

**Annual Report**

**2013**

**Jefferson County**

**State of Missouri**

**Medical Examiner's Office**

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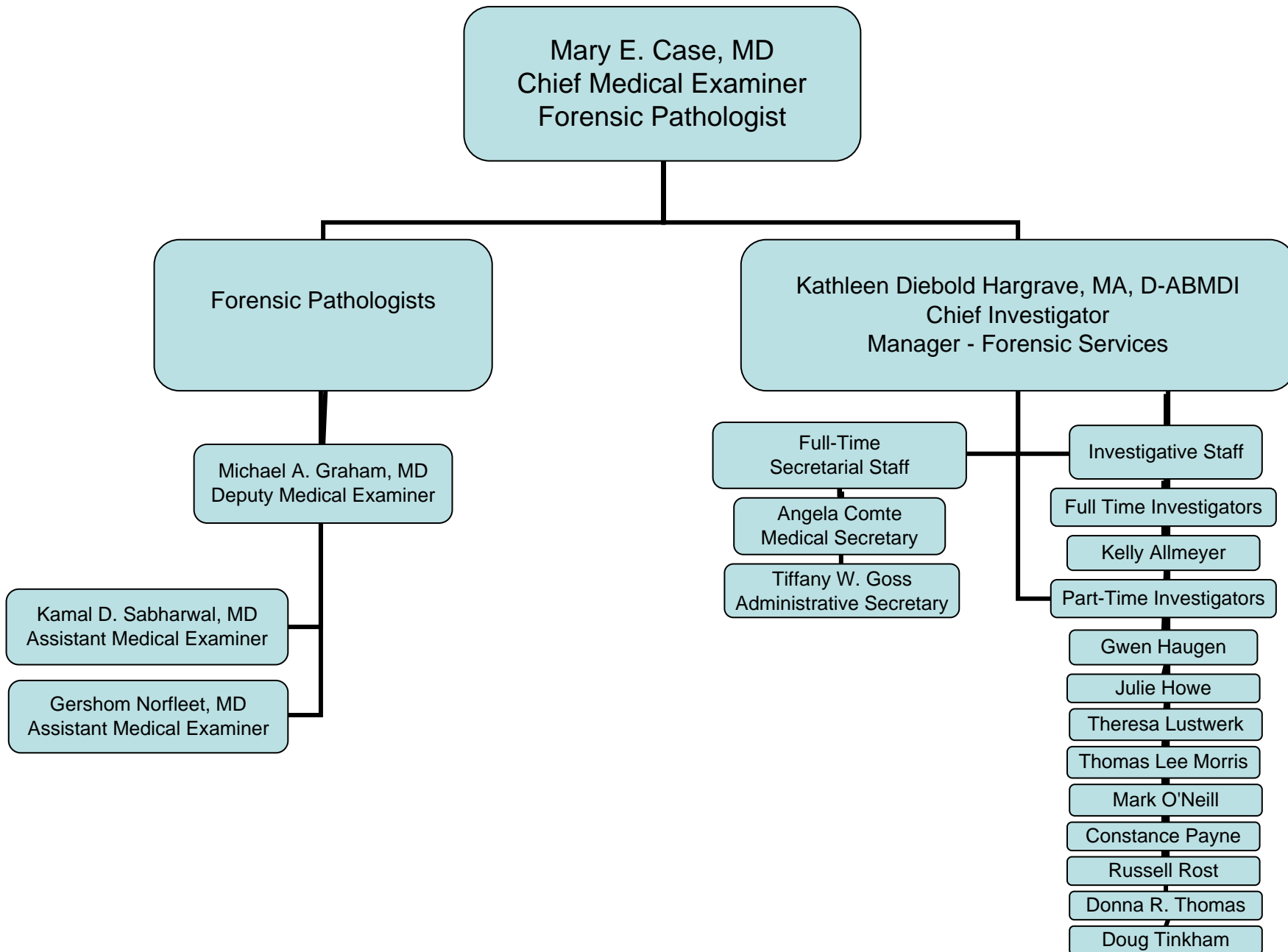
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**Organizational Chart**

# *Missouri Revised Statutes*

## Chapter 58

### Coroners and Inquests

August 28, 2008

**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 Missouri Coroners and Medical Examiners Association of attendance at a training program required by the provisions of subsection 2 of section 58.095 shall receive annual compensation, in addition to other compensation, of one thousand dollars per year so long as subsection 2 of section 58.095 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, A.L. 2003 S.B. 376)

**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



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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

### **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)

### **Special deputy coroner or special deputy medical examiner may be appointed, when-- record-keeping requirements.**

58.206. 1. The coroner or medical examiner of any county or any city not within a county may, for a period not to exceed thirty days, appoint a special deputy coroner or special deputy medical examiner in the event of any natural disaster, mass casualty, or other emergency situation. Such special deputy coroners or medical examiners shall be the coroner or medical examiner or deputy coroner or medical examiner of any other county in the state who is willing to serve under this section. Any special deputy coroner or medical examiner appointed under this section shall be directly supervised by the coroner or medical examiner making the appointment, and shall not receive any compensation for services rendered, but shall be reimbursed for all actual and necessary expenses incurred in the performance of official duties under this section. Such expenses shall be paid upon the receipt of an itemized record of such expenses approved by the coroner or medical examiner making the appointment.

2. The coroner or medical examiner making the appointment shall keep accurate records of all persons appointed under this section, and such records shall include the full name, address, date of birth, date of appointment, and date released from the appointment of the special deputy coroner or medical examiner appointed under this section. The coroner or medical examiner making an appointment under this section shall file such records with the county clerk in such coroner's or medical examiner's county.

(L. 2006 H.B. 1222 § 58.217)

### **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

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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.**

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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,

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58.411. 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 deputy coroner 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. The coroner or deputy coroner may take the names and addresses of witnesses to the death and shall file this information in the coroner's office. The coroner or deputy coroner shall take possession of all property of value found on the body, making exact inventory of such property on the report and shall direct the return of such property to the person entitled to its custody or possession. The coroner or deputy coroner shall take possession of any object or article which, in the coroner's\* or the deputy coroner's 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 immediately 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 or 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 the coroner's 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 the coroner's own discretion request that the prosecuting attorney apply for a court order requiring the body to be exhumed.
  5. The coroner may 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 or when a physician is unavailable to sign a certificate of death.
  6. When the cause of death is established by the coroner, the coroner shall file a copy of the findings in the coroner's office within thirty days.
  6. 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 the coroner's own authority may make or cause to be made an autopsy on the body. The coroner may on the coroner's 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, the pathologist, chemist, or other expert 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.
  7. 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, the coroner shall make out the coroner's warrant directed to the sheriff of the city or county requiring the sheriff 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 died.
  9. (1) When a person is being transferred from one county to another county for medical treatment and such person dies while being transferred, or dies while being treated in the emergency room of the receiving facility the place which the person is determined to be dead shall be considered the place of death and the county coroner or medical examiner of the county from which the person was originally being transferred shall be responsible for determining the cause and manner of death for the Missouri certificate of death.
  - (2) The coroner or medical examiner in the county in which the person is determined to be dead may

with authorization of the coroner or medical examiner from the original transferring county, investigate and conduct postmortem examinations at the expense of the coroner or medical examiner from the original transferring county. The coroner or medical examiner from the original transferring county shall be responsible for investigating the circumstances of such and completing the Missouri certificate of death. The certificate of death shall be filed in the county where the deceased was pronounced dead.

- (3) Such coroner or medical examiner of the county where a person is determined to be dead shall immediately notify the coroner or medical examiner of the county from which the person was originally being transferred of the death of such person, and shall make available information and records obtained for investigation of the death.
  - (4) If a person does not die while being transferred and is institutionalized as a regularly admitted patient after such transfer and subsequently dies while in such institution, the coroner or medical examiner of the county in which the person is determined to be dead shall immediately notify the coroner or medical examiner of the county from which such person was originally 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. If the manner of death is by homicide, suicide, accident, criminal abortion including those that are self-induced, child fatality, or any unusual or suspicious manner, the investigation of the cause and manner of death shall revert to the county of origin, and this coroner or medical examiner shall be responsible for the Missouri certificate of death. The certificate of death shall be filed in the county where the deceased was pronounced dead.
10. There shall not be any statute of limitations or time limits on the cause of death when death is the final result or determined to be caused by homicide, suicide, accident, child fatality, criminal abortion including those self-induced, or any unusual or suspicious manner. The place of death shall be the place in which the person is determined to be dead. The final investigation of death in determining the cause and matter of death shall revert to the county of origin, and the coroner or medical examiner of such county shall be responsible for the Missouri certificate of death. The certificate of death shall be filed in the county where the deceased was pronounced dead.
  11. Except as provided in subsection 9 of this section, if a person dies in one county and the body is subsequently transferred to another county, for burial or other reasons, 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.
  12. In performing the duties, the coroner or medical examiner shall comply with sections 58.775 to 58.785 with respect to 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, A.L. 2008 S.B. 1139)

\*Word "coroner" appears in original rolls.

CROSS REFERENCES:

Autopsy, consent required, RSMo 194.115

Pituitary gland to be retained unless contrary indication by decedent or next of kin, RSMo 58.770

**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 (certain counties).**

58.456. 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.

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(RSMo 1939 § 13266, A.L. 2001 H.B. 745)  
Prior revisions: 1929 § 11647; 1919 § 5955; 1909 § 2960

**Duty of public administrator on receipt of money or property.**

58.500. Upon delivery of any money to the public administrator, he or she shall follow the procedures as set out in section 473.743, RSMo.

(RSMo 1939 § 13267, A.L. 2007 S.B. 22 merged with S.B. 497)  
Prior revisions: 1929 § 11648; 1919 § 5956; 1909 § 2961

**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

**Costs and fees, when not allowed.**

58.580. No costs or fees to the coroner shall be allowed by the county commission, in any case of the view of or inquest on a



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dead body, unless it appears to the commission that the coroner, either before or during the view or inquest, had reasonable cause to believe that such body was that of a person who had come to his death by violence or casualty, or who, being unknown, was found dead within such county; but where any such inquest or view has been held by the coroner, on a notification by some person, without reasonable cause to suppose that such dead body was that of a person unknown, or who had come to his death by violence or casualty, the person giving such notification, without reasonable cause, as aforesaid, shall be liable to pay all the costs, fees and expenses of such view or inquest.

(RSMo 1939 § 13252)

Prior revisions: 1929 § 11633; 1919 § 5941; 1909 § 2946

### **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 5 8.610, 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 examiner 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.
    - (1) When a person is being transferred from one county to another county for medical treatment and such person dies while being transferred, or dies while being treated in the emergency room of the receiving facility, the place which the person is determined to be dead shall be considered the place of death and the county coroner or the medical examiner of the county from which the person was originally being transferred shall be responsible for determining the cause and manner of death for the Missouri certificate of death.
    - (2) The coroner or medical examiner in the county in which the person is determined to be dead may, with authorization of the coroner or medical examiner from the transferring county, investigate and conduct postmortem examinations at the expense of the coroner or medical examiner from the transferring county. The coroner or medical examiner from the transferring county shall be responsible for investigating the circumstances of such and completing the Missouri certificate of death. The certificate of death shall be filed in the county where the deceased was pronounced dead.
    - (3) Such coroner or medical examiner, or the county where a person is determined to be dead, shall immediately notify the coroner or medical examiner of the county from which the person was originally being transferred of the death of such person and shall make available information and records obtained for investigation of death.
    - (4) If a person does not die while being transferred and is institutionalized as a regularly admitted patient after such transfer and subsequently dies while in such institution, the coroner or medical examiner of the county in which the person is determined to be dead shall immediately notify the coroner or medical examiner of the county from which such person was originally 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. If the manner of death is by homicide, suicide, accident, criminal abortion including those that are self-induced, child fatality, or any unusual or suspicious manner, the investigation of the cause and manner of death shall revert to the county of origin, and this coroner or medical examiner shall be responsible for the Missouri certificate of death. The certificate of death shall be filed in the county where the deceased was pronounced dead.
  7. There shall not be any statute of limitations or time limits on cause of death when death is the final result or determined to be caused by homicide, suicide, accident, criminal abortion including those self induced, child fatality, or any unusual or suspicious manner. The place of death shall be the place in which the person is determined to be dead, but the final investigation of death determining the cause and manner of death shall revert to the county of origin, and this coroner or medical examiner shall be responsible for the Missouri certificate of death. The certificate of death shall be filed in the county where the deceased was pronounced dead.
  8. Except as provided in subsection 6 of this section, if a person dies in one county and the body is subsequently transferred to another county, for burial or other reasons, 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.

9. In performing the duties, the coroner or medical examiner shall comply with sections 58.775 to 58.785 with respect to 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, A.L. 2008 S.B. 1139)

**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,

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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)

### **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)

### **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)

### **Applicability of definitions.**

58.775. For the purpose of sections 58.775 to 58.785, the definitions in section 194.210, RSMo, are applicable.

(L. 2008 S.B. 1139)

**Cooperation with procurement organization required--postmortem examination requirements--removal of body parts permitted, when.**

- 58.780. 1. A coroner or medical examiner shall cooperate with a procurement organization to maximize the opportunity to recover anatomical gifts for the purpose of transplantation, therapy, research, or education.
2. If a coroner or medical examiner receives notice from a procurement organization that an anatomical gift might be available or was made with respect to a decedent whose body is under the jurisdiction of the coroner or medical examiner and a postmortem examination is going to be performed, unless the coroner or medical examiner denies recovery in accordance with section 58.785, the coroner or medical examiner or designee shall conduct a postmortem examination of the body or the part in a manner and within a time period compatible with its preservation for the purposes of the gift.
3. A part may not be removed from the body of a decedent under the jurisdiction of a coroner or medical examiner for transplantation, therapy, research, or education unless the part is the subject of an anatomical gift. The body of a decedent under the jurisdiction of the coroner or medical examiner may not be delivered to a person for research or education unless the body is the subject of an anatomical gift. This subsection does not preclude a coroner or medical examiner from performing the medicolegal investigation upon the body or parts of a decedent under the jurisdiction of the coroner or medical examiner.

(L. 2008 S.B. 1139)

**Release of decedent information to procurement organizations, when—medicolegal examination permitted--recovery of body parts, requirements.**

- 58.785. 1. Upon request of a procurement organization, a coroner or medical examiner shall release to the procurement organization the name, contact information, and available medical and social history of a decedent whose body is under the jurisdiction of the coroner or medical examiner. If the decedent's body or part is medically suitable for transplantation, therapy, research, or education, the coroner or medical examiner shall release postmortem examination results to the procurement organization. The procurement organization may make a subsequent disclosure of the postmortem examination results or other information received from the coroner or medical examiner only if relevant to transplantation or therapy.
2. The coroner or medical examiner may conduct a medicolegal examination by reviewing all medical records, laboratory test results, x-rays, other diagnostic results, and other information that any person possesses about a prospective donor or a donor whose body is under the jurisdiction of the coroner or medical examiner which the coroner or medical examiner determines may be relevant to the investigation.
3. A person that has any information requested by a coroner or medical examiner under subsection 2 of this section shall provide that information as expeditiously as possible to allow the coroner or medical examiner to conduct the medicolegal investigation within a period compatible with the preservation of parts for purposes of transplantation, therapy, research, or education.
4. If an anatomical gift has been or might be made of a part of a decedent whose body is under the jurisdiction of the coroner or medical examiner and a postmortem examination is not required, or the coroner or medical examiner determines that a postmortem examination is required but that the recovery of the part that is the subject of an anatomical gift will not interfere with the examination, the coroner or medical examiner and procurement organization shall cooperate in the timely removal of the part from the decedent for purposes of transplantation, therapy, research, or education.
5. If an anatomical gift of a part from the decedent under the jurisdiction of the coroner or medical examiner has been or might be made, but the coroner or medical examiner initially believes that the recovery of the part could interfere with the postmortem investigation into the decedent's cause or manner of death, the coroner or medical examiner shall consult with the procurement organization or physician or technician designated by the procurement organization about the proposed recovery. After consultation, the coroner or medical examiner may allow recovery.
6. Following the consultation under subsection 5 of this section, in the absence of mutually agreed upon protocols to resolve conflict between the coroner or medical examiner and the procurement organization, if the coroner or medical examiner intends to deny recovery, the coroner or medical examiner or his or her designee, at the request of the procurement organization, shall attend the removal procedure for the part before making a final determination not to allow the procurement organization to recover the part. During the removal procedure, the coroner or medical examiner or his or her designee may allow recovery by the procurement organization to proceed, or, if the coroner or medical examiner or his or her designee reasonably believes that the part may be involved in determining the decedent's cause or manner of death, deny recovery by the procurement organization.
7. If the coroner or medical examiner or his or her designee denies recovery under subsection 6 of this section, the coroner or medical examiner or his or her designee shall:
- (1) Explain in a record the specific reasons for not allowing recovery of the part;
  - (2) Include the specific reasons in the records of the coroner or medical examiner; and

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- (3) Provide a record with the specific reasons to the procurement organization.
8. If the coroner or medical examiner or his or her designee allows recovery of a part under subsection 4, 5, or 6 of this section, the procurement organization shall, upon request, cause the physician or technician who removes the part to provide the coroner or medical examiner with a record describing the condition of the part, a biopsy, photograph, and any other information and observations that would assist in the postmortem examination.
  9. If a coroner or medical examiner or his or her designee is required to be present at a removal procedure under subsection 6 of this section, the procurement organization requesting the recovery of the part shall, upon request, reimburse the coroner or medical examiner or his or her designee for the additional costs incurred in complying with subsection 6 of this section.

(L. 2008 S.B. 1139)

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## **Chapter 193**

### **Vital Statistics**

August 28, 2008

#### **Law, how cited.**

193.005. Sections 193.005 to 193.325 may be cited as the "Uniform Vital Statistics Law".

(L. 1984 S.B. 574)

#### **Definitions.**

193.015. As used in sections 193.005 to 193.325, unless the context clearly indicates otherwise, the following terms shall mean:

- (1) "Dead body", a human body or such parts of such human body from the condition of which it reasonably may be concluded that death recently occurred;
- (2) "Department", the department of health and senior services;
- (3) "Final disposition", the burial, interment, cremation, removal from the state, or other authorized disposition of a dead body or fetus;
- (4) "Institution", any establishment, public or private, which provides inpatient or outpatient medical, surgical, or diagnostic care or treatment or nursing, custodian, or domiciliary care, or to which persons are committed by law;
- (5) "Live birth", the complete expulsion or extraction from its mother of a child, irrespective of the duration of pregnancy, which after such expulsion or extraction, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached;
- (6) "Physician", a person authorized or licensed to practice medicine or osteopathy pursuant to chapter 334, RSMo;
- (7) "Spontaneous fetal death", a noninduced death prior to the complete expulsion or extraction from its mother of a fetus, irrespective of the duration of pregnancy; the death is indicated by the fact that after such expulsion or extraction the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles;
- (8) "State registrar", state registrar of vital statistics of the state of Missouri;
- (9) "System of vital statistics", the registration, collection, preservation, amendment and certification of vital records; the collection of other reports required by sections 193.005 to 193.325 and section 194.060, RSMo; and activities related thereto including the tabulation, analysis and publication of vital statistics;
- (10) "Vital records", certificates or reports of birth, death, marriage, dissolution of marriage and data related thereto;
- (11) "Vital statistics", the data derived from certificates and reports of birth, death, spontaneous fetal death, marriage, dissolution of marriage and related reports.

(L. 1984 S.B. 574, A.L. 2005 S.B. 74 & 49)

#### **Office--exclusive system--preservation of records.**

193.025. The department shall establish an office which shall install, maintain and operate the only system of vital statistics throughout the state. The office shall provide for the preservation of its official records.

(L. 1984 S.B. 574)

#### **Rules and regulations, procedure.**

193.035. The department may promulgate rules and regulations for the purpose of carrying out the provisions of sections 193.005 to 193.325. No rule or portion of a rule promulgated under the authority of this chapter shall become effective unless it has been promulgated pursuant to the provisions of section 536.024, RSMo.

(L. 1984 S.B. 574, A.L. 1993 S.B. 52, A.L. 1995 S.B. 3)

#### **State registrar, administration of system, powers and duties.**

193.045.1. The department director or his designee shall be the state registrar of vital statistics.

2. The state registrar shall administer the system of vital statistics and shall:

- (1) Conduct training programs to promote uniformity of policy and procedures throughout the state;
- (2) Prescribe, furnish and distribute such forms as are required by sections 193.005 to 193.325 and the rules and regulations issued hereunder, or prescribe such other means for transmission of data as will accomplish the purposes of complete and accurate reporting and registration of vital records;
- (3) Prepare and publish reports of vital statistics of this state and such other reports as may be required by department rules;



- (4) Provide to the state or local health agencies copies of or data derived from certificates and reports required under sections 193.005 to 193.325, deemed necessary for state or local health planning and program activities. The state registrar shall establish a schedule for transmittal of such copies or data, but such copies or data shall remain the property of the department and the uses which may be made of them shall be governed by the state registrar.

(L. 1984 S.B. 574)

**Division of state into registration districts.**

193.055. The state registrar may divide the state into registration districts which shall conform to political subdivisions or combinations thereof, or of parts thereof.

(L. 1984 S.B. 574)

**Local registrars, qualifications, appointment--deputies--duties--recorder of deeds appointed as local registrar (St. Louis City).**

193.065. The state registrar may appoint local registrars, each of whom shall be a person employed by an official county or city health agency except as otherwise herein provided. Each local registrar shall be authorized under the provisions of section 193.255 and subsection 2 of section 193.265 to issue certifications of death records. A local registrar, with the approval of the state registrar, may appoint deputies to carry out some or all of the responsibilities of the local registrar as provided in sections 193.005 to 193.325 or the regulations promulgated pursuant thereto. The local registrars shall immediately report to the state registrar violations of sections 193.005 to 193.325 or the regulations promulgated pursuant thereto. In any city not within a county, the state registrar shall appoint the recorder of deeds for such city as the local registrar.

(L. 1984 S.B. 574, A.L. 1985 S.B. 263, A.L. 2002 S.B. 1132, A.L. 2006 H.B. 1707 merged with S.B. 1177)

**Certificates and reports, form, format, contents.**

- 193.075.1. The forms of certificates and reports required by sections 193.005 to 193.325 or by regulations adopted hereunder shall include as a minimum the items recommended by the federal agency responsible for national vital statistics.
2. Each certificate, report, and other document required by sections 193.005 to 193.325 shall be on a form or in a format prescribed by the state registrar.
3. All vital records shall contain the date received for registration.
4. Information required in certificates or reports authorized by sections 193.005 to 193.325 may be filed and registered by photographic, electronic, or other means as prescribed by the state registrar.
5. In addition to other personal data required by the registrar to be entered on a birth certificate, each parent shall furnish to the registrar the Social Security account number, or numbers if applicable, issued to the parent unless the registrar finds good cause for not requiring the furnishing of such number or numbers. Good cause shall be determined in accordance with regulations established by the Secretary of the United States Department of Health and Human Services. The registrar shall make numbers furnished under this section available to the division of child support enforcement of the department of social services. Such numbers shall not be recorded on the birth certificate. The division of child support enforcement shall not use any Social Security number furnished under the section for any purpose other than for the establishment and enforcement of child support obligations, and the confidentiality provisions and penalties contained in section 454.440, RSMo, shall apply. Nothing in this section shall be construed to prohibit the department of health and senior services from using Social Security numbers for statistical purposes.

(L. 1984 S.B. 574, A.L. 1990 S.B. 834)

**Birth certificate--contents, filing, locale, duties of certain persons, time allowed, attestation.**

- 193.085.1. A certificate of birth for each live birth which occurs in this state shall be filed with the local registrar, or as otherwise directed by the state registrar, within five days after such birth and shall be registered if such certificate has been completed and filed pursuant to the provisions of this section.
2. When a birth occurs in an institution or en route to an institution, the person in charge of the institution or such person's designated representative shall obtain the personal data, prepare the certificate, certify that the child was born alive at the place and time and on the date stated either by signature or an electronic process approved by the department, and file the certificate pursuant to this section or as otherwise directed by the state registrar within the required five days. The physician or other person in attendance shall provide the medical information required by the certificate and certify to the facts of birth within five days after the birth. If the physician or other person in attendance does not certify to the facts of birth within the five-day period, the person in charge of the institution shall complete the certificate.
3. When a birth occurs outside an institution, the certificate shall be prepared and filed by one of the following in the indicated order of priority:
  - (1) The physician in attendance at or immediately after the birth;
  - (2) Any other person in attendance at or immediately after the birth;
  - (3) The father, the mother, or, in the absence of the father and the inability of the mother, the person in charge of the premises where the birth occurred.

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4. When a birth occurs on a moving conveyance within the United States and the child is first removed from the conveyance in this state, the birth shall be registered in this state and such place shall be considered the place of birth. When a birth occurs on a moving conveyance while in international waters or air space or in a foreign country or its air space and the child is first removed from the conveyance in this state, the birth shall be registered in this state but the certificate shall show the actual place of birth insofar as can be determined.
5. If the mother was married at the time of either conception or birth, or between conception and birth, the name of the husband shall be entered on the certificate as the father of the child, unless:
  - (1) Paternity has been determined otherwise by a court of competent jurisdiction; or
  - (2) The mother executes an affidavit attesting that the husband is not the father and the putative father is the father, and the putative father executes an affidavit attesting that he is the father, and the husband executes an affidavit attesting that he is not the father. If such affidavits are executed, the putative father shall be shown as the father on the birth certificate and the signed acknowledgment of paternity shall be considered a legal finding of paternity. The affidavits shall be as provided for in section 193.215.
6. In any case in which paternity of a child is determined by a court of competent jurisdiction, the name of the father and surname of the child shall be entered on the certificate of birth pursuant to the finding and order of the court.
7. Notwithstanding any other law to the contrary, if a child is born to unmarried parents, the name of the father and other required information shall be entered on the certificate of birth only if an acknowledgment of paternity pursuant to section 193.215 is completed, or if paternity is determined by a court of competent jurisdiction or by an administrative order of the family support division.
8. If the father is not named on the certificate of birth, no other information about the father shall be entered on the certificate.
9. The birth certificate of a child born to a married woman as a result of artificial insemination, with consent of her husband, shall be completed pursuant to the provisions of subsection 5 of this section.
10. Either of the parents of the child, or other informant, shall attest to the accuracy of the personal data entered on the certificate in time to permit the filing of the certificate within the required five days.

(L. 1984 S.B. 574, A.L. 1997 S.B. 361, A.L. 2005 S.B. 74 & 49)

**Voluntary acknowledgment of paternity--forms, contents--immunity for staff presenting form--training of hospital staff--intentional misidentification of parent, penalty--public assistance recipients, duty to cooperate.**

- 193.087.1. In addition to the requirements of subsection 2 of section 193.085, when a birth occurs to an unmarried mother, whether in an institution or en route to an institution, the person in charge of the institution or a designated representative shall:
- (1) Provide a form or affidavit prescribed by the state registrar that may be completed by the child's mother and father to voluntarily acknowledge paternity of the child pursuant to section 193.215;
  - (2) File the form, when completed, along with the certificate required by this section; and
  - (3) Provide oral and written notice to the affiant required by section 193.215.
2. Any institution, the person in charge or a designated representative shall be immune from civil or criminal liability for providing the form or affidavit required by subsection 1 of this section, the information developed pursuant to that subsection, or otherwise fulfilling the duties required by subsection 1 of this section.
  3. The family support division may contract with the department of health and senior services to provide assistance and training to the hospital staff assigned responsibility for providing the information, as appropriate, to carry out duties pursuant to this section. The family support division shall develop and distribute free of charge the information on the rights and responsibilities of parents that is required to be distributed pursuant to this section. The department of health and senior services shall provide free of charge to hospitals the acknowledgment of paternity affidavit, and instructions on the completion of the affidavit.
  4. If no contract is developed with the department of health and senior services, then the family support division shall provide the assistance and training activities to hospitals pursuant to subsection 3 of this section.
  5. Any affiant who intentionally misidentifies another person as a parent may be prosecuted for perjury, pursuant to section 575.040, RSMo.
  6. Due to lack of cooperation by public assistance recipients, the family support division shall either suspend the entire public assistance cash grant, or remove the needs of the adult recipient of public assistance from the cash grant, subject to good cause exceptions pursuant to federal law or regulations.

(L. 1994 H.B. 1491 & 1134 § 1 merged with H.B. 1547 & 961 § 8 merged with S.B. 508 § 1, A.L. 1997 S.B. 361, A.L. 2005 S.B. 74 & 49)

**Parentage unknown--report of custodian constitutes certificate --inspection by court order only.**

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- 193.095.1. Whoever assumes the custody of a live born infant of unknown parentage shall report on a form and in a manner prescribed by the state registrar within seven days to the local registrar the following information:
- (1) The date and place of finding;
  - (2) Sex, color or race, and approximate birth date of child;
  - (3) Name and address of the person or institution with whom the child has been placed for care;
  - (4) Name given to the child by the custodian of the child;
  - (5) Other data required by the state registrar.
2. The place where the child was found shall be entered as the place of birth.
3. A report registered under this section shall constitute the certificate of birth for the child.
4. If the child is identified and a certificate of birth is found or obtained, the report registered under this section shall be placed in a special file and shall not be subject to inspection except upon order of a court of competent jurisdiction or as provided by regulation of the department.

(L. 1984 S.B. 574)

**Delayed filing, registration--refusal--appeal.**

- 193.105.1. When a certificate of birth of a person born in this state has not been filed within the time period provided in section 193.085, a certificate of birth may be filed in accordance with regulations of the department and registered subject to such evidentiary requirements as the department shall by regulation prescribe to substantiate the alleged facts of birth.
2. Certificates of birth registered one year or more after the date of birth shall be made on forms prescribed and furnished by the state registrar, marked "Delayed", and shall show on their face the date of the delayed registration.
3. A summary statement of the evidence submitted in support of the delayed registration shall be endorsed on the certificate.
4. When an applicant does not submit the minimum documentation required in the regulations for delayed registration or when the state registrar has reasonable cause to question the validity or adequacy of the applicant's sworn statement or the documentary evidence, and if the deficiencies are not corrected, the state registrar shall not register the delayed certificate of birth and shall advise the applicant of the reasons for this action, and shall further advise the applicant of his or her right of appeal to a court of competent jurisdiction.

(L. 1984 S.B. 574)

**Court order constituting birth certificate, petition, procedure.**

- 193.115.1. If a delayed certificate of birth is rejected under the provisions of section 193.105, a petition signed and sworn to by the petitioner may be filed with a court of competent jurisdiction for an order establishing a record of the date and place of the birth and the parentage of the person whose birth is to be registered.
2. Such petition shall be made on a form prescribed or approved by the state registrar and shall allege:
- (1) That the person for whom a delayed certificate of birth is sought was born in this state;
  - (2) That no certificate of birth of such person can be found in the department or the office of any local custodian of birth certificates;
  - (3) That diligent efforts by the petitioner have failed to obtain the evidence required in accordance with section 193.105, and regulations adopted pursuant thereto;
  - (4) That the state registrar has refused to register a delayed certificate of birth;
  - (5) Such other allegations as may be required.
3. The petition shall be accompanied by a statement of the state registrar made in accordance with section 193.105 and all documentary evidence which was submitted to the state registrar in support of such registration.
4. The court shall fix a time and place for hearing the petition and shall give the state registrar thirty days' notice of said hearing. The state registrar or his authorized representative may appear and testify in the proceeding.
5. If the court finds, from the evidence presented, that the person for whom a delayed certificate of birth is sought was born in this state, it shall make findings as to the place and date of birth, parentage, and such other findings as may be required and shall issue an order, on a form prescribed or approved by the state registrar, to establish a certificate of birth. This order shall include the birth data to be registered, a description of the evidence presented, and the date of the court's action.
6. The clerk of the court shall forward each such order to the state registrar not later than the tenth day of the calendar month following the month in which it was entered. Such order shall be registered by the state registrar and shall constitute the certificate of birth.

(L. 1984 S.B. 574, A.L. 2005 S.B. 74 & 49)

**Debbi Daniel law--adoption--new birth certificate, when--reports--duties--inspection of certain records by court order only.**

- 193.125.1. This section shall be known and may be cited as the "Debbi Daniel Law".

2. Except as otherwise provided in subsection 3 of this section, for each adoption decreed by a court of competent jurisdiction in this state, the court shall require the preparation of a certificate of decree of adoption on a form as prescribed or approved by the state registrar. The certificate of decree of adoption shall include such facts as are necessary to locate and identify the certificate of birth of the person adopted, and shall provide information necessary to establish a new certificate of birth of the person adopted and shall identify the court and county of the adoption and be certified by the clerk of the court. The state registrar shall file the original certificate of birth with the certificate of decree of adoption and such file may be opened by the state registrar only upon receipt of a certified copy of an order as decreed by the court of adoption.
3. No new certificate of birth shall be established following an adoption by a stepparent if so requested by the adoptive parent or the adoptive stepparent of the child.
4. Information necessary to prepare the report of adoption shall be furnished by each petitioner for adoption or the petitioner's attorney. The social welfare agency or any person having knowledge of the facts shall supply the court with such additional information as may be necessary to complete the report. The provision of such information shall be prerequisite to the issuance of a final decree in the matter by the court.
5. Whenever an adoption decree is amended or annulled, the clerk of the court shall prepare a report thereof, which shall include such facts as are necessary to identify the original adoption report and the facts amended in the adoption decree as shall be necessary to properly amend the birth record.
6. Not later than the fifteenth day of each calendar month or more frequently as directed by the state registrar the clerk of the court shall forward to the state registrar reports of decrees of adoption, annulment of adoption and amendments of decrees of adoption which were entered in the preceding month, together with such related reports as the state registrar shall require.
7. When the state registrar shall receive a report of adoption, annulment of adoption, or amendment of a decree of adoption for a person born outside this state, he or she shall forward such report to the state registrar in the state of birth.
8. In a case of adoption in this state of a person not born in any state, territory or possession of the United States or country not covered by interchange agreements, the state registrar shall upon receipt of the certificate of decree of adoption prepare a birth certificate in the name of the adopted person, as decreed by the court. The state registrar shall file the certificate of the decree of adoption, and such documents may be opened by the state registrar only by an order of court. The birth certificate prepared under this subsection shall have the same legal weight as evidence as a delayed or altered birth certificate as provided in section 193.235.
9. The department, upon receipt of proof that a person has been adopted by a Missouri resident pursuant to laws of countries other than the United States, shall prepare a birth certificate in the name of the adopted person as decreed by the court of such country. If such proof contains the surname of either adoptive parent, the department of health and senior services shall prepare a birth certificate as requested by the adoptive parents. Any subsequent change of the name of the adopted person shall be made by a court of competent jurisdiction. The proof of adoption required by the department shall include a copy of the original birth certificate and adoption decree, an English translation of such birth certificate and adoption decree, and a copy of the approval of the immigration of the adopted person by the Immigration and Naturalization Service of the United States government which shows the child lawfully entered the United States. The authenticity of the translation of the birth certificate and adoption decree required by this subsection shall be sworn to by the translator in a notarized document. The state registrar shall file such documents received by the department relating to such adoption and such documents may be opened by the state registrar only by an order of a court. A birth certificate pursuant to this subsection shall be issued upon request of one of the adoptive parents of such adopted person or upon request of the adopted person if of legal age. The birth certificate prepared pursuant to the provisions of this subsection shall have the same legal weight as evidence as a delayed or altered birth certificate as provided in sections 193.005 to 193.325.
10. If no certificate of birth is on file for the person under twelve years of age who has been adopted, a belated certificate of birth shall be filed with the state registrar as provided in sections 193.005 to 193.325 before a new birth record is to be established as result of adoption. A new certificate is to be established on the basis of the adoption under this section and shall be prepared on a certificate of live birth form.
11. If no certificate of birth has been filed for a person twelve years of age or older who has been adopted, a new birth certificate is to be established under this section upon receipt of proof of adoption as required by the department. A new certificate shall be prepared in the name of the adopted person as decreed by the court, registering adopted parents' names. The new certificate shall be prepared on a delayed birth certificate form. The adoption decree is placed in a sealed file and shall not be subject to inspection except upon an order of the court.

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(L. 1984 S.B. 574, A.L. 1997 H.B. 343, A.L. 2005 S.B. 74 & 49, A.L. 2008 H.B. 1640)

CROSS REFERENCE:

Application of law to adoption petitions filed on or after August 28, 1997, RSMo 453.012

### **New certificate of birth established or old one amended, when --inspection of certain records by court order only.**

- 193.135.1. The state registrar shall establish a new certificate of birth for a person born in this state when he or she received the following:
- (1) A certificate of decree of adoption as provided in section 193.125 or a report of adoption prepared and filed in accordance with the laws of another state or foreign country, or a certified copy of the decree of adoption, together with the information necessary to identify the original certificate of birth and to establish a new certificate of birth; except that a new certificate of birth shall not be established if so requested by the court decreeing the adoption, the adoptive parents, or the adopted person;
  - (2) A request that a new certificate be established upon such evidence as required by the department proving that such person has been legitimated.
2. When a new certificate of birth is established, the actual place and date of birth shall be shown. The new certificate shall be substituted for the original certificate of birth in the files, and the original certificate of birth and the evidence of adoptions or legitimation shall not be subject to inspection except upon order of a court of competent jurisdiction or as provided by department rules.
3. Upon receipt of a report of an amended decree of adoption, the certificate of birth shall be amended.
4. Upon receipt of a report or decree of annulment of adoption, the original certificate of birth shall be restored to its place in the files and the new certificate and evidence shall not be subject to inspection except upon order of a court of competent jurisdiction or as provided by department rules.
5. When a new certificate of birth is established by the state registrar, all copies of the original certificate of birth in the custody of any other custodian of vital records in this state shall be sealed from inspection or forwarded to the state registrar, as he directs.

(L. 1984 S.B. 574)

### **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 in charge of final disposition of the dead body shall file the certificate of death. The funeral director or person in charge of the final disposition of the dead body shall obtain or verify:
- (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, attested to its accuracy either by signature or an electronic process approved by the department, and returned to the funeral director or person in charge of final disposition 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 attested to its accuracy either by signature or an approved electronic process 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 state registrar may approve alternate methods of obtaining and processing the medical certification and filing the death certificate. 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 attest to the accuracy of the certificate of death either by signature or an approved electronic process 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 attest to the accuracy either by signature or an approved electronic process 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 in charge of final disposition of the dead body, 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, A.L. 2005 S.B. 74 & 49)

**Delayed filing, registration.**

- 193.155.1. When a death occurring in this state has not been registered within the time period prescribed by section 193.145, a certificate of death may be filed in accordance with department rules. Such certificate shall be registered subject to such evidentiary requirements as the department shall prescribe to substantiate the alleged facts of death.
2. Certificates of death registered one year or more after the date of death shall be marked "Delayed" and shall show on their face the date of the delayed registration.

(L. 1984 S.B. 574)

**Spontaneous fetal death report--release of reports--application for certificate of birth resulting in stillbirth, procedure.**

- 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. 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.
7. In the event of a spontaneous fetal death, regardless of whether such death occurs before or after August 28, 2004, either parent, or if both parents are deceased, a sibling of the stillborn child, shall have the right to file an application with the state registrar and other custodians of vital records requesting a certificate of birth resulting in stillbirth. The certificate shall be based upon the information available from the spontaneous fetal death report filed pursuant to this section.

(L. 1984 S.B. 574, A.L. 1999 S.B. 25, A.L. 2004 H.B. 1136)

**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)

**Marriage report--certification.**

- 193.185.1. A report of each marriage performed in this state shall be filed with the department and shall be registered if it has been completed and filed in accordance with this section.
2. The official who issues the marriage license shall prepare the report on the form prescribed and furnished by the state registrar upon the basis of information obtained from one of the parties to be married.
3. Each person who performs a marriage shall certify the fact of marriage and return the license to the official who issued the license within fifteen days after the ceremony. This license shall be signed by the witnesses to the ceremony. A marriage certificate shall be given to the parties.
4. Every official issuing marriage licenses shall complete and forward to the department on or before the fifteenth day of each calendar month the reports of marriages returned to such official during the preceding calendar month.

(L. 1984 S.B. 574, A.L. 2001 H.B. 157)

**Marriage license recording fee.**

- 193.195. Every officer authorized to issue marriage licenses shall be paid a recording fee of two dollars for each marriage license filed and reported by him or her to the state registrar. The recording fee shall be paid by the applicant for the license and be collected together with the fee for the license.

(L. 1984 S.B. 574)

**Marriage dissolution or annulment record.**

- 193.205.1. A record of each dissolution of marriage and annulment of marriage granted by any court in this state shall be filed by the clerk of the court with the department and shall be registered if it has been completed and filed in accordance with this section. The record shall be prepared by the petitioner or such petitioner's legal representative on a form prescribed and furnished by the state registrar and shall be presented to the clerk of the court with the petition.
2. The clerk of the court shall complete and forward to the department on or before the fifteenth day of each calendar month the records of each dissolution of marriage and annulment of marriage decree granted during the preceding calendar month.

(L. 1984 S.B. 574, A.L. 1996 S.B. 869)

Effective 7-1-97

**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, requirements--certified reproductions accepted as originals--death record originals transferred to state archives.**

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 reproducing material shall be of durable material and the device used to reproduce the records shall be as to accurately reproduce and perpetuate the original records in all details ensuring their proper retention and integrity in accordance with standards established by the state records commission. Such reproductions when certified by the state registrar shall be accepted as the original records. Death records over fifty years old from which permanent reproductions have been made and verified shall be transferred to the Missouri state archives.

(L. 1984 S.B. 574, A.L. 2004 H.B. 1634)

**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;
- (4) Copies of death records over fifty years old may be disclosed upon request.

(L. 1984 S.B. 574, A.L. 1992 H.B. 894, A.L. 2004 H.B. 1634)

**Certified copies of vital records, issuance--probative value--cooperation with federal agencies and other states--issuance of certificate of birth resulting in stillbirth, when.**

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.
  7. Upon application from either parent, or if both parents are deceased, the sibling of the stillborn child, pursuant to subsection 7 of section 193.165, the state registrar or other custodians of vital records shall issue to such applicant a certificate of birth resulting in stillbirth. The certificate shall be based upon the information available from the spontaneous fetal death report filed pursuant to section 193.165. Any certificate of birth resulting in stillbirth issued shall conspicuously include, in no smaller than twelve point type, the statement "This is not proof of a live birth.". No certificate of birth resulting in stillbirth shall be issued to any person other than a parent, or if both parents are deceased, the sibling of the stillborn child who files an application pursuant to section 193.165. The state registrar or other custodians of vital records are\* authorized to charge a minimal fee to such applicant to cover the actual costs of providing the certificate pursuant to this section.
  8. Any parent, or if both parents are deceased, any sibling of the stillborn child may file an application for a certificate of birth resulting in stillbirth for a birth that resulted in stillbirth prior to August 28, 2004.

(L. 1984 S.B. 574, A.L. 2004 H.B. 1136)

\*Word "is" appears in original rolls.

**Fees for certification and other services--distribution--services free, when.**

- 193.265.1. For the issuance of a certification or copy of a death record, the applicant shall pay a fee of thirteen dollars for the first certification or copy and a fee of ten dollars for each additional copy ordered at that time. For the issuance of a certification or copy of a birth, marriage, divorce, or fetal death record, the applicant shall pay a fee of fifteen dollars. All fees shall be deposited to the state department of revenue. Beginning August 28, 2004, 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, one dollar shall be credited to the endowed care cemetery audit fund, and three dollars for the first copy of death records and five dollars for birth, marriage, divorce, and fetal death records shall be credited to the Missouri public services health fund established in section 192.900, RSMo. 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 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 under 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 develop and maintain an electronic birth and death registration system which shall be implemented no later than December 31, 2009. 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 therefor.

2. For the issuance of a certification of a death record by the local registrar, the applicant shall pay a fee of thirteen dollars for the first certification or copy and a fee of ten dollars for each additional copy ordered at that time. For the issuance of a certification or copy of a birth, marriage, divorce, or fetal death record, the applicant shall pay a fee of fifteen dollars. All fees shall be deposited to the official city or 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, A.L. 2004 H.B. 795, et al.)

**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)

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# *Missouri Revised Statutes*

## Chapter 194

### Death--Disposition of Dead Bodies

August 28, 2008

**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)

**Right of sepulcher, the right to choose and control final disposition of a dead human body.**

- 194.119.1. As used in this section, the term "right of sepulcher" means the right to choose and control the burial, cremation, or other final disposition of a dead human body.
2. For purposes of this chapter and chapters 193, 333, and 436, RSMo, and in all cases relating to the custody, control, and disposition of deceased human remains, including the common law right of sepulcher, where not otherwise defined, the term "next-of-kin" means the following persons in the priority listed if such person is eighteen years of age or older, is mentally competent, and is willing to assume responsibility for the costs of disposition:
    - (1) An attorney in fact designated in a durable power of attorney wherein the deceased specifically granted the right of sepulcher over his or her body to such attorney in fact;
    - (2) The surviving spouse;
    - (3) Any surviving child of the deceased. If a surviving child is less than eighteen years of age and has a legal or natural guardian, such child shall not be disqualified on the basis of the child's age and such child's legal or natural guardian, if any, shall be entitled to serve in the place of the child unless such child's legal or natural guardian was subject to an action in dissolution from the deceased. In such event the person or persons who may serve as next-of-kin shall serve in the order provided in subdivisions (4) to (8) of this subsection;
    - (4)
      - (a) Any surviving parent of the deceased; or
      - (b) If the deceased is a minor, a surviving parent who has custody of the minor; or
      - (c) If the deceased is a minor and the deceased's parents have joint custody, the parent whose residence is the minor child's residence for purposes of mailing and education;
    - (5) Any surviving sibling of the deceased;
    - (6) The next nearest surviving relative of the deceased by consanguinity or affinity;
    - (7) Any person or friend who assumes financial responsibility for the disposition of the deceased's remains if no next-of-kin assumes such responsibility;

- (8) The county coroner or medical examiner; provided however that such assumption of responsibility shall not make the coroner, medical examiner, the county, or the state financially responsible for the cost of disposition.
3. The next-of-kin of the deceased shall be entitled to control the final disposition of the remains of any dead human being consistent with all applicable laws, including all applicable health codes.
4. A funeral director or establishment is entitled to rely on and act according to the lawful instructions of any person claiming to be the next-of-kin of the deceased; provided however, in any civil cause of action against a funeral director or establishment licensed pursuant to this chapter for actions taken regarding the funeral arrangements for a deceased person in the director's or establishment's care, the relative fault, if any, of such funeral director or establishment may be reduced if such actions are taken in reliance upon a person's claim to be the deceased person's next-of-kin.
5. Any person who desires to exercise the right of sepulcher and who has knowledge of an individual or individuals with a superior right to control disposition shall notify such individual or individuals prior to making final arrangements.
6. If an individual with a superior claim is personally served with written notice from a person with an inferior claim that such person desires to exercise the right of sepulcher and the individual so served does not object within forty-eight hours of receipt, such individual shall be deemed to have waived such right. An individual with a superior right may also waive such right at any time if such waiver is in writing and dated.
7. If there is more than one person in a class who are equal in priority and the funeral director has no knowledge of any objection by other members of such class, the funeral director or establishment shall be entitled to rely on and act according to the instructions of the first such person in the class to make arrangements; provided that such person assumes responsibility for the costs of disposition and no other person in such class provides written notice of his or her objection.

(L. 2003 H.B. 394, A.L. 2008 S.B. 788 merged with S.B. 1139)

**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



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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. 1. Sections 194.210 to 194.294 may be cited as the "Revised Uniform Anatomical Gift Act".

2. As used in sections 194.210 to 194.294, the following terms mean:

- (1) "Adult", an individual who is at least eighteen years of age;
- (2) "Agent", an individual:
  - (a) Authorized to make health-care decisions on the principal's behalf by a power of attorney for health care; or
  - (b) Expressly authorized to make an anatomical gift on the principal's behalf by any other record signed by the principal;
- (3) "Anatomical gift", a donation of all or part of a human body to take effect after the donor's death for the purposes of transplantation, therapy, research, or education;
- (4) "Cadaver procurement organization", an entity lawfully established and operated for the procurement and distribution of anatomical gifts to be used as cadavers or cadaver tissue for appropriate education or research;
- (5) "Decedent", a deceased individual whose body or part is or may be the source of an anatomical gift. The term includes a stillborn infant but does not include an unborn child as defined in section 1.205 or 188.015, RSMo, if the child has not died of natural causes;
- (6) "Disinterested witness", a witness other than the spouse, child, parent, sibling, grandchild, grandparent, or guardian of the individual who makes, amends, revokes, or refuses to make an anatomical gift. The term does not include a person to which an anatomical gift could pass under section 194.255;

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- (7) "Document of gift", a donor card or other record used to make an anatomical gift. The term includes a statement or symbol on a driver's license, identification card, or donor registry;
- (8) "Donor", an individual whose body or part is the subject of an anatomical gift provided that donor does not include an unborn child as defined in section 1.205, RSMo, or section 188.015, RSMo, if the child has not died of natural causes;
- (9) "Donor registry", a database that contains records of anatomical gifts and amendments to or revocations of anatomical gifts;
- (10) "Driver's license", a license or permit issued by the department of revenue to operate a vehicle whether or not conditions are attached to the license or permit;
- (11) "Eye bank", a person that is licensed, accredited, or regulated under federal or state law to engage in the recovery, screening, testing, processing, storage, or distribution of human eyes or portions of human eyes;
- (12) "Guardian", a person appointed by a court pursuant to chapter 475, RSMo. The term does not include a guardian ad litem;
- (13) "Hospital", a facility licensed as a hospital under the laws of any state or a facility operated as a hospital by the United States, a state, or a subdivision of a state;
- (14) "Identification card", an identification card issued by the department of revenue;
- (15) "Know", to have actual knowledge;
- (16) "Minor", an individual who is under eighteen years of age;
- (17) "Organ procurement organization", a person designated by the United States Secretary of Health and Human Services as an organ procurement organization;
- (18) "Parent", a parent whose parental rights have not been terminated;
- (19) "Part", an organ, an eye, or tissue of a human being. The term does not include the whole body;
- (20) "Person", an individual, corporation, business trust, estate, trust, partnership, limited liability company, association, joint venture, public corporation, government or governmental subdivision, agency, or instrumentality, or any other legal or commercial entity;
- (21) "Physician", an individual authorized to practice medicine or osteopathy under the laws of any state;
- (22) "Procurement organization", an eye bank, organ procurement organization, or tissue bank;
- (23) "Prospective donor", an individual who is dead or near death and has been determined by a procurement organization to have a part that could be medically suitable for transplantation, therapy, research, or education. The term does not include an individual who has made a refusal;
- (24) "Reasonably available", able to be contacted by a procurement organization with reasonable effort and willing and able to act in a timely manner consistent with existing medical criteria necessary for the making of an anatomical gift;
- (25) "Recipient", an individual into whose body a decedent's part has been or is intended to be transplanted;
- (26) "Record", information that is inscribed on a tangible medium or that is stored in an electronic or other medium and is retrievable in perceivable form;
- (27) "Refusal", a record created under section 194.235 that expressly states an intent to bar other persons from making an anatomical gift of an individual's body or part;
- (28) "Sign", with the present intent to authenticate or adopt a record:
  - (a) To execute or adopt a tangible symbol; or
  - (b) To attach or logically associate with the record an electronic symbol, sound, or process;
- (29) "State", a state of the United States, the District of Columbia, Puerto Rico, the United States Virgin Islands, or any territory or insular possession subject to the United States;
- (30) "Technician", an individual determined to be qualified to remove or process parts by an appropriate organization that is licensed, accredited, or regulated under federal or state law. The term includes an eye enucleator;
- (31) "Tissue", a portion of the human body other than an organ or an eye. The term does not include blood unless the blood is donated for purposes of research or education;
- (32) "Tissue bank", a person that is licensed, accredited, or regulated under federal or state law to engage in the recovery, screening, testing, processing, storage, or distribution of tissue;
- (33) "Transplant hospital", a hospital that furnishes organ transplants and other medical and surgical specialty services required for the care of transplant patients.

(L. 1969 S.B. 43 § 1, A.L. 2008 S.B. 1139)

**Applicability of law.**

194.215. Sections 194.210 to 194.294 apply to an anatomical gift or amendment to, revocation of, or refusal to make an anatomical gift, whenever made.

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(L. 2008 S.B. 1139)

**Registry to be established--gift may be made by whom.**

- 194.220.1. (1) The department of health and senior services shall establish or contract for the establishment of a first person consent organ and tissue donor registry.
- (2) The department of health and senior services and the department of revenue shall advise the individual that he or she is under no obligation to have his or her name included in the first person consent organ and tissue donor registry.
- (3) An individual who agrees to have his or her name in the first person consent organ and tissue donor registry has given full legal consent to the donation of any of his or her organs or tissues upon his or her death as recorded in the registry or as subject in subsection 2 of this section.
- (4) An individual may withdraw his or her consent to be listed in the first person consent organ and tissue donor registry as indicated in this section. The department of health and senior services and the department of revenue shall provide information to an individual advising them that withdrawal of his or her consent to be listed in the registry does not constitute a refusal to make an anatomical gift of the individual's body or part, and that his or her agent or any person listed in section 194.245 having priority to make an anatomical gift on behalf of the individual may make a gift of the individual's body or part.
- (5) The department of health and senior services and the department of revenue shall provide information advising the individual that if he or she wants to bar other persons from making an anatomical gift of his or her body or part, the individual must execute a refusal under section 194.235.
2. Subject to section 194.240, an anatomical gift of a donor's body or part may be made during the life of the donor for the purpose of transplantation, therapy, research, or education in the manner provided in section 194.225 by:
- (1) The donor, if the donor is an adult or if the donor is a minor and is:
- (a) Emancipated; or
- (b) Authorized under state law to apply for a driver's license;
- (2) An agent of the donor, unless the power of attorney for health care or other record prohibits the agent from making an anatomical gift;
- (3) A parent of the donor, if the donor is an unemancipated minor; or
- (4) The donor's guardian.

(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, A.L. 2003 S.B. 351 merged with S.B. 355, A.L. 2008 S.B. 1139)

**Procedure for making a gift--donor cards, requirements--gift made by will, effect of.**

- 194.225.1. A donor may make an anatomical gift:
- (1) By authorizing a statement or symbol indicating that the donor has made an anatomical gift to be imprinted on the donor's driver's license or identification card;
- (2) In a will;
- (3) During a terminal illness or injury of the donor, by any form of communication addressed to at least two adults at least one of whom is a disinterested witness; or
- (4) As provided in subsection 2 of this section.
2. A donor or other person authorized to make an anatomical gift under section 194.220 may make a gift by a donor card or other record signed by the donor or other person making the gift or by authorizing that a statement or symbol indicating that the donor has made an anatomical gift be included on a donor registry. If the donor or other person is physically unable to sign a record, the record may be signed by another individual at the direction of the donor or the other person and shall:
- (1) Be witnessed by at least two adults at least one of whom is a disinterested witness, who have signed at the request of the donor or the other person; and
- (2) State that it has been signed and witnessed as provided in subdivision (1) of subsection 1 of this section.
3. Revocation, suspension, expiration, or cancellation of the driver's license or identification card upon which an anatomical gift is indicated does not invalidate the gift.
4. An anatomical gift made by will takes effect upon the donor's death whether or not the will is probated. Invalidation of the will after the donor's death does not invalidate the gift.

(L. 2008 S.B. 1139)

**Amendment or revocation, procedure.**

- 194.230.1. Subject to section 194.240, a donor or other person authorized to make an anatomical gift under section 194.220 may amend or revoke an anatomical gift by:
- (1) A record signed by:
- (a) The donor;

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- (b) The other person; or
- (c) Subject to subsection 2 of this section, another individual acting at the direction of the donor or the other person if the donor or other person is physically unable to sign; or
- (2) A later-executed document of gift that amends or revokes a previous anatomical gift or portion of an anatomical gift, either expressly or by inconsistency.
- 2. A record signed under paragraph (c) of subdivision (1) of subsection 1 of this section shall:
  - (1) Be witnessed by at least two adults at least one of whom is a disinterested witness, who have signed at the request of the donor or the other person; and
  - (2) State that it has been signed and witnessed as provided in subdivision (1) of this subsection.
- 3. Subject to section 194.240, a donor or other person authorized to make an anatomical gift under section 194.220 may revoke the gift by the destruction or cancellation of the document of gift, or a portion of the document of gift used to make the gift, with the intent to revoke the gift.
- 4. A donor may amend or revoke an anatomical gift that was not made in a will by any form of communication during a terminal illness or injury addressed to at least two adults at least one of whom is a disinterested witness.
- 5. A donor who makes an anatomical gift in a will may amend or revoke the gift in the manner provided for amendment or revocation of wills or as provided in subsection 1 of this section.

(L. 1969 S.B. 43 § 3, A.L. 2002 S.B. 1026, A.L. 2008 S.B. 1139)

**Refusal to make a gift, evidenced how, requirements.**

- 194.235. 1. An individual may refuse to make an anatomical gift of the individual's body or part by:
  - (1) A record signed by:
    - (a) The individual; or
    - (b) Subject to subsection 2 of this section, another individual acting at the direction of the individual if the individual is physically unable to sign;
  - (2) The individual's will whether or not the will is admitted to probate or invalidated after the individual's death; or
  - (3) Any form of communication made by the individual during the individual's terminal illness or injury addressed to at least two adults at least one of whom is a disinterested witness.
- 2. A record signed under paragraph (b) of subdivision (1) of subsection 1 of this section shall:
  - (1) Be witnessed by at least two adults at least one of whom is a disinterested witness, who have signed at the request of the individual; and
  - (2) State that it has been signed and witnessed as provided in subdivision (1) of this subsection.
- 3. An individual may amend or revoke a refusal:
  - (1) In the manner provided in subsection 1 of this section for making a refusal;
  - (2) By subsequently making an anatomical gift under section 194.225 that is inconsistent with the refusal; or
  - (3) By the destroying or cancelling of the record evidencing the refusal, or the portion of the record used to make the refusal, with the intent to revoke the refusal.
- 4. Except as otherwise provided in subsection 8 of section 194.240, in the absence of an express, contrary indication by the individual set forth in the refusal, an individual's unrevoked refusal to make an anatomical gift of the individual's body or a part bars all other persons from making an anatomical gift of the individual's body or the part.

(L. 2008 S.B. 1139)

**Person other than donor barred from making, amending, or revoking donor's gift-- revocation not a bar to making a gift--parent may revoke or amend a gift of a child.**

- 194.240. 1. Except as otherwise provided in subsection 7 of this section and subject to subsection 6 of this section, in the absence of an express, contrary indication by the donor, a person other than the donor is barred from making, amending, or revoking an anatomical gift of a donor's body or a part if the donor made an anatomical gift of the donor's body or the part under section 194.225 or an amendment to an anatomical gift of the donor's body or the part under section 194.230.
- 2. A donor's revocation of an anatomical gift of the donor's body or a part under section 194.230 is not a refusal and does not bar another person specified in section 194.220 or 194.245 from making an anatomical gift of the donor's body or a part under section 194.225 or 194.250.
- 3. If a person other than the donor makes an unrevoked anatomical gift of the donor's body or part under section 194.225 or an amendment to an anatomical gift of the donor's body or part under section 194.230, another person may not make, amend, or revoke the gift of the donor's body or part under section 194.250.
- 4. A revocation of an anatomical gift of the donor's body or a part under section 194.230 by a person other than the donor does not bar another person from making an anatomical gift of the body or a part under section 194.225 or 194.250.

5. In the absence of an express, contrary indication by the donor or other person authorized to make an anatomical gift under section 194.220, an anatomical gift of a part is neither a refusal to give another part nor a limitation on the making of an anatomical gift of another part at a later time by the donor or another person.
6. In the absence of an express, contrary indication by the donor or other person authorized to make an anatomical gift under section 194.220, an anatomical gift of a part for one or more purposes set forth in section 194.220 is not a limitation on the making of an anatomical gift of the part for any other purpose by the donor or other person under section 194.225 or 194.250.
7. If a donor who is an unemancipated minor dies, a parent or guardian of the donor who is reasonably available may revoke or amend an anatomical gift of the donor's body or part.

(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, A.L. 2008 S.B. 1139)

**Gift for transplantation, therapy, research, or education, priority list for persons making.**

- 194.245. 1. Subject to subsections 2 and 3 of this section and unless barred by section 194.235 or 194.240, an anatomical gift of a decedent's body or part for purposes of transplantation, therapy, research, or education may be made in the order of priority listed, by any member of the following classes of persons who is reasonably available, in the order of priority listed:
- (1) An agent of the decedent at the time of death who could have made an anatomical gift under subdivision (2) of subsection 2 of section 194.220 immediately before the decedent's death;
  - (2) The spouse of the decedent;
  - (3) Adult children of the decedent;
  - (4) Parents of the decedent;
  - (5) Adult siblings of the decedent;
  - (6) Adult grandchildren of the decedent;
  - (7) Grandparents of the decedent;
  - (8) The persons who were acting as the guardian of the person of the decedent at the time of death; and
  - (9) Any other public official having the authority to dispose of the decedent's body.
2. If there is more than one member of a class listed in subdivision (1), (3), (4), (5), (6), (7), or (9) of subsection 1 of this section entitled to make an anatomical gift, an anatomical gift may be made by a member of the class unless that member or a person to which the gift can pass under section 194.255 knows of an objection by another member of the class. If an objection is known, the gift may be made only by a majority of the members of the class who are reasonably available.
3. A person may not make an anatomical gift if, at the time of the decedent's death, a person in a prior class under subsection 1 of this section is reasonably available to make or to object to the making of an anatomical gift.

(L. 2008 S.B. 1139)

**Document of gift, procedure.**

- 194.250. 1. A person authorized to make an anatomical gift under section 194.245 may make an anatomical gift by a document of gift signed by the person making the gift or that person's oral communication that is electronically recorded or is contemporaneously reduced to a record and signed by the individual receiving the oral communication.
2. Subject to subsection 3 of this section, an anatomical gift by a person authorized under section 194.245 may be amended or revoked orally or in a record by any member of a prior class who is reasonably available. If more than one member of the prior class is reasonably available, the gift made by a person authorized under section 194.245 may be:
- (1) Amended only if a majority of reasonably available members agree to the revoking of the gift; or
  - (2) Revoked only if a majority of the reasonably available members agree to the revoking of the gift or if they are equally divided as to whether to revoke the gift.
3. A revocation under subsection 2 of this section is effective only if, before an incision has been made to remove a part from the donor's body or before invasive procedures have begun to prepare the recipient, the procurement organization, transplant hospital, or physician or technician knows of the revocation.

(L. 1969 S.B. 43 § 5, A.L. 2008 S.B. 1139)

**Persons eligible to receive gift in the document of gift--gifts not naming persons, effect of--refusal of gift required when.**

- 194.255. 1. An anatomical gift may be made to the following persons named in the document of gift:
- (1) A hospital, accredited medical school, dental school, college, university, or organ procurement organization, cadaver procurement organization, or other appropriate person for research or education;
  - (2) Subject to subsection 2 of this section, an individual designated by the person making the anatomical gift if the individual is the recipient of the part; or

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- (3) An eye bank or tissue bank.
2. If an anatomical gift to an individual under subdivision (2) of subsection 1 of this section cannot be transplanted into the individual, the part passes in accordance with subsection 7 of this section in the absence of an express, contrary indication by the person making the anatomical gift.
3. If an anatomical gift of one or more specific parts or of all parts is made in a document of gift that does not name a person described in subsection 1 of this section but identifies the purpose for which an anatomical gift may be used, the following rules apply:
  - (1) If the part is an eye and the gift is for the purpose of transplantation or therapy, the gift passes to the appropriate eye bank;
  - (2) If the part is tissue and the gift is for the purpose of transplantation or therapy, the gift passes to the appropriate tissue bank;
  - (3) If the part is an organ and the gift is for the purpose of transplantation or therapy, the gift passes to the appropriate organ procurement organization as custodian of the organ;
  - (4) If the part is an organ, an eye, or tissue and the gift is for the purpose of research or education, the gift passes to the appropriate procurement organization.
4. For the purpose of subsection 3 of this section, if there is more than one purpose of an anatomical gift set forth in the document of gift but the purposes are not set forth in any priority, the gift must be used for transplantation or therapy if suitable. If the gift cannot be used for transplantation or therapy, the gift may be used for research or education.
5. If an anatomical gift of one or more specific parts is made in a document of gift that does not name a person described in subsection 1 of this section and does not identify the purpose of the gift, the gift may be used only for transplantation or therapy, and the gift passes in accordance with subsection 7 of this section.
6. If a document of gift specifies only a general intent to make an anatomical gift by words such as "donor", "organ donor", or "body donor", or by a symbol or statement of similar import, the gift may be used only for transplantation or therapy, and the gift passes in accordance with subsection 7 of this section.
7. For purposes of subsections 2, 5, and 6 of this section, the following rules apply:
  - (1) If the part is an eye, the gift passes to the appropriate eye bank;
  - (2) If the part is tissue, the gift passes to the appropriate tissue bank;
  - (3) If the part is an organ, the gift passes to the appropriate organ procurement organization as custodian of the organ;
  - (4) If the gift is medically unsuitable for transportation or therapy, the gift may be used for research or education and pass to the appropriate procurement organization or cadaver procurement organization.
8. An anatomical gift of an organ for transplantation or therapy, other than an anatomical gift under subdivision (2) of subsection 1 of this section, passes to the organ procurement organization as custodian of the organ.
9. If an anatomical gift does not pass under subsections 1 through 8 of this section or the decedent's body or part is not used for transplantation, therapy, research, or education, custody of the body or part passes to the person under obligation to dispose of the body or part.
10. A person may not accept an anatomical gift if the person knows that the gift was not effectively made under section 194.225 or 194.250 or if the person knows that the decedent made a refusal under section 194.235 that was not revoked. For purposes of this subsection, if a person knows that an anatomical gift was made on a document of gift, the person is deemed to know of any amendment or revocation of the gift or any refusal to make an anatomical gift on the same document of gift.
11. A person may not accept an anatomical gift if the person knows that the gift is from the body of an executed prisoner from another country.
12. Except as otherwise provided in subdivision (2) of subsection 1 of this section, nothing in this act\* affects the allocation of organs for transplantation or therapy.

(L. 2008 S.B. 1139)

\*"This act" (S.B. 1139, 2008) contained numerous sections. Consult Disposition of Sections table for a definitive listing.

**Reasonable search to identify donors--immunity from liability, when.**

- 194.260.1. The following persons shall make a reasonable search of an individual who the person reasonably believes is dead or near death for a document of gift or other information identifying the individual as a donor or as an individual who made a refusal:
- (1) A law enforcement officer, firefighter, paramedic, or other emergency rescuer finding the individual; and
  - (2) If no other source of the information is immediately available, a hospital, as soon as practical after the individual's arrival at the hospital.
2. If a document of gift or a refusal to make an anatomical gift is located by the search required by

subdivision (1) of subsection 1 of this section and the individual or deceased individual to whom it relates is taken to a hospital, the person responsible for conducting the search shall send the document of gift or refusal to the hospital.

3. A person is not subject to criminal or civil liability for failing to discharge the duties imposed by this section but may be subject to administrative sanctions.

(L. 1969 S.B. 43 § 6, A.L. 2008 S.B. 1139)

**Delivery of document of gift not required--examination and copying of document permitted, when.**

194.263. 1. A document of gift need not be delivered during the donor's lifetime to be effective.

2. Upon or after an individual's death, a person in possession of a document of gift or a refusal to make an anatomical gift with respect to the individual shall allow examination and copying of the document of gift or refusal by a person authorized to make or object to the making of an anatomical gift with respect to the individual or by a person to which the gift could pass under section 194.255.

(L. 2008 S.B. 1139)

**Referral to procurement organization, diligent search of donor registry required-- reasonable examination of body parts permitted, when--search for minor's parents required, when--attending physician shall not procure, when.**

194.265. 1. When a hospital refers an individual at or near death to a procurement organization, the organization shall make a reasonable search of any donor registry and other applicable records that it knows exist for the geographical area in which the individual resides to ascertain whether the individual has made an anatomical gift.

2. A procurement organization must be allowed reasonable access to information in the records of the department of health and senior services and department of revenue to ascertain whether an individual at or near death is a donor.
3. When a hospital refers an individual at or near death to a procurement organization, the organization may conduct any reasonable examination necessary to ensure the medical suitability of a part that is or could be the subject of an anatomical gift for transplantation, therapy, research, or education from a donor or a prospective donor. During the examination period, measures necessary to ensure the medical suitability of the part may not be withdrawn unless the hospital or procurement organization knows a contrary intent had or has been expressed by the individual or an agent of the individual, or if the individual is incapacitated and he or she has no agent, knows a contrary intent has been expressed by any person listed in section 194.245 having priority to make an anatomical gift on behalf of the individual.
4. Unless prohibited by law other than sections 194.210 to 194.294, at any time after a donor's death, the person to which a part passes under section 194.255 may conduct any reasonable examination necessary to ensure the medical suitability of the body or part for its intended purpose.
5. Unless prohibited by law other than sections 194.210 to 194.294, an examination under subsection 3 or 4 of this section may include an examination of all medical records of the donor or prospective donor.
6. Upon the death of a minor who was a donor or had signed a refusal, unless a procurement organization knows the minor is emancipated, the procurement organization shall conduct a reasonable search for the parents of the minor and provide the parents with an opportunity to revoke or amend the anatomical gift or revoke a refusal.
7. Upon referral by a hospital under subsection 1 of this section, a procurement organization shall make a reasonable search for any person listed in section 194.245 having priority to make an anatomical gift on behalf of a prospective donor. If a procurement organization receives information that an anatomical gift to any other person was made, amended, or revoked, it shall promptly advise the other person of all relevant information.
8. Subject to subsection 9 of section 194.255 and section 58.785, RSMo, the rights of the person to which a part passes under section 194.255 are superior to rights of all others with respect to the part. The person may accept or reject an anatomical gift in whole or in part. Subject to the terms of the document of gift and this act\*, a person that accepts an anatomical gift of an entire body may allow embalming or cremation and use of remains in a funeral service. If the gift is of a part, the person to which the part passes under section 194.255, upon the death of the donor and before embalming, burial, or cremation, shall cause the part to be removed without unnecessary mutilation.
9. Neither the physician who attends the decedent immediately prior to or at death nor the physician who determines the time of the decedent's death may participate in the procedures for removing or transplanting a part from the decedent.
10. No physician who removes or transplants a part from the decedent, or a procurement organization, shall have primary responsibility for the health care treatment, or health care decision-making for such individual's terminal condition during the hospitalization for which the individual becomes a donor.
11. A physician or technician may remove a donated part from the body of a donor that the physician or technician is qualified to remove.

(L. 2008 S.B. 1139)

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\*"This act" (S.B. 1139, 2008) contained numerous sections. Consult Disposition of Sections table for a definitive listing.

### **Hospitals to enter into agreements with procurement organizations.**

194.270. Each hospital in this state shall enter into agreements or affiliations with procurement organizations for coordination of procurement and use of anatomical gifts.

(L. 1969 S.B. 43 § 7, A.L. 2008 S.B. 1139)

(2004) Determination of good faith under the Uniform Anatomical Gift Act is a question of law which can be addressed on summary judgment.

Schembre v. Mid-America Transplant Association, 135 S.W.3d 527 (Mo.App. E.D.).

### **Purchase or sale of body parts for valuable consideration prohibited--penalty-- definition.**

194.275.1. Except as otherwise provided in subsection 2 of this section, a person that for valuable consideration knowingly purchases or sells a part for any purpose if removal of the whole body or a part from an individual is intended to occur after the individual's death commits a felony and upon pleading or being found guilty is subject to a fine not exceeding fifty thousand dollars or imprisonment not exceeding seven years, or both.

2. For purposes of this section, the term "valuable consideration" does not include the reasonable payments associated with the removal, transportation, implantation, processing, preservation, quality control, and storage of any part or a whole body.

(L. 2008 S.B. 1139)

### **Falsification of documents, penalty.**

194.280. Any person that in order to obtain a financial gain knowingly falsifies, forges, conceals, defaces, or obliterates a document of gift, an amendment or revocation of a document of gift, or a refusal commits a felony and upon pleading or being found guilty is subject to a fine not exceeding fifty thousand dollars or imprisonment not exceeding seven years, or both.

(L. 1969 S.B. 43 § 8, A.L. 2008 S.B. 1139)

### **Immunity from liability, when.**

194.285.1. A person that acts in accordance with sections 194.210 to 194.294 or with the applicable anatomical gift law of another state that is not inconsistent with the provisions of sections 194.210 to 194.294 or attempts without negligence and in good faith to do so is not liable for the act in any civil action, criminal, or administrative proceeding.

2. Neither the person making an anatomical gift nor the donor's estate is liable for any injury or damage that results from the making or use of the gift.

3. In determining whether an anatomical gift has been made, amended, or revoked under sections 194.210 to 194.294, a person may rely upon representations of individuals listed in subdivision (2), (3), (4), (5), (6), (7), or (8) of subsection 1 of section 194.245 relating to the individual's relationship to the donor or prospective donor unless the person knows that representation is untrue.

(L. 2008 S.B. 1139)

### **Declarations and advance health care directives--definitions--gift in conflict with, donor or physician to resolve.**

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

(1) "Advance health-care directive", a power of attorney for health care or a record signed or authorized by a prospective donor, containing the prospective donor's direction concerning a health-care decision for the prospective donor;

(2) "Declaration", a record, including but not limited to a living will, or a do-not-resuscitate order, signed by a prospective donor specifying the circumstances under which a life support system may be withheld or withdrawn;

(3) "Health-care decision", any decision regarding the health care of the prospective donor.

2. If a prospective donor has a declaration or advance health-care directive and the terms of the declaration or directive and the express or implied terms of a potential anatomical gift are in conflict with regard to the administration of measures necessary to ensure the medical suitability of a part for transplantation or therapy, the prospective donor's attending physician and prospective donor shall confer to resolve the conflict. If the prospective donor is incapable of resolving the conflict, an agent acting under the prospective donor's declaration or directive or, if none or the agent is not reasonably available, another person authorized by law to make health-care decisions on behalf of the prospective donor shall act for the donor to resolve the conflict. The conflict must be resolved as expeditiously as possible. Information relevant to the resolution of the conflict may be obtained from the appropriate procurement organization and any other person authorized to make an anatomical gift for the prospective donor under section 194.245. Before the resolution of the conflict, measures necessary to ensure the medical suitability of an organ for transplantation or therapy may not be withheld or withdrawn from the prospective donor if withholding or withdrawing the measures is not contraindicated by appropriate end-of-life care.

(L. 1969 S.B. 43 § 9, A.L. 2008 S.B. 1139)

### **Requirements for valid execution of a document of gift--presumption of validity, when- -requirements for out-of-state execution of documents.**

194.292.1. A document of gift is valid if executed in accordance with:



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- (1) Sections 194.210 to 194.294;
  - (2) The laws of the state or country where it was executed; or
  - (3) The laws of the state or country where the person making the anatomical gift was domiciled, has a place of residence, or was a national at the time the document of gift was executed.
2. If a document of gift is valid as provided by subsection 1 of this section, the law of this state governs the interpretation of the document of gift.
  3. A person may presume that a document of gift or amendment of an anatomical gift is valid unless that person knows that it was not validly executed or was revoked.
  4. For purposes of this section, for a document of gift from another state or country to be valid it must be executed by a record, document, or donor registry that expresses the informed consent of a person to make an anatomical gift.

(L. 2008 S.B. 1139)

**Uniformity of law a consideration in construing statutory provisions.**

194.293. In applying and construing sections 194.216\* to 194.290, consideration shall be given to the need to promote uniformity of the law with respect to its subject matter among states that enact it.

(L. 2008 S.B. 1139)

\*Section 194.216 does not exist.

**Effect of law on certain federal acts.**

194.294. Sections 194.210 to 194.294 modify, limit, and supersede\* the Electronic Signatures in Global and National Commerce Act, 15 U.S.C. Section 7001, et seq., but does not modify, limit, or supersede Section 101(a) of that act, 15 U.S.C. Section 7001, or authorize electronic delivery of any of the notices described in Section 103(b) of that act, 15 U.S.C. Section 7003(b).

(L. 2008 S.B. 1139)

\*Words "modifies, limits, and supersedes" appear in original rolls.

**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:

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- (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

**Transfer of donor registry information, department of revenue to cooperate—registry requirements.**

- 194.304.1. The department of revenue shall cooperate with any donor registry that this state establishes, contracts for, or recognizes for the purpose of transferring to the donor registry all relevant information regarding a donor's making, amendment to, or revocation of an anatomical gift.
2. A first person consent organ and tissue donor registry shall:
- (1) Allow a donor or other person authorized under section 194.220 to include on the donor registry a statement or symbol that the donor has made, amended, or revoked an anatomical gift;
  - (2) Be accessible to a procurement organization to allow it to obtain relevant information on the donor registry to determine, at or near death of the donor or a prospective donor, whether the donor or prospective donor has made, amended, or revoked an anatomical gift; and
  - (3) Be accessible for purposes of subdivisions (1) and (2) of this subsection seven days a week on a twenty-four-hour basis. 3. Personally identifiable information on a first person consent organ and tissue donor registry about a donor or prospective donor may not be used or disclosed without the express consent of the donor, prospective donor, or the person that made the anatomical gift for any purpose other than to determine, at or near death of the donor or a prospective donor, whether the donor or prospective donor has made, amended, or revoked an anatomical gift.

(L. 1995 H.B. 178 § 1 subsec. 6 & 7, A.L. 2008 S.B. 1139)

**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)

**Citation of law--definitions.**

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- 194.375.1. Sections 194.375 to 194.390 shall be known and may be cited as the "Disposition of Fetal Remains Act".
2. As used in sections 194.375 to 194.390, the following terms mean:
- (1) "Final disposition", the burial, cremation, or other disposition of the remains of a human fetus following a spontaneous fetal demise occurring after a gestation period of less than twenty completed weeks;
  - (2) "Remains of a human fetus", the fetal remains or fetal products of conception of a mother after a miscarriage, regardless of the gestational age or whether the remains have been obtained by spontaneous or accidental means.

(L. 2004 H.B. 1136)

**Final disposition of fetal remains, mother has right to determine.**

194.378. In every instance of fetal death, the mother has the right to determine the final disposition of the remains of the fetus, regardless of the duration of the pregnancy. The mother may choose any means of final disposition authorized by law or by the director of the department of health and senior services.

(L. 2004 H.B. 1136)

**Means of disposition.**

- 194.381.1. The final disposition of the remains of a human fetus may be by cremation, interment by burial, incineration in an approved medical waste incinerator, or other means authorized by the director of the department of health and senior services. The disposition shall be in accordance with state law or administrative rules providing for the disposition. If the remains are disposed of by incineration, the remains shall be incinerated separately from other medical waste.
2. No religious service or ceremony is required as part of the final disposition of the remains of a human fetus.

(L. 2004 H.B. 1136)

**Written standards required for protection of mother's right to determine final disposition.**

194.384. Every hospital, outpatient birthing clinic, and any other health care facility licensed to operate in this state shall adopt written standards for the final disposition of the remains of a human fetus as provided in sections 194.375 to 194.390 for protection of a mother's right pursuant to section 194.378 and for notice as required in section 194.387.

(L. 2004 H.B. 1136)

**Miscarriage--mother's right to determine final disposition of remains—counseling made available, when.**

- 194.387.1. Within twenty-four hours after a miscarriage occurs spontaneously or accidentally at a hospital, outpatient birthing clinic, or any other health care facility, the facility shall disclose to the mother of the miscarried fetus, both orally and in writing, the mother's right to determine the final disposition of the remains of the fetus. The facility's disclosure shall include giving the mother a copy of the facility's written standards adopted pursuant to section 194.384.
2. The facility shall make counseling concerning the death of the fetus available to the mother. The facility may provide the counseling or refer the mother to another provider of appropriate counseling services.

(L. 2004 H.B. 1136)

**Right to legal abortion not affected.**

194.390. Nothing in sections 194.375 to 194.390 shall be construed to prohibit a woman's ability to obtain a legal abortion.

(L. 2004 H.B. 1136)

**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)

**Right-of-way--use of lead vehicles--emergency vehicles with right-of-way, when.**

- 194.503. 1. Except as otherwise provided for in this subsection, pedestrians and operators of all other vehicles shall yield the right-of-way to any vehicle which is a part of an organized funeral procession.
2. Notwithstanding any traffic control device or right-of-way provision prescribed by state or local law, when the funeral lead vehicle in an organized funeral procession lawfully enters an intersection, all vehicles in the procession shall follow the lead vehicle through the intersection. The operator of each vehicle in the procession shall exercise the highest degree of care toward any other vehicle or pedestrian on the roadway.
3. An organized funeral procession shall have the right-of-way at all intersections regardless of any traffic control device at such intersections, except that operators of vehicles in an organized funeral procession shall yield the right-of-way to any approaching emergency vehicle pursuant to the provisions of section 304.022, RSMo, or when directed to do so by a law enforcement officer.  
(L. 1999 S.B. 270)

**Following distance--flashing emergency lights used, when--toll-free passage, when.**

- 194.506. 1. All vehicles in an organized funeral procession shall follow the preceding vehicle in the procession as closely as is practical and safe under the conditions.
2. No person shall operate any vehicle as part of an organized funeral procession without the flashing emergency lights of such vehicle being lighted.
3. Toll-free passage shall be given on all toll bridges, tunnels and other toll highways to all vehicles in an organized funeral procession.  
(L. 1999 S.B. 270)

**Regulations for nonparticipating vehicle operators--violations, penalty.**

- 194.509. 1. Any person who is not an operator of a vehicle in an organized funeral procession shall not:
- (1) Drive between the vehicles comprising an organized funeral procession while such vehicles are in motion and have the flashing emergency lights lighted pursuant to subsection 2 of section 194.506, except when required to do so by a law enforcement officer or when such person is operating an emergency vehicle giving an audible or visual signal;
- (2) Join a funeral procession for the purpose of securing the right-of-way granted in section 194.506; or
- (3) Attempt to pass any vehicle in an organized funeral procession, except where a passing lane has been specifically provided.
2. When an organized funeral procession is proceeding through a red signal light as permitted in section 194.503, a vehicle not in the organized funeral procession shall not enter the intersection unless such vehicle may do so without crossing the path of the funeral procession.
3. Any person violating the provisions of this section is guilty of an infraction which shall be punishable by a fine not to exceed one hundred dollars.  
(L. 1999 S.B. 270)

**Use of amber lights for motorcycles--ordinances permitted.**

- 194.512. 1. No ordinance, regulation or any other provision of law shall prohibit the use of a motorcycle utilizing flashing amber lights to escort an organized funeral procession on the highway.

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2. Any city, town, village or county may adopt an ordinance substantially similar to the provisions of sections 194.500 to 194.512.

(L. 1999 S.B. 270)

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# *Missouri Revised Statutes*

## **Chapter 210**

### **Child Protection and Reformation**

#### **Section 210.115**

August 28, 2008

**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, 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., A.L. 2003 H.B. 445)

**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.). (2004) Section criminalizing failure to report child abuse is not unconstitutional under void for vagueness doctrine. State v. Brown, 140 S.W.3d 51 (Mo.banc).

## **Section 210.130**

August 28, 2008

### **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.)

## **Section 210.192**

August 28, 2008

### **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)

## Section 210.194

August 28, 2008

### **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)

## Section 210.195

August 28, 2008

### **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)

## Section 210.196

August 28, 2008

### **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

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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)

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**Chapter 43**  
**Highway Patrol, State**  
**Section 43.410**

August 28, 2008

**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)

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## **Chapter 70**

### **Powers of Political Subdivisions to Cooperate or Contract with**

#### **Section 70.010**

August 28, 2008

**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

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## **Chapter 191**

### **Health and Welfare**

#### **Section 191.703**

August 28, 2008

**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)

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***Missouri Revised Statutes***  
**Chapter 192**  
**Department of Health and Senior Services**  
**Section 192.804**

August 28, 2008

**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)

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***Missouri Revised Statutes***  
**Chapter 192**  
**Department of Health and Senior Services**  
**Section 192.806**

August 28, 2008

**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)

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***Missouri Revised Statutes***  
**Chapter 198**  
**Convalescent, Nursing and Boarding Homes**  
**Section 198.070**

August 28, 2008

**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 adult day care worker; chiropractor; Christian Science practitioner; coroner; dentist; embalmer; employee of the departments of social services, mental health, or health and senior services; employee of a local area agency on aging or an organized area agency on aging program; funeral director; home health agency or home health agency employee; hospital and clinic personnel engaged in examination, care, or treatment of persons; in-home services owner, provider, operator, or employee; law enforcement officer; long-term care facility administrator or employee; medical examiner; medical resident or intern; mental health professional; minister; nurse; nurse practitioner; optometrist; other health practitioner; peace officer; pharmacist; physical therapist; physician; physician's assistant; podiatrist; probation or parole officer; psychologist; social worker; 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 the penalties imposed by this section, any administrator who knowingly conceals any act of abuse or neglect resulting in death or serious physical injury, as defined in section 565.002, RSMo, is guilty of a class D felony.
5. 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.
6. 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 unless such person is the alleged perpetrator of the abuse or neglect. 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.
7. 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.
8. Reports shall be confidential, as provided pursuant to section 660.320, RSMo.
9. Anyone, except any person who has abused or neglected a resident in a facility, 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. 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.
10. 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.

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11. 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 department 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.
12. Any person who abuses or neglects a resident of a facility is subject to criminal prosecution under section 565.180, 565.182, or 565.184, RSMo.
13. The department shall maintain the employee disqualification list and place on the employee disqualification list the names of any persons who are or have been employed in any facility and who have been finally determined by the department pursuant to section 660.315, RSMo, to have knowingly or recklessly abused or neglected a resident. For purposes of this section only, "knowingly" and "recklessly" shall have the meanings that are ascribed to them in this section. A person acts "knowingly" with respect to the person's conduct when a reasonable person should be aware of the result caused by his or her conduct. A person acts "recklessly" when the person consciously disregards a substantial and unjustifiable risk that the person's conduct will result in serious physical injury and such disregard constitutes a gross deviation from the standard of care that a reasonable person would exercise in the situation.
14. 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, A.L. 2003 S.B. 556 & 311)

(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.

(2003) Subsection 10 of section implicitly creates a private cause of action for nursing home district employees terminated in violation of the statute. Bachtel v. Miller County Nursing Home District, 110 S.W.3d 799 (Mo.banc).

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

August 28, 2008

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

198.071. The staff of a residential care facility, an assisted living facility, 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)

\*Editorial change required by § 198.005.

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## **Chapter 565**

### **Offenses Against the Person**

#### **Section 565.188**

August 28, 2008

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

- 565.188.1. When any adult day care worker; chiropractor; Christian Science practitioner; coroner; dentist; embalmer; employee of the departments of social services, mental health, or health and senior services; employee of a local area agency on aging or an organized area agency on aging program; funeral director; home health agency or home health agency employee; hospital and clinic personnel engaged in examination, care, or treatment of persons; in-home services owner, provider, operator, or employee; law enforcement officer; long-term care facility administrator or employee; medical examiner; medical resident or intern; mental health professional; minister; nurse; nurse practitioner; optometrist; other health practitioner; peace officer; pharmacist; physical therapist; physician; physician's assistant; podiatrist; probation or parole officer; psychologist; social worker; 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 or she 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 is 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, A.L. 2003 S.B. 556 & 311)

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# *Missouri Revised Statutes*

## **Chapter 630**

### **Department of Mental Health**

#### **Section 630.165**

August 28, 2008

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

- 630.165.1. When any physician, physician assistant, dentist, chiropractor, optometrist, podiatrist, intern, resident, nurse, nurse practitioner, medical examiner, social worker, licensed professional counselor, certified substance abuse counselor, psychologist, other health practitioner, minister, Christian Science practitioner, peace officer, pharmacist, physical therapist, facility administrator, nurse's aide, orderly or any other direct-care staff in a residential facility, day program, group home or mental retardation facility as defined in section 633.005, RSMo, or specialized service operated, licensed, certified, or funded 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 departments of social services, mental health, or health and senior services; or home health agency or home health agency employee; hospital and clinic personnel engaged in examination, care, or treatment of persons; in-home services owner, provider, operator, or employee; law enforcement officer, long-term care facility administrator or employee; mental health professional, probation or parole officer, or other nonfamilial person with responsibility for the care of a patient, resident, or client of a facility, program, or service has reasonable cause to suspect that a patient, resident or client of a facility, program or service has been subjected to abuse or neglect or observes such person being subjected to conditions or circumstances that would reasonably result in abuse or neglect, he or she shall immediately report or cause a report to be made to the department in accordance with section 630.163.
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 and shall be subject to a fine up to one thousand dollars. Penalties collected for violations of this section shall be transferred to the state school moneys fund as established in section 166.051, RSMo, and distributed to the public schools of this state in the manner provided in section 163.031, RSMo. Such penalties shall not considered charitable for tax purposes.
  3. Every person who has been previously convicted of or pled guilty to failing to make a report as required in subsection 1 of this section and who is subsequently convicted of failing to make a report under subsection 2 of this section is guilty of a class D felony and shall be subject to a fine up to five thousand dollars. Penalties collected for violation of this subsection shall be transferred to the state school moneys fund as established in section 166.051, RSMo, and distributed to the public schools of this state in the manner provided in section 163.031, RSMo. Such penalties shall not considered charitable for tax purposes.
  4. Any person who knowingly files a false report of vulnerable person abuse or neglect is guilty of a class A misdemeanor and shall be subject to a fine up to one thousand dollars. Penalties collected for violations of this subsection shall be transferred to the state school moneys fund as established in section 166.051, RSMo, and distributed to the public schools of this state in the manner provided in section 163.031, RSMo. Such penalties shall not considered charitable for tax purposes.
  5. Any 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 4 of this section is guilty of a class D felony and shall be subject to a fine up to five thousand dollars. Penalties collected for violations of this subsection shall be transferred to the state school moneys fund as established in section 166.051, RSMo, and distributed to the public schools of this state in the manner provided in section 163.031, RSMo. Such penalties shall not considered charitable for tax purposes.
  6. 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.
  7. Any residential facility, day program, or specialized service operated, funded, or licensed by the department that prevents or discourages a patient, resident, or client, employee, or other person from reporting that a patient, resident, or client of a facility, program, or service has been abused or neglected shall be subject to loss of their license issued pursuant to sections 630.705 to 630.760 and civil fines of up to five thousand dollars for each attempt to prevent or discourage reporting.

(L. 1980 H.B. 1724 § 630.165 subsecs. 1 to 4, A.L. 1996 S.B. 884 & 841, A.L. 2003 S.B. 556 & 311, A.L. 2007, S.B. 3, A.L. 2008 S.B. 1081)

# *Missouri Revised Statutes*

## **Chapter 660**

### **Department of Social Services**

#### **Section 660.300**

August 28, 2008

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

- 660.300.1. When any adult day care worker; chiropractor; Christian Science practitioner; coroner; dentist; embalmer; employee of the departments of social services, mental health, or health and senior services; employee of a local area agency on aging or an organized area agency on aging program; funeral director; home health agency or home health agency employee; hospital and clinic personnel engaged in examination, care, or treatment of persons; in-home services owner, provider, operator, or employee; law enforcement officer; long-term care facility administrator or employee; medical examiner; medical resident or intern; mental health professional; minister; nurse; nurse practitioner; optometrist; other health practitioner; peace officer; pharmacist; physical therapist; physician; physician's assistant; podiatrist; probation or parole officer; psychologist; or social worker has reasonable cause to believe that an in-home services client has been abused or neglected, as a result of in-home services, he or she shall immediately report or cause a report to be made to the department. If the report is made by a physician of the in-home services client, the department shall maintain contact with the physician regarding the progress of the investigation.
2. When a report of deteriorating physical condition resulting in possible abuse or neglect of an in-home services client is received by the department, the client's case manager and the department nurse shall be notified. The client's case manager shall investigate and immediately report the results of the investigation to the department nurse. The department may authorize the in-home services provider nurse to assist the case manager with the investigation.
  3. If requested, local area agencies on aging shall provide volunteer training to those persons listed in subsection 1 of this section regarding the detection and report of abuse and neglect pursuant to this section.
  4. 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.
  5. 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, the home health agency, the home health agency employee, 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.
  6. 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 or home health patient has been abused or neglected by an in-home services employee or home health agency employee may report such information to the department.
  7. If the investigation indicates possible abuse or neglect of an in-home services client or home health patient, the investigator shall refer the complaint together with his or her report to the department director or his or her designee for appropriate action. If, during the investigation or at its completion, the department has reasonable cause to believe that immediate action is necessary to protect the in-home services client or home health patient 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 or home health patient 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 or home health patient, for a period not to exceed thirty days.
  8. Reports shall be confidential, as provided under section 660.320.
  9. Anyone, except any person who has abused or neglected an in-home services client or home health patient, 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.

10. 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.
11. No person who directs or exercises any authority in an in-home services provider agency or home health agency shall harass, dismiss or retaliate against an in-home services client or home health patient, or an in-home services employee or a home health agency employee because he or any member of his or her 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 home health agency or any in-home services employee or home health agency employee which he has reasonable cause to believe has been committed or has occurred.
12. Any person who abuses or neglects an in-home services client or home health patient is subject to criminal prosecution under section 565.180, 565.182, or 565.184, RSMo. If such person is an in-home services employee and has been found guilty by a court, and if the supervising in-home services provider willfully and knowingly failed to report known abuse by such employee to the department, the supervising in-home services provider may be subject to administrative penalties of one thousand dollars per violation to be collected by the department and the money received therefor shall be paid to the director of revenue and deposited in the state treasury to the credit of the general revenue fund. Any inhome services provider which has had administrative penalties imposed by the department or which has had its contract terminated may seek an administrative review of the department's action pursuant to chapter 621, RSMo. Any decision of the administrative hearing commission may be appealed to the circuit court in the county where the violation occurred for a trial de novo. For purposes of this subsection, the term "violation" means a determination of guilt by a court.
13. The department shall establish a quality assurance and supervision process for clients that requires an in-home services provider agency to conduct random visits to verify compliance with program standards and verify the accuracy of records kept by an in-home services employee.
14. 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 or home health patient while employed by an in-home services provider agency or home health agency. For purposes of this section only, "knowingly" and "recklessly" shall have the meanings that are ascribed to them in this section. A person acts "knowingly" with respect to the person's conduct when a reasonable person should be aware of the result caused by his or her conduct. A person acts "recklessly" when the person consciously disregards a substantial and unjustifiable risk that the person's conduct will result in serious physical injury and such disregard constitutes a gross deviation from the standard of care that a reasonable person would exercise in the situation.
15. At the time a client has been assessed to determine the level of care as required by rule and is eligible for in-home services, the department shall conduct a "Safe at Home Evaluation" to determine the client's physical, mental, and environmental capacity. The department shall develop the safe at home evaluation tool by rule in accordance with chapter 536, RSMo. The purpose of the safe at home evaluation is to assure that each client has the appropriate level of services and professionals involved in the client's care. The plan of service or care for each in-home services client shall be authorized by a nurse. The department may authorize the licensed in-home services nurse, in lieu of the department nurse, to conduct the assessment of the client's condition and to establish a plan of services or care. The department may use the expertise, services, or programs of other departments and agencies on a case-by-case basis to establish the plan of service or care. The department may, as indicated by the safe at home evaluation, refer any client to a mental health professional, as defined in 9 CSR 30-4.030, for evaluation and treatment as necessary.
16. Authorized nurse visits shall occur at least twice annually to assess the client and the client's plan of services. The provider nurse shall report the results of his or her visits to the client's case manager. If the provider nurse believes that the plan of service requires alteration, the department shall be notified and the department shall make a client evaluation. All authorized nurse visits shall be reimbursed to the inhome services provider. All authorized nurse visits shall be reimbursed outside of the nursing home cap for in-home services clients whose services have reached one hundred percent of the average statewide charge for care and treatment in an intermediate care facility, provided that the services have been preauthorized by the department.
17. All in-home services clients shall be advised of their rights by the department at the initial evaluation. The rights shall include, but not be limited to, the right to call the department for any reason, including dissatisfaction with the provider or services. The department shall establish a process to receive such nonabuse and neglect calls other than the elder abuse and neglect hotline.
18. Subject to appropriations, all nurse visits authorized in sections 660.250 to 660.300 shall be reimbursed to the in-home services provider agency.

(L. 1992 S.B. 573 & 634, A.L. 2003 S.B. 556 & 311, A.L. 2003 2nd Ex. Sess. S.B. 4) Effective 9-15-03

***Missouri Revised Statutes***  
**Chapter 660**  
**Department of Social Services**  
**Section 660.520**

August 28, 2008

**State technical assistance team for child sexual abuse cases, duties--counties may develop team, members--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, child pornography, 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 team shall:
- (1) Provide assistance, expertise, and training to child protection agencies and multidisciplinary teams for the investigation and prosecution of child abuse, child neglect, child sexual abuse, child exploitation, child pornography, or child fatality cases;
  - (2) Assist in the investigation of child abuse, child neglect, child sexual abuse, child exploitation, child pornography, or child fatality cases, upon the request of a local, county, state, or federal law enforcement agency, county, state, or federal prosecutor, a representative of the family courts, medical examiner, coroner, juvenile officer, or department of social services staff. Upon being requested to assist in an investigation, the state technical assistance team shall notify appropriate parties specified in this subdivision of the team's involvement. State technical assistance team investigators licensed 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 state of Missouri while acting in an investigation or on behalf of a child. 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, child pornography, child fatality, or in situations of imminent danger to the investigator or another person;
  - (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, child pornography, 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 state highway patrol, the department of health and senior services, the department of mental health or any other agency or institution.
  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 children's division. The multidisciplinary team may include, but is not limited to, a prosecutor, or his or her representative, an investigator from the children's division, a physician, a representative from a mental health care services agency and a representative of the police agency of primary jurisdiction.
  4. 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.

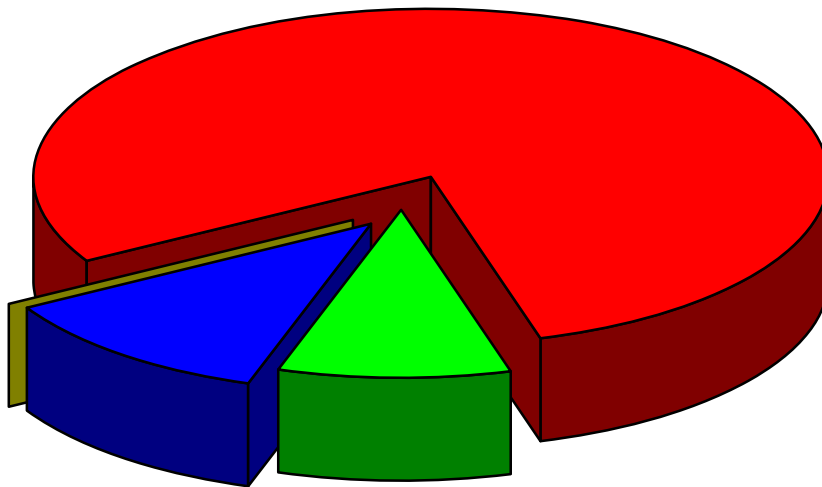
(L. 1990 H.B. 1370, et al. § 1, A.L. 2000 S.B. 757 & 602, A.L. 2004 H.B. 1055)

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Case Type

Case Waived (CW)	895
Body Released; Death Certificate by M.E. (BR)	109
Body Brought in for Examination (Exam)	132
Body Already Buried (BB)	0
<hr/> Sub-Totals:	<hr/> 1136
Remanded Cases	16
<hr/> Totals:	<hr/> 1152



**Remanded Cases by Month**

On August 28, 2008, a new Missouri Law (S.B. 2008-1139) went into effect causing a change in the way Medical Examiners and Coroners have jurisdiction over a case. The new law is based on the location of occurrence of injury/illness, no longer on the location of pronouncement of death. This results in cases that were formerly MEO cases being Remanded Out to another jurisdiction and others being Remanded In from another jurisdiction. Cases Remanded In from another jurisdiction are included with the Regular MEO Cases for the remainder of this Annual Report. Cases Remanded Out to another jurisdiction are not included in the Regular MEO Cases.

	Remanded Out to other Jurisdictions	Remanded In from other Jurisdictions	Regular MEO Cases	Totals
January	1	2	103	106
February	2	7	89	98
March	0	4	103	107
April	0	1	111	112
May	0	0	77	77
June	1	7	99	107
July	0	3	74	77
August	4	6	93	103
September	0	4	84	88
October	3	5	94	102
November	3	2	81	86
December	2	3	84	89
<b>Totals:</b>	<b>16</b>	<b>44</b>	<b>1092</b>	<b>1152</b>

Remanded Cases

Remanded Cases by Case Type:

	Remanded Out	Remanded In	Total
Case Waived	0	1	1
Body Released	0	27	27
Exam Case	0	16	16
Remanded Case	16	0	16
<b>Total:</b>	<b>16</b>	<b>44</b>	<b>60</b>

Remanded Cases by Manner by Cause of Death:

Manner	Cause of Death	Remanded Out	Remanded In	Total
Natural		0	15	15
Accident-Motor Vehicle				
	Driver in MV-Motor Vehicle Collision	0	1	
	Driver in MV-Motorcycle Collision	0	1	
	Driver on ATV-Fixed Object Collision	0	1	
	Driver on MC-Loss of Control	0	1	
	Driver on MC-Motor Vehicle Collision	0	1	
	Driver on MC-Off-Road Accident	0	1	6
Accident				
	Aspiration of Food Bolus	0	1	
	Exposure to Cold Environment	0	1	
	Fall	0	7	
	Use of Drug(s)/Medicatio(s)	0	6	15
Suicide				
	Self-Inflicted Gunshot Wound	0	3	
	Self-Inflicted Hanging	0	2	
	Inhalation of Motor Vehicle Exhaust	0	1	6
Homicide				
	Gunshot Wound(s) at hands of another	0	1	1
Undetermined				
	Use of Drug(s)/Medication(s)	0	1	1
Remanded Cases				
	Remanded Cases	16	0	16
<b>Total:</b>		<b>16</b>	<b>44</b>	<b>60</b>

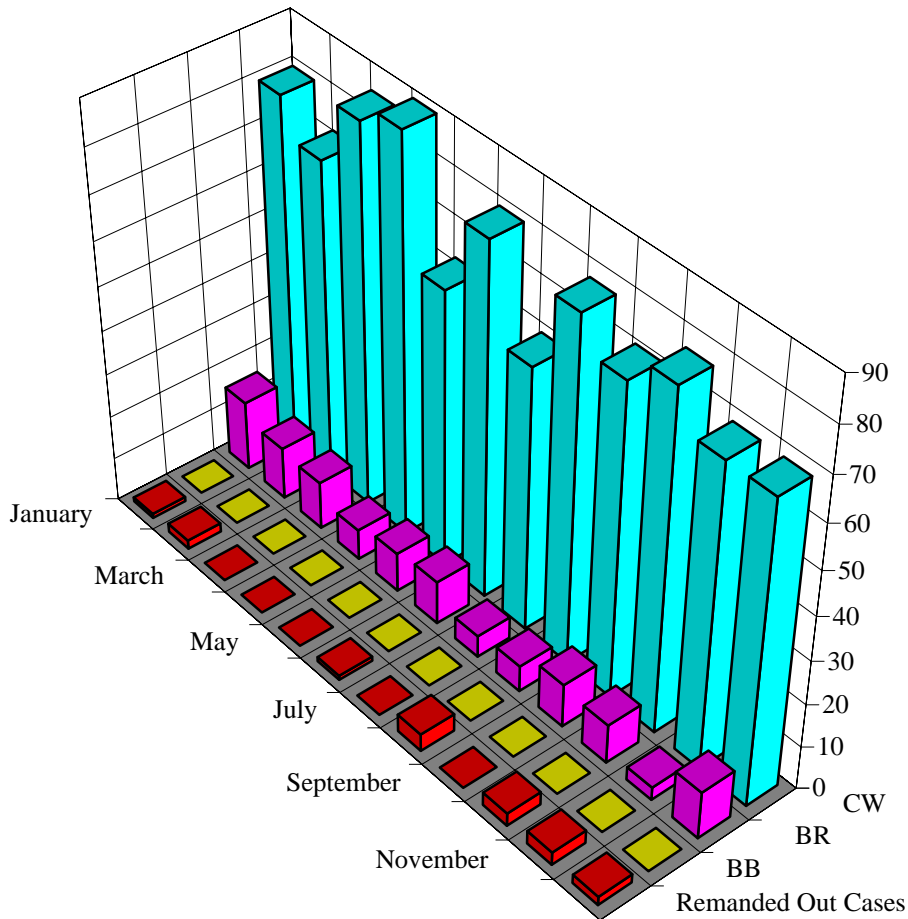
**Remanded Cases**

Remanded Cases by Pronounced County by Reporting Agency:

Pronounced County: Reporting Agency:	Remanded Out	Remanded In	Total
<b>City of Saint Louis</b>			
Barnes-Jewish Hospital (South)	0	4	6
St. Louis Children's Hospital	0	1	
Stygar Florissant Funeral Home	0	1	
<b>St. Louis County</b>			
Arnold Police Department	0	1	38
Big Bend Woods Healthcare	0	1	
Jefferson County Sheriff's Department	0	1	
Mercy Hospital St. Louis	0	2	
Robert D. Brown Funeral Home	0	1	
St. Anthony's Medical Center	0	25	
St. Clare Health Center	0	7	
<b>Jefferson County</b>			
Arnold Police Department	1	0	16
Jefferson Regional Medical Center	5	0	
Mercy Hospital Jefferson	7	0	
Missouri Vital Records	1	0	
Schrader Funeral Home	1	0	
Woodland Manor Nursing Center	1	0	
<b>Total:</b>	<b>16</b>	<b>44</b>	

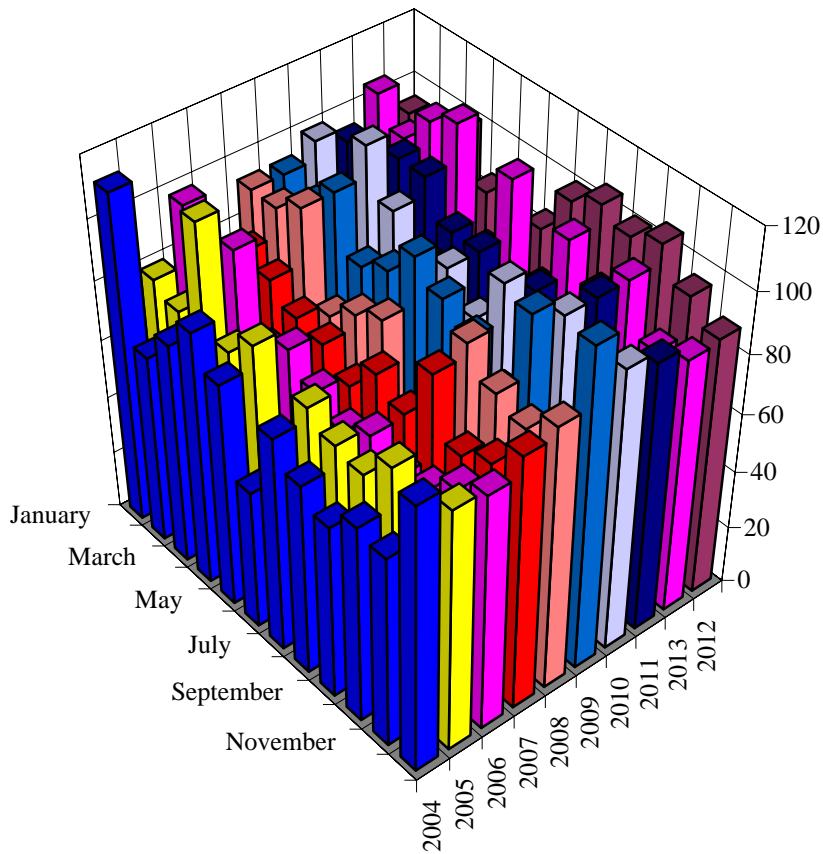
Case Type by Month

	CW	BR	Exam	BB	Totals	Remanded Out Cases	Totals
January	80	16	9	0	105	1	106
February	72	12	12	0	96	2	98
March	86	11	10	0	107	0	107
April	90	7	15	0	112	0	112
May	63	9	5	0	77	0	77
June	80	10	16	0	106	1	107
July	60	5	12	0	77	0	77
August	78	6	15	0	99	4	103
September	71	10	7	0	88	0	88
October	77	9	13	0	99	3	102
November	69	3	11	0	83	3	86
December	69	11	7	0	87	2	89
<b>Totals:</b>	<b>895</b>	<b>109</b>	<b>132</b>	<b>0</b>	<b>1136</b>	<b>16</b>	<b>1152</b>



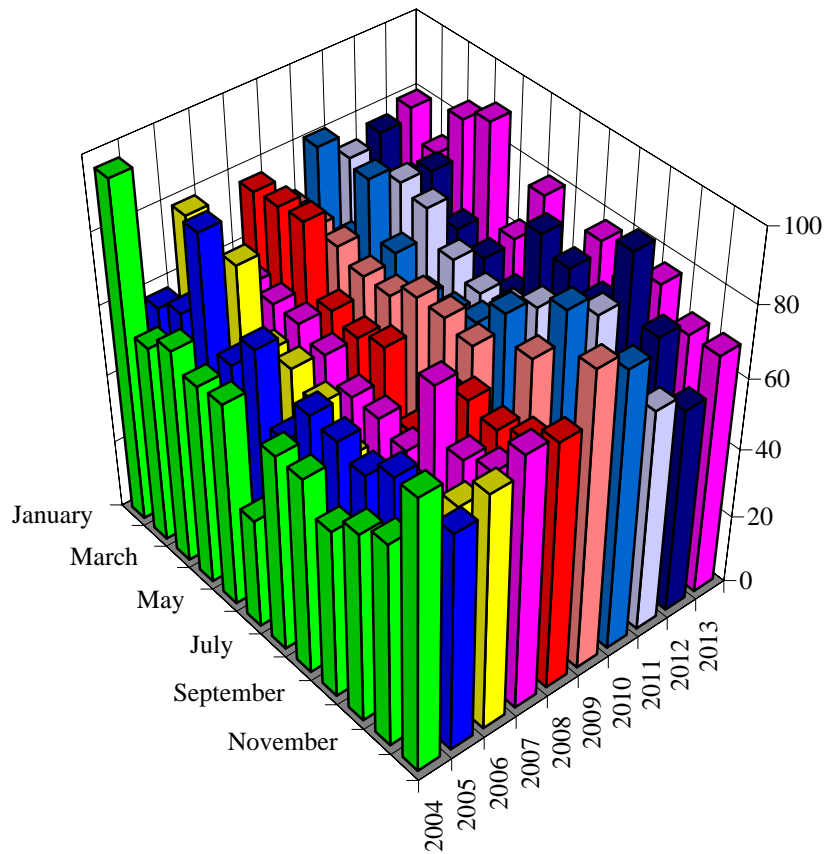
**Number of Cases by Month  
10 Year Comparisons**

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals
January	112	79	98	74	93	93	99	94	94	105	485
February	65	75	64	84	93	89	81	86	95	96	447
March	76	110	96	81	99	99	109	100	100	107	515
April	87	75	70	75	70	81	94	100	85	112	472
May	77	84	77	73	77	86	84	88	75	77	410
June	48	58	70	66	82	97	88	88	85	106	464
July	74	78	64	77	57	90	78	77	100	77	422
August	66	73	70	71	77	84	96	88	105	99	472
September	60	71	64	91	95	73	79	80	101	88	421
October	68	81	67	72	86	105	99	99	105	99	507
November	66	65	75	77	82	75	91	69	95	83	413
December	91	83	81	87	90	109	96	92	88	87	472
<b>Totals:</b>	<b>890</b>	<b>932</b>	<b>896</b>	<b>928</b>	<b>1001</b>	<b>1081</b>	<b>1094</b>	<b>1061</b>	<b>1128</b>	<b>1136</b>	<b>5500</b>



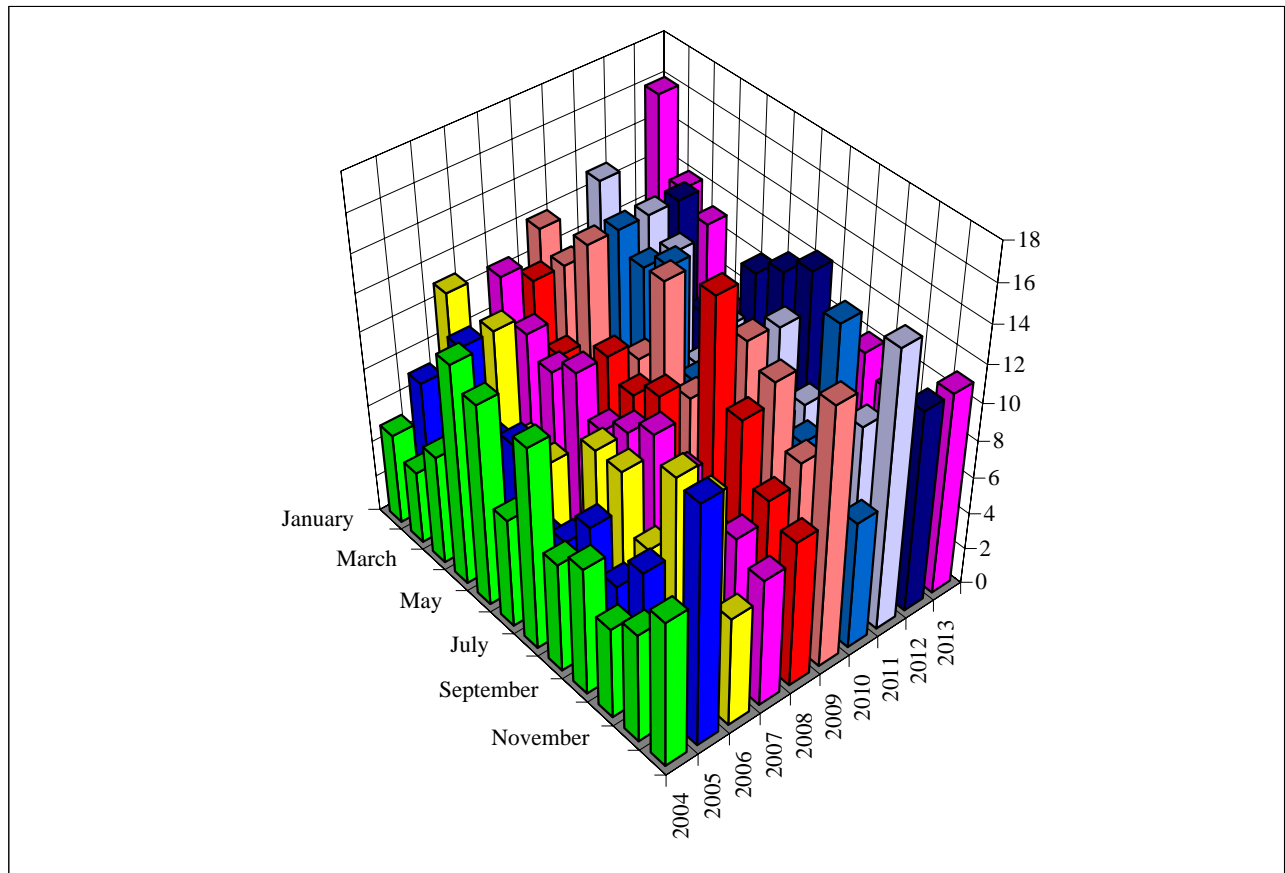
**Case Type: Case Waived (CW)  
10 Year Comparisons**

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals
January	97	58	79	58	77	68	81	74	77	80	749
February	57	62	54	61	78	68	60	66	68	72	646
March	62	89	76	61	79	68	82	77	76	86	756
April	58	59	58	61	60	65	67	75	65	90	658
May	59	69	59	58	58	65	60	66	62	63	619
June	32	50	55	52	61	70	61	62	57	80	580
July	57	63	46	52	43	70	64	63	79	60	597
August	57	62	46	49	60	68	72	69	75	78	636
September	49	59	51	73	64	49	56	56	71	71	599
October	55	65	48	59	62	76	84	78	90	77	694
November	59	55	58	62	65	59	66	41	73	69	607
December	78	63	68	73	71	85	80	64	59	69	710
<b>Totals:</b>	<b>720</b>	<b>754</b>	<b>698</b>	<b>719</b>	<b>778</b>	<b>811</b>	<b>833</b>	<b>791</b>	<b>852</b>	<b>895</b>	<b>7851</b>



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

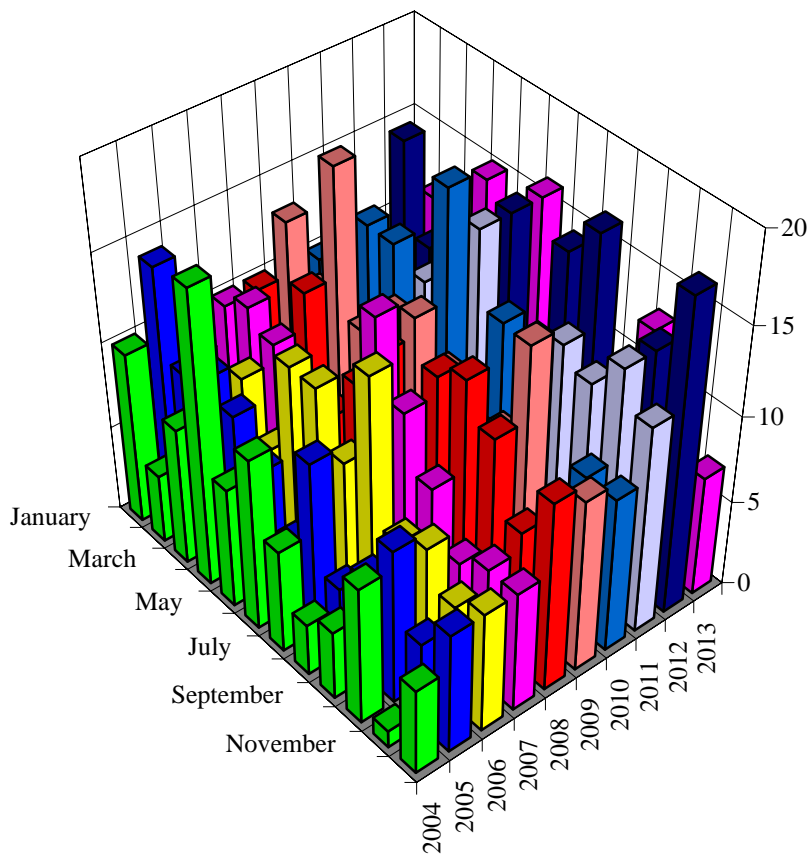
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals
January	5	7	11	6	6	12	8	13	8	16	92
February	4	4	4	12	11	11	9	8	11	12	86
March	6	11	11	10	8	13	13	13	13	11	109
April	12	7	6	9	4	6	12	12	8	7	83
May	11	8	6	10	10	9	13	7	7	9	90
June	6	4	3	8	9	14	8	10	12	10	84
July	11	5	9	9	10	9	6	8	13	5	85
August	6	7	9	10	4	7	10	12	14	6	85
September	7	5	6	9	17	14	9	9	12	10	98
October	5	7	11	7	12	13	9	8	7	9	88
November	6	5	11	8	9	10	16	10	8	3	86
December	8	13	6	7	8	14	7	15	11	11	100
<b>Totals:</b>	<b>87</b>	<b>83</b>	<b>93</b>	<b>105</b>	<b>108</b>	<b>132</b>	<b>120</b>	<b>125</b>	<b>124</b>	<b>109</b>	<b>1086</b>





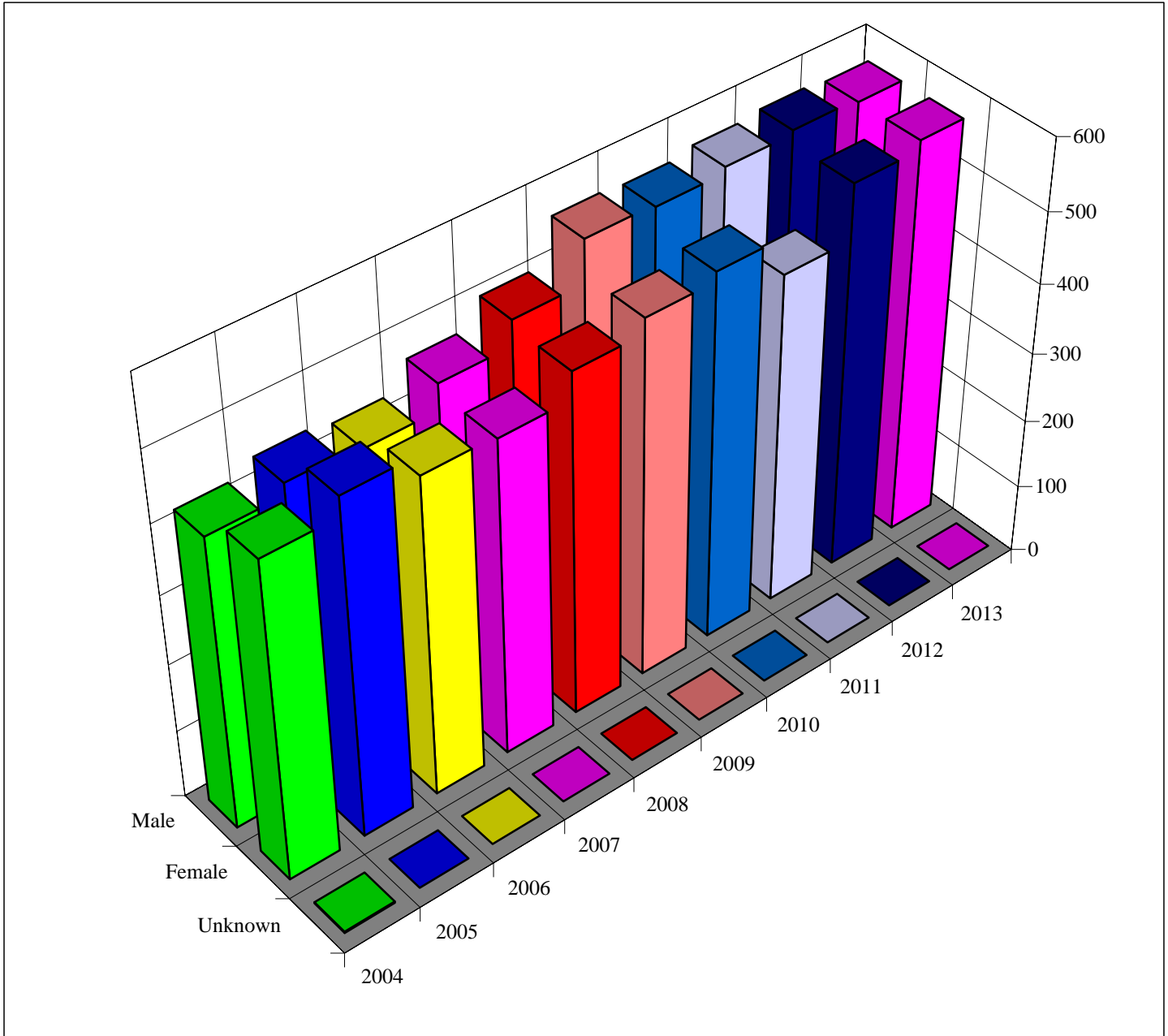
**Case Type: Examination Cases (Exam)  
10 Year Comparisons**

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals
January	10	14	8	10	10	13	10	7	9	9	100
February	4	9	6	11	4	10	12	11	16	12	95
March	8	10	9	10	12	18	14	9	11	10	111
April	17	9	6	5	6	10	14	11	12	15	105
May	7	7	12	5	9	12	8	13	6	5	84
June	10	4	12	6	12	13	19	16	16	16	124
July	6	10	9	16	4	11	8	5	8	12	89
August	3	4	15	12	13	9	14	7	16	15	108
September	4	6	7	9	14	10	14	13	18	7	102
October	8	9	8	6	12	16	6	12	8	13	98
November	1	5	6	7	8	6	9	14	14	11	81
December	5	7	7	7	11	10	9	12	18	7	93
<b>Totals:</b>	<b>83</b>	<b>94</b>	<b>105</b>	<b>104</b>	<b>115</b>	<b>138</b>	<b>137</b>	<b>130</b>	<b>152</b>	<b>132</b>	<b>1190</b>



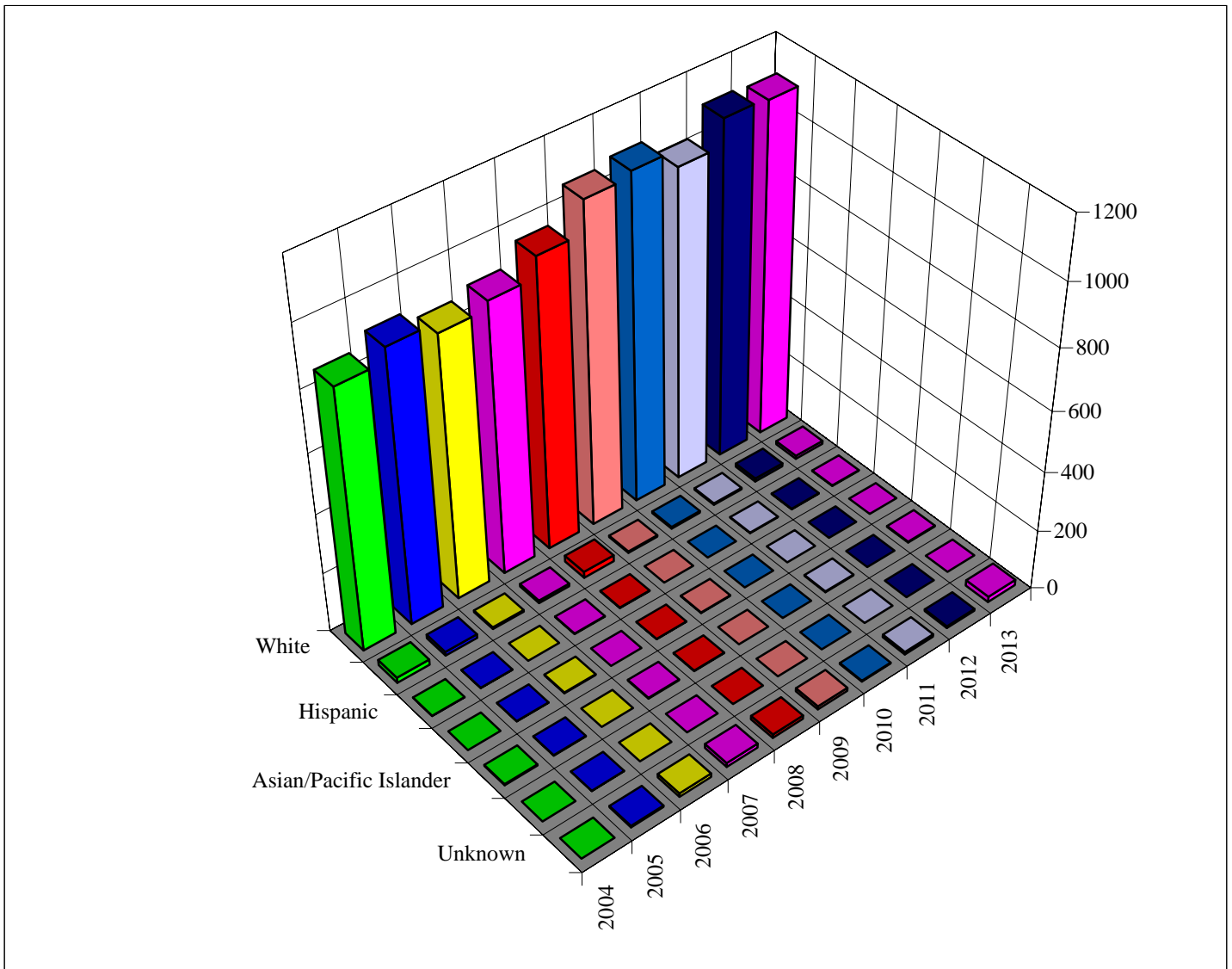
**Sex Breakdowns  
10 Year Comparisons**

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals
Male	425	442	434	470	505	564	560	568	573	568	5109
Female	463	490	462	458	496	517	530	478	555	568	5017
Unknown	2	0	0	0	0	0	0	0	0	0	2
<b>Totals:</b>	<b>890</b>	<b>932</b>	<b>896</b>	<b>928</b>	<b>1001</b>	<b>1081</b>	<b>1090</b>	<b>1046</b>	<b>1128</b>	<b>1136</b>	<b>10128</b>



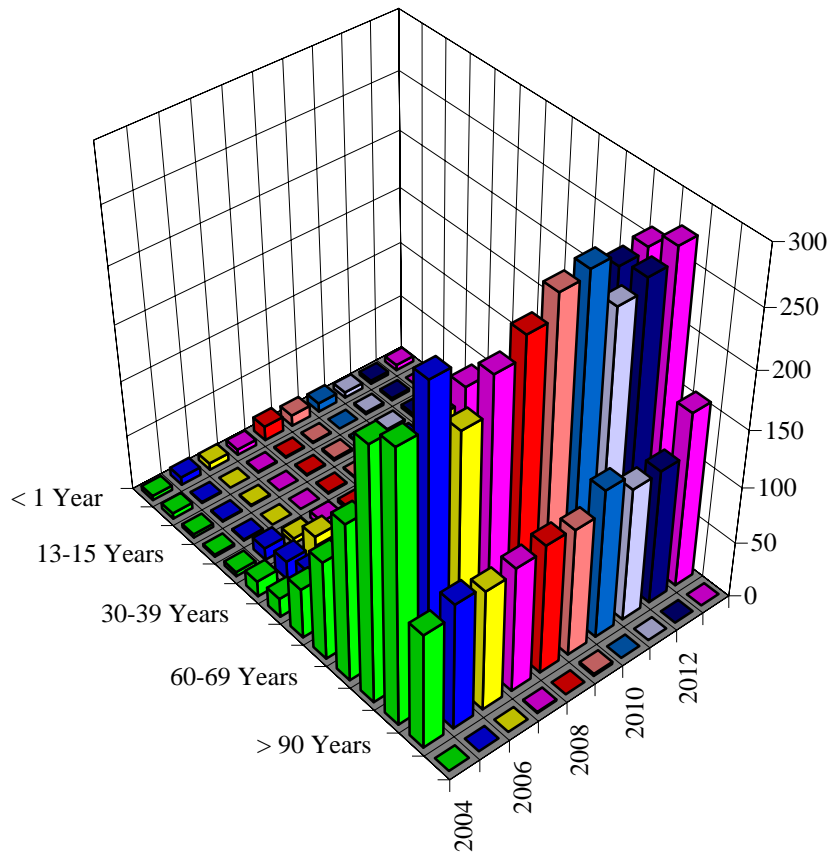
**Race Breakdowns  
10 Year Comparisons**

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals
White	867	909	875	900	963	1063	1081	1027	1109	1101	9895
Black	18	13	6	9	21	5	6	5	11	11	105
Hispanic	1	1	0	2	2	0	0	2	2	2	12
American Inc	0	1	3	0	1	2	0	0	0	0	7
Asian/Pacific	4	2	0	3	2	0	0	3	0	3	17
Other	0	1	0	0	0	0	0	0	0	0	1
Unknown	0	5	12	14	12	11	3	9	6	19	91
<b>Totals:</b>	<b>890</b>	<b>932</b>	<b>896</b>	<b>928</b>	<b>1001</b>	<b>1081</b>	<b>1090</b>	<b>1046</b>	<b>1128</b>	<b>1136</b>	<b>10128</b>



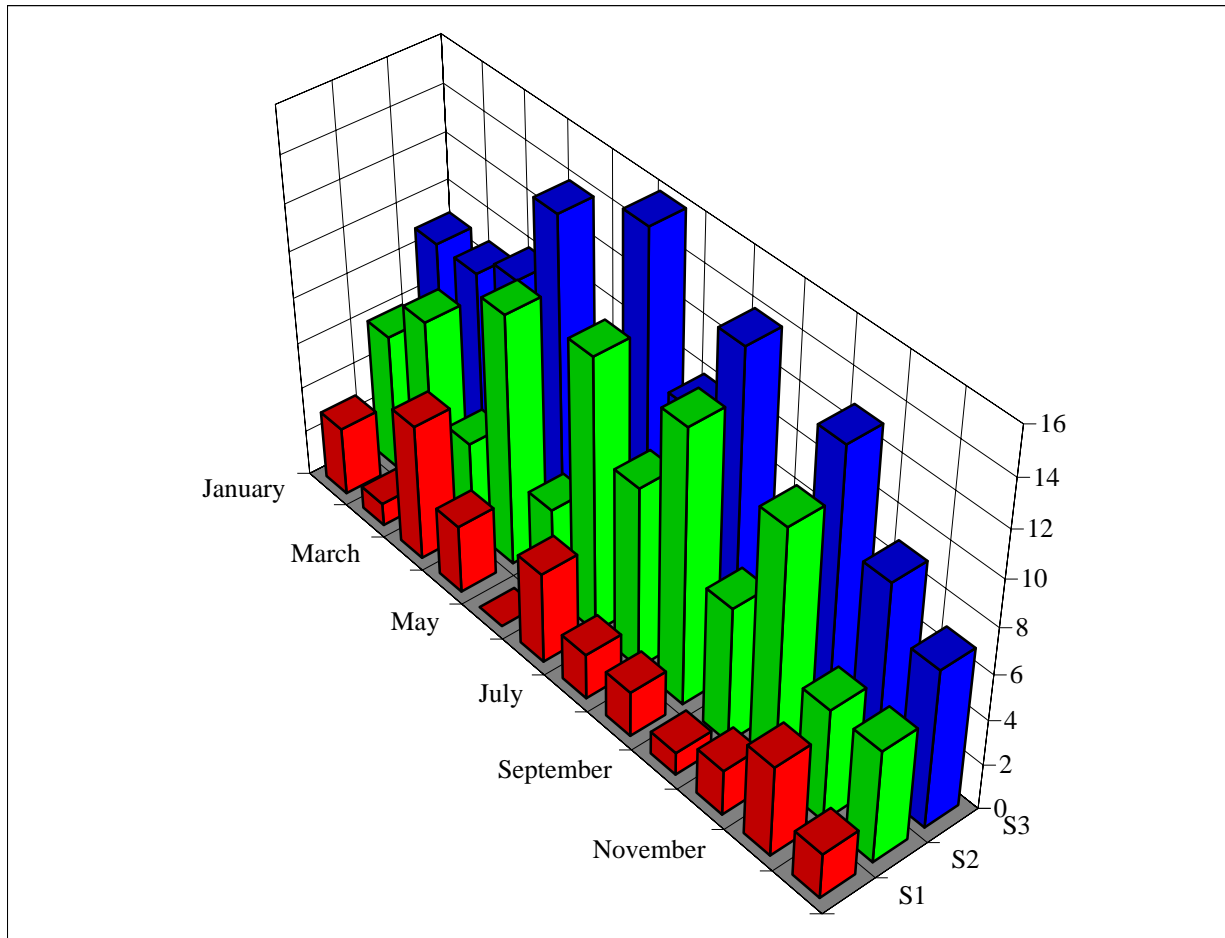
**Age Breakdowns  
10 Year Comparisons**

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals	Avg/Yr
< 1 Year	4	7	6	5	13	10	8	5	3	5	66	6.6
1-5 Years	5	1	0	1	1	1	0	2	2	0	13	1.3
6-12 Years	3	1	1	0	1	2	1	2	3	0	14	1.4
13-15 Years	2	1	0	0	1	1	3	4	4	1	17	1.7
16-19 Years	4	11	5	6	3	10	13	6	6	9	73	7.3
20-29 Years	14	17	25	16	27	23	29	30	29	20	230	23.0
30-39 Years	17	26	24	18	27	37	29	35	32	41	286	28.6
40-49 Years	45	60	59	50	58	69	64	77	70	51	603	60.3
50-59 Years	89	78	95	111	110	125	136	138	159	133	1174	117.4
60-69 Years	141	133	134	128	168	170	186	179	180	185	1604	160.4
70-79 Years	224	208	216	227	206	228	194	196	257	260	2216	221.6
80-89 Years	239	276	223	253	270	289	294	253	263	275	2635	263.5
> 90 Years	103	113	108	112	116	114	133	119	120	156	1194	119.4
Unknown	0	0	0	1	0	2	0	0	0	0	3	0.3
<b>Totals:</b>	<b>890</b>	<b>932</b>	<b>896</b>	<b>928</b>	<b>1001</b>	<b>1081</b>	<b>1090</b>	<b>1046</b>	<b>1128</b>	<b>1136</b>	<b>10128</b>	<b>1012.8</b>



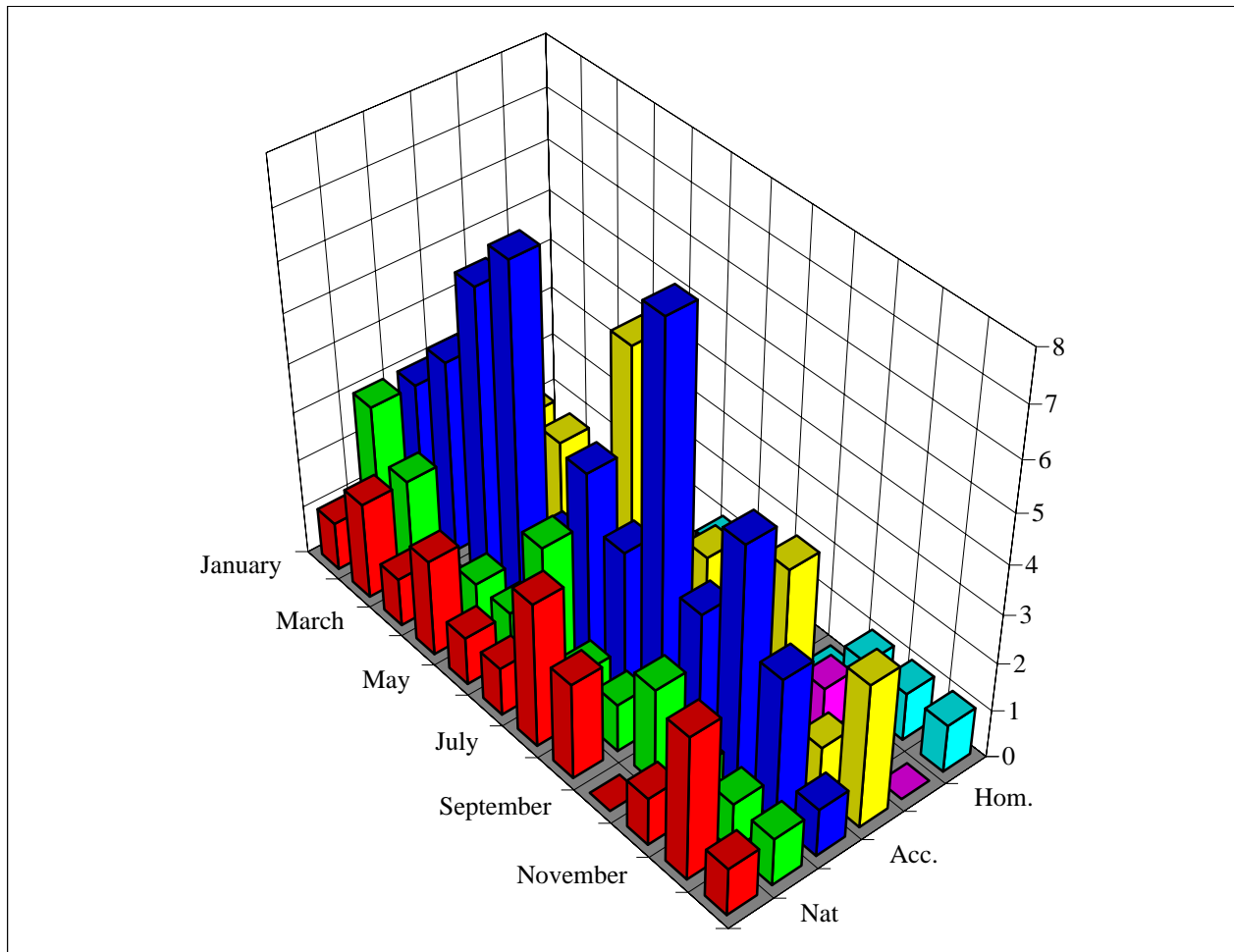
**Examinations**

Month	Examinations Performed	Non-Autopsied	Total Cases
January	3	6	9
February	1	8	9
March	6	4	10
April	3	11	14
May	0	4	4
June	4	12	16
July	2	8	10
August	2	12	14
September	1	6	7
October	2	11	13
November	4	5	9
December	2	5	7
<b>Totals</b>	<b>30</b>	<b>92</b>	<b>122</b>



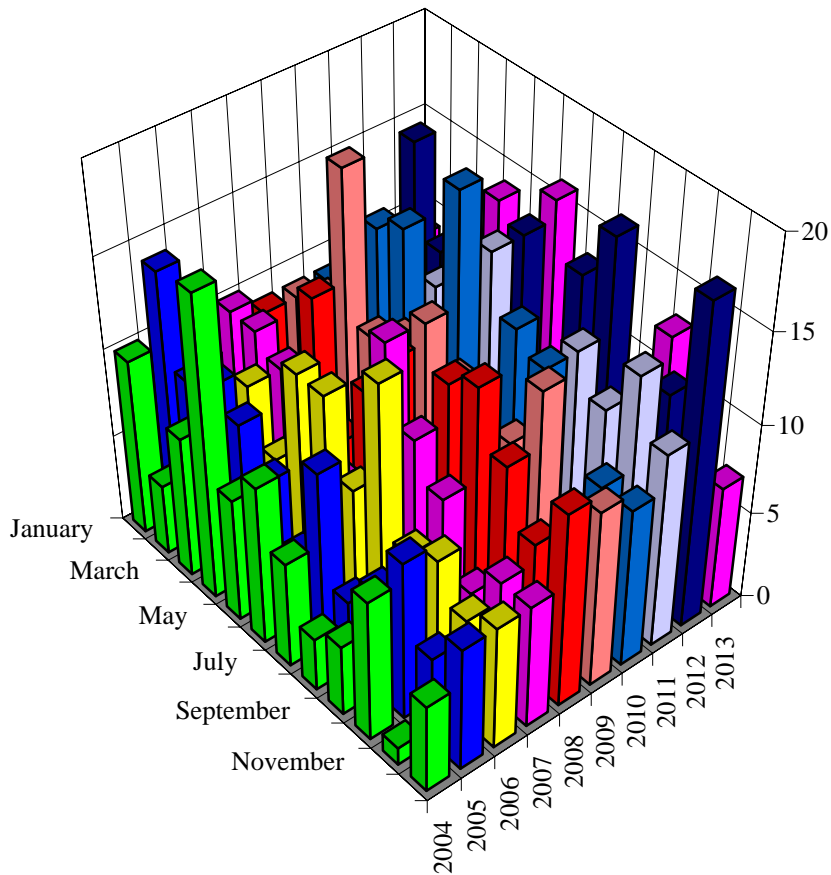
**Examinations by Month - Manner of Death**

Manner	Nat	MV	Acc.	Sui.	Hom.	Und.	Total
January	1	3	3	2	0	0	9
February	2	2	4	1	0	0	9
March	1	0	6	3	0	0	10
April	2	1	7	3	0	1	14
May	1	1	2	0	0	0	4
June	1	3	4	6	1	1	16
July	3	1	3	2	1	0	10
August	2	1	8	3	0	0	14
September	0	2	3	2	0	0	7
October	1	1	5	4	1	1	13
November	3	1	3	1	0	1	9
December	1	1	1	3	0	1	7
<b>Totals</b>	<b>18</b>	<b>17</b>	<b>49</b>	<b>30</b>	<b>3</b>	<b>5</b>	<b>122</b>



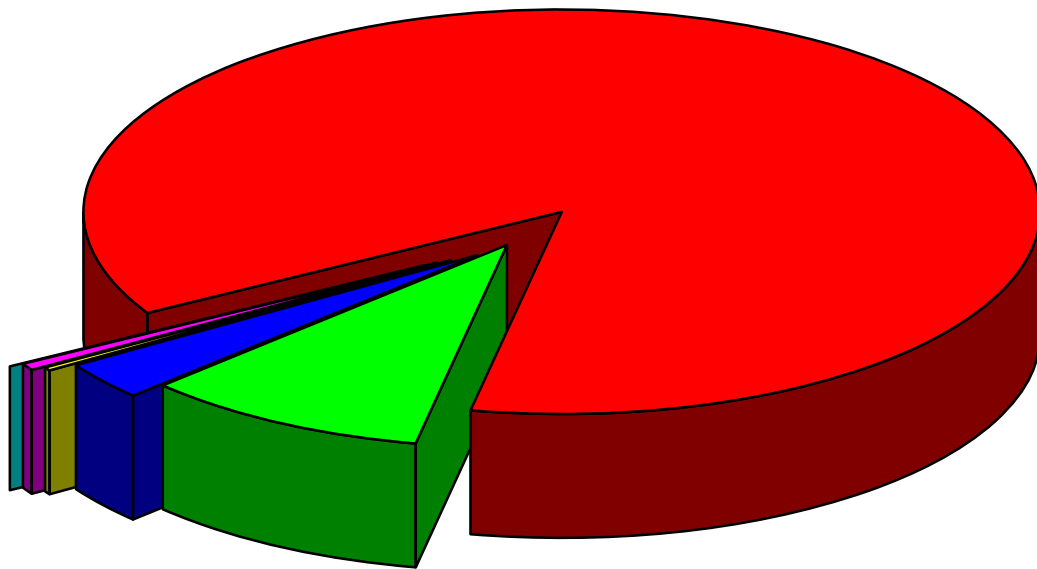
**Examinations  
10 Year Comparisons**

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals
January	10	14	8	10	9	9	9	6	8	9	92
February	4	9	6	10	4	10	11	9	16	9	63
March	8	10	9	9	12	18	14	9	11	10	89
April	17	9	6	5	5	10	15	11	10	14	78
May	7	7	12	5	9	11	8	13	6	4	72
June	9	4	12	5	12	13	19	15	15	16	89
July	6	10	8	15	4	11	8	5	6	10	67
August	3	4	15	11	13	8	14	6	15	14	74
September	4	6	7	9	14	10	13	13	18	7	76
October	8	9	8	5	11	14	6	11	8	13	72
November	1	5	6	7	8	6	9	14	12	9	56
December	5	7	7	7	11	10	9	11	18	7	92
<b>Totals</b>	<b>82</b>	<b>94</b>	<b>104</b>	<b>98</b>	<b>112</b>	<b>130</b>	<b>135</b>	<b>123</b>	<b>143</b>	<b>122</b>	<b>920</b>



Manners of Death

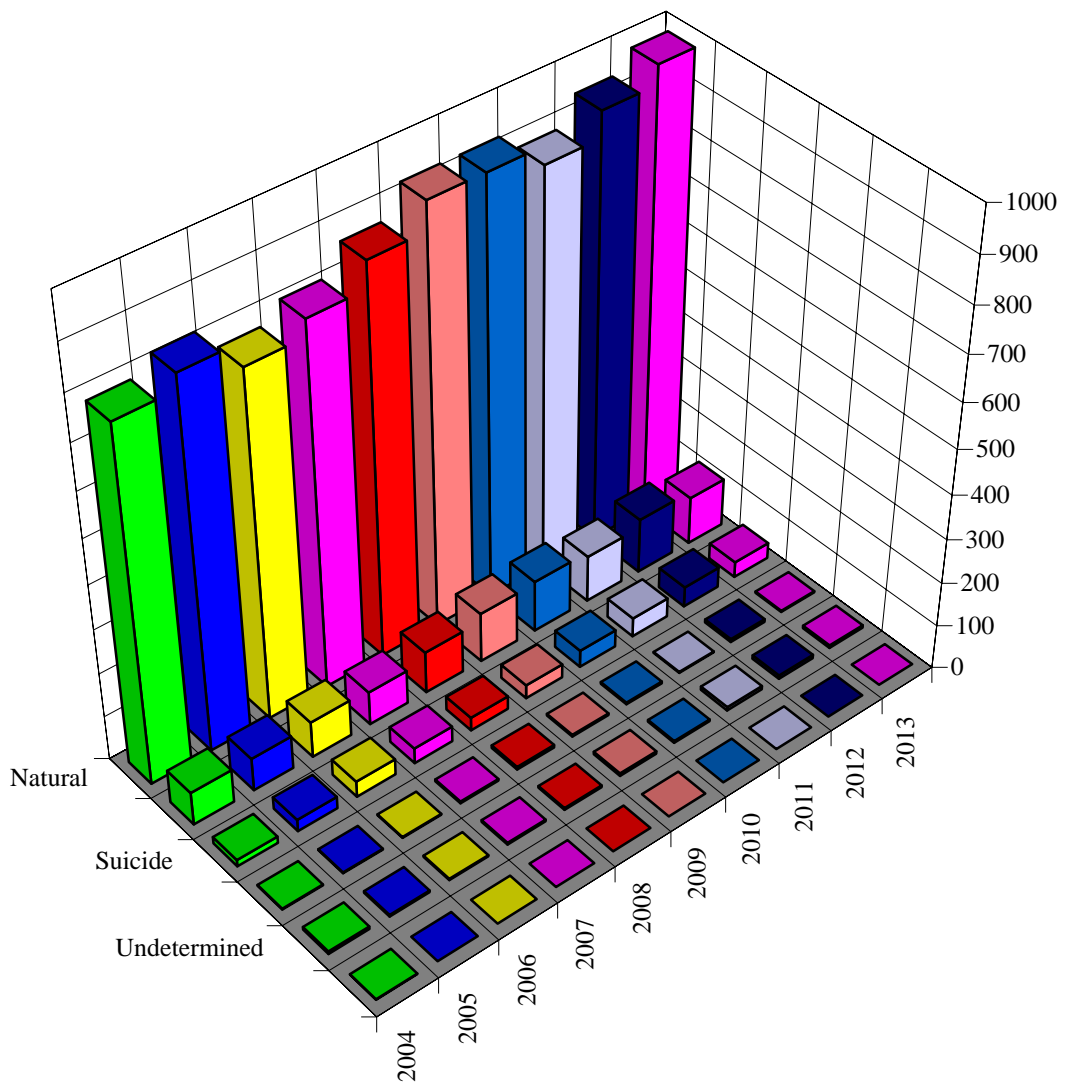
		%
Natural	982	86.44
Accident	109	9.60
Suicide	36	3.17
Homicide	3	0.26
Undetermined	6	0.53
Stillborn	0	0.00
Totals:	1136	100.00





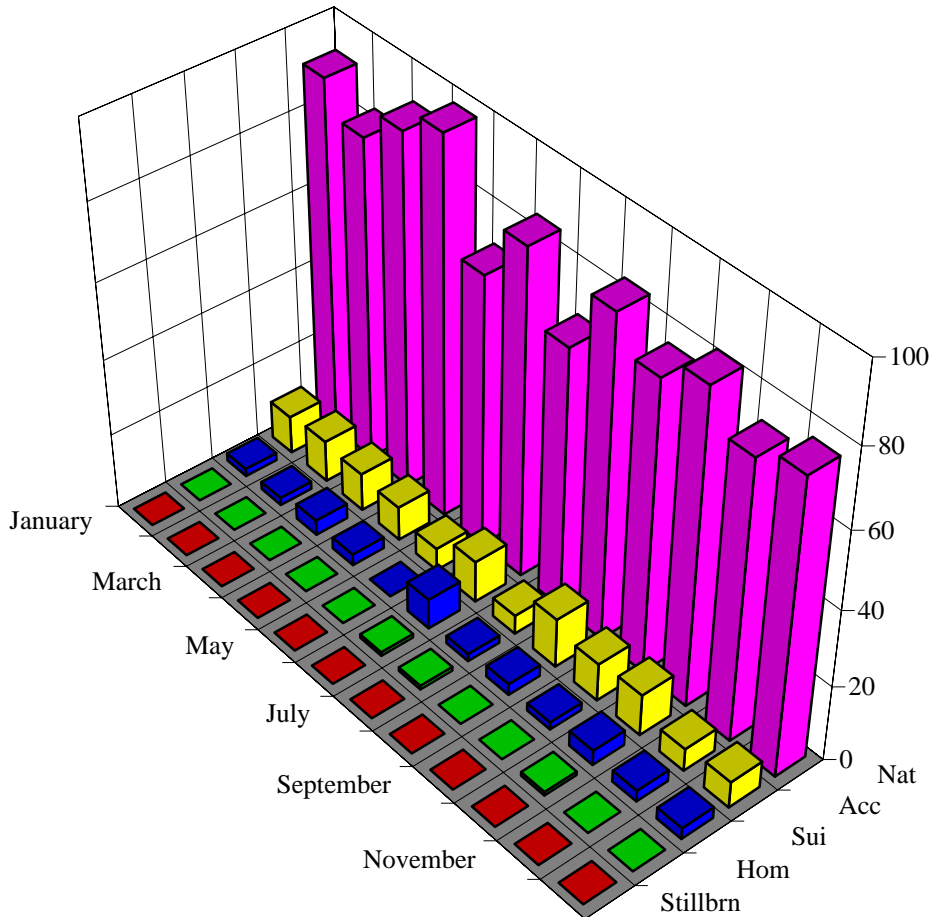
**Manners of Death  
10 Year Comparisons**

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals
Natural	791	824	773	809	866	927	926	887	942	982	8727
Accident	75	75	82	76	95	113	117	106	125	109	973
Suicide	15	27	36	35	30	31	39	43	46	36	338
Homicide	2	2	2	4	6	4	4	2	7	3	36
Undetermined	6	4	3	4	4	6	4	8	8	6	53
Stillborn	1	0	0	0	0	0	0	0	0	0	1
<b>Totals:</b>	<b>890</b>	<b>932</b>	<b>896</b>	<b>928</b>	<b>1001</b>	<b>1081</b>	<b>1090</b>	<b>1046</b>	<b>1128</b>	<b>1136</b>	<b>10128</b>



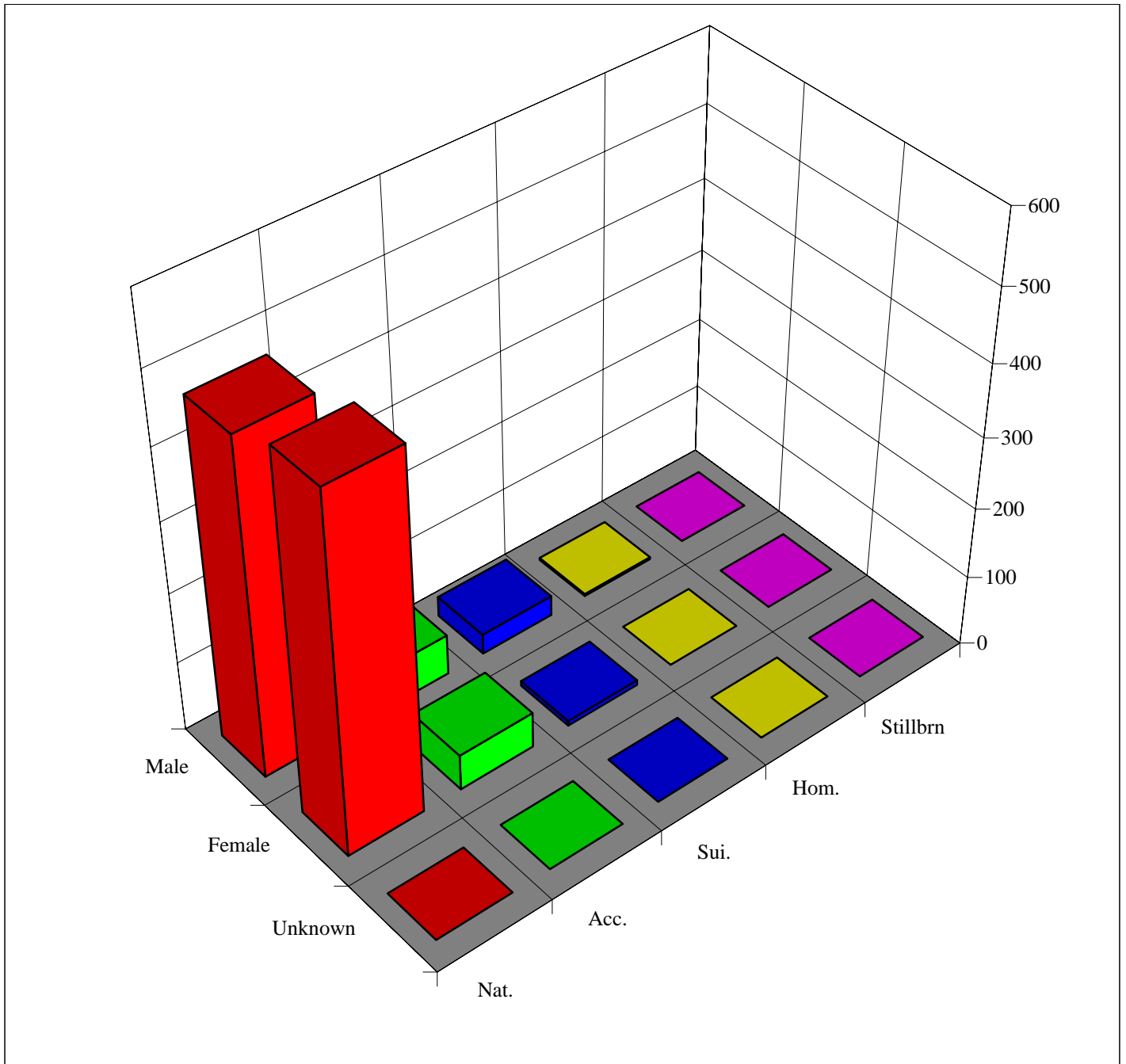
Manners of Death by Month

	Nat	Acc	Sui	Hom	Und	Stillbrn	Totals
January	92	10	2	0	0	0	104
February	84	11	2	0	0	0	97
March	92	10	4	0	0	0	106
April	98	9	3	0	2	0	112
May	71	6	0	0	0	0	77
June	85	11	8	1	1	0	106
July	68	5	2	1	0	0	76
August	84	13	3	0	0	0	100
September	76	10	2	0	0	0	88
October	82	11	4	1	1	0	99
November	73	6	3	0	1	0	83
December	77	7	3	0	1	0	88
<b>Totals:</b>	<b>982</b>	<b>109</b>	<b>36</b>	<b>3</b>	<b>6</b>	<b>0</b>	<b>1136</b>



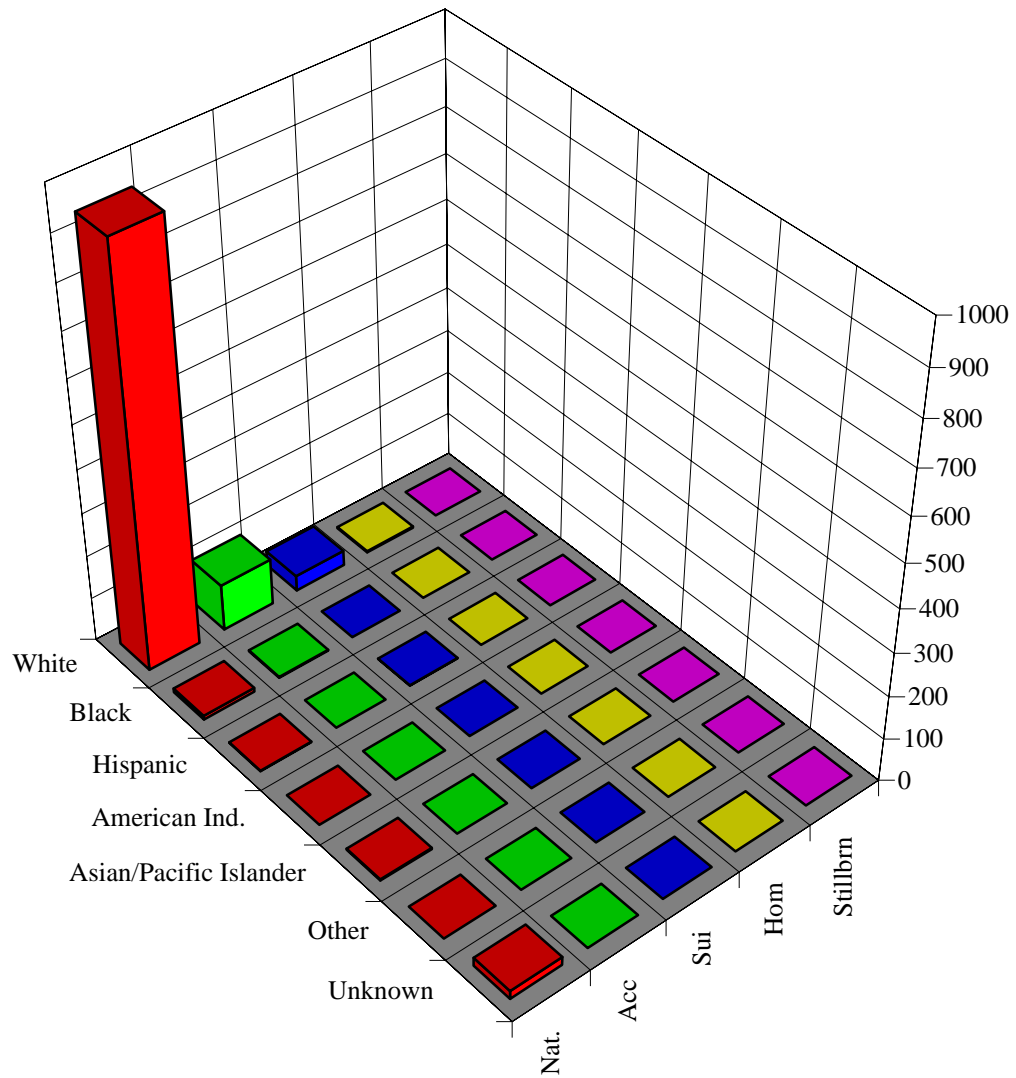
Manners of Death by Sex

	Nat.	Acc.	Sui.	Hom.	Und.	Stillbrn	Totals
Male	476	58	29	3	2	0	568
Female	506	51	7	0	4	0	568
Unknown	0	0	0	0	0	0	0
<b>Totals:</b>	<b>982</b>	<b>109</b>	<b>36</b>	<b>3</b>	<b>6</b>	<b>0</b>	<b>1136</b>



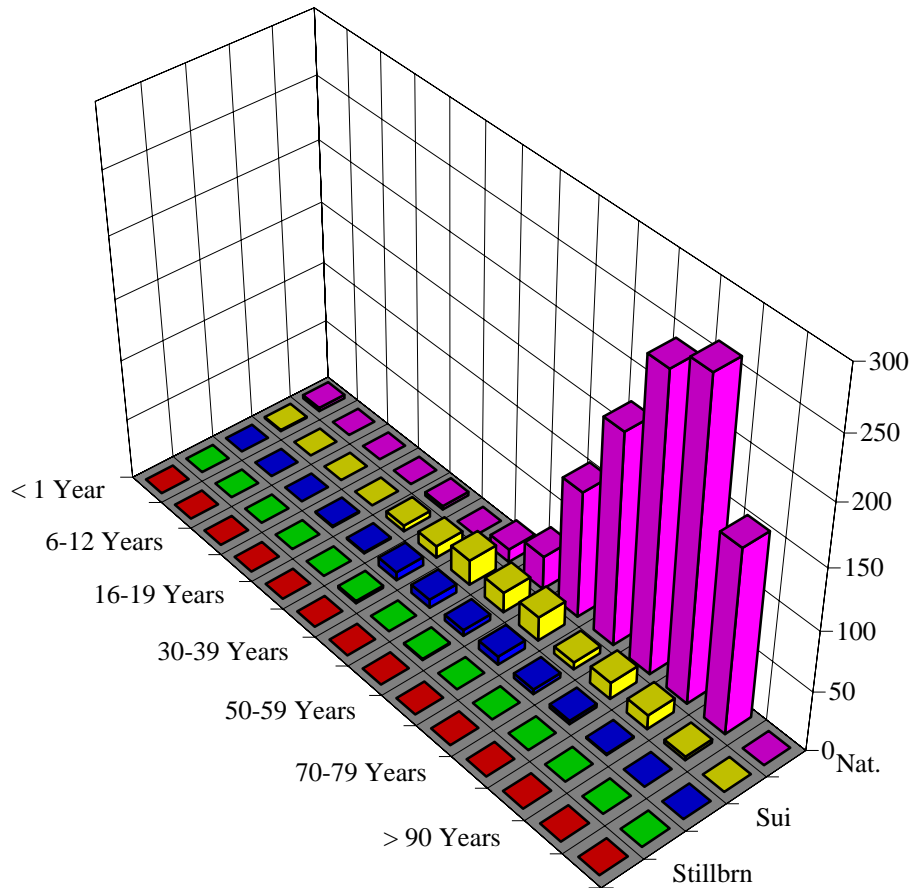
Manners of Death by Race

	Nat.	Acc	Sui	Hom	Und	Stillbrn	Totals
White	950	107	35	3	6	0	1101
Black	9	2	0	0	0	0	11
Hispanic	1	0	1	0	0	0	2
American Ir	0	0	0	0	0	0	0
Asian/Pacifi	3	0	0	0	0	0	3
Other	0	0	0	0	0	0	0
Unknown	19	0	0	0	0	0	19
<b>Totals:</b>	<b>982</b>	<b>109</b>	<b>36</b>	<b>3</b>	<b>6</b>	<b>0</b>	<b>1136</b>



Manners of Death by Age Group

	Nat.	Acc	Sui	Hom	Und	Stillbrn	Totals
< 1 Year	3	1	0	0	1	0	5
1-5 Years	0	0	0	0	0	0	0
6-12 Years	0	0	0	0	0	0	0
13-15 Years	0	0	1	0	0	0	1
16-19 Years	3	5	1	0	0	0	9
20-29 Years	0	10	7	2	1	0	20
30-39 Years	11	21	7	0	2	0	41
40-49 Years	28	17	5	1	0	0	51
50-59 Years	105	20	7	0	1	0	133
60-69 Years	175	6	4	0	0	0	185
70-79 Years	243	14	3	0	0	0	260
80-89 Years	261	12	1	0	1	0	275
> 90 Years	153	3	0	0	0	0	156
Unknown	0	0	0	0	0	0	0
<b>Totals:</b>	<b>982</b>	<b>109</b>	<b>36</b>	<b>3</b>	<b>6</b>	<b>0</b>	<b>1136</b>



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

<b>Manner of Death</b>	All		<b>Sex</b>	<b>Race</b>			
	Cases	%					
Natural	3	982	0.305	Male	3	White	4
Accident-MV	0	24	0	Female	2	Black	1
Accident	1	85	1.176	<b>Total</b>	<b>5</b>	<b>Total</b>	<b>5</b>
Suicide	0	36	0				
Homicide	0	3	0				
Undetermined	1	6	16.67				
Stillborn	0	0	0				
<b>Total:</b>	<b>5</b>	<b>1136</b>	<b>0.44</b>				

**Natural Manner of Death:** 3  
**Stillborn:** 0

**How Injury Occurred:**

Accident: Suffocation (Plastic Bag)	1
Undetermined: Use of Drug(s)/Medication(s)	1
<b>Total:</b>	<b>5</b>

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

<b>Manner of Death</b>	All		<b>Sex</b>	<b>Race</b>
	Cases	% All		
Natural	0	982	0	Male 0
Accident-MV	0	24	0	Female 0
Accident	0	85	0	Total 0
Suicide	0	36	0	
Homicide	0	3	0	
Undetermined	0	6	0	
Stillborn	0	0	0	
<b>Total:</b>	0	1136	0	

**Natural Manner of Death:** 0

**Breakdown by Age: 6 - 12 Years**

<b>Manner of Death</b>	All		<b>Sex</b>	<b>Race</b>	
	Cases	% All			
Natural	0	982	0	Male	0
Accident-MV	0	24	0	Female	0
Accident	0	85	0	Total	0
Suicide	0	36	0		
Homicide	0	3	0		
Undetermined	0	6	0		
Stillborn	0	0	0		
<b>Total:</b>	0	1136	0		

**Natural Manner of Death:** 0

**How Injury Occurred**

Total	0
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**Breakdown by Age: 13 - 15 Years**

<b>Manner of Death</b>	All		<b>Sex</b>	<b>Race</b>			
	Cases	% All					
Natural	0	982	0	Male	1	White	1
Accident-MV	0	24	0	Female	0	Black	0
Accident	0	85	0	Total	1	Total	1
Suicide	1	36	2.778				
Homicide	0	3	0				
Undetermined	0	6	0				
Stillborn	0	0	0				
<b>Total:</b>	<b>1</b>	<b>1136</b>	<b>0.088</b>				

**Natural Manner of Death:** 0

<b>How Injury Occurred</b>	
Suicide: Self-Inflicted Hanging	1
<b>Total</b>	<b>1</b>

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

<b>Manner of Death</b>	All		<b>Sex</b>	<b>Race</b>			
	Cases	% All					
Natural	3	982	0.305	Male	5	White	9
Accident-MV	2	24	8.333	Female	4	Total	9
Accident	3	85	3.529	Total	9		
Suicide	1	36	2.778				
Homicide	0	3	0				
Undetermined	0	6	0				
Stillborn	0	0	0				
<b>Total:</b>	9	1136	0.792				

**Natural Manner of Death:** 3

**How Injury Occurred**

Accident-Motor Vehicle: Driver in Motor Vehicle - Fixed Object Collision	1
Accident-Motor Vehicle: Driver on ATV-Fixed Object Collision	1
Accident: Use of Drug(s)/Medication(s)	3
Suicide: Self-Inflicted Gunshot Wound	1
<b>Total</b>	<b>9</b>

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

<b>Manner of Death</b>	All		<b>Sex</b>	<b>Race</b>			
	Cases	%					
Natural	0	982	0	Male	15	White	20
Accident-MV	2	24	8.333	Female	5	Black	0
Accident	8	85	9.412	<b>Total</b>	<b>20</b>	<b>Total</b>	<b>20</b>
Suicide	7	36	19.44				
Homicide	2	3	66.67				
Undetermined	1	6	16.67				
Stillborn	0	0	0				
<b>Total:</b>	<b>20</b>	<b>1136</b>	<b>1.761</b>				

**Natural Manner of Death:** 0

**How Injury Occurred**

Accident-Motor Vehicle: Driver on Motorcycle - Fixed Object Collision	1
Accident-Motor Vehicle: Driver on Motorcycle - Loss of Control	1
Accident: Fire: Structural	1
Accident: Use of Drug(s)/Medication(s)	6
Accident: Use of Drug(s)/Medication(s) and Ethanol	1
Suicide: Inhalation of Motor Vehicle Exhaust Fumes	1
Suicide: Self-Inflicted Gunshot Wound	1
Suicide: Self-Inflicted Hanging	5
Homicide: Gunshot Wound(s) at hands of another	2
Undetermined: Use of Drug(s)/Medication(s)	1
<b>Total</b>	<b>20</b>

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

<b>Manner of Death</b>	All		<b>Sex</b>	<b>Race</b>
	Cases	%		
Natural	11	982	1.12	Male 25
Accident-MV	3	24	12.5	Female 16
Accident	18	85	21.18	Total 41
Suicide	7	36	19.44	
Homicide	0	3	0	
Undetermined	2	6	33.33	
Stillborn	0	0	0	
<b>Total:</b>	41	1136	3.609	

**Natural Manner of Death:** 11

**How Injury Occurred**

Accident-Motor Vehicle: Driver on Motorcycle - Motor Vehicle Collision	1
Accident-Motor Vehicle: Passenger in Motor Vehicle - Fixed Object Collisic	1
Accident-Motor Vehicle: Pedestrian Struck by Motor Vehicle	1
Accident: Asphyxia: Positional	1
Accident: Use of Drug(s)/Medication(s)	11
Suicide: Inhalation of Motor Vehicle Exhaust Fumes	1
Suicide: Self-Inflicted Gunshot Wound	4
Suicide: Self-Inflicted Shotgun Wound	1
Suicide: Use of Drug(s)/Medication(s)	1
Undetermined: Use of Drug(s)/Medication(s)	2
<b>Total</b>	<b>41</b>

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

<b>Manner of Death</b>	All		<b>Sex</b>	<b>Race</b>
	Cases	%		
Natural	28	982	2.851	Male 27 White 48
Accident-MV	2	24	8.333	Female 24 Black 1
Accident	15	85	17.65	Total 51 Hispanic 1
Suicide	5	36	13.89	Unknown 1
Homicide	1	3	33.33	Total 51
Undetermined	0	6	0	
Stillborn	0	0	0	
<b>Total:</b>	<b>51</b>	<b>1136</b>	<b>4.489</b>	

**Natural Manner of Death:** 28

**How Injury Occurred**

Accident-Motor Vehicle: Driver in Motor Vehicle - Fixed Object Collision	1
Accident-Motor Vehicle: Driver on Motorcycle - Motor Vehicle Collision	1
Accident: Submersion in Water	1
Accident: Use of Drug(s)/Medication(s)	13
Accident: Use of Drug(s)/Medication(s) and Ethanol	1
Suicide: Self-Inflicted Gunshot Wound	2
Suicide: Self-Inflicted Shotgun Wound	2
Suicide: Use of Drug(s)/Medication(s)	1
Homicide: Gunshot Wound(s) at hands of another	1
<b>Total</b>	<b>51</b>

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

<b>Manner of Death</b>	All		<b>Sex</b>	<b>Race</b>	
	Cases	% All			
Natural	105	982	10.69	Male 85	White 126
Accident-MV	5	24	20.83	Female 48	Black 2
Accident	15	85	17.65	<b>Total 133</b>	Hispanic 1
Suicide	7	36	19.44		Asian/Pacific 1
Homicide	0	3	0		Unknown 3
Undetermined	1	6	16.67		<b>Total 133</b>
Stillborn	0	0	0		
<b>Total:</b>	<b>133</b>	<b>1136</b>	<b>11.71</b>		

**Natural Manner of Death:** 105

**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 on Motorcycle - Off Road Accident	1
Accident: Aspiration of Food Bolus	1
Accident: Carbon Monoxide Inhalation	1
Accident: Fall	3
Accident: Use of Drug(s)/Medication(s)	10
Suicide: Self-Inflicted Gunshot Wound	4
Suicide: Suffocation (Plastic Bag)	1
Suicide: Use of Drug(s)/Medication(s)	2
Undetermined: Use of Drug(s)/Medication(s)	1
<b>Total</b>	<b>133</b>

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

<b>Manner of Death</b>	All		<b>Sex</b>	<b>Race</b>			
	Cases	% All					
Natural	175	982	17.82	Male	97	White	180
Accident-MV	2	24	8.333	Female	88	Black	3
Accident	4	85	4.706	<b>Total</b>	<b>185</b>	Unknown	2
Suicide	4	36	11.11			<b>Total</b>	<b>185</b>
Homicide	0	3	0				
Undetermined	0	6	0				
Stillborn	0	0	0				
<b>Total:</b>	<b>185</b>	<b>1136</b>	<b>16.29</b>				

**Natural Manner of Death:** 175

**How Injury Occurred**

Accident-Motor Vehicle: Driver in Motor Vehicle - Motor Vehicle Collision	1
Accident-Motor Vehicle: Driver in Motor Vehicle - Motorcycle Collision	1
Accident: Fall	2
Accident: Struck by Falling Object(s)	1
Accident: Use of Drug(s)/Medication(s)	1
Suicide: Self-Inflicted Gunshot Wound	4
<b>Total</b>	<b>185</b>

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

<b>Manner of Death</b>	All		<b>Sex</b>	<b>Race</b>			
	Cases	%					
Natural	243	982	24.75	Male	147	White	253
Accident-MV	5	24	20.83	Female	113	Black	2
Accident	9	85	10.59	<b>Total</b>	<b>260</b>	Hispanic	1
Suicide	3	36	8.333			Unknown	4
Homicide	0	3	0			<b>Total</b>	<b>260</b>
Undetermined	0	6	0				
Stillborn	0	0	0				
<b>Total:</b>	<b>260</b>	<b>1136</b>	<b>22.89</b>				

**Natural Manner of Death:** 243

**How Injury Occurred**

Accident-Motor Vehicle: Driver in Motor Vehicle - Fixed Object Collision	1
Accident-Motor Vehicle: Driver in Motor Vehicle - Motor Vehicle Collision	2
Accident-Motor Vehicle: Driver on Tractor - Roll-Over Accident	1
Accident-Motor Vehicle: Passenger in Motor Vehicle - Motor Vehicle Collis	1
Accident: Exposure to Environmental Cold	1
Accident: Fall	7
Accident: Fire: Structural	1
Suicide: Self-Inflicted Gunshot Wound	3
<b>Total</b>	<b>260</b>



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

<b>Manner of Death</b>	All		<b>Sex</b>	<b>Race</b>	
	Cases	%			
Natural	261	982	26.58	Male 114	White 266
Accident-MV	2	24	8.333	Female 161	Black 2
Accident	10	85	11.76	<b>Total 275</b>	Hispanic 1
Suicide	1	36	2.778		Unknown 6
Homicide	0	3	0		<b>Total 275</b>
Undetermined	1	6	16.67		
Stillborn	0	0	0		
<b>Total:</b>	<b>275</b>	<b>1136</b>	<b>24.21</b>		

**Natural Manner of Death:** 261

**How Injury Occurred**

Accident-Motor Vehicle: Driver in Motor Vehicle - Motor Vehicle Collision	1
Accident-Motor Vehicle: Pedestrian Struck by Motor Vehicle	1
Accident: Exposure to Environmental Cold	1
Accident: Fall	8
Accident: Submersion in Water	1
Suicide: Self-Inflicted Shotgun Wound	1
Undetermined: Use of Drug(s)/Medication(s)	1
<b>Total</b>	<b>275</b>

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

<b>Manner of Death</b>	All		<b>Sex</b>	<b>Race</b>
	Cases	% All		
Natural	153	982	15.58	Male 49 Female 107 Total 156
Accident-MV	1	24	4.167	White 153 Black 0 Hispanic 3 Total 156
Accident	2	85	2.353	
Suicide	0	36	0	
Homicide	0	3	0	
Undetermined	0	6	0	
Stillborn	0	0	0	
<b>Total:</b>	<b>156</b>	<b>1136</b>	<b>13.73</b>	

**Natural Manner of Death:** 153

**How Injury Occurred**

Accident-Motor Vehicle: Pedestrian Struck by Motor Vehicle	1
Accident: Fall	2
<b>Total</b>	<b>156</b>

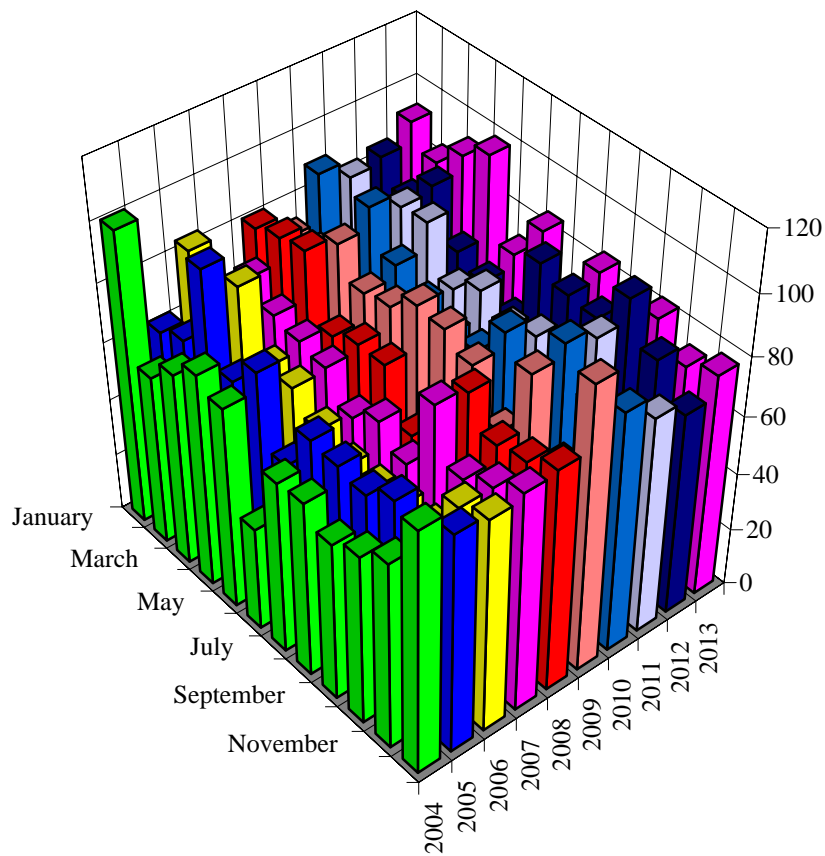
**Breakdown by Age: Unknown**

<b>Manner of Death</b>	All		<b>Sex</b>	<b>Race</b>	
	Cases	% All			
Natural	0	982	0	White	0
Accident-MV	0	24	0	Black	0
Accident	0	85	0	Total	0
Suicide	0	36	0		
Homicide	0	3	0		
Undetermined	0	6	0		
Stillborn	0	0	0		
<b>Total:</b>	0	1136	0		

**Natural Manner of Death:** 0

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

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals	Avg/Yr
January	101	62	84	63	81	73	89	83	85	92	813	81.3
February	59	66	56	76	84	74	66	71	77	84	713	71.3
March	67	96	85	70	86	83	90	85	87	92	841	84.1
April	74	66	65	68	64	73	77	86	71	98	742	74.2
May	70	76	65	66	68	75	71	70	67	71	699	69.9
June	36	52	58	56	68	82	67	76	61	85	641	64.1
July	60	68	53	62	51	81	68	70	86	68	667	66.7
August	61	67	53	55	65	76	81	74	82	84	698	69.8
September	55	65	55	82	80	61	65	62	81	76	682	68.2
October	59	71	55	65	70	87	91	87	94	82	761	76.1
November	65	59	70	70	72	64	78	48	81	73	680	68.0
December	84	76	74	76	77	98	83	75	70	77	790	79.0
<b>Totals:</b>	<b>791</b>	<b>824</b>	<b>773</b>	<b>809</b>	<b>866</b>	<b>927</b>	<b>926</b>	<b>887</b>	<b>942</b>	<b>982</b>	<b>8727</b>	<b>872.7</b>



**Manner of Death - Motor Vehicle**

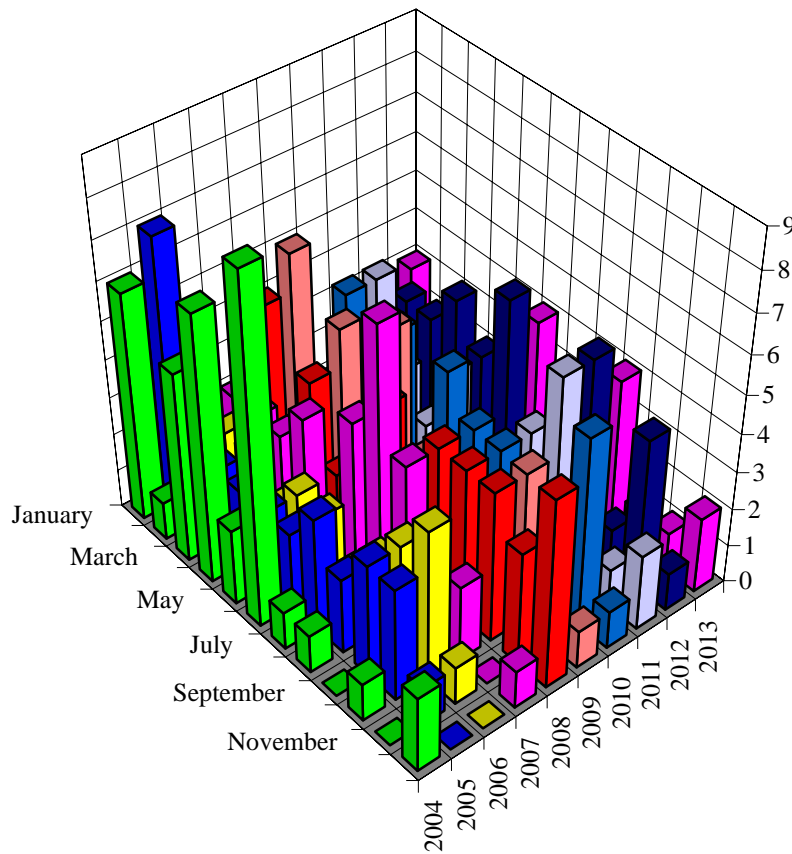
Driver in Motor Vehicle - Fixed Object Collision	5
Driver in Motor Vehicle - Motor Vehicle Collision	5
Driver in Motor Vehicle - Motorcycle Collision	1
Driver in Motor Vehicle - Roll-Over Accident	1
Driver on Motorcycle - Fixed Object Collision	1
Driver on Motorcycle - Motor Vehicle Collision	2
Driver on Motorcycle - Loss of Control	1
Driver on Motorcycle - Off-Road Accident	1
Driver on ATV - Fixed Object Collision	1
Driver on Tractor - Roll-Over Accident	1
Passenger in Motor Vehicle - Fixed Object Collision	1
Passenger in Motor Vehicle - Motor Vehicle Collision	1
Pedestrian Struck by Motor Vehicle	3
<b>Totals:</b>	<b>24</b>

<b>Sex</b>	
Male	15
Female	9
Unknown	0
<b>Totals:</b>	<b>24</b>

<b>Age</b>	
< 1 Year	0
1-5 Years	0
6-12 Years	0
13-15 Years	0
16-19 Years	2
20-29 Years	2
30-39 Years	3
40-49 Years	2
50-59 Years	5
60-69 Years	2
70-79 Years	5
80-89 Years	2
> 90 Years	1
<b>Totals:</b>	<b>24</b>

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

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals	Avg/Yr
January	6	7	1	2	4	5	1	0	2	3	31	3.1
February	1	2	2	2	0	1	4	4	3	2	21	2.1
March	5	2	2	2	3	4	3	2	3	1	27	2.7
April	7	2	1	3	1	1	4	1	4	1	25	2.5
May	2	2	2	0	3	5	1	3	3	2	23	2.3
June	9	2	2	4	4	2	4	1	5	4	37	3.7
July	1	3	1	7	0	2	3	0	1	1	19	1.9
August	1	2	2	4	4	2	3	3	3	2	26	2.6
September	0	3	3	1	4	2	1	5	5	4	28	2.8
October	1	3	4	2	4	4	0	4	1	1	24	2.4
November	0	1	1	0	3	3	5	1	4	1	19	1.9
December	2	0	0	1	5	1	1	2	1	2	15	1.5
<b>Totals:</b>	<b>35</b>	<b>29</b>	<b>21</b>	<b>28</b>	<b>35</b>	<b>32</b>	<b>30</b>	<b>26</b>	<b>35</b>	<b>24</b>	<b>295</b>	<b>29.5</b>



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

Driver in MV - Fixed Object Collision	2	<u>Sex</u>	
Driver in MV - Roll-Over Accident	1	Male	6
Driver on MC - Fixed Object Collision	1	Female	2
Driver on MC - Motor Vehicle Collision	1	Unknown	0
Driver on MC - Off-Road Accident	1	<u>Totals:</u>	
Passenger in MV - Fixed Object Collisio	1		8
Pedestrian Struck by Motor Vehicle	1		
<u>Totals:</u>	<u>8</u>		

<u>Concentration of Ethanol</u>		<u>Age</u>	
< 0.040	2	< 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	3	20-29 Years	1
0.200-0.250	0	30-39 Years	2
0.250-0.300	1	40-49 Years	2
0.300-0.350	0	50-59 Years	3
0.350-0.400	0	60-69 Years	0
0.400-0.450	0	70-79 Years	0
0.450-0.500	1	80-89 Years	0
> 0.500	0	> 90 Years	0
<u>Totals:</u>	<u>8</u>	<u>Totals:</u>	<u>8</u>

**Manner of Death - Motor Vehicle**

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

Driver in MV - Fixed Object Collision	1	<u>Sex</u>	
Driver in MV - Roll-Over Accident	1	Male	5
Driver on MC - Fixed Object Collision	1	Female	1
Driver on MC - Motor Vehicle Collision	1	Unknown	0
Driver on MC - Off-Road Accident	1	<u>Totals:</u>	<u>6</u>
<u>Pedestrian Struck by Motor Vehicle</u>	<u>1</u>		
<u>Totals:</u>	<u>6</u>		

<u>Concentration of Ethanol</u>		<u>Age</u>	
< 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	3	20-29 Years	1
0.200-0.250	0	30-39 Years	1
0.250-0.300	1	40-49 Years	1
0.300-0.350	0	50-59 Years	3
0.350-0.400	0	60-69 Years	0
0.400-0.450	0	70-79 Years	0
0.450-0.500	1	80-89 Years	0
> 0.500	0	> 90 Years	0
<u>Totals:</u>	<u>6</u>	<u>Totals:</u>	<u>6</u>



Manner of Death - Accident

Asphyxia: Positional	1
Aspiration of Food Bolus	1
Carbon Monoxide Inhalation	1
Exposure to Environmental Cold	2
Fall	22
Fire: Structural	2
Struck by Falling Object(s)	1
Submersion in Water	2
Suffocation (Plastic Bag)	1
Use of Drug(s)/Medication(s)	50
Use of Drug(s)/Medication(s) and Ethanol	2
<b>Totals:</b>	<b>85</b>

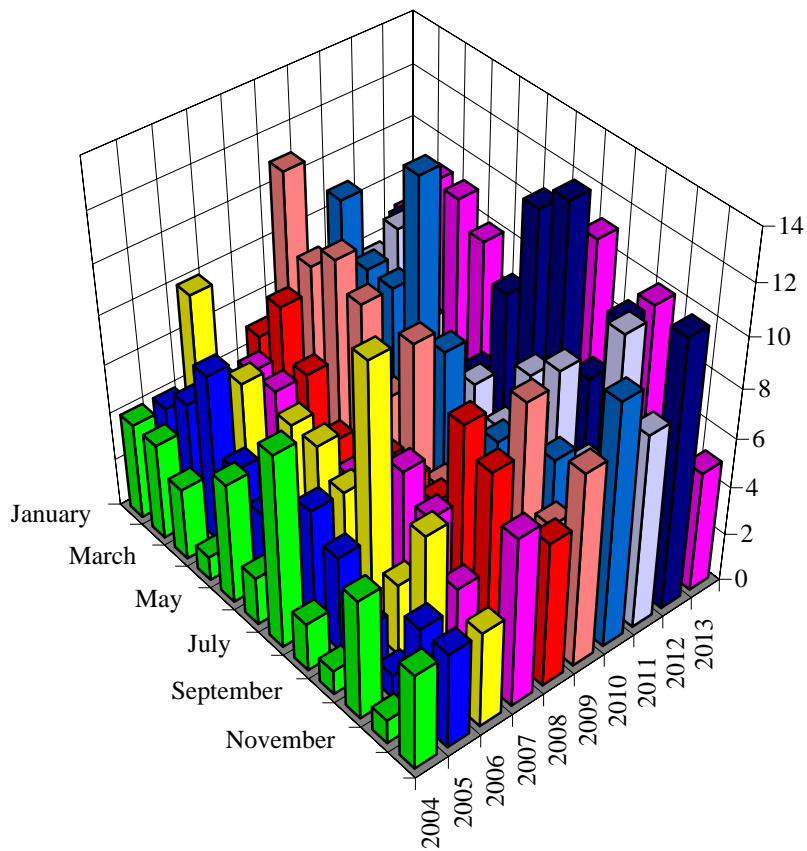
		<u>Age</u>	
		< 1 Year	1
		1-5 Years	0
		6-12 Years	0
		13-15 Years	0
		16-19 Years	3
		20-29 Years	8
		30-39 Years	18
		40-49 Years	15
		50-59 Years	15
		60-69 Years	4
		70-79 Years	9
		80-89 Years	10
		> 90 Years	2
		<b>Totals:</b>	<b>85</b>

<u>Sex</u>	
Male	43
Female	42
Unknown	0
<b>Totals:</b>	<b>85</b>

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

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals	Avg/Yr
January	4	4	8	3	5	11	4	6	5	7	57	5.7
February	4	5	5	5	7	8	10	7	8	9	68	6.8
March	3	7	6	5	5	9	8	9	3	9	64	6.4
April	1	4	0	2	3	8	8	6	3	8	43	4.3
May	5	3	6	2	2	5	13	4	4	4	48	4.8
June	2	3	6	4	4	8	7	5	8	7	54	5.4
July	8	5	5	4	4	3	3	4	12	4	52	5.2
August	2	4	11	6	4	2	5	7	13	11	65	6.5
September	1	2	3	5	8	5	7	8	7	6	52	5.2
October	5	1	6	3	7	9	6	5	10	10	62	6.2
November	1	4	1	2	5	5	6	11	6	5	46	4.6
December	4	4	4	7	6	8	10	8	11	5	67	6.7
<b>Totals:</b>	<b>40</b>	<b>46</b>	<b>61</b>	<b>48</b>	<b>60</b>	<b>81</b>	<b>87</b>	<b>80</b>	<b>90</b>	<b>85</b>	<b>678</b>	<b>67.8</b>



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

Asphyxia: Positional	1	<u>Sex</u>	
Carbon Monoxide Inhalation	1	Male	5
Fire: Structural	1	Female	4
Use of Drug(s)/Med(s)	4	Unknown	0
Use of Drug(s)/Med(s) and Etoh	2	<b>Totals:</b>	<b>9</b>
<b>Totals:</b>	<b>9</b>		

<u>Concentration of Ethanol</u>		<u>Age</u>	
< 0.040	5	< 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	2
0.200-0.250	1	30-39 Years	3
0.250-0.300	1	40-49 Years	2
0.300-0.350	0	50-59 Years	2
0.350-0.400	0	60-69 Years	0
0.400-0.450	1	70-79 Years	0
0.450-0.500	0	80-89 Years	0
> 0.500	0	> 90 Years	0
<b>Totals:</b>	<b>9</b>	<b>Totals:</b>	<b>9</b>

**Manner of Death - Accident**

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

Asphyxia: Positional	1	Sex	
Fire: Structural	1	Male	3
Use of Drug(s)/Med(s) and Etoh	2	Female	1
<b>Totals:</b>	<b>4</b>	Unknown	0
		<b>Totals:</b>	<b>4</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	2
0.200-0.250	1	30-39 Years	1
0.250-0.300	1	40-49 Years	1
0.300-0.350	0	50-59 Years	0
0.350-0.400	0	60-69 Years	0
0.400-0.450	1	70-79 Years	0
0.450-0.500	0	80-89 Years	0
> 0.500	0	> 90 Years	0
<b>Totals:</b>	<b>4</b>	<b>Totals:</b>	<b>4</b>

**Manner of Death - Suicide**

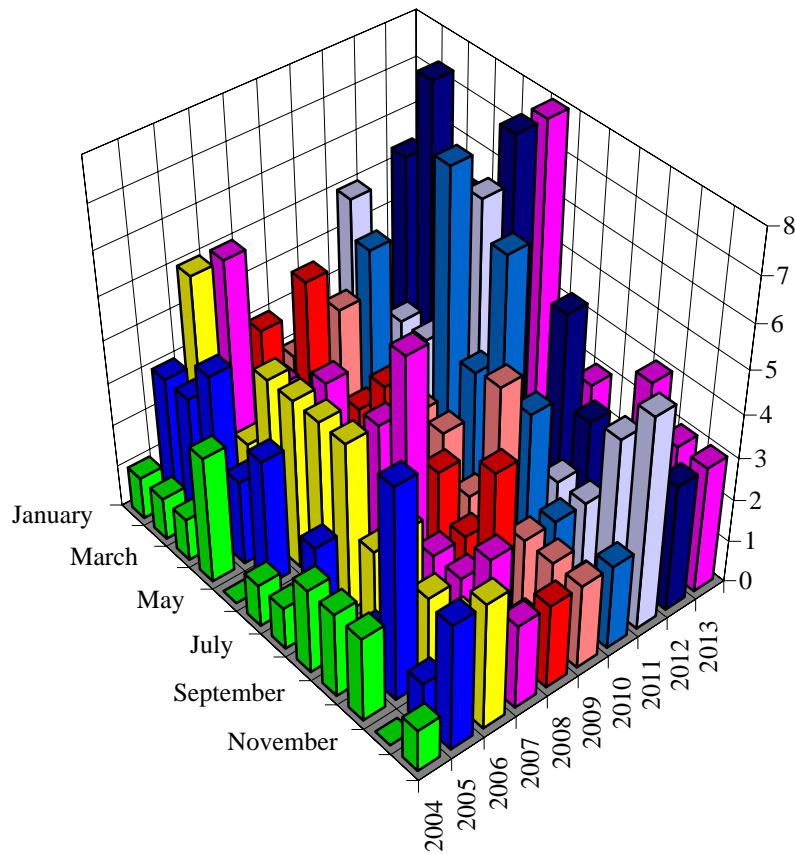
Inhalation of Motor Vehicle Exhaust Fumes	2
Self-Inflicted Gunshot Wound	19
Self-Inflicted Hanging	7
Self-Inflicted Shotgun Wound	3
Suffocation (Plastic Bag)	1
Use of Drug(s)/Medication(s)	3
Use of Drug(s)/Medication(s) and Ethanol	1
<b>Totals:</b>	<b>36</b>

<b>Sex</b>	
Male	29
Female	7
Unknown	0
<b>Totals:</b>	<b>36</b>

<b>Age</b>	
< 1 Year	0
1-5 Years	0
6-12 Years	0
13-15 Years	1
16-19 Years	1
20-29 Years	7
30-39 Years	7
40-49 Years	5
50-59 Years	7
60-69 Years	4
70-79 Years	3
80-89 Years	1
> 90 Years	0
<b>Totals:</b>	<b>36</b>

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

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals	Avg/Yr
January	1	3	5	5	3	2	2	5	1	2	29	2.9
February	1	3	1	1	1	3	2	2	6	2	22	2.2
March	1	4	2	3	5	4	5	3	8	4	39	3.9
April	3	2	4	2	1	1	2	3	6	3	27	2.7
May	0	3	4	4	3	2	0	6	2	0	24	2.4
June	1	0	4	1	4	3	8	7	8	8	44	4.4
July	1	2	4	4	1	3	4	1	1	2	23	2.3
August	2	0	2	6	3	2	7	3	5	3	33	3.3
September	2	1	3	2	2	5	4	2	3	2	26	2.6
October	2	5	2	2	4	2	2	2	1	4	26	2.6
November	0	1	2	3	1	2	1	4	2	3	19	1.9
December	1	3	3	2	2	2	2	5	3	3	26	2.6
<b>Totals:</b>	<b>15</b>	<b>27</b>	<b>36</b>	<b>35</b>	<b>30</b>	<b>31</b>	<b>39</b>	<b>43</b>	<b>46</b>	<b>36</b>	<b>338</b>	<b>33.8</b>



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

Inhalation of MV Exhaust Fumes	2	Sex	
Self-Inflicted Gunshot Wound	6	Male	9
Self-Inflicted Shotgun Wound	1	Female	1
Use of Drug(s)/Med(s) and Ethanol	1	Unknown	0
<b>Totals:</b>	<b>10</b>	<b>Totals:</b>	<b>10</b>

<u>Concentration of Ethanol</u>		<u>Age</u>	
< 0.040	2	< 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	1	13-15 Years	0
0.100-0.150	1	16-19 Years	0
0.150-0.200	0	20-29 Years	1
0.200-0.250	1	30-39 Years	3
0.250-0.300	2	40-49 Years	1
0.300-0.350	2	50-59 Years	3
0.350-0.400	0	60-69 Years	1
0.400-0.450	0	70-79 Years	1
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 - Suicide**

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

		Sex	
Inhalation of MV Exhaust Fumes	2	Male	6
Self-Inflicted Gunshot Wound	3	Female	0
Use of Drug(s)/Med(s) and Ethanol	1	Unknown	0
<b>Totals:</b>	<b>6</b>	<b>Totals:</b>	<b>6</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	1	16-19 Years	0
0.150-0.200	0	20-29 Years	1
0.200-0.250	1	30-39 Years	3
0.250-0.300	2	40-49 Years	0
0.300-0.350	1	50-59 Years	2
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>6</b>	<b>Totals:</b>	<b>6</b>



Manner of Death - Homicide

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

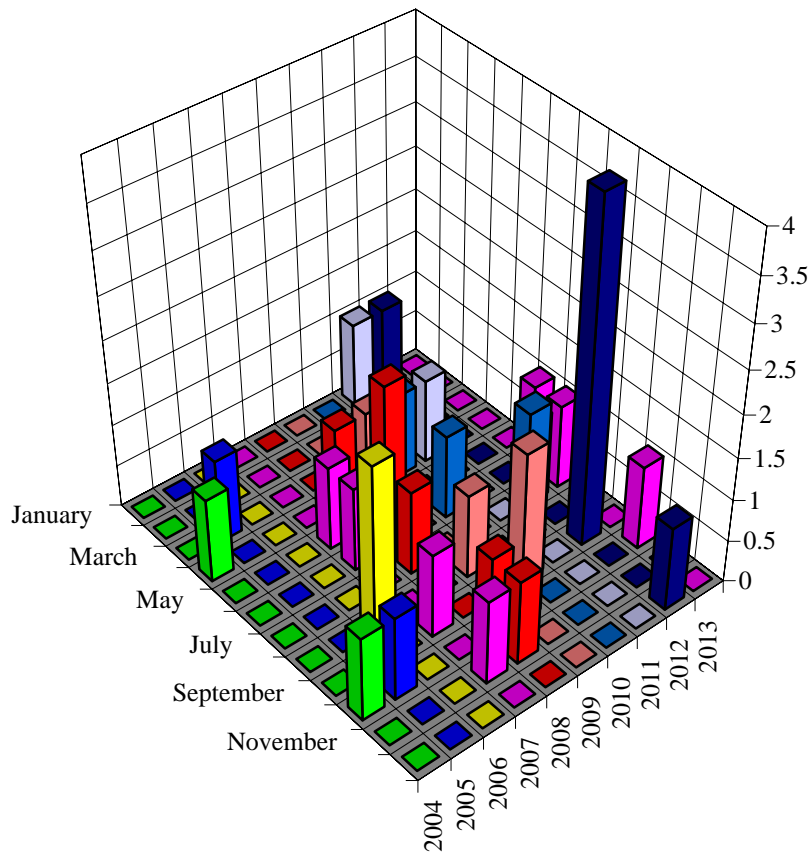
		Age	
		< 1 Year	0
		1-5 Years	0
		6-12 Years	0
		13-15 Years	0
		16-19 Years	0
		20-29 Years	2
		30-39 Years	0
		40-49 Years	1
		50-59 Years	0
		60-69 Years	0
		70-79 Years	0
		80-89 Years	0
		> 90 Years	0
		<b>Totals:</b>	<b>3</b>

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

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

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals	Avg/Yr
January	0	0	0	0	0	0	0	1	1	0	2	0.2
February	0	0	0	0	0	0	0	0	0	0	0	0.0
March	0	1	0	0	0	0	0	0	0	0	1	0.1
April	1	0	0	0	1	1	1	1	0	0	5	0.5
May	0	0	0	1	0	0	0	0	0	0	1	0.1
June	0	0	0	1	2	0	1	0	0	1	5	0.5
July	0	0	0	0	1	0	0	0	1	1	3	0.3
August	0	0	2	0	0	1	0	0	0	0	3	0.3
September	0	0	0	1	0	0	2	0	4	0	7	0.7
October	1	1	0	0	1	2	0	0	0	1	6	0.6
November	0	0	0	1	1	0	0	0	0	0	2	0.2
December	0	0	0	0	0	0	0	0	1	0	1	0.1
<b>Totals:</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>6</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>7</b>	<b>3</b>	<b>36</b>	<b>3.6</b>



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

		<u>Sex</u>	
Gunshot Wound(s) at hands of an	1	Male	1
Totals:	1	Female	0
		Unknown	0
		Totals:	1
		<u>Age</u>	
Concentration of Ethanol		< 1 Year	0
< 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	1
0.150-0.200	0	30-39 Years	0
0.200-0.250	1	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

Use of Drug(s)/Medication(s)	6
<b>Totals:</b>	<b>6</b>

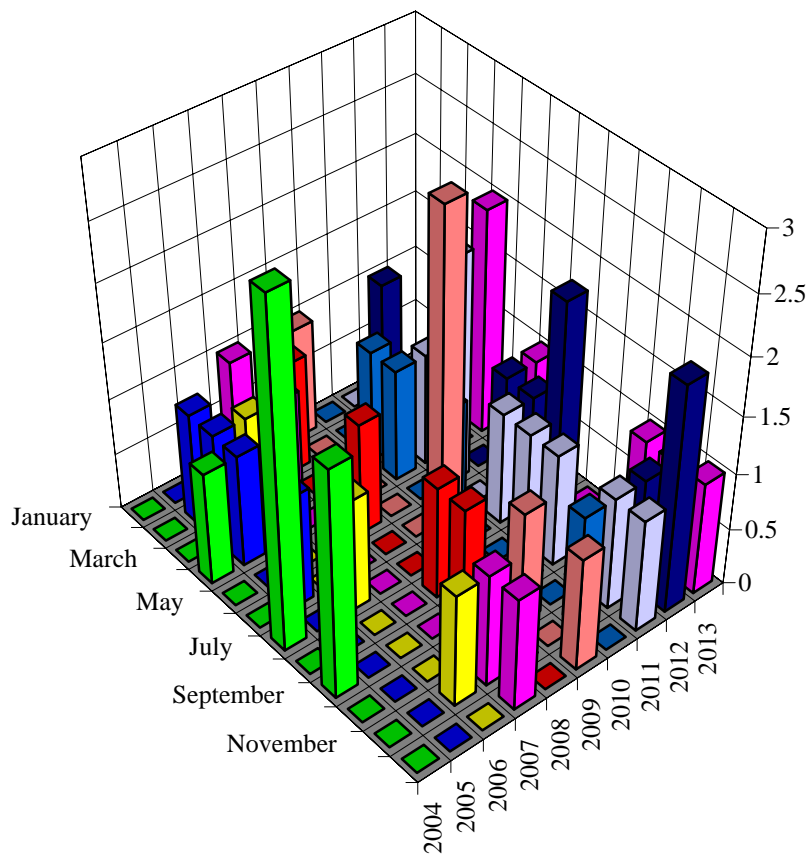
		Age	
		< 1 Year	1
		1-5 Years	0
		6-12 Years	0
		13-15 Years	0
		16-19 Years	0
		20-29 Years	1
		30-39 Years	2
		40-49 Years	0
		50-59 Years	1
		60-69 Years	0
		70-79 Years	0
		80-89 Years	1
		> 90 Years	0
		<b>Totals:</b>	<b>6</b>

Sex	
Male	2
Female	4
Unknown	0
<b>Totals:</b>	<b>6</b>

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

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals	Avg/Yr
January	0	0	0	1	0	1	0	0	1	0	3	0.3
February	0	1	0	0	1	0	0	0	0	0	2	0.2
March	0	1	1	1	0	0	1	0	0	0	4	0.4
April	1	1	0	0	0	0	1	1	0	2	6	0.6
May	0	0	0	0	1	0	0	2	0	0	3	0.3
June	0	1	0	0	0	0	1	0	1	1	4	0.4
July	3	0	1	0	0	3	0	1	1	0	9	0.9
August	0	0	0	0	1	0	0	1	2	0	4	0.4
September	2	0	0	0	1	0	0	1	0	0	4	0.4
October	0	0	0	0	0	1	0	0	0	1	2	0.2
November	0	0	1	1	0	0	1	1	1	1	6	0.6
December	0	0	0	1	0	1	0	1	2	1	6	0.6
<b>Totals:</b>	<b>6</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>6</b>	<b>4</b>	<b>8</b>	<b>8</b>	<b>6</b>	<b>53</b>	<b>5.3</b>



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

		<u>Sex</u>	
Use of Drug(s)/Med(s) and Ethanol	0	Male	0
<b>Totals:</b>	<b>0</b>	Female	0
		Unknown	0
		<b>Totals:</b>	<b>0</b>

<u>Concentration of Ethanol</u>		<u>Age</u>	
< 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	0	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	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>0</b>	<b>Totals:</b>	<b>0</b>

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

		<u>Sex</u>	
Use of Drug(s)/Med(s) and Ethanol	0	Male	0
<b>Totals:</b>	<b>0</b>	Female	0
		Unknown	0
		<b>Totals:</b>	<b>0</b>

<u>Concentration of Ethanol</u>		<u>Age</u>	
< 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	0	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	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>0</b>	<b>Totals:</b>	<b>0</b>

**Cases Where Decedent has Measureable Ethanol Level**

Manner of Death	#	Tot	%	Sex	
Natural	5	982	0.51%	Male	23
Motor Vehicle	8	24	33.33%	Female	10
Accident	9	85	10.59%	Unknown	0
Suicide	10	36	27.78%	<b>Totals:</b>	<b>33</b>
Homicide	1	3	33.33%		
Undetermined	0	6	0.00%		
Stillborn	0	0	0.00%		
<b>Totals:</b>	<b>33</b>	<b>1136</b>	<b>2.90%</b>		

Concentration of Ethanol (GM%)		Age Breakdown	
< 0.040	9	< 1 Year	0
0.040-0.060	1	1-5 Years	0
0.060-0.080	2	6-12 Years	0
0.080-0.100	2	13-15 Years	0
0.100-0.150	4	16-19 Years	0
0.150-0.200	3	20-29 Years	5
0.200-0.250	3	30-39 Years	8
0.250-0.300	5	40-49 Years	7
0.300-0.350	2	50-59 Years	10
0.350-0.400	1	60-69 Years	2
0.400-0.450	1	70-79 Years	1
0.450-0.500	0	80-89 Years	0
>0.500	0	> 90 Years	0
<b>Totals:</b>	<b>33</b>	<b>Totals:</b>	<b>33</b>

Case Category:

Natural	5
MV-Driver in Motor Vehicle - Fixed Object Collision	2
MV-Driver in Motor Vehicle - Roll-Over Accident	1
MV-Driver on Motorcycle - Fixed Object Collision	1
MV-Driver on Motorcycle - Motor Vehicle Collision	1
MV-Driver on Motorcycle - Off-Road Accident	1
MV-Passenger in Motor Vehicle - Fixed Object Collision	1
MV-Pedestrian Struck by Motor Vehicle	1
Acc-Asphyxia: Positional	1
Acc-Carbon Monoxide Inhalation	1
Acc-Fire: Structural	1
Acc-Use of Drug(s)/Medication(s)	4
Acc-Use of Drug(s)/Medication(s) and Ethanol	2
Sui-Inhalation of Motor Vehicle Exhaust Fumes	2
Sui-Self-Inflicted Gunshot Wound	6
Sui-Self-Inflicted Shotgun Wound	1
Sui-Use of Drug(s)/Medication(s) and Ethanol	1
Hom-Gunshot Wound(s) at hands of another	1



Totals:

33

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

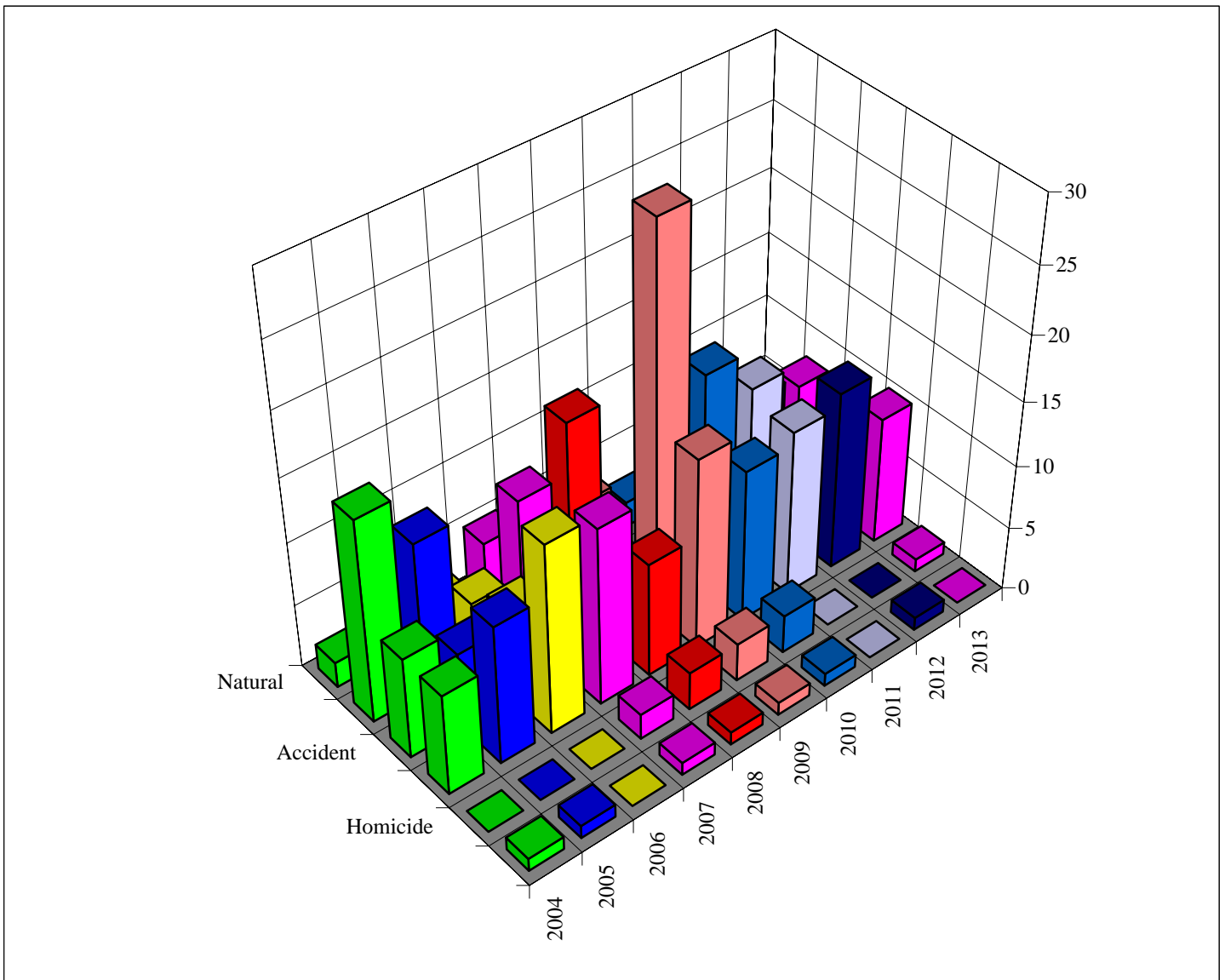
Manner of Death	#	Tot	%	Sex	
Natural	0	982	0.00%	Male	14
Motor Vehicle	6	24	25.00%	Female	2
Accident	4	85	4.71%	Unknown	0
Suicide	6	36	16.67%	<b>Totals:</b>	<b>16</b>
Homicide	0	3	0.00%		
Undetermined	0	6	0.00%		
Stillborn	0	0	0.00%		
<b>Totals:</b>	<b>16</b>	<b>1136</b>	<b>1.41%</b>		

Concentration of Ethanol (GM%)		Age Breakdown	
< 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	3	16-19 Years	0
0.150-0.200	3	20-29 Years	4
0.200-0.250	2	30-39 Years	5
0.250-0.300	4	40-49 Years	2
0.300-0.350	1	50-59 Years	5
0.350-0.400	0	60-69 Years	0
0.400-0.450	1	70-79 Years	0
0.450-0.500	1	80-89 Years	0
>0.500	0	> 90 Years	0
<b>Totals:</b>	<b>16</b>	<b>Totals:</b>	<b>16</b>

Case Category:	
MV-Driver in Motor Vehicle - Fixed Object Collision	1
MV-Driver in Motor Vehicle - Roll-Over Accident	1
MV-Driver on Motorcycle - Fixed Object Collision	1
MV-Driver on Motorcycle - Motor Vehicle Collision	1
MV-Driver on Motorcycle - Off-Road Accident	1
MV-Pedestrian Struck by Motor Vehicle	1
Acc-Asphyxia: Positional	1
Acc-Fire: Structural	1
Acc-Use of Drug(s)/Medication(s) and Ethanol	2
Sui-Inhalation of Motor Vehicle Exhaust Fumes	2
Sui-Self-Inflicted Gunshot Wound	3
Sui-Use of Drug(s)/Medication(s) and Ethanol	1
<b>Totals:</b>	<b>16</b>

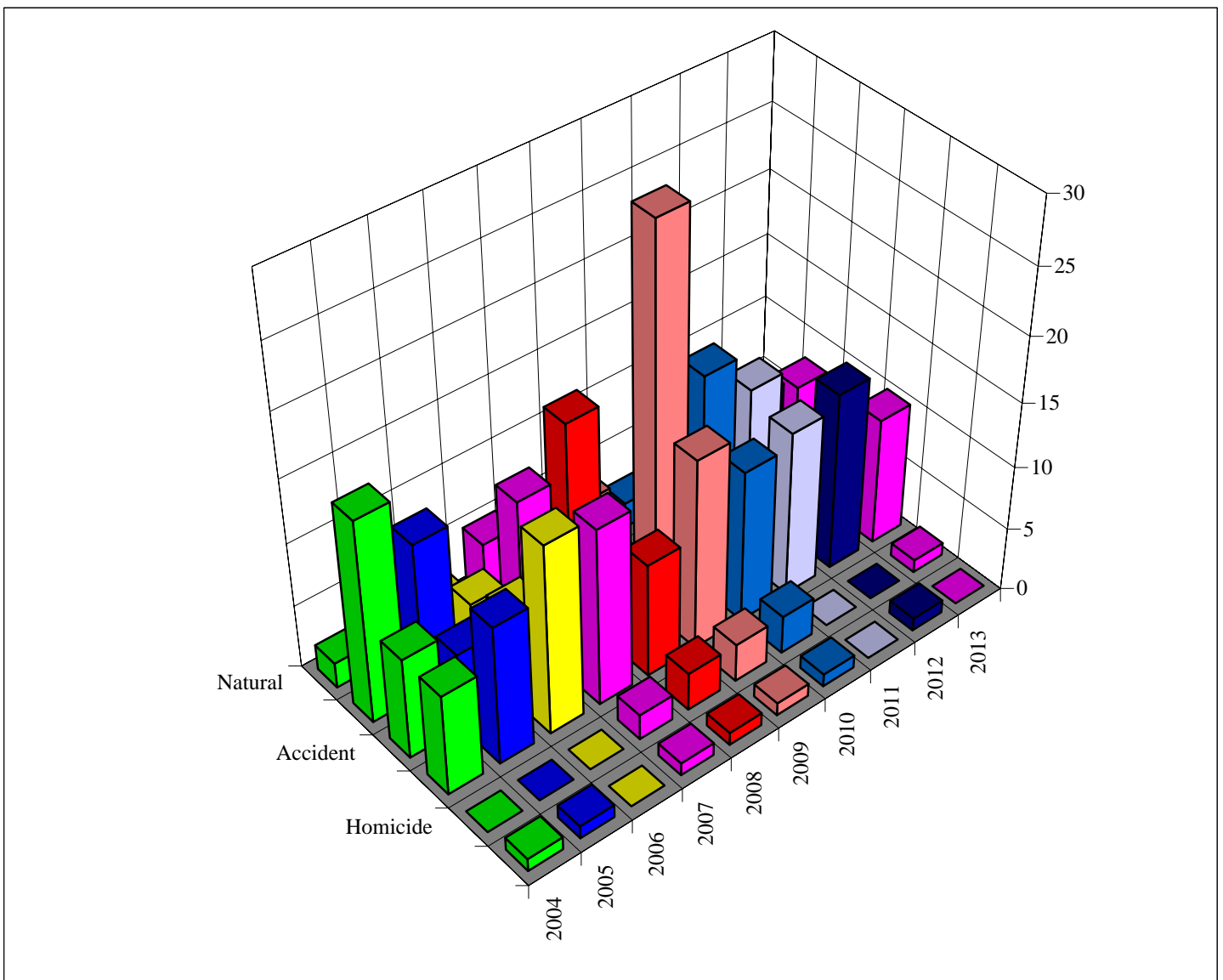
**Cases Where Decedent has Measureable Ethanol Level  
10 Year Comparisons**

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals
Natural	2	0	2	5	3	4	2	5	1	5	29
Accident-MV	16	12	5	11	15	0	8	9	9	8	93
Accident	8	6	7	7	6	30	17	14	7	9	111
Suicide	8	11	15	14	9	15	12	13	14	10	121
Homicide	0	0	0	2	3	3	3	0	0	1	12
Undetermined	1	1	0	1	1	1	1	0	1	0	7
<b>Totals:</b>	<b>35</b>	<b>30</b>	<b>29</b>	<b>40</b>	<b>37</b>	<b>53</b>	<b>43</b>	<b>41</b>	<b>32</b>	<b>33</b>	<b>373</b>



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

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals
Natural	0	0	1	2	0	1	0	0	0	0	4
Accident-MV	14	7	4	10	13	0	7	7	9	6	77
Accident	4	4	6	8	3	17	9	7	3	4	65
Suicide	7	10	5	9	4	11	8	8	7	6	75
Homicide	0	0	0	0	1	2	1	0	0	0	4
Undetermined	1	0	0	0	1	0	0	0	2	0	4
<b>Totals:</b>	<b>26</b>	<b>21</b>	<b>16</b>	<b>29</b>	<b>22</b>	<b>31</b>	<b>25</b>	<b>22</b>	<b>21</b>	<b>16</b>	<b>229</b>



**Cannabinoid Related Deaths**

Manner of Death	#	Tot	%	Age Breakdown	
Natural	5	982	0.51%	< 1 Year	0
Motor Vehicle Accident	3	24	12.50%	1-5 Years	0
Suicide	8	85	9.41%	6-12 Years	0
Homicide	3	36	8.33%	13-15 Years	0
Undetermined	1	3	33.33%	16-19 Years	2
Stillborn	0	6	0.00%	20-29 Years	5
Totals:	0	0	0.00%	30-39 Years	3
	20	1136	1.76%	40-49 Years	8
				50-59 Years	2
				60-69 Years	0
				70-79 Years	0
				80-89 Years	0
				> 90 Years	0
				Totals:	20

Sex	
Male	17
Female	3
Unknown	0
Totals:	20

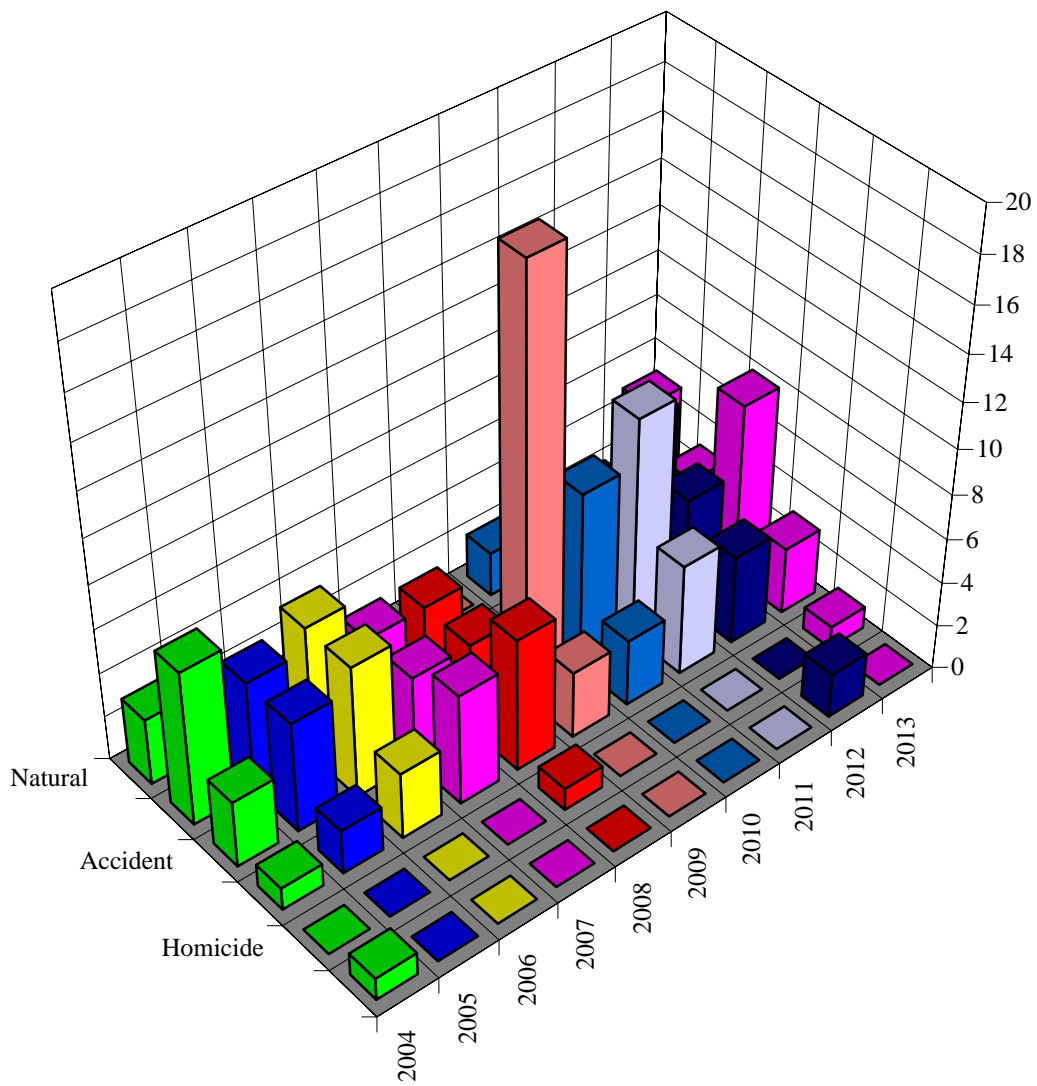
In Cause of Death:	
Yes	0
No	20
Totals:	20

Case Category:	
Natural	5
MV-Driver in Motor Vehicle - Fixed Object Collision	2
MV-Driver on Motorcycle - Motor Vehicle Collision	1
Acc-Fire: Structural	1
Acc-Use of Drug(s)/Medication(s)	7
Sui-Self-Inflicted Shotgun Wound	1
Sui-Self-Inflicted Hanging	1
Sui-Use of Drug(s)/Medication(s)	1
Hom-Gunshot Wound(s) at hands of another	1
Totals:	20

**Cannabinoid Related Deaths  
10 Year Comparisons**

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals
Natural	3	1	1	1	0	0	2	2	2	5	17
Accident-MV	7	5	6	4	4	0	6	4	7	3	46
Accident	3	5	6	4	4	19	8	10	5	8	72
Suicide	1	2	3	5	6	3	3	5	4	3	35
Homicide	0	0	0	0	1	0	0	0	0	1	2
Undetermined	1	0	0	0	0	0	0	0	2	0	3
<b>Totals:</b>	<b>15</b>	<b>13</b>	<b>16</b>	<b>14</b>	<b>15</b>	<b>22</b>	<b>19</b>	<b>21</b>	<b>20</b>	<b>20</b>	<b>175</b>



**Carbon Monoxide Related Deaths**

Manner of Death	#	Tot	%	Age Breakdown	
Natural	0	982	0	< 1 Year	0
Motor Vehicle	1	24	4.1667	1-5 Years	0
Accident	3	85	3.5294	6-12 Years	0
Suicide	3	36	8.3333	13-15 Years	0
Homicide	0	3	0	16-19 Years	0
Undetermined	0	6	0	20-29 Years	2
Stillborn	0	0	0	30-39 Years	1
<b>Totals:</b>	<b>7</b>	<b>1136</b>	<b>0.6162</b>	40-49 Years	1
				50-59 Years	2
				60-69 Years	0
				70-79 Years	1
				80-89 Years	0
				> 90 Years	0
				<b>Totals:</b>	<b>7</b>

Sex	#
Male	6
Female	1
Unknown	0
<b>Totals:</b>	<b>7</b>

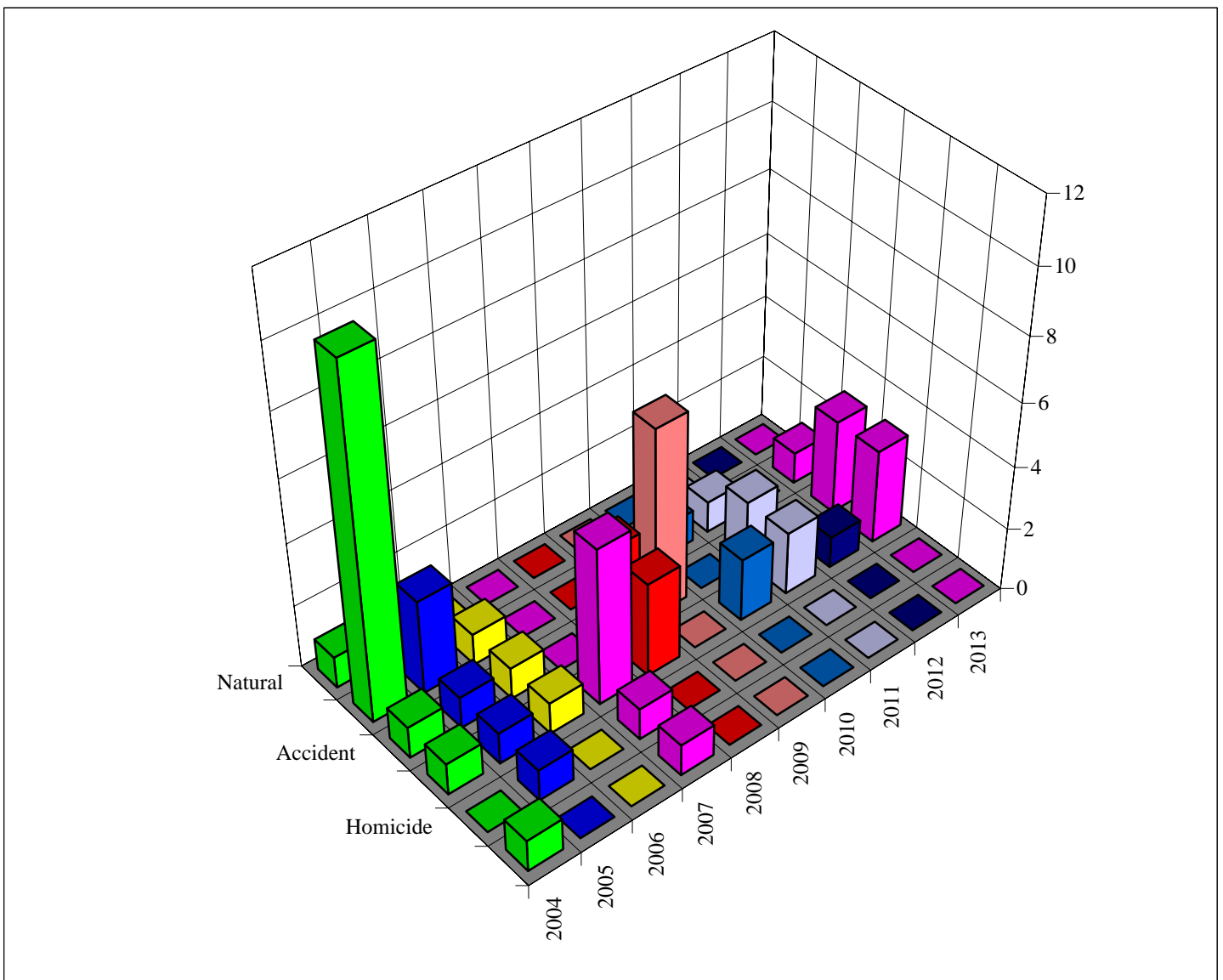
In Cause of Death:	
Yes	5
No	2
<b>Totals:</b>	<b>7</b>

Case Category:	
MV-Driver in Motor Vehicle - Fixed Object Collision	1
Acc-Carbon Monoxide Inhalation	1
Acc-Fire: Structural	2
Sui-Inhalation of Motor Vehicle Exhaust Fumes	2
Sui-Self-Inflicted Shotgun Wound	1
<b>Totals:</b>	<b>7</b>

**Carbon Monoxide Related Deaths  
10 Year Comparisons**

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals
Natural	1	0	0	0	0	0	0	0	0	0	1
Accident-MV	11	3	1	0	0	0	1	1	0	1	18
Accident	1	1	1	0	3	6	0	2	0	3	17
Suicide	1	1	1	5	3	0	2	2	1	3	19
Homicide	0	1	0	1	0	0	0	0	0	0	2
Undetermined	1	0	0	1	0	0	0	0	0	0	2
<b>Totals:</b>	<b>15</b>	<b>6</b>	<b>3</b>	<b>7</b>	<b>6</b>	<b>6</b>	<b>3</b>	<b>5</b>	<b>1</b>	<b>7</b>	<b>59</b>





Cocaine Related Deaths

Manner of Death	#	Tot	%	Age Breakdown	
Natural	0	982	0.00%	< 1 Year	0
Motor Vehicle	0	24	0.00%	1-5 Years	0
Accident	2	85	2.35%	6-12 Years	0
Suicide	0	36	0.00%	13-15 Years	0
Homicide	0	3	0.00%	16-19 Years	0
Undetermined	0	6	0.00%	20-29 Years	1
Stillborn	0	0	0.00%	30-39 Years	1
<b>Totals:</b>	<b>2</b>	<b>1136</b>	<b>0.18%</b>	40-49 Years	0
				50-59 Years	0
				60-69 Years	0
				70-79 Years	0
				80-89 Years	0
				> 90 Years	0
				<b>Totals:</b>	<b>2</b>

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

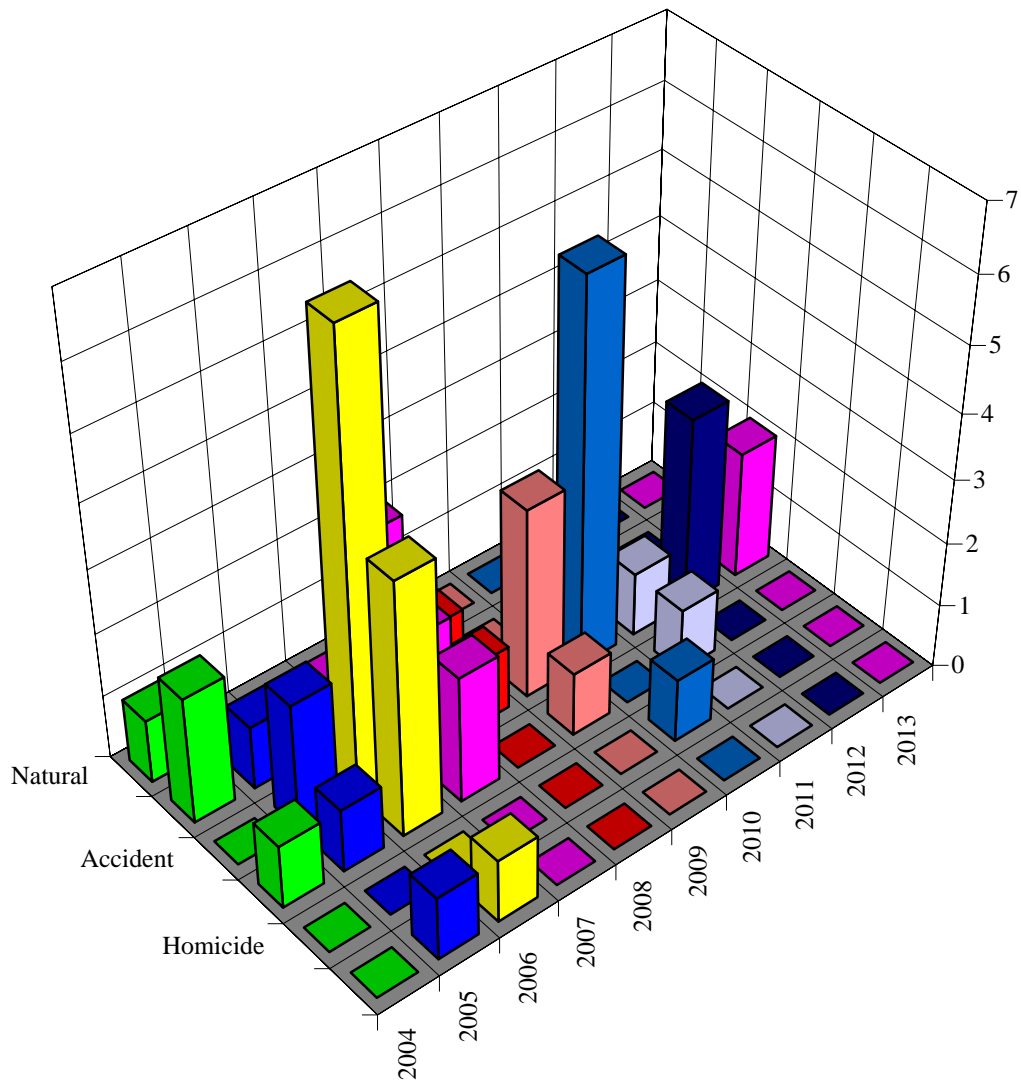
In Cause of Death:	
Yes	0
No	2
<b>Totals:</b>	<b>2</b>

Case Category:	
Acc-Use of Drug(s)/Medication(s)	2
<b>Totals:</b>	<b>2</b>

**Cocaine Related Deaths  
10 Year Comparisons**

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals
Natural	1	0	0	0	0	0	0	0	0	0	1
Accident-MV	2	1	0	3	1	0	0	0	0	0	7
Accident	0	2	7	2	1	3	6	1	3	2	27
Suicide	1	1	4	2	0	1	0	1	0	0	10
Homicide	0	0	0	0	0	0	1	0	0	0	1
Undetermined	0	1	1	0	0	0	0	0	0	0	2
<b>Totals:</b>	<b>4</b>	<b>5</b>	<b>12</b>	<b>7</b>	<b>2</b>	<b>4</b>	<b>7</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>48</b>



**Heroin Related Deaths**

Manner of Death	#	Tot	%	Age Breakdown	
Natural	1	982	0.1018	< 1 Year	0
Motor Vehicle	0	24	0	1-5 Years	0
Accident	19	85	22.353	6-12 Years	0
Suicide	2	36	5.5556	13-15 Years	0
Homicide	0	3	0	16-19 Years	3
Undetermined	0	6	0	20-29 Years	5
Stillborn	0	0	0	30-39 Years	8
<b>Totals:</b>	<b>22</b>	<b>1136</b>	<b>1.9366</b>	40-49 Years	3
				50-59 Years	2
				60-69 Years	1
				70-79 Years	0
				80-89 Years	0
				> 90 Years	0
				<b>Totals:</b>	<b>22</b>

Sex	
Male	12
Female	10
Unknown	0
<b>Totals:</b>	<b>22</b>

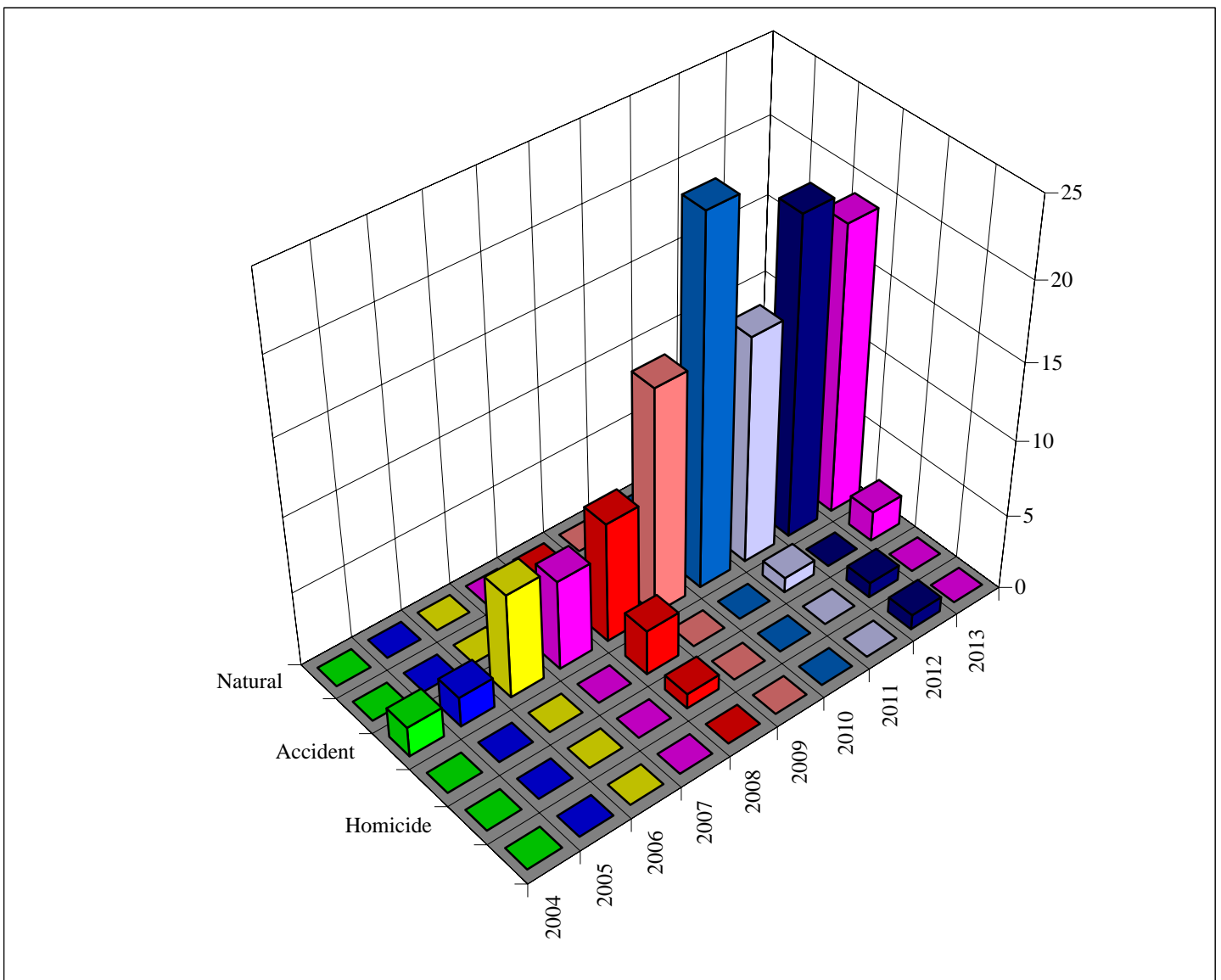
In Cause of Death:	
Yes	18
No	4
<b>Totals:</b>	<b>22</b>

Case Category:	
Natural	1
Acc-Use of Drug(s)/Medication(s)	18
Acc-Use of Drug(s)/Medication(s) and Ethanol	1
Sui-Inhalation of Motor Vehicle Exhaust Fumes	1
Sui-Use of Drug(s)/Medication(s)	1
<b>Totals:</b>	<b>22</b>

**Heroin Related Deaths  
10 Year Comparisons**

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals
Natural	0	0	0	0	0	0	0	0	0	1	1
Accident-MV	0	0	0	0	0	0	0	0	0	0	0
Accident	2	2	7	6	8	15	24	15	21	19	119
Suicide	0	0	0	0	3	0	0	1	0	2	6
Homicide	0	0	0	0	1	0	0	0	1	0	2
Undetermined	0	0	0	0	0	0	0	0	1	0	1
<b>Totals:</b>	<b>2</b>	<b>2</b>	<b>7</b>	<b>6</b>	<b>12</b>	<b>15</b>	<b>24</b>	<b>16</b>	<b>23</b>	<b>22</b>	<b>129</b>



Oxycodone Related Deaths

Manner of Death	#	Tot	%	Age Breakdown	
Natural	1	982	0.1018	< 1 Year	0
Motor Vehicle	0	24	0	1-5 Years	0
Accident	18	85	21.176	6-12 Years	0
Suicide	2	36	5.5556	13-15 Years	0
Homicide	0	3	0	16-19 Years	1
Undetermined	2	6	33.333	20-29 Years	2
Stillborn	0	0	0	30-39 Years	10
<b>Totals:</b>	<b>23</b>	<b>1136</b>	<b>2.0246</b>	40-49 Years	8
				50-59 Years	2
				60-69 Years	0
				70-79 Years	0
				80-89 Years	0
				> 90 Years	0
				<b>Totals:</b>	<b>23</b>

Sex	
Male	10
Female	13
Unknown	0
<b>Totals:</b>	<b>23</b>

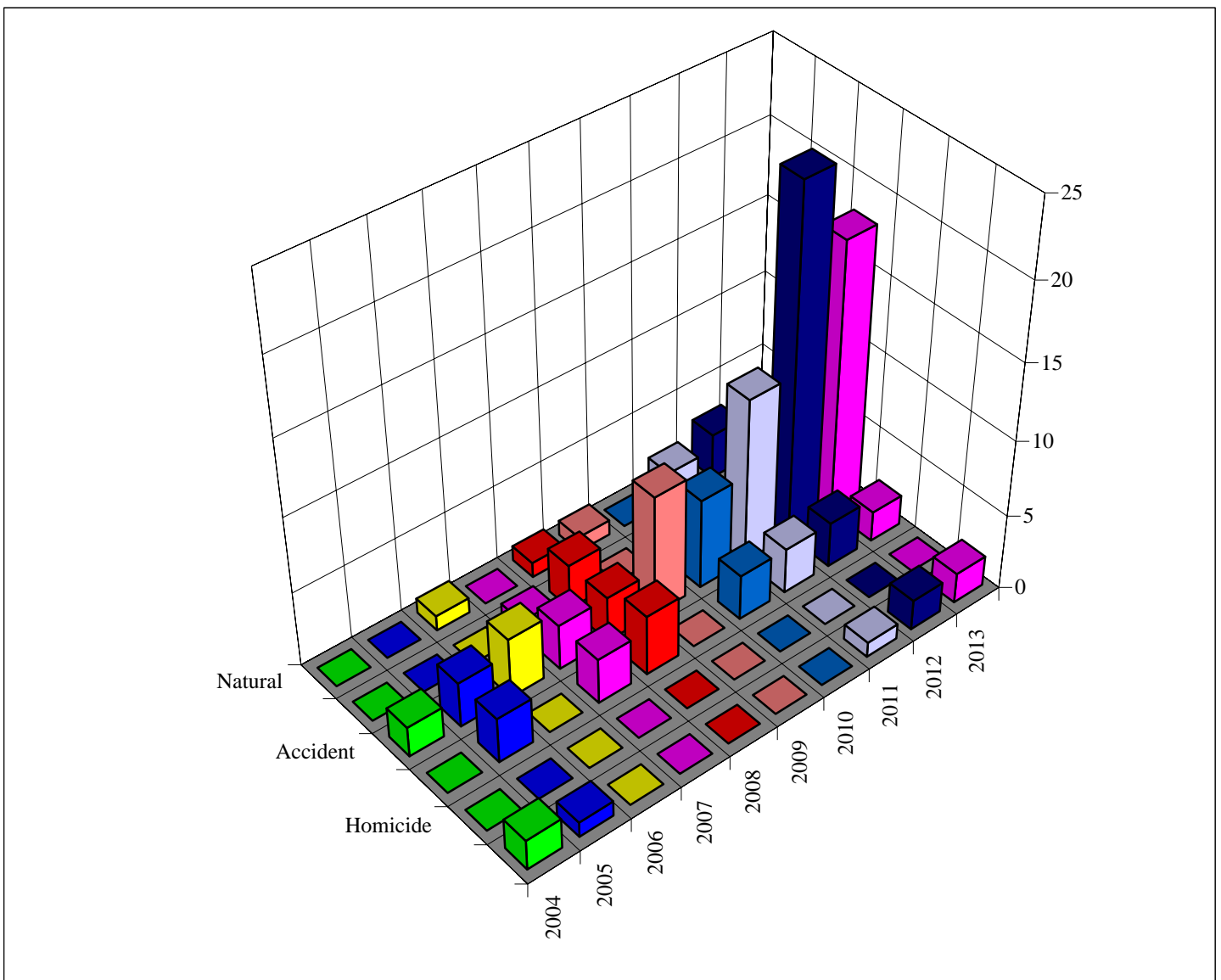
In Cause of Death:	
Yes	14
No	9
<b>Totals:</b>	<b>23</b>

Case Category:	
Natural	1
Acc-Use of Drug(s)/Medication(s) and Ethanol	18
Sui-Self-Inflicted Hanging	1
Sui-Use of Drug(s)/Medication(s)	1
Undetermined-Use of Drug(s)/Medication(s)	2
<b>Totals:</b>	<b>23</b>

**Oxycodone Related Deaths  
10 Year Comparisons**

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals
Natural	0	0	1	0	1	1	0	2	3	1	9
Accident-MV	0	0	0	1	3	0	2	0	1	0	7
Accident	2	3	4	3	3	8	6	11	23	18	81
Suicide	0	3	0	3	4	0	3	3	3	2	21
Homicide	0	0	0	0	0	0	0	0	0	0	0
Undetermined	2	1	0	0	0	0	0	1	2	2	8
<b>Totals:</b>	<b>4</b>	<b>7</b>	<b>5</b>	<b>7</b>	<b>11</b>	<b>9</b>	<b>11</b>	<b>17</b>	<b>32</b>	<b>23</b>	<b>126</b>



Fentanyl Related Deaths

Manner of Death	#	Tot	%	Age Breakdown	
Natural	0	982	0	< 1 Year	0
Motor Vehicle	1	24	4.1667	1-5 Years	0
Accident	2	85	2.3529	6-12 Years	0
Suicide	0	36	0	13-15 Years	0
Homicide	0	3	0	16-19 Years	1
Undetermined	2	6	33.333	20-29 Years	0
Stillborn	0	0	0	30-39 Years	1
<b>Totals:</b>	<b>5</b>	<b>1136</b>	<b>0.4401</b>	40-49 Years	1
				50-59 Years	1
				60-69 Years	0
				70-79 Years	0
				80-89 Years	1
				> 90 Years	0
				<b>Totals:</b>	<b>5</b>

Sex	
Male	2
Female	3
Unknown	0
<b>Totals:</b>	<b>5</b>

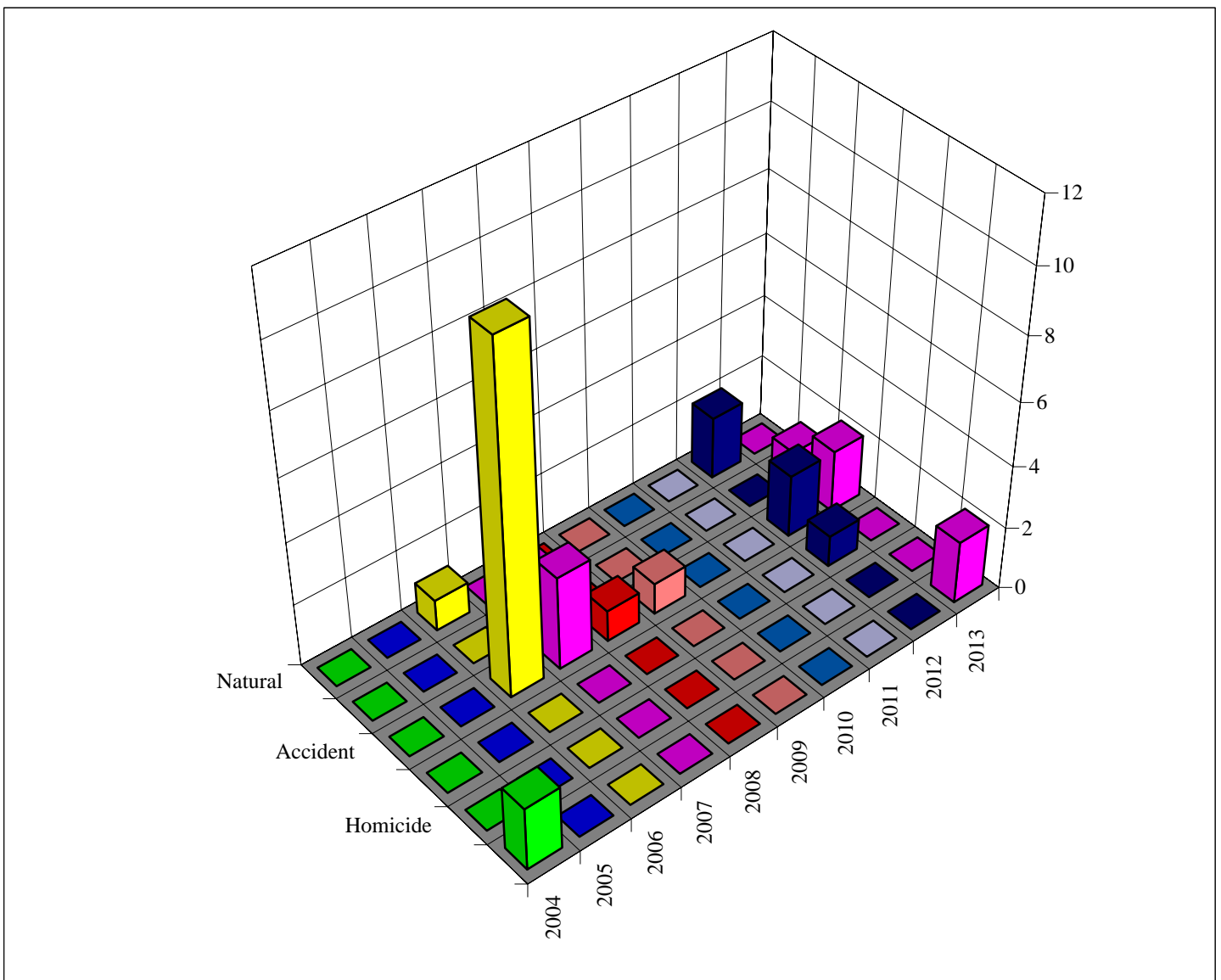
In Cause of Death:	
Yes	1
No	4
<b>Totals:</b>	<b>5</b>

Case Category:	
MV-Driver on ATV - Fixed Object Collision	1
Acc-Use of Drug(s)/Medication(s)	2
Und-Use of Drug(s)/Medication(s)	2
<b>Totals:</b>	<b>5</b>

**Fentanyl Related Deaths  
10 Year Comparisons**

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals
Natural	0	0	1	0	0	0	0	0	2	0	3
Accident-MV	0	0	0	2	0	0	0	0	0	1	3
Accident	0	0	11	3	1	1	0	0	2	2	20
Suicide	0	0	0	0	0	0	0	0	1	0	1
Homicide	0	0	0	0	0	0	0	0	0	0	0
Undetermined	2	0	0	0	0	0	0	0	0	2	4
<b>Totals:</b>	<b>2</b>	<b>0</b>	<b>12</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>5</b>	<b>31</b>





Other Opiates Related Deaths

Manner of Death	#	Tot	%	Age Breakdown	
Natural	4	982	0.4073	< 1 Year	1
Motor Vehicle	2	24	8.3333	1-5 Years	0
Accident	50	85	58.824	6-12 Years	0
Suicide	11	36	30.556	13-15 Years	0
Homicide	0	3	0	16-19 Years	3
Undetermined	5	6	83.333	20-29 Years	12
Stillborn	0	0	0	30-39 Years	19
<b>Totals:</b>	<b>72</b>	<b>1136</b>	<b>6.338</b>	40-49 Years	18
				50-59 Years	11
				60-69 Years	2
				70-79 Years	4
				80-89 Years	2
				> 90 Years	0
				<b>Totals:</b>	<b>72</b>

Sex	#
Male	36
Female	36
Unknown	0
<b>Totals:</b>	<b>72</b>

In Cause of Death:

Yes	25
No	47
<b>Totals:</b>	<b>72</b>

Case Category:

Natural	4
MV-Driver in Motor Vehicle - Motor Vehicle Accident	1
MV-Driver on Motorcycle - Motor Vehicle Accident	1
Acc-Fall	1
Acc-Fire: Structural	1
Acc-Use of Drug(s)/Medication(s)	46
Acc-Use of Drug(s)/Medication(s) and Ethanol	2
Sui-Inhalation of Motor Vehicle Exhaust Fumes	1
Sui-Self-Inflicted Gunshot Wound	5
Sui-Self-Inflicted Hanging	2
Sui-Use of Drug(s)/Medication(s)	2
Sui-Use of Drug(s)/Medication(s) and Ethanol	1
Undet-Use of Drug(s)/Medication(s)	5
<b>Totals:</b>	<b>72</b>

Other Opiates Found

Codeine	14
DiHydrocodeine	14
Hydrocodone	19
Hydromorphone	30
Hydroxyzine	1
Methadone	8
Methadone Metabolite (EDDP)	7
Morphine	40
Oxymorphone	19
<b>Totals:</b>	<b>72</b>

**Methamphetamine Related Deaths**

Manner of Death	#	Tot	%	Age Breakdown	
Natural	1	982	0.1018	< 1 Year	1
Motor Vehicle	2	24	8.3333	1-5 Years	0
Accident	5	85	5.8824	6-12 Years	0
Suicide	1	36	2.7778	13-15 Years	0
Homicide	1	3	33.333	16-19 Years	0
Undetermined	2	6	33.333	20-29 Years	1
Stillborn	0	0	0	30-39 Years	4
<b>Totals:</b>	<b>12</b>	<b>1136</b>	<b>1.0563</b>	40-49 Years	3
				50-59 Years	3
				60-69 Years	0
				70-79 Years	0
				80-89 Years	0
				> 90 Years	0
				<b>Totals:</b>	<b>12</b>

Sex	
Male	10
Female	2
Unknown	0
<b>Totals:</b>	<b>12</b>

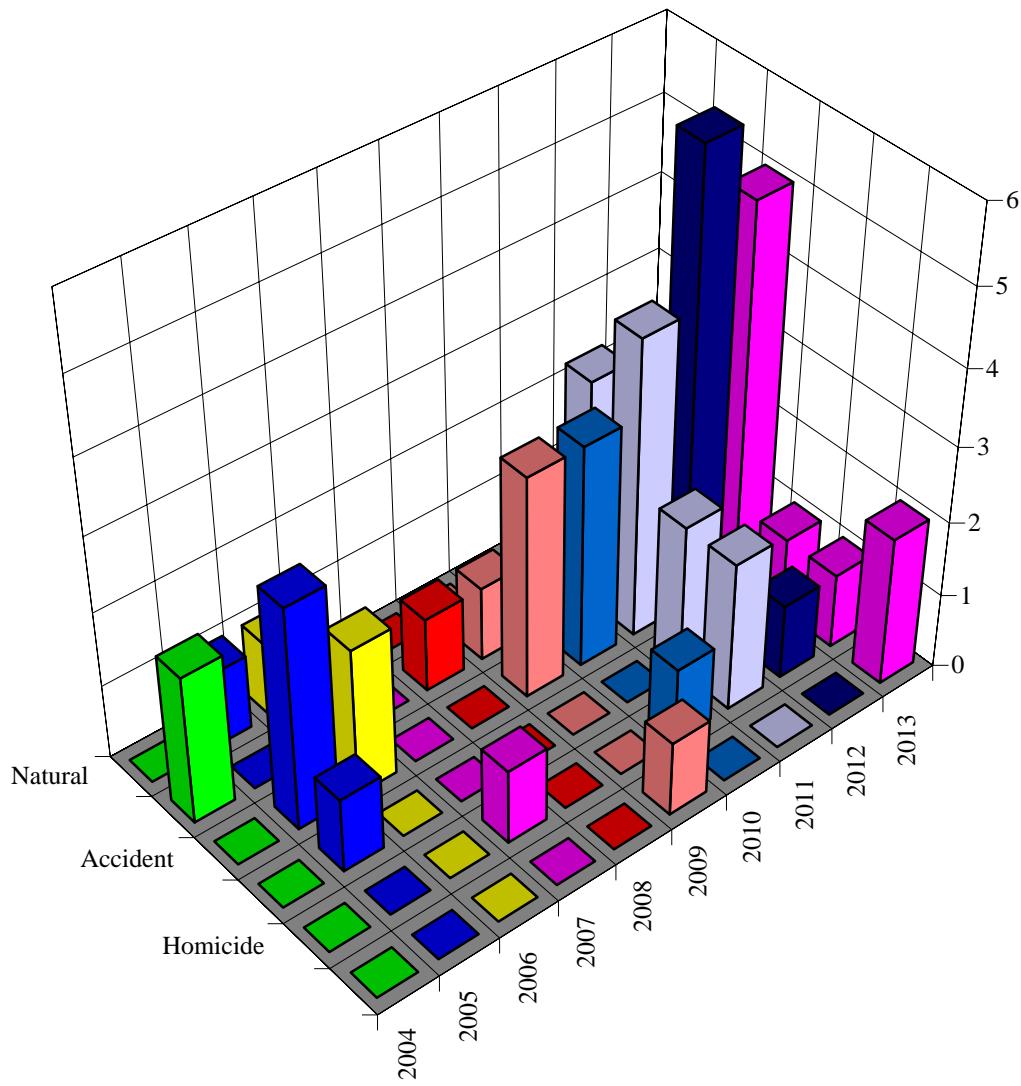
In Cause of Death:	
Yes	4
No	8
<b>Totals:</b>	<b>12</b>

Case Category:	
Natural	1
MV-Driver on Motorcycle - Motor Vehicle Collision	2
Acc-Use of Drug(s)/Medication(s)	5
Sui-Self-Inflicted Hanging	1
Hom-Gunshot Wound(s) at hands of another	1
Und-Use of Drug(s)/Medication(s)	2
<b>Totals:</b>	<b>12</b>

**Methamphetamine Related Deaths  
10 Year Comparisons**

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals
Natural	0	1	1	0	0	0	0	1	0	1	4
Accident-MV	2	0	0	0	1	1	2	3	1	2	12
Accident	0	3	2	0	0	3	3	4	6	5	26
Suicide	0	1	0	0	0	0	0	2	0	1	4
Homicide	0	0	0	1	0	0	1	2	1	1	6
Undetermined	0	0	0	0	0	1	0	0	0	2	3
<b>Totals:</b>	<b>2</b>	<b>5</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>5</b>	<b>6</b>	<b>12</b>	<b>8</b>	<b>12</b>	<b>55</b>



Acetaminophen Related Deaths

Manner of Death	#	Tot	%	Age Breakdown	
Natural	0	982	0	< 1 Year	0
Motor Vehicle	0	24	0	1-5 Years	0
Accident	4	85	4.7059	6-12 Years	0
Suicide	1	36	2.7778	13-15 Years	0
Homicide	0	3	0	16-19 Years	0
Undetermined	1	6	16.667	20-29 Years	1
Stillborn	0	0	0	30-39 Years	0
<b>Totals:</b>	<b>6</b>	<b>1136</b>	<b>0.5282</b>	40-49 Years	2
				50-59 Years	3
				60-69 Years	0
				70-79 Years	0
				80-89 Years	0
				> 90 Years	0
				<b>Totals:</b>	<b>6</b>

Sex	
Male	3
Female	3
Unknown	0
<b>Totals:</b>	<b>6</b>

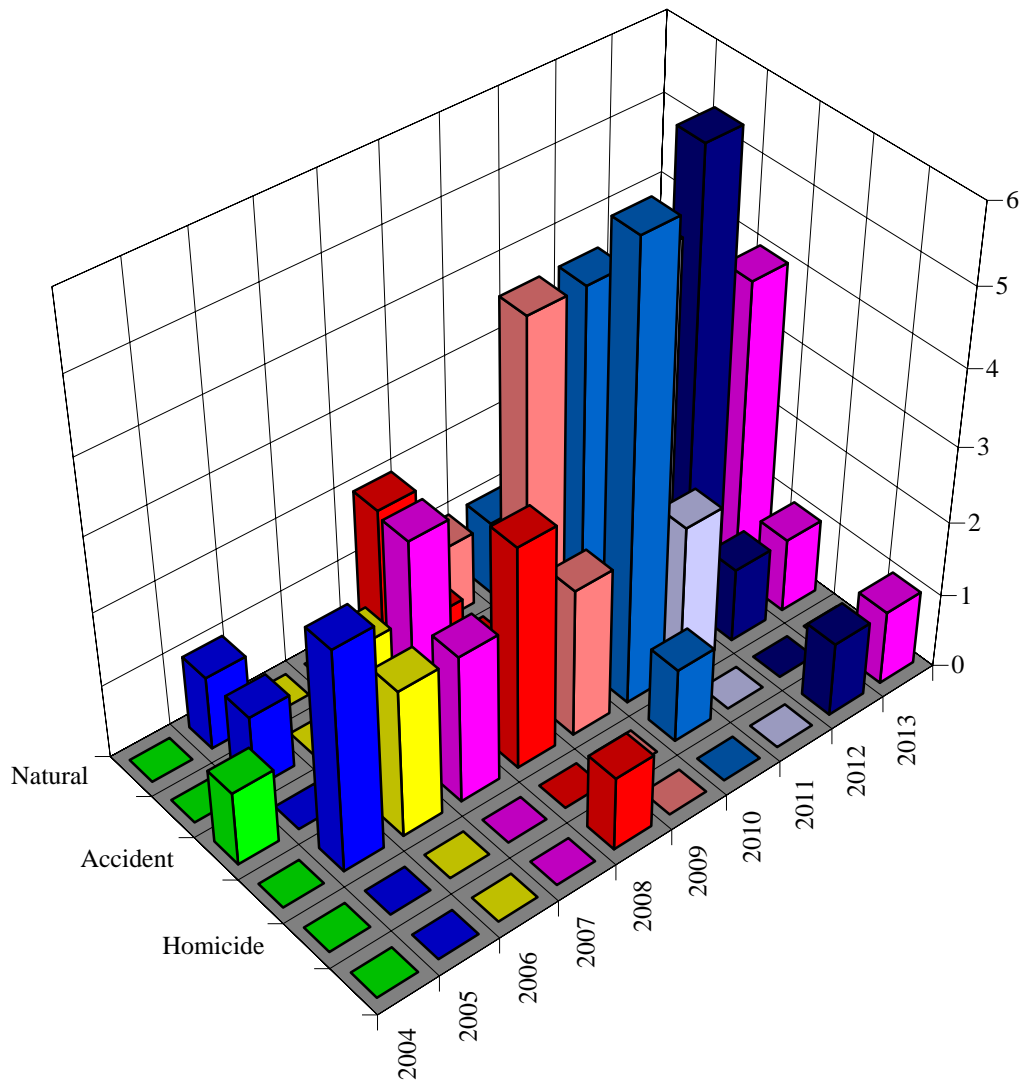
In Cause of Death:	
Yes	0
No	6
<b>Totals:</b>	<b>6</b>

Case Category:	
Acc-Use of Drug(s)/Medication(s)	3
Acc-Use of Drug(s)/Medication(s) and Ethanol	1
Sui-Use of Drug(s)/Medication(s)	1
Undet-Use of Drug(s)/Medication(s)	1
<b>Totals:</b>	<b>6</b>

**Acetaminophen Related Deaths  
10 Year Comparisons**

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals
Natural	0	1	0	0	2	1	1	2	0	0	7
Accident-MV	0	1	0	0	1	0	1	1	0	0	4
Accident	1	0	2	3	1	5	5	5	6	4	32
Suicide	0	3	2	2	3	2	6	2	1	1	22
Homicide	0	0	0	0	0	0	1	0	0	0	1
Undetermined	0	0	0	0	1	0	0	0	1	1	3
<b>Totals:</b>	<b>1</b>	<b>5</b>	<b>4</b>	<b>5</b>	<b>8</b>	<b>8</b>	<b>14</b>	<b>10</b>	<b>8</b>	<b>6</b>	<b>69</b>

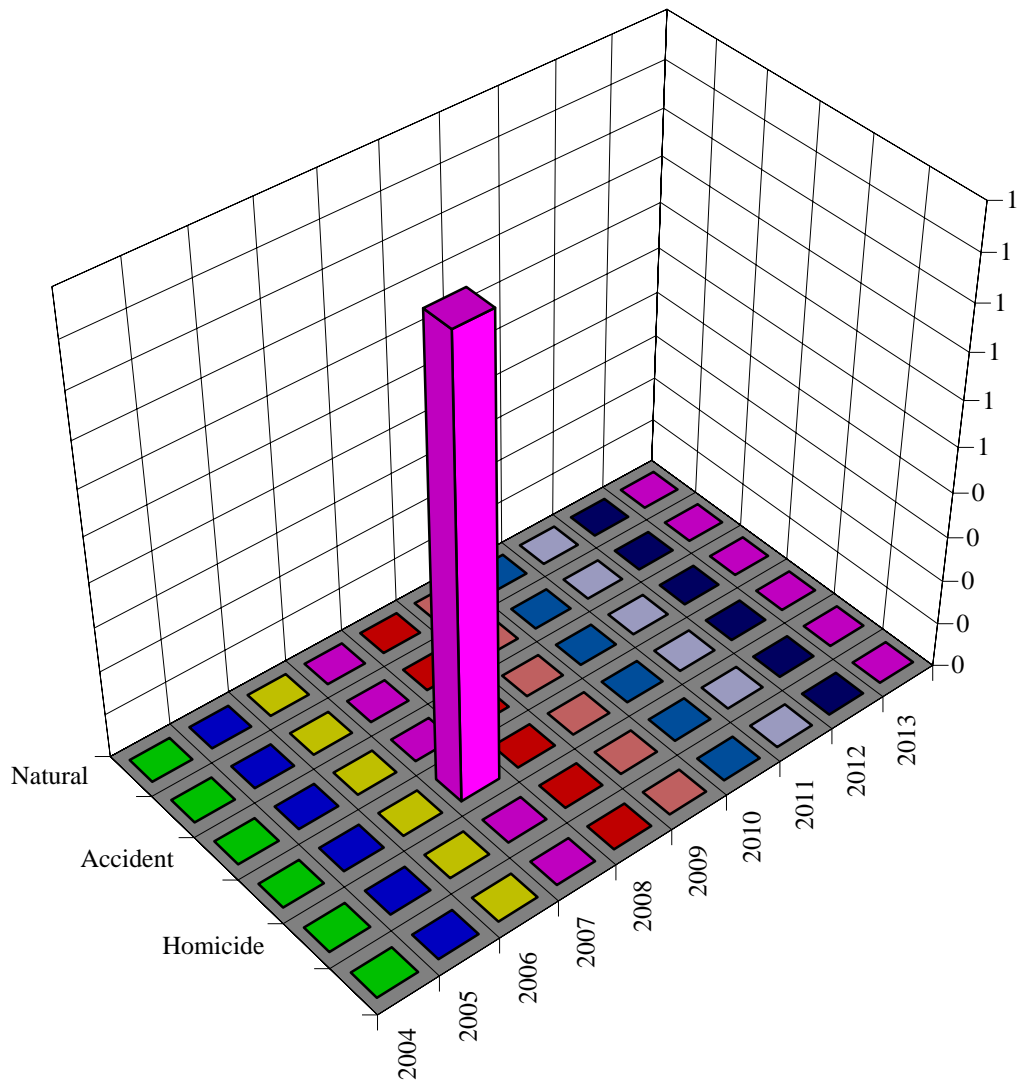


**MDMA Related Deaths**

Manner of Death	#	Tot	%	Age Breakdown	
Natural	0	982	0	< 1 Year	0
Motor Vehicle	0	24	0	1-5 Years	0
Accident	0	85	0	6-12 Years	0
Suicide	0	36	0	13-15 Years	0
Homicide	0	3	0	16-19 Years	0
Undetermined	0	6	0	20-29 Years	0
Stillborn	0	0	0	30-39 Years	0
<b>Totals:</b>	<b>0</b>	<b>1136</b>	<b>0</b>	40-49 Years	0
				50-59 Years	0
				60-69 Years	0
				70-79 Years	0
				80-89 Years	0
				> 90 Years	0
				<b>Totals:</b>	<b>0</b>
<b>Sex</b>					
Male	0				
Female	0				
Unknown	0				
<b>Totals:</b>	<b>0</b>				
<b>In Cause of Death:</b>					
Yes	0				
No	0				
<b>Totals:</b>	<b>0</b>				
<b>Case Category:</b>					
<b>Totals:</b>					<b>0</b>

**MDMA Related Deaths  
10 Year Comparisons**

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals
Natural	0	0	0	0	0	0	0	0	0	0	0
Accident-MV	0	0	0	0	0	0	0	0	0	0	0
Accident	0	0	0	0	0	0	0	0	0	0	0
Suicide	0	0	0	1	0	0	0	0	0	0	1
Homicide	0	0	0	0	0	0	0	0	0	0	0
Undetermined	0	0	0	0	0	0	0	0	0	0	0
<b>Totals:</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>



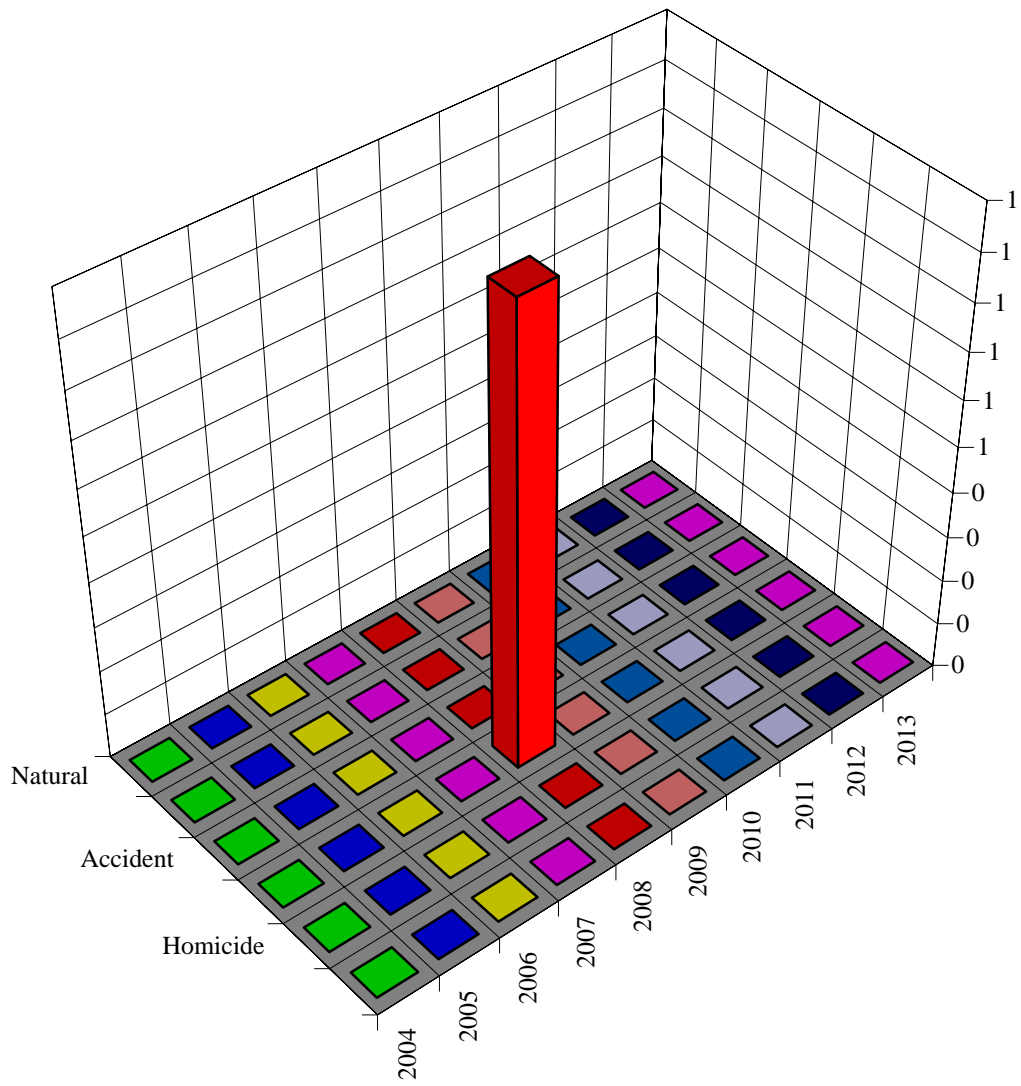
GHB Related Deaths

Manner of Death	#	Tot	%	Age Breakdown	
Natural	0	982	0	< 1 Year	0
Motor Vehicle	0	24	0	1-5 Years	0
Accident	0	85	0	6-12 Years	0
Suicide	0	36	0	13-15 Years	0
Homicide	0	3	0	16-19 Years	0
Undetermined	0	6	0	20-29 Years	0
Stillborn	0	0	0	30-39 Years	0
<b>Totals:</b>	<b>0</b>	<b>1136</b>	<b>0</b>	40-49 Years	0
				50-59 Years	0
				60-69 Years	0
				70-79 Years	0
				80-89 Years	0
				> 90 Years	0
				<b>Totals:</b>	<b>0</b>
<b>Sex</b>					
Male	0				
Female	0				
Unknown	0				
<b>Totals:</b>	<b>0</b>				
<b>In Cause of Death:</b>					
Yes	0				
No	0				
<b>Totals:</b>	<b>0</b>				
<b>Case Category:</b>					
<b>Totals:</b>					<b>0</b>



**GHB Related Deaths  
10 Year Comparisons**

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals
Natural	0	0	0	0	0	0	0	0	0	0	0
Accident-MV	0	0	0	0	0	0	0	0	0	0	0
Accident	0	0	0	0	0	0	0	0	0	0	0
Suicide	0	0	0	0	1	0	0	0	0	0	1
Homicide	0	0	0	0	0	0	0	0	0	0	0
Undetermined	0	0	0	0	0	0	0	0	0	0	0
<b>Totals:</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>

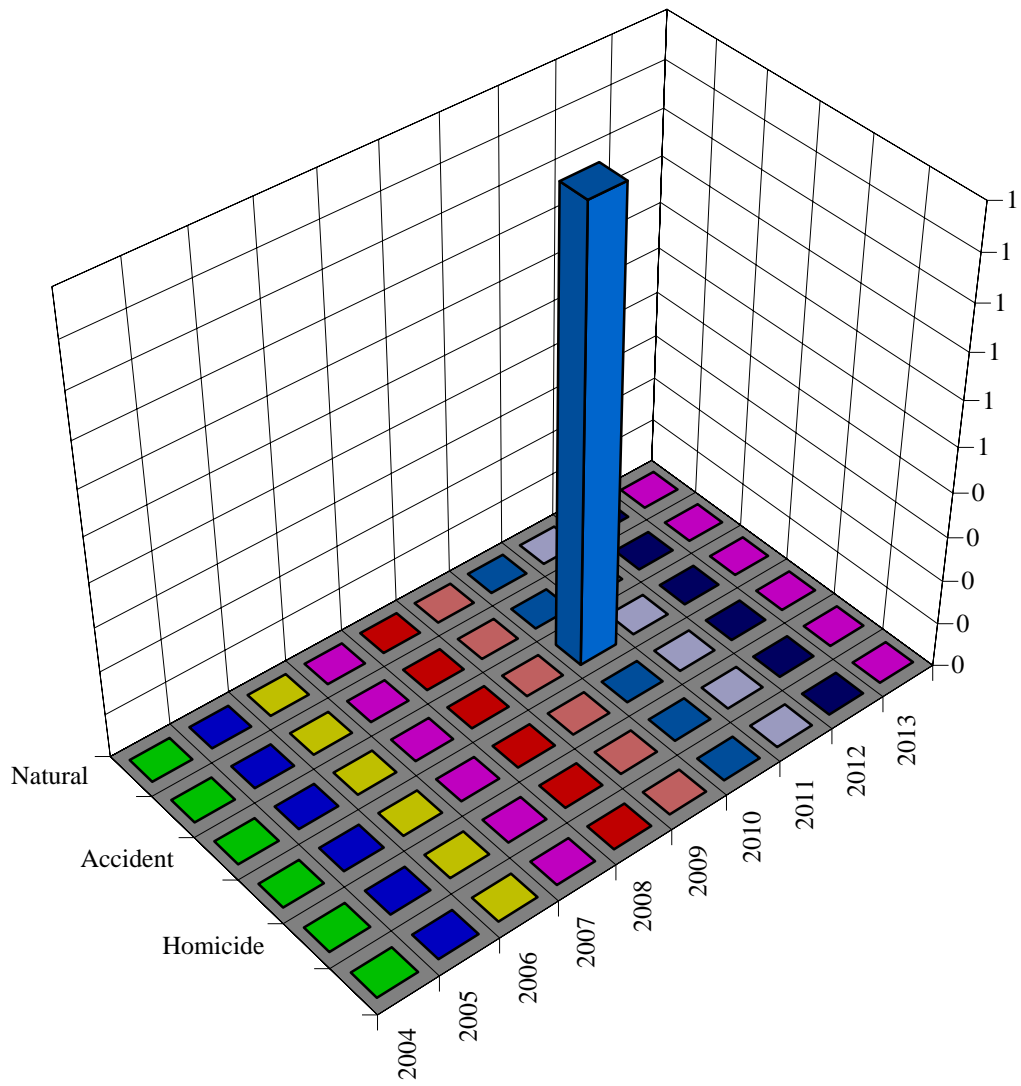


PCP Related Deaths

Manner of Death	#	Tot	%	Age Breakdown	
Natural	0	982	0	< 1 Year	0
Motor Vehicle	0	24	0	1-5 Years	0
Accident	0	85	0	6-12 Years	0
Suicide	0	36	0	13-15 Years	0
Homicide	0	3	0	16-19 Years	0
Undetermined	0	6	0	20-29 Years	0
Stillborn	0	0	0	30-39 Years	0
<b>Totals:</b>	<b>0</b>	<b>1136</b>	<b>0</b>	40-49 Years	0
				50-59 Years	0
				60-69 Years	0
				70-79 Years	0
				80-89 Years	0
				> 90 Years	0
				<b>Totals:</b>	<b>0</b>
<b>Sex</b>					
Male	0				
Female	0				
Unknown	0				
<b>Totals:</b>	<b>0</b>				
<b>In Cause of Death:</b>					
Yes	0				
No	0				
<b>Totals:</b>	<b>0</b>				
<b>Case Category:</b>					
					0
<b>Totals:</b>					<b>0</b>

**PCP Related Deaths  
10 Year Comparisons**

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals
Natural	0	0	0	0	0	0	0	0	0	0	0
Accident-MV	0	0	0	0	0	0	0	0	0	0	0
Accident	0	0	0	0	0	0	1	0	0	0	1
Suicide	0	0	0	0	0	0	0	0	0	0	0
Homicide	0	0	0	0	0	0	0	0	0	0	0
Undetermined	0	0	0	0	0	0	0	0	0	0	0
<b>Totals:</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>



Other Drugs-Related Deaths

Manner of Death	#	Tot	%	Age Breakdown	
Natural	9	982	0.9165	< 1 Year	0
Motor Vehicle	8	24	33.333	1-5 Years	0
Accident	47	85	55.294	6-12 Years	0
Suicide	17	36	47.222	13-15 Years	0
Homicide	2	3	66.667	16-19 Years	4
Undetermined	3	6	50	20-29 Years	10
Stillborn	0	0	0	30-39 Years	20
Totals:	86	1136	7.5704	40-49 Years	22
				50-59 Years	17
				60-69 Years	7
				70-79 Years	4
				80-89 Years	2
				> 90 Years	0
				Undefined	0
				Totals:	86

Sex	#
Male	45
Female	41
Unknown	0
Totals:	86

In Cause of Death:	#
Yes	11
No	75
Totals:	86

Case Category:	#
Natural	9
MV-Driver in Motor Vehicle - Fixed Object Collision	2
MV-Driver in Motor Vehicle - Motor Vehicle Collision	2
MV-Driver in Motor Vehicle - Motorcycle Collision	1
MV-Driver on Motorcycle - Motor Vehicle Collision	2
MV-Passenger in Motor Vehicle - Fixed Object Collision	1
Acc-Asphyxia: Positional	1
Acc-Fall	1
Acc-Fire: Structural	1
Acc-Struck by Falling Object(s)	1
Acc-Use of Drug(s)/Medication(s)	42
Acc-Use of Drug(s)/Medication(s) and Ethanol	1
Sui-Inhalation of Motor Vehicle Exhaust Fumes	1
Sui-Self-Inflicted Gunshot Wound	8
Sui-Self-Inflicted Shotgun Wound	2
Sui-Self-Inflicted Hanging	3
Sui-Use of Drug(s)/Medication(s)	2
Sui-Use of Drug(s)/Medication(s) and Ethanol	1
Hom-Gunshot Wound(s) at hands of another	2
Undet-Use of Drug(s)/Medication(s)	3
Totals:	86

**Other Drugs-Related Deaths**  
**Other Drugs Listed**

Other Drugs Listed:	
Acetone	2
Alprazolam	27
Amitriptyline	2
Amphetamines	13
Barbiturates	1
Benzodiazepines	22
Bupropion	1
Butalbital	1
Carbamazepine	1
Carisoprodol	5
Clomipramine	1
Citalopram	19
Cyclobenzaprine	1
Diazepam	19
Diltiazem	1
Diphenhydramine	11
Doxylamine	1
Doxepin	2
Fluoxetine	6
Gabapentin	2
Isopropanol	1
Lamictal	2
Levetiracetam	1
Lidocaine	2
Lorazepam	2
Metoprolol	2
Midazolam	4
Mirtazepam	2
Nordiazepam	20
Nortriptyline	3
Norvenlafaxine	2
Olanzapine	1
Paroxetine	1
Phenobarbital	1
Quetiapine	5
Temazepam	7
Tramadol	3
Trazodone	3
Venlafaxine	2

**Deaths involving Gunshots**

Gunshot Wound(s) at hands of another	3
Self-Inflicted Gunshot Wound	19
Self-Inflicted Shotgun Wound	3
<b>Totals:</b>	<b>25</b>

Manner of Death	#	Total	%	Age	
Natural	0	982	0.00%	< 1 Year	0
Motor Vehicle	0	24	0.00%	1-5 Years	0
Accident	0	85	0.00%	6-12 Years	0
Suicide	22	36	61.11%	13-15 Years	0
Homicide	3	3	100.00%	16-19 Years	1
Undetermined	0	6	0.00%	20-29 Years	3
Stillborn	0	0	0.00%	30-39 Years	4
	25	1136	2.20%	40-49 Years	5
				50-59 Years	4
				60-69 Years	4
				70-79 Years	3
				80-89 Years	1
				> 90 Years	0
<b>Totals:</b>	<b>25</b>			<b>Totals:</b>	<b>25</b>

Sex	
Male	19
Female	6
Unknown	0
<b>Totals:</b>	<b>25</b>

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

Gunshot Wound(s) at hands of another	1
Self-Inflicted Gunshot Wound	6
Self-Inflicted Shotgun Wound	1
<b>Totals:</b>	<b>8</b>

Manner of Death	#	Total	%
Natural	0	982	0.00%
Accident - Motor Vehic	0	24	0.00%
Accident	0	85	0.00%
Suicide	7	36	19.44%
Homicide	1	3	33.33%
Undetermined	0	6	0.00%
Stillborn	0	0	0.00%
<b>Totals:</b>	<b>8</b>	<b>1136</b>	<b>0.70%</b>

Sex	
Male	7
Female	1
Unknown	0
<b>Totals:</b>	<b>8</b>

Concentration of Ethanol	
< 0.040	2
0.040-0.060	0
0.060-0.080	1
0.080-0.100	0
0.100-0.150	0
0.150-0.200	0
0.200-0.250	2
0.250-0.300	1
0.300-0.350	2
0.350-0.400	0
0.400-0.450	0
0.450-0.500	0
> 0.500	0
<b>Totals:</b>	<b>8</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	1
40-49 Years	1
50-59 Years	3
60-69 Years	1
70-79 Years	1
80-89 Years	0
> 90 Years	0
<b>Totals:</b>	<b>8</b>

**Deaths involving Gunshots**

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

Self-Inflicted Gunshot Wound	4
<b>Totals:</b>	<b>4</b>

Manner of Death	#	Total	%
Natural	0	982	0.00%
Accident - Motor Vehic	0	24	0.00%
Accident	0	85	0.00%
Suicide	4	36	11.11%
Homicide	0	3	0.00%
Undetermined	0	6	0.00%
Stillborn	0	0	0.00%
<b>Totals:</b>	<b>4</b>	<b>1136</b>	<b>0.35%</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	0
0.150-0.200	0
0.200-0.250	2
0.250-0.300	0
0.300-0.350	2
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	0
30-39 Years	1
40-49 Years	0
50-59 Years	3
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	%	Age	
Natural	5	982	0.51%	< 1 Year	5
Accident - Motor Vehi	2	24	8.33%	1 Year	0
Accident	3	85	3.53%	2 Years	0
Suicide	1	36	2.78%	3 Years	0
Homicide	0	3	0.00%	4 Years	0
Undetermined	1	6	16.67%	5 Years	0
Stillborn	0	0	100.00%	6-9 Years	0
	12	1136	1.06%	10-12 Years	0
				13-14 Years	0
				15-17 Years	7
				Totals:	12
<b>Sex</b>					
Male			7		
Female			5		
Unknown			0		
Totals:			12		
<b>Race</b>					
White			11		
Black			1		
Totals:			12		

**Child Deaths  
How Injury Occurred**

Accident-MV: Driver in Motor Vehicle - Fixed Object Collision	1
Accident-MV: Drive on ATV - Fixed Object Collision	1
Accident: Suffocation (Plastic Bag)	1
Accident: Use of Drug(s)/Medication(s)	2
Suicide: Self-Inflicted Hanging	1
Undetermined: Use of Drug(s)/Medication(s)	1
<b>Totals:</b>	<b>7</b>

**Child Deaths**  
**Natural**

5 Cases out of 982 Naturals - 0.51 %

Sex	
Male	2
Female	3
Unknown	0
<b>Totals:</b>	<b>5</b>

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

Race	
White	5
Black	0
Unknown	0
<b>Totals:</b>	<b>5</b>

**Child Deaths**  
**Accidents-Motor Vehicle**

2 Cases out of 24 Accident-Motor Vehicle Total - 8.33 %

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>

Race	
White	2
Bi-Racial	0
Unknown	0
<b>Totals:</b>	<b>2</b>

How Injury Occurred	
Driver in Motor Vehicle - Fixed Object Collision	1
Driver on ATV - Fixed Object Collision	1
<b>Total:</b>	<b>2</b>

**Child Deaths**  
**Accidents**

3 Cases out of 85 Accidents Total - 3.53 %

Sex	
Male	1
Female	2
Unknown	0
<b>Totals:</b>	<b>3</b>

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

Race	
White	2
Bi-Racial	1
Unknown	0
<b>Totals:</b>	<b>3</b>

How Injury Occurred	
Suffocation (Plastic Bag)	1
Use of Drug(s)/Medication(s)	2
<b>Total:</b>	<b>3</b>

**Child Deaths**  
**Suicide**

1 Case out of 36 Suicides Total - 2.78 %

Sex		Age	
Male	1	< 1 Year	0
Female	0	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>

Race	
White	1
Black	0
Unknown	0
<b>Totals:</b>	<b>1</b>

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

**Child Deaths**  
**Homicide**

0 Cases out of 0 Homicides Total - 0 %

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

Race	
White	0
Black	0
Unknown	0
<b>Totals:</b>	<b>0</b>

How Injury Occurred	
<b>Total:</b>	<b>0</b>

**Child Deaths  
Undetermined**

1 Case out of 6 Undetermined Total - 16.67 %

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

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

Race	
White	1
Black	0
Unknown	0
<b>Totals:</b>	<b>1</b>

How Injury Occurred	
Use of Drug(s)/Medication(s)	1
<b>Total:</b>	<b>1</b>



Nursing Home Deaths

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

*Missouri Revised Statues*

**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

(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
Arbor Place of Festus	5
Baisch Nursing Center	15
Benchmark Healthcare of Festus	3
Big Bend Woods Healthcare	1
Big River Nursing & Rehab Cente	9
Cori Manor Nursing Home	8
Crystal Oaks Nursing Home	52
Festus Manor Nursing Home	37
Fountainbleau Nursing Home	27
Hillcrest Manor Nursing Home	19
Pacific Care Center, Inc.	1
Scenic Nursing and Rehab Center,	24
Scenic View Skilled Care	5
South County Manor Nursing Hon	13
St. Clement Health Care Center	7
The Villas Nursing Facility	17
Woodland Manor Nursing Home	63
<b>Totals:</b>	<b>306</b>

Deaths by Month Reported:

	NH	Not-NH	Totals
January	31	73	104
February	25	72	97
March	38	68	106
April	26	86	112
May	21	56	77
June	22	84	106
July	23	53	76
August	25	75	100
September	15	73	88
October	34	65	99
November	22	61	83
December	24	64	88
<b>Totals:</b>	<b>306</b>	<b>830</b>	<b>1136</b>

Deaths by Day of the Week Reported:

	NH	Not-NH	Totals
Sunday	37	110	147
Monday	51	127	178
Tuesday	33	121	154
Wednesday	39	127	166
Thursday	47	102	149
Friday	47	129	176
Saturday	52	114	166
<b>Totals:</b>	<b>306</b>	<b>830</b>	<b>1136</b>

Deaths by Case Type

	NH	Not-NH	Totals
Case Waived	290	605	895
Body Released	16	93	109
Examination	0	132	132
After-the-Fact	0	0	0
Consult Cases	0	0	0
Miscellaneous	0	0	0
<b>Totals:</b>	<b>306</b>	<b>830</b>	<b>1136</b>

Deaths by Manner of Death:

	NH	Not-NH	Totals
Natural	300	682	982
Accident-MV	2	22	24
Accident	4	81	85
Suicide	0	36	36
Homicide	0	3	3
Undetermined	0	6	6
<b>Totals:</b>	<b>306</b>	<b>830</b>	<b>1136</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	13	24	37		
1:00-1:59	12	14	26		
2:00-2:59	13	19	32		
3:00-3:59	15	25	40		
4:00-4:59	10	24	34		
5:00-5:59	18	38	56		
6:00-6:59	15	28	43		
7:00-7:59	18	48	66	122	(Nights)
8:00-8:59	8	56	64		
9:00-9:59	18	40	58		
10:00-10:59	15	42	57		
11:00-11:59	11	38	49		
12:00-12:59	11	49	60		
13:00-13:59	13	47	60		
14:00-14:59	6	35	41		
15:00-15:59	10	35	45	100	(Days)
16:00-16:59	16	32	48		
17:00-17:59	11	49	60		
18:00-18:59	17	32	49		
19:00-19:59	8	39	47		
20:00-20:59	10	23	33		
21:00-21:59	11	26	37		
22:00-22:59	17	32	49		
23:00-23:59	10	35	45	84	(Evenings)
<b>Totals:</b>	<b>306</b>	<b>830</b>	<b>1136</b>	<b>306</b>	

Nursing Home Deaths

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

10 Year Totals - Nursing Home Deaths by Case Type

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Total
Case Waived	0	259	250	259	269	247	239	238	237	290	2288
Body Released	251	25	24	24	26	22	24	12	25	16	449
Examination	25	1	0	1	1	0	0	0	1	0	29
After-the-Fact	1	0	0	0	0	0	0	0	0	0	1
Consult Cases	0	0	0	0	0	0	0	0	0	0	0
Miscellaneous	0	0	0	0	0	0	0	0	0	0	0
Totals:	277	285	274	284	296	269	263	250	263	306	2767

10 Year Totals - Nursing Home Deaths by Manner of Death

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Total
Natural	256	269	259	267	280	255	251	243	246	300	2626
Accident-MV	0	1	1	3	0	0	0	1	1	2	9
Accident	18	14	14	13	16	14	12	6	14	4	125
Suicide	0	0	0	0	0	0	0	0	0	0	0
Homicide	1	1	0	1	0	0	0	0	1	0	4
Undetermined	2	0	0	0	0	0	0	0	1	0	3
Totals:	277	285	274	284	296	269	263	250	263	306	2767

10 Year Totals - Nursing Home Deaths by Month Reported:

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals
January	32	17	34	26	27	21	23	20	23	31	254
February	26	23	19	27	37	19	14	27	26	25	243
March	21	46	32	28	35	25	32	28	22	38	307
April	21	29	16	25	28	23	20	19	18	26	225
May	24	22	22	24	20	29	18	18	20	21	218
June	13	18	20	14	12	32	18	14	17	22	180
July	31	25	19	22	15	20	19	24	26	23	224
August	19	17	27	22	23	16	23	23	25	25	220
September	18	13	21	27	22	18	18	18	17	15	187
October	17	26	12	21	18	31	26	28	27	34	240
November	22	23	22	20	28	15	26	14	27	22	219
December	33	26	30	28	31	20	26	17	15	24	250
Totals:	277	285	274	284	296	269	263	250	263	306	2767

Nursing Home Deaths

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

10 Year Totals - Deaths by Day of the Week Reported:

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals
Sunday	41	37	33	42	42	42	37	37	38	37	386
Monday	32	43	43	41	39	37	41	34	42	51	403
Tuesday	48	40	40	37	46	37	36	42	47	33	406
Wednesday	39	42	50	42	51	34	39	37	33	39	406
Thursday	52	46	37	48	43	35	39	29	33	47	409
Friday	33	37	41	35	38	48	29	29	33	47	370
Saturday	32	40	30	39	37	36	42	42	37	52	387
Totals:	277	285	274	284	296	269	263	250	263	306	2767

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

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Totals
12:00-0:59	7	15	11	13	10	8	6	12	9	13	104
1:00-1:59	11	7	7	12	12	13	11	8	9	12	102
2:00-2:59	11	14	5	10	11	6	19	13	13	13	115
3:00-3:59	11	8	8	12	13	7	10	10	6	15	100
4:00-4:59	10	12	5	11	8	7	9	9	13	10	94
5:00-5:59	8	11	12	11	13	9	16	7	19	18	124
6:00-6:59	13	13	12	10	16	7	9	14	12	15	121
7:00-7:59	18	17	13	8	15	9	14	9	11	18	132
8:00-8:59	10	20	16	18	12	7	13	9	9	8	122
9:00-9:59	21	23	11	13	10	17	10	10	15	18	148
10:00-10:59	12	13	12	15	12	22	12	12	7	15	132
11:00-11:59	16	15	18	12	13	12	13	5	8	11	123
12:00-12:59	9	9	12	13	12	11	11	14	12	11	114
13:00-13:59	16	15	23	14	11	18	4	9	11	13	134
14:00-14:59	16	11	13	20	9	13	10	14	6	6	118
15:00-15:59	11	14	10	8	14	9	9	11	13	10	109
16:00-16:59	8	6	18	4	17	11	16	7	14	16	117
17:00-17:59	14	13	10	14	7	8	8	8	11	11	104
18:00-18:59	6	7	11	15	14	10	12	11	8	17	111
19:00-19:59	8	9	10	9	15	10	11	12	12	8	104
20:00-20:59	12	8	13	14	14	16	9	12	13	10	121
21:00-21:59	8	11	11	8	10	14	8	14	9	11	104
22:00-22:59	13	5	7	12	19	15	11	14	14	17	127
23:00-23:59	8	9	6	8	9	10	12	6	9	10	87
Totals:	277	285	274	284	296	269	263	250	263	306	2767