

**MEDICAL EXAMINER AUTOPSY REPORT**

Medical Examiner Report Number:

|  |  |
| --- | --- |
| Name : |  |
| Date of Birth : |  |
| Date of Death : |  |
| Time of Death : |  |
| Age : |  |
| Race : |  |
| Sex : |  |
| Country : |  |
| Date of Exam : |  |
| Time of Exam : |  |

I performed an autopsy on the body of [SPECIFY THE NAME]. From the anatomic findings and pertinent history, I ascribe the death to [SPECIFY THE CAUSE OF DEATH].

External Examination:

The body is that of a [ ], [ ] years old.

[SPECIFY THE WEIGHT]

[SPECIFY THE HEIGHT]

[SPECIFY THE CONDITIONS OF THE BODY’S FACE AND FEATURES]

[SPECIFY IF THE BODY HAS DEFORMITIES OR NOT]

CLOTHING:

[INSERT AN EXPLANATION]

DESCRIPTION OF THE CAUSE OF DEATH:

[INSERT A DESCRIPTION OF THE CAUSE OF DEATH]

OPINION:

[INSERT THE MEDICAL EXAMINER’S OPINION]

[SPECIFY THE NAME OF THE MEDICAL EXAMINER]

Medical Examiner

Name and Signature of the Medical Examiner

Date Signed