

Union County Coroner's Office

(Please fax this form to the coroner's office as soon as possible, Fax 937-645-4148)

Notification of Hospice Death

Decedent Information

Name: _____ Date of Birth: _____ Age _____ Sex: _____

Home address: _____

Social Security Number: _____ Date/Time of Death: _____

Marital Status: _____ Race: _____

Location of death: () Home () Hospital () Nursing Facility () Assisted Living Facility

Name of hospital or facility: _____

Address of death: _____

() Same as home address

Cause of death: _____

Reason for being under hospice care? _____

(ie; cancer, previous accident, disease...)

Name of Informer: _____ Company Name: _____

Company Phone: () _____ Medications removed from scene by: _____

Medications wasted by: _____

Next of kin

Name: _____ Relationship: _____

Address (if different): _____

Phone: _____ () _____

Physician Information

Name of physician: _____

Physician address: _____

Physician Phone: () _____

Is this physician signing death certificate? _____ If no, who is? _____

Funeral Home Information

Funeral Home: _____ Phone: () _____

Address: _____

If injury or trauma may have contributed to the death or there is suspicion regarding the death, always call the coroner. Always call for deaths related to falls, medications/overdose, suspected/previous suicide attempt, or any case you have that is questionable.

Union County Coroner's Office:

Office 937-645-4145 Fax 937-645-4148

Dr. David Applegate 937-645-5465

Investigator Lance Emberling 937-645-4134

Investigator Jim Fish 937-645-4123