
Accident-Motor Vehicle: Driver in Motor Vehicle - Roll-Over Accident	1
Accident-Motor Vehicle: Driver in Motor Vehicle - Off Road Accident	2
Accident-Motor Vehicle: Passenger in Motor Vehicle - Fixed Object Collision	1
Accident-Motor Vehicle: Passenger in Motor Vehicle - Motor Vehicle Collision	1
Accident: Ingestion of Drug(s)/Medication(s)	8
Suicide: Ingestion of Drug(s)/Medication(s)	3
Suicide: Self-Inflicted Gunshot Wound	3
Suicide: Self-Inflicted Hanging	1
Suicide: Self-Inflicted Shotgun Wound	2
Homicide: Gunshot Wound at the hands of another	2
<b>Total</b>	<b>30</b>

**Breakdown by Age: 30 - 39 Years**

<b>Manner of Death</b>	All		<b>Sex</b>	<b>Race</b>
	Cases	% All		
Natural	15	1173	1.28	Male 23
Accident-MV	6	31	19.35	Female 10
Accident	4	89	4.49	Unknown 0
Suicide	8	39	20.51	<b>Total 33</b>
Homicide	0	3	0.00	White 33
Undetermined	0	4	0.00	Black 0
<b>Total:</b>	33	1339	2.46	Asian/Pacific 0
				Unknown 0
				<b>Total 33</b>

**Natural Manner of Death:**

15

**How Injury Occurred**

Accident-Motor Vehicle: Driver in Motor Vehicle - Fixed Object Collision	1
Accident-Motor Vehicle: Driver in Motor Vehicle - Motor Vehicle Collision	1
Accident-Motor Vehicle: Driver in Motor Vehicle - Roll-Over Accident	1
Accident-Motor Vehicle: Driver in Motor Vehicle - Off-Road Accident	1
Accident-Motor Vehicle: Passenger in Motor Vehicle - Off-Road Accident	1
Accident-Motor Vehicle: Rider on Bicycle - Fell Off	1
Accident: Ingestion of Drug(s)/Medication(s)	2
Accident: Ingestion of Drug(s)/Medication(s) and Ethanol	1
Accident: Inhaled Smoke Fumes from Grill	1
Suicide: Ingestion of Drug(s)/Medication(s)	2
Suicide: Exclusion of Oxygen	1
Suicide: Self-Inflicted Gunshot Wound	2
Suicide: Self-Inflicted Hanging	2
Suicide: Self-Inflicted Shotgun Wound	1
<b>Total</b>	<b>33</b>

**Breakdown by Age: 40 - 49 Years**

<b>Manner of Death</b>	All		<b>Sex</b>	<b>Race</b>	
	Cases	% All			
Natural	42	1173	3.58	Male 52	White 69
Accident-MV	4	31	12.90	Female 21	Black 3
Accident	11	89	12.36	Unknown 0	Asian/Pacific 1
Suicide	14	39	35.90	<b>Total 73</b>	<b>Total 73</b>
Homicide	0	3	0.00		
Undetermined	2	4	50.00		
<b>Total:</b>	<b>73</b>	<b>1339</b>	<b>5.45</b>		

**Natural Manner of Death:** 42

**How Injury Occurred**

Accident-Motor Vehicle: Driver in Motor Vehicle - Motor Vehicle Collision	1
Accident-Motor Vehicle: Driver in Motor Vehicle - Fixed Object Collision	0
Accident-Motor Vehicle: Driver in Motor Vehicle - Off Road Accident	0
Accident-Motor Vehicle: Rider on Bicycle - Struck by Motor Vehicle	1
Accident-Motor Vehicle: Pedestrian Struck by Motor Vehicle	2
Accident: Contact with High Voltage	1
Accident: Fall	1
Accident: Ingestion of Drug(s)/Medication(s)	8
Accident: Ingestion of Drug(s)/Medication(s) and Ethanol	1
Suicide: Ingestion of Drug(s)/Medication(s)	2
Suicide: Inhalation of Motor Vehicle Exhaust Fumes	1
Suicide: Structural Fire	1
Suicide: Self-Inflicted Gunshot Wound	5
Suicide: Self-Inflicted Hanging	3
Suicide: Self-Inflicted Shotgun Wound	2
Undetermined: Ingestion of Drug(s)/Medication(s)	1
Undetermined: Presumed Drowning	1
<b>Total</b>	<b>73</b>

**Breakdown by Age: 50 - 59 Years**

<b>Manner of Death</b>	All		<b>Sex</b>	<b>Race</b>
	Cases	%		
Natural	128	1173	10.91	Male 84
Accident-MV	3	31	9.68	Female 53
Accident	3	89	3.37	Unknown 0
Suicide	2	39	5.13	<b>Total</b> 137
Homicide	1	3	33.33	<b>Total</b> 137
Undetermined	0	4	0.00	
<b>Total:</b>	137	1339	10.23	

**Natural Manner of Death:** 128

**How Injury Occurred**

Accident-Motor Vehicle: Driver in Motor Vehicle - Fixed Object Collision	1
Accident-Motor Vehicle: Driver on Motorcycle - Off-Road Accident	1
Accident-Motor Vehicle: Passenger on ATV - Fell Off	1
Accident: Ingestion of Drug(s)/Medication(s)	3
Suicide: Self-inflicted Gunshot Wound	2
Homicide: Gunshot Wound at the hands of another	1
<b>Total</b>	<b>137</b>

**Breakdown by Age: 60 - 69 Years**

<b>Manner of Death</b>	All		<b>Sex</b>	<b>Race</b>
	Cases	% All		
Natural	151	1173	12.87	Male 82
Accident-MV	1	31	3.23	Female 75
Accident	3	89	3.37	Unknown 0
Suicide	2	39	5.13	<b>Total 157</b>
Homicide	0	3	0.00	<b>Total 157</b>
Undetermined	0	4	0.00	
<b>Total:</b>	157	1339	11.73	

**Natural Manner of Death:** 151

**How Injury Occurred**

Accident-Motor Vehicle: Driver in Motor Vehicle - Motor Vehicle Collision	1
Accident: Fall	2
Accident: Submersion in Water	1
Suicide: Self-Inflicted Gunshot Wound	2
<b>Total</b>	<b>157</b>

**Breakdown by Age: 70 - 79 Years**

<b>Manner of Death</b>	All		<b>Sex</b>	<b>Race</b>
	Cases	%		
Natural	266	1173	22.68	Male 130
Accident-MV	2	31	6.45	Female 152
Accident	12	89	13.48	Unknown 0
Suicide	2	39	5.13	<b>Total</b> 282
Homicide	0	3	0.00	White 271
Undetermined	0	4	0.00	Black 4
<b>Total:</b>	282	1339	21.06	Asian/Pacific 0
				Unknown 7
				<b>Total</b> 282

**Natural Manner of Death:** 266

**How Injury Occurred**

Accident-Motor Vehicle: Driver in Motor Vehicle - Motor Vehicle Collision	1
Accident-Motor Vehicle: Passenger in Motor Vehicle - Off-Road Accident	1
Accident: Fall	11
Accident: Unknown	1
Suicide: Self-Inflicted Gunshot Wound	1
Suicide: Inhalation of Motor Vehicle Exhaust Fumes	1
<b>Total</b>	<b>282</b>

**Breakdown by Age: 80 - 89 Years**

<b>Manner of Death</b>	All		<b>Sex</b>	<b>Race</b>
	Cases	%		
Natural	376	1173	32.05	Male 138
Accident-MV	0	31	0.00	Female 267
Accident	29	89	32.58	Unknown 0
Suicide	0	39	0.00	<b>Total</b> 405
Homicide	0	3	0.00	<b>Total</b> 405
Undetermined	0	4	0.00	
<b>Total:</b>	405	1339	30.25	

**Natural Manner of Death:** 376

**How Injury Occurred**

Accident: Carbon Monoxide Inhalation	1
Accident: Falls	28
<b>Total</b>	<b>405</b>



**Breakdown by Age: Greater than 90 Years**

<b>Manner of Death</b>		All Cases	% All	<b>Sex</b>		<b>Race</b>	
Natural	178	1173	15.17	Male	52	White	188
Accident-MV	0	31	0.00	Female	140	Black	0
Accident	14	89	15.73	Unknown	0	Unknown	4
Suicide	0	39	0.00	<b>Total</b>	<b>192</b>	<b>Total</b>	<b>192</b>
Homicide	0	3	0.00				
Undetermined	0	4	0.00				
<b>Total:</b>	<b>192</b>	<b>1339</b>	<b>14.34</b>				

**Natural Manner of Death:** 178

**How Injury Occurred**

Accident: Falls	12
Accident: Unknown	2
<b>Total</b>	<b>192</b>

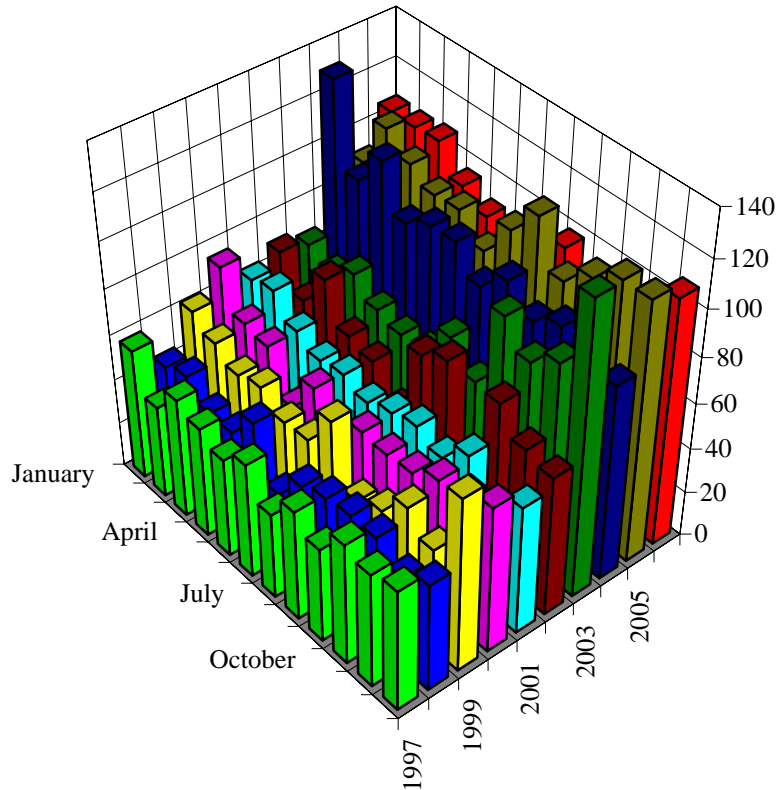
**Breakdown by Age: Unknown**

<b>Manner of Death</b>		All Cases	% All	<b>Sex</b>		<b>Race</b>	
Natural	3	1173	0.26	Male	1	White	3
Accident-MV	0	31	0.00	Female	2	Black	0
Accident	0	89	0.00	Unknown	0	Unknown	0
Suicide	0	39	0.00	<b>Total</b>	<b>3</b>	<b>Total</b>	<b>3</b>
Homicide	0	3	0.00				
Undetermined	0	4	0.00				
<b>Total:</b>	<b>3</b>	<b>1339</b>	<b>0.22</b>				

**Natural Manner of Death:** 3

**Manner of Death: Natural  
10 Year Comparisons**

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	Totals	Avg/Yr
January	58	44	62	75	63	69	66	130	90	106	763	76.3
February	41	48	56	58	66	55	61	95	111	106	697	69.7
March	53	40	50	56	56	72	68	110	103	107	715	71.5
April	49	40	53	37	51	55	60	91	97	95	628	62.8
May	44	53	46	54	53	52	57	97	98	89	643	64.3
June	51	30	47	41	49	39	58	98	88	88	589	58.9
July	38	43	64	52	53	71	72	87	104	94	678	67.8
August	49	47	38	51	56	77	61	97	117	98	691	69.1
September	42	49	43	52	51	43	97	88	98	88	651	65.1
October	54	49	54	58	61	76	86	94	107	95	734	73.4
November	51	41	45	60	42	65	94	105	114	99	716	71.6
December	54	48	77	65	57	62	128	86	114	108	799	79.9
<b>Totals:</b>	<b>584</b>	<b>532</b>	<b>635</b>	<b>659</b>	<b>658</b>	<b>736</b>	<b>908</b>	<b>1178</b>	<b>1241</b>	<b>1173</b>	<b>8304</b>	<b>830.4</b>



Manner of Death - Motor Vehicle

Driver in Motor Vehicle - Fixed Object Collision	6
Driver in Motor Vehicle - Motor Vehicle Collision	5
Driver in Motor Vehicle - Roll-Over Accident	2
Driver in Motor Vehicle - Off Road Accident	2
Driver on Motorcycle - Off-Road Accident	1
Passenger in Motor Vehicle - Fixed Object Collision	3
Passenger in Motor Vehicle - Motor Vehicle Collision	3
Passenger in Motor Vehicle - Off-Road Accident	3
Passenger on ATV- Fell Off	1
Pedestrian Struck by Motor Vehicle	3
Rider on Bicycle - Fell Off	1
Rider on Bicycle - Struck by Motor Vehicle	1
<b>Totals:</b>	<b>31</b>

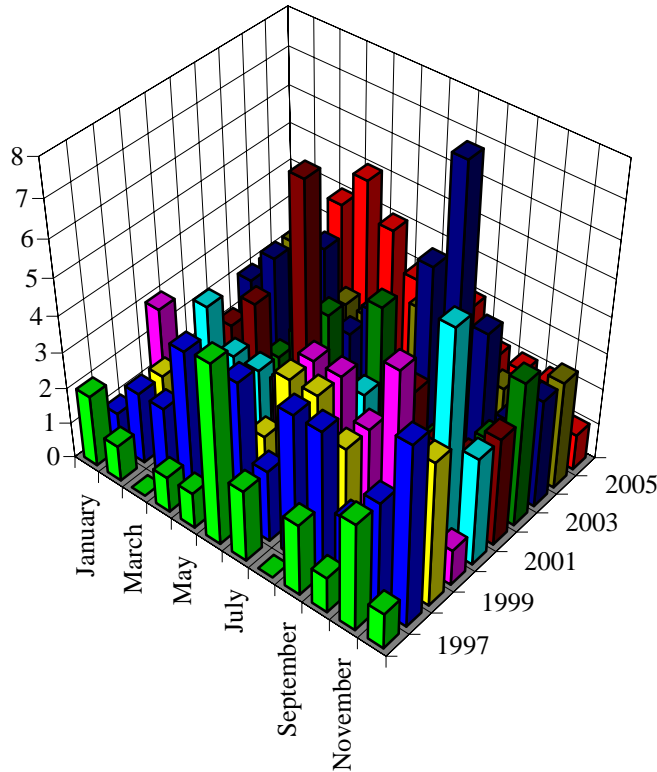
		<u>Age</u>	
		< 1 Year	0
		1-5 Years	0
		6-12 Years	0
		13-15 Years	0
		16-19 Years	7
		20-29 Years	8
		30-39 Years	6
		40-49 Years	4
		50-59 Years	3
		60-69 Years	1
		70-79 Years	2
		80-89 Years	0
		> 90 Years	0
		<b>Totals:</b>	<b>31</b>

<u>Sex</u>	
Male	22
Female	9
Unknown	0
<b>Totals:</b>	<b>31</b>

**Manner of Death: Motor Vehicle  
10 Year Comparisons**

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	Totals	Avg/Yr
January	2	1	0	3	1	2	0	2	2	0	13	1.3
February	1	2	2	1	3	2	1	3	3	2	20	2.0
March	0	2	2	0	2	3	1	0	2	4	16	1.6
April	1	4	2	2	2	0	2	4	2	5	24	2.4
May	1	0	1	0	2	7	3	2	2	4	22	2.2
June	5	4	2	3	0	0	1	3	0	3	21	2.1
July	2	2	4	4	3	2	4	1	3	3	28	2.8
August	0	4	4	4	3	0	2	5	1	3	26	2.6
September	2	4	3	3	0	3	1	8	1	2	27	2.7
October	1	2	0	5	1	2	1	4	2	2	20	2.0
November	3	3	0	0	6	2	2	2	2	2	22	2.2
December	1	5	4	1	3	3	4	3	3	1	28	2.8
<b>Totals:</b>	<b>19</b>	<b>33</b>	<b>24</b>	<b>26</b>	<b>26</b>	<b>26</b>	<b>22</b>	<b>37</b>	<b>23</b>	<b>31</b>	<b>267</b>	<b>26.7</b>



**Manner of Death - Motor Vehicle**  
**Cases Where Decedent has Measureable Ethanol Level**

Driver in Motor Vehicle - Fixed Object Collision	6		
Driver in Motor Vehicle - Motor Vehicle Collision	1	Sex	
Driver in Motor Vehicle - Roll-Over Accident	1	Male	14
Driver in Motor Vehicle - Off Road Accident	4	Female	8
Passenger in Motor Vehicle - Fixed Object Collisic	4	Unknown	0
Passenger in Motor Vehicle - Off-Road Accident	1	<b>Totals:</b>	<b>22</b>
Passenger on ATV - Fell Off	2		
Pedestrian Struck by Motor Vehicle	1		
Rider on Bicycle - Fell Off	2		
<b>Totals:</b>	<b>22</b>		

<u>Concentration of Ethanol</u>		<u>Age</u>	
< 0.040	3	< 1 Year	0
0.040-0.060	0	1-5 Years	0
0.060-0.080	1	6-12 Years	0
0.080-0.100	2	13-15 Years	0
0.100-0.150	3	16-19 Years	7
0.150-0.200	4	20-29 Years	6
0.200-0.250	7	30-39 Years	4
0.250-0.300	2	40-49 Years	1
0.300-0.350	0	50-59 Years	4
0.350-0.400	0	60-69 Years	0
0.400-0.450	0	70-79 Years	0
0.450-0.500	0	80-89 Years	0
> 0.500	0	> 90 Years	0
<b>Totals:</b>	<b>22</b>	<b>Totals:</b>	<b>22</b>

**Manner of Death - Motor Vehicle**

**Cases Where Ethanol Level is Contributing Factor in Cause of Death**

Driver in Motor Vehicle - Fixed Object Collision	4		
Driver in Motor Vehicle - Motor Vehicle Collision	1	Sex	
Driver in Motor Vehicle - Roll-Over Accident	1	Male	10
Driver in Motor Vehicle - Off Road Accident	2	Female	8
Driver on Motorcycle - Off Road Accident	2	Unknown	0
Passenger in Motor Vehicle - Fixed Object Collisic	2	<b>Totals:</b>	<b>18</b>
Passenger in Motor Vehicle - Off-Road Accident	1		
Passenger on ATV - Fell Off	2		
Pedestrian Struck by Motor Vehicle	1		
Rider on Bicycle - Fell Off	2		
<b>Totals:</b>	<b>18</b>		

Concentration of Ethanol		Age	
< 0.040	0	< 1 Year	0
0.040-0.060	0	1-5 Years	0
0.060-0.080	0	6-12 Years	0
0.080-0.100	2	13-15 Years	0
0.100-0.150	3	16-19 Years	3
0.150-0.200	4	20-29 Years	6
0.200-0.250	7	30-39 Years	4
0.250-0.300	2	40-49 Years	1
0.300-0.350	0	50-59 Years	4
0.350-0.400	0	60-69 Years	0
0.400-0.450	0	70-79 Years	0
0.450-0.500	0	80-89 Years	0
> 0.500	0	> 90 Years	0
<b>Totals:</b>	<b>18</b>	<b>Totals:</b>	<b>18</b>

Manner of Death - Accident

Falls	55
Contact with High Voltage	1
Carbon Monoxide Inhalation	1
Ingestion of Drug(s)/Medication(s)	22
Ingestion of Drug(s)/Medication(s) and Ethanol	3
Ingestion of Ethanol	1
Re-Breathing Microenvironment	1
Submersion in Water	2
Unknown	3
<b>Totals:</b>	<b>89</b>

		Age	
		< 1 Year	2
		1-5 Years	1
		6-12 Years	0
		13-15 Years	0
		16-19 Years	2
		20-29 Years	8
		30-39 Years	4
		40-49 Years	11
		50-59 Years	3
		60-69 Years	3
		70-79 Years	12
		80-89 Years	29
		> 90 Years	14
		<b>Totals:</b>	<b>89</b>

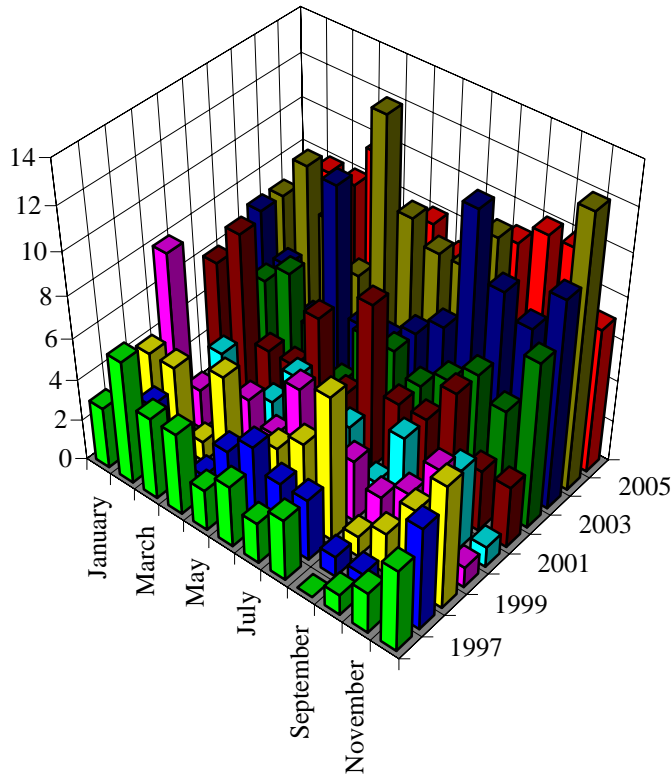
  

Sex	
Male	38
Female	51
Unknown	0
<b>Totals:</b>	<b>89</b>



**Manner of Death: Accidents  
10 Year Comparisons**

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	Totals	Avg/Yr
January	3	1	4	8	0	6	4	7	7	4	44	4.4
February	6	3	4	2	3	8	5	5	9	8	53	5.3
March	4	2	1	2	0	3	6	3	7	8	36	3.6
April	4	1	5	3	2	3	4	10	5	10	47	4.7
May	2	3	1	2	4	6	2	4	13	5	42	4.2
June	3	4	3	5	2	3	5	4	9	8	46	4.6
July	2	3	4	2	3	8	5	5	8	7	47	4.7
August	3	3	7	3	1	4	4	6	8	3	42	4.2
September	0	1	1	2	4	4	5	12	10	9	48	4.8
October	1	1	2	3	1	6	6	9	5	10	44	4.4
November	2	1	4	5	4	3	5	8	6	10	48	4.8
December	4	5	6	1	1	3	8	10	13	7	58	5.8
<b>Totals:</b>	<b>34</b>	<b>28</b>	<b>42</b>	<b>38</b>	<b>25</b>	<b>57</b>	<b>59</b>	<b>83</b>	<b>100</b>	<b>89</b>	<b>555</b>	<b>55.5</b>



**Manner of Death - Accident**  
**Cases Where Decedent has Measureable Ethanol Level**

Falls	1
Ingestion of Med(s)/Drug(s) and Etha	10
<b>Totals:</b>	<b>11</b>

<u>Sex</u>	
Male	7
Female	4
Unknown	0
<b>Totals:</b>	<b>11</b>

<u>Concentration of Ethanol</u>	
< 0.040	0
0.040-0.060	0
0.060-0.080	3
0.080-0.100	3
0.100-0.150	3
0.150-0.200	1
0.200-0.250	0
0.250-0.300	0
0.300-0.350	1
0.350-0.400	0
0.400-0.450	0
0.450-0.500	0
> 0.500	0
<b>Totals:</b>	<b>11</b>

<u>Age</u>	
< 1 Year	0
1-5 Years	0
6-12 Years	0
13-15 Years	0
16-19 Years	2
20-29 Years	0
30-39 Years	2
40-49 Years	5
50-59 Years	2
60-69 Years	0
70-79 Years	0
80-89 Years	0
> 90 Years	0
<b>Totals:</b>	<b>11</b>

**Manner of Death - Accident**  
**Cases Where Ethanol Level is Contributing Factor in Cause of Death**

Falls	1
Ingestion of Med(s)/Drug(s) and Etha	8
<b>Totals:</b>	<b>9</b>

<u>Sex</u>	
Male	5
Female	4
Unknown	0
<b>Totals:</b>	<b>9</b>

<u>Concentration of Ethanol</u>	
< 0.040	0
0.040-0.060	0
0.060-0.080	2
0.080-0.100	2
0.100-0.150	3
0.150-0.200	1
0.200-0.250	0
0.250-0.300	0
0.300-0.350	1
0.350-0.400	0
0.400-0.450	0
0.450-0.500	0
> 0.500	0
<b>Totals:</b>	<b>9</b>

<u>Age</u>	
< 1 Year	0
1-5 Years	0
6-12 Years	0
13-15 Years	0
16-19 Years	2
20-29 Years	0
30-39 Years	2
40-49 Years	5
50-59 Years	0
60-69 Years	0
70-79 Years	0
80-89 Years	0
> 90 Years	0
<b>Totals:</b>	<b>9</b>

Manner of Death - Suicide

Firearms: Gunshot	16
Firearms: Shotgun	5
Exclusion of Oxygen	1
Ingestion of Drug(s)/Medication(s)	5
Ingestion of Drug(s)/Medication(s) and Ethanol	1
Inhalation of Motor Vehicle Exhaust Fumes	2
Inhalation of Smoke Fumes from Grill	1
Hanging	7
Structural Fire	1
<b>Totals:</b>	<b>39</b>

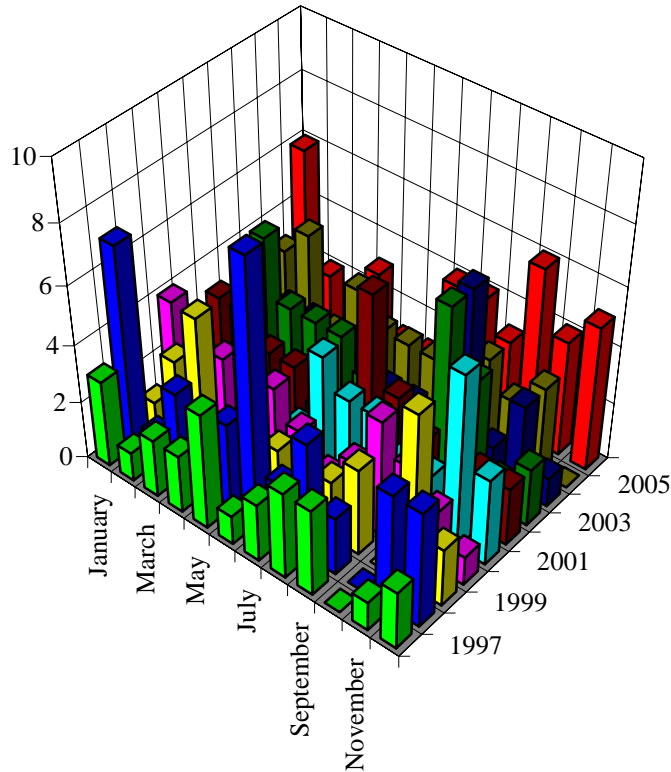
		Age	
		< 1 Year	0
		1-5 Years	0
		6-12 Years	0
		13-15 Years	0
		16-19 Years	2
		20-29 Years	9
		30-39 Years	8
		40-49 Years	14
		50-59 Years	2
		60-69 Years	2
		70-79 Years	2
		80-89 Years	0
		> 90 Years	0
		<b>Totals:</b>	<b>39</b>

Sex	
Male	31
Female	8
Unknown	0
<b>Totals:</b>	<b>39</b>

**Manner of Death: Suicides  
10 Year Comparisons**

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	Totals	Avg/Yr
January	3	7	1	4	2	3	1	0	3	6	30	3.0
February	1	1	3	3	0	3	5	2	4	2	24	2.4
March	2	3	5	3	1	2	3	2	1	0	22	2.2
April	2	2	1	4	0	2	3	0	3	3	20	2.0
May	4	3	1	3	1	1	3	2	2	1	21	2.1
June	1	9	2	2	4	1	2	1	2	1	25	2.5
July	2	2	1	1	3	6	1	1	2	4	23	2.3
August	3	4	2	2	3	3	0	1	3	4	25	2.5
September	3	2	3	4	2	2	6	6	3	3	34	3.4
October	0	0	0	3	2	1	4	1	2	6	19	1.9
November	1	4	6	2	6	2	1	3	3	4	32	3.2
December	2	4	2	1	3	2	2	1	0	5	22	2.2
<b>Totals:</b>	<b>24</b>	<b>41</b>	<b>27</b>	<b>32</b>	<b>27</b>	<b>28</b>	<b>31</b>	<b>20</b>	<b>28</b>	<b>39</b>	<b>297</b>	<b>29.7</b>



**Manner of Death - Suicide**  
**Cases Where Decedent has Measureable Ethanol Level**

Ingestion of Drugs/Meds and Ethanc	1	Sex	
Inhalation of Motor Vehicle Exhaust	1	Male	14
Inhalation of Smoke Fumes from Gr.	1	Female	1
Self-Inflicted Gunshot Wound	8	Unknown	0
Self-Inflicted Shotgun Wound	1	<b>Totals:</b>	<b>15</b>
Self-Inflicted Hanging	3		
<b>Totals:</b>	<b>15</b>		

Concentration of Ethanol		Age	
< 0.040	2	< 1 Year	0
0.040-0.060	1	1-5 Years	0
0.060-0.080	0	6-12 Years	0
0.080-0.100	1	13-15 Years	0
0.100-0.150	4	16-19 Years	0
0.150-0.200	3	20-29 Years	3
0.200-0.250	2	30-39 Years	5
0.250-0.300	1	40-49 Years	6
0.300-0.350	1	50-59 Years	1
0.350-0.400	0	60-69 Years	0
0.400-0.450	0	70-79 Years	0
0.450-0.500	0	80-89 Years	0
> 0.500	0	> 90 Years	0
<b>Totals:</b>	<b>15</b>	<b>Totals:</b>	<b>15</b>

**Manner of Death - Suicide**

**Cases Where Ethanol Level is Contributing Factor in Cause of Death**

Ingestion of Med(s)/Drug(s) and Eth	1	Sex	
Self-Inflicted Gunshot Wound	5	Male	10
Inhalation of Smoke Fumes from Gr.	1	Female	0
Self-Inflicted Hanging	3	Unknown	0
<b>Totals:</b>	<b>10</b>	<b>Totals:</b>	<b>10</b>

Concentration of Ethanol		Age	
< 0.040	0	< 1 Year	0
0.040-0.060	0	1-5 Years	0
0.060-0.080	0	6-12 Years	0
0.080-0.100	1	13-15 Years	0
0.100-0.150	4	16-19 Years	0
0.150-0.200	2	20-29 Years	2
0.200-0.250	1	30-39 Years	3
0.250-0.300	1	40-49 Years	5
0.300-0.350	1	50-59 Years	0
0.350-0.400	0	60-69 Years	0
0.400-0.450	0	70-79 Years	0
0.450-0.500	0	80-89 Years	0
> 0.500	0	> 90 Years	0
<b>Totals:</b>	<b>10</b>	<b>Totals:</b>	<b>10</b>

Manner of Death - Homicide

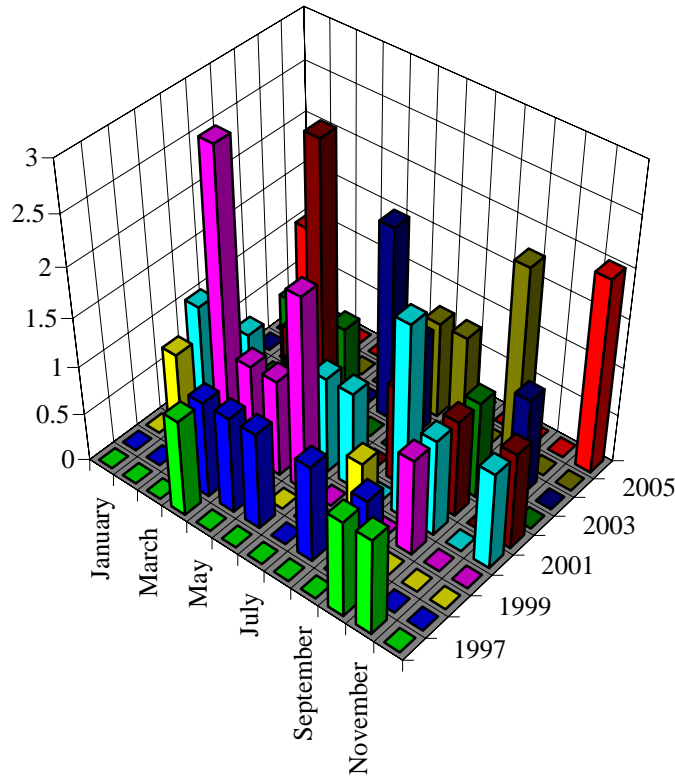
Gunshot Wound(s) at the hands of another	3
<b>Totals:</b>	<b>3</b>

		Age	
		< 1 Year	0
		1-5 Years	0
		6-12 Years	0
		13-15 Years	0
		16-19 Years	0
Sex		20-29 Years	2
Male	3	30-39 Years	0
Female	0	40-49 Years	0
Unknown	0	50-59 Years	1
<b>Totals:</b>	<b>3</b>	60-69 Years	0
		70-79 Years	0
		80-89 Years	0
		> 90 Years	0
		Unknown	0
		<b>Totals:</b>	<b>3</b>



**Manner of Death: Homicides  
10 Year Comparisons**

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	Totals	Avg/Yr
January	0	0	0	0	1	0	0	0	0	1	2	0.2
February	0	0	1	0	0	0	0	0	0	0	1	0.1
March	0	0	0	3	1	0	1	0	0	0	5	0.5
April	1	1	0	1	0	1	0	0	0	0	4	0.4
May	0	1	0	1	1	3	1	0	0	0	7	0.7
June	0	1	0	2	1	0	0	2	0	0	6	0.6
July	0	0	0	0	1	0	0	1	1	0	3	0.3
August	0	1	0	0	0	1	0	0	1	0	3	0.3
September	0	0	1	0	2	0	0	0	0	0	3	0.3
October	1	1	0	1	1	1	1	0	2	0	8	0.8
November	1	0	0	0	0	0	0	1	0	0	2	0.2
December	0	0	0	0	1	1	0	0	0	2	4	0.4
<b>Totals:</b>	<b>3</b>	<b>5</b>	<b>2</b>	<b>8</b>	<b>9</b>	<b>7</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>48</b>	<b>4.8</b>



**Manner of Death - Homicide**  
**Cases Where Decedent has Measureable Ethanol Level**

Gunshot Wound at the hands of anot	1	Sex	
<b>Totals:</b>	<b>1</b>	Male	1
		Female	0
		Unknown	0
		<b>Totals:</b>	<b>1</b>

Concentration of Ethanol		Age	
< 0.040	0	< 1 Year	0
0.040-0.060	0	1-5 Years	0
0.060-0.080	0	6-12 Years	0
0.080-0.100	0	13-15 Years	0
0.100-0.150	1	16-19 Years	0
0.150-0.200	0	20-29 Years	0
0.200-0.250	0	30-39 Years	0
0.250-0.300	0	40-49 Years	0
0.300-0.350	0	50-59 Years	1
0.350-0.400	0	60-69 Years	0
0.400-0.450	0	70-79 Years	0
0.450-0.500	0	80-89 Years	0
> 0.500	0	> 90 Years	0
<b>Totals:</b>	<b>1</b>	<b>Totals:</b>	<b>1</b>

**Manner of Death - Suicide**

**Cases Where Ethanol Level is Contributing Factor in Cause of Death**

Gunshot Wound at the hands of anot	1	Sex	
Totals:	1	Male	1
		Female	0
		Unknown	0
		Totals:	1

Concentration of Ethanol		Age	
< 0.040	0	< 1 Year	0
0.040-0.060	0	1-5 Years	0
0.060-0.080	0	6-12 Years	0
0.080-0.100	0	13-15 Years	0
0.100-0.150	1	16-19 Years	0
0.150-0.200	0	20-29 Years	0
0.200-0.250	0	30-39 Years	0
0.250-0.300	0	40-49 Years	0
0.300-0.350	0	50-59 Years	1
0.350-0.400	0	60-69 Years	0
0.400-0.450	0	70-79 Years	0
0.450-0.500	0	80-89 Years	0
> 0.500	0	> 90 Years	0
Totals:	1	Totals:	1

Manner of Death - Undetermined

Ingestion of Drug(s)/Medication(s)	1
Maternal Acute Ethanol Intoxication	1
Presumed Drowning	1
Unknown	1
<b>Totals:</b>	<b>4</b>

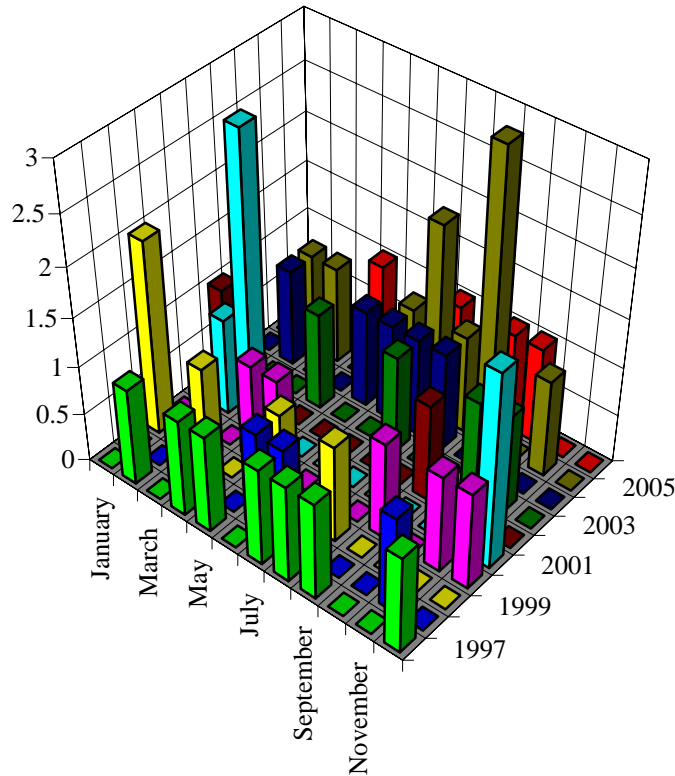
		<u>Age</u>	
		< 1 Year	2
		1-5 Years	0
		6-12 Years	0
		13-15 Years	0
		16-19 Years	0
		20-29 Years	0
		30-39 Years	0
		40-49 Years	2
		50-59 Years	0
		60-69 Years	0
		70-79 Years	0
		80-89 Years	0
		> 90 Years	0
		Unknown	0
		<b>Totals:</b>	<b>4</b>

<u>Sex</u>		
Male	1	
Female	3	
Unknown	0	
<b>Totals:</b>	<b>4</b>	

**Manner of Death: Undetermined  
10 Year Comparisons**

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	Totals	Avg/Yr
January	0	0	2	0	0	1	0	0	0	0	3	0.3
February	1	0	0	0	1	0	0	1	1	0	4	0.4
March	0	0	1	0	3	0	0	0	1	0	5	0.5
April	1	0	0	1	0	0	1	0	0	1	4	0.4
May	1	0	0	1	0	0	0	1	0	0	3	0.3
June	0	1	1	0	0	0	0	1	1	0	4	0.4
July	1	1	0	0	0	0	1	1	2	1	7	0.7
August	1	0	1	0	0	0	0	1	1	0	4	0.4
September	1	0	0	1	0	1	0	0	3	1	7	0.7
October	0	0	0	0	0	0	1	0	0	1	2	0.2
November	0	1	0	1	0	0	1	0	1	0	4	0.4
December	1	0	0	1	2	0	0	0	0	0	4	0.4
<b>Totals:</b>	<b>7</b>	<b>3</b>	<b>5</b>	<b>5</b>	<b>6</b>	<b>2</b>	<b>4</b>	<b>5</b>	<b>10</b>	<b>4</b>	<b>51</b>	<b>5.1</b>



**Manner of Death - Undetermined**  
**Cases Where Decedent has Measureable Ethanol Level**

		Sex	
Maternal Acute Ethanol Intoxication	1	Male	0
		Female	1
Totals:	1	Unknown	0
		Totals:	1

		Age	
Concentration of Ethanol		< 1 Year	1
< 0.040	0	1-5 Years	0
0.040-0.060	0	6-12 Years	0
0.060-0.080	0	13-15 Years	0
0.080-0.100	0	16-19 Years	0
0.100-0.150	0	20-29 Years	0
0.150-0.200	1	30-39 Years	0
0.200-0.250	0	40-49 Years	0
0.250-0.300	0	50-59 Years	0
0.300-0.350	0	60-69 Years	0
0.350-0.400	0	70-79 Years	0
0.400-0.450	0	80-89 Years	0
0.450-0.500	0	> 90 Years	0
> 0.500	0	Totals:	1
Totals:	1		

**Manner of Death - Undetermined**  
**Cases Where Ethanol Level is Contributing Factor in Cause of Death**

		<u>Sex</u>	
Maternal Acute Ethanol Intoxication	1	Male	0
		Female	1
<b>Totals:</b>	<b>1</b>	Unknown	0
		<b>Totals:</b>	<b>1</b>

		<u>Age</u>	
<u>Concentration of Ethanol</u>		< 1 Year	1
< 0.040	0	1-5 Years	0
0.040-0.060	0	6-12 Years	0
0.060-0.080	0	13-15 Years	0
0.080-0.100	0	16-19 Years	0
0.100-0.150	0	20-29 Years	0
0.150-0.200	1	30-39 Years	0
0.200-0.250	0	40-49 Years	0
0.250-0.300	0	50-59 Years	0
0.300-0.350	0	60-69 Years	0
0.350-0.400	0	70-79 Years	0
0.400-0.450	0	80-89 Years	0
0.450-0.500	0	> 90 Years	0
> 0.500	0	<b>Totals:</b>	<b>1</b>
<b>Totals:</b>	<b>1</b>		

**Cases Where Decedent has Measureable Ethanol Level**

Manner of Death	#	Tot	%
Natural	5	1173	0.43%
Motor Vehicle Accident	22	31	70.97%
Suicide	11	89	12.36%
Homicide	15	39	38.46%
Undetermined	1	3	33.33%
<b>Totals:</b>	<b>55</b>	<b>1339</b>	<b>4.11%</b>

Sex	
Male	38
Female	17
Unknown	0
<b>Totals:</b>	<b>55</b>

Concentration of Ethanol (GM%)	
< 0.040	6
0.040-0.060	1
0.060-0.080	4
0.080-0.100	6
0.100-0.150	13
0.150-0.200	11
0.200-0.250	10
0.250-0.300	3
0.300-0.350	1
0.350-0.400	0
0.400-0.450	0
0.450-0.500	0
>0.500	0
<b>Totals:</b>	<b>55</b>

Age Breakdown	
< 1 Year	1
1-5 Years	0
6-12 Years	0
13-15 Years	0
16-19 Years	9
20-29 Years	9
30-39 Years	14
40-49 Years	13
50-59 Years	8
60-69 Years	1
70-79 Years	0
80-89 Years	0
> 90 Years	0
<b>Totals:</b>	<b>55</b>



**Cases Where Ethanol Level is Contributing Factor in Cause of Death**

Manner of Death	#	Tot	%
Natural	0	1173	0.00%
Motor Vehicle Accident	18	31	58.06%
Suicide	9	89	10.11%
Homicide	10	39	25.64%
Undetermined	1	3	33.33%
<b>Totals:</b>	<b>39</b>	<b>1339</b>	<b>2.91%</b>

Sex	
Male	26
Female	13
Unknown	0
<b>Totals:</b>	<b>39</b>

Concentration of Ethanol (GM%)	
< 0.040	0
0.040-0.060	0
0.060-0.080	2
0.080-0.100	5
0.100-0.150	11
0.150-0.200	8
0.200-0.250	9
0.250-0.300	3
0.300-0.350	1
0.350-0.400	0
0.400-0.450	0
0.450-0.500	0
>0.500	0
<b>Totals:</b>	<b>39</b>

Age Breakdown	
< 1 Year	1
1-5 Years	0
6-12 Years	0
13-15 Years	0
16-19 Years	5
20-29 Years	8
30-39 Years	9
40-49 Years	11
50-59 Years	5
60-69 Years	0
70-79 Years	0
80-89 Years	0
> 90 Years	0
<b>Totals:</b>	<b>39</b>

**Cannabinoid Related Deaths**

Manner of Death	#	Total	%
Natural	3	1173	0.26%
Motor Vehicle	5	31	16.13%
Accident	6	89	6.74%
Suicide	6	39	15.38%
Homicide	1	3	33.33%
Undetermined	0	4	0.00%
<b>Totals:</b>	<b>21</b>	<b>1339</b>	<b>1.57%</b>

Sex	
Male	18
Female	3
Unknown	0
<b>Totals:</b>	<b>21</b>

Age Breakdown	
< 1 Year	0
1-5 Years	0
6-12 Years	0
13-15 Years	0
16-19 Years	3
20-29 Years	11
30-39 Years	3
40-49 Years	4
50-59 Years	0
60-69 Years	0
70-79 Years	0
80-89 Years	0
> 90 Years	0
<b>Totals:</b>	<b>21</b>

**Cocaine Related Deaths**

Manner of Death	#	Tot	%
Natural	1	1173	0.09%
Motor Vehicle	1	31	3.23%
Accident	5	89	5.62%
Suicide	3	39	7.69%
Homicide	0	3	0.00%
Undetermined	0	4	0.00%
<b>Totals:</b>	<b>10</b>	<b>1339</b>	<b>0.75%</b>

Sex	#
Male	9
Female	1
Unknown	0
<b>Totals:</b>	<b>10</b>

Age Breakdown	#
< 1 Year	0
1-5 Years	0
6-12 Years	0
13-15 Years	0
16-19 Years	0
20-29 Years	1
30-39 Years	4
40-49 Years	3
50-59 Years	2
60-69 Years	0
70-79 Years	0
80-89 Years	0
> 90 Years	0
<b>Totals:</b>	<b>10</b>

Deaths involving Gunshots

Gunshot Wound at the hands of another	2
Self-Inflicted Gunshot Wound	9
Self-Inflicted Shotgun Wound	5
<b>Totals:</b>	<b>16</b>

Manner of Death	#	Total	%	Age	
Natural	0	1173	0.00%	< 1 Year	0
Motor Vehicle	0	31	0.00%	1-5 Years	0
Accident	0	89	0.00%	6-12 Years	0
Suicide	14	39	35.90%	13-15 Years	0
Homicide	2	3	66.67%	16-19 Years	1
Undetermined	0	4	0.00%	20-29 Years	5
	16	1339	1.19%	30-39 Years	2
				40-49 Years	5
				50-59 Years	2
				60-69 Years	0
				70-79 Years	1
				80-89 Years	0
				> 90 Years	0
				Unknown	0
				<b>Totals:</b>	<b>16</b>

Sex	
Male	14
Female	2
Unknown	0
<b>Totals:</b>	<b>16</b>

**Deaths involving Gunshots  
Suicides**

Self-Inflicted Gunshot Wound	9
Self-Inflicted Shotgun Wound	5
<b>Totals:</b>	<b>14</b>

Manner of Death	#	Total	%
Natural	0	1173	0.00%
Motor Vehicle	0	31	0.00%
Accident	0	89	0.00%
Suicide	14	39	35.90%
Homicide	0	3	0.00%
Undetermined	0	4	0.00%
	14	1339	1.05%

Sex	
Male	11
Female	3
Unknown	0
<b>Totals:</b>	<b>14</b>

Age	
< 1 Year	0
1-5 Years	0
6-12 Years	0
13-15 Years	0
16-19 Years	1
20-29 Years	4
30-39 Years	2
40-49 Years	4
50-59 Years	2
60-69 Years	0
70-79 Years	1
80-89 Years	0
> 90 Years	0
Unknown	0
<b>Totals:</b>	<b>14</b>

**Deaths involving Gunshots**  
**Cases Where Decedent has Measureable Ethanol Level**

Gunshot Wound at the hands of another	1
Self-Inflicted Gunshot Wound	5
Self-Inflicted Shotgun Wound	1
<b>Totals:</b>	<b>7</b>

Manner of Death	#	Total	%
Natural	0	1173	0.00%
Accident - Motor Vehicle	0	31	0.00%
Accident	0	89	0.00%
Suicide	6	39	15.38%
Homicide	1	3	33.33%
Undetermined	0	4	0.00%
<b>Totals:</b>	<b>7</b>	<b>1339</b>	<b>0.52%</b>

Sex	
Male	7
Female	0
Unknown	0
<b>Totals:</b>	<b>7</b>

Concentration of Ethanol	
< 0.040	1
0.040-0.060	0
0.060-0.080	0
0.080-0.100	0
0.100-0.150	4
0.150-0.200	1
0.200-0.250	1
0.250-0.300	0
0.300-0.350	0
0.350-0.400	0
0.400-0.450	0
0.450-0.500	0
> 0.500	0
<b>Totals:</b>	<b>7</b>

Age	
< 1 Year	0
1-5 Years	0
6-12 Years	0
13-15 Years	0
16-19 Years	0
20-29 Years	2
30-39 Years	2
40-49 Years	2
50-59 Years	1
60-69 Years	0
70-79 Years	0
80-89 Years	0
> 90 Years	0
<b>Totals:</b>	<b>7</b>

**Deaths involving Gunshots**  
**Cases Where Ethanol Level is Contributing Factor in Cause of Death**

Gunshot Wound at the hands of another	1
Self-Inflicted Gunshot Wound	3
<b>Totals:</b>	<b>4</b>

Manner of Death	#	Total	%
Natural	0	1173	0.00%
Accident - Motor Vehicle	0	31	0.00%
Accident	0	89	0.00%
Suicide	3	39	7.69%
Homicide	1	3	33.33%
Undetermined	0	4	0.00%
<b>Totals:</b>	<b>4</b>	<b>1339</b>	<b>0.30%</b>

Sex	
Male	4
Female	0
Unknown	0
<b>Totals:</b>	<b>4</b>

Concentration of Ethanol	
< 0.040	0
0.040-0.060	0
0.060-0.080	0
0.080-0.100	0
0.100-0.150	4
0.150-0.200	0
0.200-0.250	0
0.250-0.300	0
0.300-0.350	0
0.350-0.400	0
0.400-0.450	0
0.450-0.500	0
> 0.500	0
<b>Totals:</b>	<b>4</b>

Age	
< 1 Year	0
1-5 Years	0
6-12 Years	0
13-15 Years	0
16-19 Years	0
20-29 Years	1
30-39 Years	0
40-49 Years	2
50-59 Years	1
60-69 Years	0
70-79 Years	0
80-89 Years	0
> 90 Years	0
<b>Totals:</b>	<b>4</b>

Child Deaths

Manner of Death	#	Total	%
Natural	7	1173	0.60%
Accident - Motor Vehicle	2	31	6.45%
Accident	2	89	2.25%
Suicide	1	39	2.56%
Homicide	0	3	0.00%
Undetermined	2	4	50.00%
	14	1339	1.05%

Sex	
Male	8
Female	6
Unknown	0
Totals:	14

Race	
White	11
Black	3
Unknown	0
Totals:	14

Age	
< 1 Year	6
1 Year	0
2 Years	1
3 Years	0
4 Years	0
5 Years	0
6-9 Years	2
10-12 Years	1
13-14 Years	0
15-17 Years	4
Totals:	14



**Child Deaths**  
**How Injury Occurred**

Accident-Motor Vehicle: Passenger in Motor Vehicle - Motor Veh	1
Accident: Hanging	1
Accident: Re-Breathing Microenvironment	1
Accident: Submersion in water	2
Undetermined: Unknown	1
Undetermined: Maternal Acute Ethanol Intoxication	1
<b>Totals:</b>	<b>7</b>

**Child Deaths**  
**Natural Causes of Death**

7 Cases out of 1173 Naturals Total - 0.59 %

Sex		Age	
Male	4	< 1 Year	3
Female	3	1-5 Years	0
Unknown	0	6-9 Years	2
<b>Totals:</b>	<b>7</b>	10-12 Years	1
		13-14 Years	0
		15-17 Years	1
		<b>Totals:</b>	<b>7</b>

Cause of Death	
Apnea	1
Aspiration Pneumonia	1
Hypoxic Ischemic Encephalopathy	1
Intrauterine Pneumonia	1
Potter's Syndrome (Pulmonary Hypoplasia)	1
Respiratory Failure	1
Rhett's Syndrome	1
<b>Total:</b>	<b>7</b>

**Child Deaths**  
**Accident-Motor Vehicle**  
 2 Cases out of 31 Total - 6.45 %

Sex		Age	
Male	2	< 1 Year	0
Female	0	1-5 Years	0
Unknown	0	6-9 Years	0
<b>Totals:</b>	<b>2</b>	10-12 Years	0
		13-14 Years	0
		15-17 Years	2
		<b>Totals:</b>	<b>2</b>

How Injury Occurred

Passenger in Motor Vehicle - Fixed Object Collision	1
Passenger in Motor Vehicle - Motor Vehicle Accident	1
<b>Total:</b>	<b>2</b>

**Child Deaths**

**Accident**

2 Cases out of 89 Total - 2.25 %

Sex		Age	
Male	2	< 1 Year	1
Female	0	1-5 Years	1
Unknown	0	6-9 Years	0
<b>Totals:</b>	<b>2</b>	10-12 Years	0
		13-14 Years	0
		15-17 Years	0
		<b>Totals:</b>	<b>2</b>

How Injury Occurred	
Re-Breathing Microenvironment	1
Submersion in water	1
<b>Total:</b>	<b>2</b>

**Child Deaths**

**Suicides**

1 Case out of 39 Total - 2.56 %

Sex		Age	
Male	0	< 1 Year	0
Female	1	1-5 Years	0
Unknown	0	6-9 Years	0
<b>Totals:</b>	<b>1</b>	10-12 Years	0
		13-14 Years	0
		15-17 Years	1
		<b>Totals:</b>	<b>1</b>

How Injury Occurred	
Self-Inflicted Gunshot Wound	1
<b>Total:</b>	<b>1</b>

**Child Deaths  
Undetermined**

2 Cases out of 4 Total - 50.00 %

Sex		Age	
Male	0	< 1 Year	2
Female	2	1-5 Years	0
Unknown	0	6-9 Years	0
<b>Totals:</b>	<b>2</b>	10-12 Years	0
		13-14 Years	0
		15-17 Years	0
		<b>Totals:</b>	<b>2</b>

How Injury Occurred	
Maternal Acute Ethanol Intoxication	1
Undetermined	1
<b>Total:</b>	<b>2</b>

Nursing Home Deaths

Changes Due to New Nursing Home Reporting Law effective 08/24/2003

*Missouri Revised Statutes*

**Chapter 198**  
**Convalescent, Nursing and Boarding Homes**  
**Section 198.071**

August 28, 2003

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**Death of a resident, persons to contact prior to transfer of deceased.**

198.071 The staff of a residential care facility I, a residential care facility II, an intermediate care facility, or a skilled nursing facility shall attempt to contact the resident's immediate family or a resident's responsible party, and shall contact the attending physician and notify the local coroner or medical examiner immediately upon the death of any resident of the facility prior to transferring the deceased resident to a funeral home.

(L. 2003 S.B. 556 & 311)

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Nursing Home Deaths

Changes Due to New Nursing Home Reporting Law effective 08/24/2003

Nursing Home Name:

	# Cases
Blanchette Place Nursing Home	66
Bristol Manor of Wentzville	1
Carlevoix Nursing Home	48
Delmar Gardens of O'Fallon	22
Emmaus Home	2
Garden View Nursing Home	54
Grandview Healthcare Center	1
Lutheran Senior Services Nursing Home	28
Mount Carmel Nursing Home	48
National Health Care Nursing Home	53
Park Lane Care and Rehab Nursing Home	46
Parkside Meadows Nursing Home	22
Spencer Place Assisted Living	2
St. Mary's Institute	3
St. Peters Manor Nursing Home	33
Twin City Residential Care, Inc.	2
<b>Totals:</b>	<b>431</b>

Deaths by Case Type

	NH	Not-NH	Totals
Case Waived	397	670	1067
Body Released	34	111	145
Examination	0	127	127
After-the-Fact	0	0	0
Consult Cases	0	0	0
Miscellaneous	0	0	0
<b>Totals:</b>	<b>431</b>	<b>908</b>	<b>1339</b>

Deaths by Manner of Death:

	NH	Not-NH	Totals
Natural	408	765	1173
Accident-MV	1	30	31
Accident	22	67	89
Suicide	0	39	39
Homicide	0	3	3
Undetermined	0	4	4
Stillborn	0	0	0
<b>Totals:</b>	<b>431</b>	<b>908</b>	<b>1339</b>

Deaths by Month Reported:

	NH	Not-NH	Totals
January	40	77	117
February	40	78	118
March	38	81	119
April	26	88	114
May	25	74	99
June	40	60	100
July	41	68	109
August	41	67	108
September	29	74	103
October	34	80	114
November	36	79	115
December	41	82	123
<b>Totals:</b>	<b>431</b>	<b>908</b>	<b>1339</b>

Deaths by Day of the Week Reported:

	NH	Not-NH	Totals
Sunday	56	122	178
Monday	58	135	193
Tuesday	60	130	190
Wednesday	75	142	217
Thursday	55	127	182
Friday	67	117	184
Saturday	60	135	195
<b>Totals:</b>	<b>431</b>	<b>908</b>	<b>1339</b>



**Nursing Home Deaths**  
**Changes Due to New Nursing Home Reporting Law effective 08/24/2003**

Deaths by Hour of the Day Reported:

	NH	Not-NH	Totals	# Cases	Shift
12:00-0:59	14	40	54		
1:00-1:59	17	30	47		
2:00-2:59	20	21	41		
3:00-3:59	18	30	48		
4:00-4:59	23	19	42		
5:00-5:59	19	20	39		
6:00-6:59	20	31	51		
7:00-7:59	18	39	57		149 (Nights)
8:00-8:59	16	62	78		
9:00-9:59	23	52	75		
10:00-10:59	16	42	58		
11:00-11:59	10	47	57		
12:00-12:59	19	53	72		
13:00-13:59	24	40	64		
14:00-14:59	14	38	52		
15:00-15:59	9	42	51		131 (Days)
16:00-16:59	22	54	76		
17:00-17:59	17	44	61		
18:00-18:59	12	40	52		
19:00-19:59	21	38	59		
20:00-20:59	19	35	54		
21:00-21:59	20	31	51		
22:00-22:59	22	26	48		
23:00-23:59	18	34	52		151 (Evenings)
<b>Totals:</b>	<b>431</b>	<b>908</b>	<b>1339</b>	<b>431</b>	

Nursing Home Deaths

Changes Due to New Nursing Home Reporting Law effective 08/24/2003

5 Year Totals - Nursing Home Deaths by Case Type

	2002	2003	2004	2005	2006	Total
Case Waived	1	73	361	361	397	1193
Body Released	3	9	36	31	34	113
Examination	1	0	1	1	0	3
After-the-Fact	0	0	0	0	0	0
Consult Cases	0	0	0	0	0	0
Miscellaneous	0	0	0	0	0	0
Totals:	5	82	398	393	431	1309

5 Year Totals - Nursing Home Deaths by Manner of Death

	2002	2003	2004	2005	2006	Total
Natural	1	77	370	365	408	1221
Accident-MV	0	0	0	0	1	1
Accident	3	5	28	25	22	83
Suicide	1	0	0	0	0	1
Homicide	0	0	0	1	0	1
Undetermined	0	0	0	2	0	2
Totals:	5	82	398	393	431	1309

5 Year Totals - Nursing Home Deaths by Month Reported:

	2002	2003	2004	2005	2006	Totals
January	0	0	42	31	40	113
February	3	1	34	48	40	126
March	0	1	36	46	38	121
April	0	0	35	26	26	87
May	0	0	27	34	25	86
June	0	0	30	20	40	90
July	1	0	23	24	41	89
August	0	3	32	32	41	108
September	0	16	30	25	29	100
October	0	21	32	29	34	116
November	1	8	40	44	36	129
December	0	32	37	33	41	143
No Date	0	0	0	1	0	1
Totals:	5	82	398	393	431	1309

**Nursing Home Deaths  
Changes Due to New Nursing Home Reporting Law effective 08/24/2003**

Deaths by Day of the Week Reported:

	2002	2003	2004	2005	2006	Totals
Sunday	2	11	42	66	56	177
Monday	1	9	44	54	58	166
Tuesday	1	10	67	63	60	201
Wednesday	0	10	54	57	75	196
Thursday	0	8	70	53	55	186
Friday	1	11	73	49	67	201
Saturday	0	23	48	50	60	181
No Date	0	0	0	1	0	1
<b>Totals:</b>	<b>5</b>	<b>82</b>	<b>398</b>	<b>393</b>	<b>431</b>	<b>1309</b>

5 Year Totals - Nursing Home Deaths by Hour of the Day Reported:

	2002	2003	2004	2005	2006	Totals
12:00-0:59	1	6	16	13	14	50
1:00-1:59	0	4	15	16	17	52
2:00-2:59	0	4	20	12	20	56
3:00-3:59	0	3	13	11	18	45
4:00-4:59	0	6	15	12	23	56
5:00-5:59	0	1	24	18	19	62
6:00-6:59	2	6	13	12	20	53
7:00-7:59	0	4	19	21	18	62
8:00-8:59	0	6	20	21	16	63
9:00-9:59	0	5	13	26	23	67
10:00-10:59	0	3	16	19	16	54
11:00-11:59	1	3	10	20	10	44
12:00-12:59	0	2	23	15	19	59
13:00-13:59	0	3	22	17	24	66
14:00-14:59	1	2	19	18	14	54
15:00-15:59	0	2	20	10	9	41
16:00-16:59	0	3	11	17	22	53
17:00-17:59	0	2	13	13	17	45
18:00-18:59	0	1	21	11	12	45
19:00-19:59	0	6	10	19	21	56
20:00-20:59	0	5	17	16	19	57
21:00-21:59	0	2	14	16	20	52
22:00-22:59	0	0	18	24	22	64
23:00-23:59	0	3	16	15	18	52
No Date	0	0	0	1	0	1
<b>Totals:</b>	<b>5</b>	<b>82</b>	<b>398</b>	<b>393</b>	<b>431</b>	<b>1309</b>